

August 25, 2014

The Honorable Andy Biggs, President
Arizona State Senate
1700 West Washington
Phoenix, Arizona 85007

The Honorable Andy Tobin, Speaker
Arizona House of Representatives
1700 West Washington
Phoenix, Arizona 85007

SUBJECT: FY 2015 Appropriation Status Report for the Period Ended July 31, 2014

Dear President Biggs and Speaker Tobin:

Pursuant to A.R.S. §'s 36-2920 and 36-2994, enclosed is the Arizona Health Care Cost Containment System's (AHCCCS) Appropriation Status Report (ASR) for the period ended July 31, 2014.

Status Summary - AHCCCS is in the process of finalizing its Fiscal Year 2016 budget request, including an update of Fiscal Year 2015 for submission to the Governor's Office of Strategic Planning and Budgeting pursuant to A.R.S. § 35-113. Therefore, for purposes of this report, projected annual expenditures equal the appropriations.

Enrollment Update – July 2014 enrollment is 1,552,186 members, a 43,497 member increase over the prior month. Enrollment for August 2014 increased to 1,591,593 members, a 39,407 member increase. Major August changes by eligibility category include: 1931 for Families and Children - increase of 12,057; SOBRA Children – increase of 7,098; Prop 204 Restoration - increase of 13,310; Adult Expansion - increase of 2,721; and Emergency Services - increase of 1,946.

Tobacco Funds Revenue Update – Tobacco tax collections through July 2014 are \$0.8 million more than the AHCCCS monthly projected flows. AHCCCS will continue to monitor the tobacco funds revenue collections to determine any impact on the FY 2015 appropriations.

If you have any questions about this report, please do not hesitate to call me at (602) 417-4111 or Jim Cockerham at (602) 417-4059.

Sincerely,



Thomas J. Betlach
Director

The Honorable Andy Biggs
The Honorable Andy Tobin
August 25, 2014
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Enclosure

cc: The Honorable Janice K. Brewer, Governor
The Honorable Don Shooter, Chairman, Senate Appropriations Committee
The Honorable John Kavanagh, Chairman, House Appropriations Committee
The Honorable Nancy Barto, Chairman, Senate Health and Human Services Committee
The Honorable Heather Carter, Chairman, House Health and Human Services Committee
John Arnold, Director, Governor's Office of Strategic Planning and Budgeting
Richard Stavneak, Director, Joint Legislative Budget Committee



Appropriation Status Report (ASR)

Fiscal Year 2015

Through July 31, 2014

Prepared by: Division of Business and Finance

Appropriation Status Report

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Appropriation Status Report

Appropriated Sources and
Uses of Funds

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
FY 2015 APPROPRIATION STATUS REPORT
For the Period Ending July 31, 2014
SUMMARY OF APPROPRIATED EXPENDITURES

	(A)	(B)	(A) - (B)		
ANNUAL APPROPRIATION	EXPENDITURE PLAN YTD	EXPENDITURES YTD	VARIANCE YTD	PROJECTED ANNUAL EXPENDITURES	ANNUALIZED VARIANCE
APPROPRIATIONS:					
ADMINISTRATION					
AHCCCS Operating Lump Sum	\$ 81,923,000	\$ 4,480,012	\$ 4,480,012	\$ -	\$ 81,923,000
AHCCCS Prop 204 Administration	6,863,900	502,452	502,452	-	6,863,900
DES Eligibility	54,874,500	4,847,006	4,847,006	-	54,874,500
DES Prop 204 Eligibility	38,358,700	689,134	689,134	-	38,358,700
TOTAL ADMINISTRATION	<u>182,020,100</u>	<u>10,518,603</u>	<u>10,518,603</u>	<u>-</u>	<u>182,020,100</u>
Traditional Medicaid Services	3,816,084,500	289,618,471	289,618,471	-	3,816,084,500
Proposition 204 Services	2,025,717,900	191,762,464	191,762,464	-	2,025,717,900
ACA Adult Expansion	227,369,700	14,401,166	14,401,166	-	227,369,700
Children's Rehabilitative Services	196,042,400	20,534,437	20,534,437	-	196,042,400
KidsCare Services	6,223,000	699,730	699,730	-	6,223,000
ALTCS Services	1,344,569,500	100,759,169	100,759,169	-	1,344,569,500
Disproportionate Share Payments	13,487,100	-	-	-	13,487,100
Rural Hospitals	22,650,000	-	-	-	22,650,000
Voluntary Political Subdivision Programs	253,791,900	-	-	-	253,791,900
TOTAL PROGRAMMATIC	<u>7,905,936,000</u>	<u>617,775,437</u>	<u>617,775,437</u>	<u>-</u>	<u>7,905,936,000</u>
TOTAL EXPENDITURES	<u>\$ 8,087,956,100</u>	<u>\$ 628,294,041</u>	<u>\$ 628,294,041</u>	<u>\$ -</u>	<u>\$ 8,087,956,100</u>

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
FY 2014 APPROPRIATION STATUS REPORT
For the Period Ending July 31, 2014
APPROPRIATED EXPENDITURES BY FUNDING SOURCE

	(A) ANNUAL APPROPRIATION	(A) EXPENDITURE PLAN YTD	(B) EXPENDITURES YTD	(A) - (B) VARIANCE YTD	PROJECTED ANNUAL EXPENDITURES	ANNUALIZED VARIANCE
STATE - GENERAL FUND						
Administrative Expenditures	\$ 52,984,500	\$ 3,393,574	\$ 3,393,574	-	\$ 52,984,500	\$ -
Proposition 204 - Administrative Expenditures	19,658,700	471,319	471,319	-	19,658,700	-
Programmatic Expenditures						
Traditional Medicaid Services	883,358,000	70,829,693	70,829,693	-	883,358,000	-
Proposition 204 Services	77,000,000	29,448,402	29,448,402	-	77,000,000	-
Children's Rehabilitative Services	62,248,100	6,728,016	6,728,016	-	62,248,100	-
KidsCare Services	1,257,200	145,657	145,657	-	1,257,200	-
ALTCS Services	167,797,400	13,983,117	13,983,117	-	167,797,400	-
DSH and Rural Hospitals	10,099,300	-	-	-	10,099,300	-
TOTAL GF EXPENDITURES	1,274,403,200	124,999,778	124,999,778	-	1,274,403,200	-
FEDERAL						
Administrative Expenditures	83,696,900	5,930,666	5,930,666	-	83,696,900	-
Proposition 204 - Administrative Expenditures	22,179,500	720,267	720,267	-	22,179,500	-
Programmatic Expenditures						
Traditional Medicaid Services	2,575,804,300	186,050,251	186,050,251	-	2,575,804,300	-
Proposition 204 Services	1,587,663,200	154,485,339	154,485,339	-	1,587,663,200	-
ACA Adult Expansion	227,369,700	14,401,166	14,401,166	-	227,369,700	-
Children's Rehabilitative Services	133,794,300	13,806,421	13,806,421	-	133,794,300	-
KidsCare Services	4,595,800	505,725	505,725	-	4,595,800	-
ALTCS Services and Nursing Facility Assessment	895,343,500	65,305,615	65,305,615	-	895,343,500	-
DSH and Rural Hospitals	26,037,800	-	-	-	26,037,800	-
Voluntary Political Subdivision Programs - See Note 5	173,644,800	-	-	-	173,644,800	-
TOTAL FEDERAL EXPENDITURES	5,730,129,800	441,205,451	441,205,451	-	5,730,129,800	-
COUNTY						
Administrative Expenditures Proposition 204 - BNCF	3,384,400	-	-	-	3,384,400	-
Programmatic Expenditures						
Traditional Medicaid Services Acute Care	50,199,900	4,183,325	4,183,325	-	50,199,900	-
ALTCS Services	245,196,200	19,265,864	19,265,864	-	245,196,200	-
TOTAL COUNTY EXPENDITURES	298,780,500	23,449,189	23,449,189	-	298,780,500	-
TOBACCO FUNDS						
Programmatic Expenditures						
Traditional Medicaid Services Acute Care - Medically Needy	34,178,800	5,225,769	5,225,769	-	34,178,800	-
Proposition 204 Services - Emergency Health Services	18,202,400	1,600,493	1,600,493	-	18,202,400	-
Proposition 204 Services - Proposition 204 Protection	38,225,000	6,228,229	6,228,229	-	38,225,000	-
Proposition 204 Services - ATLSF	100,000,000	-	-	-	100,000,000	-
TOTAL TOBACCO EXPENDITURES	190,606,200	13,054,492	13,054,492	-	190,606,200	-
OTHER						
Administrative Expenditures						
Prescription Drug Rebate Program	116,100	2,777	2,777	-	116,100	-
Programmatic Expenditures						
Acute Care - Prescription Drug Rebate Program State Match	73,756,400	6,146,367	6,146,367	-	73,756,400	-
Acute Care - Prescription Drug Rebate Program Federal Authority	198,561,200	17,093,443	17,093,443	-	198,561,200	-
Long Term Care - Prescription Drug Rebate Program State Match	5,162,500	430,208	430,208	-	5,162,500	-
Long Term Care - Prescription Drug Rebate Program Federal Authority	13,898,100	1,690,329	1,690,329	-	13,898,100	-
Proposition 204 Services - Hospital Assessment	204,627,300	-	-	-	204,627,300	-
Traditional Medicaid Services - TPL	194,700	86,143	86,143	-	194,700	-
ALTCS Services - TPL	-	84,037	84,037	-	-	-
ALTCS Services - Nursing Facility Assessment	17,171,800	-	-	-	17,171,800	-
KidsCare Services Premiums	370,000	48,348	48,348	-	370,000	-
Freedom to Work Premiums	31,200	3,481	3,481	-	31,200	-
Voluntary Political Subdivision Programs - See Note 5	80,147,100	-	-	-	80,147,100	-
TOTAL OTHER EXPENDITURES	594,036,400	25,585,131	25,585,131	-	594,036,400	-
TOTAL						
Administrative Expenditures	182,020,100	10,518,603	10,518,603	-	182,020,100	-
Acute Care	6,561,366,500	517,016,268	517,016,268	-	6,561,366,500	-
Long Term Care	1,344,569,500	100,759,170	100,759,170	-	1,344,569,500	-
TOTAL EXPENDITURES	\$ 8,087,956,100	\$ 628,294,041	\$ 628,294,041	\$ -	\$ 8,087,956,100	\$ -

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
FY 2015 APPROPRIATION STATUS REPORT
APPROPRIATED REVENUE AND OTHER COLLECTIONS RECEIVED DETAIL SCHEDULE
For the Period Ending July 31, 2014

	BUDGET	BUDGET YTD	RECEIPTS YTD
GENERAL FUND:			
Traditional Medicaid Services & Administrative	\$ 1,008,689,900	\$ 80,951,283	\$ 80,951,283
Proposition 204 Services & Administrative	96,658,700	29,919,722	29,911,289
KidsCare Services	1,257,200	145,657	145,657
ALTCS Services	167,797,400	13,983,117	13,983,117
TOTAL	<u>1,274,403,200</u>	<u>124,999,778</u>	<u>124,991,345</u>
FEDERAL:			
Acute & Administrative	4,830,190,500	375,394,110	496,819,267
KidsCare Services	4,595,800	505,725	1,033,041
ALTCS Services	895,343,500	65,305,615	65,656,467
TOTAL	<u>5,730,129,800</u>	<u>441,205,451</u>	<u>563,508,775</u>
COUNTY:			
Acute & Administrative	53,584,300	4,183,325	4,548,895
ALTCS Services	245,196,200	19,265,864	-
TOTAL	<u>298,780,500</u>	<u>23,449,189</u>	<u>4,548,895</u>
TOBACCO FUNDS:			
Traditional Medicaid Services	34,178,800	5,225,769	5,225,769
Proposition 204 Services	156,427,400	7,828,722	7,828,722
TOTAL	<u>190,606,200</u>	<u>13,054,492</u>	<u>13,054,492</u>
OTHER:			
Administrative	116,100	2,777	2,777
Acute Care - Prescription Drug Rebate Program	272,317,600	23,239,809	23,239,809
Long Term Care - Prescription Drug Rebate Program	19,060,600	2,120,537	2,120,537
Hospital Assessment	204,627,300	-	262,461
ALTCS - Nursing Facility Assessment	17,171,800	-	-
Acute TPL - Note 1	194,700	86,143	86,143
LTC TPL - Note 1	-	84,037	84,037
KidsCare TPL - Note 1	-	-	159
Member Premiums - CHIP	370,000	48,348	64,667
Member Premiums - Freedom to Work	31,200	3,481	3,481
Voluntary Political Subdivision - State Match	80,147,100	-	3,796,758
TOTAL	<u>594,036,400</u>	<u>25,585,131</u>	<u>29,660,828</u>
TOTAL REVENUE	<u>\$ 8,087,956,100</u>	<u>\$ 628,294,041</u>	<u>\$ 735,764,335</u>

Appropriation Status Report

Footnotes

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
FY 2015 APPROPRIATION STATUS REPORT
For the Period Ending July 31, 2014

Note 1: Third Party Liability Collections:

Gross Collections:

Acute

LTC

KidsCare

Total TPL Collections

	July 2014	July 2013	July 1, 2013 July 31, 2014	July 1, 2012 July 31, 2013
\$	718,021	\$ 1,145,687	\$ 718,021	\$ 1,145,687
	374,048	237,649	374,048	237,649
	819	493	819	493
<u>\$</u>	<u>1,092,888</u>	<u>\$ 1,383,829</u>	<u>\$ 1,092,888</u>	<u>\$ 1,383,829</u>

AHCCCS Net Collections (Net of Federal Share):

Expenditure Offsets:

Acute

LTC

KidsCare

Total Expenditure Offsets

\$	86,143	\$ 165,610	\$ 86,143	\$ 165,610
	84,037	52,618	84,037	52,618
	159	99	159	99
<u>\$</u>	<u>170,339</u>	<u>\$ 218,327</u>	<u>\$ 170,339</u>	<u>\$ 218,327</u>

FY 15 Total

Note 2: Authorized Positions

Actual Positions as of July 31, 2014

1,032.2

936.4

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
FY 2015 APPROPRIATION STATUS REPORT
For the Period Ending July 31, 2014

Note 3: Intergovernmental Service Agreement - State of Hawaii:

Beginning Balance July 1, 2014	\$ 2,092,063
Revenues	1,414,658
Transfers-In	<u>-</u>
Total Revenues	<u>1,414,658</u>
Expenditures	240,583
Transfers-out	<u>-</u>
Total Expenditures	<u>240,583</u>
Ending Balance July 31, 2014	<u>\$ 3,266,138</u>

Of the \$3,266,138 ending balance, \$1,664,866 represents restricted cash for prepaid expenses from the State of Hawaii for the projected expenditures through September 2014.

Note 4: Summary of HHS Office of Inspector General Questioned Costs and CMS Deferrals and Disallowances Liabilities.

Schedule of Outstanding Liabilities
As of July 31, 2014

<u>Description</u>	<u>Amount</u>	<u>Type</u>
School Based Claiming Medicaid Administrative Costs	18,941,355	HHS-OIG & AHCCCS Self Reported
School Based Claiming Direct Services Costs	19,923,489	HHS-OIG
	<u>38,864,844</u>	



Appropriation Status Report

Caseload and Expenditures
by Rate Code

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

EXPENDITURE SUMMARY

For the Period Ending July 31, 2014

	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
TITLE XIX TRADITIONAL													
CAPITATION - ACUTE	245,320,411	0	0	0	0	0	0	0	0	0	0	0	245,320,411
CAPITATION - LTC	172,652,192	0	0	0	0	0	0	0	0	0	0	0	172,652,192
MENTAL HEALTH - CHILD	22,940,496	0	0	0	0	0	0	0	0	0	0	0	22,940,496
MENTAL HEALTH - ADULT	9,246,123	0	0	0	0	0	0	0	0	0	0	0	9,246,123
MENTAL HEALTH - GENERAL	13,514,010	0	0	0	0	0	0	0	0	0	0	0	13,514,010
MENTAL HEALTH - CMDP	16,576,107	0	0	0	0	0	0	0	0	0	0	0	16,576,107
FEE FOR SERVICE - ACUTE	46,280,515	0	0	0	0	0	0	0	0	0	0	0	46,280,515
FFS - PRIOR QUARTER COVERAGE	83,480	0	0	0	0	0	0	0	0	0	0	0	83,480
EMERGENCY SERVICES - FEDERAL	6,645,181	0	0	0	0	0	0	0	0	0	0	0	6,645,181
FFS MEDICAID IN PUBLIC SCHOOLS	774,806	0	0	0	0	0	0	0	0	0	0	0	774,806
INPATIENT INMATES FFS	139,514	0	0	0	0	0	0	0	0	0	0	0	139,514
QMB - FEE FOR SERVICE	227,508	0	0	0	0	0	0	0	0	0	0	0	227,508
PINAL COUNTY INMATES FFS	1,230	0	0	0	0	0	0	0	0	0	0	0	1,230
PIMA COUNTY INMATES FFS	7,294	0	0	0	0	0	0	0	0	0	0	0	7,294
MARICOPA CTY INMATES FFS	5,034	0	0	0	0	0	0	0	0	0	0	0	5,034
FEE FOR SERVICE - LTC	10,677,186	0	0	0	0	0	0	0	0	0	0	0	10,677,186
LFFS MEDICAID IN PUBLIC SCHOOLS	1,542,730	0	0	0	0	0	0	0	0	0	0	0	1,542,730
REINSURANCE - ACUTE	10,003,289	0	0	0	0	0	0	0	0	0	0	0	10,003,289
REINSURANCE - LTC	3,351,665	0	0	0	0	0	0	0	0	0	0	0	3,351,665
SMIB - ACUTE	10,410,873	0	0	0	0	0	0	0	0	0	0	0	10,410,873
HIB - ACUTE	58,792	0	0	0	0	0	0	0	0	0	0	0	58,792
Q1	1,627,402	0	0	0	0	0	0	0	0	0	0	0	1,627,402
SMIB - LTC	2,760,557	0	0	0	0	0	0	0	0	0	0	0	2,760,557
HIB - LTC	121,568	0	0	0	0	0	0	0	0	0	0	0	121,568
SUBTOTAL	574,967,964	0	0	0	0	0	0	0	0	0	0	0	574,967,964
TITLE XIX PROP 204													
CAPITATION - ACUTE	165,540,913	0	0	0	0	0	0	0	0	0	0	0	165,540,913
MENTAL HEALTH - CHILD	198,164	0	0	0	0	0	0	0	0	0	0	0	198,164
MENTAL HEALTH - ADULT	12,147,475	0	0	0	0	0	0	0	0	0	0	0	12,147,475
MENTAL HEALTH - GENERAL	17,754,588	0	0	0	0	0	0	0	0	0	0	0	17,754,588
FEE FOR SERVICE - ACUTE	26,275,199	0	0	0	0	0	0	0	0	0	0	0	26,275,199
FFS - PRIOR QUARTER COVERAGE	51,967	0	0	0	0	0	0	0	0	0	0	0	51,967
EMERGENCY SERVICES - FEDERAL	2,558,131	0	0	0	0	0	0	0	0	0	0	0	2,558,131
FFS MEDICAID IN PUBLIC SCHOOLS	5,265	0	0	0	0	0	0	0	0	0	0	0	5,265
INPATIENT INMATES FFS	487,478	0	0	0	0	0	0	0	0	0	0	0	487,478
PIMA COUNTY INMATES FFS	4,443	0	0	0	0	0	0	0	0	0	0	0	4,443
PINAL COUNTY INMATES FFS	82,861	0	0	0	0	0	0	0	0	0	0	0	82,861

