QUARTERLY STATEMENT

OF THE

AMERIGROUP Tennessee, Inc.

of

Nashville

in the state of

Tennessee

TO THE

Insurance Department

OF THE STATE OF

Tennessee

FOR THE QUARTER ENDED
June 30, 2009

HEALTH

2009

2009

12941200920100102 2009 Document Code: 201

QUARTERLY STATEMENT

AS OF June 30, 2009

OF THE CONDITION AND AFFAIRS OF THE

AMERIGROUP Tennessee, Inc.

NAIC Group Code 1156 (Current Period), 1156 (Prior Period) NAIC Company Code 12941 Employer's ID Number 20-4776597

Organized under the Laws of Tennessee, State of Domicile or Port of Entry Tennessee

Country of Domicile United States of America

Licensed as business type: Life, Accident & Health[ ] Property/Casualty[ ] Hospital, Medical & Dental Service or Indemnity[ ]
Dental Service Corporation[ ] Vision Service Corporation[ ] Health Maintenance Organization[X]
Other[ ] Is HMO Federally Qualified? Yes[ ] No[X] N/A[ ]

Incorporated/Organized 04/26/2006 Commenced Business 04/01/2007

Statutory Home Office 22 Century Boulevard, Ste 310 (Street and Number), Nashville, TN 37214 (City, or Town, State and Zip Code)

Main Administrative Office 4425 Corporation Lane (Street and Number)
Virginia Beach, VA (City or Town, State and Zip Code) (757)473-2721 (Area Code) (Telephone Number)

Mail Address 4425 Corporation Lane (Street and Number or P.O. Box), Virginia Beach, VA 23462 (City, or Town, State and Zip Code)

Primary Location of Books and Records 4425 Corporation Lane (Street and Number)
Virginia Beach, VA 23462 (City, or Town, State and Zip Code) (757)473-2721 (Area Code) (Telephone Number)

Internet Web Site Address www.amerigroupcorp.com

Statutory Statement Contact Margaret Mary Roomsburg (Name) (757)473-2721 (Area Code)(Telephone Number)(Extension)
mroomsb@amerigroupcorp.com (E-Mail Address) (757)557-6742 (Fax Number)

OFFICERS

Name	Title
Alvin Brock King	President/CEO
William George Runyon	Vice President/CMO
Michael Anthony Scarbrough	Vice President/COO
Stanley Forrest Baldwin	Vice President/Secretary
Nicholas Joseph Pace, II	Vice President/Asst Secretary
Richard Charles Zoretic	Vice President/Asst Secretary
Scott Wayne Anglin	Vice President/Treasurer
James Ward Truess	Vice President/Asst Treasurer
Karen Lint Shields	Vice President/Asst Treasurer

OTHERS

William Gardner Wood, M.D., Vice President
Linda Kaye Whitley-Taylor, Vice President
Margaret Mary Roomsburg, Vice President

DIRECTORS OR TRUSTEES

Charles Brian Shipp
Nicholas Joseph Pace, II
Alvin Brock King

State of Virginia
County of Virginia Beach ss

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)	(Signature)	(Signature)
Alvin Brock King	Stanley Forrest Baldwin	Margaret Mary Roomsburg
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
President/CEO	Vice President/Secretary	Vice President
(Title)	(Title)	(Title)

Subscribed and sworn to before me this 30th day of July 2009

(Notary Public Signature)

BARBARA C. McLEAN NOTARY PUBLIC STATE OF TENNESSEE DAVIDSON COUNTY, TENN.

My Commission Expires JAN. 23, 2010

a. Is this an original filing? Yes[X] No[ ]
b. If no, 1. State the amendment number
2. Date filed
3. Number of pages attached

NANCY M. NEWSOM
Notary Public Reg. # 19,531
Commonwealth of Virginia
My Commission Expires Apr. 30, 2013

ASSETS

		Current Statement Date 1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 December 31, Prior Year Net Admitted Assets
1.	Bonds	53,799,382		53,799,382	46,213,753
2.	Stocks:				
	2.1 Preferred stocks				
	2.2 Common stocks				
3.	Mortgage loans on real estate:				
	3.1 First liens				
	3.2 Other than first liens				
4.	Real estate:				
	4.1 Properties occupied by the company (less $.....0 encumbrances)				
	4.2 Properties held for the production of income (less $.....0 encumbrances)				
	4.3 Properties held for sale (less $.....0 encumbrances)				
5.	Cash ($.....24,643,042), cash equivalents ($.....0) and short-term investments ($.....38,002,954)	62,645,996		62,645,996	75,349,688
6.	Contract loans (including $.....0 premium notes)				
7.	Other invested assets				
8.	Receivables for securities				
9.	Aggregate write-ins for invested assets				
10.	Subtotals, cash and invested assets (Lines 1 to 9)	116,445,378		116,445,378	121,563,441
11.	Title plants less $.....0 charged off (for Title insurers only)				
12.	Investment income due and accrued	275,841		275,841	362,026
13.	Premiums and considerations:				
	13.1 Uncollected premiums and agents' balances in the course of collection	24,587,941		24,587,941	9,816,800
	13.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including $.....0 earned but unbilled premiums)				
	13.3 Accrued retrospective premiums	163,931		163,931	
14.	Reinsurance:				
	14.1 Amounts recoverable from reinsurers	2,073		2,073	254
	14.2 Funds held by or deposited with reinsured companies				
	14.3 Other amounts receivable under reinsurance contracts				
15.	Amounts receivable relating to uninsured plans	348,960		348,960	1,151,466
16.1	Current federal and foreign income tax recoverable and interest thereon				
16.2	Net deferred tax asset	2,680,389		2,680,389	
17.	Guaranty funds receivable or on deposit				
18.	Electronic data processing equipment and software	985,785	603,618	382,167	638,618
19.	Furniture and equipment, including health care delivery assets ($.....0)	1,644,028	1,644,028		
20.	Net adjustments in assets and liabilities due to foreign exchange rates				
21.	Receivables from parent, subsidiaries and affiliates				
22.	Health care ($.....0) and other amounts receivable	1,762,466	1,762,466		
23.	Aggregate write-ins for other than invested assets	84,005	84,005		
24.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23)	148,980,797	4,094,117	144,886,680	133,532,605
25.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
26.	Total (Lines 24 and 25)	148,980,797	4,094,117	144,886,680	133,532,605
DETAILS OF WRITE-INS					
0901.					
0902.					
0903.					
0998.	Summary of remaining write-ins for Line 9 from overflow page				
0999.	TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above)				
2301.	Prepaid Expenses - Short-term	84,005	84,005		
2302.					
2303.					
2398.	Summary of remaining write-ins for Line 23 from overflow page				
2399.	TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)	84,005	84,005		

LIABILITIES, CAPITAL AND SURPLUS

		Current Period			Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less $.....0 reinsurance ceded)	62,897,750		62,897,750	75,084,654
2.	Accrued medical incentive pool and bonus amounts				
3.	Unpaid claims adjustment expenses	1,634,662		1,634,662	1,899,953
4.	Aggregate health policy reserves				
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserve				
7.	Aggregate health claim reserves				
8.	Premiums received in advance				
9.	General expenses due or accrued	524,981		524,981	645,090
10.1	Current federal and foreign income tax payable and interest thereon (including $.....0 on realized gains (losses))				
10.2	Net deferred tax liability				
11.	Ceded reinsurance premiums payable				
12.	Amounts withheld or retained for the account of others				
13.	Remittances and items not allocated				
14.	Borrowed money (including $.....0 current) and interest thereon $.....0 (including $.....0 current)				
15.	Amounts due to parent, subsidiaries and affiliates	1,402,537		1,402,537	
16.	Payable for securities				
17.	Funds held under reinsurance treaties with ($.....0 authorized reinsurers and $.....0 unauthorized reinsurers)				
18.	Reinsurance in unauthorized companies				
19.	Net adjustments in assets and liabilities due to foreign exchange rates				
20.	Liability for amounts held under uninsured plans				
21.	Aggregate write-ins for other liabilities (including $.....0 current)	3,662,188		3,662,188	1,314,610
22.	Total liabilities (Lines 1 to 21)	70,122,118		70,122,118	78,944,307
23.	Aggregate write-ins for special surplus funds	XXX	XXX		
24.	Common capital stock	XXX	XXX	1,000	1,000
25.	Preferred capital stock	XXX	XXX		
26.	Gross paid in and contributed surplus	XXX	XXX	94,142,437	93,939,311
27.	Surplus notes	XXX	XXX		
28.	Aggregate write-ins for other than special surplus funds	XXX	XXX		
29.	Unassigned funds (surplus)	XXX	XXX	(19,378,875)	(39,352,013)
30.	Less treasury stock, at cost:				
	30.1 ... .0 shares common (value included in Line 24 $.....0)	XXX	XXX		
	30.2 ... .0 shares preferred (value included in Line 25 $.....0)	XXX	XXX		
31.	Total capital and surplus (Lines 23 to 29 minus Line 30)	XXX	XXX	74,764,562	54,588,298
32.	Total Liabilities, capital and surplus (Lines 22 and 31)	XXX	XXX	144,886,680	133,532,605
DETAILS OF WRITE-INS					
2101.	Due to MMCC				153,532
2102.	Accrued Premium Tax	3,662,188		3,662,188	1,161,078
2103.					
2198.	Summary of remaining write-ins for Line 21 from overflow page				
2199.	TOTALS (Lines 2101 through 2103 plus 2198) (Line 21 above)	3,662,188		3,662,188	1,314,610
2301.		XXX	XXX		
2302.		XXX	XXX		
2303.		XXX	XXX		
2398.	Summary of remaining write-ins for Line 23 from overflow page	XXX	XXX		
2399.	TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)	XXX	XXX		
2801.		XXX	XXX		
2802.		XXX	XXX		
2803.		XXX	XXX		
2898.	Summary of remaining write-ins for Line 28 from overflow page	XXX	XXX		
2899.	TOTALS (Lines 2801 through 2803 plus 2898) (Line 28 above)	XXX	XXX		

STATEMENT OF REVENUE AND EXPENSES

		Current Year To Date 1 Uncovered	Current Year To Date 2 Total	Prior Year To Date 3 Total	Prior Year Ended December 31 4 Total
1.	Member Months	XXX	1,138,494	1,112,146	2,224,177
2.	Net premium income (including $.....0 non-health premium income)	XXX	295,591,926	312,860,060	607,095,174
3.	Change in unearned premium reserves and reserves for rate credits	XXX			
4.	Fee-for-service (net of $.....0 medical expenses)	XXX			
5.	Risk revenue	XXX			
6.	Aggregate write-ins for other health care related revenues	XXX			
7.	Aggregate write-ins for other non-health revenues	XXX			
8.	Total revenues (Lines 2 to 7)	XXX	295,591,926	312,860,060	607,095,174
Hospital and Medical:					
9.	Hospital/medical benefits		152,901,228	203,373,155	344,344,799
10.	Other professional services		22,319,437	6,110,804	28,092,729
11.	Outside referrals				
12.	Emergency room and out-of-area		24,825,136	27,866,981	50,030,095
13.	Prescription drugs		729,788	372,681	903,872
14.	Aggregate write-ins for other hospital and medical		42,769,122	57,224,353	111,891,744
15.	Incentive pool, withhold adjustments and bonus amounts				
16.	Subtotal (Lines 9 to 15)		243,544,711	294,947,974	535,263,239
Less:					
17.	Net reinsurance recoveries		(307,631)	(269,976)	(588,473)
18.	Total hospital and medical (Lines 16 minus 17)		243,852,342	295,217,950	535,851,712
19.	Non-health claims (net)				
20.	Claims adjustment expenses, including $.....5,155,494 cost containment expenses		7,345,803	7,854,211	15,665,584
21.	General administrative expenses		30,749,292	38,373,192	56,115,828
22.	Increase in reserves for life and accident and health contracts (including $.....0 increase in reserves for life only)				
23.	Total underwriting deductions (Lines 18 through 22)		281,947,437	341,445,353	607,633,124
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	13,644,489	(28,585,293)	(537,950)
25.	Net investment income earned		903,738	1,728,323	3,355,672
26.	Net realized capital gains (losses) less capital gains tax of $.....0		32,003	4,983	7,278
27.	Net investment gains or (losses) (Lines 25 plus 26)		935,741	1,733,306	3,362,950
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered $.....0) (amount charged off $.....0)]				
29.	Aggregate write-ins for other income or expenses				
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	14,580,230	(26,851,987)	2,825,000
31.	Federal and foreign income taxes incurred	XXX			
32.	Net income (loss) (Lines 30 minus 31)	XXX	14,580,230	(26,851,987)	2,825,000
DETAILS OF WRITE-INS					
0601.		XXX			
0602.		XXX			
0603.		XXX			
0698.	Summary of remaining write-ins for Line 6 from overflow page	XXX			
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX			
0701.		XXX			
0702.		XXX			
0703.		XXX			
0798.	Summary of remaining write-ins for Line 7 from overflow page	XXX			
0799.	TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX			
1401.	Home Health Care, DME, Transportation, Etc.		42,769,122	57,224,353	111,891,744
1402.					
1403.					
1498.	Summary of remaining write-ins for Line 14 from overflow page				
1499.	TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)		42,769,122	57,224,353	111,891,744
2901.					
2902.					
2903.					
2998.	Summary of remaining write-ins for Line 29 from overflow page				
2999.	TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)				

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
	CAPITAL & SURPLUS ACCOUNT			
33.	Capital and surplus prior reporting year	54,588,298	24,061,114	24,061,114
34.	Net income or (loss) from Line 32	14,580,230	(26,851,987)	2,825,000
35.	Change in valuation basis of aggregate policy and claim reserves			
36.	Change in net unrealized capital gains (losses) less capital gains tax of $.....0			
37.	Change in net unrealized foreign exchange capital gain or (loss)			
38.	Change in net deferred income tax	2,680,389		
39.	Change in nonadmitted assets	2,712,519	6,095,138	8,843,644
40.	Change in unauthorized reinsurance			
41.	Change in treasury stock			
42.	Change in surplus notes			
43.	Cumulative effect of changes in accounting principles			
44.	Capital Changes:			
	44.1 Paid in			
	44.2 Transferred from surplus (Stock Dividend)			
	44.3 Transferred to surplus			
45.	Surplus adjustments:			
	45.1 Paid in	203,126	27,187,556	27,325,953
	45.2 Transferred to capital (Stock Dividend)			
	45.3 Transferred from capital			
46.	Dividends to stockholders			
47.	Aggregate write-ins for gains or (losses) in surplus			(8,467,413)
48.	Net change in capital and surplus (Lines 34 to 47)	20,176,264	6,430,707	30,527,184
49.	Capital and surplus end of reporting period (Line 33 plus 48)	74,764,562	30,491,821	54,588,298
DETAILS OF WRITE-INS				
4701.	Goodwill			(6,544,413)
4702.	Intangible Asset			(1,923,000)
4703.				
4798.	Summary of remaining write-ins for Line 47 from overflow page			
4799.	TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)			(8,467,413)

CASH FLOW

		1 Current Year To Date	2 Prior Year Ended December 31
	Cash from Operations		
1.	Premiums collected net of reinsurance	280,656,854	605,857,140
2.	Net investment income	1,021,926	3,648,857
3.	Miscellaneous income		
4.	Total (Lines 1 to 3)	281,678,780	609,505,997
5.	Benefit and loss related payments	256,101,865	532,793,915
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7.	Commissions, expenses paid and aggregate write-ins for deductions	36,694,551	70,390,129
8.	Dividends paid to policyholders		
9.	Federal and foreign income taxes paid (recovered) net of $.....0 tax on capital gains (losses)		
10.	Total (Lines 5 through 9)	292,796,416	603,184,044
11.	Net cash from operations (Line 4 minus Line 10)	(11,117,636)	6,321,953
	Cash from Investments		
12.	Proceeds from investments sold, matured or repaid:		
	12.1 Bonds	24,125,000	30,975,000
	12.2 Stocks		
	12.3 Mortgage loans		
	12.4 Real estate		
	12.5 Other invested assets		
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		
	12.7 Miscellaneous proceeds		
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	24,125,000	30,975,000
13.	Cost of investments acquired (long-term only):		
	13.1 Bonds	31,678,626	48,352,650
	13.2 Stocks		
	13.3 Mortgage loans		
	13.4 Real estate		
	13.5 Other invested assets		
	13.6 Miscellaneous applications	32,003	7,278
	13.7 Total investments acquired (Lines 13.1 to 13.6)	31,710,629	48,359,928
14.	Net increase (or decrease) in contract loans and premium notes		
15.	Net cash from investments (Line 12.8 minus Lines 13.7 and 14)	(7,585,629)	(17,384,928)
	Cash from Financing and Miscellaneous Sources		
16.	Cash provided (applied):		
	16.1 Surplus notes, capital notes		
	16.2 Capital and paid in surplus, less treasury stock		22,200,000
	16.3 Borrowed funds		
	16.4 Net deposits on deposit-type contracts and other insurance liabilities		
	16.5 Dividends to stockholders		
	16.6 Other cash provided (applied)	5,999,573	(6,601,263)
17.	Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	5,999,573	15,598,737
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(12,703,692)	4,535,762
19.	Cash, cash equivalents and short-term investments:		
	19.1 Beginning of year	75,349,688	70,813,926
	19.2 End of period (Line 18 plus Line 19.1)	62,645,996	75,349,688

Supplemental Disclosures of Cash Flow Information for Non-Cash Transactions:

	Description	Amount 1	Amount 2
20.0001	Depreciation	780,311	1,688,220
20.0002	Non-cash Capital Contributions	203,126	392,252

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	186,887							694	186,193	
2. First Quarter	188,802							788	188,014	
3. Second Quarter	195,469							878	194,591	
4. Third Quarter										
5. Current Year										
6. Current Year Member Months	1,138,494							4,815	1,133,679	
Total Member Ambulatory Encounters for Period:										
7. Physician	608,733							5,349	603,384	
8. Non-Physician	426,649							4,584	422,065	
9. Total	1,035,382							9,933	1,025,449	
10. Hospital Patient Days Incurred	61,124							1,320	59,804	
11. Number of Inpatient Admissions	10,626							158	10,468	
12. Health Premiums Written (a)	295,591,926							6,174,928	289,416,998	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	295,591,926							6,174,928	289,416,998	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	255,792,415							4,367,164	251,425,251	
18. Amount Incurred for Provision of Health Care Services	243,544,711							4,704,109	238,840,602	

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....6,174,928.

