14 Option 2 PMPM required for all facilities.	10,
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	CY 14 Option 2 PMPM required for all facilities.										10/1/2014: Benefit Rest	ored IP Day > 25 Day	s
		1QCY15			2QCY15			3QCY15			4QCY15		
	Data Definition	14-Jan	14-Feb	14-Mar	14-Apr	14-May	14-Jun	14-Jul	14-Aug	14-Sep	14-Oct	14-Nov	14-Dec
Rate in Dollars	Current PMPM	\$ 9.73	9.73	9.73	\$ 9.73 \$	9.73	9.73	\$ 9.73 \$	9.73 \$	9.73	\$9.59	\$9.59	\$9.59
Multiplied By Number	Total Quarterly Enrollment	84,751	84,751	84,751	82,361	82,361	82,361	87,101	87,101	87,101	86,255	86,255	86,255
Equals Total Dollars	Total Uncompensated Care Payment for All I.H.S/Tribal												
Equals Total Dollars	Facilities	\$ 824,627.23	824,627.23	824,627.23	\$ 801,372.53 \$	801,372.53	801,372.53	\$ 847,592.73 \$	835,298.56 \$	835,298.56	\$ 827,185.45 \$	827,185.45 \$	827,185.45
Multiplied By Percentage	I.H.S/Tribal Facility Cost Utilization Percentage	12.02%	12.02%	12.02%	12.02%	12.02%	12.02%	12.02%	12.02%	12.02%	12.02%	12.02%	12.02%
Equals Quarterly Payment	Quarterly Uncompensated Care Payment	\$ 99,140.76	99,140.76	99,140.76	\$ 96,344.97 \$	96,344.97	96,344.97	\$ 101,901.79 \$	100,423.72 \$	100,423.72	\$ 99,448.33 \$	99,448.33 \$	99,448.33
AHCCCS Monthly Payment Data		\$ 99,140.76 \$	99,140.76 \$	99,140.76	\$ 96,344.97 \$	96,344.97 \$	96,344.97	\$ 101,889.77 \$	100,423.73 \$	100,423.73	\$ 99,448.33 \$	99,448.33 \$	99,448.33
Calculated Expected Quarter Payment (PMPM													
calculation)		L	s	297,422.29		s	289,034.91		\$	302,749.24		s	298,344.98
Your Facility Actual Quarter Payment Data				297,422.29			289,034.91		\$	302,737.23		\$	298,344.98
Quarterly payment difference				0.00			(0.00)		\$	12.01		\$	(0.00)

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Ser	vices covered by the 2014 Waiver Extension:
Ad	ult Emergency Dental
Sei	vices by a Podiatrist
0	rthotics
0	utpatient Physical Therapy > 15 visits per contract year
Inp	atient > 25 days per year (restored 10/1/14)
Ins	ulin Pumps
Pei	rcussive Vests
Во	ne-Anchored Hearing Aids
Co	chlear Implants
Mi	croprocessor-controlled: lower limbs and joints for the lower limbs

CY 2015 - Payment Da	ites:
1st	5/22/2015
2nd	5/22/2015
3rd	8/25/2015
4th	1/12/2016

\$ 12.01	\$	(0.00)	
	Annual Values		
AHCCCS Total Annual Payment	\$	1,187,539.41	
Calculated Expected Total Annual Payment (PMPM calculation)	\$	1,187,551.42	
Your Facility Actual Total Annual Payment	\$	1,187,539.41	
Annual Payment Difference	\$	12.01	
Your Facility Estimated Total Annual Per Encounter AIR Payment		4,081,350.00	
Difference (Expected Annual PMPM-Annual Per Encounter AIR)	\$	(2,893,798.58)	