

QUARTERLY CERTIFICATION STATEMENT OF

TO THE

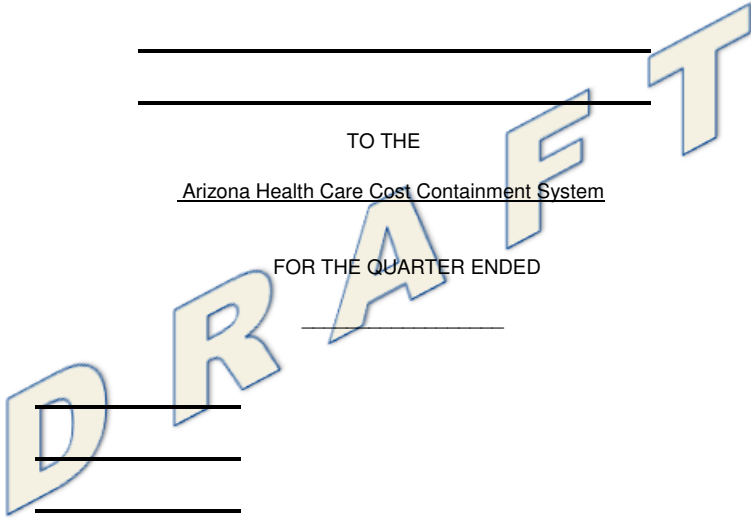
Arizona Health Care Cost Containment System

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 AcuteContractors*.

1. On the *Certification* cover sheet, fill in the 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.
8. All worksheets should be submitted every quarter. If a Profitability by Risk Group 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.

Paragraph 3.03

Audit Report:

Contractor Name

Quarter Ended: xx/xx/xxxx

	Total Assets	Liabilities + Balance Sheet Total Equity
Balance Sheet Total Assets= Balance Sheet Total Liabilities+ Balance Sheet Total Equity	\$ -	\$ -
Supplemental Schedules agree to Balance Sheet and Revenue, Expense and Equity Statement line items:		
	Balance Sheet	Supplement Schedule
Other Current Assets	\$ -	\$ -
Other Non-Current Assets	\$ -	\$ -
	Yes	No
Grand Total Net Income (Loss) on Total Profitability = Net Income (Loss) on Revenue and Expense Statement		

Paragraph 3.04

		Year End: XXXX			
		1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
Contractor Name		mm/dd/yyyy	mm/dd/yyyy	mm/dd/yyyy	mm/dd/yyyy
Quarter Ended: xx/xx/xxxx					
BALANCE SHEET					
ASSETS					
Current Assets					
105	Cash and cash equivalents	0	0	0	0
110	Short-term investments	0	0	0	0
115	Capitation/Supplement/Risk Adj Receivable	0	0	0	0
120	Reinsurance receivable	0	0	0	0
122	Reconciliation Receivable	0	0	0	0
125	Investment income receivable	0	0	0	0
130	Current due from affiliates	0	0	0	0
135	Payment Reform/Shared Savings Receivable	0	0	0	0
140	Other current assets	0	0	0	0
Total Current Assets		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
Total Other Assets		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
Net Property and Equipment		0	0	0	0
TOTAL ASSETS		0	0	0	0
LIABILITIES					
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
	PPC - Payable	0	0	0	0
220	Medical claims payable	0	0	0	0
222	Reconciliation 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
Total Current Liabilities		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
Total Other Liabilities		0	0	0	0
TOTAL LIABILITIES		0	0	0	0
EQUITY/NET ASSETS					
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
TOTAL EQUITY/NET ASSETS		0	0	0	0
TOTAL LIABILITIES & EQUITY/NET ASSETS		0	0	0	0

