

Paragraph 3.02

QUARTERLY CERTIFICATION STATEMENT OF

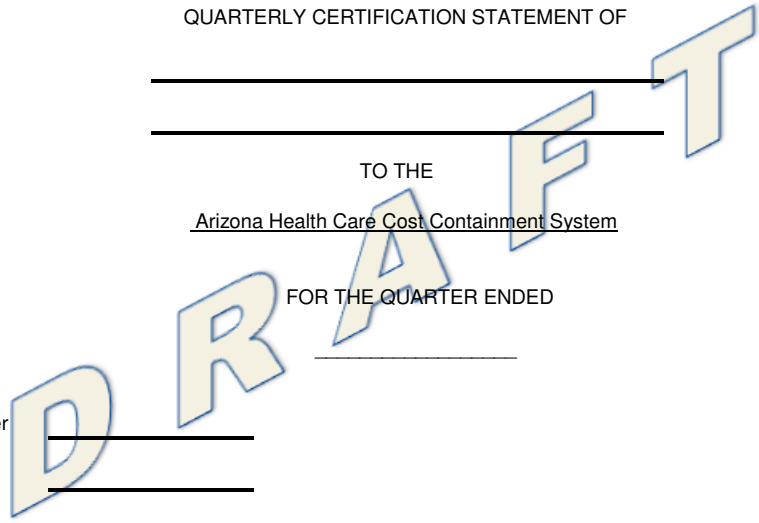
\_\_\_\_\_  
\_\_\_\_\_

TO THE

Arizona Health Care Cost Containment System

FOR THE QUARTER ENDED

\_\_\_\_\_



Name of Preparer \_\_\_\_\_

Title \_\_\_\_\_

Phone Number \_\_\_\_\_

**I hereby attest that the information submitted in the reports herein is current, complete, and accurate to the best of my knowledge. I understand that whoever knowingly and willfully makes or causes to be made a false statement or representation on the reports may be prosecuted under the applicable state laws. In addition, knowingly and willfully failing to fully and accurately disclose the information requested may result in denial of a request to participate, or where the entity already participates, a termination of a Contractor's agreement or contract with the Arizona Health Care Cost Containment System. Failure to sign a Certification Statement will result in AHCCCS' non acceptance of the attached reports.**

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
Chief Executive Officer Signature

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
Chief Financial Officer Signature

**Paragraph 3.01**

**Financial Reporting Template Instructions:**

This template has been set up to mirror the *Reporting Guide for the CRS Contractor*.

1. On the *Certification* cover sheet, fill in Contractor name, plan number, quarter ended, preparer's information, and signatures.
2. **Enter information in red cells only in all spreadsheets. Each sheet must be entered separately.**
3. Each quarter, change "quarter ended" date on Balance Sheet. This will change information on each sheet.
4. Each quarter, prior to entering information, zero the county profitability spreadsheets and supplemental schedules (red cells only).  
County totals roll into total profitability spreadsheet. The totals on the total profitability spreadsheet should agree to the quarterly amounts on the Revenue, Expense, and Changes to Equity/Net Assets Statement.
5. Parent Company financial information is an additional report (balance sheet and statement of revenues and expenses only) that should be completed, if applicable.
6. Confirm that audit check figures below match. If they do not match, please submit a separate enclosure explaining why the check figures do not match.
7. Upload an electronic copy to the FTP server, **email the DHCM Program Compliance Auditor with notification of upload. Email address is [Carmen.DeMarco@AZAHCCCS.gov](mailto:Carmen.DeMarco@AZAHCCCS.gov).**
8. All worksheets should be submitted every quarter. If a Profitability by Coverage Type worksheet is not applicable (i.e. the Contractor is only contracted in one county), please do not delete sheets; instead, hide the worksheets for the counties or parent company that are not applicable.

<b>Paragraph 3.03</b>			
<b>Audit Report:</b>			
<b>Contractor Name</b>			
<b>Quarter Ended: xx/xx/xxxx</b>			
	<b>Total Assets</b>	<b>Liabilities + Balance Sheet Total Equity</b>	
Balance Sheet Total Assets= Balance Sheet Total Liabilities+ Balance Sheet Total Equity	\$ -	\$ -	
	<b>Balance Sheet</b>	<b>Supplement Schedule</b>	
Supplemental Schedules agree to Balance Sheet and Revenue, Expense and Equity Statement line item			
Other Current Assets	\$ -	\$ -	
Other Non-Current Assets	\$ -	\$ -	
	<b>Yes</b>	<b>No</b>	
Grand Total Net Income (Loss) on Total Profitability = Net Income (Loss) on Revenue and Expense Statement			

