

AUDITED FINANCIAL STATEMENTS AND  
OTHER SUPPLEMENTARY INFORMATION

Health Choice Arizona  
(A Division of Health Choice Arizona, Inc.)  
Year Ended September 30, 2016  
With Report of Independent Auditors

Health Choice Arizona  
(A Division of Health Choice Arizona, Inc.)

Audited Financial Statements and  
Other Supplementary Information

Year Ended September 30, 2016

**Contents**

Report of Independent Auditors.....	1
Audited Financial Statements	
Balance Sheet.....	3
Statement of Operations.....	4
Statement of Changes in Equity of Parent.....	5
Statement of Cash Flows.....	6
Notes to Financial Statements.....	7
Other Supplementary Information (Unaudited)	
Claims Lag Reports and Medical Claims Payable (Unaudited).....	14
Statements of Operations by County (Unaudited).....	15



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## Report of Independent Auditors

The Board of Directors  
Health Choice Arizona  
(A Division of Health Choice Arizona, Inc.)

We have audited the accompanying financial statements of Health Choice Arizona, a division of Health Choice Arizona, Inc., which is a wholly owned subsidiary of IASIS Healthcare LLC, which comprise the balance sheet as of September 30, 2016, and the related statements of operations, changes in equity of Parent and cash flows for the year then ended, and the related notes to the financial statements.

### Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in conformity with U.S. generally accepted accounting principles; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error.

### Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

**Opinion**

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Health Choice Arizona at September 30, 2016, and the results of its operations and its cash flows for the year then ended in conformity with U.S. generally accepted accounting principles.

**Supplementary Information**

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The details of the attached schedules (pages 14-20) of other supplementary information are presented for purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management. The information has not been subjected to the auditing procedures applied in our audit of the financial statements and, accordingly, we express no opinion on it.

*Ernst + Young LLP*

January 26, 2017

Health Choice Arizona  
(A Division of Health Choice Arizona, Inc.)

Balance Sheet

September 30, 2016

**Assets**

Current assets:

Health insurer fee receivable	\$ 14,326,133
Due from affiliates	365,123,923
Other current assets	5,663,013
Total current assets	<u>385,113,069</u>
Goodwill	5,756,914
Other intangible assets, net of accumulated amortization of \$36,000,000	9,000,000
Total assets	<u>\$ 399,869,983</u>

**Liabilities and equity of Parent**

Current liabilities:

AHCCCS payable, net	\$ 3,651,133
Accounts payable and accrued expenses	4,221,823
Health insurer fee payable	12,415,982
Medical claims payable	95,379,978
Total current liabilities	<u>115,668,916</u>
Equity:	
Equity of Parent	284,201,067
Total liabilities and equity of Parent	<u>\$ 399,869,983</u>

*See accompanying notes.*

Health Choice Arizona  
(A Division of Health Choice Arizona, Inc.)

Statement of Operations

Year Ended September 30, 2016

**Revenue**

Capitation premiums	\$ 754,875,981
Delivery supplemental premiums	35,280,584
Health insurer fee revenue	18,942,001
Other revenue	95,543
Total Revenue	<u>809,194,109</u>

**Medical expenses**

Hospitalization, net	137,016,722
Medical compensation	173,445,695
Other medical, net	410,686,090
Total medical expenses	<u>721,148,507</u>

**Administrative expenses**

Total expenses	<u>91,282,615</u>
	812,431,122

Loss before income taxes	(3,237,013)
Income tax expense	3,097,302
Net loss	<u>\$ (6,334,315)</u>

*See accompanying notes.*

Health Choice Arizona  
(A Division of Health Choice Arizona, Inc.)

Statement of Changes in Equity of Parent

Year Ended September 30, 2016

	<b>Contributed Capital</b>	<b>Retained Earnings</b>	<b>Total</b>
Balance at September 30, 2015	\$ 85,875,813	\$ 204,659,569	\$ 290,535,382
Net loss	-	(6,334,315)	(6,334,315)
Balance at September 30, 2016	<u>\$ 85,875,813</u>	<u>\$ 198,325,254</u>	<u>\$ 284,201,067</u>

*See accompanying notes.*

Health Choice Arizona  
(A Division of Health Choice Arizona, Inc.)

