

**File Name: X2022046**

SCHEDULE NAME: EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

PAGE NUMBER: 024

COLUMN NUMBER	COLUMN NAME	FORMAT	LENGTH
1	COCODE	NUMERIC	5
2	LINE_NO	ALPHA	10
3	DIR_MEDICAL_EXPENSE_PAYMENT	NUMERIC	14
4	COL_1_AS_A_PCT_TOT	NUMERIC	13.3
5	TOT_MEMBERS_COV	NUMERIC	14
6	COL_3_AS_A_PCT_TOT	NUMERIC	13.3
7	COL_1_EXPNS_PAID_TO_AFFILIATED	NUMERIC	14
8	COL_1_EXPNS_PAID_TO_NONAFFILIA	NUMERIC	14

The following column/row intersections either do not exist or do not have values on the Annual Statement.

COLUMN	LINE NUMBER
TOT_MEMBERS_COV	05 06 07 08 09 10 11 12 13
COL_3_AS_A_PCT_TOT	05 06 07 08 09 10 11 12 13

**VALID LINE NUMBERS**

LINE NUMBER	LINE DESCRIPTION
01	Medical groups (capitation payments)
02	Intermediaries (capitation payments)
03	All other providers (capitation payments)
04	Total capitation payments
05	Fee-for-service (other payments)
06	Contractual fee payments (other payments)
07	Bonus/withhold arrangements - fee-for-service (other payments)
08	Bonus/withhold arrangements - contractual fee payments (other payments)
09	Non-contingent salaries (other payments)
10	Aggregate cost arrangements
11	All other payments (other payments)
12	Total other payments
13	Total