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 days	6 Over 120 Days	7 Total
0199999 Individually Listed Claims Unpaid						
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	9,692,851	1,542,897	296,067	154,363	(836,276)	10,849,902
0499999 Subtotals	9,692,851	1,542,897	296,067	154,363	(836,276)	10,849,902
0599999 Unreported claims and other claim reserves						52,047,848
0699999 Total Amounts Withheld						
0799999 Total Claims Unpaid						62,897,750
0899999 Accrued Medical Incentive Pool And Bonus Amounts						

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5	6
	1	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec.31 of Prior Year	On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1+3)	Estimated Claim Reserve and Claim Liability Dec.31 of Prior Year
1. Comprehensive (hospital & medical)						
2. Medicare Supplement						
3. Dental only						
4. Vision only						
5. Federal Employees Health Benefits Plan						
6. Title XVIII - Medicare	1,179,099	3,188,205	222,055	2,145,436	1,401,154	2,027,057
7. Title XIX - Medicaid	55,523,616	196,208,872	8,805,774	51,724,485	64,329,390	73,057,343
8. Other health						
9. Health subtotal (Lines 1 to 8)	56,702,715	199,397,077	9,027,829	53,869,921	65,730,544	75,084,400
10. Healthcare receivables (a)		123,466				62,666
11. Other non-health						
12. Medical incentive pools and bonus amounts						
13. Totals	56,702,715	199,273,611	9,027,829	53,869,921	65,730,544	75,021,734

(a) Excludes $.....1,639,000 loans or advances to providers not yet expensed.

Notes to Financial Statement

1. **Summary of Significant Accounting Policies**

   A. **Accounting Practices**

   The Financial Statements of AMERIGROUP Tennessee, Inc. (the Company) is presented on the basis of accounting practices prescribed or permitted by the Tennessee Department of Commerce and Insurance.

   The Tennessee Department of Commerce and Insurance recognizes only statutory accounting practices prescribed or permitted by the state of Tennessee for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Tennessee Insurance Law. The National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures manual, version effective March 1, 2009 (NAIC SSAP) has been adopted as a component of prescribed or permitted practices by the state of Tennessee. There are no state permitted practices that differ from the NAIC Accounting Practices and Procedures Manual that impact the financial statements or statutory new worth for AMERIGOUP Tennessee, Inc.

   B. **Use of Estimates in the Preparation of the Financial Statements**

   No Change

   C. **Accounting Policy**

   No Change

2. **Accounting Changes and Corrections of Errors**

   A. **Disclosure for Insurers Upon Initial Implementation of Codification:**

   None

3. **Business Combinations and Goodwill**

   None

4. **Discontinued Operations**

   None

5. **Investments**

   No Change

6. **Joint Ventures, Partnerships and Limited Liability Companies**

   No Change

7. **Investment Income**

   No Change

8. **Derivative Instruments**

   No Change

9. **Income Taxes**

   No Change

10. **Information Concerning Parent, Subsidiaries and Affiliates**

    AMERIGROUP Corporation owns 100% of the outstanding shares of the Company and provides administrative and financial support services to the Company. Inter-company management fees are charged to the Company during 2009 and 2008 for these services were $16,036,974 and $33,795,917, respectively, and in accordance with a Management Services Agreement based on generally accepted accounting principles. As of June 30, 2009 the company owed $1,402,537 to AMERIGROUP Corporation.

11. **Debt**

    No Change

Notes to Financial Statement

12. Retirement Plans, Deferred Compensation, Post-employment Benefits and Compensated Absences and Other Postretirement Benefits Plans

No Change

13. Capital and Surplus, Shareholder's Dividend Restrictions and Quasi-Reorganizations.

No Change

14. Contingencies

None

15. Leases

No Change

16. Information about Financial Instruments with Off-Balance Sheet Risk and Financial with Concentrations of Credit Risk.

None

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

A. Transfers of Receivables Reported as Sales

None

B. Transfer and Servicing of Financial Assets

None

C. Wash Sales

The Company has not engaged in any wash sales.

18. Gain or Loss to the Reporting Entity from Uninsured A&H Plans and the Uninsured Portion of Partially Insured Plans.

A. The Company has Administrative Services Only (ASO) operations in the West Tennessee Grand Region and in the Middle Tennessee Grand Region. In 2009, the ASO's operations were as followed:

	ASO Uninsured Plan	Uninsured Portion of Partially Insured Plan	Total ASO
a. Net reimbursement for Administrative Expenses (including Administrative Fees) in excess of Actual Expenses	$ (2,602,079)	$ 0	$ (2,602,079)
b. Total Net Other Income or Expenses (Including Interest paid or received from plan	$ 0	$ 0	$ 0
c. Net Gain or Loss from Operations	$ (2,602,079)	$ 0	$ (2,602,079)
d. Total Claim Payment Volume	$15,233,039	$ 0	$ 15,233,039

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators.

None

20. Other Items

None

21. Events Subsequent

None

22. Reinsurance

No Change

Notes to Financial Statement

23. Retrospectively Rated Contracts and Contracts Subject to Redetermination

None

24. Change in Incurred Claims and Claim Adjustment Expenses

A summary of the activity for claims unpaid is as follows:

	2009	2008
Liability balance prior year	$75,084,654	$72,252,049
Plus incurred related to:		
Current year	252,893,092	528,218,428
Prior years	(9,348,381)	7,044,811
Total Incurred	243,544,711	535,263,239
Less paid related to:		
Current year	199,023,171	453,855,936
Prior years	56,708,444	78,574,698
Total Paid	255,731,615	532,430,634
Balance current year	$62,897,750	$75,084,654

The Company uses actuarial techniques based principally on historical payment patterns to estimate incurred claims. Changes in payment patterns and claims trends can result in adjustments to the claims estimate, which are recorded in current operations. The change in estimate of incurred claims related to the prior year recognized in 2009 was attributable to higher than anticipated utilization and costs of medical services.

25. Intercompany Pooling Arrangements

None

26. Structured Settlements

None

27. Health Care Receivables

Health Care Receivables consist of provider advances and provider overpayments on paid claims.

28. Participating Policies

None

29. Premium Deficiency Reserves.

None

30. Salvage and Subrogation

None

GENERAL INTERROGATORIES

(Responses to these interrogatories should be based on changes that have occurred since the prior year end unless otherwise noted)

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes[ ] No[X]
1.2 If yes, has the report been filed with the domiciliary state? Yes[ ] No[ ] N/A[X]

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes[ ] No[X]
2.2 If yes, date of change: .....

3. Have there been any substantial changes in the organizational chart since the prior quarter end? Yes[ ] No[X]
If yes, complete the Schedule Y - Part 1 - organizational chart.

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes[ ] No[X]
4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes[X] No[ ] N/A[ ]
If yes, attach an explanation.

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 03/31/2008
6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 03/31/2008
6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). .....
6.4 By what department or departments?
Department of Commerce and Insurance, TennCare Division
6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes[X] No[ ] N/A[ ]
6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes[X] No[ ] N/A[ ]

7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes[ ] No[X]
7.2 If yes, give full information

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes[ ] No[X]
8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes[ ] No[X]
8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 OTS	6 FDIC	7 SEC
		Yes[ ] No[X]	Yes[ ] No[X]	Yes[ ] No[X]	Yes[ ] No[X]	Yes[ ] No[X]

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes[X] No[ ]
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
(c) Compliance with applicable governmental laws, rules and regulations;
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
(e) Accountability for adherence to the code.
9.11 If the response to 9.1 is No, please explain:
9.2 Has the code of ethics for senior managers been amended? Yes[ ] No[X]
9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes[ ] No[X]
9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes[ ] No[X]
10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: $..... 0

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes[ ] No[X]
11.2 If yes, give full and complete information relating thereto:

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: $..... 0

13. Amount of real estate and mortgages held in short-term investments: $..... 0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes[ ] No[X]

GENERAL INTERROGATORIES (Continued)

INVESTMENT

14.2 If yes, please complete the following:

		1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21	Bonds		
14.22	Preferred Stock		
14.23	Common Stock		
14.24	Short-Term Investments		
14.25	Mortgages Loans on Real Estate		
14.26	All Other		
14.27	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)		
14.28	Total Investment in Parent included in Lines 14.21 to 14.26 above		

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes[ ] No[X]
15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes[ ] No[ ] N/A[X]
If no, attach a description with this statement.

16. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 3, III Conducting Examinations, F - Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes[X] No[ ]
16.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
U.S. Bank	EX DC-WNWW, 1025 Connecticut Avenue, Suite 517, Washington, DC 20036

16.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

16.3 Have there been any changes, including name changes, in the custodian(s) identified in 16.1 during the current quarter? Yes[ ] No[X]
16.4 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

16.5 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository	2 Name(s)	3 Address

17.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? Yes[X] No[ ]
17.2 If no, list exceptions:

General Interrogatories Part 1 Attachments

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney–in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?

   Effective July 9, 2009, the State of Tennessee Department of Commerce and Insurance approved a new Administrative Support Services Agreement retroactive to January 1, 2009. Due to the effective date of the agreement, the YTD changes will be adjusted in July 2009.

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsurer	5 Location	6 Type of Reinsurance Ceded	7 Is Insurer Authorized? (Yes or No)
			NONE			

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

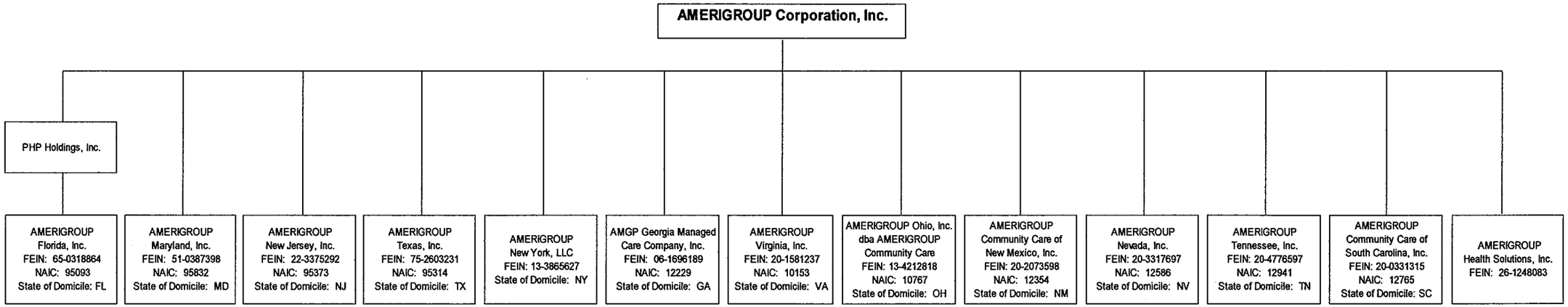
			Direct Business Only							
		1	2	3	4	5	6	7	8	9
	State, Etc.	Active Status	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums and Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1.	Alabama (AL)	N								
2.	Alaska (AK)	N								
3.	Arizona (AZ)	N								
4.	Arkansas (AR)	N								
5.	California (CA)	N								
6.	Colorado (CO)	N								
7.	Connecticut (CT)	N								
8.	Delaware (DE)	N								
9.	District of Columbia (DC)	N								
10.	Florida (FL)	N								
11.	Georgia (GA)	N								
12.	Hawaii (HI)	N								
13.	Idaho (ID)	N								
14.	Illinois (IL)	N								
15.	Indiana (IN)	N								
16.	Iowa (IA)	N								
17.	Kansas (KS)	N								
18.	Kentucky (KY)	N								
19.	Louisiana (LA)	N								
20.	Maine (ME)	N								
21.	Maryland (MD)	N								
22.	Massachusetts (MA)	N								
23.	Michigan (MI)	N								
24.	Minnesota (MN)	N								
25.	Mississippi (MS)	N								
26.	Missouri (MO)	N								
27.	Montana (MT)	N								
28.	Nebraska (NE)	N								
29.	Nevada (NV)	N								
30.	New Hampshire (NH)	N								
31.	New Jersey (NJ)	N								
32.	New Mexico (NM)	N								
33.	New York (NY)	N								
34.	North Carolina (NC)	N								
35.	North Dakota (ND)	N								
36.	Ohio (OH)	N								
37.	Oklahoma (OK)	N								
38.	Oregon (OR)	N								
39.	Pennsylvania (PA)	N								
40.	Rhode Island (RI)	N								
41.	South Carolina (SC)	N								
42.	South Dakota (SD)	N								
43.	Tennessee (TN)	L		6,174,928	289,416,998				295,591,926	
44.	Texas (TX)	N								
45.	Utah (UT)	N								
46.	Vermont (VT)	N								
47.	Virginia (VA)	N								
48.	Washington (WA)	N								
49.	West Virginia (WV)	N								
50.	Wisconsin (WI)	N								
51.	Wyoming (WY)	N								
52.	American Samoa (AS)	N								
53.	Guam (GU)	N								
54.	Puerto Rico (PR)	N								
55.	U.S. Virgin Islands (VI)	N								
56.	Northern Mariana Islands (MP)	N								
57.	Canada (CN)	N								
58.	Aggregate other alien (OT)	XXX								
59.	Subtotal	XXX		6,174,928	289,416,998				295,591,926	
60.	Reporting entity contributions for Employee Benefit Plans	XXX								
61.	Total (Direct Business)	(a) 1		6,174,928	289,416,998				295,591,926	
DETAILS OF WRITE-INS										
5801.		XXX								
5802.		XXX								
5803.		XXX								
5898.	Summary of remaining write-ins for Line 58 from overflow page	XXX								
5899.	TOTALS (Lines 5801 through 5803 plus 5898) (Line 58 above)	XXX								

(a) Insert the number of L responses except for Canada and Other Alien.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	RESPONSE
1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	No

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement

12941200936500002 2009 Document Code: 365

OVERFLOW PAGE FOR WRITE-INS

NONE

SCHEDULE A - VERIFICATION

Real Estate

		1 Year To Date	2 Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year		
2.	Cost of acquired		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Current year change in encumbrances		
4.	Total gain (loss) on disposals		
5.	Deduct amounts received on disposals		
6.	Total foreign exchange change in book/adjusted carrying		
7.	Deduct current year's other than temporary impairment recognized		
8.	Deduct current year's depreciation		
9.	Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8)		
10.	Deduct total nonadmitted amounts		
11.	Statement value at end of current period (Line 9 minus Line 10)		

NONE

SCHEDULE B - VERIFICATION

Mortgage Loans

		1 Year To Date	2 Prior Year Ended December 31
1.	Book value/recorded investment excluding accrued interest, December 31 of prior year		
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Capitalized deferred interest and other		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease)		
6.	Total gain (loss) on disposals		
7.	Deduct amounts received on disposals		
8.	Deduct amortization of premium and mortgage interest po		
9.	Total foreign exchange change in book value/recorded inv		
10.	Deduct current year's other than temporary impairment recognized		
11.	Book value/recorded investment excluding accrued interest at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)		
12.	Total valuation allowance		
13.	Subtotal (Line 11 plus Line 12)		
14.	Deduct total nonadmitted amounts		
15.	Statement value at end of current period (Line 13 minus Line 14)		

NONE

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	Description	1 Year To Date	2 Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year		
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Capitalized deferred interest and other		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease)		
6.	Total gain (loss) on disposals		
7.	Deduct amounts received on disposals		
8.	Deduct amortization of premium and depreciation		
9.	Total foreign exchange change in book/adjusted carrying value		
10.	Deduct current year's other than temporary impairment recognized		
11.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)		
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)		