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

EXPENDITURE SUMMARY

For the Period Ending July 31, 2014

	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
MARICOPA CTY INMATES FFS	13,089	0	0	0	0	0	0	0	0	0	0	0	13,089
REINSURANCE - ACUTE	2,324,980	0	0	0	0	0	0	0	0	0	0	0	2,324,980
SMIB - ACUTE	3,453,454	0	0	0	0	0	0	0	0	0	0	0	3,453,454
HIB - ACUTE	2,806	0	0	0	0	0	0	0	0	0	0	0	2,806
SUBTOTAL	230,900,813	0	0	0	0	0	0	0	0	0	0	0	230,900,813

TITLE XIX ACA ADULT EXPANSION

CAPITATION - ACUTE	12,619,971	0	0	0	0	0	0	0	0	0	0	0	12,619,971
MENTAL HEALTH - ADULT	777,287	0	0	0	0	0	0	0	0	0	0	0	777,287
MENTAL HEALTH - GENERAL	1,136,072	0	0	0	0	0	0	0	0	0	0	0	1,136,072
FEE FOR SERVICE - ACUTE	1,065,235	0	0	0	0	0	0	0	0	0	0	0	1,065,235
FFS - PRIOR QUARTER COVERAGE	8,502	0	0	0	0	0	0	0	0	0	0	0	8,502
EMERGENCY SERVICES - FEDERAL	134,592	0	0	0	0	0	0	0	0	0	0	0	134,592
REINSURANCE - ACUTE	22,287	0	0	0	0	0	0	0	0	0	0	0	22,287
SMIB - ACUTE	1,259	0	0	0	0	0	0	0	0	0	0	0	1,259
SUBTOTAL	15,765,205	0	0	0	0	0	0	0	0	0	0	0	15,765,205
TOTAL TITLE XIX	821,633,982	0	0	0	0	0	0	0	0	0	0	0	821,633,982

TITLE XXI KIDSCARE

KidsCare - CAPITATION	317,922	0	0	0	0	0	0	0	0	0	0	0	317,922
KidsCare - FEE FOR SERVICE	20,033	0	0	0	0	0	0	0	0	0	0	0	20,033
KidsCare - MENTAL HEALTH	73,362	0	0	0	0	0	0	0	0	0	0	0	73,362
KidsCare - REINSURANCE	-99,947	0	0	0	0	0	0	0	0	0	0	0	-99,947
TOTAL TITLE XXI	311,369	0	0	0	0	0	0	0	0	0	0	0	311,369

GRAND TOTAL	821,945,351	0	0	0	0	0	0	0	0	0	0	0	821,945,351
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ACUTE CAPITATION - AMOUNTS

For The Period Ending July 31, 2014

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
1003	TANF 06-13 M & F WIT	217.11	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	217.11
1006	TANF 21-44 MALE WITH	28,781.97	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	28,781.97
1007	TANF 21-44 FEMALE WI	114,269.17	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	114,269.17
1008	TANF 45-64 M & F WIT	84,108.25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	84,108.25
1009	TANF 65+ M & F WITH	21,484.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	21,484.01
100F	TANF 21-44 MALE WITH	1,342.88	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,342.88
100G	TANF 21-44 FEMALE WI	3,762.11	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,762.11
100H	TANF 44-64 M & F WIT	8,995.65	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8,995.65
100J	TANF 65+ M & F WITH	1,372.61	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,372.61
1011	TANF <1 M & F NON-ME	6,944,671.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6,944,671.01
1012	TANF 01-05 M & F NON	9,414,595.75	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	9,414,595.75
1013	TANF 06-13 M & F NON	14,757,003.85	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	14,757,003.85
1014	TANF 14-20 MALE NON-	4,095,717.18	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,095,717.18
1015	TANF 14-20 FEMALE N	7,425,976.83	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	7,425,976.83
1016	TANF 21-44 MALE NON-	3,488,064.87	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,488,064.87
1017	TANF 21-44 FEMALE N	21,669,669.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	21,669,669.50
1018	TANF 45-64 M & F NON	7,373,544.96	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	7,373,544.96
1019	TANF 65+ M & F NON-M	21,729.03	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	21,729.03
101A	TANF < 1 M & F NON-M	376,288.07	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	376,288.07
101B	TANF 01-05 M & F NON	187,236.57	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	187,236.57
101C	TANF 06-13 M & F NON	223,211.63	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	223,211.63
101D	TANF 14-20 MALE NON-	138,442.93	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	138,442.93
101E	TANF 14-20 FEMALE N	244,533.70	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	244,533.70
101F	TANF 21-44 MALE NON-	562,829.25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	562,829.25
101G	TANF 21-44 FEMALE N	1,456,806.28	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,456,806.28
101H	TANF 44-64 M & F NON	1,442,455.59	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,442,455.59
101J	TANF 65+ N & F NON-M	10,089.16	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10,089.16
1026	TANF 21-44 MALE WITH	165.98	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	165.98
1027	TANF 21-44 FEMALE WI	6,723.14	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6,723.14
1028	TANF 45-64 M & F WIT	2,004.87	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,004.87
1029	TANF 65+ M & F WITH	727.32	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	727.32
2100	SSI AGED WITH MEDIC A	682,116.95	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	682,116.95
210Z	SSI AGED WITH MEDIC A	84,778.64	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	84,778.64
2110	SSI AGED NON-MEDICA B	4,592,127.22	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,592,127.22
211Z	SSI AGED NON-MEDICA B	906,703.14	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	906,703.14
2120	SSI AGED WITH QMB	3,619,137.72	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,619,137.72

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212Z	SSI AGED WITH QMB P D	39,895.21	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	39,895.21
2200	SSI DISABLED WITH M F	1,620,418.47	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,620,418.47
220Z	SSI DISABLED WITH M F	61,688.36	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	61,688.36
2210	SSI DISABLED NON-ME D	54,178,004.81	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	54,178,004.81
221Z	SSI DISABLED NON-ME D	1,411,266.35	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,411,266.35
2220	SSI DISABLED WITH Q M	10,511,923.37	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10,511,923.37
222Z	SSI DISABLED WITH Q M	8,859.10	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8,859.10
2300	SSI BLIND WITH MEDIC M	8,180.98	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8,180.98
230Z	SSI BLIND WITH MEDIC M	153.11	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	153.11
2310	SSI BLIND NON-MEDIC A	333,362.58	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	333,362.58
231Z	SSI BLIND NON-MEDIC A	4,907.37	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,907.37
2320	SSI BLIND WITH QMB M	38,091.63	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	38,091.63
4301	SOBRA CHILD <1 M & F	435.64	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	435.64
4302	SOBRA CHILD 01-05 M	790.45	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	790.45
4303	SOBRA CHILD 06-13 M	104.88	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	104.88
4305	SOBRA CHILD 14-20 FE	741.22	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	741.22
430B	SOBRA CHILD 01-05 M	311.15	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	311.15
4311	SOBRA CHILD <1 M & F	14,931,100.78	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	14,931,100.78
4312	SOBRA CHILD 01-05 M	11,567,920.84	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	11,567,920.84
4313	SOBRA CHILD 06-13 M	14,237,741.80	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	14,237,741.80
4314	SOBRA CHILD 14-20 MA	5,097,057.78	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,097,057.78
4315	SOBRA CHILD 14-20 FE	7,623,275.34	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	7,623,275.34
431A	SOBRA CHILD < 1 M & M	1,214,271.08	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,214,271.08
431B	SOBRA CHILD 01-05 M M	627,471.65	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	627,471.65
431C	SOBRA CHILD 6-13 M & F	674,986.02	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	674,986.02
431D	SOBRA CHILD 14-20 MA M	640,855.23	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	640,855.23
431E	SOBRA CHILD 14-20 FE M	720,865.32	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	720,865.32
5007	SOBRA PREG 21-44 FE M	21,833.03	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	21,833.03
5008	SOBRA PREG 45-64 FE M	1,697.44	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,697.44
500G	SOBRA PREG 21-44 FE M	411.89	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	411.89
5015	SOBRA PREG 14-20 FE M	746,510.58	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	746,510.58
5017	SOBRA PREG 21-44 FE M	2,581,731.79	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,581,731.79
5018	SOBRA PREG 45-64 FE M	20,379.89	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	20,379.89
501E	SOBRA PREG 14-20 FE M	95,588.48	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	95,588.48
501G	SOBRA PREG 21-44 FE M	302,251.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	302,251.20
501H	SOBRA PREG 45-64 FE M	3,747.04	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,747.04

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5027	SOBRA PREG 21-44 FE M	4,767.49	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,767.49
5510	SOBRA FPS FEMALE W IT	-25.48	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-25.48
SUBTOTAL:		219,325,258.77	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	219,325,258.77
9910	TANF & SOBRA CHILDR	6,571,134.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6,571,134.40
9920	SSI W/MEDICARE KICK	59,951.62	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	59,951.62
9921	SSI W/O MEDICARE KIC	255,183.61	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	255,183.61
9950	S.O.B.R.A. KICK PAYM	11,246,691.84	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	11,246,691.84
SUBTOTAL:		18,132,961.47	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	18,132,961.47
1105	TANF EXPANDED 14-20	241.69	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	241.69
1106	TANF EXPANDED 21-44	231,959.64	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	231,959.64
1107	TANF EXPANDED 21-44	817,292.87	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	817,292.87
1108	TANF EXPANDED 45-64	1,188,948.02	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,188,948.02
1109	TANF EXPANDED 65+ MAR	307,783.65	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	307,783.65
110F	TANF EXPANDED 21-44	4,170.55	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,170.55
110G	TANF EXPANDED 21-44	10,493.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10,493.01
110H	TANF EXPANDED 45-64	40,061.03	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	40,061.03
110J	TANF EXPANDED 65+ MAR	22,286.04	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	22,286.04
1111	TANF EXPANDED <1 M RF	19,671.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	19,671.67
1112	TANF EXPANDED 01-05	92,317.79	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	92,317.79
1113	TANF EXPANDED 06-13	306,399.70	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	306,399.70
1114	TANF EXPANDED 14-20	210,348.15	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	210,348.15
1115	TANF EXPANDED 14-20	643,300.84	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	643,300.84
1116	TANF EXPANDED 21-44	4,155,213.87	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,155,213.87
1117	TANF EXPANDED 21-44	13,750,105.43	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	13,750,105.43
1118	TANF EXPANDED 45-64	7,883,333.47	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	7,883,333.47
1119	TANF EXPANDED 65+ MAR	17,823.07	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	17,823.07
111A	TANF EXPANDED <1 M RF	3,069.23	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,069.23
111B	TANF EXPANDED 01-05	1,901.09	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,901.09
111C	TANF EXPANDED 06-13	5,213.11	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,213.11
111D	TANF EXPANDED 14-20	11,719.65	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	11,719.65
111E	TANF EXPANDED 14-20	38,981.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	38,981.20
111F	TANF EXPANDED 21-44	670,244.78	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	670,244.78
111G	TANF EXPANDED 21-44	1,430,871.86	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,430,871.86
111H	TANF EXPANDED 45-64	1,626,074.12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,626,074.12
111J	TANF EXPANDED 65+ MAR	8,192.11	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8,192.11

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1126	TANF EXPANDED 21-44	13,124.22	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	13,124.22
1127	TANF EXPANDED 21-44	28,106.94	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	28,106.94
1128	TANF EXPANDED 45-64	65,711.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	65,711.50
1129	TANF EXPANDED 65+ M&F	20,594.42	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	20,594.42
112F	TANF EXPANDED 21-44	104.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	104.01
112G	TANF EXPANDED 21-44	4,554.37	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,554.37
112H	TANF EXPANDED 45-64	10,330.63	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10,330.63
112J	TANF EXPANDED 65+ M&F	13,364.24	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	13,364.24
2400	SSI AGED EXPANDED M&F	124,966.70	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	124,966.70
240Z	SSI AGED EXPANDED M&F	44,875.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	44,875.33
2410	SSI AGED EXPANDED M&F	996,608.43	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	996,608.43
241Z	SSI AGED EXPANDED M&F	167,945.16	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	167,945.16
2420	SSI AGED EXPANDED M&F	4,944,165.87	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,944,165.87
242Z	SSI AGED EXPANDED M&F	44,737.03	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	44,737.03
2510	SSI BLIND EXPANDED M&F	2,055.56	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,055.56
2520	SSI BLIND EXPANDED M&F	693.76	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	693.76
2600	SSI DISABLED EXPAND F	336,773.78	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	336,773.78
260Z	SSI DISABLED EXPAND F	37,212.73	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	37,212.73
2610	SSI DISABLED EXPAND F	2,136,559.39	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,136,559.39
261Z	SSI DISABLED EXPAND F	148,355.71	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	148,355.71
2620	SSI DISABLED EXPAND F	4,542,694.09	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,542,694.09
262Z	SSI DISABLED EXPAND F	10,508.92	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10,508.92
SUBTOTAL:		47,192,060.43	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	47,192,060.43
9911	SB PAYMENT FOR TAN F	428,501.25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	428,501.25
9922	SB PAYMENT FOR SSI F	6,120.18	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6,120.18
SUBTOTAL:		434,621.43	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	434,621.43
3614	AHC CARE/MI MALE 14-	-2,598.60	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-2,598.60
3617	AHC CARE/MI FEMALE	389.72	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	389.72
3618	AHC CARE/MI M&F 45-6	461.59	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	461.59
361D	AHC CARE/MI MALE 14-	5,868.03	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,868.03
361F	AHC CARE/MI MALE 21-	1,336.72	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,336.72
SUBTOTAL:		5,457.46	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,457.46
3506	ADULT 40-100% MALE 2	33,464.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	33,464.06
3507	ADULT 40-100% FEMAL F	16,601.36	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	16,601.36
3508	ADULT 40-100% M&F 45	157,124.31	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	157,124.31

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3509	ADULT 40-100% M&F 65	32,520.39	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	32,520.39
350F	ADULT 40-100% MALE 2	16,508.10	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	16,508.10
350G	ADULT 40-100% FEMAL	7,648.32	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	7,648.32
350H	ADULT 40-100% M&F 45	43,819.25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	43,819.25
350J	ADULT 40-100% M&F 65	23,188.63	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	23,188.63
3514	ADULT 40-100% MALE 1	819,832.68	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	819,832.68
3515	ADULT 40-100% FEMAL	1,084,483.92	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,084,483.92
3516	ADULT 40-100% MALE 2	5,172,698.34	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,172,698.34
3517	ADULT 40-100% FEMAL	4,973,808.19	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,973,808.19
3518	ADULT 40-100% M&F 45	11,051,769.49	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	11,051,769.49
3519	ADULT 40-100% M&F 65	5,684.54	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,684.54
351D	ADULT 40-100% MALE 1	203,430.24	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	203,430.24
351E	ADULT 40-100% FEMAL	270,798.34	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	270,798.34
351F	ADULT 40-100% MALE 2	1,898,001.29	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,898,001.29
351G	ADULT 40-100% FEMAL	1,700,470.56	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,700,470.56
351H	ADULT 40-100% M&F 45	4,854,065.54	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,854,065.54
351J	ADULT 40-100% M&F 65	73,691.23	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	73,691.23
3526	ADULT 40-100% MALE 2	840.56	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	840.56
3527	ADULT 40-100% FEMAL	4,533.45	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,533.45
3528	ADULT 40-100% M&F 45	10,351.94	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10,351.94
3529	ADULT 40-100% M&F 65	2,418.24	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,418.24
352F	ADULT 40-100% MALE 2	727.05	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	727.05
352H	ADULT 40-100% M&F 45	8,252.49	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8,252.49
3704	ADULT <40% EXP MALE	358.14	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	358.14
3705	ADULT <40% EXP FEM	863.92	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	863.92
3706	ADULT <40% EXP MALE	66,342.05	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	66,342.05
3707	ADULT <40% EXP FEM	27,895.47	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	27,895.47
3708	ADULT <40% EXP M&F	151,258.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	151,258.01
3709	ADULT <40% EXP M&F	21,725.98	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	21,725.98
370E	ADULT <40% EXP FEM	44.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	44.06
370F	ADULT <40% EXP MALE	9,711.72	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	9,711.72
370G	ADULT <40% EXP FEM	14,796.79	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	14,796.79
370H	ADULT <40% EXP M&F	27,786.44	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	27,786.44
370J	ADULT <40% EXP M&F	8,590.58	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8,590.58
3714	ADULT <40% EXP MALE	4,660,701.72	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,660,701.72
3715	ADULT <40% EXP FEM	4,120,603.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,120,603.82

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3716	ADULT <40% EXP MALE	20,467,726.18	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	20,467,726.18
3717	ADULT <40% EXP FEM	13,101,290.86	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	13,101,290.86
3718	ADULT <40% EXP M&F	26,828,359.99	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	26,828,359.99
3719	ADULT <40% EXP M&F	17,618.55	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	17,618.55
371D	ADULT <40% EXP MALE	718,104.76	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	718,104.76
371E	ADULT <40% EXP FEM	677,187.15	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	677,187.15
371F	ADULT <40% EXP MALE	4,492,505.58	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,492,505.58
371G	ADULT <40% EXP FEM	3,159,846.04	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,159,846.04
371H	ADULT <40% EXP M&F	6,497,274.23	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6,497,274.23
371J	ADULT <40% EXP M&F	46,866.80	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	46,866.80
3726	ADULT <40% EXP MALE	4,479.71	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,479.71
3727	ADULT <40% EXP FEM	1,735.34	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,735.34
3728	ADULT <40% EXP M&F	4,216.78	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,216.78
372H	ADULT <40% EXP M&F	2,534.24	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,534.24
SUBTOTAL:		117,597,157.42	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	117,597,157.42
9935	BIRTH SUPP PAYMENT	98,220.75	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	98,220.75
9937	BIRTH SUPP PAYMENT	213,395.97	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	213,395.97
SUBTOTAL:		311,616.72	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	311,616.72
3906	NEWLY ELIGIBLE MALE	33,568.79	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	33,568.79
3907	NEWLY ELIGIBLE FEMA	26,377.26	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	26,377.26
3908	NEWLY ELIGIBLE M&F	230,110.61	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	230,110.61
3909	NEWLY ELIGIBLE M&F	23,148.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	23,148.00
390F	NEWLY ELIGIBLE MALE	14,499.62	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	14,499.62
390G	NEWLY ELIGIBLE FEMA	2,569.58	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,569.58
390H	NEWLY ELIGIBLE M&F	42,268.26	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	42,268.26
390J	NEWLY ELIGIBLE M&F	12,169.94	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	12,169.94
3914	NEWLY ELIGIBLE MALE	186,825.37	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	186,825.37
3915	NEWLY ELIGIBLE FEMA	218,329.41	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	218,329.41
3916	NEWLY ELIGIBLE MALE	1,622,407.81	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,622,407.81
3917	NEWLY ELIGIBLE FEMA	1,523,387.26	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,523,387.26
3918	NEWLY ELIGIBLE M&F	3,915,892.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,915,892.06
3919	NEWLY ELIGIBLE M&F	3,917.22	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,917.22
391D	NEWLY ELIGIBLE MALE	46,326.46	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	46,326.46
391E	NEWLY ELIGIBLE FEMA	55,613.58	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	55,613.58
391F	NEWLY ELIGIBLE MALE	857,867.49	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	857,867.49