Paragraph 3.04

		Year End: XXXX			
Contractor Name		1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
Quarter Ended: xx/xx/xxxx		mm/dd/yyyy	mm/dd/yyyy	mm/dd/yyyy	mm/dd/yyyy
<b>BALANCE SHEET</b>					
<b>ASSETS</b>					
Current Assets					
105	Cash and cash equivalents	0	0	0	0
110	Short-term investments	0	0	0	0
115	Capitation	0	0	0	0
120	Reinsurance receivable	0	0	0	0
122	CRS Tiered Recon Receivable	0	0	0	0
125	Investment income receivable	0	0	0	0
130	Current due from affiliates	0	0	0	0
135	Reserved	0	0	0	0
140	Other current assets	0	0	0	0
<b>Total Current Assets</b>		0	0	0	0
Other Assets					
145	General performance bond	0	0	0	0
150	Restricted cash and other assets	0	0	0	0
155	Long-term investments	0	0	0	0
160	Non-current due from affiliates	0	0	0	0
165	Other non-current assets	0	0	0	0
<b>Total Other Assets</b>		0	0	0	0
Property and Equipment					
170	Land	0	0	0	0
175	Buildings	0	0	0	0
180	Leasehold improvements	0	0	0	0
185	Furniture and equipment	0	0	0	0
190	Other property and equipment	0	0	0	0
Total Property and Equipment		0	0	0	0
195	Accumulated depreciation/amortization	0	0	0	0
<b>Net Property and Equipment</b>		0	0	0	0
<b>TOTAL ASSETS</b>		0	0	0	0
<b>LIABILITIES</b>					
Current Liabilities					
205	Accounts payable	0	0	0	0
210	Accrued administrative expenses	0	0	0	0
215	Capitation payable	0	0	0	0
	Hospitalization Payable	0	0	0	0
	Physician Payable	0	0	0	0
	Other medical Payable	0	0	0	0
Total Prospective Payable		0	0	0	0
220	Medical claims payable	0	0	0	0
222	CRS Tiered Recon Payables	0	0	0	0
225	Reserved	0	0	0	0
230	Current portion - long-term debt	0	0	0	0
235	Due to affiliates	0	0	0	0
240	Other current liabilities	0	0	0	0
<b>Total Current Liabilities</b>		0	0	0	0
Other Liabilities					
245	Non-current portion long-term debt	0	0	0	0
250	Non-current due to affiliates	0	0	0	0
255	Other non-current liabilities	0	0	0	0
<b>Total Other Liabilities</b>		0	0	0	0
<b>TOTAL LIABILITIES</b>		0	0	0	0
<b>EQUITY/NET ASSETS</b>					
505	Preferred stock	0	0	0	0
510	Common stock	0	0	0	0
515	Treasury stock	0	0	0	0
520	Additional paid-in capital	0	0	0	0
525	Contributed capital	0	0	0	0
	Retained earnings - beginning	0	0	0	0
	Increase (decrease) YTD	0	0	0	0
530	Retained earnings/net assets	0	0	0	0
<b>TOTAL EQUITY/NET ASSETS</b>		0	0	0	0
<b>TOTAL LIABILITIES &amp; EQUITY/NET ASSETS</b>		0	0	0	0

Paragraph 3.05

		Year End: XXXX				
Contractor Name		1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	YTD
Quarter Ended: xx/xx/xxxx		mm/dd/yyyy	mm/dd/yyyy	mm/dd/yyyy	mm/dd/yyyy	mm/dd/yyyy
<b>REVENUES &amp; EXPENSES</b>						
<b>Member Months</b>						
	PPC Member Months	0	0	0	0	0
	Pros. Member Months	0	0	0	0	0
	Total Member Months	0	0	0	0	0
<b>REVENUES</b>						
305	Capitation	0	0	0	0	0
310	Reserved	0	0	0	0	0
312	Reserved	0	0	0	0	0
315	Reserved	0	0	0	0	0
320	Prospective CRS Tiered Reconciliation Settlement	0	0	0	0	0
321	Reserved	0	0	0	0	0
322	Reserved	0	0	0	0	0
325	Investment Income	0	0	0	0	0
330	Other Income	0	0	0	0	0
<b>TOTAL REVENUES</b>		0	0	0	0	0
<b>EXPENSES</b>						
<b>Hospitalization</b>						
402	Physical Hospital Inpatient	0	0	0	0	0
404	Behavioral Health Hospital Inpatient	0	0	0	0	0
406	Reserved	0	0	0	0	0
<b>Total Hospitalization</b>		0	0	0	0	0
<b>Medical Compensation</b>						
408	Primary Care Physician Services	0	0	0	0	0
409	Behavioral Health Physician Services	0	0	0	0	0
410	Referral Physician Services	0	0	0	0	0
412	MSIC Clinical Fees Expenses	0	0	0	0	0
414	Other Professional Services	0	0	0	0	0
<b>Total Medical Comp</b>		0	0	0	0	0
<b>Other Medical Expenses</b>						
416	Emergency Facility Services	0	0	0	0	0
417	Pharmacy	0	0	0	0	0
418	Lab, X-ray, & Medical Imaging	0	0	0	0	0
419	Outpatient Facility	0	0	0	0	0
420	Durable Medical Equipment	0	0	0	0	0
421	Dental	0	0	0	0	0
422	Transportation	0	0	0	0	0
423	Nursing Facility, Home Health Care	0	0	0	0	0
424	Physical Therapy	0	0	0	0	0
425	Payment Reform/Shared Savings Settlements	0	0	0	0	0
426	Miscellaneous Medical Expenses	0	0	0	0	0
427	Reserved	0	0	0	0	0
429	Behavioral Health Day Program	0	0	0	0	0
430	Behavioral Health Case Management Services	0	0	0	0	0
431	Behavioral Health Crisis Intervention Services	0	0	0	0	0
432	Behavioral Health Rehabilitation Services	0	0	0	0	0
433	Behavioral Health Residential Services	0	0	0	0	0
434	All Other Behavioral Health Services	0	0	0	0	0
<b>Total Other Medical</b>		0	0	0	0	0
<b>TOTAL MEDICAL EXP</b>		0	0	0	0	0
<b>Less:</b>						
440	Reinsurance	0	0	0	0	0
441	Reserved	0	0	0	0	0
442	Third Party Liability	0	0	0	0	0
<b>TOTAL NET MEDICAL EXP</b>		0	0	0	0	0
<b>Administrative Expenses</b>						
444	Compensation	0	0	0	0	0
446	Data Processing	0	0	0	0	0
448	Management Fees	0	0	0	0	0
450	Interest Expense	0	0	0	0	0
452	Occupancy	0	0	0	0	0
454	Depreciation	0	0	0	0	0
456	Marketing	0	0	0	0	0
458	Other	0	0	0	0	0
<b>TOTAL ADMIN EXP</b>		0	0	0	0	0
<b>TOTAL EXPENSES</b>		0	0	0	0	0
<b>Inc (loss) from operations</b>						
Non-operating inc (loss)		0	0	0	0	0
Inc (loss) before taxes		0	0	0	0	0
Income taxes		0	0	0	0	0
Premium taxes		0	0	0	0	0
<b>NET INCOME (LOSS)</b>		0	0	0	0	0