NONE

SCHEDULE D - VERIFICATION

Bonds and Stocks

		1 Year To Date	2 Prior Year Ended December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year	46,213,753	24,095,124
2.	Cost of bonds and stocks acquired	31,733,730	53,108,523
3.	Accrual of discount	1,675	(17,461)
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals	32,003	7,278
6.	Deduct consideration for bonds and stocks disposed of	24,125,000	30,975,000
7.	Deduct amortization of premium	56,779	4,711
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other than temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	53,799,382	46,213,753
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	53,799,382	46,213,753

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity During the Current Quarter for all Bonds and Preferred Stock by Rating Class

	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. Class 1 (a)	103,251,059	384,335,547	395,749,252	(35,018)	103,251,059	91,802,336		104,783,128
2. Class 2 (a)								
3. Class 3 (a)								
4. Class 4 (a)								
5. Class 5 (a)								
6. Class 6 (a)								
7. Total Bonds	103,251,059	384,335,547	395,749,252	(35,018)	103,251,059	91,802,336		104,783,128
PREFERRED STOCK								
8. Class 1								
9. Class 2								
10. Class 3								
11. Class 4								
12. Class 5								
13. Class 6								
14. Total Preferred Stock								
15. Total Bonds & Preferred Stock	103,251,059	384,335,547	395,749,252	(35,018)	103,251,059	91,802,336		104,783,128

Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 $.....0; NAIC 2 $.....0; NAIC 3 $.....0; NAIC 4 $.....0; NAIC 5 $.....0; NAIC 6 $.....0

SCHEDULE DA - PART 1

Short - Term Investments Owned End of Current Quarter

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999. Totals	38,002,954	X X X	38,002,954	366,929	

SCHEDULE DA - Verification

Short-Term Investments

		1 Year To Date	2 Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	58,569,375	65,869,993
2.	Cost of short-term investments acquired	686,884,254	906,134,067
3.	Accrual of discount		45,003
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		
6.	Deduct consideration received on disposals	707,450,675	913,479,688
7.	Deduct amortization of premium		
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other than temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	38,002,954	58,569,375
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	38,002,954	58,569,375

SI04 Schedule DB Part F Section 1 ..... NONE

SI05 Schedule DB Part F Section 2 ..... NONE

SCHEDULE E - Verification

(Cash Equivalents)

		1 Year To Date	2 Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year		
2.	Cost of cash equivalents acquired		1,000,000
3.	Accrual of discount		
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		
6.	Deduct consideration received on disposals		1,000,000
7.	Deduct amortization of premium		
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other than temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)		
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)		

E01 Schedule A Part 2 ..... NONE

E01 Schedule A Part 3 ..... NONE

E02 Schedule B Part 2 ..... NONE

E02 Schedule B Part 3 ..... NONE

E03 Schedule BA Part 2 ..... NONE

E03 Schedule BA Part 3 ..... NONE

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired by the Company During the Current Quarter

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation or Market Indicator (a)
Bonds - U.S. Governments									
3133XTGU4	Federal Home Loan Bank		04/09/2009	Suntrust	XXX	2,000,000	2,000,000.00	133	1
3128X8Y30	Federal Home Loan Mortgage Corp		06/23/2009	Suntrust	XXX	2,000,000	2,000,000.00		1
3128X7NF7	Federal Home Loan Mortgage Corp.		04/01/2009	Suntrust	XXX	1,034,180	1,000,000.00	13,781	1
0399999 Subtotal - Bonds - U.S. Governments					XXX	5,034,180	5,000,000.00	13,914	XXX
8399997 Subtotal - Bonds - Part 3					XXX	5,034,180	5,000,000.00	13,914	XXX
8399998 Summary Item from Part 5 for Bonds (N/A to Quarterly)					XXX	XXX	XXX	XXX	XXX
8399999 Subtotal - Bonds					XXX	5,034,180	5,000,000.00	13,914	XXX
8999998 Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)					XXX	XXX	XXX	XXX	XXX
9799998 Summary Item from Part 5 for Common Stocks (N/A to Quarterly)					XXX	XXX	XXX	XXX	XXX
9899999 Subtotal - Preferred and Common Stocks					XXX		XXX		XXX
9999999 Total - Bonds, Preferred and Common Stocks					XXX	5,034,180	XXX	13,914	XXX

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues .....0.

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stocks Sold, Redeemed, or Otherwise Disposed of by the Company During the Current Quarter

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B./A.C.V. (11 + 12 - 13)	Total Foreign Exchange Change in B./A.C.V.	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Maturity Date	NAIC Designation or Market Indicator (a)
Bonds - U.S. Governments																					
3128X8KP6	Federal Home Loan Mortgage Corp.		05/18/2009	CALLED @ 100.0000000	XXX	6,000,000	6,000,000.00	5,999,550			103		103		5,999,653		347	347	18,750	03/12/2010	1
3136F9GV9	Federal National Mortgage Assoc.		04/16/2009	CALLED @ 100.0000000	XXX	4,000,000	4,000,000.00	4,000,000	4,000,000						4,000,000				72,500	04/16/2012	1
0399999 Subtotal - Bonds - U.S. Governments					XXX	10,000,000	10,000,000.00	9,999,550	4,000,000		103		103		9,999,653		347	347	91,250	XXX	XXX
8399997 Subtotal - Bonds - Part 4					XXX	10,000,000	10,000,000.00	9,999,550	4,000,000		103		103		9,999,653		347	347	91,250	XXX	XXX
8399998 Summary Item from Part 5 for Bonds (N/A to Quarterly)					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8399999 Subtotal - Bonds					XXX	10,000,000	10,000,000.00	9,999,550	4,000,000		103		103		9,999,653		347	347	91,250	XXX	XXX
8999998 Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9799998 Summary Item from Part 5 for Common Stocks (N/A to Quarterly)					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9899999 Subtotal - Preferred and Common Stocks					XXX		XXX													XXX	XXX
9999999 Total - Bonds, Preferred and Common Stocks					XXX	10,000,000	XXX	9,999,550	4,000,000		103		103		9,999,653		347	347	91,250	XXX	XXX

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues .....0.

E06 Schedule DB Part A Section 1 ..... NONE

E06 Schedule DB Part B Section 1 ..... NONE

E07 Schedule DB Part C Section 1 ..... NONE

E07 Schedule DB Part D Section 1 ..... NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1			2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
							6	7	8	
Depository			Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	First Month	Second Month	Third Month	*
open depositories										
Wachovia	Cash						14,588,910	13,444,123	24,566,696	XXX
0199998 Deposits in 0 depositories that do not exceed the allowable limit in any one depository (See Instructions) - open depositories			XXX	XXX			35,138	57,712	76,346	XXX
0199999 Totals - Open Depositories			XXX	XXX			14,624,048	13,501,835	24,643,042	XXX
0299998 Deposits in 0 depositories that do not exceed the allowable limit in any one depository (See Instructions) - suspended depositories			XXX	XXX						XXX
0299999 Totals - Suspended Depositories			XXX	XXX						XXX
0399999 Total Cash On Deposit			XXX	XXX			14,624,048	13,501,835	24,643,042	XXX
0499999 Cash in Company's Office			XXX	XXX	XXX	XXX				XXX
0599999 Total Cash			XXX	XXX			14,624,048	13,501,835	24,643,042	XXX

E09 Schedule E Part 2 Cash Equivalents ..... NONE

Supp1 Medicare Part D Coverage Supplement ..... NONE

SAO Statement of Actuarial Opinion ..... NONE

AEP Amended Explanation ..... NONE

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QUARTERLY DISKETTE TRANSMITTAL FORM AND CERTIFICATION
(HEALTH)

Name of Insurer **AMERIGROUP Tennessee, Inc.**

Date 08/15/2009 FEIN 20-4776597
NAIC Group # 1156 NAIC Company # 12941

THIS FORM IS REQUIRED FOR ALL DISKETTE TRANSMITTALS. PLEASE PROVIDE ANY ADDITIONAL COMMENTS THAT MAY HELP TO IDENTIFY DISKETTE CONTENT.

	QTR. 1	QTR. 2	QTR. 3
A01. Is this the first time you've submitted this filing? (Y/N)	N/A	Yes	N/A
A02. Is this being re-filed at the request of the NAIC or a state insurance department? (Y/N)	N/A	N/A	N/A
A03. Is this being re-filed due to changes to the data originally filed? (Y/N)	N/A	N/A	N/A
A04. Other? (Y/N)	N/A	N/A	N/A
(If "yes" attach an explanation.)			

B. Additional comments if necessary for clarification:

C. Diskette Contact Person: Margaret Mary Roomsburg

Phone: (757)473-2721-

Address: 4425 Corporation Lane, Virginia Beach, VA 23462

D. Software Vendor: SunGard iWORKS, LLC
Version: 2009.Q.0

E. Have material validation failures been addressed in the explanation file? Yes[X] No[ ]

F. The undersigned hereby certifies, according to the best of his/her knowledge and belief: that the diskettes submitted with this form were prepared in compliance with the NAIC specifications, that the diskettes have been tested against the validations included with these specifications, and that quarterly statement information required to be contained on diskette is identical to the information in the 2009 Quarterly Statement blank filed with the insurer's domiciliary state insurance department. In addition, the diskettes have been scanned through a virus detection software package, and no viruses are present on the diskettes. The virus detection software used was (name): McAfee VirusScan Enterprise

(version number): 8.5.0.781

(Signed) Margaret M Roomsburg

Type Name and Title: Margaret Mary Roomsburg, Vice President

AMERIGROUP
CORPORATION

Representation Concerning Matters Pertaining to Examination of Statutory Actuarial Items

TO: Ingenix Consulting

FROM: AMERIGROUP Tennessee, Inc.

In connection with your examination of the unpaid claim liability to be included in the statutory annual statement of AMERIGROUP Tennessee, Inc. (Company) as of June 30, 2009, I represent that to the best of my knowledge and belief:

1. All information which would affect the actuarial items examined has been given to you;
2. Basic records, listings, summaries and other information furnished to you, and underlying the calculation of the actuarial items identified below, are accurate and complete; and
3. No methods or procedures employed by the Company, now or in the past, would preclude the accurate determination of the actuarial items examined.
4. At-risk providers are in a financial position to meet all liabilities under any incentive contracts with payers.

I understand that you have relied on these items to perform your analysis and have not audited the accuracy or completeness of these items.

With respect to assets and liabilities of AMERIGROUP Tennessee, Inc. as of June 30, 2009, I represent that to the best of my knowledge and belief, the statutory statement, together with related exhibits, schedules and explanation therein contained, annexed or referred to, is a complete and fair statement of all the assets and liabilities and the condition of affairs of the Company as of June 30, 2009.

Signed Kathleen A Tottle

Name Kathleen Tottle

Title SVP, Corporate Actuarial

Date 8/11/09

Address 4425 Corporation Lane, VA 23462

Phone Number 757-321-3557

Signed Margaret M Roomsburg

Name Margaret Roomsburg

Title SVP and Chief Accounting Officer

Date 8/11/09

Address 4425 Corporation Lane, VA 23462

Phone Number 757-473-2721

AMERIGROUP Tennessee, Inc.
MLR Reconciliation to NAIC Filing
June 30, 2009

TOTAL REVENUES

	Middle Tennessee	AMERIVANTAGE	West Tennessee	NAIC Filing	Page, Col, Line
Net premium income 2009	289,416,998	6,174,928		295,591,926	Q4, C2, L2
Net premium income 2008	598,983,073	8,112,101		607,095,174	Q4, C2, L2
Net premium income 2007	382,864,891			382,864,891	Q4, C2, L2
TOTAL	1,271,264,963	8,112,101	-		
MLR Report	1,278,676,373				
Difference	(7,411,410)				
Retroactivity accrual	3,500,000				
Retroactivity settlement	3,911,410				
Unreconciled difference	0				

UNPAID CLAIMS

	Middle Tennessee	AMERIVANTAGE	West Tennessee	NAIC Filing	Page, Col, Line
Claims unpaid (less reinsurance ceded)	60,530,259	2,367,491		62,897,750	Q3, C3, L1
Unpaid claims adjustment expenses	1,572,725	61,937		1,634,662	Q3, C3, L3
TOTAL	62,102,984	2,429,428	-	64,532,412	

Middle Tennessee Unpaid Claims Total	62,102,984		
IBNR on MLR report	52,077,601		
Difference	10,025,383		
Held checks included in paid on MLR report	1,725,570		
Difference	8,299,813		
IPA Settlement included in claims payment	(105,653)		
Vision included in claims payment	(88,033)		
Difference	8,106,127		
Differnce between full margin and change in margin	(8,106,127)		
Unreconciled difference	-		

HOSPITAL AND MEDICAL

Total expenses on MLR report for cumulative calendar Year 2009	244,357,201		
Total hospital and medical Cur YTD		243,852,342	Q4, C2, L18
Total from NAIC filing		243,852,342	
Less Medicare expenses		4,704,792	
NAIC net of Medicare expenses	239,147,550		
Difference	5,209,651		
Prior year adjustments in current cumulative calendar year 2009	5,209,651		
Unreconciled difference	-		

AMERIGROUP Tennessee, Inc.
STATEMENT OF ACTUARIAL OPINION – JUNE 30, 2009

I, John C. Lloyd, a member of the American Academy of Actuaries, am a Principal with the firm of Ingenix Consulting, which has been retained by AMERIGROUP Tennessee, Inc. (Company) to render this opinion. I meet the Academy qualification standards for rendering the opinion and am familiar with the valuation requirements applicable to life and health insurance companies.

I have examined the actuarial assumptions and actuarial methods used in determining reserves and related actuarial items listed below, as shown in the annual statement of the Company, as prepared for filing with state regulatory officials. Tabulated below are those reserves and related actuarial items.

Claims unpaid (less $ reinsurance ceded) (Page 3, Line1)	$	62,897,750
Accrued medical incentive pool and bonus payments (Page 3, Line 2)	$	0
Unpaid claims adjustment expenses (Page 3, Line 3)	$	1,634,662
Aggregate health policy reserves (Page 3, Line 4)	$	0
Aggregate health claim reserves (Page 3, Line 7)	$	0

In forming my opinion on the reserves above, I relied upon data prepared by Margaret Roomsburg, Chief Accounting Officer, as certified in the attached statements. I evaluated that data for reasonableness and consistency. In other respects, my examination included review of the actuarial assumptions and actuarial methods used and tests of the calculations I considered necessary.

My review covered the effect on reserves of incentive contracts with service providers and potential provider insolvencies. My review included consideration of the potential impact on reserves of contractual arrangements between the Company and service providers. Based on that review and the opinion provided by the Company regarding the separate amounts included to cover potential performance default by at-risk providers, I believe the amounts shown above appropriately recognize the financial impact of contracts between service providers and the Company and the financial strength of at-risk providers.

In my opinion the reserves and related actuarial values concerning the statement items identified above:

(a) Are computed in accordance with presently accepted actuarial standards consistently applied and are fairly stated, in accordance with sound actuarial principles;

(b) Are based on actuarial assumptions that produce reserves at least as great as those called for in any contract provision as to reserve basis and method, and are in accordance with all other contract provisions;

(c) Meet the requirements of the Insurance Law and regulation of the state of Tennessee; and are at least as great as the minimum aggregate amounts required by the state in which this statement is filed;

(d) Make a good and sufficient provision for all unpaid claims and other actuarial liabilities of the organization under the terms of its contracts and agreements;

(e) Are computed on the basis of assumptions consistent with those used in computing the corresponding items in the annual statement of the preceding year-end; and

(f) Include provision for all actuarial reserves and related statement items which ought to be established.

The reserves and related items, when considered in light of the assets held by the company with respect to such reserves and related actuarial items including, but not limited to, the investment earnings on the assets, and the considerations anticipated to be received and retained under the policies and contracts, make adequate provision, according to presently accepted actuarial standards of practice, for the anticipated cash flows required by the contractual obligations and related expenses of the company.

The Underwriting and Investment Exhibit – Part 2B was prepared consistent with "*Section 3.6, Follow-Up Studies*" contained in Actuarial Standard of Practice No. 5, *Incurred Health and Disability Claims* which was adopted by the Actuarial Standards Board in December 2000 (Effective May 1, 2001).

The actuarial methods, considerations and analyses used in forming my opinion conform to the appropriate Standards of Practice as promulgated by the Actuarial Standards Board, which standards form the basis of this statement of opinion.

This opinion is updated quarterly as required by statute. To the best of my knowledge, there have been no material changes from the applicable date of the annual statement to the date of the rendering of this opinion which should be considered in reviewing this opinion.

The impact of the unanticipated events subsequent to the date of this opinion is beyond the scope of this opinion.