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391G	NEWLY ELIGIBLE FEMA 4	994,884.35	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	994,884.35
391H	NEWLY ELIGIBLE M&F 4	2,753,614.91	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,753,614.91
391J	NEWLY ELIGIBLE M&F 6	22,569.38	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	22,569.38
3926	NEWLY ELIGIBLE MALE 6	252.25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	252.25
3928	NEWLY ELIGIBLE M&F 4	1,894.48	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,894.48
3929	NEWLY ELIGIBLE M&F 6	329.92	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	329.92
392H	NEWLY ELIGIBLE M&F 4	912.30	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	912.30
SUBTOTAL:		12,589,736.31	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	12,589,736.31
9939	BIRTH SUPP PAYMENT N	30,234.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	30,234.40
SUBTOTAL:		30,234.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	30,234.40
4412	SOBRA 100-133% M&F 4	15,750.99	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	15,750.99
4413	SOBRA 100-133% M&F 6	2,852,910.73	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,852,910.73
4414	SOBRA 100-133% MALE 6	1,102,921.39	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,102,921.39
4415	SOBRA 100-133% FEMA 4	1,582,957.43	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,582,957.43
441B	SOBRA 100-133% M&F 4	210.49	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	210.49
441C	SOBRA 100-133% M&F 6	145,537.73	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	145,537.73
441D	SOBRA 100-133% MALE 6	179,041.42	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	179,041.42
441E	SOBRA 100-133% FEMA 4	208,772.31	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	208,772.31
SUBTOTAL:		6,088,102.49	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6,088,102.49
9944	BIRTH SUPP PAYMENT S	35,479.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	35,479.33
SUBTOTAL:		35,479.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	35,479.33
4517	BC PATIENT FEMALE 2 4	8,839.74	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8,839.74
4518	BC PATIENT FEMALE 4 6	119,472.32	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	119,472.32
4519	BC PATIENT FEMALE 6 5	1,473.25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,473.25
451H	BC PATIENT FEMALE 4 6	448.89	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	448.89
451J	BC PATIENT FEMALE 6 5	88.11	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	88.11
4617	CC PATIENT FEMALE 2 4	8,119.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8,119.40
4618	CC PATIENT FEMALE 4 5	7,425.15	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	7,425.15
461G	CC PATIENT FEMALE 2 4	1,050.37	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,050.37
461H	CC PATIENT FEMALE 4 5	724.76	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	724.76
SUBTOTAL:		147,641.99	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	147,641.99
8600	SSI BLIND FREEDOM/W A	111.47	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	111.47
8700	SSI DISABLED FREEDO M	1,244,519.95	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,244,519.95
870Z	SSI DISABLED FREEDO M	6,724.26	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6,724.26

ACUTE CAPITATION - AMOUNTS

For The Period Ending July 31, 2014

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
8710	SSI DISABLED FREEDO M	177,605.31	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	177,605.31
871Z	SSI DISABLED FREEDO M	18,701.90	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	18,701.90
8720	SSI DISABLED FREEDO M	142,004.63	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	142,004.63
872Z	SSI DISABLED FREEDO M	1,299.02	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,299.02
SUBTOTAL:		1,590,966.54	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,590,966.54
TOTAL:		423,481,294.76	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	423,481,294.76

ACUTE CAPITATION - MEMBER MONTHS

For The Period Ending July 31, 2014

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
1003	TANF 06-13 M & F WIT	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.00
1006	TANF 21-44 MALE WITH	104.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	104.67
1007	TANF 21-44 FEMALE WI	235.10	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	235.10
1008	TANF 45-64 M & F WIT	172.61	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	172.61
1009	TANF 65+ M & F WITH	55.09	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	55.09
100F	TANF 21-44 MALE WITH	8.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8.20
100G	TANF 21-44 FEMALE WI	19.62	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	19.62
100H	TANF 44-64 M & F WIT	22.13	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	22.13
100J	TANF 65+ M & F WITH	3.89	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3.89
1011	TANF <1 M & F NON-ME	15,270.56	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	15,270.56
1012	TANF 01-05 M & F NON	84,569.28	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	84,569.28
1013	TANF 06-13 M & F NON	132,621.53	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	132,621.53
1014	TANF 14-20 MALE NON-	25,621.38	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	25,621.38
1015	TANF 14-20 FEMALE N	30,629.14	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	30,629.14
1016	TANF 21-44 MALE NON-	22,587.19	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	22,587.19
1017	TANF 21-44 FEMALE N	89,032.05	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	89,032.05
1018	TANF 45-64 M & F NON	18,333.22	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	18,333.22
1019	TANF 65+ M & F NON-M	51.35	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	51.35
101A	TANF <1 M & F NON-M	356.79	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	356.79
101B	TANF 01-05 M & F NON	3,295.48	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,295.48
101C	TANF 06-13 M & F NON	3,920.74	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,920.74
101D	TANF 14-20 MALE NON-	836.55	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	836.55
101E	TANF 14-20 FEMALE N	1,255.72	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,255.72
101F	TANF 21-44 MALE NON-	3,415.15	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,415.15
101G	TANF 21-44 FEMALE N	7,513.72	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	7,513.72
101H	TANF 44-64 M & F NON	3,472.14	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,472.14
101J	TANF 65+ N & F NON-M	25.59	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	25.59
1026	TANF 21-44 MALE WITH	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
1027	TANF 21-44 FEMALE WI	10.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10.00
1028	TANF 45-64 M & F WIT	5.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5.00
1029	TANF 65+ M & F WITH	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.00
2100	SSI AGED WITH MEDIC A	4,370.68	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,370.68
210Z	SSI AGED WITH MEDIC A	902.84	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	902.84
2110	SSI AGED NON-MEDICA B	6,138.76	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6,138.76
211Z	SSI AGED NON-MEDICA B	1,881.26	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,881.26
2120	SSI AGED WITH QMB	21,139.27	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	21,139.27

ACUTE CAPITATION - MEMBER MONTHS

For The Period Ending July 31, 2014

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
212Z	SSI AGED WITH QMB P D	435.63	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	435.63
2200	SSI DISABLED WITH M F	4,292.08	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,292.08
220Z	SSI DISABLED WITH M F	659.56	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	659.56
2210	SSI DISABLED NON-ME D	58,085.69	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	58,085.69
221Z	SSI DISABLED NON-ME D	3,034.88	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,034.88
2220	SSI DISABLED WITH Q M	25,240.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	25,240.50
222Z	SSI DISABLED WITH Q M	97.75	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	97.75
2300	SSI BLIND WITH MEDIC A	32.48	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	32.48
230Z	SSI BLIND WITH MEDIC A	1.51	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.51
2310	SSI BLIND NON-MEDIC A	427.53	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	427.53
231Z	SSI BLIND NON-MEDIC A	9.31	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	9.31
2320	SSI BLIND WITH QMB M	204.14	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	204.14
4301	SOBRA CHILD <1 M & F	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
4302	SOBRA CHILD 01-05 M	1.51	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.51
4303	SOBRA CHILD 06-13 M	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
4305	SOBRA CHILD 14-20 FE	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
430B	SOBRA CHILD 01-05 M	5.48	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5.48
4311	SOBRA CHILD <1 M & F	32,941.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	32,941.40
4312	SOBRA CHILD 01-05 M	99,019.99	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	99,019.99
4313	SOBRA CHILD 06-13 M	122,544.94	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	122,544.94
4314	SOBRA CHILD 14-20 MA	31,558.09	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	31,558.09
4315	SOBRA CHILD 14-20 FE	31,209.97	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	31,209.97
431A	SOBRA CHILD < 1 M & F	1,170.89	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,170.89
431B	SOBRA CHILD 01-05 M	10,635.96	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10,635.96
431C	SOBRA CHILD 6-13 M & F	11,649.29	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	11,649.29
431D	SOBRA CHILD 14-20 MA	3,814.47	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,814.47
431E	SOBRA CHILD 14-20 FE	3,680.89	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,680.89
5007	SOBRA PREG 21-44 FE M	50.81	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	50.81
5008	SOBRA PREG 45-64 FE M	4.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4.00
500G	SOBRA PREG 21-44 FE M	2.15	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.15
5015	SOBRA PREG 14-20 FE M	3,195.16	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,195.16
5017	SOBRA PREG 21-44 FE M	11,094.84	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	11,094.84
5018	SOBRA PREG 45-64 FE M	51.43	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	51.43
501E	SOBRA PREG 14-20 FE M	491.51	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	491.51
501G	SOBRA PREG 21-44 FE M	1,552.87	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,552.87
501H	SOBRA PREG 45-64 FE M	8.54	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8.54

ACUTE CAPITATION - MEMBER MONTHS

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RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
5027	SOBRA PREG 21-44 FE M	5.99	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5.99
5510	SOBRA FPS FEMALE W IT	-2.03	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-2.03
SUBTOTAL:		935,093.91	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	935,093.91
9910	TANF & SOBRA CHILDR	1,113.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,113.00
9920	SSI W/MEDICARE KICK	10.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10.00
9921	SSI W/O MEDICARE KIC	43.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	43.00
9950	S.O.B.R.A. KICK PAYM	1,908.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,908.00
SUBTOTAL:		3,074.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,074.00
1105	TANF EXPANDED 14-20	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
1106	TANF EXPANDED 21-44	783.81	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	783.81
1107	TANF EXPANDED 21-44	1,727.78	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,727.78
1108	TANF EXPANDED 45-64	2,418.15	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,418.15
1109	TANF EXPANDED 65+ MAR	761.60	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	761.60
110F	TANF EXPANDED 21-44	23.58	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	23.58
110G	TANF EXPANDED 21-44	53.63	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	53.63
110H	TANF EXPANDED 45-64	95.35	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	95.35
110J	TANF EXPANDED 65+ MAR	55.56	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	55.56
1111	TANF EXPANDED <1 M RF	41.95	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	41.95
1112	TANF EXPANDED 01-05	844.18	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	844.18
1113	TANF EXPANDED 06-13	2,726.58	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,726.58
1114	TANF EXPANDED 14-20	1,344.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,344.20
1115	TANF EXPANDED 14-20	2,712.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,712.20
1116	TANF EXPANDED 21-44	27,812.41	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	27,812.41
1117	TANF EXPANDED 21-44	58,482.54	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	58,482.54
1118	TANF EXPANDED 45-64	19,991.08	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	19,991.08
1119	TANF EXPANDED 65+ MAR	45.63	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	45.63
111A	TANF EXPANDED <1 M RF	2.76	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.76
111B	TANF EXPANDED 01-05	33.43	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	33.43
111C	TANF EXPANDED 06-13	91.68	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	91.68
111D	TANF EXPANDED 14-20	70.38	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	70.38
111E	TANF EXPANDED 14-20	198.05	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	198.05
111F	TANF EXPANDED 21-44	4,073.04	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,073.04
111G	TANF EXPANDED 21-44	7,379.68	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	7,379.68
111H	TANF EXPANDED 45-64	4,005.87	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,005.87
111J	TANF EXPANDED 65+ MAR	21.28	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	21.28

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RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
1126	TANF EXPANDED 21-44	32.93	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	32.93
1127	TANF EXPANDED 21-44	64.65	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	64.65
1128	TANF EXPANDED 45-64	125.92	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	125.92
1129	TANF EXPANDED 65+	49.26	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	49.26
112F	TANF EXPANDED 21-44	0.64	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.64
112G	TANF EXPANDED 21-44	23.31	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	23.31
112H	TANF EXPANDED 45-64	23.98	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	23.98
112J	TANF EXPANDED 65+	32.48	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	32.48
2400	SSI AGED EXPANDED	581.54	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	581.54
240Z	SSI AGED EXPANDED	491.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	491.82
2410	SSI AGED EXPANDED	1,309.52	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,309.52
241Z	SSI AGED EXPANDED	347.68	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	347.68
2420	SSI AGED EXPANDED	21,506.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	21,506.00
242Z	SSI AGED EXPANDED	487.45	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	487.45
2510	SSI BLIND EXPANDED	3.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3.00
2520	SSI BLIND EXPANDED	5.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5.00
2600	SSI DISABLED EXPAND	603.87	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	603.87
260Z	SSI DISABLED EXPAND	395.75	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	395.75
2610	SSI DISABLED EXPAND	1,730.47	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,730.47
261Z	SSI DISABLED EXPAND	315.29	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	315.29
2620	SSI DISABLED EXPAND	9,091.72	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	9,091.72
262Z	SSI DISABLED EXPAND	113.19	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	113.19
SUBTOTAL:		173,132.87	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	173,132.87
9911	SB PAYMENT FOR TAN	72.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	72.00
9922	SB PAYMENT FOR SSI	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
SUBTOTAL:		73.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	73.00
3614	AHC CARE/MI MALE 14-	-6.73	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-6.73
3617	AHC CARE/MI FEMALE	0.96	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.96
3618	AHC CARE/MI M&F 45-6	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
361D	AHC CARE/MI MALE 14-	8.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8.00
361F	AHC CARE/MI MALE 21-	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.00
SUBTOTAL:		5.23	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5.23
3506	ADULT 40-100% MALE 2	59.62	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	59.62
3507	ADULT 40-100% FEMAL	35.66	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	35.66
3508	ADULT 40-100% M&F 45	348.51	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	348.51

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3509	ADULT 40-100% M&F 65	76.14	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	76.14
350F	ADULT 40-100% MALE 2	26.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	26.33
350G	ADULT 40-100% FEMAL	11.30	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	11.30
350H	ADULT 40-100% M&F 45	65.04	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	65.04
350J	ADULT 40-100% M&F 65	34.02	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	34.02
3514	ADULT 40-100% MALE 1	1,984.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,984.67
3515	ADULT 40-100% FEMAL	2,614.51	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,614.51
3516	ADULT 40-100% MALE 2	12,714.59	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	12,714.59
3517	ADULT 40-100% FEMAL	12,070.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	12,070.40
3518	ADULT 40-100% M&F 45	27,169.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	27,169.50
3519	ADULT 40-100% M&F 65	14.04	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	14.04
351D	ADULT 40-100% MALE 1	313.78	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	313.78
351E	ADULT 40-100% FEMAL	403.56	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	403.56
351F	ADULT 40-100% MALE 2	2,859.91	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,859.91
351G	ADULT 40-100% FEMAL	2,581.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,581.00
351H	ADULT 40-100% M&F 45	7,211.46	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	7,211.46
351J	ADULT 40-100% M&F 65	108.10	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	108.10
3526	ADULT 40-100% MALE 2	1.93	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.93
3527	ADULT 40-100% FEMAL	6.45	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6.45
3528	ADULT 40-100% M&F 45	26.71	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	26.71
3529	ADULT 40-100% M&F 65	6.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6.00
352F	ADULT 40-100% MALE 2	1.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.06
352H	ADULT 40-100% M&F 45	12.24	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	12.24
3704	ADULT <40% EXP MALE	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
3705	ADULT <40% EXP FEM	1.93	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.93
3706	ADULT <40% EXP MALE	103.25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	103.25
3707	ADULT <40% EXP FEM	48.48	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	48.48
3708	ADULT <40% EXP M&F	283.95	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	283.95
3709	ADULT <40% EXP M&F	56.31	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	56.31
370E	ADULT <40% EXP FEM	0.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.06
370F	ADULT <40% EXP MALE	14.26	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	14.26
370G	ADULT <40% EXP FEM	21.77	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	21.77
370H	ADULT <40% EXP M&F	42.46	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	42.46
370J	ADULT <40% EXP M&F	12.45	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	12.45
3714	ADULT <40% EXP MALE	11,007.76	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	11,007.76
3715	ADULT <40% EXP FEM	9,706.11	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	9,706.11

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3716	ADULT <40% EXP MALE	48,059.07	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	48,059.07
3717	ADULT <40% EXP FEM	30,195.28	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	30,195.28
3718	ADULT <40% EXP M&F	63,522.48	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	63,522.48
3719	ADULT <40% EXP M&F	44.36	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	44.36
371D	ADULT <40% EXP MALE	1,088.95	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,088.95
371E	ADULT <40% EXP FEM	1,021.43	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,021.43
371F	ADULT <40% EXP MALE	6,765.74	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6,765.74
371G	ADULT <40% EXP FEM	4,743.81	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,743.81
371H	ADULT <40% EXP M&F	9,643.66	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	9,643.66
371J	ADULT <40% EXP M&F	66.80	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	66.80
3726	ADULT <40% EXP MALE	3.54	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3.54
3727	ADULT <40% EXP FEM	1.54	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.54
3728	ADULT <40% EXP M&F	10.28	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10.28
372H	ADULT <40% EXP M&F	3.70	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3.70
SUBTOTAL:		257,226.96	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	257,226.96
9935	BIRTH SUPP PAYMENT	17.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	17.00
9937	BIRTH SUPP PAYMENT	36.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	36.00
SUBTOTAL:		53.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	53.00
3906	NEWLY ELIGIBLE MALE	62.36	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	62.36
3907	NEWLY ELIGIBLE FEMA	36.64	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	36.64
3908	NEWLY ELIGIBLE M&F	583.32	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	583.32
3909	NEWLY ELIGIBLE M&F	71.12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	71.12
390F	NEWLY ELIGIBLE MALE	42.44	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	42.44
390G	NEWLY ELIGIBLE FEMA	9.32	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	9.32
390H	NEWLY ELIGIBLE M&F	131.86	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	131.86
390J	NEWLY ELIGIBLE M&F	35.81	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	35.81
3914	NEWLY ELIGIBLE MALE	622.70	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	622.70
3915	NEWLY ELIGIBLE FEMA	704.17	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	704.17
3916	NEWLY ELIGIBLE MALE	5,431.26	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,431.26
3917	NEWLY ELIGIBLE FEMA	5,051.42	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,051.42
3918	NEWLY ELIGIBLE M&F	13,011.73	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	13,011.73
3919	NEWLY ELIGIBLE M&F	12.97	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	12.97
391D	NEWLY ELIGIBLE MALE	139.88	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	139.88
391E	NEWLY ELIGIBLE FEMA	161.43	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	161.43
391F	NEWLY ELIGIBLE MALE	2,612.58	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,612.58