Statement of Cash Flows

Year Ended September 30, 2016

<b>Operating activities</b>	
Net loss	\$ (6,334,315)
Adjustments to reconcile net loss to net cash provided by operating activities:	
Amortization	3,000,000
Changes in operating assets and liabilities:	
Health insurer fee, net	(1,520,919)
Other current assets	(1,584,442)
AHCCCS payable, net	9,512,702
Accounts payable and accrued expenses	847,010
Health insurer fee payable	1,318,130
Medical claims payable	14,641,703
Net cash provided by operating activities	<u>19,879,869</u>
<b>Financing activities</b>	
Change in due from affiliates	<u>(19,879,869)</u>
Net cash used in financing activities	<u>(19,879,869)</u>
Change in cash and cash equivalents	-
Cash and cash equivalents, beginning of year	-
Cash and cash equivalents, end of year	<u>\$ -</u>

*See accompanying notes.*



Health Choice Arizona  
(A Division of Health Choice Arizona, Inc.)

Notes to Financial Statements

September 30, 2016

**1. Organization and Basis of Presentation**

Health Choice Arizona (the Plan or Health Choice) is a division of Health Choice Arizona, Inc. (the Parent), which is a wholly owned subsidiary of IASIS Healthcare LLC (IASIS). The Parent is a provider-owned, managed care organization and insurer that delivers healthcare services to members through multiple health plans, accountable care networks and managed care solutions. IASIS provides high quality affordable healthcare services primarily in high-growth urban and suburban markets through 17 acute care hospital facilities and one behavioral health hospital facility with a total of 3,581 licensed beds, several outpatient service facilities and 147 physician clinics. The Plan is a prepaid Medicaid managed health plan that derives all of its revenue through a contract with the Arizona Health Care Cost Containment System (AHCCCS) to provide specified healthcare services to qualified Medicaid enrollees through contracts with providers, including affiliates of IASIS. AHCCCS is the state agency that administers Arizona's Medicaid program. The contract requires the Plan to arrange for healthcare services for enrolled Medicaid patients in exchange for fixed monthly premiums, based on negotiated per capita member rates, and supplemental payments from AHCCCS. These services are provided regardless of the actual costs incurred to provide these services. The Plan receives reinsurance and other supplemental payments from AHCCCS to cover certain costs of healthcare services that exceed certain defined thresholds.

On March 25, 2013, Health Choice was awarded a contract by AHCCCS. The contract commenced on October 1, 2013, which covers enrollees in Apache, Coconino, Gila, Maricopa, Mohave, Navajo, Pima and Pinal counties, and has an initial term of three years, and includes two one-year renewal options at the discretion of AHCCCS. The contract has been renewed through fiscal year 2017. The contract is terminable without cause on 90 days written notice, or for cause upon written notice if the Plan fails to comply with any term or condition of the contract or fails to take corrective action as required to comply with the terms of the contract. Additionally, AHCCCS can terminate the contract in the event of the unavailability of state or federal funding.

Health Choice Arizona  
(A Division of Health Choice Arizona, Inc.)

Notes to Financial Statements (continued)

**2. Summary of Significant Accounting Policies**

**Due from Affiliates**

Due from affiliates primarily represents the net excess of funds transferred to the centralized cash management account of IASIS over funds transferred to or paid on behalf of the Plan. Due from affiliates balances are readily available to the Plan for settlement of the Plan's current liabilities as they become due. Generally, this balance is decreased by automatic cash transfers from the IASIS accounts to the Plan's bank accounts to pay certain expenses. Generally, the balance is increased through transfers of daily cash deposits from the Plan's bank accounts to the centralized cash management account of IASIS. Interest income is not earned on outstanding balances due from affiliates.

**Goodwill**

Pursuant to accounting guidance related to goodwill and other intangible assets, goodwill is not amortized but is subject to annual impairment reviews or more often if events or circumstances indicate it may be impaired. An impairment loss is recorded to the extent that the carrying amount of goodwill exceeds its implied fair value. The Parent has completed its annual impairment test for the 2016 fiscal year, which resulted in no impairment.

**Long-Lived Assets**

The primary components of the Plan's long-lived assets are intangible assets. When events, circumstances or operating results indicate that the carrying values of certain long-lived assets (excluding goodwill) that are expected to be held and used might be impaired, the Plan considers the recoverability of assets to be held and used by comparing the carrying amount of the assets to the undiscounted value of future net cash flows expected to be generated by the assets. If assets are identified as impaired, the impairment is measured as the amount by which the carrying amount of the assets exceeds the fair value of the assets as determined by independent appraisals or estimates of discounted future cash flows.

