

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

(Date Signed)

Chief Executive Officer Signature

(Date Signed)

Chief Financial Officer Signature

Paragraph 3.01

Financial Reporting Template Instructions:

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

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

Paragraph 3.04

	h 3.04	Year End:	XXXX		
Contracto		1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
Quarter E	inded: xx/xx/xxxx	mm/dd/yyyy	mm/dd/yyyy	mm/dd/yyyy	mm/dd/yyyy
	BALANCE SHEET				
	ASSETS Current Assets		ſ		
105	Cash and cash equivalents	1 0	0	0	0
110	Short-term investments		0	0	0
115	Capitation/Supplement/Risk Adj Receivable	1 0		0	0
120	Reinsurance receivable	0	0	0	0
122	Reconciliation Receivable	0	0	0	0
125	Investment income receivable	0	0	0	0
130	Current due from affiliates	0	0	0	0
135	Payment Reform/Shared Savings Receivable	0	0	0	0
140	Other current assets	0	0	0	0
	Total Current Assets	0	0	0	0
	Other Assets				
145	General performance bond	0	0	0	0
150	Restricted cash and other assets	0	0	0	0
155 160	Long-term investments	0 0	0	0	0 0
160	Non-current due from affiliates Other non-current assets	0	0	0	0
105	Total Other Assets	0	0		0
	Property and Equipment	0	0	0	0
170	Land	0	0	0	0
175	Buildings	0	0	0	0
180	Leasehold improvements	0	0	0	0
185	Furniture and equipment	0	0	0	0
190	Other property and equipment	0	0	0	0
	Total Property and Equipment	0	0	0	0
195	Accumulated depreciation/amortization	0	0	0	0
	Net Property and Equipment	0	0	0	0
	TOTAL ASSETS	0	0	0	0
005	Current Liabilities			0	
205 210	Accounts payable Accrued administrative expenses	0	0	0	0
210	Capitation payable	0	0	0	0
215	Hospitalization Payable	0	0	0	0
	Physician Payable	0	0	0	0
	Other medical Payable	0	0	0	0
	Total Prospective Payable	0	0	0	0
	PPC - Payable	0	0	0	0
220	Medical claims payable	0	0	0	0
222	Reconciliation Payables	0	0	0	0
225	Reserved	0	0	0	0
230	Current portion - long-term debt	0	0	0	0
235	Due to affiliates	0	0	0	0
240	Other current liabilities	0	0	0	0
	Total Current Liabilities	0	0	0	0
045	Other Liabilities	_	~	•	-
245 250	Non-current portion long-term debt Non-current due to affiliates	0	0	0 0	0
250 255	Other non-current liabilities	0	0		0
200	Total Other Liabilities	0	0		0
		0	0	0	0
	TOTAL LIABILITIES	0	0	0	0
	EQUITY/NET ASSETS		0		
505	Preferred stock	0	0	0	0
510	Common stock	0	0	0	0
515	Treasury stock	0	0	0	0
520	Additional paid-in capital	0	0	0	C
525	Contributed capital	0	0	0	C
	Retained earnings - beginning	0	0	0	C
	Increase (decrease) YTD	0	0		0
530	Retained earnings/net assets	0	0	0	C
	TOTAL EQUITY/NET ASSETS	0	0		0
	TOTAL LIABILITIES & EQUITY/NET ASSETS	0	0	0	0

Paragraph 3.05

Paragrap	h 3.05	Veer Frede	VVVV		
Contract	or Name	Year End: 1st Qtr	2nd Qtr	3rd Qtr 4th Qtr	YTD
	Ended: xx/xx/xxxx			mm/dd/yyyy mm/dd/yyyy	
	REVENUES & EXPENSES				
	Member Months SOBRA FPS Mmbr Mths	0	0	G 6 0	0
	PPC Member Months	0		0 0	0
	Pros. Member Months	0	0	0 0	0
	Total Member Months	0	0	0 0	0
	Pros. & FPS Mbr. Mths	<u> </u>	0	0 0	0
	Pros. & PPC Mbr. Mths	0	0	0 0	0
305	REVENUES	$\langle A \rangle_0$	0	0 0	0
305	Prospective Capitation PPC Capitation		0	0 0	0
312	Payment Reform/Shared Savings Settlement	0	0	0 0	0
315	Delivery Supplement	0	0	0 0	0
320	Prospective Tiered Reconciliation Settlement	0	0	0 0	0
321	TWG Settlement	0	0	0 0	0
322 325	PPC Settlement	0	0	0 0	0
325	Investment Income Other Income	0	0	0 0	0
000	TOTAL REVENUES	0	0	0 0	0
	EXPENSES				
	Hospitalization				
402	Hospital Inpatient	0	0	0 0	0
406	PPC-Hospital Inpatient	0	0	0 0	0
	Total Hospitalization Medical Compensation	0	0	0 0	0
408	Primary Care Physician	0	0	0 0	0
410	Referral Physician	0	0	0 0	0
412	Other Professional	0	0	0 0	0
414	PPC - Physician Services	0	0	0 0	0
	Total Medical Comp	0	0	0 0	0
410	Other Medical Expenses	0	0	0 0	
416 418	Emergency Facility Services Pharmacy	0	0	0 0	0 0
420	Lab, X-ray, & Medical Imaging	0	0	0 0	ő
422	Outpatient Facility	0	0	0 0	0
424	Durable Medical Equipment	0	0	0 0	0
426	Dental	0	0	0 0	0
428	Transportation	0	0	0 0	0
430 432	Nursing Facility, Home Health Care Physical Therapy	0	0	0 0 0 0	0 0
434	Payment Reform/Shared Savings Arrangements	0	0	0 0	ő
436	Miscellaneous Medical Expenses	0	0	0 0	0
438	PPC-Other	0	0	0 0	0
	Total Other Medical	0	0	0 0	0
Loooj	TOTAL MEDICAL EXP	0	0	0 0	0
Less: 440	Reinsurance	0	0	0 0	0
441	Reserved	0	0	0 0	0
442	Third Party Liability	0	0	0 0	0
	TOTAL NET MEDICAL EXP	0	0	0 0	0
	Administrative Expenses	_	_		
444 446	Compensation Data Processing	0	0 0	0 0 0 0	0
446	Management Fees	0	0	0 0	0
450	Interest Expense	0	0	0 0	0
452	Occupancy	0	0	0 0	0
454	Depreciation	0	0	0 0	0
456	Marketing	0	0	0 0	0
458	Other TOTAL ADMIN EXP	0	0 0	0 0 0 0	0
		0	0	0 0	0
	TOTAL EXPENSES	0	0	0 0	0
	Inc (loss) from operations	0	0	0 0	0
	Non-operating inc (loss) Inc (loss) before taxes	0	0	0 0 0 0	0
	Income taxes	0	0	0 0	0
	Premium taxes	0	0	0 0	0
	NET INCOME (LOSS)	0	0	0 0	0

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

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

Paragraphs 4.02 and 4.03 Contractor Name Quarter Ended: xx/xx/xxxx Receivable Report

Asset Description	\square	Amount
Account 115 - Capitation/Supplement/Risk Adjustment Receivable (by contract year)		
		0
		0
		0
		0
		0
		0
		0
	Subtotal	\$-
Account 122 and Account 222 Reconciliation Receivables/Payables (by contract year)		
		0
		0
		0
		0
	Subtotal	\$-
	Total	\$-

Paragraph 4.04 Contractor Name Quarter Ended: xx/xx/xxxx Other Assets Report

Asset Description			Amount
Account 140 - Other Current Assets			
Other Current Assets 1			0
Other Current Assets 2			0
			0
	4	Subtotal	\$-
Account 165 - Other Non-Current Assets			
Other Non-Current Assets 1			0
Other Non-Current Assets 2			0
			0
		Subtotal	\$-
		Total	\$-

Paragraph 4.05 Contractor Name Quarter Ended: xx/xx/xxxx Other Liabilities Report

Liability Description			Amount
Account 240 - Other Current Liabilities			
Other Current Liabilities 1			0
Other Current Liabilities 2			0
			0
		Subtotal	\$-
	~		
Account 255 - Other Non-Current Liabilities			
Other Non-Current Liabilities 1			0
Other Non-Current Liabilities 2			0
			0
		Subtotal	\$-
		Total	\$-

Paragraph 4.07 Contractor Name Quarter Ended: xx/xx/xxxx Claims Lag Report Expense Type: Hospital, Medical and Other (PPC and Prospective)

	· · · · · · · · · · · · · · · · · · ·			,		1		
Payment Qtr	Current	1st Prior	2nd Prior	3rd Prior	4th Prior	5th Prior	6th Prior*	Total
Current	0	0	0	0	0	0	0	0
1st Prior		0	0	0	_ 0	0	0	0
2nd Prior			0	0	0	0	0	0
3rd Prior				0	0	0	0	0
4th Prior					0	0	0	0
5th Prior						0	0	0
6th Prior*							0	0
Totals	0	0	0		0	0	0	0
Expense	0	0	0		0	0	0	0
Adjustment	0	0	0	0	0	0	0	0
Remaining	0	0	0/0	0	0	0	0	0

* Amounts in this column or row include the amounts for the 6th prior period, and any earlier periods where the

expenses reported exceed the payments made to date.