Paragraph 3.05

Contractor Name Quarter Ended: xx/xx/xxxx	Year End: XXXX				YTD mm/dd/yyyy
	1st Qtr mm/dd/yyyy	2nd Qtr mm/dd/yyyy	3rd Qtr mm/dd/yyyy	4th Qtr mm/dd/yyyy	
REVENUES & EXPENSES					
Member Months					
SOBRA FPS Mmbr Mths	0	0	0	0	0
PPC Member Months	0	0	0	0	0
Pros. Member Months	0	0	0	0	0
Total Member Months	0	0	0	0	0
Pros. & FPS Mbr. Mths	0	0	0	0	0
Pros. & PPC Mbr. Mths	0	0	0	0	0
REVENUES					
305 Prospective Capitation	0	0	0	0	0
310 PPC Capitation	0	0	0	0	0
312 Payment Reform/Shared Savings Settlement	0	0	0	0	0
315 Delivery Supplement	0	0	0	0	0
320 Prospective Tiered Reconciliation Settlement	0	0	0	0	0
321 TWG Settlement	0	0	0	0	0
322 PPC Settlement	0	0	0	0	0
325 Investment Income	0	0	0	0	0
330 Other Income	0	0	0	0	0
TOTAL REVENUES	0	0	0	0	0
EXPENSES					
Hospitalization					
402 Hospital Inpatient	0	0	0	0	0
406 PPC-Hospital Inpatient	0	0	0	0	0
Total Hospitalization	0	0	0	0	0
Medical Compensation					
408 Primary Care Physician	0	0	0	0	0
410 Referral Physician	0	0	0	0	0
412 Other Professional	0	0	0	0	0
414 PPC - Physician Services	0	0	0	0	0
Total Medical Comp	0	0	0	0	0
Other Medical Expenses					
416 Emergency Facility Services	0	0	0	0	0
418 Pharmacy	0	0	0	0	0
420 Lab, X-ray, & Medical Imaging	0	0	0	0	0
422 Outpatient Facility	0	0	0	0	0
424 Durable Medical Equipment	0	0	0	0	0
426 Dental	0	0	0	0	0
428 Transportation	0	0	0	0	0
430 Nursing Facility, Home Health Care	0	0	0	0	0
432 Physical Therapy	0	0	0	0	0
434 Payment Reform/Shared Savings Arrangements	0	0	0	0	0
436 Miscellaneous Medical Expenses	0	0	0	0	0
438 PPC-Other	0	0	0	0	0
Total Other Medical	0	0	0	0	0
TOTAL MEDICAL EXP	0	0	0	0	0
Less:					
440 Reinsurance	0	0	0	0	0
441 Reserved	0	0	0	0	0
442 Third Party Liability	0	0	0	0	0
TOTAL NET MEDICAL EXP	0	0	0	0	0
Administrative Expenses					
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
TOTAL ADMIN EXP	0	0	0	0	0
TOTAL EXPENSES	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
NET INCOME (LOSS)	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 Risk Adjustments
- 21 Prior Contract Year Adjustments
- 22 Marketing Costs
- 23 Non-Capped Newborn Costs

Paragraphs 4.02 and 4.03

Contractor Name

Quarter Ended: xx/xx/xxxx

Receivable Report

Asset Description	Amount
<i>Account 115 - Capitation/Supplement/Risk Adjustment Receivable (by contract year)</i>	
	0
	0
	0
	0
	0
	0
<i>Subtotal</i>	\$ -
<i>Account 122 and Account 222 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>	\$ -

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Paragraph 4.07

Contractor Name

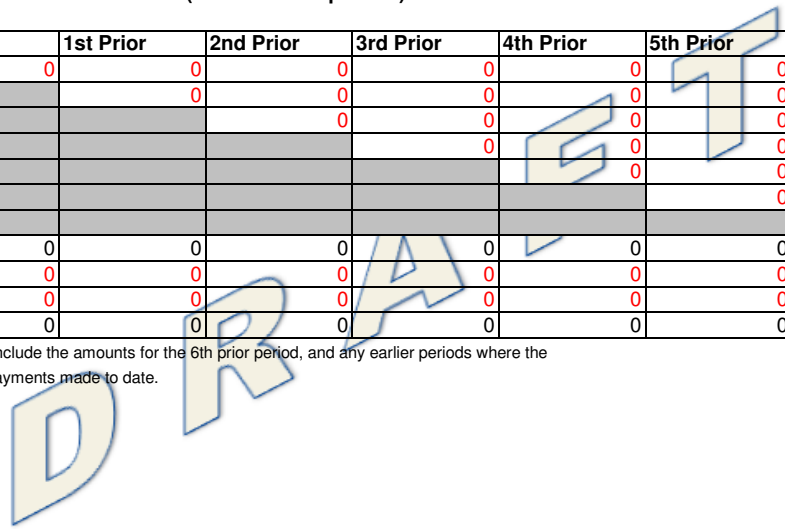
Quarter Ended: xx/xx/xxxx

Claims Lag Report

Expense Type: Hospital, Medical and Other (PPC and Prospective)