**Intangible Assets**

Other intangible assets consist solely of the Plan's contract with AHCCCS, which is amortized over a period of 15 years, which approximates the contract's estimated useful life, including assumed renewal periods. Amortization of intangible assets totaled \$3,000,000 for the year ended September 30, 2016, and is included in administrative expenses in the accompanying statement of operations.

Health Choice Arizona  
(A Division of Health Choice Arizona, Inc.)

Notes to Financial Statements (continued)

**Revenue Recognition**

Capitation premiums are recognized as revenue in the month that members of the Plan are entitled to healthcare services. Capitation premiums are subject to an episodic/diagnostic risk factor adjustment. Health Choice receives capitation payments for Prior Period Coverage (PPC) separately from its prospective capitation payments. PPC capitation payments are intended to cover those healthcare costs incurred by individuals while they are awaiting enrollment in the Plan. PPC revenues are recognized in the month in which the member is eligible for coverage under the Plan. AHCCCS limits the profit and loss that health plans may recognize for all risk groups using limits ranging from 1.0% to 4.5%.

Delivery supplemental premiums are payments received per newborn delivery and are intended by AHCCCS to cover the cost of maternity care for qualified pregnant women. Such premiums are billed and recognized in the month that delivery occurs.

**Medical Expenses**

Monthly capitation payments to primary care physicians and other healthcare providers are expensed in the month services are contracted to be performed. Claims expense for non-capitated arrangements is accrued as services are rendered by hospitals, physicians and other healthcare providers during the year. Medical compensation includes primary care and specialty physician services. Other medical, net expense includes hospital outpatient services and other ancillary services such as radiology and lab and is presented net of Third Party Liability (TPL) recoveries received. TPL recoveries are payments received from a third party such as an individual, entity, or program that is, or may be, liable to pay for any medical services provided to an AHCCCS member. AHCCCS is the payor of last resort when there is another liable party.

Medical claims payable includes claims received but not paid and an estimate of claims incurred but not reported. Incurred but not reported claims are estimated using a combination of historical claims experience (including severity and payment lag time) and other actuarial analysis including number of enrollees, age of enrollees and certain enrollee health indicators to predict the cost of healthcare services provided to enrollees during any given period. While management believes that its estimation methodology effectively captures trends in medical claims costs, actual payments could differ significantly from estimates given changes in the healthcare cost structure or adverse experience. During the year ended September 30, 2016, the Plan recognized medical claims expense for prior periods of approximately \$11,639,000. The change in medical claims expense is the result of ongoing analysis of loss development trends. Original estimates increased or decreased as additional information became known regarding individual claims. In

Health Choice Arizona  
(A Division of Health Choice Arizona, Inc.)

Notes to Financial Statements (continued)

order to assist management in evaluating the appropriateness of medical claims payable at September 30, 2016, the Plan engaged an actuary to provide an independent estimate of its medical claims payable.

**Reinsurance**

Reinsurance recoveries are recognized under the contract with AHCCCS when healthcare costs exceed stated amounts as provided under the contract, including estimates of such costs at the end of each accounting period. Contractually, the Plan is reimbursed by AHCCCS at a rate ranging from 75% to 100% for qualified healthcare costs for those members that exceed stated amounts of up to \$25,000, depending on the case type of the member. Qualified costs must be incurred during the contract year and are the lesser of the amount paid by the Plan or the AHCCCS fee schedule. In the event that AHCCCS is unable to honor its reinsurance commitment, the Plan may be responsible for excess costs incurred. Reinsurance recoveries totaling approximately \$26,398,000 were recognized during the year ended September 30, 2016, and are included as a reduction of hospitalization medical expenses in the accompanying statement of operations.

