ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM HOSPITAL EMERGENCY ROOM UTILIZATION PER 1000 MM CONTRACT YEAR XX-XX ACUTE NON-KIDSCARE CAPITATED POPULATION

XXXXXX Health Plan Name

| | TANF <1 | TANF 1-13 | TANF 14-44 Female | TANF 14-44 Male | TANF 45 + | SSI with Medicare | SSI w/o Medicare | Title XIX Waiver NON-MED | Title XIX Waiver MED | SOBRA Family Planning | SOBRA Moms | Total |
|---|----------|-----------|----------------------|--------------------|-----------|----------------------|---------------------|-----------------------------|-------------------------|--------------------------|---------------|----------|
| EMERGENCY ROOM VISITS RESULTING | | | | | | | | | | | | |
| IN INPATIENT ADMISSION | | | | | | | | | | | | |
| # of ER VISITS | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX |
| MEMBER MONTHS | XXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX |
| ER VISITS PER 1000 MM | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXXX |
| MATERNITY VISITS | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX |
| EMERGENCY ROOM VISITS: NO INPATIENT ADMISSION | | | | | | | | | | | | |
| # of ER VISITS | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX |
| MEMBER MONTHS | xxxxxxx | XXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXXX |
| ER VISITS PER 1000 MM | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXXX |
| MATERNITY VISITS | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX |
| | | | | | | | | | | | | |
| # of ER VISITS | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX |
| MEMBER MONTHS | XXXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX |
| ER VISITS PER 1000 MM | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXXX |
| MATERNITY VISITS | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX |

NOTE: 1) Title XIX, HIFA I and HIFA Parents are included in the Acute Non-KidsCare population.

ACUTE REPORT # 2

OUTPATIENT HOSPITAL VISITS PER 1000 MM CONTRACT YEAR XX-XX ACUTE NON-KIDSCARE CAPITATED POPULATION

XXXXXX Health Plan Name

| | TANF <1 | TANF 1-13 | TANF 14-44 Female | TANF 14-44 Male | TANF 45 + | SSI with Medicare | SSI w/o Medicare | Title XIX Waiver NON-MED | Title XIX Waiver MED | SOBRA Family | SOBRA Moms | Total |
|--|-------------------|---|---|---|-------------------|---|---|--|---|--|---|---|
| | | | | | | | | | | | | |
| I. OUTPATIENT VISITS RESULTING IN | | | | | | | | | | | | |
| INPATIENT ADMISSION | , nan | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| # of ADMITS # OF DAYS | XXXX XXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX |
| MEMBER MONTHS | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX |
| ALOS | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| # of DAYS PER 1000 MM | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| AVG HEALTH PLAN PMT PER ADMIT | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$.00 |
| AVG AHCCCS ALLOWED AMT PER ADMIT | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| AVG BILLED CHARGES PER ADMIT | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| II. OUTPATIENT VISITS: NO INPATIENT ADMISSION | | | | | | | | | | | | |
| EMERGENCY ROOM VISITS | | | | | | | | | | | | |
| # of VISITS | xxxx | XXXXXXXX | xxxxxxx | xxxxxxx | XXXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXXX | xxxxxxx | XXXXXXXX | xxxxxxxx |
| MEMBER MONTHS | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | xxxxxxx | XXXXXXX | xxxxxxxx | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | xxxxxxxx |
| # of VISITS PER 1000 MM | XXX | XXX | XXX | XXX | XXX | XXX | xxx | XXX | XXX | XXX | XXX | XXX |
| AVG HEALTH PLAN PMT PER VISIT | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| AVG AHCCCS ALLOWED AMT PER VISIT | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| AVG BILLED CHARGES PER VISIT | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| 01 1010 0550 4050 | | | | | | | | | | | | |
| CLINIC SERVICES | , nan | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 100000000 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | ,,,,,,,,,,,, |
| # of SERVICES MEMBER MONTHS | XXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX |
| # of SERVICES PER 1000 MM | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX |
| AVG HEALTH PLAN PMT PER SVC | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| AVG AHCCCS ALLOWED AMT PER SVC | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 |
| AVG BILLED CHARGES PER SVC | \$\$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 |
| , we bitted a winded tenero | ********** | *************************************** | ********* | *************************************** | ********** | ********** | ********** | * *********************************** | *************************************** | * *********************************** | *************************************** | *************************************** |
| SURGERY | | | | | | | | | | | | |
| # of SURGERIES | XXXX | XXXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX |
| MEMBER MONTHS | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXX |
| # of SERVICES PER 1000 MM | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| AVG HEALTH PLAN PMT PER SVC | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| AVG AHCCCS ALLOWED AMT PER SVC | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| AVG BILLED CHARGES PER SVC | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |

²⁾ Title XIX, HIFA I and HIFA Parents are included in the Acute Non-KidsCare population.3) Cost for professional services are not included in any of the payment calculations.

ACUTE REPORT # 2

OUTPATIENT HOSPITAL VISITS PER 1000 MM CONTRACT YEAR XX-XX ACUTE NON-KIDSCARE CAPITATED POPULATION

| | TANF <1 | TANF 1-13 | TANF 14-44 Female | TANF 14-44 Male | TANF 45 + | SSI with Medicare | SSI w/o Medicare | Title XIX Waiver NON-MED | Title XIX Waiver MED | SOBRA Family Planning | SOBRA Moms | Total |
|------------------------------------|---------------|-----------------|----------------------|--------------------|-----------------|----------------------|---------------------|-----------------------------|-------------------------|--------------------------|-----------------|---------------|
| ODCEDVATION CEDVICEC | | | | | | | | | | - | | |
| OBSERVATION SERVICES # of SERVICES | XXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX |
| MEMBER MONTHS | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX |
| # of SERVICES PER 1000 MM | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| AVG HEALTH PLAN PMT PER SVC | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$.00 |
| AVG AHCCCS ALLOWED AMT PER SVC | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| AVG BILLED CHARGES PER SVC | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| RADIOLOGY SERVICES | | | | | | | | | | | | |
| # OF SERVICES | XXXX | xxxxxxxx | xxxxxxxx | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | xxxxxxx | xxxxxxxx | xxxxxxx | XXXXXXXX | XXXXXXXX |
| MEMBER MONTHS | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX |
| # of SERVICES PER 1000 MM | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| AVG HEALTH PLAN PMT PER SVC | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| AVG AHCCCS ALLOWED AMT PER SVC | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| AVG BILLED CHARGES PER SVC | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| LABORATORY SERVICES | | | | | | | | | | | | |
| # OF LAB TESTS | XXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | xxxxxxx | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX |
| MEMBER MONTHS | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX |
| # of SERVICES PER 1000 MM | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| AVG HEALTH PLAN PMT PER SVC | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| AVG AHCCCS ALLOWED AMT PER SVC | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| AVG BILLED CHARGES PER SVC | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| THERAPEUTIC SERVICES | | | | | | | | | | | | |
| # OF SERVICES | XXXX | xxxxxxxx | xxxxxxxx | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | xxxxxxx | xxxxxxxx | xxxxxxx | XXXXXXXX | XXXXXXXX |
| MEMBER MONTHS | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX |
| # of SERVICES PER 1000 MM | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| AVG HEALTH PLAN PMT PER SVC | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| AVG AHCCCS ALLOWED AMT PER SVC | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| AVG BILLED CHARGES PER SVC | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| DIAGNOSTIC SERVICES | | | | | | | | | | | | |
| # Of SERVICES | XXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX |
| MEMBER MONTHS | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX |
| # of SERVICES PER 1000 MM | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| AVG HEALTH PLAN PMT PER SVC | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| AVG AHCCCS ALLOWED AMT PER SVC | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| AVG BILLED CHARGES PER SVC | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |

NOTES: 1) Only acute hospitals are included in this report.
2) Title XIX, HIFA I and HIFA Parents are included in the Acute Non-KidsCare population.
3) Cost for professional services are not included in any of the payment calculations.