Paragraph 4.08 Contractor Name Quarter Ended: xx/xx/xxxx Long Term Debt Report

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

Total Profitability E-6a

													1				
Paragraph 4.09																	
Contractor Name						SSI	SSI [o not E	lo not AH	CCCS SOB	RA	Title		State		State	
Quarter Ended: xx/xx/xxxx	TANF	TANF	TANF	TANE TANK	TANF	with	with out	use	use C	Care Fam	ily SOBRA	XIX		Only		Only	Grand
Total GSAs	< 1 MF	1-13 MF	14-44 F	14-44 M 45+	Total	Med	Med Re	served RES	SERVED (Former)	v Non-MED) Plann	ning Moms	Total	RESERVED T	ransplants R	ESERVED RESERVED	Total	Total
REVENUE & EXPENSES													5				
Member Months																	
SOBRA FPS Mmbr Mths	0	0	0	0	0	0	0	0	0			0	0	0	0 0	0	
PPC Member Months	0		ő	ő		ŏ	0	ő	0				ő	0	0 0	0	0
Pros. Member Months	0			0		ő	ő	ő	0				ő	ő	0 0	0	0
Total Member Months	0	0	0	0	0	0	0	0	0	Bo	0 0	0	0	0	0 0		0
Pros. & FPS Mbr. Mths	0	0	0	0		0	0	0	ů 🦳		0 0	0	0	ő	0 0	ő	0
Pros. & PPC Mbr. Mths Pros. & PPC Mbr. Mths	0	0	0	0		0	0	0	00)	0	0 0	0	0	0	0 0	0	0
REVENUES	U	U	U	U	0	U	U	U	01		0 0	U	U	U	0 0	U	U
305 Prospecitve Capitation	0	0	0	0		0	0			0	0 0		0		0 0	0	0
310 PPC Capitation	0	0		0			0			0	0 0	0		0		0	0
			0		-				0	U	0 0	-	U	0	0 0		
312 Payment Reform/Shared Savings Settlement	0	0	0	0		0	0	9/	-0-	0	0 0	0	0	0	0 0	0	0
315 Delivery Supplement	0	0	0	0		0	0	9/	0	0	0 0	0	0	0	0 0	0	0
320 Prospective Tiered Reconciliation Settlement	0	0	0	0	0 0	0	0	10	0	0	0 0	0	0	0	0 0	0	0
321 TWG Settlement	0	0	0	0		0	0	0	0	0	0 0	0	0	0	0 0	0	0
322 PPC Settlement	0	0	0	0		0	0	0	0	0	0 0	0	0	0	0 0	0	0
325 Investment Income	0	0	0	0	0 0	0	0	0	0	0	0 0	0	0	0	0 0	0	0
330 Other Income	0	0	0	0	0 (0	0	0	0	0	0 0	0	0	0	0 0	0	0
TOTAL REVENUES	0	0	0	0	0 0	0	0	0	0	0	0 0	0	0	0	0 0	0	0
EXPENSES						1						1					
Hospitalization						1											
402 Hospital Inpatient	0	0	0	0	0	0	0	0	0	0	0 0	0	0	0	0 0	0	0
406 PPC-Hospital Inpatient	0			0		0	0	0	0	0	0 0	0	0		0 0	0	0
Total Hospitalization	0	0	0	0) 0	0	0	0	0	0	0 0	0	0	0	0 0	0	0
Medical Compensation						-	-		-	-				-		-	
408 Primary Care Physician	0	0	0	0	0	0	0	0	0	0	0 0	0	0	0	0 0	0	0
410 Referral Physician	0			0		0	0	0	0	0	0 0	0	0	0	0 0	0	0
412 Other Professional	0	0	0	0		ő	0	0	0	0	0 0	0	0		0 0	0	0
412 Other Professional 414 PPC - Physician Services	0														0 0	0	
Total Medical Comp	0	0	0	0		0	0	0	0	0	0 0	0	0	0	0 0		0
	U	U	0	0	0	U	0	U	U	U	0 0	U	U	U	0 0	U	U
Other Medical Expenses	0	0		0				0								0	
416 Emergency Facility Services			0			0	0	0	0	0	0 0	0	0	0	0 0		0
418 Pharmacy	0	0	0	0		0	0	0	0	0	0 0	0	0	0	0 0	0	0
420 Lab, X-ray, & Medical Imaging	0	0	0	0		0	0	0	0	0	0 0	0	0	0	0 0	0	0
422 Outpatient Facility	0	0	0	0		0	0	0	0	0	0 0	0	0	0	0 0	0	0
424 Durable Medical Equipment	0	0	0	0	0 0	0	0	0	0	0	0 0	0	0	0	0 0	0	0
426 Dental	0	0	0	0	0 0	0	0	0	0	0	0 0	0	0	0	0 0	0	0
428 Transportation	0	0	0	0	0 0	0	0	0	0	0	0 0	0	0	0	0 0	0	0
430 Nursing Facility, Home Health Care	0	0	0	0	0 0	0	0	0	0	0	0 0	0	0	0	0 0	0	0
432 Physical Therapy	0	0	0	0	0	0	0	0	0	0	0 0	0	0	0	0 0	0	0
434 Payment Reform/Shared Savings Arrangements	0	0	0	0	0	Ó	0	0	0	0	0 0	0	0	0	0 0	0	0
436 Miscellaneous Medical Expenses	0	0	0	0	0	Ó	0	0	Ó	0	0 0	0	0	0	0 0	0	0
438 PPC-Other	0	0	0	0	0	Ó	0	0	Ó	0	0 0	0	0	0	0 0	0	0
Total Other Medical	0	0	0	0) 0	0	0	0	0	0	0 0	0	0	0	0 0	0	0
TOTAL MEDICAL EXP	0	0	0	0		0	0	0	0	0	0 0	0	0	0	0 0	0	0
Less:		0	0			. 0	v	~									
440 Reinsurance	0	0	0	0	0	0	0	0	0	0	0 0	0	0	0	0 0	0	0
440 Reserved	0	0	0	0		ő	0	0	0	0	0 0	0	0		0 0	0	0
441 Reserved 442 Third Party Liability					1				0	0	0 0				0 0		
TOTAL NET MEDICAL EXP	U	0	0		0	U	0	U	0		0 0	0	0	0	0 0	0	0
TOTAL NET MEDICAL EXP	0	0	0	0) 0	0	0	0	0	0	0 0	0	0	0	0 0	0	0
TOTAL ADMIN EXP	0	0	0	0 1	0 (0	0	0	0	0	0 0	0	0	0	0 0	0	0
TOTAL EXPENSES	0	0	0	0	0 0	0	0	0	0	0	0 0	0	0	0	0 0	0	0
						1											
Inc (loss) from operations	0	0	0	0		0	0	0	0	0	0 0	0	0	0	0 0	0	0
Non-operating inc (loss)	0	0	0	0	0 0	0	0	0	0	0	0 0	0	0	0	0 0	0	0
Inc (loss) before taxes	0	0	0	0	0 0	0	0	0	0	0	0 0	0	0	0	0 0	0	0
Income taxes	0	0	0	0	0	0	0	0	0	0	0 0	0	0	0	0 0	0	0
Premium taxes	0	0		0		ō	ó	0	0	0	0 0	ō	0	0	0 0	0	0
					1	1						1				1 7	1 1
NET INCOME (LOSS)	0	0	0	0) 0	n	0	0	0	0	0 0	0	0	0	0 0	0	0
							-										

																1					
Paragraph 4															1	//					
Contractor								SSI		Do not			SOBRA		Title		State			State	
	led: xx/xx/xxxx	TANF		TANF			TANF	with		use	use	Care					Dnly			Only	
GSA 2 Yum		< 1 MF	1-13 MF	14-44 F	14-44 M	45+	Total	Mec	d Med	Heserved	(ESERVED (Form	nerly Non-MED)	Planning	Moms T	otal	RESERVED Tran	nsplants	RESERVED	RESERVE	D Total	Total
	REVENUE & EXPENSES												1								
	Member Months											~									
	SOBRA FPS Mmbr Mths PPC Member Months	0		0	0	0	0			0	0		0	0	0	0	0	0		0 0	0
	PPC Member Months Pros. Member Months			0	0		0	0		0	0			0	0						
	Pros. Member Months Total Member Months	0		0	0	0	0	0		0	0 ~	- Do	0	0	0	0	0	0			0
	Pros. & FPS Mbr. Mths	0		0	0	0		0		0	-			0	0	0	0	0			
	Pros. & PPS Mor. Miths Pros. & PPC Mbr. Miths	0		0	0	0		0		0	00/	1 1	0	0	0	0	0	0			
	REVENUES	0	0	0	U	0	0	0	, 0	0	1022		0	0	0	0	0	0		, ,	0
305	Prospective Capitation	0	0	0	0			0		-		0	0	0		0	0	0		0	
305	PPC Capitation			0	0			0) 🔋 🗸	0	0	0	0			0		0	
310	Payment Reform/Shared Savings Settlement							0				0			0					0	0
315	Delivery Supplement					ő		o							0					0	
315	Prospective Tiered Reconciliation Settlement							0		1/2/	0	0			0			0		0	
320	TWG Settlement			0	0	0		0			0	0		0	0	0		0			
321	PPC Settlement		0	0	0					0	0	0		0	0	0	0	0			
322	Investment Income			0	0			0		0	0	0		0	0		0	0			
325	Other Income		0	0	0	0		0		0		0	0	0	U			0		1 2	0
330	TOTAL REVENUES		0	0	0	0	0	0			0	0	0	0	0	0		0		0	0
	EXPENSES	0		0	U	0	0	0	0	0	0	0	0	0	0	0	0	U		J U	0
	Hospitalization																			1	
402	Hospital Inpatient		0	0	0	0				0	0	0	0	~	0		0	0			
402		0		0	0		0	0		0		0		0	0			0			
406	PPC-Hospital Inpatient			0	0	0	0	0		0	0	0		0	0	0		0			0
	Total Hospitalization	0	0	0	0	0	0	0) 0	0	0	0	0	0	0	0	0	0		0 0	0
	Medical Compensation																				
408	Primary Care Physician	0		0	0	0	0	0		0	0	0	0	0	0	0	0	0		0 0	0
410	Referral Physician	0		0	0	0		0		0	0	0	0	0	0	0	0	0		0 0	0
412	Other Professional	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0		0 0	0
414	PPC - Physician Services	0	0	0	0	0	0	0	0 0	0	0	0	0	0	0	0	0	0		0 0	0
	Total Medical Comp	0	0	0	0	0	0	0	0 0	0	0	0	0	0	0	0	0	0		0 0	0
	Other Medical Expenses																				
416	Emergency Facility Services	0		0	0	0	0	0		0	0	0	0	0	0	0	0	0		0 0	0
418	Pharmacy	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0		0 0	0
420	Lab, X-ray, & Medical Imaging	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0		0 0	0
422	Outpatient Facility	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0		0 0	0
424	Durable Medical Equipment	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0		0 0	0
426	Dental	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0 0	0
428	Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0 0	0
430	Nursing Facility, Home Health Care	0	0	0	0	0	0	0	0 0	0	0	0	0	0	0	0	0	0		0 0	0
432	Physical Therapy	0	0	0	0	0	0	0	0 0	0	0	0	0	0	0	0	0	0		0 0	0
434	Payment Reform/Shared Savings Arrangements	0		0	0	0	0	0		0	0	0	0	0	0	0	0	0		0	0
436	Miscellaneous Medical Expenses	0	0	0	0	0	0	0	0 0	0	0	0	0	0	0	0	0	0		0 0	0
438	PPC-Other	0	0	0	0	0	0	0	0 0	0	0	0	0	0	0	0	0	0		0	0
	Total Other Medical	0		0	0	0	0			0	0	0	0	0	0	0	0	0			
	TOTAL MEDICAL EXP	0	0	0	0	0	0	0) 0	0	0	0	0	0	0	0	0	0	Ū	0 0	0
Less:		1 -					1 -	1 -						Т	1					1	1 7
440	Reinsurance	0		0	0	0	0	0		0	0	0	0	0	0	0	0	0		0 0	
441	Reserved	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0 0	0
442	Third Party Liability	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0
	TOTAL NET MEDICAL EXP	0	0	0	0	0	0	0	0 0	0	0	0	0	0	0	0	0	0		0 0	0
	TOTAL ADMIN EXP	0	0	0	0	0	0	0) 0	0	0	0	0	0	0	0	0	0	(0 (0
	TOTAL EXPENSES	0	0	0	0	0	0	0) 0	0	0	0	0	0	0	0	0	0	(0 0	0
			-			-	1	-												1	
	Inc (loss) from operations	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0
	Non-operating inc (loss)	0		0	0	0		0		0	0	0	0	0	0	0	0	0		0	0
				0	0	0		0		0	0	0	0	0	0	0	0	0			ő
		0																			
	Inc (loss) before taxes	0													0	0					
	Inc (loss) before taxes Income taxes	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0
	Inc (loss) before taxes	0	0	0	0	0	0	0	0	0	0	0	0		0	0		0		0	0
	Inc (loss) before taxes Income taxes	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0		0	0