John C. Lloyd
Principal, Ingenix Consulting – Atlanta
Fellow, Society of Actuaries
Member, American Academy of Actuaries

Ingenix Consulting
2170 Satellite Blvd, Suite 150
Atlanta, GA 30097
(678) 417-4906

August 11, 2009

Medical Services Monitoring Report vices Monitc

MCO: TLC Amerigroup

Reporting Month: Jun-09	TOTAL
Enrollment	2,023,389
Payments for Medical Services for the Month	
UB 92 Payments by the Claims Processing System	189,088,044
HCFA1500 Payments by the Claims Processing System	120,490,635
Dental Payments by the Claims Processing System	0
Capitation Payments	12,037,419
Pharmacy Payments	0
Subcontractor Payments for Medical Services	0
Reinsurance Payment	0
Other Payments/Adjustments to Medical Costs	3,112,457
Less:	0
BHO Capitation Revenue	0
Pharmacy Rebates	0
Recoveries not Claims Payments	0
Total Payments for the month	324,728,556
Remaining IBNR for the month	46,866
Payments and Remaining IBNR for the month	324,775,421
Per Member Expense	160.51
Per Member Month Exp. For Quarter	
Per Member Month Exp. For Quarter in 2004	
Per Member Month Exp. For Quarter in 2003	
Percent Change from 2003 to 2004	
Medical Services Budget for 2005 Quarter	
(Over)/Under Budget	

Medical Services Monitoring Report

GRAND REGION WEST

MCO: Memphis Managed Care Corporation

Reporting Month: Jun-09	2008 Incurred Month: January	February	March	April	May	June	July	August	September	October	November	December	TOTAL
Enrollment	168,107	168,273	168,026	167,272	166,133	165,390	164,321	163,392	161,813	159,546	115	0	1,652,389
Payments for Medical Services for the Month													
UB 92 Payments by the Claims Processing System	18,707,104	16,875,682	17,633,654	17,126,821	17,389,191	16,370,798	17,845,460	16,326,057	16,823,869	15,689,925	0	0	170,788,561
HCFA1500 Payments by the Claims Processing System	11,074,433	10,427,419	10,246,111	10,522,340	9,977,950	9,557,785	10,559,640	10,661,562	10,050,879	10,541,022	0	0	103,619,141
Dental Payments by the Claims Processing System	0	0	0	0	0	0	0	0	0	0	0	0	0
Capitation Payments	576,551	586,240	3,974,803	602,592	1,408,928	1,333,452	659,951	1,828,528	690,198	632,272	0	0	12,293,515
Pharmacy Payments													0
Subcontractor Payments for Medical Services													0
Reinsurance Payment	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Payments/Adjustments to Medical Costs	137,057	414,852	(139,164)	164,139	(91,170)	263,295	571,331	(449,271)	78,092	(130,304)	134,050	3,316,161	4,269,068
Less:													0
BHO Capitation Revenue													0
Pharmacy Rebates													0
Recoveries not Claims Payments													0
Total Payments for the month	30,495,145	28,304,193	31,715,405	28,415,892	28,684,899	27,525,330	29,636,381	28,366,876	27,643,039	26,732,915	134,050	3,316,161	290,970,286
Remaining IBNR for the month	21,041	22,332	29,214	37,560	48,421	46,899	78,119	89,139	127,291	174,889	0	0	674,903
Payments and Remaining IBNR for the month	30,516,186	28,326,525	31,744,618	28,453,451	28,733,320	27,572,228	29,714,500	28,456,015	27,770,330	26,907,804	134,050	3,316,161	291,645,188
Per Member Expense	181.53	168.34	188.93	170.10	172.95	166.71	180.83	174.16	171.62	168.65	1,165.65	-	176.50
Per Member Month Exp. For Quarter			179.59			169.93			175.56			190.14	
Per Member Month Exp. For Quarter in 2006			159.96			158.03			163.43			160.63	
Per Member Month Exp. For Quarter in 2005			147.63			144.70			155.59			151.32	
Percent Change from 2003 to 2004			0.0835775			0.0920805			0.0503774			0.0615243	
Medical Services Budget for 2006 Quarter			173.33			172.58			171.67			170.51	
(Over)/Under Budget			(6)			3			(4)			(20)	

Statement of Actuarial Opinion

I, A. Kirk Twiss, am associated with the firm of Ingenix Consulting, and am a Member of the American Academy of Actuaries. Ingenix Consulting has been retained by Memphis Managed Care Corp. (MMCC) with regard to claim liabilities and related items. I meet the Academy qualification standards for rendering the opinion and I am familiar with the valuation requirements applicable to MMCC.

I have examined the actuarial assumptions and actuarial methods used in determining claim liabilities listed below, as shown in the quarterly statement of MMCC, as prepared for filing with state regulatory officials as of June 30, 2009:

Claims Unpaid (restated April 2002) (Page 3, Line 1)	$0
Remaining IBNR as of 6/30/2009 (MFT report)	$721,768

I have relied on listings and summaries of claims and other relevant data, as prepared by MMCC. I relied on Jim Proctor, CFO for the accuracy of the data as expressed in the attached statement. In other respects, my examination included such review of the actuarial assumptions and actuarial methods used and such tests of the actuarial calculations as I considered necessary.

I have not reviewed the financial position of any party related by contract to MMCC. I have assumed that such parties are in a financial position to meet all liabilities resulting from such contracts.

In my opinion, the amounts carried in the balance sheet on account of items identified above:

1. Are in accordance with presently accepted actuarial standards consistently applied and are fairly stated in accordance with sound actuarial principles;

2. Are based on actuarial assumptions which produce reserves at least as great as those called for in any contract provisions and appropriate to the purpose for which the Statement was prepared;

3. Meet the requirements of the insurance laws and regulations of the state of Tennessee and are at least as great as the minimum aggregate amounts required by Tennessee;

4. Make a good and sufficient provision for all unpaid claims of the organization under the terms of its contracts and agreements;

5. Are computed on the basis of assumptions consistent with those used in computing the corresponding items in the annual statement of the preceding year-end; and

6. Include provision for all actuarial items which ought to be established.

I have reviewed the Underwriting and Investment Exhibit, Part 2B. The schedule was prepared consistent with *Section 3.6, Follow-Up Studies* contained in Actuarial Standard of Practice No. 5, *Incurred Health Claim Liabilities*.

The reserves and related actuarial items identified above make adequate provision for the anticipated cash flows related to the contractual obligations and expenses of MMCC, when considered in conjunction with the assets held by MMCC with respect to such reserves and related actuarial items, including, but not limited to, the cash flows on such assets and the considerations anticipated to be received under such policies and contracts.

The actuarial methods, considerations and analyses used in forming my opinion conform to the appropriate Standards of Practice as promulgated by the Actuarial Standards Board, which standards form the basis of this statement of opinion.

A. Kirk Twiss
Fellow, Society of Actuaries
Member, American Academy of Actuaries

Ingenix Consulting
200 W. Madison Street, Suite 2000
Chicago, IL 60606
(312) 429-3905

AKT:mjz

August 11, 2009

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 -90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals						
0299998 Premium due and unpaid not individually listed						
0299999 Total group						
0399999 Premium due and unpaid from Medicare entities						
0499999 Premium due and unpaid from Medicaid entities	5,348,531	4,872,225	4,791,333	9,575,852		24,587,941
0599999 Accident and health premiums due and unpaid (Page 2, Line 13)	5,348,531	4,872,225	4,791,333	9,575,852		24,587,941

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 -90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed						
0199999 Subtotal - Pharmaceutical Rebate Receivables						
0299998 Claim Overpayment Receivables - Not Individually Listed	57,775	65,318		373	123,466	
0299999 Subtotal - Claim Overpayment Receivables	57,775	65,318		373	123,466	
Loans and Advances to Providers						
Lifecare Family Services, Inc.				350,000	350,000	
Park Center, Inc.				225,000	225,000	
Collaborative Care Corporation				200,000	200,000	
0399998 Loans and Advances to Providers - Not Individually Listed		80,000		784,000	864,000	-
0399999 Subtotal - Loans and Advances to Providers	-	80,000	-	1,559,000	1,639,000	-
0499998 Capitation Arrangements Receivables - Not Individually Listed						
0499999 Subtotal - Capitation Arrangements Receivables						
0599998 Risk Sharing Receivables - Not Individually Listed						
0599999 Subtotal - Risk Sharing Receivables						
0699998 Other Receivables - Not Individually Listed						
0699999 Subtotal - Other Receivables						
0799999 Gross health care receivables	57,775	145,318	-	1,559,373	1,762,466	

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Admitted	
						7	8
Name of Debtor	1 - 30 Da		ys	Over 90 Days	Nonadmitted	Current	Non-Current
0299999 Receivables not individually listed							
0399999 Total gross amounts receivable							

NONE

AMERIGROUP Tennessee, Inc.
Report 2A - TennCare Income Statement-2Q09
Middle Tennessee CRA 2.30.14.3.3 and 2.30.14.3.4

	Current Period	Year-To-Date Total	Previous Year Total
Member Months	**574,808**	**1,133,679**	**2,217,753**
Revenues:			
TennCare Capitation	146,423,630	289,416,998	598,983,073
Investment	411,750	935,741	3,363,170
Other Revenues	-	-	-
Total Estimated Revenues	146,835,380	290,352,740	602,346,243
Expenses:			
Hospital and Medical (w/o Mental Health)			
Capitated Physician Services	(809,961)	-	24,311
Fee-for Service Physician Services	44,412,290	85,778,481	205,691,649
Inpatient Hospital Services	29,649,402	60,063,962	128,704,477
Outpatient Hospital Services	13,484,478	22,787,898	39,210,052
Emergency Room Services	8,907,096	16,513,830	29,230,160
Dental Services	-	-	-
Vision Services	412,411	927,648	1,817,505
Pharmacy Services	-	-	-
Home Health Services	-	-	-
Chiropractic Services	-	-	-
Radiology Services	3,869,958	6,343,301	10,266,020
Laboratory Services	2,569,086	4,823,109	7,971,404
Durable Medical Equipment Services	825,074	2,051,394	4,333,471
Transportation Services	2,883,208	6,893,413	17,589,187
Outside Referrals	-	-	-
Medical Incentive Pool and Withhold Adj	-	-	-
Occupancy, Depreciation and Amortization	-	-	-
Other Medical and Hospital Services - Write-Ins	-	-	-
Subtotal Medical and Hospital	106,203,041	206,183,036	444,838,236
Mental Health and Substance Abuse Services			
Inpatient Psychiatric Facility Services	1,196,686	3,260,437	13,217,971
Inpatient Substance Abuse Treatment and Detox	133,338	783,227	2,323,017
Outpatient Mental Health Services	1,877,483	4,068,771	10,771,003
Outpatient Substance Abuse Treatment and Detox	613,821	1,681,871	8,481,373
Housing/Residential Treatment	816,626	2,445,759	7,296,859
Specialized Crisis Services	(159,043)	233,759	215,511
Psychiatric Rehab and Support Services	7,818,458	17,424,276	41,312,336
Case Management	1,792,886	2,706,042	87,116
Forensics	-	-	-
Other Judicial	-	-	-
Pharmacy	-	-	-
Lab Services	-	-	-
Transportation	38,773	53,426	149,374
Medical Incentive Pool and Withhold Adjustments	-	-	-
Occupancy, Depreciation and Amortization	-	-	-
Other Mental Health and Substance Abuse Services	-	-	-
PCP and Specialist Servcies	-	-	-
Other Mental Health Services - Write-Ins	-	-	-
Subtotal MH&SAS	14,129,028	32,657,566	83,854,559
Subtotal Hospital, Medical, MH&SAS	120,332,069	238,840,602	528,692,795
LESS:			
Net Reinsurance Recoveries Incurred	(154,199)	(306,948)	(587,544)
Copayments	-	-	-
Subrogation and Corrdination of Benefits	-	-	-
Subtotal Reinsurance, Copay, Subrogation	(154,199)	(306,948)	(587,544)
Total Hospital, Medical, MHS&S	120,486,268	239,147,550	529,280,339
Administation:			
Compensation	4,751,339	8,935,992	19,147,149
Marketing	37,733	74,998	192,471
Interest Expense	0	-	-
Premium Tax Expense	3,006,701	5,867,213	12,009,017
Occupancy, Depreciation, and Amortization	355,396	714,799	1,408,130
Other Administration - Write-Ins	9,559,078	19,122,091	40,738,890
Total Administration Expenses	17,710,247	34,715,093	73,495,657
Total Expenses	138,196,514	273,862,643	602,775,996
Extraordinary Item	-	-	-
Provision for Income Tax	-	-	-
Net Income (Loss)	8,638,866	16,490,097	(429,753)
Write-Ins for Other Expense			
Detail of Other Medical and Hospital:			
	-	-	-
	-	-	-
	-	-	-
Total Other Medical and Hospital	-	-	-
Detail of Other MH and SAS:			
	-	-	-
	-	-	-
	-	-	-
Total Other MH and SAS	-	-	-
Detail of Other Administration:			
Purch Svc Accts	1,078,767	1,513,322	- 3,014,467
Telephone Expenses	85,740	175,830	- 484,195
Miscellaneous Expenses	107,865	280,031	- 846,623
Postage and Delivery	218,361	381,803	848,571
Printing and Reproduction	304,493	416,992	914,991
Management Fee-Ind	7,302,089	15,676,205	33,340,844
Other Administration < $90,000 YTD	461,764	677,909	1,289,200
Total Other Administration	9,559,078	19,122,091	40,738,890

AMERIGROUP Tennessee, Inc.
Report 2A - TennCare Income Statement-2Q09
Grand Region West Tennessee CRA 2.30.14.3.3 and 2.30.14.3.4

	Current Period	Year-To-Date Total	Previous Year Total
Member Months	-	-	1,987,456
Revenues:			
TennCare Capitation	3,713,832	19,493,553	366,263,416
Investment	0	-	(220)
Other Revenues	0	-	-
Total Estimated Revenues	3,713,832	19,493,553	366,263,196
Expenses:			
Hospital and Medical (w/o Mental Health)			
Capitated Physician Services	-	-	8,948,747
Fee for Service Physician Services	122,400	1,442,126	39,079,363
Inpatient Hospital Services	444,199	2,982,584	70,075,232
Outpatient Services	15,237	30,748	4,597,229
Emergency Room Services	6,065	172,886	21,998,595
Mental Health Services	-	3,312	34,030
Dental Services	1,123	2,206	199,514
Vision Services	(2,524)	22,936	2,464,063
Pharmacy Services	-	-	-
Home Health Services	28,240	472,736	11,472,406
Chiropractic Services	-	-	-
Radiology Services	16,994	304,449	18,289,010
Laboratory Services	12,158	244,785	9,499,723
Durable Medical Equipment Services	5,380	34,154	306,671
Transportation Services	402	4,356	1,342,083
Outside Referrals	-	-	-
Medical incentive Pool and Withhold Adjustments	-	-	-
Occupancy Depreciation and Amortization	-	-	-
Other Medical and Hospital Services	743,195	9,515,762	138,419,284
IBNR	721,768	721,768	14,591,930
Subtotal Medical and Hospital	2,114,639	15,954,807	341,317,881
LESS:			
Net Reinsurance Recoveries Incurred	-	-	-
Copayments	-	-	-
Subrogation and Corrdination of Benefits	-	-	-
Subtotal Reinsurance, Copay, Subrogation	-	-	-
Total Hospital, Medical, MHS&S	2,114,639	15,954,807	341,317,881
Administation:			
Compensation	553,723	1,359,547	9,334,343
Marketing	7,875	8,794	30,319
Interest Expense	-	-	-
Premium Tax Expense	1,599,193	3,538,745	5,623,162
Occupancy, Depreciation, and Amortization	213,694	418,826	880,806
Other Administration - Write-Ins	349,621	814,912	5,517,714
Total Administration Expenses	2,724,107	6,140,825	21,386,344
Total Expenses	4,838,746	22,095,632	362,704,225
Extraordinary Item	-	-	-
Provision for Income Tax	-	-	-
Net Income (Loss)	(1,124,913)	(2,602,079)	3,558,971

AMERIGROUP Tennessee, Inc.-Grand Region Middle
Cash Reconciliation-Middle Region-Medicaid only
June 30, 2009