ACUTE CAPITATION - MEMBER MONTHS

For The Period Ending July 31, 2014

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
391G	NEWLY ELIGIBLE FEM ₄	3,026.68	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,026.68
391H	NEWLY ELIGIBLE M&F ₄	8,327.51	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8,327.51
391J	NEWLY ELIGIBLE M&F ₆	68.94	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	68.94
3926	NEWLY ELIGIBLE MALE	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
3928	NEWLY ELIGIBLE M&F ₄	6.28	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6.28
3929	NEWLY ELIGIBLE M&F ₆	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
392H	NEWLY ELIGIBLE M&F ₄	2.70	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.70
SUBTOTAL:		40,155.12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	40,155.12
9939	BIRTH SUPP PAYMENT _N	5.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5.00
SUBTOTAL:		5.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5.00
4412	SOBRA 100-133% M&F ₄	128.25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	128.25
4413	SOBRA 100-133% M&F ₆	18,951.90	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	18,951.90
4414	SOBRA 100-133% MALE	6,066.89	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6,066.89
4415	SOBRA 100-133% FEM ₄	5,923.23	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,923.23
441B	SOBRA 100-133% M&F ₄	3.70	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3.70
441C	SOBRA 100-133% M&F ₆	2,589.88	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,589.88
441D	SOBRA 100-133% MALE	1,092.57	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,092.57
441E	SOBRA 100-133% FEM ₄	1,079.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,079.50
SUBTOTAL:		35,835.92	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	35,835.92
9944	BIRTH SUPP PAYMENT _S	6.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6.00
SUBTOTAL:		6.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6.00
4517	BC PATIENT FEMALE 2 ₄	38.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	38.00
4518	BC PATIENT FEMALE 4 ₆	288.12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	288.12
4519	BC PATIENT FEMALE 6 ₅	3.78	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3.78
451H	BC PATIENT FEMALE 4 ₆	1.32	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.32
451J	BC PATIENT FEMALE 6 ₅	0.18	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.18
4617	CC PATIENT FEMALE 2 ₄	25.51	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	25.51
4618	CC PATIENT FEMALE 4 ₆	18.73	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	18.73
461G	CC PATIENT FEMALE 2 ₄	5.48	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5.48
461H	CC PATIENT FEMALE 4 ₆	2.32	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.32
SUBTOTAL:		383.44	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	383.44
8600	SSI BLIND FREEDOM/W _A	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
8700	SSI DISABLED FREEDO _M	1,318.39	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,318.39
870Z	SSI DISABLED FREEDO _M	70.71	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	70.71

ACUTE CAPITATION - MEMBER MONTHS

For The Period Ending July 31, 2014

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
8710	SSI DISABLED FREEDO M	176.19	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	176.19
871Z	SSI DISABLED FREEDO M	38.70	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	38.70
8720	SSI DISABLED FREEDO M	175.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	175.01
872Z	SSI DISABLED FREEDO M	16.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	16.33
SUBTOTAL:		1,796.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,796.33
TOTAL:		1,446,840.78	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,446,840.78

LONG TERM CARE CAPITATION - AMOUNTS

For The Period Ending July 31, 2014

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
1000	TANF WITH MEDICARE	9,640.51	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	9,640.51
1010	TANF NON-MEDICARE	2,119,642.85	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,119,642.85
1020	TANF WITH QMB	6,677.94	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6,677.94
2100	SSI AGED WITH MEDIC A	30,836,613.84	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	30,836,613.84
210Z	SSI AGED WITH MEDIC A	615,597.94	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	615,597.94
2110	SSI AGED NON-MEDICA D	2,604,038.91	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,604,038.91
211Z	SSI AGED NON-MEDICA D	19,614.65	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	19,614.65
2120	SSI AGED WITH QMB	17,350,133.73	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	17,350,133.73
212Z	SSI AGED WITH QMB P D	12,889.07	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	12,889.07
2200	SSI DISABLED WITH M F	13,837,679.72	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	13,837,679.72
220Z	SSI DISABLED WITH M F	82,279.18	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	82,279.18
2210	SSI DISABLED NON-ME D	84,294,536.39	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	84,294,536.39
221Z	SSI DISABLED NON-ME D	31,789.29	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	31,789.29
2220	SSI DISABLED WITH Q M	19,966,282.88	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	19,966,282.88
222Z	SSI DISABLED WITH Q M	1,541.29	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,541.29
2300	SSI BLIND WITH MEDIC A	69,541.93	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	69,541.93
2310	SSI BLIND NON-MEDIC A	478,057.14	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	478,057.14
2320	SSI BLIND WITH QMB	126,705.55	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	126,705.55
SUBTOTAL:		172,463,262.81	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	172,463,262.81
8700	SSI DISABLED FREEDO M	67,556.86	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	67,556.86
8710	SSI DISABLED FREEDO M	101,819.57	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	101,819.57
871Z	SSI DISABLED FREEDO M	3,309.31	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,309.31
8720	SSI DISABLED FREEDO M	16,243.89	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	16,243.89
SUBTOTAL:		188,929.63	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	188,929.63
TOTAL:		172,652,192.44	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	172,652,192.44

LONG TERM CARE MEMBER MONTHS

For The Period Ending July 31, 2014

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
1000	TANF WITH MEDICARE	3.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3.00
1010	TANF NON-MEDICARE	633.10	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	633.10
1020	TANF WITH QMB	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.00
2100	SSI AGED WITH MEDIC A	11,510.64	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	11,510.64
210Z	SSI AGED WITH MEDIC A	680.99	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	680.99
2110	SSI AGED NON-MEDICA D	604.41	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	604.41
211Z	SSI AGED NON-MEDICA D	22.69	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	22.69
2120	SSI AGED WITH QMB	6,956.11	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6,956.11
212Z	SSI AGED WITH QMB P D	14.44	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	14.44
2200	SSI DISABLED WITH M F	4,675.34	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,675.34
220Z	SSI DISABLED WITH M F	91.28	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	91.28
2210	SSI DISABLED NON-ME D	24,410.73	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	24,410.73
221Z	SSI DISABLED NON-ME D	34.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	34.40
2220	SSI DISABLED WITH Q M	6,545.92	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6,545.92
222Z	SSI DISABLED WITH Q M	1.70	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.70
2300	SSI BLIND WITH MEDIC A	22.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	22.00
2310	SSI BLIND NON-MEDIC A	137.93	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	137.93
2320	SSI BLIND WITH QMB M	42.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	42.00
SUBTOTAL:		56,388.68	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	56,388.68
8700	SSI DISABLED FREEDO M	22.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	22.00
8710	SSI DISABLED FREEDO M	23.32	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	23.32
871Z	SSI DISABLED FREEDO M	3.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3.67
8720	SSI DISABLED FREEDO M	6.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6.00
SUBTOTAL:		54.99	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	54.99
TOTAL:		56,443.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	56,443.67

MENTAL HEALTH CAPITATION AMOUNTS - CHILDREN

For The Period Ending July 31, 2014

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
1000	TANF WITH MEDICARE	74.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	74.40
1010	TANF NON-MEDICARE	10,900,567.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10,900,567.20
2200	SSI DISABLED WITH M	37.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	37.20
2210	SSI DISABLED NON-ME	434,533.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	434,533.20
2220	SSI DISABLED WITH Q	297.60	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	297.60
2310	SSI BLIND NON-MEDIC	1,450.80	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,450.80
4300	SOBRA CHILD WITH ME	74.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	74.40
4310	SOBRA CHILD NON-ME	10,572,984.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10,572,984.00
5010	SOBRA PREGNANT WO	12,648.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	12,648.00
SUBTOTAL:		21,922,666.80	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	21,922,666.80
1110	TANF EXPANDED FOR	198,090.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	198,090.00
2610	SSI DISABLED EXPAND	74.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	74.40
SUBTOTAL:		198,164.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	198,164.40
4410	SOBRA 100-133% FOR	1,017,829.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,017,829.20
SUBTOTAL:		1,017,829.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,017,829.20
TOTAL:		23,138,660.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	23,138,660.40

MENTAL HEALTH CAPITATION MEMBER MONTHS - CHILDREN

For The Period Ending July 31, 2014

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
1000	TANF WITH MEDICARE	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.00
1010	TANF NON-MEDICARE	293,026.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	293,026.00
2200	SSI DISABLED WITH M	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
2210	SSI DISABLED NON-ME	11,681.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	11,681.00
2220	SSI DISABLED WITH Q	8.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8.00
2310	SSI BLIND NON-MEDIC	39.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	39.00
4300	SOBRA CHILD WITH ME	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.00
4310	SOBRA CHILD NON-ME	284,220.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	284,220.00
5010	SOBRA PREGNANT WO	340.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	340.00
SUBTOTAL:		589,319.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	589,319.00
1110	TANF EXPANDED FOR	5,325.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,325.00
2610	SSI DISABLED EXPAND	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.00
SUBTOTAL:		5,327.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,327.00
4410	SOBRA 100-133% FOR	27,361.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	27,361.00
SUBTOTAL:		27,361.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	27,361.00
TOTAL:		622,007.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	622,007.00

MENTAL HEALTH CAPITATION AMOUNTS - ADULT

For The Period Ending July 31, 2014

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
1000	TANF WITH MEDICARE	17,922.18	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	17,922.18
1010	TANF NON-MEDICARE	4,703,200.98	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,703,200.98
1020	TANF WITH QMB	510.24	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	510.24
2100	SSI AGED WITH MEDICARE	146,311.32	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	146,311.32
2110	SSI AGED NON-MEDICARE	188,884.47	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	188,884.47
2120	SSI AGED WITH QMB	716,823.42	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	716,823.42
2200	SSI DISABLED WITH MEDICARE	146,279.43	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	146,279.43
2210	SSI DISABLED NON-MEDICARE	1,335,648.87	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,335,648.87
2220	SSI DISABLED WITH QMB	798,079.14	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	798,079.14
2300	SSI BLIND WITH MEDICARE	1,148.04	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,148.04
2310	SSI BLIND NON-MEDICARE	13,648.92	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	13,648.92
2320	SSI BLIND WITH QMB	7,908.72	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	7,908.72
4310	SOBRA CHILD NON-MEDICARE	619,718.37	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	619,718.37
5000	SOBRA PREGNANT WOMEN	1,626.39	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,626.39
5010	SOBRA PREGNANT WOMEN	437,658.36	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	437,658.36
5020	SOBRA PREGNANT WOMEN	159.45	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	159.45
SUBTOTAL:		9,135,528.30	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	9,135,528.30
1100	TANF EXPANDED FOR FAMILIES	178,520.22	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	178,520.22
1110	TANF EXPANDED FOR FAMILIES	3,547,634.94	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,547,634.94
1120	TANF EXPANDED FOR FAMILIES	8,291.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8,291.40
2400	SSI AGED EXPANDED	16,837.92	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	16,837.92
2410	SSI AGED EXPANDED	40,277.07	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	40,277.07
2420	SSI AGED EXPANDED	693,639.39	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	693,639.39
2510	SSI BLIND EXPANDED	95.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	95.67
2520	SSI BLIND EXPANDED	159.45	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	159.45
2600	SSI DISABLED EXPANDED	13,840.26	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	13,840.26
2610	SSI DISABLED EXPANDED	40,946.76	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	40,946.76
2620	SSI DISABLED EXPANDED	257,447.97	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	257,447.97
SUBTOTAL:		4,797,691.05	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,797,691.05
3610	AHC CARE EXPANDED FOR	127.56	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	127.56
SUBTOTAL:		127.56	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	127.56
3500	ADULT 40-100% FOR FAMILIES	16,327.68	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	16,327.68
3510	ADULT 40-100% FOR FAMILIES	1,775,730.87	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,775,730.87
3520	ADULT 40-100% FOR FAMILIES	1,275.60	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,275.60
3700	ADULT <40% EXPANDED FOR FAMILIES	15,083.97	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	15,083.97

MENTAL HEALTH CAPITATION AMOUNTS - ADULT

For The Period Ending July 31, 2014

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
3710	AHC CARE EXPANDED FO	5,540,791.83	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,540,791.83
3720	AHC CARE EXPANDED FO	446.46	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	446.46
SUBTOTAL:		7,349,656.41	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	7,349,656.41
3900	NEWLY ELIGIBLE FOR F	23,215.92	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	23,215.92
3910	NEWLY ELIGIBLE FOR FE	753,847.71	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	753,847.71
3920	NEWLY ELIGIBLE FOR F	223.23	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	223.23
SUBTOTAL:		777,286.86	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	777,286.86
4410	SOBRA 100-133% FOR F	62,918.97	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	62,918.97
SUBTOTAL:		62,918.97	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	62,918.97
4510	BC PATIENT FOR FINA N	10,236.69	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10,236.69
4610	CC PATIENT FOR FINA N	1,466.94	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,466.94
SUBTOTAL:		11,703.63	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	11,703.63
8600	SSI BLIND FREEDOM/W O	31.89	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	31.89
8700	SSI DISABLED FREEDO M	27,393.51	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	27,393.51
8710	SSI DISABLED FREEDO M	4,655.94	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,655.94
8720	SSI DISABLED FREEDO M	3,890.58	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,890.58
SUBTOTAL:		35,971.92	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	35,971.92
TOTAL:		22,170,884.70	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	22,170,884.70

MENTAL HEALTH CAPITATION MEMBER MONTHS - ADULT

For The Period Ending July 31, 2014

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
1000	TANF WITH MEDICARE	562.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	562.00
1010	TANF NON-MEDICARE	147,482.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	147,482.00
1020	TANF WITH QMB	16.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	16.00
2100	SSI AGED WITH MEDICARE	4,588.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,588.00
2110	SSI AGED NON-MEDICARE	5,923.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,923.00
2120	SSI AGED WITH QMB	22,478.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	22,478.00
2200	SSI DISABLED WITH MEDICARE	4,587.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,587.00
2210	SSI DISABLED NON-MEDICARE	41,883.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	41,883.00
2220	SSI DISABLED WITH QMB	25,026.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	25,026.00
2300	SSI BLIND WITH MEDICARE	36.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	36.00
2310	SSI BLIND NON-MEDICARE	428.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	428.00
2320	SSI BLIND WITH QMB	248.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	248.00
4310	SOBRA CHILD NON-MEDICARE	19,433.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	19,433.00
5000	SOBRA PREGNANT WOMAN	51.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	51.00
5010	SOBRA PREGNANT WOMAN	13,724.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	13,724.00
5020	SOBRA PREGNANT WOMAN	5.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5.00
SUBTOTAL:		286,470.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	286,470.00
1100	TANF EXPANDED FOR FLOWERS	5,598.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,598.00
1110	TANF EXPANDED FOR FLOWERS	111,246.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	111,246.00
1120	TANF EXPANDED FOR FLOWERS	260.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	260.00
2400	SSI AGED EXPANDED FOR FLOWERS	528.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	528.00
2410	SSI AGED EXPANDED FOR FLOWERS	1,263.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,263.00
2420	SSI AGED EXPANDED FOR FLOWERS	21,751.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	21,751.00
2510	SSI BLIND EXPANDED FOR FLOWERS	3.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3.00
2520	SSI BLIND EXPANDED FOR FLOWERS	5.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5.00
2600	SSI DISABLED EXPANDED FOR FLOWERS	434.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	434.00
2610	SSI DISABLED EXPANDED FOR FLOWERS	1,284.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,284.00
2620	SSI DISABLED EXPANDED FOR FLOWERS	8,073.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8,073.00
SUBTOTAL:		150,445.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	150,445.00
3610	AHC CARE EXPANDED FOR FLOWERS	4.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4.00
SUBTOTAL:		4.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4.00
3500	ADULT 40-100% FOR FLOWERS	512.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	512.00
3510	ADULT 40-100% FOR FLOWERS	55,683.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	55,683.00
3520	ADULT 40-100% FOR FLOWERS	40.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	40.00
3700	ADULT <40% EXP FOR FLOWERS	473.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	473.00

MENTAL HEALTH CAPITATION MEMBER MONTHS - ADULT

For The Period Ending July 31, 2014

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
3710	AHC CARE EXPANDED FO	173,747.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	173,747.00
3720	AHC CARE EXPANDED FO	14.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	14.00
SUBTOTAL:		230,469.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	230,469.00
3900	NEWLY ELIGIBLE FOR F	728.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	728.00
3910	NEWLY ELIGIBLE FOR FE	23,639.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	23,639.00
3920	NEWLY ELIGIBLE FOR F	7.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	7.00
SUBTOTAL:		24,374.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	24,374.00
4410	SOBRA 100-133% FOR F	1,973.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,973.00
SUBTOTAL:		1,973.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,973.00
4510	BC PATIENT FOR FINA N	321.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	321.00
4610	CC PATIENT FOR FINA N	46.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	46.00
SUBTOTAL:		367.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	367.00
8600	SSI BLIND FREEDOM/W O	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
8700	SSI DISABLED FREEDO M	859.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	859.00
8710	SSI DISABLED FREEDO M	146.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	146.00
8720	SSI DISABLED FREEDO M	122.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	122.00
SUBTOTAL:		1,128.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,128.00
TOTAL:		695,230.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	695,230.00

MENTAL HEALTH CAPITATION AMOUNTS - GENERAL

For The Period Ending July 31, 2014

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
1000	TANF WITH MEDICARE	26,194.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	26,194.82
1010	TANF NON-MEDICARE	6,874,136.02	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6,874,136.02
1020	TANF WITH QMB	745.76	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	745.76
2100	SSI AGED WITH MEDIC A	213,846.68	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	213,846.68
2110	SSI AGED NON-MEDICA P	276,071.03	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	276,071.03
2120	SSI AGED WITH QMB	1,047,699.58	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,047,699.58
2200	SSI DISABLED WITH M F	213,800.07	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	213,800.07
2210	SSI DISABLED NON-ME D	1,952,166.63	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,952,166.63
2220	SSI DISABLED WITH Q M	1,166,461.86	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,166,461.86
2300	SSI BLIND WITH MEDIC A	1,677.96	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,677.96
2310	SSI BLIND NON-MEDIC A	19,949.08	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	19,949.08
2320	SSI BLIND WITH QMB	11,559.28	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	11,559.28
4310	SOBRA CHILD NON-ME DI	905,772.13	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	905,772.13
5000	SOBRA PREGNANT WO MAN	2,377.11	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,377.11
5010	SOBRA PREGNANT WO MAN	639,675.64	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	639,675.64
5020	SOBRA PREGNANT WO MAN	233.05	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	233.05
SUBTOTAL:		13,352,366.70	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	13,352,366.70
1100	TANF EXPANDED FPR FI	260,922.78	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	260,922.78
1110	TANF EXPANDED FOR FI	5,185,176.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,185,176.06
1120	TANF EXPANDED FOR FI	12,118.60	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	12,118.60
2400	SSI AGED EXPANDED MI	24,610.08	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	24,610.08
2410	SSI AGED EXPANDED NO	58,868.43	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	58,868.43
2420	SSI AGED EXPANDED MI	1,013,814.11	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,013,814.11
2510	SSI BLIND EXPANDED NI	139.83	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	139.83
2520	SSI BLIND EXPANDED NI	233.05	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	233.05
2600	SSI DISABLED EXPAND FI	20,228.74	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	20,228.74
2610	SSI DISABLED EXPAND FI	59,847.24	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	59,847.24
2620	SSI DISABLED EXPAND FI	376,282.53	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	376,282.53
SUBTOTAL:		7,012,241.45	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	7,012,241.45
3610	AHC CARE EXPANDED FO	186.44	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	186.44
SUBTOTAL:		186.44	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	186.44
3500	ADULT 40-100% FOR FI	23,864.32	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	23,864.32
3510	ADULT 40-100% FOR FI	2,595,384.63	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,595,384.63
3520	ADULT 40-100% FOR FI	1,864.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,864.40
3700	ADULT <40% EXP FOR F	22,046.53	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	22,046.53