**Health Insurer Fee**

Effective January 1, 2014, the Plan began accounting for the mandated health insurer fee (HIF) to be paid to the federal government by health insurers, as part of the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010, which is imposed for calendar years beginning after December 31, 2013. The HIF is based on a company's share of the industry's net premiums written during the preceding calendar year, and is payable on September 30 of each year. The Plan's portion of the HIF for the 2016 calendar year is approximately \$12,416,000. The HIF is non-deductible for federal income tax purposes. The Plan recorded the estimated liability for the HIF in full with a corresponding deferred asset that is being amortized to expense on a straight-line basis during the 2016 calendar year. The Plan's liability for the HIF is recorded as Health insurer fee payable on the accompanying balance sheet. The corresponding deferred asset of approximately \$3,104,000 is recorded within other current assets in the accompanying consolidated balance sheet. During the year ended September 30, 2016, the Plan recognized approximately \$12,086,000 in other administrative expenses related to amortization of the HIF. Because the Plan primarily serves individuals in government-sponsored programs, the Plan must secure additional reimbursement from state partners for this added cost. The Plan recognizes HIF revenue when there is a contractual commitment from the state to reimburse Health Choice for the full economic impact of the health insurer fee. HIF revenue is recognized ratably throughout the year. During the year ended September 30, 2016, HIF revenue totaling \$18,942,000 was recognized as a result of the contractual commitment from AHCCCS.

Health Choice Arizona  
(A Division of Health Choice Arizona, Inc.)

Notes to Financial Statements (continued)

**Administrative Expenses**

The primary components of Administrative expenses are Management fees, HIF expense, Premium taxes and Amortization expense. Management fees are described further in Note 3.

**Income Taxes**

IASIS files consolidated federal and state income tax returns, which include the operating results of the Plan. IASIS allocates taxes to the Plan pursuant to the asset and liability method, based on the amount for which the Plan would have been liable if it were a separate taxpayer. Such allocations are included in Due from affiliates in the accompanying balance sheet.

**Fair Value of Financial Instruments**

Due from affiliates, Other current assets, AHCCCS payable, net, Accounts payable and Accrued expenses, Health insurer fee receivable and payable and Medical claims payable represent financial instruments. The carrying value of these financial instruments approximates their fair market value due to the short-term nature of these instruments.

**Use of Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates and are accounted for in the period identified.

**Subsequent Events Consideration**

The Plan evaluated events and transactions occurring subsequent to September 30, 2016 through January 26, 2017, the date these financial statements were available for issuance. During this period, there were no subsequent events that required recognition in the financial statements.

**3. Transactions with Affiliates**

The Plan is party to a management agreement with Health Choice Management Company (the Management Company), a wholly owned subsidiary of IASIS, which manages the general and administrative functions related to the Plan inclusive of payroll, advertising and related expenses. The fee is charged based on 7.5% of capitation revenue less premium taxes. During the year ended September 30, 2016, the Plan recorded expenses of approximately \$59,254,000 for services provided by the Management Company, which are included in administrative expenses in the accompanying statement of operations.

Health Choice Arizona  
(A Division of Health Choice Arizona, Inc.)

Notes to Financial Statements (continued)

The Plan remitted fee-for-service payments totaling approximately \$12,182,000 during the year ended September 30, 2016, to facilities which are owned and operated by IASIS.

**4. AHCCCS Payable, net**

PPC, NEAD, and prospective reconciliation settlements	\$ 21,266,348
Reinsurance, net	(16,398,840)
Capitation receivable	(849,775)
Delivery supplement receivable	(366,600)
	<u>\$ 3,651,133</u>

**5. Leases**

As a result of the Plan's management agreement with the Management Company, the Management Company assumed the remaining facility and equipment leases. The related rent expenses are included within the management fee charged by the Management Company, which is included in Administrative expenses in the accompanying statement of operations.

**6. Commitments and Contingencies**

**Professional, General, and Other Liability Insurance**

The Plan is subject to claims, lawsuits, regulatory audits, and other legal matters arising, for the most part, in the ordinary course of managing a health services business.

The Plan's contract with AHCCCS requires the Plan to maintain professional liability insurance, comprehensive general insurance, and automobile liability insurance coverage of at least \$1,000,000 for each occurrence. During the year ended September 30, 2016, the Plan was covered under IASIS' umbrella policy. IASIS, on behalf of the Plan, carries professional and general liability insurance in excess of self-insured retentions through an unrelated commercial insurance carrier in amounts that IASIS believes to be sufficient for the Plan, although some claims may exceed the scope of coverage in effect. IASIS maintains reserves for professional and general liability claims. Accordingly, no reserves for liability risks are recorded in the accompanying balance sheet. Professional and general liability insurance expense is included in the management fee charged by the Management Company for the year ended September 30, 2016, which is included in administrative expenses in the accompanying statement of operations. The Plan is currently not a party to any such proceedings that, in the Plan's opinion, would have a material adverse effect on the Plan's business, financial condition or results of operations.

Health Choice Arizona  
(A Division of Health Choice Arizona, Inc.)