**Paragraph 3.06****Contractor Name****Quarter Ended: xx/xx/xxxx****Footnotes**

- 1 Organizational structure
- 2 Summary of Significant Accounting Policies
- 3 Other Amounts
- 4 Pledges, Assignments, and Guarantees
- 5 Performance Bond
- 6 Material Adjustments
- 7 Medical Claims Payable Analysis
- 8 Contingent Liabilities
- 9 Investments
- 10 Due from/to Affiliates (current and non-current)
- 11 Equity Activity
- 12 Non-Compliance with Financial Viability Standards and Performance Guidelines
- 13 Changes in Financial Statement Line Items
- 14 Drug Rebates/Discounts
- 15 Interest on Late Claims
- 16 Accrued Sanctions
- 17 Provider Incentives
- 18 Payment Reform/Shared Savings Arrangements
- 19 Non-Covered Services
- 20 Prior Period Adjustments
- 21 Marketing Costs

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**Paragraphs 4.02 and 4.03**

**Contractor Name**

**Quarter Ended: xx/xx/xxxx**

**Receivable Report**

Asset Description	Amount
<i>Account 115 - Capitation Receivables (by contract year)</i>	
	0
	0
	0
	0
	0
	0
<i>Subtotal</i>	\$ -
<i>Account 122 and Account 222 CRS Tiered Reconciliation Receivables/Payables (by contract year)</i>	
	0
	0
	0
	0
<i>Subtotal</i>	\$ -
<i>Total</i>	\$ -

**Paragraph 4.04**

**Contractor Name**

**Quarter Ended: xx/xx/xxxx**

**Other Assets Report**

Asset Description	Amount
<i>Account 140 - Other Current Assets</i>	
Other Current Assets 1	0
Other Current Assets 2	0
	0
<i>Subtotal</i>	\$ -
<i>Account 165 - Other Non-Current Assets</i>	
Other Non-Current Assets 1	0
Other Non-Current Assets 2	0
	0
<i>Subtotal</i>	\$ -
<i>Total</i>	\$ -

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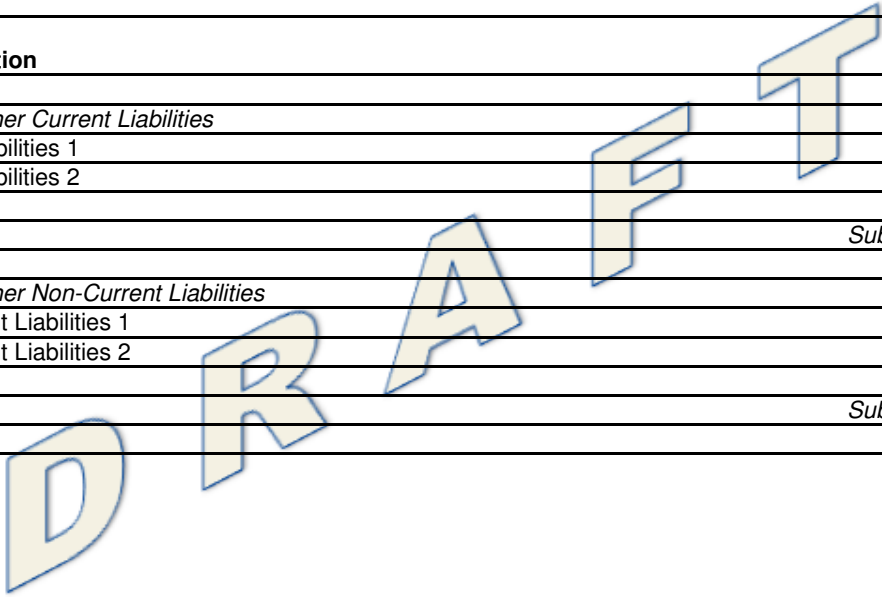
**Paragraph 4.05**

**Contractor Name**

**Quarter Ended: xx/xx/xxxx**

**Other Liabilities Report**

Liability Description	Amount
<i>Account 240 - Other Current Liabilities</i>	
Other Current Liabilities 1	0
Other Current Liabilities 2	0
	0
<i>Subtotal</i>	\$ -
<i>Account 255 - Other Non-Current Liabilities</i>	
Other Non-Current Liabilities 1	0
Other Non-Current Liabilities 2	0
	0
<i>Subtotal</i>	\$ -
<i>Total</i>	\$ -





**Paragraph 4.07**

**Contractor Name**

**Quarter Ended: xx/xx/xxxx**

**Claims Lag Report**

**Expense Type: Hospital, Medical and Other**

Payment Qtr	Current	1st Prior	2nd Prior	3rd Prior	4th Prior	5th Prior	6th Prior*	Total
<b>Current</b>	0	0	0	0	0	0	0	0
<b>1st Prior</b>		0	0	0	0	0	0	0
<b>2nd Prior</b>			0	0	0	0	0	0
<b>3rd Prior</b>				0	0	0	0	0
<b>4th Prior</b>					0	0	0	0
<b>5th Prior</b>						0	0	0
<b>6th Prior*</b>							0	0
<b>Totals</b>	0	0	0	0	0	0	0	0
<b>Expense</b>	0	0	0	0	0	0	0	0
<b>Adjustment</b>	0	0	0	0	0	0	0	0
<b>Remaining</b>	0	0	0	0	0	0	0	0

\* Amounts in this column or row include the amounts for the 6th prior period, and any earlier periods where the expenses reported exceed the payments made to date.

