### ACUTE NON-KIDSCARE CAPITATED POPULATION

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### EMERGENCY ROOM VISITS: NO INPATIENT ADMISSION

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### NOTE: 1) Title XIX, HIFA I and HIFA Parents are included in the Acute Non-KidsCare population.
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### II. OUTPATIENT VISITS: NO INPATIENT ADMISSION

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

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### NOTES:
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### MATERNITY

Excluding Outlier Totals for the Tier

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Qualified Outlier Totals for the Tier

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

#### XXXXX Health Plan Name

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### Qualified Outlier Totals for the Tier
| # of ADMITS | XXXXXX | XXXXXX | XXXXXX | XXXXXX | XXXXXX | XXXXXX | XXXXXX | XXXXXX | XXXXXX | XXXXXX | XXXXXX | XXXXXX | XXXXXX | XXXXXX | XXXXXX |
| # OF TIER DAYS | XXXXXX | XXXXXX | XXXXXX | XXXXXX | XXXXXX | XXXXXX | XXXXXX | XXXXXX | XXXXXX | XXXXXX | XXXXXX | XXXXXX | XXXXXX | XXXXXX | XXXXXX |
| MEMBER MONTHS | XXXXXX | XXXXXX | XXXXXX | XXXXXX | XXXXXX | XXXXXX | XXXXXX | XXXXXX | XXXXXX | XXXXXX | XXXXXX | XXXXXX | XXXXXX | XXXXXX | XXXXXX |
| ALOS | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| # OF DAYS PER 1000 MM | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| AVG HEALTH PLAN PMT PER ADMIT | $$$$$$.00 | $$$$$$.00 | $$$$$$.00 | $$$$$$.00 | $$$$$$.00 | $$$$$$.00 | $$$$$$.00 | $$$$$$.00 | $$$$$$.00 | $$$$$$.00 | $$$$$$.00 | $$$$$$.00 | $$$$$$.00 | $$$$$$.00 | $$$$$$.00 |
| AVG AHCCCS ALLOWED AMT PER ADMIT | $$$$$$.00 | $$$$$$.00 | $$$$$$.00 | $$$$$$.00 | $$$$$$.00 | $$$$$$.00 | $$$$$$.00 | $$$$$$.00 | $$$$$$.00 | $$$$$$.00 | $$$$$$.00 | $$$$$$.00 | $$$$$$.00 | $$$$$$.00 | $$$$$$.00 |
| AVG BILLED CHARGES PER ADMIT | $$$$$$.00 | $$$$$$.00 | $$$$$$.00 | $$$$$$.00 | $$$$$$.00 | $$$$$$.00 | $$$$$$.00 | $$$$$$.00 | $$$$$$.00 | $$$$$$.00 | $$$$$$.00 | $$$$$$.00 | $$$$$$.00 | $$$$$$.00 | $$$$$$.00 |

### TOTAL NICU
| # of ADMITS | XXXXXX | XXXXXX | XXXXXX | XXXXXX | XXXXXX | XXXXXX | XXXXXX | XXXXXX | XXXXXX | XXXXXX | XXXXXX | XXXXXX | XXXXXX | XXXXXX | XXXXXX |
| # OF TIER DAYS | XXXXXX | XXXXXX | XXXXXX | XXXXXX | XXXXXX | XXXXXX | XXXXXX | XXXXXX | XXXXXX | XXXXXX | XXXXXX | XXXXXX | XXXXXX | XXXXXX | XXXXXX |
| MEMBER MONTHS | XXXXXX | XXXXXX | XXXXXX | XXXXXX | XXXXXX | XXXXXX | XXXXXX | XXXXXX | XXXXXX | XXXXXX | XXXXXX | XXXXXX | XXXXXX | XXXXXX | XXXXXX |
| ALOS | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| # OF DAYS PER 1000 MM | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| AVG HEALTH PLAN PMT PER ADMIT | $$$$$$.00 | $$$$$$.00 | $$$$$$.00 | $$$$$$.00 | $$$$$$.00 | $$$$$$.00 | $$$$$$.00 | $$$$$$.00 | $$$$$$.00 | $$$$$$.00 | $$$$$$.00 | $$$$$$.00 | $$$$$$.00 | $$$$$$.00 | $$$$$$.00 |
| AVG AHCCCS ALLOWED AMT PER ADMIT | $$$$$$.00 | $$$$$$.00 | $$$$$$.00 | $$$$$$.00 | $$$$$$.00 | $$$$$$.00 | $$$$$$.00 | $$$$$$.00 | $$$$$$.00 | $$$$$$.00 | $$$$$$.00 | $$$$$$.00 | $$$$$$.00 | $$$$$$.00 | $$$$$$.00 |
| AVG BILLED CHARGES PER ADMIT | $$$$$$.00 | $$$$$$.00 | $$$$$$.00 | $$$$$$.00 | $$$$$$.00 | $$$$$$.00 | $$$$$$.00 | $$$$$$.00 | $$$$$$.00 | $$$$$$.00 | $$$$$$.00 | $$$$$$.00 | $$$$$$.00 | $$$$$$.00 | $$$$$$.00 |