REPORT # 2

OUTPATIENT HOSPITAL VISITS PER 1000 MM CONTRACT YEAR XX-XX ACUTE NON-KIDSCARE CAPITATED POPULATION

XXXXXX Health Plan Name

| | TANF <1 | TANF 1-13 | TANF 14-44 Female | TANF 14-44 Male | TANF 45 + | SSI with Medicare | SSI w/o Medicare | Title XIX Waiver NON-MED | Title XIX Waiver MED | SOBRA Family Planning | SOBRA Moms | Total |
|---------------------------------------|-----------------|-----------------|----------------------|--------------------|-----------------|----------------------|---------------------|-----------------------------|-------------------------|--------------------------|-----------------|-----------------|
| ALL OTHER SERVICES | | | | | | | | | | | | _ |
| # Of SERVICES | XXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | xxxxxxxx | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX |
| MEMBER MONTHS | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX |
| # of SERVICES PER 1000 MM | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| AVG HEALTH PLAN PMT PER SVC | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 |
| AVG AHCCCS ALLOWED AMT PER SVC | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 |
| AVG BILLED CHARGES PER SVC | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 |
| | ********** | ********** | ********** | ********** | ********* | ********* | ********** | ********* | ********** | ******** | ********** | ******** |
| TOTAL OUTPATIENT VISITS: NO INPATIENT | | | | | | | | | | | | |
| ADMISSION | | | | | | | | | | | | |
| # OF SERVICES | XXXX | XXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX |
| MEMBER MONTHS | XXXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXX |
| # of SERVICES PER 1000 MM | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| AVG HEALTH PLAN PMT PER SVC | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| AVG AHCCCS ALLOWED AMT PER SVC | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| AVG BILLED CHARGES PER SVC | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| III. TOTAL OUTPATIENT VISITS | | | | | | | | | | | | |
| # OF SERVICES | XXXX | xxxxxxxx | xxxxxxxx | XXXXXXXX | xxxxxxx | xxxxxxx | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | xxxxxxxx | xxxxxxx |
| MEMBER MONTHS | XXXXXXXX | xxxxxxx | XXXXXXXX | XXXXXXXX | xxxxxxx | XXXXXXXX | xxxxxxx | XXXXXXXX | XXXXXXXX | XXXXXXXX | xxxxxxx | XXXXXXX |
| # of SERVICES PER 1000 MM | XXX | XXX | xxx | xxx | XXX | XXX | XXX | XXX | XXX | xxx | xxx | XXX |
| AVG HEALTH PLAN PMT PER SVC | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| AVG AHCCCS ALLOWED AMT PER SVC | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 |
| AVG BILLED CHARGES PER SVC | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |

²⁾ Title XIX, HIFA I and HIFA Parents are included in the Acute Non-KidsCare population.

³⁾ Cost for professional services are not included in any of the payment calculations.

REPORT #3

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM INPATIENT HOSPITAL STATISTICS by TIER CONTRACT YEAR XX-XX ACUTE NON-KIDSCARE CAPITATED POPULATION

XXXXXX Health Plan Name

| | TANF <1 | TANF 1-13 | TANF 14-44 Female | TANF 14-44 Male | TANF 45 + | SSI with Medicare | SSI w/o Medicare | Title XIX Waiver NON-MED | Title XIX Waiver MED | SOBRA Family Planning | SOBRA Moms | Total |
|---------------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|--------------------------|----------------------|-----------------------|----------------------|------------------------|
| MATERNITY | | | | | | | | | | | | |
| Excluding Outlier Totals for the Tier | | | | | | | | | | | | |
| # of ADMITS | XXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXX | XXXXXXXX |
| # OF TIER DAYS | XXXX | XXXX | XXXX | XXXX | XXXX |
| MEMBER MONTHS | XXXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXXX |
| ALOS | XXX | XXX | XXX | XXX | XXX |
| # of DAYS PER 1000 MM | XXX | XXX | XXX | XXX | XXX |
| AVG HEALTH PLAN PMT PER ADMIT | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| AVG AHCCCS ALLOWED AMT PER ADMIT | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| AVG BILLED CHARGES PER ADMIT | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| Qualified Outlier Totals for the Tier | | | | | | | | | | | | |
| # of ADMITS | XXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXX | xxxxxxx | xxxxxxx | XXXXXXX | xxxxxxx |
| # OF TIER DAYS | XXXX | XXXX | XXXX | XXXX | XXXX |
| MEMBER MONTHS | XXXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX |
| ALOS | XXX | XXX | XXX | XXX | XXX |
| # of DAYS PER 1000 MM | XXX | XXX | XXX | XXX | XXX |
| AVG HEALTH PLAN PMT PER ADMIT | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| AVG AHCCCS ALLOWED AMT PER ADMIT | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| AVG BILLED CHARGES PER ADMIT | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| TOTAL MATERNITY | | | | | | | | | | | | |
| # of ADMITS | XXXX | xxxxxxxx | xxxxxxxx | XXXXXXXX | XXXXXXXX | XXXXXXXX |
| # OF TIER DAYS | XXXX | XXXX | XXXX | XXXX | XXXX |
| MEMBER MONTHS | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX |
| ALOS PER TIER | XXX | XXX | XXX | XXX | XXX |
| # of DAYS PER 1000 MM | | | | | | | | | | | | |
| AVG HEALTH PLAN PMT PER ADMIT | xxx \$\$\$\$\$.00 | xxx \$\$\$\$\$.00 | xxx \$\$\$\$\$.00 | XXX \$\$\$\$\$.00 | XXX \$\$\$\$\$\$.00 |
| AVG AHCCCS ALLOWED AMT PER ADMIT | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$5.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 |
| AVG BILLED CHARGES PER ADMIT | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$5.00 | \$\$\$\$\$5.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 |
| AND DIEFED CHANGES I FIX ADMILL | υυ.φφφφφ | υυ.φφφφφυ | υυ.φφφφφυ | υυ.φφφφφ | υψφφφφυ. | υυ.φφφφφ | υυ.φφφφφ | υυ.φφφφφ | υυ.φφφφφ | υψφφφφυ | υψφφφφυ. | υυ.φφφφφ |

²⁾ Title XIX, HIFA I and HIFA Parents are included in the Acute Non-KidsCare population.

³⁾ Cost for professional services are not included in any of the payment calculations.

REPORT # 3

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM INPATIENT HOSPITAL STATISTICS by TIER CONTRACT YEAR XX-XX ACUTE NON-KIDSCARE CAPITATED POPULATION

| | TANF <1 | TANF 1-13 | TANF 14-44 Female | TANF 14-44 Male | TANF 45 + | SSI with Medicare | SSI w/o Medicare | Title XIX Waiver NON-MED | Title XIX Waiver MED | SOBRA Family Planning | SOBRA Moms | TOTAL |
|---------------------------------------|---------------|---------------|----------------------|--------------------|---------------|----------------------|---------------------|-----------------------------|----------------------|--------------------------|---------------|---------------|
| | | - | | | | | | - | | . J | | |
| NICU | | | | | | | | | | | | |
| Excluding Outlier Totals for the Tier | | | | | | | | | | | | |
| # of ADMITS | XXXX | XXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX |
| # OF TIER DAYS | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX |
| MEMBER MONTHS | XXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX |
| ALOS | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| # of DAYS PER 1000 MM | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| AVG HEALTH PLAN PMT PER ADMIT | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| AVG AHCCCS ALLOWED AMT PER ADMIT | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| AVG BILLED CHARGES PER ADMIT | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| 0 "" 10 " T 1 1 1 1 T | | | | | | | | | | | | |
| Qualified Outlier Totals for the Tier | | | | | | | | | | | | |
| # of ADMITS | XXXX | XXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX |
| # OF TIER DAYS | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX |
| MEMBER MONTHS | XXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXX |
| ALOS | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| # of DAYS PER 1000 MM | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| AVG HEALTH PLAN PMT PER ADMIT | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| AVG AHCCCS ALLOWED AMT PER ADMIT | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| AVG BILLED CHARGES PER ADMIT | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| TOTAL NIGH | | | | | | | | | | | | |
| TOTAL NICU | | | | | | | | | | | | |
| # of ADMITS | XXXX | XXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX |
| # OF TIER DAYS | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX |
| MEMBER MONTHS | XXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXX |
| ALOS | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| # of DAYS PER 1000 MM | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| AVG HEALTH PLAN PMT PER ADMIT | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| AVG AHCCCS ALLOWED AMT PER ADMIT | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| AVG BILLED CHARGES PER ADMIT | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |

NOTES: 1) Only acute hospitals are included in this report.
2) Title XIX, HIFA I and HIFA Parents are included in the Acute Non-KidsCare population.

³⁾ Cost for professional services are not included in any of the payment calculations.

REPORT #3

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM INPATIENT HOSPITAL STATISTICS by TIER CONTRACT YEAR XX-XX ACUTE NON-KIDSCARE CAPITATED POPULATION

XXXXXX Health Plan Name

| | TANF <1 | TANF 1-13 | TANF 14-44 Female | TANF 14-44 Male | TANF 45 + | SSI with Medicare | SSI w/o Medicare | Title XIX Waiver NON-MED | Title XIX Waiver MED | SOBRA Family Planning | SOBRA Moms | TOTAL |
|--|--|--|---|---|--|---|---|---|---|---|--|---|
| ICU | | | | | | | | | | <u> </u> | | |
| | | | | | | | | | | | | |
| Excluding Outlier Totals for the Tier | | | | | | | | | | | | |
| # of ADMITS | XXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX |
| # OF TIER DAYS | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX |
| MEMBER MONTHS | XXXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXX |
| ALOS | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| # of DAYS PER 1000 MM | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| AVG HEALTH PLAN PMT PER ADMIT | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| AVG AHCCCS ALLOWED AMT PER ADMIT | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| AVG BILLED CHARGES PER ADMIT | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| Qualified Outlier Totals for the Tier # of ADMITS # OF TIER DAYS MEMBER MONTHS ALOS # of DAYS PER 1000 MM AVG HEALTH PLAN PMT PER ADMIT AVG AHCCCS ALLOWED AMT PER ADMIT | xxxx xxxx xxxxxxxx xxx xxx xxx \$\$\$\$\$\$.00 | xxxxxxxx xxxx xxxxxxxx xxx xxx xxx \$\$\$\$\$.00 | XXXXXXXX XXXX XXXXXXXX XXX XXX \$\$\$\$\$\$.00 | XXXXXXXX XXXX XXXXXXXX XXX XXX \$\$\$\$\$\$.00 | xxxxxxx xxxx xxxxxxx xxx xxx xxx \$\$\$\$\$.00 | xxxxxxx xxxx xxxxxxxx xxx xxx xxx \$\$\$\$\$.00 | xxxxxxxx xxxx xxxxxxxx xxx xxx \$\$\$\$\$\$.00 | XXXXXXXX XXXX XXXXXXXX XXX XXX \$\$\$\$\$\$.00 | XXXXXXXX XXXX XXXXXXXX XXX XXX \$\$\$\$\$\$.00 | XXXXXXXX XXXX XXXXXXXX XXX XXX \$\$\$\$\$.00 | xxxxxxxx xxxx xxxxxxxx xxx xxx xxx \$\$\$\$\$.00 | xxxxxxxx xxxx xxxxxxxx xxx xxx \$\$\$\$\$.00 |
| AVG ANCCCS ALLOWED AMT PER ADMIT AVG BILLED CHARGES PER ADMIT | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$.00 \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$5.00 | \$\$\$\$\$\$.00 |
| TOTAL ICU # of ADMITS | XXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX |
| # OF TIER DAYS | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX |
| MEMBER MONTHS | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX |
| ALOS | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| # of DAYS PER 1000 MM | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| AVG HEALTH PLAN PMT PER ADMIT | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 |
| AVG HEACTTT CANTIMIT FER ADMIT | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 |
| AVG AITGCGS ALLOWED AWITT ER ADMIT | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 |