															1					
Paragraph 4																				
Contractor								SSI		Do not			OBRA	Title		State			State	
	led: xx/xx/xxxx	TANF	TANF	TANF			TANF			use	use		amily SOBRA			Only			Only	
GSA 4 Apac	che/Coconino/Mohave/Navajo	< 1 MF	1-13 MF	14-44 F	14-44 M	45+	Total	Med	d Med	Reserved	ESERVED (Forme	rly Non-MED) Pl	anning Moms	Total	RESERVED Trai	nsplants F	RESERVED	RESERVED	Total	Total
	REVENUE & EXPENSES																			
	Member Months																			
	SOBRA FPS Mmbr Mths PPC Member Months	0	0	0	0	0	0			0	0		0 0	0	0	0	0	0	0	0
	PPC Member Months Pros. Member Months	0	0	0	0	0	0	0		0	0		0 0	0	0	0	0	0	0	0
	Pros. Member Months Total Member Months	0	0	0	0	0	0	0		0	0 ~~	Dol	0 0	0	0	0	0	0	0	0
	Pros. & FPS Mbr. Mths		0	0	0						-		0 0		0		0	0		0
		0		0	0	0	0			0	00/	1	0 0			0	0	0	0	
	Pros. & PPC Mbr. Mths REVENUES	0	0	0	U	U	0	0	0 0	0	- V2		0 0	0	0	0	U	U	U	U
305	Prospective Capitation		0	0	0			0		-	$ \rangle$	0	0 0		0		0		0	
305	Prospective Capitation PPC Capitation	0	0	0	0		0	0		0		0	0 0	0		0	0	0	0	
310	Payment Reform/Shared Savings Settlement							0				0	0 0	0	0		0	0	0	
312	Delivery Supplement							0			0	0	0 0						0	
320	Prospective Tiered Reconciliation Settlement							0			0	0	0 0						0	
321	TWG Settlement			0	0						0	0	0 0						0	
321	PPC Settlement		0	0	0			0		0	0	0	0 0		Ň		0			ő
322	Investment Income		0	0	0			0		0	0	0	0 0			0	0			ő
325	Other Income									0		0	0 0		0			0		
330	TOTAL REVENUES	0	0	0	0	0	0	0		0	0	0	0 0	0	0	0	0	0	0	0
	EXPENSES	0	0	0	0	0	0	0	/ 0	0	5	0	0 0		0	0	U	U		0
	Hospitalization																			
402	Hospital Inpatient	0	0	0	0	0		0		0	0	0	0 0	0		0	0	0	•	
402	PPC-Hospital Inpatient			0	0					0		0	0 0					0		0
400	Total Hospitalization	0		0	0	0	0	0		0	0	0	0 0	0		0	0	0	0	0
	Medical Compensation		<u> </u>	0		0	Ů		, ,	0	0	0	0 0				0	0		
408	Primary Care Physician	0	0	0	0	0		0		0	0	0	0 0		0	0	0		0	
410	Referral Physician			ő	ő					ő	0	0	0 0	0	0	ő	ő		o	ő
410	Other Professional	0		0						0	0	0	0 0	0		0			0	
414	PPC - Physician Services	ő			ő	ő	0	ő		0	ő	0	0 0	0	ő	ő	ő		0	ő
	Total Medical Comp	0	0	0	0	0	0	0) 0	0	0	0	0 0	0	0	0	0	0	0	0
	Other Medical Expenses	_																		
416	Emergency Facility Services		0	0	0	0		0		0	0	0	0 0	0	0	0	0	0	0	
418	Pharmacy							o					0 0	0			0		0	0
420	Lab, X-ray, & Medical Imaging	ő	ő	ő	ő	ŏ	ő	ŏ		ő	ő	ő	0 0	ő	ő	ŏ	ő	ő	ő	ő
422	Outpatient Facility	o i	ó	o o	ò	ó	0	0		ò	0	0	0 0	0		0	ò	0	0	0
424	Durable Medical Equipment	o i	ó	o o	ò	ó	0	0		ò	0	0	0 0	0		0	ò	0	0	0
426	Dental	o i	ó	o o	ò	ó	0	0		ò	0	0	0 0	0		0	ò	0	0	0
428	Transportation	o i	ó	o o	ò	ó	0	0		ò	0	0	0 0	0		0	ò	0	0	0
430	Nursing Facility, Home Health Care							0					0 0	0					0	
432	Physical Therapy	0				ō		o			0		0 0	0	0		0		0	0
434	Payment Reform/Shared Savings Arrangements	ő	ő	ő	ő	ŏ		ŏ		ő	ő	0	0 0	0	ō	ő	ő		o	0
436	Miscellaneous Medical Expenses	ő	ŏ	ŏ	ő	ŏ	ŏ	ŏ		ő	ő	ő	0 0	o	ő	ŏ	ő	ő	ő	ō
438	PPC-Other	0	0	0	0	0	0	0	0	0	0	0	0 0	0	0	0	0		0	0
	Total Other Medical	0	0	0	0	0	0	0) 0	0	0	0	0 0	0	0	0	0	0	0	0
	TOTAL MEDICAL EXP	0	0	0	0	0	0			0	0	0	0 0	0		0	0	0	0	0
Less:								1						1						
440	Reinsurance	0	0	0	0	0	0	0	0	0	0	0	0 0	0	0	0	0	0	0	0
441	Reserved	0	0	0	0	0	0	0		0	0	0	0 0	0	0	0	0		0	0
442	Third Party Liability	0	0		0		0	0	0	0	0	0	0 0	0	0	0	0		0	0
	TOTAL NET MEDICAL EXP	0	0	0	0	0	0	0	0 0	0	0	0	0 0	0	0	0	0	0	0	0
						-														
	TOTAL ADMIN EXP	0	0	0	0	0	0	0) ()	0	0	0	0 0	0	0	0	0	0	0	0
								Г												
								0) 0	0	0	0	0 0	0	0	0	0	0	0	0
	TOTAL EXPENSES	0	0	0	0	0	0													
	TOTAL EXPENSES	0	0	0	0	0	0	0												
		0	0	0	0	0	0	0		0	0	0	0 0		0	0	0	0	0	
	Inc (loss) from operations					-	0	0	0 0	0	0	0	0 0	0	0	0	0	0	0	0
		0			0	0		0	0 0					0				0	0	0
	Inc (loss) from operations Non-operating inc (loss)	0	0	0	0	0		0	0 0	0	0	0	0 0	0	0	0	0	0	0	0000
	Inc (loss) from operations Non-operating inc (loss) Inc (loss) before taxes	0 0 0	0	0 0 0	0 0 0	0		0		0	0	0	0 0 0 0	0	0	0	0	0	0	0 0 0
	Inc (loss) from operations Non-operating inc (loss) Inc (loss) before taxes Income taxes	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0		0 0 0		0 0	0	0 0 0	0 0	0	0	0	0	0	0	0 0 0 0
	Inc (loss) from operations Non-operating inc (loss) Inc (loss) before taxes Income taxes	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0		0 0 0		0 0	0	0 0 0	0 0	0	0	0	0	0	0	0 0 0 0