Notes to Financial Statements (continued)

**Performance Guarantee**

If the Plan fails to effectively manage healthcare costs, these costs may exceed the premiums received by the Plan. The Plan believes the capitated premiums, together with reinsurance and other supplemental premiums, are sufficient to pay for the services the Plan is obligated to deliver. Pursuant to its contract with AHCCCS, the Plan is required annually to provide a performance bond or letter of credit, in an acceptable form, to guarantee performance of the Plan's obligations under its contract to provide and pay for the healthcare services. The amount of the performance guaranty that AHCCCS requires is generally based upon the membership in the Plan and the related capitation paid to the Plan. As of September 30, 2016, the Plan provided a performance guarantee in the form of an irrevocable standby letter of credit for the benefit of AHCCCS totaling approximately \$72,000,000.

**State and Federal Laws and Regulations**

The Plan is subject to state and federal laws and regulations. The Centers for Medicare and Medicaid Services (CMS) and AHCCCS have the right to audit the Plan to determine the Plan's compliance with such standards. The Plan is required to file periodic reports with AHCCCS and to meet certain financial viability standards. The Plan must also provide its enrollees with certain mandated benefits and must meet certain quality assurance and improvement requirements. The Plan believes it is in compliance with these CMS and AHCCCS requirements. The Plan must also comply with the electronic transactions regulations and privacy standards of the Health Insurance Portability and Accountability Act (HIPAA). The Plan believes it is in compliance with the HIPAA security standards as set forth in 45 CFR Part 164. The Plan has also complied with the requirements for health plans defined in 45 CFR Part 162.

Other Supplementary Information  
(Unaudited)



Paragraph 4.07  
**HEALTH CHOICE ARIZONA**  
 Year Ended: 09/30/2016  
 Claims Lag Report  
 Expense Type: Hospital, Medical and Other (PPC and Prospective)

Payment Qtr	Current	1st Prior	2nd Prior	3rd Prior	4th Prior	5th Prior	6th Prior*	Total
Current	117,081,690	57,797,019	8,500,006	2,676,858	1,114,716	825,021	69,662	188,064,973
1st Prior		106,676,029	56,628,007	8,721,721	3,629,316	1,400,994	1,315,157	178,371,224
2nd Prior			111,372,609	47,400,145	8,174,702	3,029,578	1,327,170	171,304,204
3rd Prior				103,431,605	53,340,011	9,071,246	3,120,713	168,963,574
4th Prior					98,163,570	57,047,485	7,900,982	163,112,038
5th Prior						85,025,022	53,187,465	138,212,487
6th Prior*							76,708,141	76,708,141
<b>Totals</b>	117,081,690	164,473,047	176,500,622	162,230,330	164,422,315	156,399,347	143,629,290	1,084,736,641
<b>Expense</b>	183,186,321	193,464,600	170,253,757	171,525,760	174,291,166	144,775,973	144,775,973	1,182,273,550
<b>Adjustment</b>	3,221,481	(13,767,618)	12,581,501	(6,677,030)	(8,396,947)	11,757,520	(1,122,625)	(2,403,717)
<b>Remaining</b>	69,326,112	15,223,935	6,334,636	2,618,401	1,471,903	134,147	24,059	95,133,192

\* 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.

Claims Lag Report	\$	95,133,192
Subcapitation Payable		25,684
Gain Share Payable		221,102
<b>Total Medical Claims Payable</b>	\$	<b>95,379,978</b>