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### ICU

Excluding Outlier Totals for the Tier

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**# of DAYS PER 1000 MM**

AAA

**AVG HEALTH PLAN PMT PER ADMIT**

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**AVG AHCCCS ALLOWED AMT PER ADMIT**

AAA

**AVG BILLED CHARGES PER ADMIT**

AAA

### Qualified Outlier Totals for the Tier

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**# of DAYS PER 1000 MM**

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**AVG HEALTH PLAN PMT PER ADMIT**

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**AVG AHCCCS ALLOWED AMT PER ADMIT**

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**AVG BILLED CHARGES PER ADMIT**

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### TOTAL ICU

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**# of DAYS PER 1000 MM**

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**AVG HEALTH PLAN PMT PER ADMIT**

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## SURGERY

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### INPATIENT HOSPITAL STATISTICS by TIER

**CONTRACT YEAR XX-XX**

**ACUTE NON-KIDSCARE CAPITATED POPULATION**

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| # OF TIER DAYS | xxxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx | |
| MEMBER MONTHS | xxxxxxx | xxxxxxx | xxxxxxx | xxxxxxx | xxxxxxx | xxxxxxx | xxxxxxx | xxxxxxx | xxxxxxx | xxxxxxx | xxxxxxx | |
| ALOS | xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx | |
| # of DAYS PER 1000 MM | xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx | |
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| TOTAL PSYCHIATRIC | | | | | | | | | | | | |
| # of ADMITS | xxxx | xxxxxxx | xxxxxxx | xxxxxxx | xxxxxxx | xxxxxxx | xxxxxxx | xxxxxxx | xxxxxxx | xxxxxxx | xxxxxxx | |
| # OF TIER DAYS | xxxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx | |
| MEMBER MONTHS | xxxxxxx | xxxxxxx | xxxxxxx | xxxxxxx | xxxxxxx | xxxxxxx | xxxxxxx | xxxxxxx | xxxxxxx | xxxxxxx | xxxxxxx | |
| ALOS | xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx | |
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## NICU / NURSERY

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Qualified Outlier Totals for the Tier

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**TOTAL ICU / SURGERY**

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

**For the Contract Year XX-XX**

**Arizona Health Care Cost Containment System**

#### Acute Non-KidsCare Capitated Population

**Health Plan Name:**

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#### Qualified Outlier Totals for the Tier