MENTAL HEALTH CAPITATION AMOUNTS - GENERAL

For The Period Ending July 31, 2014

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
3710	AHC CARE EXPANDED FO	8,098,347.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8,098,347.67
3720	AHC CARE EXPANDED FO	652.54	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	652.54
SUBTOTAL:		10,742,160.09	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10,742,160.09
3900	NEWLY ELIGIBLE FOR F	33,932.08	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	33,932.08
3910	NEWLY ELIGIBLE FOR FE	1,101,813.79	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,101,813.79
3920	NEWLY ELIGIBLE FOR F	326.27	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	326.27
SUBTOTAL:		1,136,072.14	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,136,072.14
4410	SOBRA 100-133% FOR F	91,961.53	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	91,961.53
SUBTOTAL:		91,961.53	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	91,961.53
4510	BC PATIENT FOR FINA N	14,961.81	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	14,961.81
4610	CC PATIENT FOR FINA N	2,144.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,144.06
SUBTOTAL:		17,105.87	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	17,105.87
8600	SSI BLIND FREEDOM/W O	46.61	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	46.61
8700	SSI DISABLED FREEDO M	40,037.99	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	40,037.99
8710	SSI DISABLED FREEDO M	6,805.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6,805.06
8720	SSI DISABLED FREEDO M	5,686.42	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,686.42
SUBTOTAL:		52,576.08	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	52,576.08
TOTAL:		32,404,670.30	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	32,404,670.30

MENTAL HEALTH CAPITATION MEMBER MONTHS - GENERAL

For The Period Ending July 31, 2014

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
1000	TANF WITH MEDICARE	562.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	562.00
1010	TANF NON-MEDICARE	147,482.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	147,482.00
1020	TANF WITH QMB	16.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	16.00
2100	SSI AGED WITH MEDIC A	4,588.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,588.00
2110	SSI AGED NON-MEDICA P	5,923.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,923.00
2120	SSI AGED WITH QMB	22,478.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	22,478.00
2200	SSI DISABLED WITH M F	4,587.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,587.00
2210	SSI DISABLED NON-ME D	41,883.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	41,883.00
2220	SSI DISABLED WITH Q M	25,026.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	25,026.00
2300	SSI BLIND WITH MEDIC A	36.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	36.00
2310	SSI BLIND NON-MEDIC A	428.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	428.00
2320	SSI BLIND WITH QMB	248.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	248.00
4310	SOBRA CHILD NON-ME DI	19,433.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	19,433.00
5000	SOBRA PREGNANT WO MAN	51.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	51.00
5010	SOBRA PREGNANT WO MAN	13,724.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	13,724.00
5020	SOBRA PREGNANT WO MAN	5.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5.00
SUBTOTAL:		286,470.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	286,470.00
1100	TANF EXPANDED FPR FI	5,598.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,598.00
1110	TANF EXPANDED FOR FI	111,246.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	111,246.00
1120	TANF EXPANDED FOR FI	260.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	260.00
2400	SSI AGED EXPANDED MI	528.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	528.00
2410	SSI AGED EXPANDED NO	1,263.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,263.00
2420	SSI AGED EXPANDED MI	21,751.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	21,751.00
2510	SSI BLIND EXPANDED NI	3.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3.00
2520	SSI BLIND EXPANDED NI	5.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5.00
2600	SSI DISABLED EXPAND FI	434.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	434.00
2610	SSI DISABLED EXPAND FI	1,284.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,284.00
2620	SSI DISABLED EXPAND FI	8,073.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8,073.00
SUBTOTAL:		150,445.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	150,445.00
3610	AHC CARE EXPANDED FO	4.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4.00
SUBTOTAL:		4.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4.00
3500	ADULT 40-100% FOR FI	512.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	512.00
3510	ADULT 40-100% FOR FI	55,683.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	55,683.00
3520	ADULT 40-100% FOR FI	40.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	40.00
3700	ADULT <40% EXP FOR F	473.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	473.00

MENTAL HEALTH CAPITATION MEMBER MONTHS - GENERAL

For The Period Ending July 31, 2014

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
3710	AHC CARE EXPANDED FO	173,747.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	173,747.00
3720	AHC CARE EXPANDED FO	14.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	14.00
SUBTOTAL:		230,469.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	230,469.00
3900	NEWLY ELIGIBLE FOR	728.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	728.00
3910	NEWLY ELIGIBLE FOR	23,639.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	23,639.00
3920	NEWLY ELIGIBLE FOR	7.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	7.00
SUBTOTAL:		24,374.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	24,374.00
4410	SOBRA 100-133% FOR	1,973.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,973.00
SUBTOTAL:		1,973.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,973.00
4510	BC PATIENT FOR FINA N	321.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	321.00
4610	CC PATIENT FOR FINA N	46.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	46.00
SUBTOTAL:		367.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	367.00
8600	SSI BLIND FREEDOM/W O	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
8700	SSI DISABLED FREEDO M	859.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	859.00
8710	SSI DISABLED FREEDO M	146.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	146.00
8720	SSI DISABLED FREEDO M	122.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	122.00
SUBTOTAL:		1,128.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,128.00
TOTAL:		695,230.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	695,230.00

MENTAL HEALTH CAPITATION AMOUNTS - CMDP

For The Period Ending July 31, 2014

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
1010	TANF NON-MEDICARE	2,089,074.52	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,089,074.52
2210	SSI DISABLED NON-ME D	403,827.58	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	403,827.58
2310	SSI BLIND NON-MEDIC A	1,128.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,128.01
4310	SOBRA CHILD NON-ME DI	14,048,236.54	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	14,048,236.54
5010	SOBRA PREGNANT WO MAN	18,048.16	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	18,048.16
SUBTOTAL:		16,560,314.81	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	16,560,314.81
4410	SOBRA 100-133% FOR F	15,792.14	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	15,792.14
SUBTOTAL:		15,792.14	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	15,792.14
TOTAL:		16,576,106.95	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	16,576,106.95

MENTAL HEALTH CAPITATION MEMBER MONTHS - CMDP

For The Period Ending July 31, 2014

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
1010	TANF NON-MEDICARE	1,852.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,852.00
2210	SSI DISABLED NON-ME	358.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	358.00
2310	SSI BLIND NON-MEDIC	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
4310	SOBRA CHILD NON-ME	12,454.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	12,454.00
5010	SOBRA PREGNANT WO	16.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	16.00
SUBTOTAL:		14,681.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	14,681.00
4410	SOBRA 100-133% FOR	14.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	14.00
SUBTOTAL:		14.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	14.00
TOTAL:		14,695.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	14,695.00

ACUTE FEE FOR SERVICE - EXCLUDING EMERGENCY SERVICES

For The Period Ending July 31, 2014

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
1006	TANF 21-44 MALE WITH	21,876.52	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	21,876.52
1007	TANF 21-44 FEMALE WI	23,137.76	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	23,137.76
1008	TANF 45-64 M & F WIT	23,169.55	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	23,169.55
1009	TANF 65+ M & F WITH	3,332.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,332.06
1011	TANF <1 M & F NON-ME	2,087,574.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,087,574.20
1012	TANF 01-05 M & F NON	2,916,068.11	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,916,068.11
1013	TANF 06-13 M & F NON	4,199,876.85	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,199,876.85
1014	TANF 14-20 MALE NON-	1,022,564.58	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,022,564.58
1015	TANF 14-20 FEMALE N	1,309,250.39	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,309,250.39
1016	TANF 21-44 MALE NON-	1,650,221.45	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,650,221.45
1017	TANF 21-44 FEMALE N	7,591,183.72	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	7,591,183.72
1018	TANF 45-64 M & F NON	2,302,643.98	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,302,643.98
1019	TANF 65+ M & F NON-M	3,798.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,798.00
1027	TANF 21-44 FEMALE WI	4,573.78	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,573.78
2100	SSI AGED WITH MEDIC	112,069.05	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	112,069.05
2110	SSI AGED NON-MEDICA	179,464.34	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	179,464.34
2120	SSI AGED WITH QMB	504,498.36	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	504,498.36
2200	SSI DISABLED WITH M	423,542.79	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	423,542.79
2210	SSI DISABLED NON-ME	9,192,572.30	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	9,192,572.30
2220	SSI DISABLED WITH Q	1,557,854.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,557,854.20
2300	SSI BLIND WITH MEDIC	2,028.97	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,028.97
2310	SSI BLIND NON-MEDIC	119,577.24	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	119,577.24
2320	SSI BLIND WITH QMB	22,834.90	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	22,834.90
4311	SOBRA CHILD <1 M & F	2,402,981.11	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,402,981.11
4312	SOBRA CHILD 01-05 M	1,602,715.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,602,715.67
4313	SOBRA CHILD 06-13 M	2,128,396.32	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,128,396.32
4314	SOBRA CHILD 14-20 MA	931,900.37	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	931,900.37
4315	SOBRA CHILD 14-20 FE	1,397,957.59	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,397,957.59
5007	SOBRA PREG 21-44 FE	1,945.85	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,945.85
5015	SOBRA PREG 14-20 FE	485,491.24	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	485,491.24
5017	SOBRA PREG 21-44 FE	1,579,257.75	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,579,257.75
5018	SOBRA PREG 45-64 FE	-16,663.69	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-16,663.69
5510	SOBRA FPS FEMALE W	2,970.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,970.00
SUBTOTAL:		45,790,665.31	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	45,790,665.31
1106	TANF EXPANDED 21-44	27,367.94	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	27,367.94

ACUTE FEE FOR SERVICE - EXCLUDING EMERGENCY SERVICES

For The Period Ending July 31, 2014

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
1107	TANF EXPANDED 21-44	44,839.69	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	44,839.69
1108	TANF EXPANDED 45-64	101,282.81	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	101,282.81
1109	TANF EXPANDED 65+	28,221.65	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	28,221.65
1111	TANF EXPANDED <1 M	390.77	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	390.77
1112	TANF EXPANDED 01-05	13,437.17	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	13,437.17
1113	TANF EXPANDED 06-13	57,770.47	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	57,770.47
1114	TANF EXPANDED 14-20	24,761.78	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	24,761.78
1115	TANF EXPANDED 14-20	57,511.45	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	57,511.45
1116	TANF EXPANDED 21-44	796,257.60	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	796,257.60
1117	TANF EXPANDED 21-44	1,959,110.73	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,959,110.73
1118	TANF EXPANDED 45-64	1,137,517.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,137,517.50
1119	TANF EXPANDED 65+	2,554.51	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,554.51
1127	TANF EXPANDED 21-44	151.39	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	151.39
1128	TANF EXPANDED 45-64	9,482.43	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	9,482.43
1129	TANF EXPANDED 65+	5,633.26	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,633.26
2400	SSI AGED EXPANDED	21,197.10	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	21,197.10
2410	SSI AGED EXPANDED	147,386.35	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	147,386.35
2420	SSI AGED EXPANDED	470,852.93	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	470,852.93
2510	SSI BLIND EXPANDED	-330.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-330.00
2600	SSI DISABLED EXPAND	13,130.91	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	13,130.91
2610	SSI DISABLED EXPAND	107,386.52	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	107,386.52
2620	SSI DISABLED EXPAND	231,908.23	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	231,908.23
SUBTOTAL:		5,257,823.19	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,257,823.19
3316	AHC CARE MALE 21-44	4,102.58	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,102.58
3317	AHC CARE FEMALE 21-	793.70	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	793.70
3318	AHC CARE M&F 45-64 N	11,478.24	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	11,478.24
SUBTOTAL:		16,374.52	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	16,374.52
3400	MED ELIGIBILITY W/ M	-23.88	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-23.88
3607	AHC CARE/MI FEMALE	41.99	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	41.99
3608	AHC CARE/MI M&F 45-6	2,501.53	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,501.53
3614	AHC CARE/MI MALE 14-	10,196.42	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10,196.42
3615	AHC CARE/MI FEMALE	7,211.81	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	7,211.81
3616	AHC CARE/MI MALE 21-	20,576.90	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	20,576.90
3617	AHC CARE/MI FEMALE	-6,005.41	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-6,005.41
3618	AHC CARE/MI M&F 45-6	103,003.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	103,003.33

ACUTE FEE FOR SERVICE - EXCLUDING EMERGENCY SERVICES

For The Period Ending July 31, 2014

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
SUBTOTAL:		137,502.69	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	137,502.69
3506	ADULT 40-100% MALE 2	684.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	684.00
3508	ADULT 40-100% M&F 45	22,526.34	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	22,526.34
3509	ADULT 40-100% M&F 65	7,038.51	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	7,038.51
3514	ADULT 40-100% MALE 1	12,687.18	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	12,687.18
3515	ADULT 40-100% FEMAL	32,086.25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	32,086.25
3516	ADULT 40-100% MALE 2	305,234.79	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	305,234.79
3517	ADULT 40-100% FEMAL	436,287.52	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	436,287.52
3518	ADULT 40-100% M&F 45	1,438,811.14	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,438,811.14
3519	ADULT 40-100% M&F 65	-990.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-990.00
3528	ADULT 40-100% M&F 45	33.73	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	33.73
3529	ADULT 40-100% M&F 65	192.12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	192.12
3706	ADULT <40% EXP MALE	1,792.92	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,792.92
3707	ADULT <40% EXP FEM	2,767.07	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,767.07
3708	ADULT <40% EXP M&F	42,387.39	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	42,387.39
3709	ADULT <40% EXP M&F	3,535.49	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,535.49
3714	ADULT <40% EXP MALE	347,633.63	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	347,633.63
3715	ADULT <40% EXP FEM	438,080.79	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	438,080.79
3716	ADULT <40% EXP MALE	6,263,512.29	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6,263,512.29
3717	ADULT <40% EXP FEM	3,575,464.37	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,575,464.37
3718	ADULT <40% EXP M&F	7,929,765.21	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	7,929,765.21
3719	ADULT <40% EXP M&F	3,910.92	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,910.92
3727	ADULT <40% EXP FEM	57.07	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	57.07
SUBTOTAL:		20,863,498.73	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	20,863,498.73
3906	NEWLY ELIGIBLE MALE	282.87	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	282.87
3907	NEWLY ELIGIBLE FEMAL	836.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	836.82
3908	NEWLY ELIGIBLE M&F	36,628.12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	36,628.12
3909	NEWLY ELIGIBLE M&F	735.29	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	735.29
3914	NEWLY ELIGIBLE MALE	4,432.09	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,432.09
3915	NEWLY ELIGIBLE FEMAL	8,684.59	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8,684.59
3916	NEWLY ELIGIBLE MALE	190,656.56	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	190,656.56
3917	NEWLY ELIGIBLE FEMAL	152,717.83	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	152,717.83
3918	NEWLY ELIGIBLE M&F	668,831.27	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	668,831.27
3919	NEWLY ELIGIBLE M&F	1,429.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,429.82
SUBTOTAL:		1,065,235.26	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,065,235.26

ACUTE FEE FOR SERVICE - EXCLUDING EMERGENCY SERVICES

For The Period Ending July 31, 2014

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
4412	SOBRA 100-133% M&F 4	4,977.56	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,977.56
4413	SOBRA 100-133% M&F 6	235,987.47	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	235,987.47
4414	SOBRA 100-133% MALE	85,340.26	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	85,340.26
4415	SOBRA 100-133% FEMA 1	113,390.65	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	113,390.65
SUBTOTAL:		439,695.94	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	439,695.94
4518	BC PATIENT FEMALE 4 6	40,445.07	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	40,445.07
4617	CC PATIENT FEMALE 2 1	2,736.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,736.00
SUBTOTAL:		43,181.07	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	43,181.07
8700	SSI DISABLED FREEDO M	3,947.35	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,947.35
8710	SSI DISABLED FREEDO M	2,758.57	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,758.57
8720	SSI DISABLED FREEDO M	266.39	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	266.39
SUBTOTAL:		6,972.31	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6,972.31
TOTAL:		73,620,949.02	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	73,620,949.02

FEE FOR SERVICE - PRIOR QUARTER COVERAGE - EXC. ES

For The Period Ending July 31, 2014

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
1015	TANF 14-20 FEMALE N	4,556.11	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,556.11
1016	TANF 21-44 MALE NON-	2,387.41	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,387.41
1017	TANF 21-44 FEMALE N	4,275.74	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,275.74
1018	TANF 45-64 M & F NON	624.62	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	624.62
2100	SSI AGED WITH MEDIC	11,527.49	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	11,527.49
2110	SSI AGED NON-MEDICA	3,789.39	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,789.39
2200	SSI DISABLED WITH M	909.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	909.00
2210	SSI DISABLED NON-ME	18,770.69	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	18,770.69
2220	SSI DISABLED WITH Q	424.41	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	424.41
4311	SOBRA CHILD <1 M & F	15,885.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	15,885.00
4312	SOBRA CHILD 01-05 M	2,904.79	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,904.79
4313	SOBRA CHILD 06-13 M	555.73	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	555.73
4314	SOBRA CHILD 14-20 MA	617.95	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	617.95
4315	SOBRA CHILD 14-20 FE	381.31	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	381.31
5015	SOBRA PREG 14-20 FE	1,449.77	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,449.77
5017	SOBRA PREG 21-44 FE	10,432.36	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10,432.36
SUBTOTAL:		79,491.77	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	79,491.77
1116	TANF EXPANDED 21-44	275.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	275.40
1117	TANF EXPANDED 21-44	2,783.56	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,783.56
1118	TANF EXPANDED 45-64	179.28	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	179.28
2400	SSI AGED EXPANDED	21.47	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	21.47
2420	SSI AGED EXPANDED	73.59	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	73.59
2600	SSI DISABLED EXPAND	285.27	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	285.27
2620	SSI DISABLED EXPAND	11.55	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	11.55
SUBTOTAL:		3,630.12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,630.12
3514	ADULT 40-100% MALE 1	171.21	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	171.21
3516	ADULT 40-100% MALE 2	247.60	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	247.60
3517	ADULT 40-100% FEMAL	1,176.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,176.50
3518	ADULT 40-100% M&F 45	8,542.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8,542.82
3715	ADULT <40% EXP FEM	376.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	376.67
3716	ADULT <40% EXP MALE	6,067.34	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6,067.34
3717	ADULT <40% EXP FEM	2,907.86	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,907.86
3718	ADULT <40% EXP M&F	28,847.18	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	28,847.18
SUBTOTAL:		48,337.18	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	48,337.18
3916	NEWLY ELIGIBLE MALE	2,219.12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,219.12

FEE FOR SERVICE - PRIOR QUARTER COVERAGE - EXC. ES

For The Period Ending July 31, 2014

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
3917	NEWLY ELIGIBLE FEMA	3,257.75	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,257.75
3918	NEWLY ELIGIBLE M&F	3,025.43	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,025.43
SUBTOTAL:		8,502.30	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8,502.30
4413	SOBRA 100-133% M&F	2,402.45	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,402.45
4414	SOBRA 100-133% MALE	1,368.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,368.00
SUBTOTAL:		3,770.45	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,770.45
8700	SSI DISABLED FREEDO	217.38	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	217.38
SUBTOTAL:		217.38	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	217.38
TOTAL:		143,949.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	143,949.20