Paragraph 4.09  
Health Choice Arizona  
Year Ended: 09/30/2016

Yr	TANF < 1 MF	TANF 1-3 MF	TANF 1-4.4 F	TANF 1-4.4 M	TANF 4.5+	TANF Total	SSI w/ Med	SSI w/o Med	Adds > 105%	Adds <= 105%	SORBA EP	SORBA MOHS	State Only Transplant	State Only Total	Grand Total
REVENUE & EXPENSES															
PFC Member Months															
Pres. Member Months															
Total Member Months															
REVENUES															
308 PFC-Perkins Capital	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
310 PFC-Purchasing Settlement	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
312 Value Based Purchasing Initiatives Reconciliation Settlement	0	(6)	(10)	(9)	0	(26)	0	0	0	0	0	0	0	0	(5)
315 Delivery Supplement	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
319 Adults > 105% Reconciliation Settlement	(663)	(773)	(896)	(278)	(330)	(2,939)	(362)	(916)	0	0	0	(97)	0	0	(4,240)
320 Prospective Tined Reconciliation Settlement	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
324 TMG Settlement	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
322 PFC Settlement	0	0	0	0	0	2,150	0	0	0	0	0	0	0	0	2,150
323 PFC Party Cost Settlement	501	624	336	87	202	2,150	57	418	67	0	0	10	0	0	2,702
324 Health Insurers Fee Revenue	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
330 Other Income	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>TOTAL REVENUES</b>	<b>218</b>	<b>(149)</b>	<b>(560)</b>	<b>(191)</b>	<b>(131)</b>	<b>(733)</b>	<b>(310)</b>	<b>(560)</b>	<b>0</b>	<b>67</b>	<b>0</b>	<b>(95)</b>	<b>0</b>	<b>0</b>	<b>(1,542)</b>
EXPENSES															
Hospitalization															
402 Hospital Inpatient	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
403 Hospital Inpatient	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
406 PFC-Perkins	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total Hospitalization</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Medical Compensation															
408 Primary Care Physician Services	(901)	(624)	(336)	(87)	(202)	(2,150)	(57)	(411)	0	(67)	0	(10)	0	0	(2,695)
410 Behavioral Health Physician Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
411 Behavioral Physician Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
411 FQHC/RHC Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
412 Other Professional Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
414 PFC - Physician Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
415 PFC Party Enhanced Payment Expense	901	624	336	87	202	2,150	57	418	67	0	0	10	0	0	2,702
<b>Total Medical Comp</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>14</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>14</b>
Other Medical Expenses															
416 Emergency Facility Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
417 Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
418 Lab, Xray, & Medical Imaging	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
419 Outpatient Facility	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
420 Portable Medical Equipment	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
421 Diagnostic	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
422 Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
423 Nursing Facility - Home Health Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
424 Physical Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
434 Value Based Purchasing Initiatives Provider Expenses	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
425 Miscellaneous Medical Expenses	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
426 Behavioral Health Day Program	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
427 Behavioral Health Case Management Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
428 Behavioral Health Crisis Intervention Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
429 Behavioral Health Residential Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
430 Behavioral Health Residential Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
431 All Other Behavioral Health Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
439 PFC-Other Medical Expenses	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total Other Medical</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(14)</b>	<b>(14)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(14)</b>
<b>Total Medical Exp</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Less:															
442 Third Party Liability	0	0	(6,083)	0	0	(6,083)	0	(302)	(2,000)	(3,083)	0	0	0	0	(11,366)
<b>TOTAL NET MEDICAL EXP</b>	<b>0</b>	<b>0</b>	<b>(6,083)</b>	<b>0</b>	<b>0</b>	<b>(6,083)</b>	<b>0</b>	<b>(302)</b>	<b>(2,000)</b>	<b>(3,083)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(11,366)</b>
TOTAL ADMIN EXP															
<b>TOTAL ADMIN EXP</b>	<b>0</b>	<b>0</b>	<b>(6,083)</b>	<b>0</b>	<b>0</b>	<b>(6,083)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(6,083)</b>
TOTAL EXPENSES															
<b>TOTAL EXPENSES</b>	<b>318</b>	<b>(149)</b>	<b>5,523</b>	<b>(191)</b>	<b>(131)</b>	<b>6,983</b>	<b>(310)</b>	<b>(560)</b>	<b>0</b>	<b>(67)</b>	<b>0</b>	<b>(95)</b>	<b>0</b>	<b>0</b>	<b>9,844</b>
Inc (loss) from operations	0	0	0	0	0	0	(310)	(560)	2,150	3,079	0	(95)	0	0	9,844
Non-operating inc (loss)	318	(149)	5,523	(191)	(131)	6,983	(310)	(560)	2,150	3,079	0	(95)	0	0	9,844
Inc (loss) before taxes	109	25	550	(20)	(3)	661	(38)	(90)	273	204	0	(11)	0	0	1,074
Income taxes	0	(9)	(9)	(0)	(0)	(9)	0	0	0	0	0	0	0	0	(9)
Health insurers Fee	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>NET INCOME (LOSS)</b>	<b>209</b>	<b>(174)</b>	<b>4,973</b>	<b>(171)</b>	<b>(128)</b>	<b>4,708</b>	<b>(212)</b>	<b>(185)</b>	<b>1,723</b>	<b>2,853</b>	<b>0</b>	<b>(25)</b>	<b>0</b>	<b>0</b>	<b>8,770</b>