Payment Qtr	Current	1st Prior	2nd Prior	3rd Prior	4th Prior	5th Prior	6th Prior*	Total
Current	0	0	0	0	0	0	0	0
1st Prior		0	0	0	0	0	0	0
2nd Prior			0	0	0	0	0	0
3rd Prior				0	0	0	0	0
4th Prior					0	0	0	0
5th Prior						0	0	0
6th Prior*							0	0
Totals	0	0	0	0	0	0	0	0
Expense	0	0	0	0	0	0	0	0
Adjustment	0	0	0	0	0	0	0	0
Remaining	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>	\$ -

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Paragraph 4.09

Contractor Name	TANF	TANF	TANF	TANF	TANF	SSI	SSI	Do not	Do not	AHCCCS	SOBRA	SOBRA	Title	State	RESERVED	RESERVED	RESERVED	RESERVED	State	State	Grand
Quarter Ended: xxx/xx/xxxx	< 1 MF	1-13 MF	14-44 F	14-44 M	45+	Total	with out	with out	with out	with out	Case	Family	XIX	Only	RESERVED	Transplants	RESERVED	RESERVED	Only	Only	Total
GSA 2 YumaLa Paz							Med	Med	Med	Med	(Formerly Non-MED)	Planning	Months	Total					Total	Total	Total
REVENUE & EXPENSES																					
Member Months																					
SOBRA FPS Mbrs Mths	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PPC Member Months	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pres. Member Months	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Member Months	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pres. & FPS Mbr. Mths	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pres. & PPC Mbr. Mths	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
REVENUES																					
305 Prospective Capitation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
310 PPC Capitation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
312 Payment Reform/Shared Savings Settlement	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
315 Delivery Supplement	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
320 Prospective Tiered Reconciliation Settlement	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
321 TWG Settlement	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
322 PPC Settlement	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
325 Investment Income	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
350 Other Income	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL REVENUES	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
EXPENSES																					
Hospitalization																					
402 Hospital Inpatient	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
406 PPC-Hospital Inpatient	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Hospitalization	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Medical Compensation																					
408 Primary Care Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
410 Referral Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
412 Other Professional	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
414 PPC - Physician Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Medical Comp	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Medical Expenses																					
416 Emergency Facility Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
418 Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
420 Lab, X-ray, & Medical Imaging	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
422 Outpatient Facility	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
424 Durable Medical Equipment	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
426 Dental	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
428 Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
430 Nursing Facility, Home Health Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
432 Physical Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
434 Payment Reform/Shared Savings Arrangements	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
436 Miscellaneous Medical Expenses	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
438 PPC-Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Other Medical	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL MEDICAL EXP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Less:																					
440 Reinsurance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
441 Reserved	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
442 Third Party Liability	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL NET MEDICAL EXP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL ADMIN EXP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL EXPENSES	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Inc (loss) from operations	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Non-operating inc (loss)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Inc (loss) before taxes	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Income taxes	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Premium taxes	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NET INCOME (LOSS)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Paragraph 4.09

Contractor Name	TANF	TANF	TANF	TANF	TANF	TANF	SSI	SSI	Do not	Do not	AHCCCS	SOBRA	SOBRA	Title	State	RESERVED	RESERVED	RESERVED	RESERVED	State	Grand
Quarter Ended: xxx/xx/xxxx	< 1 MF	1-13 MF	14-44 F	14-44 M	45+	Total	with	with	use	use	Care	Family	MOBRA	XIX	Only	RESERVED	Transplants	RESERVED	RESERVED	Only	Total
GSA 4 Apache/Cocconino/Mohave/Navajo							Med	Med	RESERVED	RESERVED	(Formerly Non-MED)	Planning	MOBRA	Total						Total	Total
REVENUE & EXPENSES																					
Member Months																					
SOBRA FPS Mbrs Mths	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PPC Member Months	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pres. Member Months	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Member Months	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pres. & FPS Mbr. Mths	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pres. & PPC Mbr. Mths	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
REVENUES																					
305 Prospective Capitation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
310 PPC Capitation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
312 Payment Reform/Shared Savings Settlement	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
315 Delivery Supplement	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
320 Prospective Tiered Reconciliation Settlement	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
321 TWG Settlement	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
322 PPC Settlement	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
325 Investment Income	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
350 Other Income	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL REVENUES	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
EXPENSES																					
Hospitalization																					
402 Hospital Inpatient	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
406 PPC-Hospital Inpatient	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Hospitalization	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Medical Compensation																					
408 Primary Care Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
410 Referral Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
412 Other Professional	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
414 PPC - Physician Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Medical Comp	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Medical Expenses																					
416 Emergency Facility Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
418 Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
420 Lab, X-ray, & Medical Imaging	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
422 Outpatient Facility	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
424 Durable Medical Equipment	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
426 Dental	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
428 Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
430 Nursing Facility/ Home Health Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
432 Physical Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
434 Payment Reform/Shared Savings Arrangements	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
436 Miscellaneous Medical Expenses	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
438 PPC-Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Other Medical	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL MEDICAL EXP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Less:																					
440 Reinsurance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
441 Reserved	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
442 Third Party Liability	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL NET MEDICAL EXP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL ADMIN EXP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL EXPENSES	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Inc (loss) from operations	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Non-operating inc (loss)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Inc (loss) before taxes	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Income taxes	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Premium taxes	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NET INCOME (LOSS)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Paragraph 4.09