²⁾ Title XIX, HIFA I and HIFA Parents are included in the Acute Non-KidsCare population.

³⁾ Cost for professional services are not included in any of the payment calculations.

REPORT # 3

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM INPATIENT HOSPITAL STATISTICS by TIER CONTRACT YEAR XX-XX ACUTE NON-KIDSCARE CAPITATED POPULATION

| | TANF <1 | TANF 1-13 | TANF 14-44 Female | TANF 14-44 Male | TANF 45 + | SSI with Medicare | SSI w/o Medicare | Title XIX Waiver NON-MED | Title XIX Waiver MED | SOBRA Family Planning | SOBRA Moms | Total |
|---------------------------------------|----------------------|----------------------|---|----------------------|---|----------------------|---|-----------------------------|---|--------------------------|----------------------|---|
| SURGERY | | | | | | | | | | | | |
| Excluding Outlier Totals for the Tier | | | | | | | | | | | | |
| # of ADMITS | xxxx | xxxxxxx | xxxxxxx | xxxxxxx | xxxxxxx | xxxxxxx | xxxxxxx | xxxxxxx | xxxxxxx | xxxxxxx | xxxxxxx | xxxxxxx |
| # OF TIER DAYS | xxxx | xxxx | xxxx | xxxx | xxxx | xxxx | xxxx | xxxx | xxxx | xxxx | xxxx | xxxx |
| MEMBER MONTHS | xxxxxxx | xxxxxxx | xxxxxxx | xxxxxxx | xxxxxxx | xxxxxxx | xxxxxxx | xxxxxxx | xxxxxxxx | xxxxxxx | xxxxxxx | xxxxxxx |
| ALOS | xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx | XXX | xxx |
| # of DAYS PER 1000 MM | xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx |
| AVG HEALTH PLAN PMT PER ADMIT | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 |
| AVG AHCCCS ALLOWED AMT PER ADMIT | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 |
| AVG BILLED CHARGES PER ADMIT | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 |
| | | | | | | | | | | | | |
| Qualified Outlier Totals for the Tier | | | | | | | | | | | | |
| # of ADMITS | XXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX |
| # OF TIER DAYS | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX |
| MEMBER MONTHS | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX |
| ALOS | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| # of DAYS PER 1000 MM | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | xxx | XXX | XXX | XXX |
| AVG HEALTH PLAN PMT PER ADMIT | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 |
| AVG AHCCCS ALLOWED AMT PER ADMIT | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 |
| AVG BILLED CHARGES PER ADMIT | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 |
| TOTAL CUROERY | | | | | | | | | | | | |
| TOTAL SURGERY # of ADMITS | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| # OF TIER DAYS | XXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX |
| # OF TIER DAYS MEMBER MONTHS | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX |
| ALOS | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXX |
| # of DAYS PER 1000 MM | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| AVG HEALTH PLAN PMT PER ADMIT | xxx \$\$\$\$\$.00 | xxx \$\$\$\$\$.00 | xxx \$\$\$\$\$.00 | xxx \$\$\$\$\$.00 | xxx \$\$\$\$\$.00 | xxx \$\$\$\$\$.00 | xxx \$\$\$\$\$.00 | xxx \$\$\$\$\$.00 | xxx \$\$\$\$\$.00 | xxx \$\$\$\$\$.00 | xxx \$\$\$\$\$.00 | xxx \$\$\$\$\$.00 |
| AVG AHCCCS ALLOWED AMT PER ADMIT | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$5.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 |
| AVG ANCCCS ALLOWED ANT PER ADMIT | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$5.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$5.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 |
| AVO DILLED CHARGES PER ADIVITI | \$\$\$\$\$\$.UU | \$\$\$\$\$\$.UU | \$\$\$\$\$\$.UU | 999999.UU | \$\$\$\$\$.UU | \$\$\$\$\$\$.UU | 999999.00 | 00.¢¢¢¢¢ | \$\$\$\$\$.UU | 999999.00 | 999999.00 | 00.44444 |

NOTES: 1) Only acute hospitals are included in this report.
2) Title XIX, HIFA I and HIFA Parents are included in the Acute Non-KidsCare population.
3) Cost for professional services are not included in any of the payment calculations.

REPORT # 3

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM INPATIENT HOSPITAL STATISTICS by TIER CONTRACT YEAR XX-XX ACUTE NON-KIDSCARE CAPITATED POPULATION

XXXXXX Health Plan Name

| | TANF <1 | TANF 1-13 | TANF 14- 44 Female | TANF 14-44 Male | TANF 45 + | SSI with Medicare | SSI w/o Medicare | Title XIX Waiver NON-MED | Title XIX Waiver MED | SOBRA Family Planning | SOBRA Moms | TOTAL |
|---------------------------------------|-----------------|-----------------|-----------------------|--------------------|-----------------|----------------------|---------------------|-----------------------------|----------------------|--------------------------|-----------------|-----------------|
| PSYCHIATRIC | | | | | | | | | | | | |
| Excluding Outlier Totals for the Tier | | | | | | | | | | | | |
| # of ADMITS | XXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | xxxxxxx | xxxxxxxx | xxxxxxxx | XXXXXXXX | XXXXXXXX |
| # OF TIER DAYS | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX |
| MEMBER MONTHS | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX |
| ALOS | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| # of DAYS PER 1000 MM | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| AVG HEALTH PLAN PMT PER ADMIT | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 |
| AVG AHCCCS ALLOWED AMT PER ADMIT | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 |
| AVG BILLED CHARGES PER ADMIT | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 |
| - | | | | | | | | | | | | |
| Qualified Outlier Totals for the Tier | | | | | | | | | | | | |
| # of ADMITS | XXXX | XXXXXXXX | XXXXXXXX | xxxxxxx | XXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXXX |
| # OF TIER DAYS | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX |
| MEMBER MONTHS | XXXXXXX | XXXXXXXX | XXXXXXXX | xxxxxxx | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXX |
| ALOS | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| # of DAYS PER 1000 MM | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| AVG HEALTH PLAN PMT PER ADMIT | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| AVG AHCCCS ALLOWED AMT PER ADMIT | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 |
| AVG BILLED CHARGES PER ADMIT | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 |
| | | | | | | | | | | | | |
| TOTAL PSYCHIATRIC | | | | | | | | | | | | |
| # of ADMITS | XXXX | XXXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXX |
| # OF TIER DAYS | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX |
| MEMBER MONTHS | XXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXX |
| ALOS | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| # of DAYS PER 1000 MM | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| AVG HEALTH PLAN PMT PER ADMIT | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 |
| AVG AHCCCS ALLOWED AMT PER ADMIT | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 |
| AVG BILLED CHARGES PER ADMIT | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 |

²⁾ Title XIX, HIFA I and HIFA Parents are included in the Acute Non-KidsCare population.3) Cost for professional services are not included in any of the payment calculations.