Month Received	Cash	Recorded	rate cell before accrual	Ten percent	90% collected	10% collected	Liquidated Damages	Premium Taxes	ASO Claims	Refund Checks	ASO fees	Other A/R	Cash difference	Premium receivable
	Cash P2, C3, L5 IA	Premium P4, C2, L2					Admin Exp P4, C2, L21	Not Reported	Not Reported	Not Reported	Premium P4, C2, L2	Not Reported		Prem Rec P2, C3, L13.1
Beginning Balance (Prem. Rec)														$ 9,816,800.26
January	42,607,778.03	47,267,080.53	47,234,836.14	4,723,483.61	42,511,352.53		(1,000.00)	3,286.12	93,709.39		430.00		$ (0.01)	4,723,483.62
February	42,893,043.96	47,815,461.62	47,815,461.62	4,781,546.16	43,033,915.46		(140,871.50)						$ 0.00	4,781,546.16
March	43,120,238.83	47,943,069.81	47,943,069.81	4,794,306.98	43,148,762.83		(28,524.00)						$ 0.00	4,794,306.98
April	48,119,899.94	47,913,325.58	47,913,325.58	4,791,332.56	43,121,993.02	4,997,906.92	-	-	-				$ (0.00)	(206,574.36)
May	48,651,018.80	48,722,250.50	48,722,250.50	4,872,225.05	43,850,025.45	4,818,893.35	(17,900.00)						$ (0.00)	53,331.70
June	49,621,457.13	49,788,054.54	49,788,054.53	4,978,805.45	44,809,249.08	4,723,483.61	(40,800.00)	10,751.67	118,074.76		698.00		$ 0.01	255,321.83
E. Lane Refunds	100.00											100.00	$ -	-
Retroactivity		(32,244.40)		-	-								$ -	-
				-	-								$ -	-
				-	-								$ -	-
				-	-								$ -	-
				-	-								$ -	-
														-
Total	$ 275,013,536.69	$ 289,416,998.18	$ 289,416,998.18	$ 28,941,699.82	$ 260,475,298.36	$ 14,540,283.89	$ (229,095.50)	$ 14,037.79	$ 211,784.15	$ -	$ 1,128.00	$ 100.00	$ -	$ 24,218,216.19

Balance @ 06/30/09

Reconciliation

4,781,546.16	February 10% withhold
4,794,306.98	March 10% withhold
4,791,332.56	April 10% withhold
4,872,225.05	May 10% withhold
4,978,805.45	June 10% withhold
369,725.06	Amerivantage Premium Receivable
(369,725.06)	Amerivantage Premium Receivable

Cash that should be included on premium tax return		
Medicaid Premiums	289,416,998.18	
Change in Premium Receivable	(14,401,415.93)	
Premium Taxes	14,037.79	
ASO Claims	211,784.15	
Refund Checks	-	
ASO fees	1,128.00	
E. Lane Refunds	100.00	
	275,242,632.19	
1Q09 Cash Collected	(128,791,456.31)	
	146,451,175.88	
Total Cash Collected	$ 275,013,536.69	
1Q09 Cash Collected	$ (128,791,456.31)	
add back liquidated damages	$ 229,095.50	
	146,451,175.88	2,929,023.52
	-	

AMERIGROUP Tennessee, Inc.-Grand Region West
Cash Reconciliation
June 30, 2009

Date Received	Cash	Recorded	Liquidated Damages	Due to Health Solutions	Weekly Claims Run	Manual Checks	Capitation Payment	Refund Checks	Case Management	Premium Taxes	Voided Checks	Voided Invoice	Other A/R	Accrued Expenses	Interest to state	Cash difference	Premium receivable
	Cash F2/C3,L5 UA	Premium P4/C2/L2	Admin Exp P4/C2/L21	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported				Prem Rec P2/C3,L13:1
Total for 03/31/ 2009 Cash Recon	15,779,459.64	-	-	-	11,039,079.07	3,604,665.67	-	(782,659.50)	-	1,939,551.84	(21,055.59)	-	-	(121.85)	-	-	-
																-	-
April 6, 2009	780,716.24				458,587.65	260.65	321,867.94									-	-
April 8, 2009	145,087.99				145,087.99											-	-
April 15, 2009	125,000.73				125,000.73											-	-
April 23, 2009	68,004.47				333,794.51			(266,545.95)			755.91					-	-
April 29, 2009	1,742,564.95				358,348.91					1,384,216.04						-	-
May 6, 2009	371,202.48				77,314.33	293,997.68					(109.53)					-	-
May 13, 2009	130,881.03				130,881.03											-	-
May 21, 2009	78,755.08				78,745.08	10.00										-	-
May 28, 2009	46,288.17				46,101.37			(39,353.68)						39,540.48		-	-
June 4, 2009	59,627.43				59,627.43											-	-
June 11, 2009	377,304.88				61,715.69					315,589.19						-	-
June 26, 2009	510,139.96				510,139.96											-	-
																-	-
Total	$ 20,215,033.05	$ -	$ -	$ -	$ 13,424,423.75	$ 3,898,934.00	$ 321,867.94	$ (1,088,559.13)	$ -	$ 3,639,357.07	$ (20,409.21)	$ -	$ -	$ 39,418.63	$ -	$ -	$ -

Cash that should be included on premium tax return		
Cash collected	$ 20,215,033.05	
add LD's	-	
interest remitted	-	
	20,215,033.05	
1Q09 Cash Included	(15,779,459.64)	
	$ 4,435,573.41	$ 88,711.47

Medical Loss Ratio Report - Total
Grand Region

MCO

AMERIGROUP, Tennessee, Inc.

Reporting Month	2007			For the Year	2007						2008						For the Year
	Incurred Month			Ended	Incurred Month						Incurred Month						Ended
	April	May	June	6/30/2007	July	August	September	October	November	December	January	February	March	April	May	June	6/30/2008
Enrollment	186,009	185,607	182,482	554,098	182,775	183,849	184,860	185,516	185,665	185,597	185,258	185,724	186,342	186,071	185,080	184,624	2,221,360
Capitation Revenue	$48,293,926	$48,101,144	$47,206,901	$143,601,971	$47,215,644	$47,360,493	$47,575,046	$47,849,116	$47,643,940	$47,670,111	$47,551,909	$47,568,554	$47,568,539	$45,596,082	$45,346,656	$45,172,076	$564,118,164
Payments for Covered Services for the Month																	
Medical Services																	
CMS 1450/UB 92 Payments by the Claims Processing System																	
Inpatient - Maternity	$1,278,422	$1,308,790	$1,402,707	$3,989,919	$1,367,697	$1,800,098	$1,344,274	$1,853,721	$1,698,782	$1,718,529	$1,959,383	$1,785,424	$1,405,843	$1,367,245	$1,569,824	$1,516,969	$19,387,788
Inpatient - Newborn	$1,900,776	$2,146,479	$2,608,817	$6,656,072	$2,629,769	$1,902,921	$1,824,856	$2,942,446	$1,811,615	$2,404,246	$2,393,191	$2,319,654	$1,950,073	$1,679,610	$1,897,071	$2,052,957	$25,808,409
Inpatient -Medical	$5,358,519	$4,942,179	$4,108,669	$14,409,367	$4,610,857	$4,687,602	$5,743,791	$4,814,285	$4,378,259	$5,341,849	$6,068,936	$4,979,012	$5,023,472	$5,075,373	$4,291,582	$4,501,975	$59,516,994
Inpatient - Surgery	$924,363	$972,932	$911,872	$2,809,167	$1,095,571	$1,211,201	$1,117,604	$1,188,169	$1,219,795	$999,901	$1,377,217	$1,441,324	$1,300,731	$1,304,909	$1,205,958	$1,336,819	$14,799,199
Inpatient Other	$201,839	$241,389	$235,822	$679,050	$203,787	$176,954	$153,180	$166,708	$52,823	$113,703	$147,665	$65,883	$94,356	$95,722	$142,889	$130,178	$1,543,849
Outpatient - Emergency Room	$997,739	$1,039,797	$1,769,931	$3,807,467	$1,890,613	$2,040,005	$2,092,007	$2,109,019	$2,168,068	$2,327,764	$2,422,208	$2,511,981	$2,307,462	$2,196,368	$2,359,680	$2,181,445	$26,606,619
Outpatient - Laboratory	$397,950	$430,278	$372,365	$1,200,594	$358,887	$399,723	$357,799	$409,258	$394,194	$374,749	$477,738	$481,988	$444,284	$427,443	$402,609	$415,094	$4,943,767
Outpatient - Radiology	$978,864	$1,020,721	$1,014,888	$3,014,472	$935,713	$1,142,760	$985,606	$1,084,459	$1,018,912	$918,533	$1,093,976	$997,723	$1,139,844	$1,158,022	$1,031,084	$1,076,711	$12,583,343
Outpatient - Surgery	$1,007,355	$1,135,799	$1,137,795	$3,280,950	$1,142,221	$1,244,496	$1,135,421	$1,365,303	$1,307,462	$1,107,127	$1,442,065	$1,290,395	$1,332,021	$1,431,040	$1,451,923	$1,386,787	$15,636,262
Outpatient - Other	$248,553	$255,329	$237,249	$741,130	$222,786	$240,656	$238,743	$270,935	$262,222	$243,139	$307,528	$294,032	$316,829	$281,833	$243,173	$209,099	$3,130,974
CMS 1500 Payments by the Claims Processing System																	
Prof - E&M	$12,391,566	$13,648,347	$13,162,048	$39,201,961	$12,668,533	$13,938,060	$12,591,398	$13,995,507	$13,427,593	$12,942,607	$14,176,463	$13,369,138	$13,418,210	$13,720,870	$13,606,980	$13,188,146	$161,043,505
Prof - Maternity	$855,779	$934,306	$959,486	$2,749,570	$971,428	$1,101,657	$957,537	$1,091,287	$964,232	$938,955	$1,184,611	$1,191,144	$1,106,969	$1,120,634	$1,094,179	$1,048,615	$12,771,249
Prof - Surgery	$496,847	$611,040	$598,877	$1,706,764	$565,819	$637,192	$546,256	$705,801	$574,319	$507,097	$709,474	$591,600	$669,680	$706,972	$685,437	$697,479	$7,597,126
Prof - DME	$274,895	$333,638	$328,139	$936,672	$254,250	$302,095	$322,384	$332,726	$351,104	$371,876	$387,191	$357,719	$353,871	$389,400	$391,500	$381,635	$4,195,750
Prof - Lab	$602,104	$628,010	$612,833	$1,842,947	$508,503	$593,575	$512,297	$573,389	$529,344	$454,881	$628,951	$641,054	$582,002	$713,922	$649,057	$643,456	$7,030,433
Prof - Radiology	$881,953	$1,000,346	$895,711	$2,778,010	$766,446	$878,035	$762,879	$919,245	$764,163	$708,678	$883,740	$787,552	$820,984	$882,233	$839,021	$855,431	$9,868,407
Prof - Transportation	$1,122,362	$1,375,054	$1,335,724	$3,833,140	$1,329,144	$1,450,732	$1,324,779	$1,552,157	$1,457,143	$1,336,314	$1,601,437	$1,472,732	$1,528,002	$1,573,574	$1,625,336	$1,617,438	$17,868,787
Prof - Other	$1,650,985	$1,763,654	$1,630,308	$5,044,948	$1,613,344	$1,786,063	$1,576,961	$1,883,161	$1,810,383	$1,630,683	$1,968,974	$1,839,799	$1,776,785	$1,867,432	$1,784,773	$1,742,629	$21,280,986
Capitation Payments	$468,325	$483,963	$488,183	$1,440,471	$272,622	$271,545	$270,149	$259,426	$250,005	$257,129	$254,305	$272,884	$230,680	$143,723	$139,680	$142,094	$2,764,241
Subcontractor Payments for Medical Services	$71,013	$79,728	$94,722	$245,463	$130,029	$164,577	$128,788	$142,096	$116,032	$96,614	$126,806	$117,839	$125,315	$117,177	$97,665	$94,166	$1,457,103
Other Medical (provide description)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Behavioral Health																	
Inpatient Payments by the Claims Processing System	$1,070,481	$1,069,261	$1,183,428	$3,323,170	$1,233,103	$1,204,036	$1,312,655	$1,146,722	$1,057,757	$1,192,076	$1,195,637	$1,141,808	$1,028,278	$1,124,936	$1,211,446	$1,031,946	$13,880,401
Outpatient Payments by the Claims Processing System	$1,956,917	$1,963,188	$2,080,705	$6,000,810	$1,771,783	$2,130,113	$1,892,886	$1,574,673	$1,452,775	$1,445,926	$1,505,954	$1,544,055	$1,579,805	$1,657,087	$1,646,961	$1,602,375	$19,804,394
Supported Housing Payments by the Claims Processing System	$162,540	$163,958	$179,229	$505,727	$174,525	$173,490	$195,080	$222,659	$218,538	$234,247	$228,487	$214,871	$230,775	$225,479	$242,760	$238,365	$2,599,275
Intensive Outpatient Payments by the Claims Processing System	$53,173	$81,920	$79,343	$214,436	$80,231	$89,642	$73,599	$81,698	$70,613	$61,424	$80,195	$59,973	$80,554	$98,944	$92,291	$78,609	$947,772
Partial Hospitalization Payments by the Claims Processing System	$2,750	$6,122	$4,106	$12,978	$2,576	$5,152	$3,722	$184	$1,368	$6,070	$13,790	$15,098	$56,312	$62,777	$63,963	$77,479	$308,490
In Home Payments by the Claims Processing System	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Transportation Payments by the Claims Processing System	$12,684	$15,710	$9,713	$38,107	$13,523	$14,330	$13,995	$11,813	$13,048	$11,316	$13,916	$13,178	$14,729	$11,339	$15,201	$17,432	$163,820
Twenty-Three Hour Payments by the Claims Processing System	$0	$1,976	$11,828	$13,804	$3,558	$6,274	$5,679	$616	$828	$3,600	$357	$951	$2,029	$3,200	$5,774	$299	$33,165
CMHA Capitation Payments	$2,212,298	$2,256,941	$2,215,028	$6,684,268	$1,786,284	$1,786,585	$1,776,147	$1,775,690	$1,776,946	$1,778,020	$1,775,958	$1,782,766	$1,771,958	$1,784,663	$1,771,196	$1,788,627	$21,354,841
Other Capitation Payments	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Grant Payments	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Non-FFS Inpatient	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Subcontractor Payments for Mental Health and Substance Abuse Servic	$487,905	$553,295	$611,384	$1,652,584	$934,171	$900,681	$1,018,297	$1,648,597	$1,732,833	$1,696,780	$1,766,064	$1,718,975	$1,828,486	$2,015,350	$1,977,501	$1,859,005	$19,096,740
Crisis Services Team Pass Through	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Less:																	
Recoveries not Reflected in Claims Payments				$0													$0
Total Payments	$38,068,957	$40,464,149	$40,280,911	$118,814,018	$39,537,776	$42,280,249	$40,278,769	$44,121,747	$40,881,156	$41,223,831	$46,192,218	$43,300,550	$42,520,340	$43,237,279	$42,536,513	$41,913,261	$508,023,688
Remaining IBNR	$12,012	$13,722	$13,964	$39,699	$19,072	$20,384	$21,525	$67,123	$83,804	$109,520	$148,446	$79,152	$173,389	$303,350	$363,475	$400,957	$1,790,197
Payments and Remaining IBNR	$38,080,969	$40,477,872	$40,294,876	$118,853,717	$39,556,848	$42,300,633	$40,300,293	$44,188,871	$40,964,960	$41,333,351	$46,340,664	$43,379,702	$42,693,729	$43,540,629	$42,899,988	$42,314,217	$509,813,886
Medical Loss Ratio	78.85%	84.15%	85.36%	82.77%	83.78%	89.32%	84.71%	92.35%	85.98%	86.71%	97.45%	91.19%	89.75%	95.49%	94.60%	93.67%	90.37%
Per Member Expense	$204.73	$218.08	$220.82	$214.50	$216.42	$230.08	$218.00	$238.19	$220.64	$222.70	$250.14	$233.57	$229.12	$234.00	$231.79	$229.19	$229.51

Note:

Vendor Cash Advances as of 2/2009

TRANSPORTATION PROVIDERS:

CMHCs/BEHAVIORAL PROVIDERS:

HOME HEALTH PROVIDERS:

PRIMARY CARE/OTHER PROVIDERS:

Total Vendor Cash Advances

Medical Loss Ratio Report - Base Capitation Only
Grand Region

MCO

AMERIGROUP, Tennessee, Inc.