Contractor Name	TANF	TANF	TANF	TANF	TANF	SSI	SSI	Do not	Do not	AHCCCS	SOBRA	SOBRA	Title	State	RESERVED	RESERVED	RESERVED	RESERVED	State	Grand
Quarter Ended: xxx/xx/xxxx	< 1 MF	1-13 MF	14-44 F	14-44 M	45+	Total	with out	with Med	use	use	Case	Family	MOBRA	Only	Transplants	RESERVED	RESERVED	RESERVED	Only	Total
GSA 6 Yavapai																				
REVENUE & EXPENSES																				
Member Months																				
SOBRA FPS Mbrs Mths	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PPC Member Months	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pres. Member Months	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Member Months	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pres. & FPS Mbr. Mths	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pres. & PPC Mbr. Mths	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
REVENUES																				
305 Prospective Capitation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
310 PPC Capitation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
312 Payment Reform/Shared Savings Settlement	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
315 Delivery Supplement	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
320 Prospective Tiered Reconciliation Settlement	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
321 TWG Settlement	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
322 PPC Settlement	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
325 Investment Income	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
350 Other Income	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL REVENUES	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
EXPENSES																				
Hospitalization																				
402 Hospital Inpatient	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
406 PPC-Hospital Inpatient	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Hospitalization	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Medical Compensation																				
408 Primary Care Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
410 Referral Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
412 Other Professional	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
414 PPC - Physician Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Medical Comp	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Medical Expenses																				
416 Emergency Facility Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
418 Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
420 Lab, X-ray, & Medical Imaging	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
422 Outpatient Facility	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
424 Durable Medical Equipment	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
426 Dental	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
428 Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
430 Nursing Facility, Home Health Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
432 Physical Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
434 Payment Reform/Shared Savings Arrangements	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
436 Miscellaneous Medical Expenses	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
438 PPC-Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Other Medical	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL MEDICAL EXP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Less:																				
440 Reinsurance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
441 Reserved	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
442 Third Party Liability	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL NET MEDICAL EXP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL ADMIN EXP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL EXPENSES	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Inc (loss) from operations	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Non-operating inc (loss)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Inc (loss) before taxes	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Income taxes	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Premium taxes	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NET INCOME (LOSS)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Paragraph 4.09