ACUTE REPORT #3 ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

INPATIENT HOSPITAL STATISTICS by TIER CONTRACT YEAR XX-XX ACUTE NON-KIDSCARE CAPITATED POPULATION

XXXXXX Health Plan Name

| | TANF <1 | TANF 1-13 | TANF 14-44 Female | TANF 14-44 Male | TANF 45 + | SSI with Medicare | SSI w/o Medicare | Title XIX Waiver NON-MED | Title XIX Waiver MED | SOBRA Family Planning | SOBRA Moms | TOTAL |
|---------------------------------------|---------------|---------------|----------------------|--------------------|---------------|----------------------|---------------------|-----------------------------|----------------------|--------------------------|---------------|-----------------|
| | 1744 31 | 17111 1 10 | remaie | Maio | 171111 10 1 | Wedleare | Wicalcare | NOIV INLE | MED | r idiiiiig | Woms | TOTAL |
| NURSERY | | | | | | | | | | | | |
| Excluding Outlier Totals for the Tier | | | | | | | | | | | | |
| # of ADMITS | XXXX | XXXXXXXX | XXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXX |
| # OF TIER DAYS | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX |
| MEMBER MONTHS | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXX |
| ALOS | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| # of DAYS PER 1000 MM | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| AVG HEALTH PLAN PMT PER ADMIT | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| AVG AHCCCS ALLOWED AMT PER ADMIT | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| AVG BILLED CHARGES PER ADMIT | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| | | | | | | | | | | | | |
| Qualified Outlier Totals for the Tier | | | | | | | | | | | | |
| # of ADMITS | XXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXX |
| # OF TIER DAYS | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX |
| MEMBER MONTHS | XXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXX |
| ALOS | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| # of DAYS PER 1000 MM | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| AVG HEALTH PLAN PMT PER ADMIT | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 |
| AVG AHCCCS ALLOWED AMT PER ADMIT | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| AVG BILLED CHARGES PER ADMIT | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| | | | | | | | | | | | | |
| TOTAL NURSERY | | | | | | | | | | | | |
| # of ADMITS | XXXX | XXXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXX |
| # OF TIER DAYS | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX |
| MEMBER MONTHS | XXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXX |
| ALOS | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| # of DAYS PER 1000 MM | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| AVG HEALTH PLAN PMT PER ADMIT | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 |
| AVG AHCCCS ALLOWED AMT PER ADMIT | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 |
| AVG BILLED CHARGES PER ADMIT | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 |

²⁾ Title XIX, HIFA I and HIFA Parents are included in the Acute Non-KidsCare population.3) Cost for professional services are not included in any of the payment calculations.

REPORT #3

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM INPATIENT HOSPITAL STATISTICS by TIER FOR THE CONTRACT YEAR XX-XX ACUTE NON-KIDSCARE CAPITATED POPULATION

| | TANF <1 | TANF 1-13 | TANF 14-44 Female | TANF 14-44 Male | TANF 45 + | SSI with Medicare | SSI w/o Medicare | Title XIX Waiver NON-MED | Title XIX Waiver MED | SOBRA Family Planning | SOBRA Moms | TOTAL |
|---------------------------------------|-----------------|-----------------|----------------------|--------------------|-----------------|----------------------|---------------------|--------------------------|----------------------|--------------------------|-----------------|-----------------|
| | | | | | | | | | | . 3 | | |
| ROUTINE | | | | | | | | | | | | |
| Excluding Outlier Totals for the Tier | | | | | | | | | | | | |
| # of ADMITS | XXXX | XXXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXX |
| # OF TIER DAYS | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX |
| MEMBER MONTHS | XXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX |
| ALOS | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| # of DAYS PER 1000 MM | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| AVG HEALTH PLAN PMT PER ADMIT | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| AVG AHCCCS ALLOWED AMT PER ADMIT | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 |
| AVG BILLED CHARGES PER ADMIT | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 |
| Qualified Outlier Totals for the Tier | | | | | | | | | | | | |
| # of ADMITS | XXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | xxxxxxx | xxxxxxxx | XXXXXXXX | XXXXXXXX | XXXXXXXX |
| # OF TIER DAYS | | | | | | | | | | | | |
| | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX |
| MEMBER MONTHS | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX |
| ALOS | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| # of DAYS PER 1000 MM | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| AVG HEALTH PLAN PMT PER ADMIT | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| AVG AHCCCS ALLOWED AMT PER ADMIT | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| AVG BILLED CHARGES PER ADMIT | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| TOTAL ROUTINE | | | | | | | | | | | | |
| # of ADMITS | XXXX | xxxxxxx | xxxxxxx | XXXXXXXX | XXXXXXXX | xxxxxxxx | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | xxxxxxxx | XXXXXXXX |
| # OF TIER DAYS | XXXX | XXXX | XXXX | XXXX | XXXX | xxxx | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX |
| MEMBER MONTHS | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX |
| ALOS | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| # of DAYS PER 1000 MM | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| AVG HEALTH PLAN PMT PER ADMIT | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 |
| AVG AHCCCS ALLOWED AMT PER ADMIT | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 |
| AVG BILLED CHARGES PER ADMIT | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 |

NOTES: 1) Only acute hospitals are included in this report.
2) Title XIX, HIFA I and HIFA Parents are included in the Acute Non-KidsCare population.
3) Cost for professional services are not included in any of the payment calculations.

ACUTE REPORT #3 ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

INPATIENT HOSPITAL STATISTICS by TIER CONTRACT YEAR XX-XX ACUTE NON-KIDSCARE CAPITATED POPULATION

| | TANF <1 | TANF 1-13 | TANF 14-44 Female | TANF 14-44 Male | TANF 45 + | SSI with Medicare | SSI w/o Medicare | Title XIX Waiver NON-MED | Title XIX Waiver MED | SOBRA Family Planning | SOBRA Moms | TOTAL |
|---------------------------------------|-----------------|-----------------|----------------------|--------------------|-----------------|----------------------|---------------------|-----------------------------|-------------------------|--------------------------|-----------------|-----------------|
| NICU / NURSERY | | | | | | | | | | | | |
| Excluding Outlier Totals for the Tier | | | | | | | | | | | | |
| # of ADMITS | XXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | xxxxxxxx | xxxxxxxx | XXXXXXXX | XXXXXXXX | XXXXXXXX |
| # OF TIER DAYS | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX |
| MEMBER MONTHS | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX |
| ALOS | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| # of DAYS PER 1000 MM | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| AVG HEALTH PLAN PMT PER ADMIT | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 |
| AVG AHCCCS ALLOWED AMT PER ADMIT | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 |
| AVG BILLED CHARGES PER ADMIT | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 |
| | | | | | | | | | | | | |
| Qualified Outlier Totals for the Tier | | | | | | | | | | | | |
| # of ADMITS | XXXX | XXXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXX |
| # OF TIER DAYS | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX |
| MEMBER MONTHS | XXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXX |
| ALOS | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| # of DAYS PER 1000 MM | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| AVG HEALTH PLAN PMT PER ADMIT | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| AVG AHCCCS ALLOWED AMT PER ADMIT | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| AVG BILLED CHARGES PER ADMIT | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| | | | | | | | | | | | | |
| TOTAL NICU / NURSERY | | | | | | | | | | | | |
| # of ADMITS | XXXX | XXXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXX |
| # OF TIER DAYS | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX |
| MEMBER MONTHS | XXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXX |
| ALOS | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| # of DAYS PER 1000 MM | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| AVG HEALTH PLAN PMT PER ADMIT | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| AVG AHCCCS ALLOWED AMT PER ADMIT | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| AVG BILLED CHARGES PER ADMIT | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |

NOTES: 1) Only acute hospitals are included in this report.
2) Title XIX, HIFA I and HIFA Parents are included in the Acute Non-KidsCare population.
3) Cost for professional services are not included in any of the payment calculations.

REPORT #3

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM INPATIENT HOSPITAL STATISTICS by TIER CONTRACT YEAR XX-XX ACUTE NON-KIDSCARE CAPITATED POPULATION

XXXXXX Health Plan Name

| | | | | | | | | Title XIX | | | | |
|---------------------------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|-----------------|---------------|---------------|---------------|---------------|
| | | | TANF 14-44 | TANF 14-44 | | SSI with | SSI w/o | Waiver NON- | Title XIX | SOBRA Family | SOBRA | |
| | TANF <1 | TANF 1-13 | Female | Male | TANF 45 + | Medicare | Medicare | MED | Waiver MED | Planning | Moms | TOTAL |
| | | | | | | | | | | | | |
| ICU / SURGERY | | | | | | | | | | | | |
| Excluding Outlier Totals for the Tier | | | | | | | | | | | | |
| # of ADMITS | XXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX |
| # OF TIER DAYS | XXXX | XXXX | XXXX | XXXX | XXXX |
| MEMBER MONTHS | XXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX |
| ALOS | XXX | XXX | XXX | XXX | XXX |
| # of DAYS PER 1000 MM | XXX | XXX | XXX | XXX | XXX |
| AVG HEALTH PLAN PMT PER ADMIT | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| AVG AHCCCS ALLOWED AMT PER ADMIT | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| AVG BILLED CHARGES PER ADMIT | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| | | | | | | | | | | | | |
| Qualified Outlier Totals for the Tier | | | | | | | | | | | | |
| # of ADMITS | XXXX | XXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXX |
| # OF TIER DAYS | XXXX | XXXX | XXXX | XXXX | XXXX |
| MEMBER MONTHS | XXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXX |
| ALOS | XXX | XXX | XXX | XXX | XXX |
| # of DAYS PER 1000 MM | XXX | XXX | XXX | XXX | XXX |
| AVG HEALTH PLAN PMT PER ADMIT | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| AVG AHCCCS ALLOWED AMT PER ADMIT | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| AVG BILLED CHARGES PER ADMIT | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| | | | | | | | | | | | | |
| TOTAL ICU / SURGERY | | | | | | | | | | | | |
| # of ADMITS | XXXX | XXXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXX |
| # OF TIER DAYS | XXXX | XXXX | XXXX | XXXX | XXXX |
| MEMBER MONTHS | XXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX |
| ALOS | XXX | XXX | XXX | XXX | xxx |
| # of DAYS PER 1000 MM | XXX | XXX | XXX | XXX | XXX |
| AVG HEALTH PLAN PMT PER ADMIT | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| AVG AHCCCS ALLOWED AMT PER ADMIT | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| AVG BILLED CHARGES PER ADMIT | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |

²⁾ Title XIX, HIFA I and HIFA Parents are included in the Acute Non-KidsCare population.