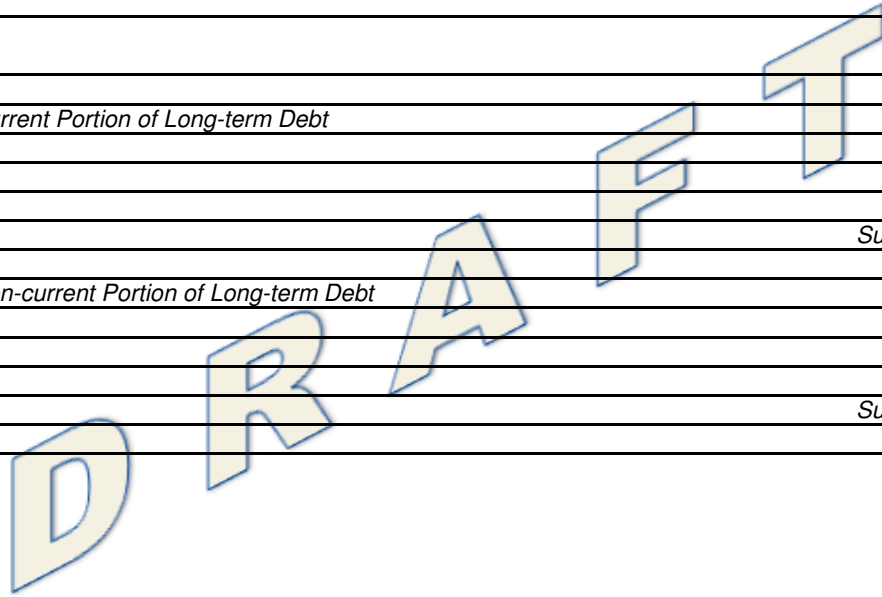
**Paragraph 4.08**

**Contractor Name**

**Quarter Ended: xx/xx/xxxx**

**Long Term Debt Report**

Lender Name	Amount
<i>Account 230 - Current Portion of Long-term Debt</i>	
Lender 1	0
Lender 2	0
	0
<i>Subtotal</i>	\$ -
<i>Account 245 - Non-current Portion of Long-term Debt</i>	
Lender 1	0
Lender 2	0
	0
<i>Subtotal</i>	\$ -
<i>Total</i>	\$ -



Paragraph 4.09

Contractor Name		CRS Fully Integrated	CRS Partially-Integrated – Acute	CRS Partially-Integrated – Behavioral Health	CRS Only	Total
Quarter Ended: xx/xx/xxxx						
<b>Total GSAs</b>						
<b>REVENUE &amp; EXPENSES</b>						
<b>Member Months</b>						
PPC Member Months		0	0	0	0	0
Pros. Member Months		0	0	0	0	0
Total Member Months		0	0	0	0	0
<b>REVENUES</b>						
305 Capitation		0	0	0	0	0
310 Reserved		0	0	0	0	0
312 Reserved		0	0	0	0	0
315 Reserved		0	0	0	0	0
320 Prospective CRS Tiered Reconciliation Settlement		0	0	0	0	0
321 Reserved		0	0	0	0	0
322 Reserved		0	0	0	0	0
325 Investment Income		0	0	0	0	0
330 Other Income		0	0	0	0	0
<b>TOTAL REVENUES</b>		0	0	0	0	0
<b>EXPENSES</b>						
<b>Hospitalization</b>						
402 Physical Hospital Inpatient		0	0	0	0	0
404 Behavioral Health Hospital Inpatient		0	0	0	0	0
406 Reserved		0	0	0	0	0
<b>Total Hospitalization</b>		0	0	0	0	0
<b>Medical Compensation</b>						
408 Primary Care Physician Services		0	0	0	0	0
409 Behavioral Health Physician Services		0	0	0	0	0
410 Referral Physician Services		0	0	0	0	0
412 MSIC Clinical Fees Expenses		0	0	0	0	0
414 Other Professional Services		0	0	0	0	0
<b>Total Medical Comp</b>		0	0	0	0	0
<b>Other Medical Expenses</b>						
416 Emergency Facility Services		0	0	0	0	0
417 Pharmacy		0	0	0	0	0
418 Lab, X-ray, & Medical Imaging		0	0	0	0	0
419 Outpatient Facility		0	0	0	0	0
420 Durable Medical Equipment		0	0	0	0	0
421 Dental		0	0	0	0	0
422 Transportation		0	0	0	0	0
423 Nursing Facility, Home Health Care		0	0	0	0	0
424 Physical Therapy		0	0	0	0	0
425 Payment Reform/Shared Savings Settlements		0	0	0	0	0
426 Miscellaneous Medical Expenses		0	0	0	0	0
427 Reserved		0	0	0	0	0
429 Behavioral Health Day Program		0	0	0	0	0
430 Behavioral Health Case Management Services		0	0	0	0	0
431 Behavioral Health Crisis Intervention Services		0	0	0	0	0
432 Behavioral Health Rehabilitation Services		0	0	0	0	0
433 Behavioral Health Residential Services		0	0	0	0	0
434 All Other Behavioral Health Services		0	0	0	0	0
<b>Total Other Medical</b>		0	0	0	0	0
<b>TOTAL MEDICAL EXP</b>		0	0	0	0	0
<b>Less:</b>						
440 Reinsurance		0	0	0	0	0
441 Reserved		0	0	0	0	0
442 Third Party Liability		0	0	0	0	0
<b>TOTAL NET MEDICAL EXP</b>		0	0	0	0	0
<b>TOTAL ADMIN EXP</b>		0	0	0	0	0
<b>TOTAL EXPENSES</b>		0	0	0	0	0
Inc (loss) from operations		0	0	0	0	0
Non-operating inc (loss)		0	0	0	0	0
Inc (loss) before taxes		0	0	0	0	0
Income taxes		0	0	0	0	0
Premium taxes		0	0	0	0	0
<b>NET INCOME (LOSS)</b>		0	0	0	0	0