Reporting Month	2007			For the Year	2007						2008						For the Year
	Incurred Month			Ended	Incurred Month						Incurred Month						Ended
	April	May	June	6/30/2007	July	August	September	October	November	December	January	February	March	April	May	June	6/30/2008
Enrollment	184,679	184,325	181,292	550,295	181,611	182,688	183,648	184,324	184,456	184,361	184,001	184,411	184,938	184,626	183,590	183,140	2,205,794
Capitation Revenue (For base capitation only)	$41,351,956	$41,323,496	$40,654,616	$123,330,067	$40,798,366	$41,009,748	$41,213,767	$41,463,540	$41,313,074	$41,433,797	$41,415,602	$41,453,654	$41,522,625	$41,323,507	$41,004,605	$40,854,077	$494,806,361
Payments for Covered Services for the Month																	
Medical Services																	
CMS 1450/UB 92 Payments by the Claims Processing System																	
Inpatient - Maternity	$1,278,422	$1,308,790	$1,402,707	$3,989,919	$1,367,697	$1,800,098	$1,344,274	$1,853,721	$1,698,782	$1,718,529	$1,959,383	$1,785,424	$1,405,843	$1,367,245	$1,569,824	$1,516,969	$19,387,788
Inpatient - Newborn	$1,900,776	$2,146,479	$2,608,817	$6,656,072	$2,629,769	$1,902,921	$1,824,856	$2,942,446	$1,811,615	$2,404,246	$2,393,191	$2,319,654	$1,950,073	$1,679,610	$1,897,071	$2,052,957	$25,808,409
Inpatient -Medical	$5,358,519	$4,942,179	$4,108,669	$14,409,367	$4,610,857	$4,687,602	$5,743,791	$4,814,285	$4,378,259	$5,341,849	$6,068,936	$4,979,012	$5,023,472	$5,075,373	$4,291,582	$4,501,975	$59,516,994
Inpatient - Surgery	$924,363	$972,932	$911,872	$2,809,167	$1,095,571	$1,211,201	$1,117,604	$1,188,169	$1,219,795	$999,901	$1,377,217	$1,441,324	$1,300,731	$1,304,909	$1,205,958	$1,336,819	$14,799,199
Inpatient Other	$201,839	$241,389	$235,822	$679,050	$203,787	$176,954	$153,180	$166,708	$52,823	$113,703	$147,665	$65,883	$94,356	$95,722	$142,889	$130,178	$1,543,849
Outpatient - Emergency Room	$997,739	$1,039,797	$1,769,931	$3,807,467	$1,890,613	$2,040,005	$2,092,007	$2,109,019	$2,168,068	$2,327,764	$2,422,208	$2,511,981	$2,307,462	$2,196,368	$2,359,680	$2,181,445	$26,606,619
Outpatient - Laboratory	$397,950	$430,278	$372,365	$1,200,594	$358,887	$399,723	$357,799	$409,258	$394,194	$374,749	$477,738	$481,988	$444,284	$427,443	$402,609	$415,094	$4,943,767
Outpatient - Radiology	$978,864	$1,020,721	$1,014,888	$3,014,472	$935,713	$1,142,760	$985,606	$1,084,459	$1,018,912	$918,533	$1,093,976	$997,723	$1,139,844	$1,158,022	$1,031,084	$1,076,711	$12,583,343
Outpatient - Surgery	$1,007,355	$1,135,799	$1,137,795	$3,280,950	$1,142,221	$1,244,496	$1,135,421	$1,365,303	$1,307,462	$1,107,127	$1,442,065	$1,290,395	$1,332,021	$1,431,040	$1,451,923	$1,386,787	$15,636,262
Outpatient - Other	$248,553	$255,329	$237,249	$741,130	$222,786	$240,656	$238,743	$270,935	$262,222	$243,139	$307,528	$294,032	$316,829	$281,833	$243,173	$209,099	$3,130,974
CMS 1500 Payments by the Claims Processing System																	
Prof - E&M	$12,391,566	$13,648,347	$13,162,048	$39,201,961	$12,668,533	$13,938,060	$12,591,398	$13,995,507	$13,427,593	$12,942,607	$14,176,463	$13,369,138	$13,418,210	$13,720,870	$13,606,980	$13,188,146	$161,043,505
Prof - Maternity	$855,779	$934,306	$959,486	$2,749,570	$971,428	$1,101,657	$957,537	$1,091,287	$964,232	$938,955	$1,184,611	$1,191,144	$1,106,969	$1,120,634	$1,094,179	$1,048,615	$12,771,249
Prof - Surgery	$496,847	$611,040	$598,877	$1,706,764	$565,819	$637,192	$546,256	$705,801	$574,319	$507,097	$709,474	$591,600	$669,680	$706,972	$685,437	$697,479	$7,597,126
Prof - DME	$274,895	$333,638	$328,139	$936,672	$254,250	$302,095	$322,384	$332,726	$351,104	$371,876	$387,191	$357,719	$353,871	$389,400	$391,500	$381,635	$4,195,750
Prof - Lab	$602,104	$628,010	$612,833	$1,842,947	$508,503	$593,575	$512,297	$573,389	$529,344	$454,881	$628,951	$641,054	$582,002	$713,922	$649,057	$643,456	$7,030,433
Prof - Radiology	$881,953	$1,000,346	$895,711	$2,778,010	$766,446	$878,035	$762,879	$919,245	$764,163	$708,678	$883,740	$787,552	$820,984	$882,233	$839,021	$855,431	$9,868,407
Prof - Transportation	$1,122,362	$1,375,054	$1,335,724	$3,833,140	$1,329,144	$1,450,732	$1,324,779	$1,552,157	$1,457,143	$1,336,314	$1,601,437	$1,472,732	$1,528,002	$1,573,574	$1,625,336	$1,617,438	$17,868,787
Prof - Other	$1,650,985	$1,763,654	$1,630,308	$5,044,948	$1,613,344	$1,786,063	$1,576,961	$1,883,161	$1,810,383	$1,630,683	$1,968,974	$1,839,799	$1,776,785	$1,867,432	$1,784,773	$1,742,629	$21,280,986
Capitation Payments	$468,325	$483,963	$488,183	$1,440,471	$272,622	$271,545	$270,149	$259,426	$250,005	$257,129	$254,305	$272,884	$230,680	$143,723	$139,680	$142,094	$2,764,241
Subcontractor Payments for Medical Services	$71,013	$79,728	$94,722	$245,463	$130,029	$164,577	$128,788	$142,096	$116,032	$96,614	$126,806	$117,839	$125,315	$117,177	$97,665	$94,166	$1,457,103
Other Medical (provide description)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Behavioral Health (Excluding payments on behalf of priority enrollees)																	
Inpatient Payments by the Claims Processing System	$153,396	$211,705	$251,073	$616,174	$246,944	$273,792	$306,775	$328,455	$330,623	$347,499	$381,781	$352,184	$364,064	$357,518	$334,662	$307,717	$3,932,015
Outpatient Payments by the Claims Processing System	$615,348	$650,308	$617,986	$1,883,642	$586,831	$701,908	$667,124	$770,219	$680,268	$628,553	$739,376	$793,534	$839,949	$866,658	$864,623	$760,881	$8,899,925
Supported Housing Payments by the Claims Processing System	$42,800	$39,641	$52,254	$134,695	$54,152	$61,341	$67,308	$69,504	$71,195	$65,438	$65,070	$67,373	$83,275	$80,680	$74,088	$74,559	$833,982
Intensive Outpatient Payments by the Claims Processing System	$36,889	$53,102	$57,573	$147,564	$46,843	$51,435	$41,692	$46,312	$45,265	$36,985	$52,576	$35,324	$44,821	$65,419	$53,778	$38,273	$558,722
Partial Hospitalization Payments by the Claims Processing System	$0	$4,500	$0	$4,500	$552	$0	$0	$0	$0	$3,595	$11,000	$9,178	$30,425	$33,226	$35,803	$39,708	$163,487
In Home Payments by the Claims Processing System	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Transportation Payments by the Claims Processing System	$2,356	$5,727	$4,053	$12,136	$5,999	$8,504	$7,379	$6,531	$7,487	$5,152	$7,177	$7,295	$6,683	$6,531	$6,582	$6,999	$82,318
Twenty-Three Hour Payments by the Claims Processing System	$0	$1,576	$5,768	$7,344	$735	$6,274	$2,800	$571	$434	$0	$357	$337	$516	$0	$528	$0	$12,552
CMHC Capitation Payments	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Other Capitation Payments	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Grant Payments	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Non-FFS Inpatient	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Subcontractor Payments for Mental Health and Substance Abuse Servic	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Crisis Services Team Pass Through	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Less:																	
Recoveries not Reflected in Claims Payments				$0													$0
Total Payments	$32,960,998	$35,318,336	$34,894,855	$103,174,190	$34,480,076	$37,073,200	$35,079,787	$38,880,688	$35,691,723	$35,881,594	$40,869,196	$38,074,101	$37,297,147	$37,663,535	$36,879,484	$36,447,261	$444,317,793
Remaining IBNR	$10,888	$12,501	$12,620	$36,009	$17,355	$18,498	$19,495	$62,062	$77,430	$100,866	$137,776	$73,146	$159,934	$278,698	$332,564	$368,837	$1,646,661
Payments and Remaining IBNR	$32,971,886	$35,330,837	$34,907,476	$103,210,199	$34,497,431	$37,091,698	$35,099,281	$38,942,750	$35,769,152	$35,982,461	$41,006,972	$38,147,248	$37,457,081	$37,942,233	$37,212,048	$36,816,098	$445,964,453
Medical Loss Ratio	79.73%	85.50%	85.86%	83.69%	84.56%	90.45%	85.16%	93.92%	86.58%	86.84%	99.01%	92.02%	90.21%	91.82%	90.75%	90.12%	90.13%
Per Member Expense	$178.54	$191.68	$192.55	$187.55	$189.95	$203.03	$191.12	$211.27	$193.92	$195.17	$222.86	$206.86	$202.54	$205.51	$202.69	$201.03	$202.18

Medical Loss Ratio Report - Priority Add-On & State/Judicial Only
Grand Region

MCO

AMERIGROUP, Tennessee, Inc.

Reporting Month	2007			For the Year	2007						2008						For the Year
	Incurred Month			Ended	Incurred Month						Incurred Month						Ended
	April	May	June	6/30/2007	July	August	September	October	November	December	January	February	March	April	May	June	6/30/2008
Enrollment (For Priority Enrollees Only)	15,533	15,171	14,675	45,379	14,356	14,200	14,215	14,263	14,144	13,941	13,729	13,684	13,541	13,408	13,611	13,535	166,627
Capitation Revenue (Priority add-on payment only)	$6,941,970	$6,777,649	$6,552,286	$20,271,904	$6,417,278	$6,350,745	$6,361,279	$6,385,576	$6,330,866	$6,236,314	$6,136,307	$6,114,900	$6,045,914	$4,272,575	$4,342,051	$4,317,999	$69,311,803
Payments for Covered Services for the Month																	
Medical Services																	
CMS 1450/UB 92 Payments by the Claims Processing System																	
Inpatient - Maternity																	
Inpatient - Newborn																	
Inpatient -Medical																	
Inpatient - Surgery																	
Inpatient Other																	
Outpatient - Emergency Room																	
Outpatient - Laboratory																	
Outpatient - Radiology																	
Outpatient - Surgery																	
Outpatient - Other																	
CMS 1500 Payments by the Claims Processing System																	
Prof - E&M																	
Prof - Maternity																	
Prof - Surgery																	
Prof - DME																	
Prof - Lab																	
Prof - Radiology																	
Prof - Transportation																	
Prof - Other																	
Capitation Payments																	
Subcontractor Payments for Medical Services																	
Other Medical (provide description)																	
Behavioral Health (On behalf of Priority enrollees only)																	
Inpatient Payments by the Claims Processing System	$917,085	$857,556	$932,355	$2,706,996	$986,159	$930,243	$1,005,880	$818,267	$727,134	$844,577	$813,857	$789,624	$664,214	$767,419	$876,784	$724,229	$9,948,386
Outpatient Payments by the Claims Processing System	$1,341,569	$1,312,880	$1,462,719	$4,117,168	$1,184,953	$1,428,205	$1,225,762	$804,454	$772,507	$817,373	$766,578	$750,521	$739,856	$790,429	$782,338	$841,493	$10,904,469
Supported Housing Payments by the Claims Processing System	$119,740	$124,318	$126,975	$371,032	$120,373	$112,149	$127,773	$153,155	$147,343	$168,808	$163,417	$147,498	$147,500	$144,799	$168,672	$163,806	$1,765,293
Intensive Outpatient Payments by the Claims Processing System	$16,284	$28,818	$21,770	$66,872	$33,388	$38,207	$31,907	$35,386	$25,348	$24,439	$27,619	$24,649	$35,733	$33,525	$38,513	$40,336	$389,050
Partial Hospitalization Payments by the Claims Processing System	$2,750	$1,622	$4,106	$8,478	$2,024	$5,152	$3,722	$184	$1,368	$2,475	$2,790	$5,920	$25,887	$29,550	$28,160	$37,771	$145,003
In Home Payments by the Claims Processing System	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Transportation Payments by the Claims Processing System	$10,328	$9,983	$5,659	$25,971	$7,524	$5,826	$6,615	$5,282	$5,561	$6,165	$6,740	$5,883	$8,045	$4,807	$8,619	$10,433	$81,501
Twenty-Three Hour Payments by the Claims Processing System	$0	$400	$6,060	$6,460	$2,823	$0	$2,879	$45	$394	$3,600	$0	$613	$1,513	$3,200	$5,246	$299	$20,613
CMHC Capitation Payments	$2,212,298	$2,256,941	$2,215,028	$6,684,268	$1,786,284	$1,786,585	$1,776,147	$1,775,690	$1,776,946	$1,778,020	$1,775,958	$1,782,766	$1,771,958	$1,784,663	$1,771,196	$1,788,627	$21,354,841
Other Capitation Payments				$0													$0
Grant Payments				$0													$0
Non-FFS Inpatient				$0													$0
Subcontractor Payments for Mental Health and Substance Abuse Servic	$487,905	$553,295	$611,384	$1,652,584	$934,171	$900,681	$1,018,297	$1,648,597	$1,732,833	$1,696,780	$1,766,064	$1,718,975	$1,828,486	$2,015,350	$1,977,501	$1,859,005	$19,096,740
Crisis Services Team Pass Through	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Less:																	
Recoveries not Reflected in Claims Payments				$0													
Total Payments	$5,107,959	$5,145,813	$5,386,056	$15,639,828	$5,057,700	$5,207,049	$5,198,982	$5,241,059	$5,189,433	$5,342,237	$5,323,022	$5,226,449	$5,223,193	$5,573,743	$5,657,029	$5,465,999	$63,705,896
Remaining IBNR	$1,124	$1,222	$1,344	$3,689	$1,718	$1,886	$2,030	$5,061	$6,375	$8,653	$10,670	$6,005	$13,455	$24,652	$30,910	$32,120	$143,537
Payments and Remaining IBNR	$5,109,083	$5,147,035	$5,387,400	$15,643,517	$5,059,417	$5,208,935	$5,201,012	$5,246,121	$5,195,808	$5,350,890	$5,333,692	$5,232,454	$5,236,647	$5,598,396	$5,687,940	$5,498,120	$63,849,432
Medical Loss Ratio	73.60%	75.94%	82.22%	77.17%	78.84%	82.02%	81.76%	82.16%	82.07%	85.80%	86.92%	85.57%	86.61%	131.03%	131.00%	127.33%	92.12%
Per Member Expense	$328.92	$339.27	$367.12	$344.73	$352.43	$366.83	$365.88	$367.82	$367.36	$383.82	$388.50	$382.39	$386.72	$417.55	$417.88	$406.20	$383.19