Paragraph 4 Contractor I Quarter Enc GSA 6 Yava	Name ied: xx/xx/xxxx	TANF	TANE	1			-	SSI													
Quarter End	fed: xx/xx/xxxx pai														_						
	ipai									not Do i			SOBRA		Title		State			State	
GSA 6 Yava				TANF		TANF				se us		Care			XIX		Dnly			Only	
	REVENUE & EXPENSES	< 1 MF	1-13 MF	14-44 F	14-44 M	45+	Total	Med	Med Rese	erved RESE	RVED (Former	ly Non-MED)	Planning	Moms	lotal	RESERVED Tran	splants F	ESERVED	RESERVED	D Tota	Total
														0							
	Member Months SOBRA FPS Mmbr Miths					0								<	0						
	SOBRA FPS Mmbr Mths PPC Member Months	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	
	Pros. Member Months			0	0			0		0					0						
	Total Member Months	0	0	0	0	0	0	0	0	0	0 ~	Po	0	0	0	0	0	0	0		0
	Pros. & FPS Mbr. Mths	0	0	0	0	0		0	0	0	-	1		0	0	0	0	0	0		
	Pros. & PPC Mbr. Mihs	0	0	0	0	0		0	0	0	00/	100	0	0	0	0	0	0	0		
	REVENUES	0	U	0	U	0		0	0	0	PV X		U	0	0	0	0	U	0		
305	Prospective Capitation	0	0	0	0			0	0			0	0	0	0	0	0	0		0	
310	PPC Capitation	ő				0	ő	ő	° <		0	0		o	0		ő	ő			
312	Payment Reform/Shared Savings Settlement	ő	ő	ő	ő	ő	ő	ŏ	ő			0	ő	ő	0	ő	ő				ő
315	Delivery Supplement				0	ō	0	ō	0	11/	0	0		0	0						0
320	Prospective Tiered Reconciliation Settlement	0	0	0	0	ō	0	ō	0	Vol	0	0	0	0	0	0	0	0		0	
321	TWG Settlement	0	0	0	0	ō	0	ō	0	0	0	0	0	0	0	0	0	0		0	
322	PPC Settlement	0	0	0	0	ō	0	ō	· · ·	0	0	0	0	0	0	0	0	0		0	
325	Investment Income	0	0	0	0	0	0	ō	0	0	0	0	0	0	0	0	0	0		0	
330	Other Income	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0
	TOTAL REVENUES	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	EXPENSES																				
	Hospitalization																			1	1 1
402	Hospital Inpatient	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	i 0	0
406	PPC-Hospital Inpatient	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0
	Total Hospitalization	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Medical Compensation																				
408	Primary Care Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
410	Referral Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
412	Other Professional	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
414	PPC - Physician Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Medical Comp	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Other Medical Expenses																				
416	Emergency Facility Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
418	Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
420	Lab, X-ray, & Medical Imaging	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
422	Outpatient Facility	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
424	Durable Medical Equipment	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
426	Dental	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
428	Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
430	Nursing Facility, Home Health Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
432	Physical Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
434 436	Payment Reform/Shared Savings Arrangements	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
436	Miscellaneous Medical Expenses PPC-Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
438	Total Other Medical	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0
	TOTAL MEDICAL EXP	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0		
Less:	TOTAL MEDICAL EXP	0	0	0	0	U	0	U	0	0	0	0	0	0	U	U	U	0	0	0	0
440	Reinsurance	0	0	0	0	0		0	0	0		0	0		0	0	0	0			
440	Reserved	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0		0	
441	Third Party Liability			0	0	0				0		0		0	0						
442	TOTAL NET MEDICAL EXP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0
	TOTAL ILLI MEDICAL EAF		0	J	0			0	0	0		0	0			0		0	0	1	
	TOTAL ADMIN EXP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
_				U								v				•		v			
	TOTAL EXPENSES	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0
	LETTE ELL ENOLO		0	J						~		0	. 0			,		0	0		
	Inc (loss) from operations	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0		
	Non-operating inc (loss)	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0			
	Inc (loss) before taxes	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0		0
	Income taxes	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
	Premium taxes	ő	ő	ő	ő	ō	n n	ő	ő	ő	ő	0	ő		0	ő	ő	ő		0	6
				1			Ů	-	-	1.1	-				-	-	-			ľ	1 1
	NET INCOME (LOSS)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

																1					
Paragraph 4		_																			
Contractor N								SS		Do not	Do not	AHCCCS	SOBRA		Title	1	State			State	
	ed: xx/xx/xxxx	TANF	TANF	TANF	TANF		TANF		h with out	use	use	Care	Family	SOBRA	XIX		Only			Only	
GSA 8 Gila/F		< 1 MF	1-13 MF	14-44 F	14-44 M	45+	Total	I Me	d Med	Reserved	RESERVED	Formerly Non-MED)	Planning	Moms	Total	RESERVED Tr	ansplants	RESERVED	RESERVED) Tota	I Total
1	REVENUE & EXPENSES												ſ	0							
1	Member Months													1							
1	SOBRA FPS Mmbr Mths	0	0	0	0	0				0	0	~	0	0	0	0	0		0	0	
1	PPC Member Months	0	0	0	0	0	0			0	0	0	0	0	0	0	0		0	0	
1	Pros. Member Months	0	0	0	0	0	0			0	0	/ / 0		0	0	0	0	0	0	0	
1	Total Member Months	0	0	0	0	0				0	0	A Po) 0		0	0	0				
1	Pros. & FPS Mbr. Mths	0	0	0	0	0				0	0		0		0	0	0			0	
1	Pros. & PPC Mbr. Mths	0	0	0	0	0	0	0	0 0	0	0		0	0	0	0	0	0	0	0	0 0
1	REVENUES											1									
305	Prospective Capitation	0	0	0	0	0	0			0	\ °[v •	0	0	0	0	0		0	0	
310	PPC Capitation	0	0	0	0	0	0	9		C	0	0	0	0	0	0	0		0	0	
312	Payment Reform/Shared Savings Settlement	0	0	0	0	0	0	•		1 9	1 10	0	0	0	0		0	0	0	0	
315	Delivery Supplement	0	0	0	0	0	0	9		2	0	0	0	0	0		0	0	0	0	
320	Prospective Tiered Reconciliation Settlement	0	0	0	0	0	0	9		9	0	0	0	0	0	0	0	0	0	0	0
321	TWG Settlement	0	0	0	0	0	0	9		0	0	0	0	0	0	0	0	0	0	0	0
322	PPC Settlement	0	0	0	0	0	0	9		0	0	0	0	0	0	0	0	0	0	0	0
325	Investment Income	0	0	0	0	0	0	•	0 0	0	0	0	0	0	0	0	0	0	0	0	0
330	Other Income	0	0	0	0	0	0		0 0	0	0	0	0	0	0	0		0	0	•	0
-	TOTAL REVENUES EXPENSES	0	0	0	0	0	0	1 (0 0	0	0	0	0	0	0	0	0	0	0	0	0
1	Hospitalization	1					1	1												1	1 1
402	Hospitalization	0	0	0	0				0 0	0	0	0	0		0	0	0	0	0		
402	PPC-Hospital Inpatient	0										0		0	0	0	0				0
406	Total Hospitalization	0	0	0	0	0	0			0	0	0	0	0	0	0	0			0	
	Medical Compensation	0	0	0	0	0	0		0 0	0	U	0	0	0	U	0	0	U	U		0
408	Primary Care Physician	0	0	0	0				0 0	0	0	0	0			0		0		0	
408	Referral Physician	0	0	0	0	0				0	0	0	0	0	0	0	0		0		
410	Other Professional	0	0	0	0							0	0		0					0	
412	PPC - Physician Services	0		0				9	0 0 0 0	0	0	0		0	0	0	0	0	0	0	
414	Total Medical Comp	0	0	0	0	0				0	0	0	0	0	0	0	0		0		
1	Other Medical Expenses		0	0	0		Ů		0 0	0	0	0	0	0				U	0		
416	Emergency Facility Services	0	0	0	0				0 0	0		0	0	0		0	0	0		0	
418	Pharmacy	ő					ő					0									
420	Lab, X-ray, & Medical Imaging	ő	ő			ő	ő			0	ő	0		0	0	ő	ő	0	0	0	
422	Outpatient Facility	ő					ő					0		0	0				0		
424	Durable Medical Equipment														0						
426	Dental														0						
428	Transportation														0						
430	Nursing Facility, Home Health Care														0						
432	Physical Therapy	ő		ő	ő					ő		0		0	0	0	ő	0	0		
434	Payment Reform/Shared Savings Arrangements	ő					ő			ő		0		0	0	ő	ő		0		
436	Miscellaneous Medical Expenses	ő	ŏ	ŏ	ŏ	ŏ	ŏ	6		ő	ŏ	ő	ő	ŏ	ő	0	ŏ		ő	0	
438	PPC-Other	0	0	0	0		0		0 0	0	0	0		0	0	0		0	0	0	0
	Total Other Medical	0	0	0	0	0	0	0	0 0	0	0	0	0	0	0	0	0	0	0	0	0 0
	TOTAL MEDICAL EXP	0	0	0	0	0	0		0 0	0	0	0	0	0	0	0	0		0	0	0 0
Less:								1												1	
440	Reinsurance	0	0	0	0	0	0		0 0	0	0	0	0	0	0	0	0	0	0	0	0
441	Reserved	o l	0	0	Ó	0	0			0	0	0	0	0	0	0	0		0	0	0
442	Third Party Liability	o l	0	0	Ó	0	0		0 0	0	0	0	0	0	0	0	0	0	0	0	0
	TOTAL NET MEDICAL EXP	0	0	0	0	0	0	1	0 0	0	0	0	0	0	0	0	0	0	0	0	0
		1																			
	TOTAL ADMIN EXP	0	0	0	0	0	0		0 0	0	0	0	0	0	0	0	0	0	0	0	0
												-		-							
	TOTAL EXPENSES	0	0	0	0	0	0	0	0 0	0	0	0	0	0	0	0	0	0	0	0	0 0
1	Inc (loss) from operations	0	0	0	0	0	0		0 0	0	0	0	0	0	0	0	0	0	0	0	0
	Non-operating inc (loss)	0	0	0	0	0	0		0 0	0	0	0	0	0	0	0	0	0	0	0	0
	Inc (loss) before taxes	0	0	0	0	0	0			0	0	0	0	0	0	0	0	0	0	0	0
1	Income taxes	0	0	0	0	0	0	C		0	0	0	0	0	0	0	0		0	0	
1	Premium taxes	0	0	0	0	0	0	0	0 0	0	0	0	0	0	0	0	0	0	0	0	0
1							L	1												1	
	NET INCOME (LOSS)	0							0 0	0	0					0	0	0			