FEDERAL EMERGENCY SERVICES

For The Period Ending July 31, 2014

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
1006	TANF 21-44 MALE WITH	2,820.28	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,820.28
1011	TANF <1 M & F NON-ME	926.83	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	926.83
1012	TANF 01-05 M & F NON	10,241.14	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10,241.14
1013	TANF 06-13 M & F NON	23,681.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	23,681.01
1014	TANF 14-20 MALE NON-	101,456.98	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	101,456.98
1015	TANF 14-20 FEMALE N	700,203.94	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	700,203.94
1016	TANF 21-44 MALE NON-	131,895.09	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	131,895.09
1017	TANF 21-44 FEMALE N	3,848,448.61	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,848,448.61
1018	TANF 45-64 M & F NON	287,422.21	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	287,422.21
1019	TANF 65+ M & F NON-M	1,367.38	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,367.38
2100	SSI AGED WITH MEDIC	8,124.92	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8,124.92
2110	SSI AGED NON-MEDICA	686,565.89	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	686,565.89
2200	SSI DISABLED WITH M	28,071.60	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	28,071.60
2210	SSI DISABLED NON-ME	811,372.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	811,372.82
2310	SSI BLIND NON-MEDIC	2,582.38	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,582.38
SUBTOTAL:		6,645,181.08	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6,645,181.08
1106	TANF EXPANDED 21-44	1,613.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,613.67
1107	TANF EXPANDED 21-44	81.76	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	81.76
1108	TANF EXPANDED 45-64	1,746.90	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,746.90
1114	TANF EXPANDED 14-20	34.97	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	34.97
1115	TANF EXPANDED 14-20	11,771.70	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	11,771.70
1116	TANF EXPANDED 21-44	358,572.55	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	358,572.55
1117	TANF EXPANDED 21-44	758,042.25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	758,042.25
1118	TANF EXPANDED 45-64	283,242.10	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	283,242.10
1119	TANF EXPANDED 65+	214.96	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	214.96
2610	SSI DISABLED EXPAND	2,523.41	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,523.41
SUBTOTAL:		1,417,844.27	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,417,844.27
3514	ADULT 40-100% MALE 1	1,415.88	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,415.88
3515	ADULT 40-100% FEMAL	2,289.04	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,289.04
3516	ADULT 40-100% MALE 2	89,472.61	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	89,472.61
3517	ADULT 40-100% FEMAL	14,241.72	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	14,241.72
3518	ADULT 40-100% M&F 45	105,362.43	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	105,362.43
3707	ADULT <40% EXP FEM	777.07	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	777.07
3714	ADULT <40% EXP MALE	11,927.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	11,927.67
3715	ADULT <40% EXP FEM	10,875.16	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10,875.16

FEDERAL EMERGENCY SERVICES

For The Period Ending July 31, 2014

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
3716	ADULT <40% EXP MALE	331,193.61	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	331,193.61
3717	ADULT <40% EXP FEM AL	54,689.87	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	54,689.87
3718	ADULT <40% EXP M&F	516,687.58	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	516,687.58
3719	ADULT <40% EXP M&F A	1,353.93	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,353.93
SUBTOTAL:		1,140,286.57	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,140,286.57
3914	NEWLY ELIGIBLE MALE	270.58	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	270.58
3915	NEWLY ELIGIBLE FEMA	700.41	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	700.41
3916	NEWLY ELIGIBLE MALE	68,081.76	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	68,081.76
3917	NEWLY ELIGIBLE FEMA	19,080.23	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	19,080.23
3918	NEWLY ELIGIBLE M&F A	46,459.07	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	46,459.07
SUBTOTAL:		134,592.05	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	134,592.05
TOTAL:		9,337,903.97	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	9,337,903.97

QMB - FEE FOR SERVICE

For The Period Ending July 31, 2014

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
8020	QMB ONLY	227,508.42	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	227,508.42
SUBTOTAL:		227,508.42	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	227,508.42
TOTAL:		227,508.42	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	227,508.42

INPATIENT INMATES FEE FOR SERVICE

For The Period Ending July 31, 2014

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
1017	TANF 21-44 FEMALE N O	1,750.41	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,750.41
2100	SSI AGED WITH MEDIC A	44,497.58	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	44,497.58
2110	SSI AGED NON-MEDICA P	73,301.36	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	73,301.36
2120	SSI AGED WITH QMB	13,915.92	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	13,915.92
2200	SSI DISABLED WITH M F	4,073.14	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,073.14
5017	SOBRA PREG 21-44 FE M	1,975.23	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,975.23
SUBTOTAL:		139,513.64	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	139,513.64
3518	ADULT 40-100% M&F 45	172.49	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	172.49
3706	ADULT <40% EXP MALE	17,224.61	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	17,224.61
3707	ADULT <40% EXP FEM A	236.17	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	236.17
3708	ADULT <40% EXP M&F A	28,660.93	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	28,660.93
3714	ADULT <40% EXP MALE	821.12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	821.12
3716	ADULT <40% EXP MALE	239,576.63	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	239,576.63
3717	ADULT <40% EXP FEM A	6,841.48	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6,841.48
3718	ADULT <40% EXP M&F A	193,944.21	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	193,944.21
SUBTOTAL:		487,477.64	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	487,477.64
TOTAL:		626,991.28	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	626,991.28

MARICOPA COUNTY INMATES FEE FOR SERVICE

For The Period Ending July 31, 2014

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
2200	SSI DISABLED WITH M F	3,365.09	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,365.09
5015	SOBRA PREG 14-20 FE M	235.45	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	235.45
5017	SOBRA PREG 21-44 FE M	1,433.60	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,433.60
SUBTOTAL:		5,034.14	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,034.14
3716	ADULT <40% EXP MALE	8,220.27	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8,220.27
3717	ADULT <40% EXP FEM A	4,470.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,470.06
3718	ADULT <40% EXP M&F A	398.58	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	398.58
SUBTOTAL:		13,088.91	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	13,088.91
TOTAL:		18,123.05	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	18,123.05

PIMA COUNTY INMATES FEE FOR SERVICE

For The Period Ending July 31, 2014

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
1017	TANF 21-44 FEMALE N O	443.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	443.20
2220	SSI DISABLED WITH Q M	259.64	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	259.64
5017	SOBRA PREG 21-44 FE M	6,591.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6,591.20
SUBTOTAL:		7,294.04	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	7,294.04
3716	ADULT <40% EXP MALE	2,763.39	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,763.39
3718	ADULT <40% EXP M&F A	1,679.53	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,679.53
SUBTOTAL:		4,442.92	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,442.92
TOTAL:		11,736.96	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	11,736.96

PINAL COUNTY INMATES FEE FOR SERVICE

For The Period Ending July 31, 2014

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
2200	SSI DISABLED WITH M F	1,230.46	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,230.46
SUBTOTAL:		1,230.46	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,230.46
2600	SSI DISABLED EXPAND F	2,451.81	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,451.81
SUBTOTAL:		2,451.81	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,451.81
3716	ADULT <40% EXP MALE	69,885.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	69,885.82
3717	ADULT <40% EXP FEM A1	416.43	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	416.43
3718	ADULT <40% EXP M&F A	10,106.81	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10,106.81
SUBTOTAL:		80,409.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	80,409.06
TOTAL:		84,091.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	84,091.33

LONG TERM CARE FEE FOR SERVICE - EPD AND DES DD

For The Period Ending July 31, 2014

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
1010	TANF NON-MEDICARE	696.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	696.00
2100	SSI AGED WITH MEDIC A	2,949,233.74	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,949,233.74
2110	SSI AGED NON-MEDICA P	257,831.11	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	257,831.11
2120	SSI AGED WITH QMB	3,395,534.81	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,395,534.81
2200	SSI DISABLED WITH M F	523,308.04	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	523,308.04
2210	SSI DISABLED NON-ME D	2,765,516.29	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,765,516.29
2220	SSI DISABLED WITH Q M	753,716.70	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	753,716.70
2300	SSI BLIND WITH MEDIC	406.36	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	406.36
2310	SSI BLIND NON-MEDIC A	19,566.98	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	19,566.98
2320	SSI BLIND WITH QMB	8,634.19	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8,634.19
SUBTOTAL:		10,674,444.22	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10,674,444.22
8720	SSI DISABLED FREEDO A	2,742.24	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,742.24
SUBTOTAL:		2,742.24	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,742.24
TOTAL:		10,677,186.46	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10,677,186.46

ACUTE FEE FOR SERVICE MEDICAID IN PUBLIC SCHOOLS

For The Period Ending July 31, 2014

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
1012	TANF 01-05 M & F NON	79,268.59	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	79,268.59
1013	TANF 06-13 M & F NON	146,919.93	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	146,919.93
1014	TANF 14-20 MALE NON-	9,642.30	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	9,642.30
1015	TANF 14-20 FEMALE N	5,937.29	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,937.29
2210	SSI DISABLED NON-ME	285,353.96	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	285,353.96
2220	SSI DISABLED WITH Q	-16.61	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-16.61
2300	SSI BLIND WITH MEDIC	199.18	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	199.18
2310	SSI BLIND NON-MEDIC	1,150.83	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,150.83
4305	SOBRA CHILD 14-20 FE	125.02	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	125.02
4312	SOBRA CHILD 01-05 M	85,612.86	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	85,612.86
4313	SOBRA CHILD 06-13 M	125,563.85	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	125,563.85
4314	SOBRA CHILD 14-20 MA	8,367.62	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8,367.62
4315	SOBRA CHILD 14-20 FE	4,600.75	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,600.75
SUBTOTAL:		752,725.57	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	752,725.57
1112	TANF EXPANDED 01-05	579.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	579.40
1113	TANF EXPANDED 06-13	2,647.22	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,647.22
1114	TANF EXPANDED 14-20	454.98	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	454.98
1115	TANF EXPANDED 14-20	332.61	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	332.61
2610	SSI DISABLED EXPAND	305.53	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	305.53
SUBTOTAL:		4,319.74	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,319.74
3314	AHC CARE MALE 14-20	-11.48	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-11.48
SUBTOTAL:		-11.48	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-11.48
3514	ADULT 40-100% MALE 1	155.62	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	155.62
3515	ADULT 40-100% FEMAL	53.60	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	53.60
3714	ADULT <40% EXP MALE	476.23	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	476.23
3715	ADULT <40% EXP FEM	271.22	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	271.22
SUBTOTAL:		956.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	956.67
4412	SOBRA 100-133% M&F	35.71	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	35.71
4413	SOBRA 100-133% M&F	18,746.09	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	18,746.09
4414	SOBRA 100-133% MALE	1,596.05	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,596.05
4415	SOBRA 100-133% FEMA	1,702.55	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,702.55
SUBTOTAL:		22,080.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	22,080.40
TOTAL:		780,070.90	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	780,070.90

LONG TERM CARE FEE FOR SERVICE MEDICAID IN PUBLIC SCHOOLS

For The Period Ending July 31, 2014

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
1010	TANF NON-MEDICARE	47,470.63	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	47,470.63
2200	SSI DISABLED WITH M F	1,412.38	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,412.38
2210	SSI DISABLED NON-ME D	1,478,954.03	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,478,954.03
2220	SSI DISABLED WITH Q M	4,777.36	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,777.36
2310	SSI BLIND NON-MEDIC A	10,115.61	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10,115.61
SUBTOTAL:		1,542,730.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,542,730.01
TOTAL:		1,542,730.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,542,730.01

ACUTE REINSURANCE

For The Period Ending July 31, 2014

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
1011	TANF <1 M & F NON-ME	617,801.55	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	617,801.55
1012	TANF 01-05 M & F NON	226,432.73	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	226,432.73
1013	TANF 06-13 M & F NON	127,284.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	127,284.33
1014	TANF 14-20 MALE NON-	108,649.47	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	108,649.47
1015	TANF 14-20 FEMALE N	26,416.78	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	26,416.78
1016	TANF 21-44 MALE NON-	132,385.08	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	132,385.08
1017	TANF 21-44 FEMALE N	341,065.51	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	341,065.51
1018	TANF 45-64 M & F NON	201,160.52	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	201,160.52
1019	TANF 65+ M & F NON-M	1,093.03	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,093.03
2100	SSI AGED WITH MEDIC	-11,064.51	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-11,064.51
2110	SSI AGED NON-MEDICA	128,077.73	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	128,077.73
2200	SSI DISABLED WITH M	20,315.85	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	20,315.85
2210	SSI DISABLED NON-ME	5,320,586.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,320,586.01
2310	SSI BLIND NON-MEDIC	2,687.38	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,687.38
4311	SOBRA CHILD <1 M & F	786,856.39	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	786,856.39
4312	SOBRA CHILD 01-05 M	42,898.59	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	42,898.59
4313	SOBRA CHILD 06-13 M	342,577.75	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	342,577.75
4314	SOBRA CHILD 14-20 MA	1,333,911.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,333,911.20
4315	SOBRA CHILD 14-20 FE	190,628.79	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	190,628.79
5015	SOBRA PREG 14-20 FE	-5,501.24	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-5,501.24
5017	SOBRA PREG 21-44 FE	35,660.75	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	35,660.75
SUBTOTAL:		9,969,923.69	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	9,969,923.69
1106	TANF EXPANDED 21-44	5,783.54	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,783.54
1107	TANF EXPANDED 21-44	1,873.11	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,873.11
1113	TANF EXPANDED 06-13	72.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	72.82
1114	TANF EXPANDED 14-20	17,303.13	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	17,303.13
1116	TANF EXPANDED 21-44	157,110.28	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	157,110.28
1117	TANF EXPANDED 21-44	93,886.49	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	93,886.49
1118	TANF EXPANDED 45-64	76,199.68	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	76,199.68
2400	SSI AGED EXPANDED	8,461.10	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8,461.10
2410	SSI AGED EXPANDED	10,343.80	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10,343.80
2600	SSI DISABLED EXPAND	6,615.59	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6,615.59
2610	SSI DISABLED EXPAND	33,618.83	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	33,618.83
SUBTOTAL:		411,268.37	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	411,268.37
3316	AHC CARE MALE 21-44	824.99	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	824.99

ACUTE REINSURANCE

For The Period Ending July 31, 2014

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
3317	AHC CARE FEMALE 21- 4	2,554.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,554.20
3318	AHC CARE M&F 45-64 N	11,680.93	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	11,680.93
SUBTOTAL:		15,060.12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	15,060.12
3614	AHC CARE/MI MALE 14-	284.63	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	284.63
3616	AHC CARE/MI MALE 21-	35,449.75	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	35,449.75
3617	AHC CARE/MI FEMALE 2	2,346.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,346.33
3618	AHC CARE/MI M&F 45-6	92,677.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	92,677.00
SUBTOTAL:		130,757.71	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	130,757.71
3514	ADULT 40-100% MALE 1	151,764.97	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	151,764.97
3516	ADULT 40-100% MALE 2	110,085.04	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	110,085.04
3517	ADULT 40-100% FEMAL F	14,191.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	14,191.06
3518	ADULT 40-100% M&F 45	124,182.25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	124,182.25
3714	ADULT <40% EXP MALE	60,063.28	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	60,063.28
3715	ADULT <40% EXP FEM AI	28,863.68	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	28,863.68
3716	ADULT <40% EXP MALE	527,880.83	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	527,880.83
3717	ADULT <40% EXP FEM AI	203,328.99	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	203,328.99
3718	ADULT <40% EXP M&F 4	547,533.52	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	547,533.52
SUBTOTAL:		1,767,893.62	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,767,893.62
3918	NEWLY ELIGIBLE M&F 4	22,286.86	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	22,286.86
SUBTOTAL:		22,286.86	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	22,286.86
4413	SOBRA 100-133% M&F 6	14,312.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	14,312.67
4414	SOBRA 100-133% MALE	65.18	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	65.18
SUBTOTAL:		14,377.85	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	14,377.85
4518	BC PATIENT FEMALE 4 6	10,313.98	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10,313.98
4618	CC PATIENT FEMALE 4 5	6,115.12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6,115.12
SUBTOTAL:		16,429.10	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	16,429.10
8710	SSI DISABLED FREEDO M	2,558.36	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,558.36
SUBTOTAL:		2,558.36	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,558.36
TOTAL:		12,350,555.68	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	12,350,555.68

LONG TERM CARE REINSURANCE

For The Period Ending July 31, 2014

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
1010	TANF NON-MEDICARE	770.44	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	770.44
2100	SSI AGED WITH MEDICARE	444,766.14	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	444,766.14
2110	SSI AGED NON-MEDICARE	94,778.89	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	94,778.89
2200	SSI DISABLED WITH MEDICARE	542,384.64	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	542,384.64
2210	SSI DISABLED NON-MEDICARE	2,252,785.70	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,252,785.70
2310	SSI BLIND NON-MEDICARE	16,178.78	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	16,178.78
SUBTOTAL:		3,351,664.59	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,351,664.59
TOTAL:		3,351,664.59	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,351,664.59

ACUTE SMIB

For The Period Ending July 31, 2014

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
1000	TANF WITH MEDICARE	64,841.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	64,841.20
1010	TANF NON-MEDICARE	314.70	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	314.70
1020	TANF WITH QMB	1,993.10	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,993.10
2100	SSI AGED WITH MEDIC A	233,087.80	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	233,087.80
2110	SSI AGED NON-MEDICA P	400,566.10	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	400,566.10
2120	SSI AGED WITH QMB	2,312,587.30	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,312,587.30
2200	SSI DISABLED WITH M F	431,726.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	431,726.00
2210	SSI DISABLED NON-ME D	325,924.30	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	325,924.30
2220	SSI DISABLED WITH Q M	2,938,167.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,938,167.40
2300	SSI BLIND WITH MEDIC A	2,307.80	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,307.80
2310	SSI BLIND NON-MEDIC A	3,356.80	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,356.80
2320	SSI BLIND WITH QMB	26,329.90	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	26,329.90
5020	SOBRA PREGNANT WO MAN	314.70	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	314.70
8000	SMIB ONLY NOT ELIGIB	142,941.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	142,941.40
8020	QMB ONLY	451,354.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	451,354.50
8040	SLMB	2,943,067.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,943,067.40
8888	SMIB ONLY NOT ELIGIB	10,545.90	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10,545.90
9999	SMIB ONLY NOT ELIGIB	104,243.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	104,243.20
SUBTOTAL:		10,393,669.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10,393,669.50
9920	SSI W/MEDICARE KICK	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SUBTOTAL:		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1100	TANF EXPANDED FPR FI	839.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	839.20
2400	SSI AGED EXPANDED M/W	106,596.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	106,596.20
2410	SSI AGED EXPANDED N/O	1,468.60	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,468.60
2420	SSI AGED EXPANDED M/W	2,329,792.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,329,792.40
2520	SSI BLIND EXPANDED M/W	524.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	524.50
2600	SSI DISABLED EXPAND F	49,093.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	49,093.20
2610	SSI DISABLED EXPAND F	104.90	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	104.90
2620	SSI DISABLED EXPAND F	951,712.70	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	951,712.70
SUBTOTAL:		3,440,131.70	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,440,131.70
9900	HOSP. KICK PAYMENT A	8,811.60	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8,811.60
SUBTOTAL:		8,811.60	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8,811.60
3500	ADULT 40-100% FOR FI	419.60	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	419.60
3520	ADULT 40-100% FOR FI	3,042.10	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,042.10

ACUTE SMIB

For The Period Ending July 31, 2014

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
3720	AHC CARE EXPANDED FO	1,049.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,049.00
SUBTOTAL:		4,510.70	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,510.70
3920	NEWLY ELIGIBLE FOR F	1,258.80	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,258.80
SUBTOTAL:		1,258.80	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,258.80
8700	SSI DISABLED FREEDO H.A	1,049.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,049.00
8720	SSI DISABLED FREEDO H.M	16,154.60	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	16,154.60
SUBTOTAL:		17,203.60	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	17,203.60
TOTAL:		13,865,585.90	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	13,865,585.90