³⁾ Cost for professional services are not included in any of the payment calculations.

REPORT #3

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM INPATIENT HOSPITAL DAYS AND AVERAGE LENGTH OF STAY FOR THE CONTRACT YEAR XX-XX ACUTE NON-KIDSCARE CAPITATED POPULATION

| | TANE 14-44 TANE 14-44 | | | SSI with | | | | | SOBRA | | | |
|---------------------------------------|-----------------------|---------------|-----------------|-----------------|---------------|---------------|---------------|---------------|-----------------|---------------|---------------|-----------------|
| | TANF <1 | TANF 1-13 | Female | Male | TANF 45 + | Medicare | Medicare | NON-MED | MED | Planning | Moms | Total |
| | | | | | | | | | | | | |
| ICU / PSYCHIATRIC | | | | | | | | | | | | |
| Excluding Outlier Totals for the Tier | | | | | | | | | | | | |
| # of ADMITS | XXXX | XXXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX |
| # OF TIER DAYS | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX |
| MEMBER MONTHS | XXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXX |
| ALOS | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| # of DAYS PER 1000 MM | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| AVG HEALTH PLAN PMT PER ADMIT | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| AVG AHCCCS ALLOWED AMT PER ADMIT | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| AVG BILLED CHARGES PER ADMIT | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 |
| 0 110 10 11 7 1 6 11 7 | | | | | | | | | | | | |
| Qualified Outlier Totals for the Tier | | | | | | | | | | | | |
| # of ADMITS | XXXX | XXXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXX |
| # OF TIER DAYS | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX |
| MEMBER MONTHS | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXX |
| ALOS | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| # of DAYS PER 1000 MM | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| AVG HEALTH PLAN PMT PER ADMIT | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| AVG AHCCCS ALLOWED AMT PER ADMIT | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| AVG BILLED CHARGES PER ADMIT | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| | | | | | | | | | | | | |
| TOTAL ICU / PSYCHIATRIC | | | | | | | | | | | | |
| # of ADMITS | XXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXX |
| # OF TIER DAYS | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX |
| MEMBER MONTHS | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX |
| ALOS | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| # of DAYS PER 1000 MM | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| AVG HEALTH PLAN PMT PER ADMIT | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 |
| AVG AHCCCS ALLOWED AMT PER ADMIT | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| AVG BILLED CHARGES PER ADMIT | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 |

NOTES: 1) Only acute hospitals are included in this report.
2) Title XIX, HIFA I and HIFA Parents are included in the Acute Non-KidsCare population.
3) Cost for professional services are not included in any of the payment calculations.

REPORT #3

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM INPATIENT HOSPITAL STATISTICS by TIER CONTRACT YEAR XX-XX ACUTE NON-KIDSCARE CAPITATED POPULATION

XXXXXX Health Plan Name

| | TANF <1 | TANF 1-13 | TANF 14-44 Female | TANF 14-44 Male | TANF 45 + | SSI with Medicare | SSI w/o Medicare | Title XIX Waiver NON-MED | Title XIX Waiver MED | SOBRA Family Planning | SOBRA Moms | TOTAL |
|---------------------------------------|---------------|---------------|----------------------|--------------------|---------------|----------------------|---------------------|-----------------------------|-------------------------|--------------------------|---------------|---------------|
| | | | | | | | | | | | | |
| ICU / ROUTINE | | | | | | | | | | | | |
| Excluding Outlier Totals for the Tier | | | | | | | | | | | | |
| # of ADMITS | XXXX | XXXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXX |
| # OF TIER DAYS | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX |
| MEMBER MONTHS | XXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX |
| ALOS | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| # of DAYS PER 1000 MM | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| AVG HEALTH PLAN PMT PER ADMIT | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| AVG AHCCCS ALLOWED AMT PER ADMIT | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| AVG BILLED CHARGES PER ADMIT | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| | | | | | | | | | | | | |
| Qualified Outlier Totals for the Tier | | | | | | | | | | | | |
| # of ADMITS | XXXX | XXXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXX |
| # OF TIER DAYS | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX |
| MEMBER MONTHS | XXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXX |
| ALOS | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| # of DAYS PER 1000 MM | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| AVG HEALTH PLAN PMT PER ADMIT | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| AVG AHCCCS ALLOWED AMT PER ADMIT | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| AVG BILLED CHARGES PER ADMIT | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| | | | | | | | | | | | | |
| TOTAL ICU / ROUTINE | | | | | | | | | | | | |
| # of ADMITS | XXXX | XXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXX |
| # OF TIER DAYS | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX |
| MEMBER MONTHS | XXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX |
| ALOS | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| # of DAYS PER 1000 MM | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| AVG HEALTH PLAN PMT PER ADMIT | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| AVG AHCCCS ALLOWED AMT PER ADMIT | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| AVG BILLED CHARGES PER ADMIT | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |

²⁾ Title XIX, HIFA I and HIFA Parents are included in the Acute Non-KidsCare population.

³⁾ Cost for professional services are not included in any of the payment calculations.

ACUTE REPORT # 4 ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

INPATIENT HOSPITAL / CLINICS MATERNITY SERVICES UTILIZATION CONTRACT YEAR XX-XX ACUTE NON-KIDSCARE CAPITATED POPULATION

XXXXXX Health Plan Name

| | | | | | | | | Title XIX | | | | |
|--------------------------------|---------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| | | | TANF 14-44 | TANF 14-44 | | SSI with | SSI w/o | Waiver NON- | Title XIX | SOBRA Family | SOBRA | |
| | TANF <1 | TANF 1-13 | Female | Male | TANF 45 + | Medicare | Medicare | MED | Waiver MED | Planning | Moms | Total |
| TOTAL DELIVERY ADMISSIONS | | | | | | | | | | | | |
| # of DELIVERIES | XXXX | xxxx | xxxx | xxxx | xxxx | xxxx | XXXX | xxxx | XXXX | XXXX | XXXX | XXXX |
| # of DAYS | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX |
| MEMBER MONTHS | XXXXXXXXX | XXXXXXXXX | XXXXXXXXX | XXXXXXXXX | XXXXXXXXX | XXXXXXXXX | XXXXXXXXX | XXXXXXXXX | XXXXXXXXX | XXXXXXXXX | XXXXXXXXX | XXXXXXXXX |
| ALOS | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXXX |
| # of DELIVERIES per 1000 MM | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXXX |
| AVG HEALTH PLAN PMT PER DEL | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| AVG AHCCCS ALLOWED AMT PER DEL | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| AVG BILLED CHARGES PER DEL | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| | ********* | ********* | ********* | ******** | ******** | ********** | ******** | ********* | ********* | ******** | ********* | XXXX |
| NON HOSPITAL DEL | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXXX |
| VAGINAL DELIVERY | | | | | | | | | | | | |
| # of DELIVERIES | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | xxxx | XXXX | XXXX |
| # of DAYS | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX |
| MEMBER MONTHS | XXXXXXXXX | XXXXXXXXX | XXXXXXXXX | XXXXXXXXX | XXXXXXXXX | XXXXXXXXX | XXXXXXXXX | XXXXXXXXX | XXXXXXXXX | XXXXXXXXX | XXXXXXXXX | XXXXXXXXX |
| ALOS | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXXX |
| # of DELIVERIES per 1000 MM | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXXX |
| AVG HEALTH PLAN PMT PER DEL | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| AVG AHCCCS ALLOWED AMT PER DEL | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 |
| AVG ANGCES ALLOWED AMITTER DEL | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$5.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 |
| | ψψψψψ.00 | ψψψψψ.00 | ψψψψψ.00 | ψψψψψ.00 | ψψψψψ.00 | φφφφφ.00 | ψψψψψ.00 | ψψψψψ.00 | ψψψψψ.00 | ψψψψψ.00 | ψψψψψ.00 | φφφφφ.00 |
| CESAREAN SECTION | | | | | | | | | | | | |
| # of DELIVERIES | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX |
| # of DAYS | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX |
| MEMBER MONTHS | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX |
| ALOS | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXXX |
| # of DELIVERIES per 1000 MM | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXXX |
| AVG HEALTH PLAN PMT PER DEL | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| AVG AHCCCS ALLOWED AMT PER DEL | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| AVG BILLED CHARGES PER DEL | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |

NOTES: 1) Title XIX, HIFA I and HIFA Parents are included in the Acute Non-KidsCare population.
2) Non-hospital delivery includes deliveries in free-standing birthing centers (Provider type 83).
3) Cost for professional services are not included in any of the payment calculations.