**Paragraph 4.10**

**Contractor Name**

**Quarter Ended: xx/xx/xxxx**

**Sub-Capitated Expenses Report**

<b>Account</b>	<b>Account Description</b>	<b>Amount</b>	<b>YTD Amount</b>
<i>Sub-Capitated Hospitalization Expenses:</i>			
402	Physical Hospital Inpatient	0	0
404	Behavioral Health Hospital Inpatient	0	0
406	Reserved	0	0
<i>Total Sub-Capitated Hospitalization Expense:</i>		\$ -	\$ -
<i>Sub-Capitated Medical Compensation Expenses:</i>			
408	Primary Care Physician Services	0	0
409	Behavioral Health Physician Services	0	0
410	Referral Physician Services	0	0
412	MSIC Clinical Fees Expenses	0	0
414	Other Professional Services	0	0
<i>Total Sub-Capitated Medical Compensation Expenses:</i>		\$ -	\$ -
<i>Sub-Capitated Other Medical Expenses:</i>			
416	Emergency Facility Services	0	0
417	Pharmacy	0	0
418	Lab, X-ray, & Medical Imaging	0	0
419	Outpatient Facility	0	0
420	Durable Medical Equipment	0	0
421	Dental	0	0
422	Transportation	0	0
423	Nursing Facility, Home Health Care	0	0
424	Physical Therapy	0	0
425	Payment Reform/Shared Savings Settlements	0	0
426	Miscellaneous Medical Expenses	0	0
427	Reserved	0	0
429	Behavioral Health Day Program	0	0
430	Behavioral Health Case Management Services	0	0
431	Behavioral Health Crisis Intervention Services	0	0
432	Behavioral Health Rehabilitation Services	0	0
433	Behavioral Health Residential Services	0	0
434	All Other Behavioral Health Services	0	0
<i>Total Other Sub-Capitated Medical Expense:</i>		\$ -	\$ -
<i>Total Sub-Capitated Expenses:</i>		\$ -	\$ -

**Paragraph 4.10**

**Contractor Name**

**Quarter Ended: xx/xx/xxxx**

**Sub-Capitated Expenses Detail**

Account	Account Description	CRS Fully Integrated	CRS Partially-Integrated – Acute	CRS Partially-Integrated – Behavioral Health	CRS Only	Total
<i>Sub-Capitated Hospitalization Expenses:</i>						
402	Physical Hospital Inpatient	0	0	0	0	0
404	Behavioral Health Hospital Inpatient	0	0	0	0	0
406	Reserved	0	0	0	0	0
	<i>Total Sub-Capitated Hospitalization Expense:</i>	\$ -	\$ -	\$ -	\$ -	\$ -
<i>Sub-Capitated Medical Compensation Expenses:</i>						
408	Primary Care Physician Services	0	0	0	0	0
409	Behavioral Health Physician Services	0	0	0	0	0
410	Referral Physician Services	0	0	0	0	0
412	MSIC Clinical Fees Expenses	0	0	0	0	0
414	Other Professional Services	0	0	0	0	0
	<i>Total Sub-Capitated Medical Compensation Expenses:</i>	\$ -	\$ -	\$ -	\$ -	\$ -
<i>Sub-Capitated Other Medical Expenses:</i>						
416	Emergency Facility Services	0	0	0	0	0
417	Pharmacy	0	0	0	0	0
418	Lab, X-ray, & Medical Imaging	0	0	0	0	0
419	Outpatient Facility	0	0	0	0	0
420	Durable Medical Equipment	0	0	0	0	0
421	Dental	0	0	0	0	0
422	Transportation	0	0	0	0	0
423	Nursing Facility, Home Health Care	0	0	0	0	0
424	Physical Therapy	0	0	0	0	0
425	Payment Reform/Shared Savings Settlements	0	0	0	0	0
426	Miscellaneous Medical Expenses	0	0	0	0	0
427	Reserved	0	0	0	0	0
429	Behavioral Health Day Program	0	0	0	0	0
430	Behavioral Health Case Management Services	0	0	0	0	0
431	Behavioral Health Crisis Intervention Services	0	0	0	0	0
432	Behavioral Health Rehabilitation Services	0	0	0	0	0
433	Behavioral Health Residential Services	0	0	0	0	0
434	All Other Behavioral Health Services	0	0	0	0	0
	<i>Total Sub-Capitated Other Medical Expenses:</i>	\$ -	\$ -	\$ -	\$ -	\$ -
	<i>Total Sub-Capitated Expenses:</i>	\$ -	\$ -	\$ -	\$ -	\$ -