ACUTE HIB

For The Period Ending July 31, 2014

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
2100	SSI AGED WITH MEDIC A	-5,222.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-5,222.40
2110	SSI AGED NON-MEDICA B	-7,299.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-7,299.40
2120	SSI AGED WITH QMB	138,085.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	138,085.50
2200	SSI DISABLED WITH M E	-185.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-185.40
2210	SSI DISABLED NON-ME D	-890.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-890.50
2220	SSI DISABLED WITH Q M	22,759.60	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	22,759.60
2320	SSI BLIND WITH QMB	426.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	426.00
8000	SMIB ONLY NOT ELIGIB	-216.30	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-216.30
8010	SMIB ONLY NOT ELIGIB	-940.60	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-940.60
8020	QMB ONLY	1,908.80	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,908.80
9999	SMIB ONLY NOT ELIGIB	-89,633.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-89,633.40
SUBTOTAL:		58,791.90	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	58,791.90
2420	SSI AGED EXPANDED M/M	2,805.80	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,805.80
SUBTOTAL:		2,805.80	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,805.80
TOTAL:		61,597.70	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	61,597.70

Q1

For The Period Ending July 31, 2014

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
8050	Q11	1,614,709.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,614,709.50
9999	SMIB ONLY NOT ELIGIB	12,692.90	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	12,692.90
SUBTOTAL:		1,627,402.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,627,402.40
TOTAL:		1,627,402.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,627,402.40

LTC SMIB

For The Period Ending July 31, 2014

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
1000	TANF WITH MEDICARE	209.80	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	209.80
1020	TANF WITH QMB	209.80	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	209.80
2100	SSI AGED WITH MEDIC A	888,555.70	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	888,555.70
2110	SSI AGED NON-MEDICA P	152,419.70	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	152,419.70
2120	SSI AGED WITH QMB	701,571.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	701,571.20
2200	SSI DISABLED WITH M F	332,642.90	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	332,642.90
2210	SSI DISABLED NON-ME D	15,525.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	15,525.20
2220	SSI DISABLED WITH Q M	663,338.30	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	663,338.30
2300	SSI BLIND WITH MEDIC	1,049.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,049.00
2310	SSI BLIND NON-MEDIC A	209.80	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	209.80
2320	SSI BLIND WITH QMB	4,300.90	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,300.90
SUBTOTAL:		2,760,032.30	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,760,032.30
8720	SSI DISABLED FREEDO M	524.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	524.50
SUBTOTAL:		524.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	524.50
TOTAL:		2,760,556.80	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,760,556.80

LTC HIB

For The Period Ending July 31, 2014

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
2100	SSI AGED WITH MEDIC A	-5,106.60	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-5,106.60
2110	SSI AGED NON-MEDICA B	-6,887.80	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-6,887.80
2120	SSI AGED WITH QMB	148,322.10	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	148,322.10
2200	SSI DISABLED WITH M E	-1,539.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-1,539.40
2210	SSI DISABLED NON-ME D	-10,177.90	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-10,177.90
2220	SSI DISABLED WITH Q M	-3,868.30	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-3,868.30
2320	SSI BLIND WITH QMB	826.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	826.20
SUBTOTAL:		121,568.30	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	121,568.30
TOTAL:		121,568.30	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	121,568.30

ACUTE FEE FOR SERVICE - IHS FACILITY SERVICES ONLY - EXCLUDING EMERGENCY SERVICES

For The Period Ending July 31, 2014

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
1006	TANF 21-44 MALE WITH	2,441.80	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,441.80
1007	TANF 21-44 FEMALE WI	7,891.55	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	7,891.55
1008	TANF 45-64 M & F WIT	688.07	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	688.07
1009	TANF 65+ M & F WITH	2,777.42	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,777.42
1011	TANF <1 M & F NON-ME	1,237,866.75	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,237,866.75
1012	TANF 01-05 M & F NON	2,340,612.57	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,340,612.57
1013	TANF 06-13 M & F NON	3,637,963.98	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,637,963.98
1014	TANF 14-20 MALE NON-	789,166.76	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	789,166.76
1015	TANF 14-20 FEMALE N	1,078,108.85	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,078,108.85
1016	TANF 21-44 MALE NON-	1,173,513.39	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,173,513.39
1017	TANF 21-44 FEMALE N	5,649,472.39	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,649,472.39
1018	TANF 45-64 M & F NON	1,634,097.28	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,634,097.28
1019	TANF 65+ M & F NON-M	3,798.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,798.00
1027	TANF 21-44 FEMALE WI	4,120.76	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,120.76
2100	SSI AGED WITH MEDIC	55,280.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	55,280.06
2110	SSI AGED NON-MEDICA	122,058.59	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	122,058.59
2120	SSI AGED WITH QMB	240,326.58	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	240,326.58
2200	SSI DISABLED WITH M	141,948.53	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	141,948.53
2210	SSI DISABLED NON-ME	5,600,784.07	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,600,784.07
2220	SSI DISABLED WITH Q	505,684.41	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	505,684.41
2300	SSI BLIND WITH MEDIC	732.05	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	732.05
2310	SSI BLIND NON-MEDIC	58,811.72	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	58,811.72
2320	SSI BLIND WITH QMB	6,877.81	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6,877.81
4311	SOBRA CHILD <1 M & F	1,346,693.34	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,346,693.34
4312	SOBRA CHILD 01-05 M	1,349,383.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,349,383.33
4313	SOBRA CHILD 06-13 M	1,906,239.87	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,906,239.87
4314	SOBRA CHILD 14-20 MA	819,236.05	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	819,236.05
4315	SOBRA CHILD 14-20 FE	1,262,134.73	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,262,134.73
5007	SOBRA PREG 21-44 FE	158.10	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	158.10
5015	SOBRA PREG 14-20 FE	327,656.19	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	327,656.19
5017	SOBRA PREG 21-44 FE	1,091,567.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,091,567.67
5018	SOBRA PREG 45-64 FE	-18,468.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-18,468.00
5510	SOBRA FPS FEMALE W	2,970.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,970.00
SUBTOTAL:		32,382,594.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	32,382,594.67
1106	TANF EXPANDED 21-44	6,408.48	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6,408.48

ACUTE FEE FOR SERVICE - IHS FACILITY SERVICES ONLY - EXCLUDING EMERGENCY SERVICES

For The Period Ending July 31, 2014

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
1107	TANF EXPANDED 21-44	13,495.32	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	13,495.32
1108	TANF EXPANDED 45-64	30,378.85	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	30,378.85
1109	TANF EXPANDED 65+	19,280.09	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	19,280.09
1111	TANF EXPANDED <1 M	342.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	342.00
1112	TANF EXPANDED 01-05	9,006.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	9,006.00
1113	TANF EXPANDED 06-13	51,575.17	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	51,575.17
1114	TANF EXPANDED 14-20	22,170.63	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	22,170.63
1115	TANF EXPANDED 14-20	47,309.83	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	47,309.83
1116	TANF EXPANDED 21-44	591,969.39	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	591,969.39
1117	TANF EXPANDED 21-44	1,556,828.28	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,556,828.28
1118	TANF EXPANDED 45-64	886,655.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	886,655.00
1119	TANF EXPANDED 65+	342.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	342.00
1127	TANF EXPANDED 21-44	151.39	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	151.39
1128	TANF EXPANDED 45-64	3,030.80	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,030.80
1129	TANF EXPANDED 65+	1,058.72	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,058.72
2400	SSI AGED EXPANDED	12,551.22	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	12,551.22
2410	SSI AGED EXPANDED	47,919.09	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	47,919.09
2420	SSI AGED EXPANDED	205,652.65	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	205,652.65
2510	SSI BLIND EXPANDED	-330.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-330.00
2600	SSI DISABLED EXPAND	7,548.42	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	7,548.42
2610	SSI DISABLED EXPAND	70,066.79	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	70,066.79
2620	SSI DISABLED EXPAND	85,071.68	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	85,071.68
SUBTOTAL:		3,668,481.80	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,668,481.80
3316	AHC CARE MALE 21-44	3,984.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,984.00
3317	AHC CARE FEMALE 21-	2,002.28	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,002.28
3318	AHC CARE M&F 45-64 N	11,059.15	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	11,059.15
SUBTOTAL:		17,045.43	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	17,045.43
3400	MED ELIGIBILITY W/ M	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3607	AHC CARE/MI FEMALE	41.99	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	41.99
3608	AHC CARE/MI M&F 45-6	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3614	AHC CARE/MI MALE 14-	9,988.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	9,988.67
3615	AHC CARE/MI FEMALE	6,338.94	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6,338.94
3616	AHC CARE/MI MALE 21-	11,700.14	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	11,700.14
3617	AHC CARE/MI FEMALE	-10,085.42	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-10,085.42
3618	AHC CARE/MI M&F 45-6	102,440.36	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	102,440.36

ACUTE FEE FOR SERVICE - IHS FACILITY SERVICES ONLY - EXCLUDING EMERGENCY SERVICES

For The Period Ending July 31, 2014

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
SUBTOTAL:		120,424.68	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	120,424.68
3506	ADULT 40-100% MALE 2	684.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	684.00
3508	ADULT 40-100% M&F 45	9,119.57	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	9,119.57
3509	ADULT 40-100% M&F 65	4,900.96	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,900.96
3514	ADULT 40-100% MALE 1	11,956.88	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	11,956.88
3515	ADULT 40-100% FEMAL	30,135.72	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	30,135.72
3516	ADULT 40-100% MALE 2	214,543.22	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	214,543.22
3517	ADULT 40-100% FEMAL	353,269.80	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	353,269.80
3518	ADULT 40-100% M&F 45	1,126,897.64	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,126,897.64
3519	ADULT 40-100% M&F 65	-990.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-990.00
3528	ADULT 40-100% M&F 45	23.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	23.40
3529	ADULT 40-100% M&F 65	192.12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	192.12
3706	ADULT <40% EXP MALE	1,792.92	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,792.92
3707	ADULT <40% EXP FEM	1,067.23	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,067.23
3708	ADULT <40% EXP M&F	14,748.72	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	14,748.72
3709	ADULT <40% EXP M&F	3,515.98	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,515.98
3714	ADULT <40% EXP MALE	239,581.44	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	239,581.44
3715	ADULT <40% EXP FEM	359,309.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	359,309.33
3716	ADULT <40% EXP MALE	3,847,800.35	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,847,800.35
3717	ADULT <40% EXP FEM	2,702,957.26	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,702,957.26
3718	ADULT <40% EXP M&F	5,364,337.66	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,364,337.66
3719	ADULT <40% EXP M&F	2,748.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,748.00
3727	ADULT <40% EXP FEM	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SUBTOTAL:		14,288,592.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	14,288,592.20
3906	NEWLY ELIGIBLE MALE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3907	NEWLY ELIGIBLE FEMAL	696.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	696.00
3908	NEWLY ELIGIBLE M&F	15,345.28	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	15,345.28
3909	NEWLY ELIGIBLE M&F	735.29	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	735.29
3914	NEWLY ELIGIBLE MALE	4,167.88	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,167.88
3915	NEWLY ELIGIBLE FEMAL	6,849.61	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6,849.61
3916	NEWLY ELIGIBLE MALE	163,852.24	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	163,852.24
3917	NEWLY ELIGIBLE FEMAL	130,991.21	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	130,991.21
3918	NEWLY ELIGIBLE M&F	497,280.63	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	497,280.63
3919	NEWLY ELIGIBLE M&F	1,368.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,368.00
SUBTOTAL:		821,286.14	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	821,286.14

ACUTE FEE FOR SERVICE - IHS FACILITY SERVICES ONLY - EXCLUDING EMERGENCY SERVICES

For The Period Ending July 31, 2014

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
4412	SOBRA 100-133% M&F 4	4,638.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,638.00
4413	SOBRA 100-133% M&F 6	220,130.89	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	220,130.89
4414	SOBRA 100-133% MALE	72,117.92	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	72,117.92
4415	SOBRA 100-133% FEMA	96,355.37	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	96,355.37
SUBTOTAL:		393,242.18	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	393,242.18
4518	BC PATIENT FEMALE 4 6	32,045.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	32,045.00
4617	CC PATIENT FEMALE 2 4	2,736.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,736.00
SUBTOTAL:		34,781.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	34,781.00
8700	SSI DISABLED FREEDO M	1,454.42	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,454.42
8710	SSI DISABLED FREEDO M	2,736.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,736.00
8720	SSI DISABLED FREEDO M	256.13	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	256.13
SUBTOTAL:		4,446.55	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,446.55
TOTAL:		51,730,894.65	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	51,730,894.65

ACUTE FEE FOR SERVICE - IHS NON-CONTRACTED CATEGORICAL REFERRALS - EXCL EMERG SERV

For The Period Ending July 31, 2014

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
1006	TANF 21-44 MALE WITH	18,511.10	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	18,511.10
1007	TANF 21-44 FEMALE WI	15,246.21	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	15,246.21
1008	TANF 45-64 M & F WIT	4,700.46	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,700.46
1009	TANF 65+ M & F WITH	554.64	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	554.64
1011	TANF <1 M & F NON-ME	732,298.41	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	732,298.41
1012	TANF 01-05 M & F NON	531,443.83	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	531,443.83
1013	TANF 06-13 M & F NON	506,765.09	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	506,765.09
1014	TANF 14-20 MALE NON-	215,330.10	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	215,330.10
1015	TANF 14-20 FEMALE N	209,694.11	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	209,694.11
1016	TANF 21-44 MALE NON-	445,479.43	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	445,479.43
1017	TANF 21-44 FEMALE N	1,705,492.72	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,705,492.72
1018	TANF 45-64 M & F NON	635,145.79	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	635,145.79
1019	TANF 65+ M & F NON-M	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1027	TANF 21-44 FEMALE WI	453.02	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	453.02
2100	SSI AGED WITH MEDIC	52,744.87	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	52,744.87
2110	SSI AGED NON-MEDICA	35,489.62	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	35,489.62
2120	SSI AGED WITH QMB	242,074.39	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	242,074.39
2200	SSI DISABLED WITH M	266,485.96	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	266,485.96
2210	SSI DISABLED NON-ME	3,163,355.90	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,163,355.90
2220	SSI DISABLED WITH Q	1,005,134.11	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,005,134.11
2300	SSI BLIND WITH MEDIC	1,296.92	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,296.92
2310	SSI BLIND NON-MEDIC	59,530.65	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	59,530.65
2320	SSI BLIND WITH QMB	15,673.05	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	15,673.05
4311	SOBRA CHILD <1 M & F	980,037.24	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	980,037.24
4312	SOBRA CHILD 01-05 M	201,675.08	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	201,675.08
4313	SOBRA CHILD 06-13 M	183,132.69	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	183,132.69
4314	SOBRA CHILD 14-20 MA	100,507.75	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100,507.75
4315	SOBRA CHILD 14-20 FE	122,461.08	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	122,461.08
5007	SOBRA PREG 21-44 FE	29.51	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	29.51
5015	SOBRA PREG 14-20 FE	139,377.14	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	139,377.14
5017	SOBRA PREG 21-44 FE	432,998.83	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	432,998.83
5018	SOBRA PREG 45-64 FE	1,755.04	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,755.04
5510	SOBRA FPS FEMALE W	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SUBTOTAL:		12,024,874.74	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	12,024,874.74
1106	TANF EXPANDED 21-44	20,739.17	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	20,739.17

ACUTE FEE FOR SERVICE - IHS NON-CONTRACTED CATEGORICAL REFERRALS - EXCL EMERG SERV

For The Period Ending July 31, 2014

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
1107	TANF EXPANDED 21-44	29,774.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	29,774.01
1108	TANF EXPANDED 45-64	68,920.08	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	68,920.08
1109	TANF EXPANDED 65+	7,438.23	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	7,438.23
1111	TANF EXPANDED <1 M	48.77	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	48.77
1112	TANF EXPANDED 01-05	4,152.37	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,152.37
1113	TANF EXPANDED 06-13	6,195.30	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6,195.30
1114	TANF EXPANDED 14-20	1,476.39	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,476.39
1115	TANF EXPANDED 14-20	8,362.55	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8,362.55
1116	TANF EXPANDED 21-44	160,136.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	160,136.01
1117	TANF EXPANDED 21-44	325,927.10	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	325,927.10
1118	TANF EXPANDED 45-64	213,882.58	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	213,882.58
1119	TANF EXPANDED 65+	2,212.51	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,212.51
1127	TANF EXPANDED 21-44	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1128	TANF EXPANDED 45-64	6,396.35	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6,396.35
1129	TANF EXPANDED 65+	4,480.09	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,480.09
2400	SSI AGED EXPANDED	7,771.38	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	7,771.38
2410	SSI AGED EXPANDED	97,330.44	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	97,330.44
2420	SSI AGED EXPANDED	251,590.15	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	251,590.15
2510	SSI BLIND EXPANDED	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2600	SSI DISABLED EXPAND	5,268.61	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,268.61
2610	SSI DISABLED EXPAND	37,110.66	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	37,110.66
2620	SSI DISABLED EXPAND	140,475.36	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	140,475.36
SUBTOTAL:		1,399,688.11	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,399,688.11
3316	AHC CARE MALE 21-44	118.58	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	118.58
3317	AHC CARE FEMALE 21-	-1,208.58	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-1,208.58
3318	AHC CARE M&F 45-64 N	419.09	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	419.09
SUBTOTAL:		-670.91	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-670.91
3400	MED ELIGIBILITY W/ M	-23.88	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-23.88
3607	AHC CARE/MI FEMALE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3608	AHC CARE/MI M&F 45-6	2,261.53	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,261.53
3614	AHC CARE/MI MALE 14-	207.75	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	207.75
3615	AHC CARE/MI FEMALE	872.87	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	872.87
3616	AHC CARE/MI MALE 21-	5,204.61	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,204.61
3617	AHC CARE/MI FEMALE	3,444.53	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,444.53
3618	AHC CARE/MI M&F 45-6	903.34	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	903.34