|                |        |           |                 |                   |         |                          |                     |                        |           |       |
| Excluding Outlier Totals for the Tier |        |           |                 |                   |         |                          |                     |                        |           |       |
| **# of ADMITS** | xxxx    | xxxxxxxx  | xxxxxxxx        | xxxxxxxx          | xxxxxxx | xxxxxxx                   | xxxxxxx             | xxxxxxx                | xxxxxxx  | xxxxxxx |
| **# of TIER DAYS** | xxxx    | xxxxxxxx  | xxxxxxxx        | xxxxxxxx          | xxxxxxx | xxxxxxx                   | xxxxxxx             | xxxxxxx                | xxxxxxx  | xxxxxxx |
| **MEMBER MONTHS** | xxxxxxx | xxxxxxxx  | xxxxxxxx        | xxxxxxxx          | xxxxxxx | xxxxxxx                   | xxxxxxx             | xxxxxxx                | xxxxxxx  | xxxxxxx |
| **ALOS** | xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx |
| **# of DAYS PER 1000 MM** | xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx |
| **AVG HEALTH PLAN PMT PER ADMIT** | $$$$.00 | $$$$.00 | $$$$.00 | $$$$.00 | $$$$.00 | $$$$.00 | $$$$.00 | $$$$.00 | $$$$.00 | $$$$.00 | $$$$.00 |
| **AVG AHCCCS ALLOWED AMT PER ADMIT** | $$$$.00 | $$$$.00 | $$$$.00 | $$$$.00 | $$$$.00 | $$$$.00 | $$$$.00 | $$$$.00 | $$$$.00 | $$$$.00 | $$$$.00 |
| **AVG BILLED CHARGES PER ADMIT** | $$$$.00 | $$$$.00 | $$$$.00 | $$$$.00 | $$$$.00 | $$$$.00 | $$$$.00 | $$$$.00 | $$$$.00 | $$$$.00 | $$$$.00 |

#### Total ICU / Psychiatric

|                |        |           |                 |                   |         |                          |                     |                        |           |       |
| Excluding Outlier Totals for the Tier |        |           |                 |                   |         |                          |                     |                        |           |       |
| **# of ADMITS** | xxxx    | xxxxxxxx  | xxxxxxxx        | xxxxxxxx          | xxxxxxx | xxxxxxx                   | xxxxxxx             | xxxxxxx                | xxxxxxx  | xxxxxxx |
| **# of TIER DAYS** | xxxx    | xxxxxxxx  | xxxxxxxx        | xxxxxxxx          | xxxxxxx | xxxxxxx                   | xxxxxxx             | xxxxxxx                | xxxxxxx  | xxxxxxx |
| **MEMBER MONTHS** | xxxxxxx | xxxxxxxx  | xxxxxxxx        | xxxxxxxx          | xxxxxxx | xxxxxxx                   | xxxxxxx             | xxxxxxx                | xxxxxxx  | xxxxxxx |
| **ALOS** | xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx |
| **# of DAYS PER 1000 MM** | xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx |
| **AVG HEALTH PLAN PMT PER ADMIT** | $$$$.00 | $$$$.00 | $$$$.00 | $$$$.00 | $$$$.00 | $$$$.00 | $$$$.00 | $$$$.00 | $$$$.00 | $$$$.00 | $$$$.00 |
| **AVG AHCCCS ALLOWED AMT PER ADMIT** | $$$$.00 | $$$$.00 | $$$$.00 | $$$$.00 | $$$$.00 | $$$$.00 | $$$$.00 | $$$$.00 | $$$$.00 | $$$$.00 | $$$$.00 |
| **AVG BILLED CHARGES PER ADMIT** | $$$$.00 | $$$$.00 | $$$$.00 | $$$$.00 | $$$$.00 | $$$$.00 | $$$$.00 | $$$$.00 | $$$$.00 | $$$$.00 | $$$$.00 |

**Notes:**

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

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

INPATIENT HOSPITAL STATISTICS by TIER

CONTRACT YEAR XX-XX

ACUTE NON-KIDSCARE CAPITATED POPULATION

XXXXXX Health Plan Name

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

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**NOTES:**
1) Title XIX, HiFa I and HiFa Parents are included in the Acute Non-KidsCare population.
### EMERGENCY TRANSPORTATION PROVIDERS

**EMERGENCY: AIR TRANSPORTATION**

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**EMERGENCY TRANSPORTATION PROVIDER TOTAL**

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**NOTES:**

1) Title XIX, HIQA I and HIQA Parents are included in the Acute Non-KidsCare population.
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**Notes:**
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**NOTE:** 1) Title XIX, HIFA I and HIFA Parents are included in the Acute Non-KidsCare population.
### II. OUTPATIENT VISITS: NO INPATIENT ADMISSION (CONTINUED)

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#### TOTAL OUTPATIENT VISITS: NO INPATIENT ADMISSION

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

### Acute Capitated Population

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Note: Health Plan Paid Amount, AHCCCS Allowed Amount and Average Health Plan Paid Amount include payments for trips and mileage.
REPORT # 6 [ 1 OF 2 ]

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

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