REPORT # 5

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM DENTAL SERVICES UTILIZATION CONTRACT YEAR XX-XX ACUTE NON-KIDSCARE CAPITATED POPULATION

XXXXXX Health Plan Name

| | TANF <1 | TANF 1-13 | TANF 14-44 Female | TANF 14-44 Male | TANF 45 + | SSI with Medicare | SSI w/o Medicare | Title XIX Waiver NON-MED | Title XIX Waiver MED | SOBRA Family Planning | SOBRA Moms | Total |
|--------------------------------|----------------|-----------------|----------------------|--------------------|-----------------|----------------------|---------------------|-----------------------------|----------------------|--------------------------|-----------------|-----------------|
| DDENENTATIVE CEDINOEC | | | | | | | | | | | | |
| PREVENTATIVE SERVICES | | | | | | | | | | | | |
| # of SERVICES | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX |
| MEMBER MONTHS | XXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX |
| # of SERVICES PER 1000 MM | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| AVG HEALTH PLAN PMT PER SVC | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| AVG AHCCCS ALLOWED AMT PER SVC | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| AVG BILLED CHARGES PER SVC | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| TRFATMENT | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| # of SERVICES | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX |
| MEMBER MONTHS | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX |
| # of SERVICES PER 1000 MM | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| AVG HEALTH PLAN PMT PER SVC | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| AVG AHCCCS ALLOWED AMT PER SVC | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| AVG BILLED CHARGES PER SVC | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| TOTAL DENTAL SERVICES | | | | | | | | | | | | |
| # OF SERVICES | XXXXXXXX | xxxxxxxx | XXXXXXXX | XXXXXXXX | xxxxxxx | xxxxxxxx | XXXXXXXX | XXXXXXXX | XXXXXXXX | xxxxxxxx | xxxxxxx | xxxxxxxx |
| MEMBER MONTHS | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX |
| # of SERVICES PER 1000 MM | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| AVG HEALTH PLAN PMT PER SVC | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 |
| AVG AHCCCS ALLOWED AMT PER SVC | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$5.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 |
| AVG ANGCOS ALLOWED AMT FER SVC | \$\$\$\$\$5.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$5.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$5.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$\$.00 |
| AVO DILLED CHARGES PER SVC | \$\$\$\$\$.00 | 999999.00 | 999999.UU | 999999.UU | 999999.UU | 999999.00 | 00.444¢¢¢ | 00.44444 | 00.¢¢¢¢¢ | 999999.00 | 999999.UU | 999999.00 |

NOTES: 1) Title XIX, HIFA I and HIFA Parents are included in the Acute Non-KidsCare population.

REPORT # 6

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM TRANSPORTATION SERVICES UTILIZATION CONTRACT YEAR XX-XX ACUTE NON-KIDSCARE CAPITATED POPULATION

XXXXXX Health Plan Name

| | TANF <1 | TANF 1-13 | TANF 14- 44 Female | TANF 14-44 Male | TANF 45 + | SSI with Medicare | SSI w/o Medicare | Title XIX Waiver NON- MED | Title XIX Waiver MED | SOBRA Family Planning | SOBRA Moms | Total |
|---|-------------|---------------|-----------------------|--------------------|-------------|----------------------|---------------------|---------------------------------|-------------------------|-----------------------------|-------------|-------------|
| EMERGENCY TRANSPORTATION PROVIDERS EMERGENCY: AIR TRANSPORTATION | | | | | | | | | | | | |
| # of TRIPS | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | xxxx | xxxx | XXXX |
| MEMBER MONTHS | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX |
| # of SERVICES PER 1000 MM | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| AVG HEALTH PLAN PMT PER SVC | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 |
| AVG AHCCCS ALLOWED AMT PER SVC | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 |
| AVG BILLED CHARGES PER SVC | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 |
| EMERGENCY: GROUND TRANSPORTATION | | | | | | | | | | | | |
| # of TRIPS | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | xxxx | xxxx | XXXX |
| MEMBER MONTHS | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX |
| # of SERVICES PER 1000 MM | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| AVG HEALTH PLAN PMT PER SVC | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 |
| AVG AHCCCS ALLOWED AMT PER SVC | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 |
| AVG BILLED CHARGES PER SVC | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 |
| TOTAL EMERGENCY SERVICES | | | | | | | | | | | | |
| # of TRIPS | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX |
| MEMBER MONTHS | XXXXXXXX | xxxxxxxx | XXXXXXXX | xxxxxxxx | XXXXXXXX | XXXXXXXX | XXXXXXXX | xxxxxxxx | xxxxxxxx | XXXXXXXX | xxxxxxx | xxxxxxx |
| # of SERVICES PER 1000 MM | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| AVG HEALTH PLAN PMT PER SVC | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 |
| AVG AHCCCS ALLOWED AMT PER SVC | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 |
| AVG BILLED CHARGES PER SVC | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 |
| TOTAL NON-EMERGENCY SERVICES | | | | | | | | | | | | |
| # of TRIPS | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX |
| MEMBER MONTHS | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX |
| # of SERVICES PER 1000 MM | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| AVG HEALTH PLAN PMT PER SVC | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 |
| AVG AHCCCS ALLOWED AMT PER SVC | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 |
| AVG BILLED CHARGES PER SVC | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 |
| EMERGENCY TRANSPORTATION PROVIDER TOTAL | ۸L | | | | | | | | | | | |
| # of TRIPS | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX |
| MEMBER MONTHS | XXXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX |
| # of SERVICES PER 1000 MM | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| AVG HEALTH PLAN PMT PER SVC | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 |
| AVG AHCCCS ALLOWED AMT PER SVC | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 |
| AVG BILLED CHARGES PER SVC | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 |

NOTES: 1) Title XIX, HIFA I and HIFA Parents are included in the Acute Non-KidsCare population.

REPORT # 6

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM TRANSPORTATION SERVICES UTILIZATION CONTRACT YEAR XX-XX ACUTE NON-KIDSCARE CAPITATED POPULATION

XXXXXX Health Plan Name

| | TANF <1 | TANF 1-13 | TANF 14- 44 Female | TANF 14-44 Male | TANF 45 + | SSI with Medicare | SSI w/o Medicare | Title XIX Waiver NON MED | Title XIX Waiver MED | SOBRA Family Planning | SOBRA Moms | Total |
|---|------------------------------|--------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|--------------------------------|--------------------------------|---|------------------------------|------------------------------|--------------------------------|
| NON-EMERGENCY TRANSPORTATION PROVIDER TAXI SERVICES | S | | | | | | | | | | | |
| # of TRIPS | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX |
| MEMBER MONTHS | XXXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXX |
| # of SERVICES PER 1000 MM | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| AVG HEALTH PLAN PMT PER SVC | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 |
| AVG AHCCCS ALLOWED AMT PER SVC | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 |
| AVG BILLED CHARGES PER SVC | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 |
| BUS SERVICES | | | | | | | | | | | | |
| # of TRIPS | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX |
| MEMBER MONTHS | XXXXXXXX | xxxxxxx | XXXXXXXX | xxxxxxx | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | xxxxxxxx | XXXXXXX | xxxxxxx | XXXXXXX |
| # of SERVICES PER 1000 MM | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| AVG HEALTH PLAN PMT PER SVC | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 |
| AVG AHCCCS ALLOWED AMT PER SVC | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 |
| AVG BILLED CHARGES PER SVC | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 |
| VAN SERVICES | | | | | | | | | | | | |
| # of TRIPS | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | xxxx |
| MEMBER MONTHS | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX |
| # of SERVICES PER 1000 MM | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| AVG HEALTH PLAN PMT PER SVC | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 |
| AVG AHCCCS ALLOWED AMT PER SVC | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$\$.00 |
| AVG BILLED CHARGES PER SVC | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 |
| ALD TAVI CEDVICEC | | | | | | | | | | | | |
| AIR TAXI SERVICES # of TRIPS | WWW | VVVV | VVVV | VVVV | VVVV | WWW | www | WWW | www | VVVV | VVVV | VVVV |
| # 01 TRIPS MEMBER MONTHS | XXXX XXXXXXXX | XXXXX | XXXX | XXXX XXXXXXXX | XXXX | XXXX | XXXXX | XXXX XXXXXXXX | XXXX | XXXX | XXXX | XXXX |
| # of SERVICES PER 1000 MM | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| AVG HEALTH PLAN PMT PER SVC | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$\$.00 |
| AVG AHCCCS ALLOWED AMT PER SVC | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 |
| AVG BILLED CHARGES PER SVC | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 |
| | | ******** | *********** | ******** | ********** | ********** | ********* | ********** | *************************************** | ********* | ********* | ********* |
| NON-EMERGENCY TRANSPORTATION PROVIDER | | | | | | | | | | | | |
| # of TRIPS | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX |
| MEMBER MONTHS | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX |
| # of SERVICES PER 1000 MM | XXX ccccc | XXX OO 22222 | XXX OO DDDDD | XXX OO 22222 | XXX OO DDDDD | XXX On poppo | XXX OO 22222 | XXX OO DDDDD | XXX OO 22222 | XXX OO 2222 | XXX | XXX |
| AVG HEALTH PLAN PMT PER SVC AVG AHCCCS ALLOWED AMT PER SVC | \$\$\$\$\$.00 \$\$\$\$.00 | \$\$\$\$\$.00 \$\$\$\$.00 | \$\$\$\$\$.00 \$\$\$\$.00 | \$\$\$\$\$.00 \$\$\$\$.00 | \$\$\$\$\$.00 \$\$\$\$.00 | \$\$\$\$\$.00 \$\$\$\$.00 | \$\$\$\$\$.00 \$\$\$\$.00 | \$\$\$\$\$.00 \$\$\$\$.00 | \$\$\$\$.00 \$\$\$\$.00 | \$\$\$\$\$.00 \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$\$.00 \$\$\$\$.00 |
| AVG BILLED CHARGES PER SVC | \$\$\$\$\$.00 \$\$\$\$.00 | \$\$\$\$\$.00 \$\$\$\$\$.00 | \$\$\$\$\$.00 \$\$\$\$.00 | \$\$\$\$\$.00 \$\$\$\$.00 | \$\$\$\$\$.00 \$\$\$\$.00 | \$\$\$\$\$.00 \$\$\$\$.00 | \$\$\$\$\$.00 \$\$\$\$\$.00 | \$\$\$\$\$.00 \$\$\$\$.00 | \$\$\$\$\$.00 \$\$\$\$.00 | \$\$\$\$\$.00 \$\$\$\$.00 | \$\$\$\$\$.00 \$\$\$\$.00 | \$\$\$\$\$.00 \$\$\$\$\$.00 |
| AVO DILLED CHARGES PER SVC | φφφφφ.υU | οφοφου. | 00.¢¢¢¢ | ΦΦΦΦΦ. | φφφφο.υυ | υυ.φφφφ | υυ.φφφφ | 00.666¢ | OU.¢¢¢¢¢ | φφφφο.00 | DO.4444 | φφφφφ. |

NOTES: 1) Title XIX, HIFA I and HIFA Parents are included in the Acute Non-KidsCare population.