Contractor Name	TANF	TANF	TANF	TANF	TANF	SSI	SSI	Do not	Do not	AHCCCS	SOBRA	SOBRA	Title	State	RESERVED	RESERVED	RESERVED	RESERVED	State	State	Grand
Quarter Ended: xxx/xx/xxxx	< 1 MF	1-13 MF	14-44 F	14-44 M	45+	Total	with out	with out	with out	with out	Case	Family	XIX	Only	RESERVED	Transplants	RESERVED	RESERVED	Only	Only	Total
GSA 8 Gila/Pinal							Med	Med	Med	Med	(Formerly Non-MED)	Planning	Mgmts	Total					Total	Total	Total
REVENUE & EXPENSES																					
Member Months																					
SOBRA FPS Mbrs Mths	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PPC Member Months	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pres. Member Months	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Member Months	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pres. & FPS Mbr. Mths	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pres. & PPC Mbr. Mths	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
REVENUES																					
305 Prospective Capitation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
310 PPC Capitation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
312 Payment Reform/Shared Savings Settlement	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
315 Delivery Supplement	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
320 Prospective Tiered Reconciliation Settlement	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
321 TWG Settlement	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
322 PPC Settlement	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
325 Investment Income	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
350 Other Income	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL REVENUES	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
EXPENSES																					
Hospitalization																					
402 Hospital Inpatient	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
406 PPC-Hospital Inpatient	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Hospitalization	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Medical Compensation																					
408 Primary Care Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
410 Referral Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
412 Other Professional	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
414 PPC - Physician Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Medical Comp	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Medical Expenses																					
416 Emergency Facility Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
418 Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
420 Lab, X-ray, & Medical Imaging	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
422 Outpatient Facility	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
424 Durable Medical Equipment	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
426 Dental	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
428 Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
430 Nursing Facility, Home Health Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
432 Physical Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
434 Payment Reform/Shared Savings Arrangements	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
436 Miscellaneous Medical Expenses	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
438 PPC-Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Other Medical	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL MEDICAL EXP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Less:																					
440 Reinsurance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
441 Reserved	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
442 Third Party Liability	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL NET MEDICAL EXP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL ADMIN EXP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL EXPENSES	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Inc (loss) from operations	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Non-operating inc (loss)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Inc (loss) before taxes	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Income taxes	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Premium taxes	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NET INCOME (LOSS)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Paragraph 4.09

Contractor Name	TANF	TANF	TANF	TANF	TANF	SSI	SSI	Do not	Do not	AHCCCS	SOBRA	SOBRA	Title	State	RESERVED	RESERVED	RESERVED	RESERVED	State	Grand
Quarter Ended: xxx/xx/xxxx	< 1 MF	1-13 MF	14-44 F	14-44 M	45+	Total	with out	with out	with out	with out	Case	Family	XIX	Only	RESERVED	Transplants	RESERVED	RESERVED	Only	Total
GSA 10 Pima/Santa Cruz							Med	Med	RESERVED	RESERVED	(Formerly Non-MED)	Planning	Mgmts	Total					Total	Total
REVENUE & EXPENSES																				
Member Months																				
SOBRA FPS Mbrs Mths	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PPC Member Months	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pres. Member Months	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Member Months	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pres. & FPS Mbr. Mths	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pres. & PPC Mbr. Mths	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
REVENUES																				
305 Prospective Capitation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
310 PPC Capitation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
312 Payment Reform/Shared Savings Settlement	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
315 Delivery Supplement	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
320 Prospective Tiered Reconciliation Settlement	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
321 TWG Settlement	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
322 PPC Settlement	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
325 Investment Income	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
350 Other Income	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL REVENUES	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
EXPENSES																				
Hospitalization																				
402 Hospital Inpatient	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
406 PPC-Hospital Inpatient	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Hospitalization	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Medical Compensation																				
408 Primary Care Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
410 Referral Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
412 Other Professional	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
414 PPC - Physician Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Medical Comp	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Medical Expenses																				
416 Emergency Facility Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
418 Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
420 Lab, X-ray, & Medical Imaging	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
422 Outpatient Facility	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
424 Durable Medical Equipment	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
426 Dental	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
428 Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
430 Nursing Facility/ Home Health Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
432 Physical Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
434 Payment Reform/Shared Savings Arrangements	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
436 Miscellaneous Medical Expenses	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
438 PPC-Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Other Medical	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL MEDICAL EXP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Less:																				
440 Reinsurance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
441 Reserved	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
442 Third Party Liability	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL NET MEDICAL EXP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL ADMIN EXP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL EXPENSES	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Inc (loss) from operations	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Non-operating inc (loss)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Inc (loss) before taxes	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Income taxes	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Premium taxes	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NET INCOME (LOSS)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Paragraph 4.09