Paragraph Contractor Quarter En GSA 10 Pin	Name	-																			
Quarter En							1	SSI	SSI	Do not	Do not	AHCCCS	SOBRA	1	Title		State	1	1	State	
		TANE	TANF	TANE	TANF	TANE	TANF	with		use	use	Care	Family	SOBRA	XIX	1	Only			Only	
	a/Santa Cruz		1-13 MF			45+						Formerly Non-MED)				RESERVED		RESERVED	RESERVED		
	REVENUE & EXPENSES	< 1 mit	1-10 111		14 44 18		1010	mee	mea	neserved	LOCITICO	i onneny non-meb)	- running	(Internal	TOTAL		manaprant	/ neoenvee	Incoentee	1010	Total
	Member Months																				
	SOBRA FPS Mmbr Mths	0	0	0	0	0	0	0	0	0	0	1	0		0	0			0	0	
	PPC Member Months	ő	ŏ	ő	ŏ	ŏ				ő	ŏ		0	ŏ	ő	ő			ő	ő	ő
	Pros. Member Months	o i	o o	ò	o o	ó		0	0	ó	0	/ A o		/ 6	0	0		0	ó	0	0
	Total Member Months	0	0	0	0	0	0	0	0	0	0	a Po	0	0	0	0	(0	0	0	0
	Pros. & FPS Mbr. Mths	0	0	0	0	0		0	0	0	0	1/10	> 0	0	0	0		0			0
	Pros. & PPC Mbr. Mths	0	0	0	0	0	0	0		0	lor	2/ 150	0	0	0	0			0		
	REVENUES										-	4									
305	Prospective Capitation	0	0	0	0	0		0	0	0			0	0	0	0			0	0	0
310	PPC Capitation	0	0	0	Ó	0	0	0	0	-	0	0	0	0	0	0		0	0	0	0
312	Payment Reform/Shared Savings Settlement	0	0	0	0	0	0	0			1 0	0	0	0	0	0		0	0	0	0
315	Delivery Supplement	0	0	0	0	0	0	0	0	6	0	0	0	0	0	0		0	0	0	0
320	Prospective Tiered Reconciliation Settlement	0	0	0	0	0	0	0	0	V 9/	0	0	0	0	0	0		0	0	0	0
321	TWG Settlement	0	0	0	0	0	0		0	0	0	0	0	0	0	0		0	0	0	0
322	PPC Settlement	0	0	0	0	0	0	0		0	0	0	0	0	0	0			0	0	0
325	Investment Income	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0
330	Other Income	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0
	TOTAL REVENUES	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0
	EXPENSES																				
	Hospitalization																			1	
402	Hospital Inpatient	0	0	0	0	0	0			0	0	0	0	0	0	0					0
406	PPC-Hospital Inpatient	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0		0
	Total Hospitalization	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(0	0	0	0
	Medical Compensation																				
408	Primary Care Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0
410	Referral Physician	0	0	0	0	0	0	0	0	0	0	0	0		0	0				0	0
412	Other Professional	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0
414	PPC - Physician Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0
	Total Medical Comp	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(0	0	0	0
	Other Medical Expenses																				
416	Emergency Facility Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0
418	Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	9		0	0	0
420	Lab, X-ray, & Medical Imaging	0	0	0	0	0	0	0	0	0		0	0	0	0	0	9		0	0	0
422 424	Outpatient Facility	0	0	0	0	0	0	0	0	0		0	0	0	0	0		0	0	0	0
424 426	Durable Medical Equipment	0	0	0	0	0	0	0	0	0		0	0	0	0	0		0	0	0	0
	Dental	0	0	0	0	0	0	0	0	0		0	0	0	0	0		0	0	0	0
428	Transportation	0	0	0	0	0	0	0	0	0		0	0	0	0	0	9		0	0	0
430	Nursing Facility, Home Health Care	0	0	0	0	0	0	0	0	0		0	0	0	0	0			0	0	0
432 434	Physical Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0
434	Payment Reform/Shared Savings Arrangements Miscellaneous Medical Expenses		0	0	0	0	0	0	0	0		0	0	0	0	0			0	0	0
436	PPC-Other		0	0						0		0				0			0	0	
430	Total Other Medical	0	0	0	0	0	0	0		0	0	0	0	0	0	0			0		0
	TOTAL MEDICAL EXP	0	0	0	0	0	0			0	0	0	0		0	0					
Less:	TOTAL IIILDIVAL LA	0	0	0	0	0		0	0	0	0	0	0	0		0		. 0	0	-	
440	Reinsurance		0	0	0	0		0	0	0	0	0	0		0	0				0	
440	Reserved		0	0	0			0		0		0	0		0	0			0	0	0
442	Third Party Liability																			0	
-492	TOTAL NET MEDICAL EXP	0	0	0	0	0		0	0	0	0	0	0	0	0	0	(0	0	0
	TOTAL MET MEDICAL CAP		0	0	0	0						0	0					0	0		
_	TOTAL ADMIN EXP	0	n	P	n	n	n	0	0	n	0	0	0	۵	0	0	(0	0	0	0
							Ť					v						v	V		
	TOTAL EXPENSES	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(0	0	0	0
			0	0								0					,		0	- ×	
	Inc (loss) from operations	0	0	0	0	0		0	0	0	0	0	0	0	0	0			0	0	0
	Non-operating inc (loss)	0	0	0	0	0	0		0	0	0	0	0	0	0	0			0	0	0
	Inc (loss) before taxes	0	0	0	0	0		0		0	0	0	0			0			0		0
	Income taxes	0	0	0	0	0		0	0	0	0	0	0	0	0		, in the second s		0	0	
	Premium taxes	ő	ő	ő	ő	ŏ		ő	ő	ő	ő	0			ő	ő			0	0	ñ
							ľ								1 1	, v				ľ	1 1
	NET INCOME (LOSS)	0	0	0	0	0	0	0	0	0	0	. 0	0	0	0	0	(0	0	0	0

Paragraph 4.																					
Contractor N								SSI	SSI	Do not	Do not	AHCCCS	SOBRA		Title		State			State	
	ed: xx/xx/xxxx	TANF	TANF	TANF			TANF		with out	use	use	Care	Family	SOBRA	XIX		Only			Only	Grand
GSA	Maricopa	< 1 MF	1-13 MF	14-44 F	14-44 M 4	5+	Total	Med	Med	Reserved	RESERVED	(Formerly Non-MED) Planning	Moms	Total	RESERVED	Transplants	RESERVED	RESERVED	Total	Total
	REVENUE & EXPENSES										/	1									
	Member Months											<pre>/</pre>									
	SOBRA FPS Mmbr Mths	0	0	0	0	0	0		0	0			0 0	0	0	0	0	0	0	0	0
	PPC Member Months	0	0	0	0	0	0	0	0	0	0	0	0 0	0	0	0	0	0	0	0	0
	Pros. Member Months	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Member Months	0	0	0	0	0	0	0	0	. 0	0	(0 0	0	0	0	0	0	0	0	0
	Pros. & FPS Mbr. Mths	0	0	0	0	0	0	0	0		0	c	0	0	0	0	0	0	0	0	0
	Pros. & PPC Mbr. Mths	0		Ó	Ó	0	o	0		P	0	c		0	o	0	0	0	0	0	o
	REVENUES						/	-	1 /	~											1
305	Prospective Capitation	0	0	0	0	0	0	Da	6.		0			0	0	0	0	0	0	0	0
310	PPC Capitation	ō	0	0	0	ō	0			0			0		0	0		0		0	0
312	Payment Reform/Shared Savings Settlement	0	0	ŏ		ŏ	0							ő	ő	0		0		ő	ő
315	Delivery Supplement			0			0		0						0	ő		0		0	0
320	Prospective Tiered Reconciliation Settlement	0		0			0	0							0			0		0	0
320	TWG Settlement	0		0			0			0	0				0	0	0	0	0	0	0
		-	0			0	-	0	0	0	U		0	0		0	0	0	0	0	
322	PPC Settlement	0	0	0		U	0	0	0	0	0	((0 0	0	0	0	0	0	0	0	0
325	Investment Income Other Income	0	0	0	0	0	0	0	0	0	0	((0	0	0	0	0	0	0	0
330	TOTAL REVENUES	•				0	0	•	· ·	0				0	-		•		0	0	0
		0	0	0	0	0	0	0	0	0	0	0) 0	0	0	0	0	0	0	0	0
	EXPENSES																				
	Hospitalization																				
402	Hospital Inpatient	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0
406	PPC-Hospital Inpatient	0	0	0	0	0	0		0	0	0	(0	0	0	0	0	0	0	0
	Total Hospitalization	0	0	0	0	0	0	0	0	0	0	() 0	0	0	0	0	0	0	0	0
	Medical Compensation																				
408	Primary Care Physician	0	0	0	0	0	0	0	0	0	0	0) 0	0	0	0	0	0	0	0	0
410	Referral Physician	0	0	0	0	0	0	0	0	0	0	0) 0	0	0	0	0	0	0	0	0
412	Other Professional	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
414	PPC - Physician Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Medical Comp	0	0	0	0	0	0	0	0	0	0	(0 0	0	0	0	0	0	0	0	0
	Other Medical Expenses																				1
416	Emergency Facility Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
418	Pharmacy	, i	0	0	0	0	0	0	0	0	0	c c	0	0	0	0	0	0	0	0	0
420	Lab, X-ray, & Medical Imaging	ō	0	0	0	ō	0	0	0	0	0			0	ō	0	0	0	0	0	0
422	Outpatient Facility	0		0	0	0	0	0	0						0	0		0	0	0	0
424	Durable Medical Equipment	ő	0	ő	ő	ŏ	0	ő	ő	ő	ő		, o	ő	ő	ő	0	ő	ő	ő	ő
426	Dental	ő	0	ő	ő	ŏ	0	ő	ő	ő	ő			ő	ő	ő	0	ő	ő	ő	ő
428	Transportation	ő			ő	ő	0	0						ő	ő	0				ő	ő
420	Nursing Facility, Home Health Care				0		0	0		0	0				0	0	0	0	0	0	0
432	Physical Therapy				0	~	0	0							0			0		0	ő
432	Physical Therapy Payment Reform/Shared Savings Arrangements	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0	0		0
434	Miscellaneous Medical Expenses	0	0	0	0	0	0	0	0	0	0	L L L L L L L L L L L L L L L L L L L	, U	0	0	0	0	0	0		
436 438	PPC-Other	0	0	0		U	0	0	0	0	0			0		0	0	0	0	0	0
438	Total Other Medical				0	0		•			0	(0	0				0		0
		0		0	0	0	0		0	0					0	0	0			0	0
1	TOTAL MEDICAL EXP	0	0	0	0	0	0	0	0	0	0	0) 0	0	0	0	0	0	0	0	0
Less:																					
440	Reinsurance	0	0	0	0	0	0	0	0	0	0	C		0	0	0	0	0	0	0	0
441	Reserved	0	0	0	0	0	0		0	0	0	c		0	0	0	0	0	0	0	0
442	Third Party Liability	0	0	0	0	0	0	0	0	0	0	(0	0	0	0	0	0	0	0
	TOTAL NET MEDICAL EXP	0	0	0	0	0	0	0	0	0	0	(0 0	0	0	0	0	0	0	0	0
	TOTAL ADMIN EXP	0	0	0	0	0	0	0	0	0	0	() 0	0	0	0	0	0	0	0	0
	TOTAL EXPENSES	0	0	0	0	0	0	0	0	0	0	(0 0	0	0	0	0	0	0	0	0
	Inc (loss) from operations	0	0	0	0	0	0	0	0	0	0	c	0 0	0	0	0	0	0	0	0	0
	Non-operating inc (loss)	0	0	0	0	0	0		0	0	0			0	ō	0	0	0	0	0	0
	Inc (loss) before taxes	0	0	0	0	0	0	o	0	0	0	(0	0	0	0	0	0	ő	ő
	Income taxes	0	0	0	0	ŏ	ő		0	0	0			0	ō	0	0	0	0	0	0
	Premium taxes	ő	~	0	0	0	0	o		0	0				0	0	0	0		0	0
	i formulti (dAGS		U	0	0	0	U		U	U	U		, 0	U		U	0	0	0		
	NET INCOME (LOSS)	0	0	0	0	0	0	0	0	0	0	() 0		0	0	0	0	0	0	0
			0	0	0	-0	U	0								0	0		0		