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM SERVICE UTILIZATION CONTRACT YEAR XX-XX ACUTE NON-KIDSCARE CAPITATED POPULATION

XXXXXX Health Plan Name

| | TANF <1 | TANF 1-13 | TANF 14-44 Female | TANF 14-44 Male | TANF 45 + | SSI with Medicare | SSI w/o Medicare | Title XIX Waiver NON- MED | Title XIX Waiver MED | SOBRA Family Planning | SOBRA Moms |
|---|---------|-----------|----------------------|--------------------|-----------|----------------------|---------------------|---------------------------------|-------------------------|-----------------------------|---------------|
| Total Member Months | XXXXX | xxxxx | XXXXX | XXXXX | xxxxx | XXXXX | XXXXX | XXXXX | XXXXX | XXXXX | XXXXX |
| # of Unduplicated Members Enrolled in the Health Plan | XXXXX | XXXXX | XXXXX | XXXXX | XXXXX | XXXXX | XXXXX | xxxxx | xxxxx | XXXXX | xxxxx |
| % of Members Who Received Services | XXX | xxx | xxx | XXX | XXX | XXX | XXX | xxx | xxx | XXX | xxx |
| # of Services PM/PM | XXXX | XXXX | XXXX | XXXX | xxxx | xxxx | xxxx | XXXX | XXXX | xxxx | XXXX |

NOTE: 1) Title XIX, HIFA I and HIFA Parents are included in the Acute Non-KidsCare population.

Report # 2/ Pg # 2

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM OUTPATIENT HOSPITAL VISITS PER 1000 MM CONTRACT YEAR XX-XX ACUTE CAPITATED POPULATION

| | TANF <1 | TANF 1-13 | TANF 14-44 Female | TANF 14-44 Male | TANF 45 + | SSI with Medicare | SSI w/o Medicare | Title XIX Waiver NON-MFD | Title XIX Waiver MED | SOBRA Family Planning | SOBRA Moms | Total |
|--|--|--|---|--|--|---|--|--------------------------|--|---|--|--|
| II. OUTPATIENT VISITS: NO INPATIENT ADMISSION (CONTINUED) | .,,,,, | | . c.maio | maic | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ouida d | ou.ou.o | | Trainer inizz | . iaiiiiig | e. | - otal |
| DIAGNOSTIC SERVICES # Of SERVICES MEMBER MONTHS HEALTH PLAN PAID AMT AHCCCS ALLOWED AMT # of SERVICES PER 1000 MM AVG HEALTH PLAN PMT | xxxx xxxxxxxx \$\$\$\$\$.00 \$\$\$\$\$.00 xxx \$\$\$.00 | xxxxxxxx xxxxxxxx \$\$\$\$\$.00 \$\$\$\$\$.00 xxx | xxxxxxxx xxxxxxxx \$\$\$\$\$.00 \$\$\$\$\$.00 xxx \$\$0.00 | xxxxxxxx xxxxxxxx \$\$\$\$\$.00 \$\$\$\$\$.00 xxx \$\$\$.00 | xxxxxxxx xxxxxxxx \$\$\$\$\$.00 \$\$\$\$\$.00 xxx \$\$\$.00 | xxxxxxxx xxxxxxxx \$\$\$\$\$\$.00 xxx \$\$\$.00 | xxxxxxxx xxxxxxxx C \$\$\$\$\$.00 \$\$\$\$\$.00 | | xxxxxxxx xxxxxxxx \$\$\$\$\$.00 \$\$\$\$\$.00 xxx \$\$\$.00 | xxxxxxxx xxxxxxxx \$\$\$\$\$.00 \$\$\$\$\$.00 xxx | xxxxxxxx xxxxxxxx \$\$\$\$\$.00 \$\$\$\$\$.00 xxx \$\$\$.00 | xxxxxxxx xxxxxxxx \$\$\$\$\$.00 \$\$\$\$\$.00 xxx \$\$\$.00 |
| ALL OTHER SERVICES # Of SERVICES MEMBER MONTHS HEALTH PLAN PAID AMT AHCCCS ALLOWED AMT # of SERVICES PER 1000 MM AVG HEALTH PLAN PMT | xxxx xxxxxxxx \$\$\$\$\$.00 \$\$\$\$\$.00 xxx \$\$\$.00 | xxxxxxxx xxxxxxxx \$\$\$\$\$.00 \$\$\$\$\$.00 xxx \$\$\$.00 | xxxxxxxx xxxxxxxx \$\$\$\$\$.00 \$\$\$\$\$.00 xxx | xxxxxxxx xxxxxxxx \$\$\$\$\$.00 \$\$\$\$\$.00 xxx \$\$\$.00 | xxxxxxxx xxxxxxxx \$\$\$\$\$.00 \$\$\$\$\$.00 xxx \$\$\$.00 | xxxxxxxx xxxxxxxx \$\$\$\$\$\$\$.00 xxx \$\$\$.00 | xxxxxxxx xxxxxxxx C \$\$\$\$\$.00 \$\$\$\$\$.00 | | xxxxxxxx xxxxxxxx \$\$\$\$\$.00 \$\$\$\$\$.00 xxx \$\$5.00 | xxxxxxxx xxxxxxxx \$\$\$\$\$.00 \$\$\$\$\$.00 xxx | xxxxxxxx xxxxxxxx \$\$\$\$\$.00 \$\$\$\$\$.00 xxx \$\$\$.00 | xxxxxxxx xxxxxxxx \$\$\$\$\$.00 \$\$\$\$\$.00 xxx \$\$\$.00 |
| TOTAL OUTPATIENT VISITS: NO INPATIENT ADMISSION # OF SERVICES MEMBER MONTHS | XXXX XXXXXXXX | XXXXXXXX XXXXXXXX | XXXXXXXX XXXXXXXX | XXXXXXXX XXXXXXXX | XXXXXXXX XXXXXXXX | XXXXXXXX XXXXXXXX | XXXXXXXX XXXXXXXX | XXXXXXXX XXXXXXXX | XXXXXXXX XXXXXXXX | XXXXXXXX XXXXXXXX | XXXXXXXX XXXXXXXX | XXXXXXXX XXXXXXXX |
| HEALTH PLAN PAID AMT AHCCCS ALLOWED AMT # of SERVICES PER 1000 MM AVG HEALTH PLAN PMT | \$\$\$\$\$.00 \$\$\$\$\$.00 xxx \$\$.00 | \$\$\$\$\$.00 \$\$\$\$\$.00 xxx \$\$.00 | \$\$\$\$\$.00 \$\$\$\$\$.00 xxx \$\$.00 | \$\$\$\$\$.00 \$\$\$\$\$.00 xxx \$\$.00 | \$\$\$\$\$.00 \$\$\$\$\$.00 xxx \$\$.00 | \$\$\$\$\$\$\$.00 \$\$\$\$.00 \$\$\$.00 | C\$\$\$\$\$.00 \$\$\$\$\$.00 xxx \$\$.00 | | \$\$\$\$\$.00 \$\$\$\$\$.00 xxx \$\$.00 | \$\$\$\$\$.00 \$\$\$\$\$.00 xxx \$\$\$.00 | \$\$\$\$\$.00 \$\$\$\$\$.00 xxx \$\$\$.00 | \$\$\$\$\$.00 \$\$\$\$\$.00 xxx \$\$.00 |
| III. TOTAL OUTPATIENT VISITS # OF SERVICES MEMBER MONTHS HEALTH PLAN PAID AMT AHCCCS ALLOWED AMT # of SERVICES PER 1000 MM AVG HEALTH PLAN PMT | xxxx xxxxxxxx \$\$\$\$\$.00 \$\$\$\$\$.00 xxx \$\$\$.00 | xxxxxxxx xxxxxxxx \$\$\$\$\$.00 \$\$\$\$\$.00 xxx \$\$\$.00 | xxxxxxxx xxxxxxxxx \$\$\$\$\$\$.00 \$\$\$\$\$\$.00 xxx \$\$\$.00 | xxxxxxx xxxxxxx \$\$\$\$\$.00 \$\$\$\$\$.00 xxx \$\$\$.00 | xxxxxxx xxxxxxx \$\$\$\$\$.00 \$\$\$\$\$.00 xxx \$\$\$.00 | xxxxxxxx xxxxxxxx \$\$\$\$\$\$\$.00 \$\$\$\$\$.00 | xxxxxxxx xxxxxxx C\$\$\$\$\$.00 \$\$\$\$.00 | | xxxxxxx xxxxxxx \$\$\$\$\$.00 \$\$\$\$\$.00 xxx \$\$\$.00 | xxxxxxxx xxxxxxxxx \$\$\$\$\$.00 \$\$\$\$\$.00 xxx \$\$\$.00 | xxxxxxxx xxxxxxxx \$\$\$\$\$.00 \$\$\$\$\$.00 xxx \$\$\$.00 | xxxxxxxx xxxxxxxx \$\$\$\$\$.00 \$\$\$\$\$.00 xxx \$\$\$.00 |

NOTES: 1) Only acute hospitals are included in this report.
2) All these payments will be shown, however, they will not be included in the averages.