Total Payments by the Claims Processing System

MCO: ***AMERIGROUP Tennessee, Inc.***

Month Paid by the Claims System		Total	Prior to Jan-07	Incurred Month of Service Jan-07	Feb-07	Mar-07	Apr-07	May-07	Jun-07	Jul-07	Aug-07	Sep-07	Oct-07	Nov-07	Dec-07	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08
0	Jan-07	0																							
0	Feb-07	0																							
0	Mar-07	0																							
2,896,290	Apr-07	2,896,290	0	6	0	0	2,896,284																		
20,799,849	May-07	20,799,849	0	(6)	0	152,266	13,657,381	6,990,207																	
34,729,638	Jun-07	34,729,638	0	28,928	145,959	193,991	9,196,903	16,418,377	8,745,480																
34,567,621	Jul-07	34,567,621	0	0	0	(10,883)	3,392,441	6,870,540	16,390,897	7,924,627															
31,113,248	Aug-07	31,113,248	0	0	53,554	1,775	1,739,963	2,591,270	5,488,431	13,771,439	7,466,817														
38,940,642	Sep-07	38,940,642	0	0	97,797	0	93,409	1,674,472	2,735,404	7,197,353	18,190,747	8,951,460													
29,974,094	Oct-07	29,974,094	0	0	35,967	(886)	646,018	246,104	352,329	1,986,012	5,675,695	12,395,233	8,637,621												
34,196,252	Nov-07	34,196,252	0	0	0	0	422,014	353,414	319,442	1,056,678	2,054,116	6,735,254	15,319,492	7,935,841											
33,225,072	Dec-07	33,225,072	0	0	0	(2,864)	234,219	126,794	165,845	298,316	1,090,678	2,264,167	6,733,125	13,804,767	8,510,024										
39,303,649	Jan-08	39,303,649	0	0	0	(64,531)	269,120	51,307	306,631	643,419	787,948	1,217,604	3,024,735	7,466,543	16,042,103	9,558,771									
41,620,598	Feb-08	41,620,598	0	0	0	(3,110)	205,500	96,387	118,709	416,660	440,410	634,146	2,291,712	3,655,767	5,793,339	19,217,916	8,753,163								
44,962,444	Mar-08	44,962,444	0	0	45	0	157,579	63,645	704,028	348,031	597,783	2,009,167	1,122,503	1,482,800	3,270,725	6,539,983	18,825,339	9,840,817							
45,018,234	Apr-08	45,018,234	0	0	95,700	697	549,776	382,389	302,640	718,932	782,241	999,896	593,053	1,007,945	1,734,885	2,764,355	6,397,538	17,767,700	10,920,487						
43,545,597	May-08	43,545,597	0	0	(95,700)	1,618	532,347	618,910	538,240	862,961	814,555	762,338	581,794	724,302	972,036	2,053,993	2,580,194	5,395,654	16,670,570	10,531,786					
39,653,264	Jun-08	39,653,264	0	0	0	0	89,577	145,678	197,697	305,774	277,221	153,748	681,988	304,227	535,947	1,096,134	1,195,061	2,017,781	6,189,984	17,698,761	8,763,686				
43,054,242	Jul-08	43,054,242	0	0	0	0	83,852	235,346	164,656	161,640	136,052	203,471	796,890	185,139	353,602	386,494	431,402	1,583,853	1,880,566	5,992,575	19,587,983	10,870,720			
41,514,861	Aug-08	41,514,861	0	0	0	0	(102,748)	(113,845)	250,082	253,707	126,425	155,296	132,131	49,100	(128,163)	22,304	472,759	528,346	1,383,006	1,692,430	4,937,224	19,276,245	12,580,562		
35,719,751	Sep-08	35,719,751	0	0	0	(2,338)	52,142	26,024	52,176	94,854	157,758	21,838	157,856	84,171	73,228	202,897	165,892	236,438	389,357	905,729	1,836,484	4,932,030	16,648,973	9,684,240	
37,276,275	Oct-08	37,276,275	0	0	0	0	(6,576)	109,582	(35,046)	10,054	153,117	147,594	36,324	19,665	83,244	157,312	170,926	236,526	400,451	478,467	1,100,098	1,613,096	5,093,557	16,825,710	10,682,175
36,681,567	Nov-08	36,681,567	0	0	(45)	0	97,705	78,089	83,533	89,043	83,813	169,300	131,863	131,583	164,650	130,405	155,001	245,632	323,239	283,271	528,469	1,679,223	2,190,066	4,958,348	15,877,238
32,298,983	Dec-08	32,298,983	0	0	0	14,473	(98,393)	(106,061)	(154,013)	(66,524)	(73,938)	(26,482)	(28,323)	(3,948)	(15,185)	16,721	139,418	66,495	368,647	229,854	309,798	818,395	677,870	1,915,351	4,251,922
35,387,921	Jan-09	35,387,921	0	0	0	(304)	69,648	86,773	101,820	134,011	174,807	145,495	(42)	(14,753)	(21,713)	48,315	80,292	320,995	144,928	232,259	336,847	173,624	714,139	1,233,527	2,342,376
29,335,234	Feb-09	29,335,234	0	0	0	(639)	18,951	61,826	31,737	98,151	105,029	96,959	74,321	135,269	44,689	(186,927)	46,351	81,405	134,077	146,585	184,760	462,282	292,535	472,557	1,351,832
33,259,561	Mar-09	33,259,561	0	0	0	0	(20,980)	8,807	24,197	22,791	53,338	33,306	33,281	59,108	61,703	64,981	(6,726)	80,004	144,247	127,740	115,968	180,199	481,394	514,716	641,425
36,018,096	Apr-09	36,018,096	0	0	0	(1,606)	(3,533)	(6,254)	6,579	58,888	49,903	(65,680)	10,254	(12,213)	36,012	24,552	17,644	103,302	96,504	87,010	196,437	81,202	156,617	244,128	528,567
47,725,373	May-09	47,725,373	0	0	0	0	(660)	48,380	(68,166)	14,618	24,018	57,692	(30,667)	(11,995)	(60,099)	126,003	(8,843)	43,044	98,666	129,861	103,836	119,803	218,490	356,691	322,724
44,455,198	Jun-09	44,455,198	0	0	0	0	(9,863)	31,958	48,266	13,130	(11,674)	23,586	(5,263)	2,019	(58,450)	44,862	(7,324)	15,910	31,635	14,144	27,779	256,846	141,891	175,393	249,172
0	Jul-09	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	Aug-09	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	Sep-09	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	Oct-09	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	Nov-09	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	Dec-09	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	Jan-10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	Feb-10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	Mar-10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	Apr-10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	May-10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	Jun-10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Totals		967,273,555	0	28,928	333,276	277,660	34,162,075	37,090,120	36,871,594	36,414,567	39,156,861	37,085,387	40,294,649	37,005,340	37,392,577	42,269,071	39,408,086	38,563,900	39,176,365	38,550,472	38,029,368	40,463,665	39,196,094	36,380,661	36,247,431

FY 10	0		
FY 09	226,181,382	967,273,555	**Total for Dates of Service after 1/1/2007**
FY 08	480,649,465		
FY 07	260,442,707		

CMS 1450/UB92 Payments by the Claims Processing System (All Claims)

MCO: ***AMERIGROUP Tennessee, Inc.***

Month Paid by the Claims System		Total	Prior to Jan-07	Incurred Month of Service Jan-07	Feb-07	Mar-07	Apr-07	May-07	Jun-07	Jul-07	Aug-07	Sep-07	Oct-07	Nov-07	Dec-07	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08
0	Jan-07	0																							
0	Feb-07	0																							
0	Mar-07	0																							
759,153	Apr-07	759,153		0	0	0	759,153																		
9,587,073	May-07	9,587,073		0	0	148,923	6,705,184	2,732,965																	
13,795,607	Jun-07	13,795,607		28,928	145,959	191,520	2,789,305	7,038,816	3,601,079																
13,579,719	Jul-07	13,579,719		0	0	(11,279)	1,111,703	2,024,099	6,515,233	3,939,962															
10,863,107	Aug-07	10,863,107		0	53,554	160	426,722	840,171	1,108,539	5,589,432	2,844,529														
15,726,586	Sep-07	15,726,586		0	97,797	0	170,847	574,572	1,105,446	1,974,093	7,985,926	3,817,906													
12,042,350	Oct-07	12,042,350		0	35,967	(2,251)	164,035	93,244	332,340	876,566	1,290,439	5,682,259	3,569,751												
12,294,740	Nov-07	12,294,740		0	0	0	168,927	143,466	95,211	495,257	749,629	1,460,162	6,304,873	2,877,216											
13,296,325	Dec-07	13,296,325		0	0	(2,864)	131,327	27,774	19,197	133,278	275,572	1,081,590	2,145,249	5,882,351	3,602,851										
16,349,046	Jan-08	16,349,046		0	0	(64,531)	190,729	(29,159)	185,061	407,694	560,863	366,864	1,541,155	2,418,912	6,381,612	4,389,847									
18,745,744	Feb-08	18,745,744		0	0	(4,102)	142,903	17,316	70,684	83,043	165,100	274,411	1,020,446	1,928,242	2,396,973	8,595,793	4,054,936								
19,972,046	Mar-08	19,972,046		0	0	0	(97,042)	(110,718)	444,441	66,988	430,903	1,617,815	758,635	899,211	2,052,954	2,122,576	7,706,067	4,080,215							
16,074,513	Apr-08	16,074,513		0	95,700	697	129,012	(53,344)	(25,628)	176,706	124,375	384,796	(83,402)	173,726	632,572	991,997	1,873,006	7,092,077	4,562,224						
16,174,312	May-08	16,174,312		0	(95,700)	1,618	220,877	224,463	221,884	445,212	283,548	243,920	64,819	275,066	414,590	855,183	1,121,884	1,225,124	6,434,643	4,237,181					
16,086,428	Jun-08	16,086,428		0	0	0	(25,548)	51,203	125,730	212,246	166,323	46,666	503,038	118,194	339,316	802,385	660,380	1,019,424	2,065,211	6,930,886	3,070,974				
18,015,070	Jul-08	18,015,070		0	0	0	9,731	143,679	102,738	61,365	44,003	104,937	728,550	46,640	204,481	218,928	345,552	1,173,218	594,136	1,729,814	8,031,011	4,476,288			
14,597,606	Aug-08	14,597,606		0	0	0	(130,532)	(233,473)	91,592	88,225	(610)	27,957	(77,234)	(131,804)	(362,234)	(262,790)	220,527	221,404	641,346	642,301	1,448,087	7,043,528	5,371,317		
14,698,320	Sep-08	14,698,320		0	0	(2,338)	23,341	(11,697)	6,728	(18,945)	23,103	(45,336)	54,199	7,259	58,175	120,823	62,343	85,678	108,788	382,213	902,215	1,713,925	6,903,294	4,324,551	
14,980,667	Oct-08	14,980,667		0	0	0	4,457	108,362	(38,715)	(19,651)	18,514	2,903	(47,163)	(25,446)	44,270	56,521	68,773	42,330	70,466	188,781	644,251	646,470	1,351,252	7,258,166	4,606,126
14,674,584	Nov-08	14,674,584		0	0	0	36,534	9,606	9,543	20,941	4,701	26,047	(16,190)	5,572	53,626	2,654	58,196	52,843	19,051	96,757	107,433	1,058,374	1,051,858	1,893,644	6,954,149
13,579,260	Dec-08	13,579,260		0	0	15,465	(126,535)	(116,976)	(151,882)	(80,778)	(118,960)	(68,550)	(48,079)	(69,618)	(36,947)	(27,661)	62,393	(10,594)	298,975	107,646	124,278	714,571	217,895	858,884	1,492,466
15,015,928	Jan-09	15,015,928		0	0	0	(33,299)	(2,948)	(12,833)	16,319	16,981	3,136	(97,855)	(77,888)	(64,762)	(45,718)	11,332	224,104	11,860	113,287	199,313	26,435	378,668	647,672	1,158,515
12,833,645	Feb-09	12,833,645		0	0	(639)	(12,741)	33,285	21,214	51,600	40,676	28,559	26,515	76,253	(11,696)	(241,583)	(25,696)	17,250	29,687	50,243	126,497	402,502	177,922	224,423	964,720
14,050,751	Mar-09	14,050,751		0	0	0	(50,900)	(6,089)	(7,268)	(10,929)	(6,800)	7,510	14,661	37,263	24,150	8,868	(22,090)	21,573	58,988	71,789	19,397	38,173	227,079	214,668	211,947
14,280,734	Apr-09	14,280,734		0	0	(6)	(18,672)	(454)	(9,753)	6,268	457	(77,866)	(30,357)	(48,671)	(4,944)	(64)	6,659	38,640	50,781	10,078	108,440	(21,257)	6,998	69,723	176,345
23,088,003	May-09	23,088,003		0	0	0	(24,841)	1,170	(16,377)	(50,285)	(39,887)	(2,682)	(117,177)	(105,372)	(125,455)	65,022	(25,700)	23,335	47,718	67,506	39,203	31,144	54,784	117,413	121,114
21,417,295	Jun-09	21,417,295		0	0	0	(15,985)	(5,642)	5,913	(6,704)	(12,969)	10,274	(10,495)	25,027	(52,523)	37,130	(11,148)	8,294	23,689	(32,689)	(13,061)	210,081	32,586	86,822	135,343
0	Jul-09	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	Aug-09	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	Sep-09	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	Oct-09	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	Nov-09	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	Dec-09	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	Jan-10	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	Feb-10	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	Mar-10	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	Apr-10	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	May-10	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	Jun-10	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Totals		396,578,612	0	28,928	333,276	270,371	12,648,694	13,493,692	13,800,116	14,457,902	14,846,416	14,993,281	16,203,937	14,312,133	15,547,013	17,689,908	16,167,415	15,314,916	15,017,565	14,595,793	14,808,036	16,340,234	15,773,653	15,695,966	15,820,725

FY 10	0		
FY 09	100,686,355	396,578,612	**Total for Dates of Service after 1/1/2007**
FY 08	193,947,597		
FY 07	101,944,659		

CMS 1500 Payments by the Claims Processing System (All Claims)

MCO: ***AMERIGROUP Tennessee, Inc.***

Month Paid by the Claims System		Total	Prior to Jan-07	Jan-07	Feb-07	Mar-07	Apr-07	May-07	Jun-07	Jul-07	Aug-07	Sep-07	Oct-07	Nov-07	Dec-07	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08
				Incurred Month of Service																					
0	Jan-07	0																							
0	Feb-07	0																							
0	Mar-07	0																							
2,082,639	Apr-07	2,082,639		6	0	0	2,082,633																		
10,744,269	May-07	10,744,269		(6)	0	0	6,605,228	4,139,047																	
19,100,409	Jun-07	19,100,409		0	0	0	5,643,506	8,564,171	4,892,733																
18,949,423	Jul-07	18,949,423		0	0	396	1,705,755	4,187,813	9,247,871	3,807,589															
17,157,568	Aug-07	17,157,568		0	0	1,616	1,150,327	1,443,429	2,857,165	7,330,164	4,374,868														
19,103,437	Sep-07	19,103,437		0	0	0	(191,311)	784,118	991,741	4,165,631	8,822,541	4,530,717													
16,343,671	Oct-07	16,343,671		0	0	0	438,374	112,630	369,425	918,345	3,954,032	5,849,443	4,701,422												
19,633,944	Nov-07	19,633,944		0	0	0	23,974	80,035	101,759	461,703	1,069,933	4,843,362	8,289,058	4,764,121											
17,959,414	Dec-07	17,959,414		0	0	0	81,459	86,652	125,858	119,099	509,447	1,073,645	4,245,781	7,147,664	4,569,809										
20,831,939	Jan-08	20,831,939		0	0	0	69,532	54,812	94,033	200,791	197,752	540,658	1,284,222	4,744,548	8,752,344	4,893,248									
20,106,664	Feb-08	20,106,664		0	0	0	52,505	51,217	17,225	325,069	226,165	223,807	915,806	1,291,504	2,891,865	9,693,657	4,417,845								
21,727,788	Mar-08	21,727,788		0	45	0	92,994	120,742	234,627	228,173	129,370	253,849	239,997	478,931	973,711	3,691,447	9,945,772	5,338,132							
23,567,310	Apr-08	23,567,310		0	0	0	114,282	161,331	15,492	201,462	208,936	255,532	323,351	452,064	651,702	1,570,733	3,895,913	9,797,390	5,919,123						
21,925,330	May-08	21,925,330		0	0	0	52,644	103,049	70,096	222,008	247,119	240,378	263,395	261,227	312,693	724,339	969,546	3,365,668	9,191,520	5,901,649					
20,402,947	Jun-08	20,402,947		0	0	0	93,771	76,805	44,308	69,260	100,154	81,162	131,551	152,754	158,328	195,003	413,473	718,025	3,203,319	9,604,075	5,360,959				
21,047,060	Jul-08	21,047,060		0	0	0	8,145	22,110	25,164	36,907	36,804	37,181	31,191	67,038	42,869	106,414	5,673	285,132	1,054,681	3,095,213	10,258,698	5,933,839			
23,995,727	Aug-08	23,995,727		0	0	0	17,276	31,586	123,949	113,110	91,153	96,366	169,429	152,130	197,437	216,019	224,364	230,590	675,069	902,288	2,813,376	#########	6,824,224		
18,193,114	Sep-08	18,193,114		0	0	0	25,619	28,748	50,421	96,713	128,342	57,953	95,477	42,226	(2,144)	51,332	76,983	105,494	233,223	408,552	727,256	2,313,315	8,644,608	5,108,995	
18,845,691	Oct-08	18,845,691		0	0	0	(3,668)	2,283	(2,598)	31,047	122,239	137,753	64,831	26,806	24,860	80,952	70,201	86,349	159,364	211,337	393,296	776,119	2,683,114	8,313,353	5,668,054
18,125,512	Nov-08	18,125,512		0	(45)	0	47,676	67,545	73,124	47,670	68,281	67,859	65,781	47,133	87,154	85,336	64,022	96,726	170,442	134,369	151,112	424,233	893,945	2,030,954	7,771,749
16,314,176	Dec-08	16,314,176		0	0	0	24,955	(630)	373	24,800	52,706	59,899	36,345	62,063	38,435	42,299	76,905	71,059	59,204	98,441	128,712	48,985	361,723	921,817	2,240,296
17,029,456	Jan-09	17,029,456		0	0	(304)	67,392	68,853	99,653	88,800	113,737	83,249	64,279	47,359	31,864	60,242	50,949	72,663	95,581	91,315	115,139	130,644	277,436	511,297	731,848
14,491,866	Feb-09	14,491,866		0	0	0	20,542	25,609	4,712	35,734	54,266	52,751	36,481	42,310	43,827	33,038	21,418	7,918	44,787	59,089	56,917	53,465	102,746	196,784	333,871
15,864,194	Mar-09	15,864,194		0	0	0	14,947	11,504	30,975	31,822	60,138	25,795	16,277	14,416	20,261	44,288	1,906	17,326	69,727	37,845	33,998	69,020	39,127	96,184	190,642
18,762,811	Apr-09	18,762,811		0	0	(1,600)	16,333	(2,582)	20,822	50,737	44,781	23,693	35,938	34,167	30,263	22,587	5,514	47,246	39,053	63,691	66,535	60,095	116,683	144,951	186,441
19,942,705	May-09	19,942,705		0	0	0	21,933	55,885	940	62,386	63,827	59,862	43,568	76,718	72,701	32,059	5,944	18,323	47,347	24,124	37,609	53,097	119,617	209,785	104,812
19,532,887	Jun-09	19,532,887		0	0	0	(1,306)	17,531	33,259	8,344	10,819	(422)	(1,829)	(26,897)	(7,075)	(2,166)	4,310	(1,540)	12,598	44,293	31,221	42,307	93,743	82,664	107,356
0	Jul-09	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	Aug-09	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	Sep-09	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	Oct-09	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	Nov-09	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	Dec-09	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	Jan-10	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	Feb-10	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	Mar-10	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	Apr-10	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	May-10	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	Jun-10	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Totals		491,781,950	0	0	0	108	18,275,516	20,294,292	19,523,127	18,677,365	20,687,408	18,594,491	21,052,347	19,878,281	18,890,904	21,540,826	20,250,736	#########	#########	#########	20,174,828	#########	#########	#########	#########