																1					
Paragraph 4		_													_						
Contractor								SSI		Do not		AHCCCS	SOBRA		Title		State			State	
	ed: xx/xx/xxxx	TANF	TANF	TANF			TANF	with		use	use	Care			XIX		Only			Only	
GSA 14 Coc	hise/Graham/Greenlee	< 1 MF	1-13 MF	14-44 F	14-44 M	45+	Total	Mec	d Med	Reserved	ESERVED (Forn	nerly Non-MED)	Planning	Moms	Total	RESERVED Tra	ansplants	RESERVED	RESERVE	D Total	Total
	REVENUE & EXPENSES													0							
	Member Months													/							
	SOBRA FPS Mmbr Mths	0	0	0	0	0	0			0	0	~	0	0	0	0	0	0		0 0	0
	PPC Member Months	0	0	0	0	0	0			0	0	, o	0	0	0	0	0	0		0 0	0
	Pros. Member Months	0	0	0	0	0	0	0		0	0		L 🖉	0	0	0	0	0		0 0	0
	Total Member Months	0		0	0	0	0	0		0	° _	Po) 0	0	0	0	0	0			0
	Pros. & FPS Mbr. Mths	0		0	0	0	0	0		0	0	1 10	0	0	0	0	0	0			0
	Pros. & PPC Mbr. Mths	0	0	0	0	0	0	0	0	0	[OD]	0	0	0	0	0	0	0	(0 0	0
	REVENUES									-											
305	Prospective Capitation	0		0	0	0	0	0		-		> 0	0	0	0	0	0	0		0 0	0
310	PPC Capitation	0	0	0	0	0	0	0		C	0	0	0	0	0	0	0	0		0 0	0
312 315	Payment Reform/Shared Savings Settlement		0	0	0	0	0	0		1 1 7 .		0	0	0	0		0	0		0 0	0
	Delivery Supplement	0	0	0	0	0	0	0		2/		0	0	0	0	0	0	0		0 0	0
320	Prospective Tiered Reconciliation Settlement	0	0	0	0	0	0	0		9	0	0	0	0	0	0	0	0		0 0	0
321	TWG Settlement	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0		0 0	0
322	PPC Settlement	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0		0 0	0
325	Investment Income	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0		0 0	0
330	Other Income	0	0	0	0	0	0	0	0 0	0	0	0	0	0	0	0	0	0		0 0	0
	TOTAL REVENUES	0	0	0	0	0	0	0) 0	0	0	0	0	0	0	0	0	0		0 0	0
	EXPENSES	1																			
	Hospitalization																				
402	Hospital Inpatient	0		0	0	0	0			0	0	0	0	0	0	0	0	0			0
406	PPC-Hospital Inpatient	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0			0
	Total Hospitalization	0	0	0	0	0	0	0) 0	0	0	0	0	0	0	0	0	0		0 0	0
	Medical Compensation																				
408	Primary Care Physician	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0		0 0	0
410	Referral Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0 0	0
412	Other Professional	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0		0 0	0
414	PPC - Physician Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0 0	0
	Total Medical Comp	0	0	0	0	0	0	0) 0	0	0	0	0	0	0	0	0	0		0 0	0
	Other Medical Expenses																				
416	Emergency Facility Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0 0	0
418	Pharmacy	0	0	0	0	0	0	0	0 0	0	0	0	0	0	0	0	0	0		0 0	0
420	Lab, X-ray, & Medical Imaging	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0 0	0
422	Outpatient Facility	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0 0	0
424	Durable Medical Equipment	0	0	0	0	0	0	0	0 0	0	0	0	0	0	0	0	0	0		0 0	0
426	Dental	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0		0 0	0
428	Transportation	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0		0 0	0
430	Nursing Facility, Home Health Care	0	0	0	0	0	0	0	0 0	0	0	0	0	0	0	0	0	0		0 0	0
432	Physical Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0 0	0
434	Payment Reform/Shared Savings Arrangements	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0 0	0
436	Miscellaneous Medical Expenses	Ó.	0	0	0	Ó	0	Ó	o o	Ó.	ō	0	0	0	0	ō	0	0		0 0	0
438	PPC-Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0 0	0
	Total Other Medical	0	0	0	0	0	0	0) 0	0	0	0	0	0	0	0	0	0	(0 0	0
	TOTAL MEDICAL EXP	0	0	0	0	0	0	0) 0	0	0	0	0	0	0	0	0	0	(0 0	0
Less:																					
440	Reinsurance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0 0	0
441	Reserved	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0 0	0
442	Third Party Liability	0	0		0	0	0	0		0	0	0	0	0	0	0		0		0 0	0
	TOTAL NET MEDICAL EXP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(0 0	0
								-							-						
_	TOTAL ADMIN EXP	0	0	0	0	0	0	0	0 0	0	0	0	0	0	0	0	0	0		0 0	0
	TOTAL EXPENSES	0	0	0	0	0	0	0	0 (0	0	0	0	0	0	0	0	0		0 0	0
															-						
	Inc (loss) from operations	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0		0 0	
	Non-operating inc (loss)	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0		0 0	
	Inc (loss) before taxes	0	0	0	0	0		0		0	0	0	0	0	0	0	0	0			0
			0	0	0	0		0		0	0	0	0	0	0		0	0			
	Income taxes	0					~														
	Income taxes Premium taxes	0	0	0	0	0	o	0		0	0	0	0	0	0	0	0	0		0	0
							0							0	0	0					0