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM TRANSPORTATION SERVICES UTILIZATION CONTRACT YEAR XX-XX ACUTE CAPITATED POPULATION

NON-EMERGENCY TRANSPORTATION PROVIDERS

| | TANF <1 | TANF 1-13 | TANF 14-44 Male | TANF 14-44 Female | TANF 45 + | SSI with Medicare | SSI w/o Medicare | Title XIX Waiver NON- MED | Title XIX Waiver MED | SOBRA Family Planning | y SOBRA Moms | Total |
|---|------------------------------|--------------------|--------------------|----------------------|--------------------|----------------------|---------------------|---------------------------------|-------------------------|--------------------------|--------------------|----------------------------|
| TAXI SERVICES | | | | | | | | | | | | |
| # of TRIPS | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX |
| MEMBER MONTHS | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX |
| AVG SERVICES PER 1000 MM | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| AVG HEALTH PLAN PMT PER SVC | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 |
| AVG AHCCCS ALLOWED AMT PER SVC | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| AVG BILLED CHARGES PER SVC | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 |
| | | | | | | | | | | | , | |
| BUS SERVICES | | | | | | | | | | | | |
| # of TRIPS | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX |
| MEMBER MONTHS | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX |
| AVG SERVICES PER 1000 MM | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| AVG HEALTH PLAN PMT PER SVC | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 |
| AVG AHCCCS ALLOWED AMT PER SVC | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 |
| AVG BILLED CHARGES PER SVC | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 |
| VAN SERVICES | | | | | | | | | | | | |
| # of TRIPS | XXXX | XXXX | xxxx | XXXX | xxxx | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX |
| MEMBER MONTHS | xxxxxxx | xxxxxxx | xxxxxxx | xxxxxxx | xxxxxxx | xxxxxxx | xxxxxxx | xxxxxxx | xxxxxxx | xxxxxxx | xxxxxxxx | XXXXXXXX |
| AVG SERVICES PER 1000 MM | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| AVG HEALTH PLAN PMT PER SVC | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 |
| AVG AHCCCS ALLOWED AMT PER SVC | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 |
| AVG BILLED CHARGES PER SVC | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 |
| | | | | | | | | | | | | |
| AIR TAXI SERV | | | | | | | | | | | | |
| # of TRIPS | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX |
| MEMBER MONTHS | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXXX |
| AVG SERVICES PER 1000 MM AVG HEALTH PLAN PMT PER SVC | xxx \$\$\$\$.00 | xxx \$\$\$\$.00 | xxx \$\$\$\$.00 | xxx \$\$\$\$.00 | xxx \$\$\$\$.00 | xxx \$\$\$\$.00 | xxx \$\$\$\$.00 | xxx \$\$\$\$.00 | xxx \$\$\$\$.00 | xxx \$\$\$\$.00 | xxx \$\$\$\$.00 | xxx \$\$\$\$.00 |
| AVG AHCCCS ALLOWED AMT PER SVC | \$\$\$\$\$.00 \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 \$\$\$\$.00 |
| AVG ANGCES ALLOWED ANT FER SVC | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 |
| AND BILLED OFFICEOUS ER SVO | ψψψψ.00 | ψψψψ.00 | ψψψψ.00 | ψψψψ.00 | ψψψψ.00 | ψψψψ.00 | ψψψψ.00 | ψψψψ.00 | ψψψψ.00 | ψψψψ.00 | ψψψψ.00 | ψψψψ.00 |
| NON-EMERGENCY TRANSPORTATION PRO | VIDER TOTAL | | | | | | | | | | | |
| # of TRIPS | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX |
| MEMBER MONTHS | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX |
| AVG SERVICES PER 1000 MM | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| AVG HEALTH PLAN PMT PER SVC | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 |
| AVG AHCCCS ALLOWED AMT PER SVC | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 |
| AVG BILLED CHARGES PER SVC | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 |

Note: Health Plan Paid Amount, AHCCCS Allowed Amount and Average Health Plan Paid Amount include payments for trips and mileage.

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM TRANSPORTATION SERVICES UTILIZATION CONTRACT YEAR XX-XX ACUTE CAPITATED POPULATION

EMERGENCY TRANSPORTATION PROVIDERS

| EMERGENCY TRANSPORTATION PROVIDE | :RS | | | | | | | Title XIX | | SOBRA | | |
|--|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|----------------------------|------------------------------|
| | TANF <1 | TANF 1-13 | | TANF 14-44 Male | TANF 45 + | SSI with Medicare | SSI w/o Medicare | Waiver NON MED | · Title XIX Waiver MED | Family Planning | SOBRA Moms | Total |
| EMERGENCY SERVICES AIR TRANSPORTATION | | | | | | | | | | | | |
| # of TRIPS | XXXX | XXXX | XXXX |
| MEMBER MONTHS | XXXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX |
| AVG SERVICES PER 1000 MM | XXX | XXX | XXX |
| AVG HEALTH PLAN PMT PER SVC | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 |
| AVG AHCCCS ALLOWED AMT PER SVC | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 |
| AVG BILLED CHARGES PER SVC | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 |
| GROUND TRANSPORTATION | | | | | | | | | | | | |
| # of TRIPS | XXXX | XXXX | XXXX |
| MEMBER MONTHS | XXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXX | XXXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX | XXXXXXX |
| AVG SERVICES PER 1000 MM | XXX | XXX | XXX |
| AVG HEALTH PLAN PMT PER SVC | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 |
| AVG AHCCCS ALLOWED AMT PER SVC | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 |
| AVG BILLED CHARGES PER SVC | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 |
| TOTAL EMERGENCY SERVICES | | | | | | | | | | | | |
| # of TRIPS | XXXX | XXXX | XXXX |
| MEMBER MONTHS | XXXXXXX | XXXXXXX | XXXXXXX |
| AVG SERVICES PER 1000 MM | XXX | XXX | XXX |
| AVG HEALTH PLAN PMT PER SVC | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 |
| AVG AHCCCS ALLOWED AMT PER SVC | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 |
| AVG BILLED CHARGES PER SVC | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 |
| NON EMEDGENCY CEDVICES | | | | | | | | | | | | |
| NON-EMERGENCY SERVICES # of TRIPS | www | VVVV | WWW | VVVV | VVVV | VVVV | www | WWW | VVVV | VVVV | VVVV | www. |
| MEMBER MONTHS | XXXX XXXXXXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX XXXXXXXX | XXXX | XXXX | XXXX | XXXX | XXXX |
| AVG SERVICES PER 1000 MM | XXX | XXX | XXX |
| AVG HEALTH PLAN PMT PER SVC | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$\$.00 |
| AVG AHCCCS ALLOWED AMT PER SVC | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 |
| AVG BILLED CHARGES PER SVC | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 | \$\$\$\$.00 |
| | | | | | | | | | | | | |
| EMERGENCY TRANSPORTATION PROVIDE | | | | | | | | | | | | |
| # of TRIPS | XXXX | XXXX | XXXX |
| MEMBER MONTHS | XXXXXXXX | XXXXXXXX | XXXXXXXX |
| AVG SERVICES PER 1000 MM | XXX | XXX | XXX |
| AVG AUCCCS ALLOWED AMT DED SVC | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$\$.00 | \$\$\$\$.00 |
| AVG AHCCCS ALLOWED AMT PER SVC AVG BILLED CHARGES PER SVC | \$\$\$\$\$.00 \$\$\$\$.00 | \$\$\$\$.00 \$\$\$\$.00 | \$\$\$\$\$.00 \$\$\$\$.00 |
| AVO DILLED CHARGES PER SVC | OU.¢¢¢¢¢ | OU.¢¢¢¢¢ | UU.¢¢¢¢¢ | UU.¢¢¢¢¢ | OU.¢¢¢¢¢ | OU.¢¢¢¢¢ | OU.¢¢¢¢¢ | UU.¢¢¢¢¢ | OU.¢¢¢¢¢ | DU.¢¢¢¢¢ | OU.¢¢¢¢¢ | υυ.φφφφ |

Note: Health Plan Paid Amount, AHCCCS Allowed Amount and Average Health Plan Paid Amount include payments for trips & mileage.