**Paragraph 4.10.1**

**Contractor Name**

**Quarter Ended: xx/xx/xxxx**

**Block Purchases Expenses Report**

<b>Account</b>	<b>Account Description</b>	<b>Amount</b>	<b>YTD Amount</b>
<i>Block Purchases Hospitalization Expenses:</i>			
402	Physical Hospital Inpatient	0	0
404	Behavioral Health Hospital Inpatient	0	0
406	Reserved	0	0
<i>Total Block Purchases Hospitalization Expense:</i>		\$ -	\$ -
<i>Block Purchases Medical Compensation Expenses:</i>			
408	Primary Care Physician Services	0	0
409	Behavioral Health Physician Services	0	0
410	Referral Physician Services	0	0
412	MSIC Clinical Fees Expenses	0	0
414	Other Professional Services	0	0
<i>Total Block Purchases Medical Compensation Expenses:</i>		\$ -	\$ -
<i>Block Purchases Other Medical Expenses:</i>			
416	Emergency Facility Services	0	0
417	Pharmacy	0	0
418	Lab, X-ray, & Medical Imaging	0	0
419	Outpatient Facility	0	0
420	Durable Medical Equipment	0	0
421	Dental	0	0
422	Transportation	0	0
423	Nursing Facility, Home Health Care	0	0
424	Physical Therapy	0	0
425	Payment Reform/Shared Savings Settlements	0	0
426	Miscellaneous Medical Expenses	0	0
427	Reserved	0	0
429	Behavioral Health Day Program	0	0
430	Behavioral Health Case Management Services	0	0
431	Behavioral Health Crisis Intervention Services	0	0
432	Behavioral Health Rehabilitation Services	0	0
433	Behavioral Health Residential Services	0	0
434	All Other Behavioral Health Services	0	0
<i>Total Other Sub-Capitated Medical Expense:</i>		\$ -	\$ -
<i>Total Block Purchases Expenses:</i>		\$ -	\$ -

**Paragraph 4.10.1**

**Contractor Name**

**Quarter Ended: xx/xx/xxxx**

**Block Purchases Expenses Report**

Account	Account Description	CRS Fully Integrated	CRS Partially-Integrated – Acute	CRS Partially-Integrated – Behavioral Health	CRS Only	Total
<i>Block Purchases Hospitalization Expenses:</i>						
402	Physical Hospital Inpatient	0	0	0	0	0
404	Behavioral Health Hospital Inpatient	0	0	0	0	0
406	Reserved	0	0	0	0	0
	<i>Total Block Purchases Hospitalization Expense:</i>	\$ -	\$ -	\$ -	\$ -	\$ -
<i>Block Purchases Medical Compensation Expenses:</i>						
408	Primary Care Physician Services	0	0	0	0	0
409	Behavioral Health Physician Services	0	0	0	0	0
410	Referral Physician Services	0	0	0	0	0
412	MSIC Clinical Fees Expenses	0	0	0	0	0
414	Other Professional Services	0	0	0	0	0
	<i>Total Block Purchases Medical Compensation Expenses:</i>	\$ -	\$ -	\$ -	\$ -	\$ -
<i>Block Purchases Other Medical Expenses:</i>						
416	Emergency Facility Services	0	0	0	0	0
417	Pharmacy	0	0	0	0	0
418	Lab, X-ray, & Medical Imaging	0	0	0	0	0
419	Outpatient Facility	0	0	0	0	0
420	Durable Medical Equipment	0	0	0	0	0
421	Dental	0	0	0	0	0
422	Transportation	0	0	0	0	0
423	Nursing Facility, Home Health Care	0	0	0	0	0
424	Physical Therapy	0	0	0	0	0
425	Payment Reform/Shared Savings Settlements	0	0	0	0	0
426	Miscellaneous Medical Expenses	0	0	0	0	0
427	Reserved	0	0	0	0	0
429	Behavioral Health Day Program	0	0	0	0	0
430	Behavioral Health Case Management Services	0	0	0	0	0
431	Behavioral Health Crisis Intervention Services	0	0	0	0	0
432	Behavioral Health Rehabilitation Services	0	0	0	0	0
433	Behavioral Health Residential Services	0	0	0	0	0
434	All Other Behavioral Health Services	0	0	0	0	0
	<i>Total Sub-Capitated Other Medical Expenses:</i>	\$ -	\$ -	\$ -	\$ -	\$ -
	<i>Total Block Purchases Expenses:</i>	\$ -	\$ -	\$ -	\$ -	\$ -