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

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

CY14

											5	1						
	Account	TANE	TANE	TANE	TANE	TANF	TANE	SSI with	SSI with out			AHCCCS Care	SOBRA Family	SOBRA	Title XIX	State Only	State Only	Grand
Account	Description	< 1 MF	1-13 MF	14-44 F	14-44 M	45+	Total	Med	Med	Reserve	RESERVED	(Formerly Non-MED)			Total	Transplants	Total	Total
Sub-Capi	itated Hospitalization Expenses:																	
402	Hospital Inpatient	0	0	0	0	0	0	A0			0 0	0	0	0	0	0	0	0
406	PPC-Hospital Inpatient	0	0	0	0	0	0	0		7	0 (0 0	0	0	0	0	0	0
	Total Sub-Capitated Hospitalization Expense:	\$ -	s -	\$ -	\$ -	\$ -	\$	\$ -	s.	s -	\$ -	s -	\$ -	\$ -	\$ -	\$-	\$ -	s -
Sub-Capi	itated Medical Compensation Expenses:						01	11										
408	Primary Care Physician Services	0	0	0	0	0	14 0	0	()	0 (0 0	0	0	0	0	0	0
	Referral Physician Services	0	0	0	_	0	>) 0	0	()	0 (0 0	0	0	0	0	0	0
412	Other Professional	0	0	0	0	0	0	0	()	0 0	0	0	0	0	0	0	0
416	PPC-Physician Services	0	0	0	0	.0	0	0	()	0 (0 0	0	0	0	0	0	0
	Total Sub-Capitated Medical Compensation Expenses:	\$ -	\$ -	\$ -	\$ /	\$ -	\$ -	\$ -	\$ -	s -	\$ -	s -	\$ -	\$ -	\$ -	\$-	\$ -	\$ -
Sub-Capi	itated Other Medical Expenses:																	
416	Emergency Facility Services	0	0	0	0	0	0	0	()	0 0	0	0	0	0	0	0	0
418	Pharmacy	0	0	0	0	0	0	0	()	0 0	0	0	0	0	0	0	0
	Lab, X-ray, & med image	0	0	0	0	0	0	0	()	0 0	0	0	0	0	0	0	0
422	Outpatient Facility	0	0	0	0	0	0	0	()	0 0	0	0	0	0	0	0	0
424	Durable Med Equip	0	0	0	0	0	0	0	()	0 0	0	0	0	0	0	0	0
	Dental	0	0	0	0	0	0	0	()	0 0	0 0	0	0	0	0	0	0
428	Transportation	0	0	0	0	0	0	0	()	0 0	0 0	0	0	0	0	0	0
430	NF, Home HC	0	0	0	0	0	0	0	()	0 0	0	0	0	0	0	0	0
	Physical Therapy	0	0	0	0	0	0	0	1)	0 0	0 0	0	0	0	0	0	0
	Payment Reform/Shared Savings Arrangements	0	0	0	0	0	0	0)	0 () 0	0	0	0	0	0	0
	Miscellaneous Med Exp	0	0	0	0	0	0	0	1)	0 0	0 0	0	0	0	0	0	0
438	PPC-Other	0	0	0	0	0	0	0)	0 (0	0	0	0	0	0	0
	Total Sub-Capitated Other Medical Expenses:	\$ -	\$ -	\$ -	\$	\$-	\$ -	\$ -	\$ -	\$ -	\$-	\$ -	\$-	\$ -	\$ -	\$-	\$ -	\$ -
	Total Sub-Capitated Expenses:	\$-	\$-	\$-	\$-	\$-	\$-	\$ -	\$-	\$ -	\$-	\$ -	\$-	\$ -	\$ -	\$-	\$-	\$ -

Paragraph 4.11 Contractor Name Quarter Ended: xx/xx/xxxx Prior Pariod Adjunctment Schedulo

		Amount Related to Prior Contract year 2010	Amount Related to Prior Contract year 2011	Amount Related to Current Contract year 2012	Total Adjustment
	BALANCE SHEET				
	ASSETS				
105	Current Assets			1	
110	Cash and cash equivalents Short-term investments	0	0	0	-
115	Capitation/Supplement/Risk Adj Receivable	0	0		
120	Reinsurance receivable	0		0	-
122	Prospective Tiered Reconciliation Receivable	0		0	-
125	Investment income receivable	0	14 10	0	-
130	Current due from affiliates	0	\circ \circ \circ	0	-
135	Payment Reform/Shared Savings Receivable	0	0	0	-
140	Other current assets		0	0	-
	Total Current Assets	· · ·	-	-	-
145	Other Assets General performance bond	0	0	0	
150	Restricted cash and other assets	0	0	0	
155	Long-term investments	0	0	0	
160	Non-current due from affiliates	0	0	0	-
165	Other non-current assets	0	0	0	-
	Total Other Assets	-	-	-	-
	Property and Equipment	1			
170	Land	0	0	0	
175 180	Buildings	0	0	0	-
180	Leasehold improvements Furniture and equipment	0	0	0	-
190	Other property and equipment	0	0	0	
	Total Property and Equipment	0	0	0	-
195	Accumulated depreciation/amortization	0	0	0	-
	Net Property and Equipment	•	•	-	-
	TOTAL ASSETS	-	-	-	-
	LIABILITIES Current Liabilities				
205	Accounts payable	0	0	0	
210	Accrued administrative expenses	0	0	0	
215	Capitation payable	0	0	0	-
	Hospitalization Payable	0	0	0	-
	Physician Payable	0	0	0	-
	Other medical Payable	0	0	0	-
	Total Prospective Payable	0	0	0	
200	PPC - Payable	0	0	0	-
220	Medical claims payable Prospective Tiered Reconciliation Payable	0	0	0	
225	Reserved	0	0	0	
230	Current portion - long-term debt	0	0	0	-
235	Due to affiliates	0	0	0	-
240	Other current liabilities	0	0	0	-
	Total Current Liabilities	0	0	0	C
	Other Liabilities		-		
245	Non-current portion long-term debt	0	0	0	-
250 255	Non-current due to affiliates Other non-current liabilities	0	0	0	-
	Total Other Liabilities	-	-	-	-
	TOTAL LIABILITIES EQUITY/NET ASSETS	-	-	-	-
505	Preferred stock	0	0	0	
510	Common stock	0	0	0	-
515	Treasury stock	0	0	0	-
	Additional paid-in capital	0	0	0	-
520		0	0	0	-
520 525	Contributed capital				
	Retained earnings - beginning	0	0	0	-
525	Retained earnings - beginning Increase (decrease) YTD	0	0	0	-
	Retained earnings - beginning				-

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

		Amount Related to Prior	Amount Related to Prior Contract Year 2011	Amount Related to Current Contract Year 2012	Total Adjustment
	REVENUES	001111001 1001 2010			
05	Prospective Capitation	0	0_	1 0	
10	PPC Capitation	0	0		
12	Payment Reform/Shared Savings Settlement	0			-
15	Delivery Supplement	0			-
20	Prospective Tiered Reconciliation Settlement	0		V 0	-
21	TWG Settlement	Ő	01 10	0	-
22	PPC Settlement	0		0	-
25	Investment Income		\cap) 0	0	-
30	Other Income		0	0	
00	TOTAL REVENUES			-	-
	EXPENSES		-	-	-
	Hospitalization		0	0	_
02	Hospital Inpatient	0	0	0	
02	PPC-Hospital Inpatient	0	0	0	
00	Total Hospitalization	0		-	
	Medical Compensation	-	•	•	-
08	Primary Care Physician		•	0	
10	Referral Physician	0	0	0	-
		0	0	0	-
12	Other Professional	0	0	0	-
14	PPC - Physician Services	0	0	0	-
	Total Medical Comp	•	-	-	-
	Other Medical Expenses				
16	Emergency Facility Services	0	0	0	-
18	Pharmacy	0	0	0	-
20	Lab, X-ray, & Medical Imaging	0	0	0	-
22	Outpatient Facility	0	0	0	-
24	Durable Medical Equipment	0	0	0	-
26	Dental	0	0	0	-
28	Transportation	0	0	0	-
30	Nursing Facility, Home Health Care	0	0	0	-
32	Physical Therapy	0	0	0	-
34	Payment Reform/Shared Savings Arrangements	0	0	0	-
36	Miscellaneous Medical Expenses	0	0	0	-
38	PPC-Other	0	0	0	-
	Total Other Medical	-	-	•	-
	TOTAL MEDICAL EXP	-	-	•	-
ess:					
40	Reinsurance	0	0	0	-
41	Reserved	0	0	0	-
42	Third Party Liability	0		0	-
	TOTAL NET MEDICAL EXP	-	-	•	-
	TOTAL ADMIN EXP	0	0	0	-
	TOTAL EXPENSES	-		•	-
	Inc (loss) from operations	-	-	-	
	Non-operating inc (loss)	0	0	0	_
	Inc (loss) before taxes	-	-	-	
	Income taxes	0	- 0	0	
	Premium taxes	0	0	0	-
	I TEIMUIT LAXES	U	U	U	-