FY 10	0		
FY 09	105,623,917	491,781,950	**Total for Dates of Service after 1/1/2007**
FY 08	245,083,259		
FY 07	141,074,773		

Behavioral Health Payments by the Claims Processing System (Priority)

MCO: ***AMERIGROUP Tennessee, Inc.***

Month Paid by the Claims System		Total	Prior to Jan-07	Jan-07	Feb-07	Mar-07	Apr-07	May-07	Jun-07	Jul-07	Aug-07	Sep-07	Oct-07	Nov-07	Dec-07	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08
						Incurred Month of Service																			
0	Jan-07	0																							
0	Feb-07	0																							
0	Mar-07	0																							
24,973	Apr-07	24,973		0	0	0	24,973																		
258,186	May-07	258,186		0	0	3,344	209,782	45,061																	
1,235,554	Jun-07	1,235,554		0	0	1,932	565,944	540,163	127,516																
1,031,152	Jul-07	1,031,152		0	0	0	332,032	379,884	233,124	86,112															
2,252,299	Aug-07	2,252,299		0	0	0	130,987	217,523	1,253,035	549,667	101,087														
3,029,652	Sep-07	3,029,652		0	0	0	70,456	216,218	565,272	790,438	980,980	406,289													
773,019	Oct-07	773,019		0	0	1,366	22,291	36,121	(333,048)	131,601	189,006	571,032	154,650												
1,246,188	Nov-07	1,246,188		0	0	0	188,467	108,311	79,081	70,440	166,760	183,958	334,065	115,105											
989,883	Dec-07	989,883		0	0	0	18,126	12,241	10,058	21,330	235,797	62,873	143,960	335,998	149,499										
1,102,802	Jan-08	1,102,802		0	0	0	8,781	19,025	27,497	9,095	18,099	251,524	107,079	112,430	444,399	104,872									
1,576,383	Feb-08	1,576,383		0	0	992	9,345	20,983	28,759	5,690	22,384	47,771	250,948	301,884	335,077	433,864	118,688								
1,952,891	Mar-08	1,952,891		0	0	0	158,140	53,278	17,943	45,857	31,411	135,658	87,260	86,960	178,024	400,765	563,088	194,506							
3,818,794	Apr-08	3,818,794		0	0	0	295,720	258,473	277,563	266,106	403,067	322,537	263,928	312,198	388,637	133,322	365,330	327,685	204,228						
3,890,100	May-08	3,890,100		0	0	0	237,966	271,433	221,940	166,277	256,320	241,966	238,004	176,965	204,624	396,007	383,638	511,449	432,751	150,760					
1,873,909	Jun-08	1,873,909		0	0	0	4,847	15,742	21,778	21,949	6,323	18,143	36,771	26,380	27,660	73,758	55,088	213,701	616,033	590,313	145,423				
2,473,908	Jul-08	2,473,908		0	0	0	60,902	61,112	31,593	63,182	54,830	59,081	30,221	54,047	86,760	40,712	78,596	67,112	141,551	788,939	635,231	220,038			
1,635,146	Aug-08	1,635,146		0	0	0	(351)	63,875	27,140	37,260	27,975	17,317	29,922	22,691	30,491	66,289	26,099	54,843	40,647	90,529	474,137	448,019	178,261		
1,607,854	Sep-08	1,607,854		0	0	0	4,086	1,757	(8,221)	16,753	6,589	6,909	8,088	25,323	8,258	21,931	16,850	8,011	5,583	74,429	147,885	634,597	526,517	102,507	
2,065,763	Oct-08	2,065,763		0	0	0	(831)	(5,767)	6,144	(1,092)	12,499	2,082	19,439	4,143	9,684	11,674	25,278	59,470	155,420	65,329	53,675	162,563	712,738	604,138	169,177
2,151,767	Nov-08	2,151,767		0	0	0	10,973	0	10	19,734	272	53,856	64,645	59,957	13,917	23,959	18,048	57,019	92,888	33,718	190,760	108,205	72,387	709,930	499,140
1,231,129	Dec-08	1,231,129		0	0	(992)	3,590	8,336	(3,713)	(15,538)	(11,759)	(18,286)	(21,238)	3,083	(16,997)	437	501	5,907	5,651	12,956	49,983	39,489	53,555	80,099	363,301
1,928,887	Jan-09	1,928,887		0	0	0	25,010	16,211	11,841	21,812	20,168	30,327	17,054	12,066	5,750	32,058	16,725	22,792	32,676	20,777	20,896	17,968	36,679	55,510	296,112
1,091,883	Feb-09	1,091,883		0	0	0	9,936	(6,307)	(594)	12,022	1,596	7,136	5,955	6,165	1,026	10,230	36,911	44,774	32,522	24,300	(29)	3,292	5,456	36,586	37,233
1,948,581	Mar-09	1,948,581		0	0	0	7,200	2,480	(174)	1,934	0	0	(1,928)	534	(126)	9,196	4,914	27,776	5,334	5,145	46,221	56,607	180,424	152,365	179,500
1,764,818	Apr-09	1,764,818		0	0	0	(369)	(1,691)	(1,046)	1,975	5,347	(9,300)	6,311	2,977	8,253	1,519	5,488	15,933	7,206	11,339	20,853	29,811	26,335	21,071	134,045
2,933,614	May-09	2,933,614		0	0	0	2,248	(10,695)	(42,990)	2,480	223	0	35,946	16,774	(8,129)	14,240	9,497	2,335	1,239	38,992	23,663	32,211	39,509	17,441	75,532
1,990,797	Jun-09	1,990,797		0	0	0	7,507	11,810	9,135	12,159	(9,192)	13,663	5,690	3,973	630	6,166	(30)	9,435	0	808	9,667	527	11,953	6,660	4,993
0	Jul-09	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	Aug-09	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	Sep-09	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	Oct-09	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	Nov-09	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	Dec-09	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	Jan-10	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	Feb-10	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	Mar-10	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	Apr-10	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	May-10	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	Jun-10	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Totals		47,879,935	0	0	0	6,641	2,407,756	2,335,577	2,559,644	2,337,244	2,519,783	2,404,538	1,816,773	1,679,654	1,867,438	1,781,000	1,724,708	1,622,749	1,773,730	1,908,333	1,818,367	1,753,327	1,843,813	1,786,308	1,759,033

FY 10	0
FY 09	11,658,581
FY 08	25,380,448
FY 07	10,840,906

47,879,935 **Total for Dates of Service after 1/1/2007**

Behavioral Health Payments by the Claims Processing System (Non-Priority)

MCO: ***AMERIGROUP Tennessee, Inc.***

Month Paid by the Claims System		Total	Prior to Jan-07	Jan-07	Feb-07	Mar-07	Apr-07	May-07	Jun-07	Jul-07	Aug-07	Sep-07	Oct-07	Nov-07	Dec-07	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08
				Incurred Month of Service																					
0	Jan-07	0																							
0	Feb-07	0																							
0	Mar-07	0																							
29,526	Apr-07	29,526		0	0	0	29,526																		
210,322	May-07	210,322		0	0	0	137,187	73,134																	
598,068	Jun-07	598,068		0	0	540	198,148	275,227	124,153																
1,007,327	Jul-07	1,007,327		0	0	0	242,950	278,744	394,669	90,963															
840,275	Aug-07	840,275		0	0	0	31,926	90,147	269,693	302,177	146,332														
1,080,968	Sep-07	1,080,968		0	0	0	43,418	99,565	72,945	267,191	401,300	196,548													
815,054	Oct-07	815,054		0	0	0	21,318	4,109	(16,388)	59,500	242,218	292,499	211,799												
1,021,380	Nov-07	1,021,380		0	0	0	40,647	21,601	43,392	29,278	67,795	247,771	391,496	179,400											
979,450	Dec-07	979,450		0	0	0	3,307	127	10,732	24,609	69,862	46,059	198,135	438,754	187,865										
1,019,861	Jan-08	1,019,861		0	0	0	78	6,630	40	25,839	11,234	58,558	92,279	190,652	463,747	170,804									
1,191,806	Feb-08	1,191,806		0	0	0	746	6,871	2,042	2,857	26,761	88,156	104,512	134,137	169,424	494,603	161,695								
1,309,719	Mar-08	1,309,719		0	0	0	3,486	342	7,018	7,013	6,099	1,845	36,611	17,699	66,036	325,195	610,412	227,963							
1,557,617	Apr-08	1,557,617		0	0	0	10,762	15,929	35,214	74,658	45,864	37,031	89,177	69,957	61,974	68,303	263,288	550,548	234,912						
1,555,855	May-08	1,555,855		0	0	0	20,859	19,966	24,320	29,463	27,569	36,074	15,576	11,044	40,129	78,464	105,127	293,413	611,656	242,196					
1,289,980	Jun-08	1,289,980		0	0	0	16,507	1,929	5,881	2,319	4,422	7,777	10,629	6,900	10,643	24,988	66,121	66,630	305,421	573,486	186,329				
1,518,204	Jul-08	1,518,204		0	0	0	5,073	8,446	5,161	186	414	2,273	6,928	17,414	19,492	20,441	1,580	58,391	90,198	378,609	663,043	240,555			
1,286,383	Aug-08	1,286,383		0	0	0	10,859	24,167	7,400	15,112	7,907	13,656	10,014	6,082	6,142	2,786	1,768	21,510	25,945	57,312	201,625	667,337	206,760		
1,220,462	Sep-08	1,220,462		0	0	0	(904)	7,215	3,248	333	(276)	2,312	91	9,363	8,938	8,811	9,717	37,254	41,762	40,536	59,128	270,193	574,554	148,188	
1,384,154	Oct-08	1,384,154		0	0	0	(6,535)	4,704	123	(250)	(134)	4,856	(783)	14,162	4,429	8,166	6,674	48,376	15,201	13,020	8,875	27,944	346,453	650,053	238,818
1,729,703	Nov-08	1,729,703		0	0	0	2,522	938	856	698	10,559	21,538	17,628	18,921	9,953	18,456	14,735	39,044	40,857	18,427	79,164	88,411	171,876	323,820	652,201
1,174,417	Dec-08	1,174,417		0	0	0	(403)	3,209	1,209	4,992	4,075	454	4,649	525	324	1,646	(381)	123	4,817	10,810	6,825	15,350	44,697	54,551	155,859
1,413,650	Jan-09	1,413,650		0	0	0	10,545	4,657	3,160	7,080	23,921	28,782	16,481	3,711	5,435	1,733	1,286	1,436	4,810	6,881	1,499	(1,423)	21,355	19,048	155,901
917,840	Feb-09	917,840		0	0	0	1,215	9,240	6,405	(1,204)	8,491	8,513	5,370	10,541	11,532	11,388	13,718	11,462	27,081	12,954	1,375	3,023	6,411	14,764	16,007
1,396,036	Mar-09	1,396,036		0	0	0	7,772	912	663	(37)	0	0	4,271	6,895	17,418	2,629	8,544	13,328	10,198	12,960	16,352	16,400	34,764	51,499	59,335
1,209,733	Apr-09	1,209,733		0	0	0	(824)	(1,527)	(3,444)	(92)	(682)	(2,207)	(1,638)	(686)	2,439	510	(17)	1,483	(536)	1,902	609	12,552	6,601	8,383	31,736
1,761,051	May-09	1,761,051		0	0	0	0	2,019	(9,740)	37	(145)	512	6,996	(115)	784	14,682	1,416	(949)	2,361	(761)	3,360	3,350	4,580	12,052	21,266
1,514,219	Jun-09	1,514,219		0	0	0	(78)	8,258	(42)	(668)	(332)	70	1,372	(84)	517	3,731	(456)	(279)	(4,652)	1,731	(48)	3,931	3,610	(753)	1,480
0	Jul-09	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	Aug-09	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	Sep-09	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	Oct-09	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	Nov-09	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	Dec-09	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	Jan-10	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	Feb-10	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	Mar-10	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	Apr-10	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	May-10	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	Jun-10	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Totals		31,033,058	0	0	0	540	830,108	966,558	988,708	942,055	1,103,254	1,093,077	1,221,592	1,135,272	1,087,222	1,257,337	1,265,226	1,369,733	1,410,033	1,370,063	1,228,138	1,347,623	1,421,663	1,281,605	1,332,603
FY 10	0																								
FY 09	8,212,529			31,033,058	**Total for Dates of Service after 1/1/2007**																				
FY 08	16,238,161																								
FY 07	6,582,368			Page 5																					

ASO Payments by the Claims Processing System (All Claims)

MCO: ***AMERIGROUP Tennessee, Inc.***

Month Paid by the Claims System		Total	Prior to Jan-07	Jan-07	Feb-07	Mar-07	Apr-07	May-07	Jun-07	Jul-07	Aug-07	Sep-07	Oct-07	Nov-07	Dec-07	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08
					Incurred Month of Service																				
0	Jan-07	0		0																					
0	Feb-07	0		0	0																				
0	Mar-07	0		0	0	0																			
0	Apr-07	0		0	0	0	0																		
0	May-07	0		0	0	0	0	0																	
146,687	Jun-07	187,917	41,230	1,202	41,437	103,638	411	0	0																
100,393	Jul-07	111,155	10,762	0	20,158	80,235	0	0	0	0															
43,084	Aug-07	59,919	16,836	939	10,783	30,894	467	0	0	0	0														
9,610	Sep-07	28,883	19,273	1,064	3,025	4,964	556	0	0	0	0	0													
3,139	Oct-07	4,551	1,413	77	0	3,062	0	0	0	0	0	0	0												
67,503	Nov-07	87,659	20,156	600	7,217	59,686	0	0	0	0	0	0	0	0											
-854	Dec-07	8,886	9,740	0	(4,754)	3,900	0	0	0	0	0	0	0	0	0										
5,405	Jan-08	60,716	55,311	17	1,758	2,339	0	0	0	0	0	0	1,291	0	0	0									
3,217	Feb-08	18,629	15,412	0	0	3,217	0	0	0	0	0	0	0	0	0	0	0								
12,930	Mar-08	12,968	39	430	363	9,410	0	0	0	0	0	0	0	0	2,713	14	0	0							
842	Apr-08	872	30	471	0	371	0	0	0	0	0	0	0	0	0	0	0	0	0						
1,783	May-08	16,455	14,672	45	927	811	0	0	0	0	0	0	0	0	0	0	0	0	0	0					
9,610	Jun-08	18,127	8,517	41	3,859	5,710	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
609	Jul-08	20,829	20,219	0	75	534	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
2,493	Aug-08	24,382	21,888	527	731	1,235	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
8,398	Sep-08	22,167	13,769	1,769	6,536	93	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
4,504	Oct-08	21,088	16,584	217	247	3,924	0	58	0	58	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
371	Nov-08	6,783	6,412	78	157	48	0	44	0	44	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
457	Dec-08	1,638	1,181	194	106	158	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1,115	Jan-09	5,476	4,361	853	152	110	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1,828	Feb-09	5,882	4,054	52	965	812	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
140	Mar-09	2,368	2,228	27	53	59	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12,979	Apr-09	25,620	12,642	4,528	1,419	7,031	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13,556	May-09	54,291	40,735	1,282	7,293	4,981	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7,363	Jun-09	22,123	14,760	1,983	357	5,023	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	Jul-09	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	Aug-09	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	Sep-09	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	Oct-09	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	Nov-09	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	Dec-09	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	Jan-10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	Feb-10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	Mar-10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	Apr-10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	May-10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	Jun-10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Totals		829,384	372,225	16,393	102,865	332,244	1,434	102	0	102	0	0	1,291	0	2,713	14	0	0	0	0	0	0	0	0	0
FY 10	0																								
FY 09	36,980			457,160	**Total for Dates of Service after 1/1/2007**																				
FY 08	50,619																								
FY 07	369,560			Page 6																					