Paragraph 4.11

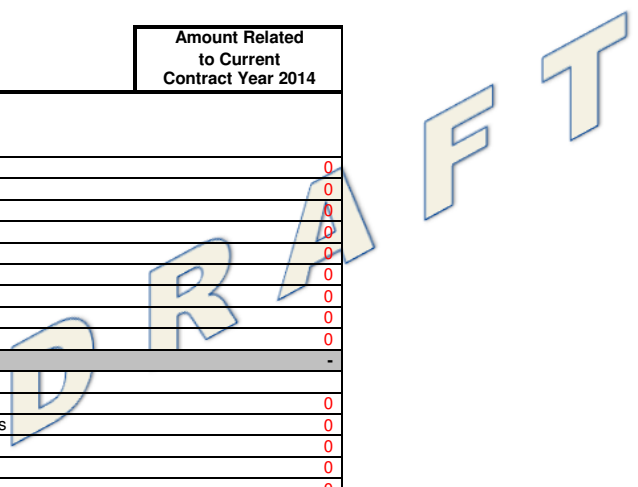
Contractor Name

Quarter Ended: xx/xx/xxxx

Prior Period Adjustment Schedule

Amount Related  
to Current  
Contract Year 2014

<b>BALANCE SHEET</b>		
<b>ASSETS</b>		
Current Assets		
105	Cash and cash equivalents	0
110	Short-term investments	0
115	Capitation	0
120	Reinsurance receivable	0
122	CRS Tiered Recon Receivable	0
125	Investment income receivable	0
130	Current due from affiliates	0
135	Reserved	0
140	Other current assets	0
<b>Total Current Assets</b>		-
Other Assets		
145	General performance bond	0
150	Restricted cash and other assets	0
155	Long-term investments	0
160	Non-current due from affiliates	0
165	Other non-current assets	0
<b>Total Other Assets</b>		-
Property and Equipment		
170	Land	0
175	Buildings	0
180	Leasehold improvements	0
185	Furniture and equipment	0
190	Other property and equipment	0
<b>Total Property and Equipment</b>		0
195	Accumulated depreciation/amortization	0
<b>Net Property and Equipment</b>		-
<b>TOTAL ASSETS</b>		-
<b>LIABILITIES</b>		
Current Liabilities		
205	Accounts payable	0
210	Accrued administrative expenses	0
215	Capitation payable	0
Hospitalization Payable		0
Physician Payable		0
Other medical Payable		0
<b>Total Prospective Payable</b>		0
220	Medical claims payable	0
222	CRS Tiered Recon Payables	0
225	Reserved	0
230	Current portion - long-term debt	0
235	Due to affiliates	0
240	Other current liabilities	0
<b>Total Current Liabilities</b>		-
Other Liabilities		
245	Non-current portion long-term debt	0
250	Non-current due to affiliates	0
255	Other non-current liabilities	0
<b>Total Other Liabilities</b>		-
<b>TOTAL LIABILITIES</b>		-
<b>EQUITY/NET ASSETS</b>		
505	Preferred stock	0
510	Common stock	0
515	Treasury stock	0
520	Additional paid-in capital	0
525	Contributed capital	0
Retained earnings - beginning		0
Increase (decrease) YTD		0
530	Retained earnings/net assets	0
<b>TOTAL EQUITY/NET ASSETS</b>		-
<b>TOTAL LIABILITIES &amp; EQUITY/NET ASSETS</b>		-





Paragraph 4.11

Contractor Name

Quarter Ended: xx/xx/xxxx

Prior Period Adjustment Schedule

	Amount Related to Current Contract Year 2014
<b>REVENUES</b>	
305 Capitation	0
310 Reserved	0
312 Reserved	0
315 Reserved	0
320 Prospective CRS Tiered Reconciliation Settlement	0
321 Reserved	0
322 Reserved	0
325 Investment Income	0
330 Other Income	0
<b>TOTAL REVENUES</b>	<b>\$ -</b>
<b>EXPENSES</b>	
Hospitalization	
402 Physical Hospital Inpatient	0
404 Behavioral Health Hospital Inpatient	0
406 Reserved	0
<b>Total Hospitalization</b>	<b>\$ -</b>
Medical Compensation	
408 Primary Care Physician Services	0
409 Behavioral Health Physician Services	0
410 Referral Physician Services	0
412 MSIC Clinical Fees Expenses	0
414 Other Professional Services	0
<b>Total Medical Comp</b>	<b>\$ -</b>
Other Medical Expenses	
416 Emergency Facility Services	0
417 Pharmacy	0
418 Lab, X-ray, & Medical Imaging	0
419 Outpatient Facility	0
420 Durable Medical Equipment	0
421 Dental	0
422 Transportation	0
423 Nursing Facility, Home Health Care	0
424 Physical Therapy	0
425 Payment Reform/Shared Savings Settlements	0
426 Miscellaneous Medical Expenses	0
427 Reserved	0
429 Behavioral Health Day Program	0
430 Behavioral Health Case Management Services	0
431 Behavioral Health Crisis Intervention Services	0
432 Behavioral Health Rehabilitation Services	0
433 Behavioral Health Residential Services	0
434 All Other Behavioral Health Services	0
<b>Total Other Medical</b>	<b>\$ -</b>
<b>TOTAL MEDICAL EXP</b>	<b>\$ -</b>
<b>Less:</b>	
440 Reinsurance	0
441 Reserved	0
442 Third Party Liability	0
<b>TOTAL NET MEDICAL EXP</b>	<b>\$ -</b>
Administrative Expenses	0
444 Compensation	0
446 Data Processing	0
448 Management Fees	0
450 Interest Expense	0
452 Occupancy	0
454 Depreciation	0
456 Marketing	0
458 Other	0
<b>TOTAL ADMIN EXP</b>	<b>\$ -</b>
<b>TOTAL EXPENSES</b>	<b>\$ -</b>
Inc (loss) from operations	0
Non-operating inc (loss)	0
Inc (loss) before taxes	0
Income taxes	0
Premium taxes	0
<b>NET INCOME (LOSS)</b>	<b>\$ -</b>

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See separate template entitled **Template FQHC Member Months E-9.**

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Insert Parent Company Balance Sheet pursuant to Paragraph 4.13

DRAFT

Insert Parent Company Statement of Revenues and Expenses pursuant

DRAFT

to Paragraph 4.13

DRAFT

**Paragraph 4.15**

- 1.) The fourth quarter balance sheet and fourth quarter year to date income statement *MUST* tie to the amounts originally submitted.
- 2.) In addition to summary level audit adjustments, please submit detailed line level entries on the entry tab.
- 3.) Please only submit the CRS line of business.
- 4.) Draft and Final audit columns *MUST* tie to the draft and final audit submitted.
- 5.) There are audit caption columns for the balance sheet and income statement. Replace these captions with your plan's specific audit captions. Working horizontally, map the Reporting Guide Lines to the audit captions. The audit captions total at the bottom should tie to the audited financials. If you need more captions, feel free to add a column.
- 6.) On the income statement, when possible, report the adjustment/reclass by the quarter it is related to. If the adjustment can not be identified by quarter, spread the adjustment/reclass evenly over the four periods.
- 7.) Entry Explanation found on Entries F-1c should provide a reasonable explanation for the audit entry, including identifying accrual entries, reclassifications, and changes to expenses. Explanations provided should be as detailed as on the auditors work papers to ensure AHCCCS can differentiate reclasses from correcting entries.