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

5 DRA

Insert Parent Company Balance Sheet pursuant to Paragraph 4.13

RA

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

1 RA

Paragraph 4.15

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

Paragraph 4.15

Contracto Quarter E 105 110 115 120 122 125 130 135 140 145 150 155 160 165	nded: xx/xx/xxxx BALANCE SHEET ASSETS Current Assets Cash & equivalents Short-term investments Capitation/Supplement/Risk Adj Receivable Reioncilitation receivable Investment income receivable Investment income receivable Due from affiliates Payment Reform/Shared Savings Receivable Other current assets Total Current Assets Other Assets Genrf performance bond Restricted cash/other	4th Quarter	Audit Adjustments	Draft <u>Audit</u>	Audit Adjustments	Final Audit	Caption 1 Ca	ption2 Ca	Audi	t <u>Captions</u>	Caption 6		<u>Total</u>
110 115 120 122 125 130 135 140 145 150 155 160	ASSETS Current Assets Cash & equivalents Short-term investments Capitation/Supplement/Risk Adj Receivable Reconciliation receivable Investment income receivable Due from affiliates Payment Reform/Shared Savings Receivable Other current assets Other Assets Other Assets Other Assets						Caption 1 Ca	ption2 Ca	aption 3 Caption	14 Caption 5	Caption 6		\$
110 115 120 122 125 130 135 140 145 155 160	ASSETS Current Assets Cash & equivalents Short-term investments Capitation/Supplement/Risk Adj Receivable Reconciliation receivable Investment income receivable Due from affiliates Payment Reform/Shared Savings Receivable Other current assets Other Assets Other Assets Other Assets	Quarter	Adjustments	Audit	Adjustments	Audit	Caption 1 Ca	ption2 Ca	aption <u>3</u> Caption	<u>14</u> Caption 5	<u>Caption 6</u>		\$
110 115 120 122 125 130 135 140 145 155 160	ASSETS Current Assets Cash & equivalents Short-term investments Capitation/Supplement/Risk Adj Receivable Reconciliation receivable Investment income receivable Due from affiliates Payment Reform/Shared Savings Receivable Other current assets Other Assets Other Assets Other Assets	-		2	A								
110 115 120 122 125 130 135 140 145 150 155 160	Current Assets Cash & equivalents Short-term investments Capitation/Supplement/Risk Adj Receivable Reinsurance receivable Reconcilitation receivable Investment income receivable Due from affiliates Payment Reform/Shared Savings Receivable Other current assets Total Current Assets Other Assets Other Assets Genr/ performance bond	-		2	A								
110 115 120 122 125 130 135 140 145 150 155 160	Cash & equivalents Short-term investments Capitation/Supplement/Risk Adj Receivable Reinsurance receivable Investment income receivable Due from affiliates Payment Reform/Shared Savings Receivable Other current assets Total Current Assets Other Assets Other performance bond			2	A								
110 115 120 122 125 130 135 140 145 150 155 160	Short-term investments Capitation/Supplement/Risk Adj Receivable Reinsurance receivable Reconciliation receivable Investment income receivable Due from affiliates Payment Reform/Shared Savings Receivable Other current assets Total Current Assets Other Assets Genrf performance bond			2	A								
115 120 122 125 130 135 140 145 150 155 160	Capitation/Supplement/Risk Adj Receivable Reinsurance receivable Reconcilitation receivable Investment income receivable Due from affiliates Payment Reform/Shared Savings Receivable Other current assets Total Current Assets Other Assets Other Assets Genrí performance bond	·		$\overline{2}$	A								
120 122 125 130 135 140 145 150 155 160	Reinsurance receivable Reconciliation receivable Investment income receivable Due from affiliates Payment Reform/Shared Savings Receivable Other current assets Other Assets Other Assets Genrí performance bond	·		2	A		J						
122 125 130 135 140 145 150 155 160	Reconciliation receivable Investment income receivable Due from affiliates Payment Reform/Shared Savings Receivable Other current assets Total Current Assets Other Assets Genrí Performance bond	-		$\overline{2}$	A								
125 130 135 140 145 150 155 160	Investment income receivable Due from affiliates Payment Reform/Shared Savings Receivable Other current assets Total Current Assets Other Assets Genr1 performance bond	-		$\overline{\boldsymbol{\mathcal{D}}}$:	12	-							\$
135 140 145 150 155 160	Due from affiliates Payment Reform/Shared Savings Receivable Other current assets Total Current Assets Other Assets Genr1 performance bond			2/-									\$
140 145 150 155 160	Other current assets Total Current Assets Other Assets Genr'l performance bond			//		-							\$
145 150 155 160	Total Current Assets Other Assets Genr ¹ performance bond	·		~ -		-							\$
150 155 160	Other Assets Genr'l performance bond	-				-							\$
150 155 160	Genr'l performance bond		-	-	-	-							
150 155 160													\$
155 160	Restricted cash/other			-		-							\$
160			f	-		-							\$
	Long-term investments			-		-							\$
	Non-cur due from affiliates Other non-current assets			-		-							\$
	Total Other Assets	<u> </u>											Ф
	Property & Equipment						1						\$
170	Land					-							\$
175	Buildings			-		-							\$
180	Leasehold improvements			-		-							\$
185	Furniture & equipment			-		-							\$
190	Other - P & E			-		-							\$
	Total Prop & Equip	-	-	-	-	-							\$
195	Less: Accum Depr												\$
	Net Prop & Equip	-	-		-	-	4						
L	TOTAL ASSETS						\$-\$	- \$	- \$	- \$ -	\$-		\$ \$
	LIABILITIES				-	-		-	aption 3 Caption			•	Ψ <u>Total</u>
	Current Liabilities									14 Oaption 5	<u>Caption 0</u>	<u>Caption 7</u>	Total
205	Accounts payable			-		-							\$
210	Accrued admin exp			-		-							\$
215	Capitation payable			-		-							\$
	Hospitalization Payable			-		-							\$
	Physician Payable			-		-							\$
	Other medical Payable			-		-							\$
	Total Prospective Payable	-	-	-	-	-							\$
	PPC - Payable			-		-							\$
220	Medical claims payable	-	-	-	-	-							\$
222	Reconciliation Payable			-		-							\$
225	Reserved			-		-							\$
230	Curr portion - L-T Debt			-		-							\$
235 240	Due to affiliates Other current liabilities			-		-							\$ \$
240	Total Current Liabilities		-	-		-							φ
	Other Liabilities						1						
245	Non-curr portion L-T Debt					-							\$
250	Non-curr due to affiliates			-		-							\$
	Other non-curr liabilities			-		-							\$
255		-	-	-	-	-							
	Total Other Liabilities												
						-							
	TOTAL LIABILITIES	-		-	-		-						
255	TOTAL LIABILITIES EQUITY/NET ASSETS	-	-	-	-								\$
255 505	TOTAL LIABILITIES EQUITY/NET ASSETS Preferred stock	-				-							\$
255 505 510	TOTAL LIABILITIES EQUITY/NET ASSETS Preferred stock Common stock	-		-		-							\$ \$
255 505 510 515	TOTAL LIABILITIES EQUITY/NET ASSETS Preferred stock Common stock Treasury stock	-	-	-	-	-							\$ \$ \$
255 505 510 515 520	TOTAL LIABILITIES EQUITY/NET ASSETS Preferred stock Common stock Treasury stock Additional paid-in capital	-		-			1						\$ \$ \$ \$
255 505 510 515	TOTAL LIABILITIES EQUITY/NET ASSETS Preferred stock Common stock Treasury stock Additional paid-in capital Contributed capital	-	-										\$ \$ \$
255 505 510 515 520	TOTAL LIABILITIES EQUITY/NET ASSETS Preferred stock Common stock Treasury stock Additional paid-in capital	-		-									\$ \$ \$ \$
255 505 510 515 520 525	TOTAL LIABILITIES EQUITY/NET ASSETS Preferred stock Common stock Treasury stock Additional paid-in capital Contributed capital Retained earnings - beg	-	-	-		- - - - - -							\$ \$ \$ \$ \$
255 505 510 515 520 525	TOTAL LIABILITIES EQUITY/NET ASSETS Preferred stock Common stock Treasury stock Additional paid-in capital Contributed capital Retained earnings - beg Increase (decrease) YTD Ret earn/net assets	-	-	-		- - - - - - -							\$ \$ \$ \$ \$
255 505 510 515 520 525	TOTAL LIABILITIES EQUITY/NET ASSETS Preferred stock Common stock Treasury stock Additional paid-in capital Contributed capital Retained earnings - beg Increase (decrease) YTD	-	-	-		- - - - - - - -	\$ - \$						\$ \$ \$ \$ \$

Paragrap	oh 4.15	1		See Appen	idix F for Ins	structions													
Contract	or Name																		
Quarter I	Ended: xx/xx/xxxx										//				Audit Captio	ons			
		4th	Total		Adjustmen			Audit	Draft	Audi									
		Quarter	Audit Adj	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Adjustments	Audit	Adjustm	ents Audit	Caption 1 Ca	otion2 Cap	tion 3 Ca	ption 4 Cap	otion 5 Cap	tion 6 Capti	on 7]	fotal
	REVENUE & EXPENSES									/									
	REVENUES																		
305	Prospective Capitation							1			-							\$	-
310	PPC Capitation										-							\$	-
312	Payment Reform/Shared Savings Settlement									-	-							\$	-
315	Delivery Supplement						-	1D \			-							\$	-
320 321	Prospective Tiered Reconciliation Settlement TWG Settlement							12			-							\$ \$	-
321	PPC Settlement						01	15			-							ş	-
322	Investment Income						25				-							\$	-
325	Other Income						\sim											ŝ	
330	TOTAL REVENUES				· · ·		· · ·					\$ - \$. \$	- \$	- \$	- \$	- \$	- \$	
-	EXPENSES					1 1						Caption 1 Ca	ntion2 Car						fotal
	Hospitalization							1				South Ma	anne Adr						<u>here</u>
402	Hospital Inpatient							1										\$	
404	Reserved							1										ŝ	
406	PPC-Hospital Inpatient				-			1			-							š	
	Total Hospitalization			-				-				1						,	
	Medical Compensation											1							
408	Primary Care Phy							1			-							\$	
410	Referral Phy							1			-							\$	-
412	Other Professional										-							s	-
414	PPC - Physician Services										-							\$	-
	Total Medical Comp				-														
	Other Medical Expenses																		
416	Emergency Facility Services										-							\$	-
418	Pharmacy										-							\$	-
420	Lab, X-ray, & med image										-							\$	-
422	Outpatient Facility										-							\$	-
424	Durable Med Equip										-							\$	-
426	Dental										-							\$	-
428	Transportation										-							\$	-
430	NF, Home HC										-							\$	-
432	Physical Therapy										-							\$	-
434	Payment Reform/Shared Savings Arrangements	1									-							\$	-
436 438	Miscellaneous Med Exp PPC-Other										-							\$ \$	-
430	Total Other Medical																	ą	-
	TOTAL MEDICAL EXP				-			-											
Less:		-			-			-		-									
440	Reinsurance							1										s	
440	Reserved							1										ŝ	
441	Third Party Liability							1										ŝ	
	TOTAL NET MEDICAL EXP											1						Ŷ	
	Administrative Expenses											1						\$	
444	Compensation							1			-							ŝ	
446	Data Processing							1			-							ŝ	
448	Management Fees							1			-							ŝ	-
450	Interest Expense							1			-							ŝ	
452	Occupancy							1			-							\$	
454	Depreciation							1			-							\$	-
456	Marketing							1			-							\$	-
458	Other										-	1						\$	-
	TOTAL ADMIN EXP							-											
	TOTAL EXPENSES																		
												1							
1	Inc (loss) from operations	-		-	-	-	-	-										\$	-
1	Non-operating inc (loss)							1			-							\$	-
1	Inc (loss) before taxes			-	-	-	-	-										ŝ	-
1	Income taxes							1			-							\$	-
1	Premium Tax							1			-							\$	-
	NET INCOME (LOSS)	-		-	-	-	-	-				\$ - \$	- \$	- \$	- \$	- \$	- \$	- \$	