Contractor Name		TANF	TANF	TANF	TANF	TANF	SSI	SSI	Do not	Do not	AHCCCS	SOBRA	SOBRA	Title	RESERVED	State	RESERVED	RESERVED	State	Grand
Quarter Ended: xx/xx/xxxx		< 1 MF	1-13 MF	14-44 F	14-44 M	45c	Total	with	with	use	use	Family	Family	XIX		Only			Only	Total
GSA		MF	MF	F	M		Med	out	Res	RESERVED	(Formerly Non-MED)	Planning	Moms	Total		Transplants			Total	Total
REVENUE & EXPENSES																				
Member Months																				
	SOBRA FPS Mbr Mths	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	PPC Member Months	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Pros. Member Months	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Member Months	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Pros. & FPS Mbr. Mths	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	PPC & PPC Mbr. Mths	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
REVENUES																				
305	Prospective Capitation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
310	PPC Capitation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
312	Payment Reform/Shared Savings Settlement	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
315	Delivery Supplement	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
320	Prospective Tiered Reconciliation Settlement	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
321	TWG Settlement	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
322	PPC Settlement	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
325	Investment Income	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
330	Other Income	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	TOTAL REVENUES	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
EXPENSES																				
Hospitalization																				
402	Hospital Inpatient	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
406	PPC Hospital Inpatient	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Hospitalization	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Medical Compensation																				
408	Primary Care Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
410	Referral Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
412	Other Professional	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
414	PPC - Physician Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Medical Comp	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Medical Expenses																				
416	Emergency Facility Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
418	Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
420	Lab, X-ray, & Medical Imaging	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
422	Outpatient Facility	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
424	Durable Medical Equipment	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
426	Dental	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
428	Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
430	Nursing Facility, Home Health Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
432	Physical Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
434	Payment Reform/Shared Savings Arrangements	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
436	Miscellaneous Medical Expenses	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
438	PPC-Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Other Medical	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	TOTAL MEDICAL EXP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Less:																				
440	Reinsurance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
441	Reserved	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
442	Third Party Liability	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	TOTAL NET MEDICAL EXP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	TOTAL ADMIN EXP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	TOTAL EXPENSES	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Inc (loss) from operations	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Non-operating inc (loss)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Inc (loss) before taxes	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Income taxes	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Premium taxes	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	NET INCOME (LOSS)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Paragraph 4.09

Contractor Name	TANF	TANF	TANF	TANF	TANF	SSI	SSI	Do not	Do not	AHCCCS	SOBRA	SOBRA	Title	State	RESERVED	RESERVED	RESERVED	RESERVED	State	State	Grand
Quarter Ended: xxx/xx/xxxx	< 1 MF	1-13 MF	14-44 F	14-44 M	45+	Total	with out Med	with Med	RESERVED	RESERVED	Formerly Non-MED	Family Planning	Moms	Only	Transplants	RESERVED	RESERVED	RESERVED	Only	Only	Total
REVENUE & EXPENSES																					
Member Months																					
SOBRA FPS Mbrs Mths	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PPC Member Months	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pres. Member Months	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Member Months	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pres. & FPS Mbr. Mths	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pres. & PPC Mbr. Mths	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
REVENUES																					
305 Prospective Capitation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
310 PPC Capitation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
312 Payment Reform/Shared Savings Settlement	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
315 Delivery Supplement	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
320 Prospective Tiered Reconciliation Settlement	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
321 TWG Settlement	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
322 PPC Settlement	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
325 Investment Income	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
350 Other Income	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL REVENUES	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
EXPENSES																					
Hospitalization																					
402 Hospital Inpatient	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
406 PPC-Hospital Inpatient	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Hospitalization	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Medical Compensation																					
408 Primary Care Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
410 Referral Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
412 Other Professional	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
414 PPC - Physician Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Medical Comp	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Medical Expenses																					
416 Emergency Facility Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
418 Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
420 Lab, X-ray, & Medical Imaging	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
422 Outpatient Facility	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
424 Durable Medical Equipment	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
426 Dental	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
428 Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
430 Nursing Facility, Home Health Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
432 Physical Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
434 Payment Reform/Shared Savings Arrangements	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
436 Miscellaneous Medical Expenses	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
438 PPC-Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Other Medical	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL MEDICAL EXP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Less:																					
440 Reinsurance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
441 Reserved	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
442 Third Party Liability	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL NET MEDICAL EXP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL ADMIN EXP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL EXPENSES	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Inc (loss) from operations	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Non-operating inc (loss)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Inc (loss) before taxes	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Income taxes	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Premium taxes	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NET INCOME (LOSS)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Paragraph 4.10**Contractor Name****Quarter Ended: xx/xx/xxxx****Sub-Capitated Expenses Report**