Paragraph 4.15

Contractor Name  
 Quarter Ended: xx/xx/xxxx

						Audit Captions							
	4th Quarter	Audit Adjustments	Draft Audit	Audit Adjustments	Final Audit	Caption 1	Caption 2	Caption 3	Caption 4	Caption 5	Caption 6	Caption 7	Total
<b>BALANCE SHEET</b>													
<b>ASSETS</b>													
Current Assets													
105			-										-
			-										-
110			-										-
115			-										-
120			-										-
122			-										\$ -
125			-										\$ -
130			-										\$ -
135			-										\$ -
140			-										\$ -
<b>Total Current Assets</b>													
Other Assets													
145			-										\$ -
150			-										\$ -
155			-										\$ -
160			-										\$ -
165			-										\$ -
<b>Total Other Assets</b>													
Property & Equipment													
170			-										\$ -
175			-										\$ -
180			-										\$ -
185			-										\$ -
190			-										\$ -
			-										\$ -
195			-										\$ -
<b>Net Prop &amp; Equip</b>													
<b>TOTAL ASSETS</b>													
						\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>LIABILITIES</b>													
Current Liabilities													
205			-										\$ -
210			-										\$ -
215			-										\$ -
			-										\$ -
			-										\$ -
			-										\$ -
			-										\$ -
			-										\$ -
220			-										\$ -
222			-										\$ -
225			-										\$ -
230			-										\$ -
235			-										\$ -
240			-										\$ -
<b>Total Current Liabilities</b>													
Other Liabilities													
245			-										\$ -
250			-										\$ -
255			-										\$ -
<b>Total Other Liabilities</b>													
<b>TOTAL LIABILITIES</b>													
<b>EQUITY/NET ASSETS</b>													
505			-										\$ -
510			-										\$ -
515			-										\$ -
520			-										\$ -
525			-										\$ -
			-										\$ -
			-										\$ -
530			-										\$ -
<b>TOTAL EQUITY/NA</b>													
<b>TOT LIAB &amp; EQUITY/NA</b>													
						\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Paragraph 4.15

See Appendix F for Instructions

Contractor Name

Quarter Ended: xx/xx/xxxx

	4th Quarter	Total Audit Adj.	Draft Audit Adjustments				Audit Adjustments	Draft Audit	Audit Adjustments	Final Audit	Audit Captions													
			1st Qtr	2nd Qtr	3rd Qtr	4th Qtr					Caption 1	Caption 2	Caption 3	Caption 4	Caption 5	Caption 6	Caption 7	Total						
<b>REVENUE &amp; EXPENSES</b>																								
<b>REVENUES</b>																								
305	Capitation																				\$	-		
310	Reserved																				\$	-		
312	Reserved																				\$	-		
315	Reserved																				\$	-		
320	Prospective CRS Tiered Reconciliation Settlement																				\$	-		
321	Reserved																				\$	-		
322	Reserved																				\$	-		
325	Investment Income																				\$	-		
330	Other Income																				\$	-		
<b>TOTAL REVENUES</b>																								
<b>EXPENSES</b>																								
<b>Total Hospitalization</b>																								
402	Hospitalization																					\$	-	
404	Physical Hospital Inpatient																					\$	-	
406	Behavioral Health Hospital Inpatient																					\$	-	
406	Reserved																					\$	-	
<b>Total Medical Comp</b>																								
408	Medical Compensation																						\$	-
409	Primary Care Physician Services																						\$	-
410	Behavioral Health Physician Services																						\$	-
412	Referral Physician Services																						\$	-
414	MSIC Clinical Fees Expenses																						\$	-
414	Other Professional Services																						\$	-
<b>Total Other Medical</b>																								
<b>TOTAL MEDICAL EXP</b>																								
<b>Less:</b>																								
440	Reinsurance																						\$	-
441	Reserved																						\$	-
442	Third Party Liability																						\$	-
<b>TOTAL NET MEDICAL EXP</b>																								
<b>Administrative Expenses</b>																								
444	Compensation																						\$	-
446	Data Processing																						\$	-
448	Management Fees																						\$	-
450	Interest Expense																						\$	-
452	Occupancy																						\$	-
454	Depreciation																						\$	-
456	Marketing																						\$	-
458	Other																						\$	-
<b>TOTAL ADMIN EXP</b>																								
<b>TOTAL EXPENSES</b>																								
Inc (loss) from operations																								
Non-operating inc (loss)																								
Inc (loss) before taxes																								
Income taxes																								
Premium Tax																								
<b>NET INCOME (LOSS)</b>																								



**Paragraph 4.15**

See Appendix F for Instructions

**Contractor Name**  
**Quarter Ended: xx/xx/xxxx**

<u>Line Item Reference</u>	<u>Line Item Description</u>	<u>Debit</u>	<u>Credit</u>	<u>Entry Explanation</u>
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