Account	Account Description	Amount	YTD Amount
<i>Sub-Capitated Hospitalization Expenses:</i>			
402	Hospital Inpatient	\$ -	\$ -
406	PPC-Hospital Inpatient	\$ -	\$ -
	<i>Total Sub-Capitated Hospitalization Expense:</i>	\$ -	\$ -
<i>Sub-Capitated Medical Compensation Expenses:</i>			
408	Primary Care Physician Services	\$ -	\$ -
410	Referral Physician Services	\$ -	\$ -
412	Other Professional	\$ -	\$ -
416	PPC-Physician Services	\$ -	\$ -
	<i>Total Sub-Capitated Medical Compensation Expenses:</i>	\$ -	\$ -
<i>Sub-Capitated Other Medical Expenses:</i>			
416	Emergency Facility Services	\$ -	\$ -
418	Pharmacy	\$ -	\$ -
420	Lab, X-ray, & med image	\$ -	\$ -
422	Outpatient Facility	\$ -	\$ -
424	Durable Med Equip	\$ -	\$ -
426	Dental	\$ -	\$ -
428	Transportation	\$ -	\$ -
430	NF, Home HC	\$ -	\$ -
432	Physical Therapy	\$ -	\$ -
434	Payment Reform/Shared Savings Arrangements	\$ -	\$ -
436	Miscellaneous Med Exp	\$ -	\$ -
438	PPC-Other	\$ -	\$ -
	<i>Total Sub-Capitated Other Medical Expenses:</i>	\$ -	\$ -
	<i>Total Sub-Capitated Expenses:</i>	\$ -	\$ -

Paragraph 4.10

Contractor Name
 Quarter Ended: xx/xx/xxxx
 Sub-Capitated Expenses Detail

Account	Account Description	TANF < 1 MF	TANF 1-13 MF	TANF 14-44 F	TANF 14-44 M	TANF 45+	TANF Total	SSI with Med	SSI with out Med	Reserved	RESERVED	AHCCCS Care (Formerly Non-MED)	SOBRA Family Planning	SOBRA Moms	Title XIX Total	State Only Transplants	State Only Total	Grand Total	
<i>Sub-Capitated Hospitalization Expenses:</i>																			
402	Hospital Inpatient	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
406	PPC-Hospital Inpatient	0	0	0	0	0	0	0	0	0	0	0	0	0	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	0	0	0	0	0	0	0	0	0	0	0	0	0
410	Referral Physician Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
412	Other Professional	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
416	PPC-Physician Services	0	0	0	0	0	0	0	0	0	0	0	0	0	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	0	0	0	0	0	0	0	0	0	0	0	0	0
418	Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
420	Lab, X-ray, & med image	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
422	Outpatient Facility	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
424	Durable Med Equip	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
426	Dental	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
428	Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
430	NF- Home HC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
432	Physical Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
434	Payment Reform/Shared Savings Arrangements	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
436	Miscellaneous Med Exp	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
438	PPC-Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<i>Total Sub-Capitated Other Medical Expenses:</i>		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<i>Total Sub-Capitated Expenses:</i>		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Paragraph 4.11
 Contractor Name
 Quarter Ended: xx/xx/xxxx
 Prior Period Adjustment Schedule

	Amount Related to Prior Contract year 2010	Amount Related to Prior Contract year 2011	Amount Related to Current Contract year 2012	Total Adjustment
BALANCE SHEET				
ASSETS				
Current Assets				
105 Cash and cash equivalents	0	0	0	-
110 Short-term investments	0	0	0	-
115 Capitation/Supplement/Risk Adj Receivable	0	0	0	-
120 Reinsurance receivable	0	0	0	-
122 Prospective Tiered Reconciliation Receivable	0	0	0	-
125 Investment income receivable	0	0	0	-
130 Current due from affiliates	0	0	0	-
135 Payment Reform/Shared Savings Receivable	0	0	0	-
140 Other current assets	0	0	0	-
Total Current Assets	-	-	-	-
Other Assets				
145 General performance bond	0	0	0	-
150 Restricted cash and other assets	0	0	0	-
155 Long-term investments	0	0	0	-
160 Non-current due from affiliates	0	0	0	-
165 Other non-current assets	0	0	0	-
Total Other Assets	-	-	-	-
Property and Equipment				
170 Land	0	0	0	-
175 Buildings	0	0	0	-
180 Leasehold improvements	0	0	0	-
185 Furniture and equipment	0	0	0	-
190 Other property and equipment	0	0	0	-
Total Property and Equipment	0	0	0	-
195 Accumulated depreciation/amortization	0	0	0	-
Net Property and Equipment	-	-	-	-
TOTAL ASSETS	-	-	-	-
LIABILITIES				
Current Liabilities				
205 Accounts payable	0	0	0	-
210 Accrued administrative expenses	0	0	0	-
215 Capitation payable	0	0	0	-
Hospitalization Payable	0	0	0	-
Physician Payable	0	0	0	-
Other medical Payable	0	0	0	-
Total Prospective Payable	0	0	0	-
PPC - Payable	0	0	0	-
220 Medical claims payable	0	0	0	-
222 Prospective Tiered Reconciliation Payable	0	0	0	-
225 Reserved	0	0	0	-
230 Current portion - long-term debt	0	0	0	-
235 Due to affiliates	0	0	0	-
240 Other current liabilities	0	0	0	-
Total Current Liabilities	0	0	0	0
Other Liabilities				
245 Non-current portion long-term debt	0	0	0	-
250 Non-current due to affiliates	0	0	0	-
255 Other non-current liabilities	0	0	0	-
Total Other Liabilities	-	-	-	-
TOTAL LIABILITIES	-	-	-	-
EQUITY/NET ASSETS				
505 Preferred stock	0	0	0	-
510 Common stock	0	0	0	-
515 Treasury stock	0	0	0	-
520 Additional paid-in capital	0	0	0	-
525 Contributed capital	0	0	0	-
Retained earnings - beginning	0	0	0	-
Increase (decrease) YTD	0	0	0	-
530 Retained earnings/net assets	0	0	0	-
TOTAL EQUITY/NET ASSETS	-	-	-	-
TOTAL LIABILITIES & EQUITY/NET ASSETS	-	-	-	-

Paragraph 4.11
 Contractor Name
 Quarter Ended: xx/xx/xxxx
 Prior Period Adjustment Schedule

	Amount Related to Prior Contract Year 2010	Amount Related to Prior Contract Year 2011	Amount Related to Current Contract Year 2012	Total Adjustment	
REVENUES					
305	Prospective Capitation	0	0	0	-
310	PPC Capitation	0	0	0	-
312	Payment Reform/Shared Savings Settlement	0	0	0	-
315	Delivery Supplement	0	0	0	-
320	Prospective Tiered Reconciliation Settlement	0	0	0	-
321	TWG Settlement	0	0	0	-
322	PPC Settlement	0	0	0	-
325	Investment Income	0	0	0	-
330	Other Income	0	0	0	-
TOTAL REVENUES					
EXPENSES					
Hospitalization					
402	Hospital Inpatient	0	0	0	-
406	PPC-Hospital Inpatient	0	0	0	-
Total Hospitalization					
Medical Compensation					
408	Primary Care Physician	0	0	0	-
410	Referral Physician	0	0	0	-
412	Other Professional	0	0	0	-
414	PPC - Physician Services	0	0	0	-
Total Medical Comp					
Other Medical Expenses					
416	Emergency Facility Services	0	0	0	-
418	Pharmacy	0	0	0	-
420	Lab, X-ray, & Medical Imaging	0	0	0	-
422	Outpatient Facility	0	0	0	-
424	Durable Medical Equipment	0	0	0	-
426	Dental	0	0	0	-
428	Transportation	0	0	0	-
430	Nursing Facility, Home Health Care	0	0	0	-
432	Physical Therapy	0	0	0	-
434	Payment Reform/Shared Savings Arrangements	0	0	0	-
436	Miscellaneous Medical Expenses	0	0	0	-
438	PPC-Other	0	0	0	-
Total Other Medical					
TOTAL MEDICAL EXP					
Less:					
440	Reinsurance	0	0	0	-
441	Reserved	0	0	0	-
442	Third Party Liability	0	0	0	-
TOTAL NET MEDICAL EXP					
TOTAL ADMIN EXP					
TOTAL EXPENSES					
Inc (loss) from operations					
Non-operating inc (loss)					
Inc (loss) before taxes					
Income taxes					
Premium taxes					
NET INCOME (LOSS)					

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

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Insert Parent Company Balance Sheet pursuant to Paragraph 4.13

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Insert Parent Company Statement of Revenues and Expenses pursuant to Paragraph 4.13

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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 Acute 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

See Appendix F for Instructions

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