ACUTE FEE FOR SERVICE - IHS NON-CONTRACTED CATEGORICAL REFERRALS - EXCL EMERG SERV

For The Period Ending July 31, 2014

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
SUBTOTAL:		12,870.75	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	12,870.75
3506	ADULT 40-100% MALE 2	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3508	ADULT 40-100% M&F 45	13,406.77	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	13,406.77
3509	ADULT 40-100% M&F 65	2,137.55	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,137.55
3514	ADULT 40-100% MALE 1	299.88	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	299.88
3515	ADULT 40-100% FEMAL	1,481.60	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,481.60
3516	ADULT 40-100% MALE 2	68,950.30	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	68,950.30
3517	ADULT 40-100% FEMAL	48,033.43	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	48,033.43
3518	ADULT 40-100% M&F 45	247,350.24	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	247,350.24
3519	ADULT 40-100% M&F 65	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3528	ADULT 40-100% M&F 45	10.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10.33
3529	ADULT 40-100% M&F 65	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3706	ADULT <40% EXP MALE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3707	ADULT <40% EXP FEM	1,699.84	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,699.84
3708	ADULT <40% EXP M&F	25,187.13	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	25,187.13
3709	ADULT <40% EXP M&F	19.51	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	19.51
3714	ADULT <40% EXP MALE	96,519.59	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	96,519.59
3715	ADULT <40% EXP FEM	70,257.57	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	70,257.57
3716	ADULT <40% EXP MALE	2,056,952.53	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,056,952.53
3717	ADULT <40% EXP FEM	763,329.78	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	763,329.78
3718	ADULT <40% EXP M&F	2,272,604.78	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,272,604.78
3719	ADULT <40% EXP M&F	1,162.92	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,162.92
3727	ADULT <40% EXP FEM	57.07	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	57.07
SUBTOTAL:		5,669,460.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,669,460.82
3906	NEWLY ELIGIBLE MALE	57.76	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	57.76
3907	NEWLY ELIGIBLE FEMAL	140.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	140.82
3908	NEWLY ELIGIBLE M&F	20,470.96	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	20,470.96
3909	NEWLY ELIGIBLE M&F	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3914	NEWLY ELIGIBLE MALE	264.21	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	264.21
3915	NEWLY ELIGIBLE FEMAL	1,257.16	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,257.16
3916	NEWLY ELIGIBLE MALE	15,313.98	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	15,313.98
3917	NEWLY ELIGIBLE FEMAL	15,483.34	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	15,483.34
3918	NEWLY ELIGIBLE M&F	112,833.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	112,833.00
3919	NEWLY ELIGIBLE M&F	61.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	61.82
SUBTOTAL:		165,883.05	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	165,883.05

ACUTE FEE FOR SERVICE - IHS NON-CONTRACTED CATEGORICAL REFERRALS - EXCL EMERG SERV

For The Period Ending July 31, 2014

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
4412	SOBRA 100-133% M&F 4	255.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	255.50
4413	SOBRA 100-133% M&F 6	14,205.19	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	14,205.19
4414	SOBRA 100-133% MALE	6,204.87	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6,204.87
4415	SOBRA 100-133% FEMA	15,855.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	15,855.01
SUBTOTAL:		36,520.57	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	36,520.57
4518	BC PATIENT FEMALE 4 6	5,769.75	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,769.75
4617	CC PATIENT FEMALE 2 1	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SUBTOTAL:		5,769.75	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,769.75
8700	SSI DISABLED FREEDO M	2,168.55	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,168.55
8710	SSI DISABLED FREEDO M	22.57	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	22.57
8720	SSI DISABLED FREEDO M	10.26	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10.26
SUBTOTAL:		2,201.38	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,201.38
TOTAL:		19,316,598.26	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	19,316,598.26

ACUTE FEE FOR SERVICE - IHS NON-CATEGORICAL REFERRALS - EXCLUDING EMERGENCY SERVICES

For The Period Ending July 31, 2014

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
1006	TANF 21-44 MALE WITH	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1007	TANF 21-44 FEMALE WI	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1008	TANF 45-64 M & F WIT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1009	TANF 65+ M & F WITH	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1011	TANF <1 M & F NON-ME	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1012	TANF 01-05 M & F NON	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1013	TANF 06-13 M & F NON	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1014	TANF 14-20 MALE NON-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1015	TANF 14-20 FEMALE N	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1016	TANF 21-44 MALE NON-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1017	TANF 21-44 FEMALE N	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1018	TANF 45-64 M & F NON	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1019	TANF 65+ M & F NON-M	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1027	TANF 21-44 FEMALE WI	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2100	SSI AGED WITH MEDIC	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2110	SSI AGED NON-MEDICA	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2120	SSI AGED WITH QMB	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2200	SSI DISABLED WITH M	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2210	SSI DISABLED NON-ME	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2220	SSI DISABLED WITH Q	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2300	SSI BLIND WITH MEDIC	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2310	SSI BLIND NON-MEDIC	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2320	SSI BLIND WITH QMB	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4311	SOBRA CHILD <1 M & F	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4312	SOBRA CHILD 01-05 M	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4313	SOBRA CHILD 06-13 M	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4314	SOBRA CHILD 14-20 MA	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4315	SOBRA CHILD 14-20 FE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5007	SOBRA PREG 21-44 FE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5015	SOBRA PREG 14-20 FE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5017	SOBRA PREG 21-44 FE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5018	SOBRA PREG 45-64 FE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5510	SOBRA FPS FEMALE W	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SUBTOTAL:		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1106	TANF EXPANDED 21-44	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

ACUTE FEE FOR SERVICE - IHS NON-CATEGORICAL REFERRALS - EXCLUDING EMERGENCY SERVICES

For The Period Ending July 31, 2014

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
1107	TANF EXPANDED 21-44	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1108	TANF EXPANDED 45-64	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1109	TANF EXPANDED 65+	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1111	TANF EXPANDED <1 M	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1112	TANF EXPANDED 01-05	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1113	TANF EXPANDED 06-13	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1114	TANF EXPANDED 14-20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1115	TANF EXPANDED 14-20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1116	TANF EXPANDED 21-44	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1117	TANF EXPANDED 21-44	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1118	TANF EXPANDED 45-64	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1119	TANF EXPANDED 65+	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1127	TANF EXPANDED 21-44	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1128	TANF EXPANDED 45-64	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1129	TANF EXPANDED 65+	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2400	SSI AGED EXPANDED	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2410	SSI AGED EXPANDED	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2420	SSI AGED EXPANDED	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2510	SSI BLIND EXPANDED	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2600	SSI DISABLED EXPAND	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2610	SSI DISABLED EXPAND	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2620	SSI DISABLED EXPAND	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SUBTOTAL:		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3316	AHC CARE MALE 21-44	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3317	AHC CARE FEMALE 21-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3318	AHC CARE M&F 45-64 N	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SUBTOTAL:		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3400	MED ELIGIBILITY W/ M	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3607	AHC CARE/MI FEMALE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3608	AHC CARE/MI M&F 45-6	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3614	AHC CARE/MI MALE 14-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3615	AHC CARE/MI FEMALE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3616	AHC CARE/MI MALE 21-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3617	AHC CARE/MI FEMALE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3618	AHC CARE/MI M&F 45-6	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

ACUTE FEE FOR SERVICE - IHS NON-CATEGORICAL REFERRALS - EXCLUDING EMERGENCY SERVICES

For The Period Ending July 31, 2014

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
SUBTOTAL:		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3506	ADULT 40-100% MALE 2	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3508	ADULT 40-100% M&F 45	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3509	ADULT 40-100% M&F 65	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3514	ADULT 40-100% MALE 1	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3515	ADULT 40-100% FEMAL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3516	ADULT 40-100% MALE 2	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3517	ADULT 40-100% FEMAL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3518	ADULT 40-100% M&F 45	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3519	ADULT 40-100% M&F 65	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3528	ADULT 40-100% M&F 45	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3529	ADULT 40-100% M&F 65	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3706	ADULT <40% EXP MALE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3707	ADULT <40% EXP FEM	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3708	ADULT <40% EXP M&F	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3709	ADULT <40% EXP M&F	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3714	ADULT <40% EXP MALE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3715	ADULT <40% EXP FEM	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3716	ADULT <40% EXP MALE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3717	ADULT <40% EXP FEM	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3718	ADULT <40% EXP M&F	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3719	ADULT <40% EXP M&F	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3727	ADULT <40% EXP FEM	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SUBTOTAL:		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3906	NEWLY ELIGIBLE MALE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3907	NEWLY ELIGIBLE FEMAL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3908	NEWLY ELIGIBLE M&F	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3909	NEWLY ELIGIBLE M&F	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3914	NEWLY ELIGIBLE MALE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3915	NEWLY ELIGIBLE FEMAL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3916	NEWLY ELIGIBLE MALE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3917	NEWLY ELIGIBLE FEMAL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3918	NEWLY ELIGIBLE M&F	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3919	NEWLY ELIGIBLE M&F	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SUBTOTAL:		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

ACUTE FEE FOR SERVICE - IHS NON-CATEGORICAL REFERRALS - EXCLUDING EMERGENCY SERVICES

For The Period Ending July 31, 2014

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
4412	SOBRA 100-133% M&F 4	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4413	SOBRA 100-133% M&F 6	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4414	SOBRA 100-133% MALE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4415	SOBRA 100-133% FEMA	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SUBTOTAL:		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4518	BC PATIENT FEMALE 4 6	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4617	CC PATIENT FEMALE 2 1	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SUBTOTAL:		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
8700	SSI DISABLED FREEDO M	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
8710	SSI DISABLED FREEDO M	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
8720	SSI DISABLED FREEDO M	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SUBTOTAL:		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL:		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

ACUTE FEE FOR SERVICE - NON IHS ONLY - EXCLUDING EMERGENCY SERVICES

For The Period Ending July 31, 2014

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
1006	TANF 21-44 MALE WITH	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1007	TANF 21-44 FEMALE WI	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1008	TANF 45-64 M & F WIT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1009	TANF 65+ M & F WITH	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1011	TANF <1 M & F NON-ME	32,641.98	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	32,641.98
1012	TANF 01-05 M & F NON	9,726.79	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	9,726.79
1013	TANF 06-13 M & F NON	10,337.38	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10,337.38
1014	TANF 14-20 MALE NON-	2,637.34	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,637.34
1015	TANF 14-20 FEMALE N	9,633.77	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	9,633.77
1016	TANF 21-44 MALE NON-	-210.03	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-210.03
1017	TANF 21-44 FEMALE N	25,840.81	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	25,840.81
1018	TANF 45-64 M & F NON	5,304.56	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,304.56
1019	TANF 65+ M & F NON-M	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1027	TANF 21-44 FEMALE WI	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2100	SSI AGED WITH MEDIC	637.35	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	637.35
2110	SSI AGED NON-MEDICA	18,494.71	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	18,494.71
2120	SSI AGED WITH QMB	2,170.55	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,170.55
2200	SSI DISABLED WITH M	1,445.44	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,445.44
2210	SSI DISABLED NON-ME	105,053.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	105,053.82
2220	SSI DISABLED WITH Q	2,636.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,636.06
2300	SSI BLIND WITH MEDIC	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2310	SSI BLIND NON-MEDIC	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2320	SSI BLIND WITH QMB	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4311	SOBRA CHILD <1 M & F	8,105.05	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8,105.05
4312	SOBRA CHILD 01-05 M	16,415.77	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	16,415.77
4313	SOBRA CHILD 06-13 M	8,910.38	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8,910.38
4314	SOBRA CHILD 14-20 MA	3,167.94	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,167.94
4315	SOBRA CHILD 14-20 FE	7,512.52	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	7,512.52
5007	SOBRA PREG 21-44 FE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5015	SOBRA PREG 14-20 FE	355.24	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	355.24
5017	SOBRA PREG 21-44 FE	8,677.15	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8,677.15
5018	SOBRA PREG 45-64 FE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5510	SOBRA FPS FEMALE W	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SUBTOTAL:		279,494.58	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	279,494.58
1106	TANF EXPANDED 21-44	100.87	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100.87

ACUTE FEE FOR SERVICE - NON IHS ONLY - EXCLUDING EMERGENCY SERVICES

For The Period Ending July 31, 2014

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
1107	TANF EXPANDED 21-44	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1108	TANF EXPANDED 45-64	556.81	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	556.81
1109	TANF EXPANDED 65+	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1111	TANF EXPANDED <1 M	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1112	TANF EXPANDED 01-05	278.80	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	278.80
1113	TANF EXPANDED 06-13	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1114	TANF EXPANDED 14-20	1,114.76	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,114.76
1115	TANF EXPANDED 14-20	1,795.17	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,795.17
1116	TANF EXPANDED 21-44	8,190.51	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8,190.51
1117	TANF EXPANDED 21-44	18,106.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	18,106.82
1118	TANF EXPANDED 45-64	12,066.69	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	12,066.69
1119	TANF EXPANDED 65+	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1127	TANF EXPANDED 21-44	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1128	TANF EXPANDED 45-64	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1129	TANF EXPANDED 65+	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2400	SSI AGED EXPANDED	79.87	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	79.87
2410	SSI AGED EXPANDED	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2420	SSI AGED EXPANDED	1,266.08	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,266.08
2510	SSI BLIND EXPANDED	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2600	SSI DISABLED EXPAND	221.18	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	221.18
2610	SSI DISABLED EXPAND	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2620	SSI DISABLED EXPAND	504.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	504.00
SUBTOTAL:		44,281.56	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	44,281.56
3316	AHC CARE MALE 21-44	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3317	AHC CARE FEMALE 21-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3318	AHC CARE M&F 45-64 N	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SUBTOTAL:		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3400	MED ELIGIBILITY W/ M	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3607	AHC CARE/MI FEMALE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3608	AHC CARE/MI M&F 45-6	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3614	AHC CARE/MI MALE 14-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3615	AHC CARE/MI FEMALE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3616	AHC CARE/MI MALE 21-	2,085.47	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,085.47
3617	AHC CARE/MI FEMALE	581.91	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	581.91
3618	AHC CARE/MI M&F 45-6	-2,340.05	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-2,340.05

ACUTE FEE FOR SERVICE - NON IHS ONLY - EXCLUDING EMERGENCY SERVICES

For The Period Ending July 31, 2014

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
SUBTOTAL:		327.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	327.33
3506	ADULT 40-100% MALE 2	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3508	ADULT 40-100% M&F 45	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3509	ADULT 40-100% M&F 65	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3514	ADULT 40-100% MALE 1	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3515	ADULT 40-100% FEMAL	468.93	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	468.93
3516	ADULT 40-100% MALE 2	11,090.38	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	11,090.38
3517	ADULT 40-100% FEMAL	11,245.70	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	11,245.70
3518	ADULT 40-100% M&F 45	34,728.21	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	34,728.21
3519	ADULT 40-100% M&F 65	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3528	ADULT 40-100% M&F 45	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3529	ADULT 40-100% M&F 65	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3706	ADULT <40% EXP MALE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3707	ADULT <40% EXP FEM	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3708	ADULT <40% EXP M&F	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3709	ADULT <40% EXP M&F	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3714	ADULT <40% EXP MALE	2,032.24	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,032.24
3715	ADULT <40% EXP FEM	3,136.03	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,136.03
3716	ADULT <40% EXP MALE	81,484.42	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	81,484.42
3717	ADULT <40% EXP FEM	15,464.69	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	15,464.69
3718	ADULT <40% EXP M&F	68,101.26	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	68,101.26
3719	ADULT <40% EXP M&F	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3727	ADULT <40% EXP FEM	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SUBTOTAL:		227,751.86	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	227,751.86
3906	NEWLY ELIGIBLE MALE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3907	NEWLY ELIGIBLE FEMAL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3908	NEWLY ELIGIBLE M&F	225.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	225.00
3909	NEWLY ELIGIBLE M&F	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3914	NEWLY ELIGIBLE MALE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3915	NEWLY ELIGIBLE FEMAL	577.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	577.82
3916	NEWLY ELIGIBLE MALE	10,823.55	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10,823.55
3917	NEWLY ELIGIBLE FEMAL	169.41	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	169.41
3918	NEWLY ELIGIBLE M&F	45,902.49	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	45,902.49
3919	NEWLY ELIGIBLE M&F	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SUBTOTAL:		57,698.27	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	57,698.27

ACUTE FEE FOR SERVICE - NON IHS ONLY - EXCLUDING EMERGENCY SERVICES

For The Period Ending July 31, 2014

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
4412	SOBRA 100-133% M&F 4	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4413	SOBRA 100-133% M&F 6	145.71	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	145.71
4414	SOBRA 100-133% MALE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4415	SOBRA 100-133% FEMA	798.96	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	798.96
SUBTOTAL:		944.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	944.67
4518	BC PATIENT FEMALE 4 6	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4617	CC PATIENT FEMALE 2 4	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SUBTOTAL:		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
8700	SSI DISABLED FREEDO M	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
8710	SSI DISABLED FREEDO M	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
8720	SSI DISABLED FREEDO M	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SUBTOTAL:		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL:		610,498.27	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	610,498.27

QMB - FEE FOR SERVICE - IHS FACILITY SERVICES ONLY - EXCLUDING EMERGENCY SERVICES

For The Period Ending July 31, 2014

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
8020	QMB ONLY	20,749.45	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	20,749.45
SUBTOTAL:		20,749.45	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	20,749.45
TOTAL:		20,749.45	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	20,749.45

QMB - FEE FOR SERVICE - IHS NON-CONTRACTED CATEGORICAL REFERRALS - EXCL EMER

For The Period Ending July 31, 2014

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
8020	QMB ONLY	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SUBTOTAL:		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL:		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

QMB - FEE FOR SERVICE - NON IHS ONLY - EXCLUDING EMERGENCY SERVICES

For The Period Ending July 31, 2014

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
8020	QMB ONLY	206,135.54	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	206,135.54
SUBTOTAL:		206,135.54	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	206,135.54
TOTAL:		206,135.54	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	206,135.54

ACUTE FEE FOR SERVICE - IHS CONTRACTED CATEGORICAL REFERRALS - EXCL EMERG SERV

For The Period Ending July 31, 2014

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
1006	TANF 21-44 MALE WITH	923.62	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	923.62
1007	TANF 21-44 FEMALE WI	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1008	TANF 45-64 M & F WIT	17,781.02	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	17,781.02
1009	TANF 65+ M & F WITH	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1011	TANF <1 M & F NON-ME	84,767.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	84,767.06
1012	TANF 01-05 M & F NON	34,284.92	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	34,284.92
1013	TANF 06-13 M & F NON	44,810.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	44,810.40
1014	TANF 14-20 MALE NON-	15,430.38	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	15,430.38
1015	TANF 14-20 FEMALE N	11,813.66	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	11,813.66
1016	TANF 21-44 MALE NON-	31,438.66	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	31,438.66
1017	TANF 21-44 FEMALE N	210,377.80	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	210,377.80
1018	TANF 45-64 M & F NON	28,096.35	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	28,096.35
1019	TANF 65+ M & F NON-M	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1027	TANF 21-44 FEMALE WI	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2100	SSI AGED WITH MEDIC	3,406.77	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,406.77
2110	SSI AGED NON-MEDICA	3,421.42	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,421.42
2120	SSI AGED WITH QMB	19,926.84	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	19,926.84
2200	SSI DISABLED WITH M	13,662.86	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	13,662.86
2210	SSI DISABLED NON-ME	304,798.51	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	304,798.51
2220	SSI DISABLED WITH Q	44,399.62	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	44,399.62
2300	SSI BLIND WITH MEDIC	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2310	SSI BLIND NON-MEDIC	1,234.87	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,234.87
2320	SSI BLIND WITH QMB	284.04	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	284.04
4311	SOBRA CHILD <1 M & F	68,145.48	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	68,145.48
4312	SOBRA CHILD 01-05 M	35,241.49	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	35,241.49
4313	SOBRA CHILD 06-13 M	30,113.38	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	30,113.38
4314	SOBRA CHILD 14-20 MA	8,988.63	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8,988.63
4315	SOBRA CHILD 14-20 FE	5,849.26	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,849.26
5007	SOBRA PREG 21-44 FE	1,758.24	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,758.24
5015	SOBRA PREG 14-20 FE	18,102.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	18,102.67
5017	SOBRA PREG 21-44 FE	46,014.10	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	46,014.10
5018	SOBRA PREG 45-64 FE	49.27	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	49.27
5510	SOBRA FPS FEMALE W	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SUBTOTAL:		1,085,121.32	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,085,121.32
1106	TANF EXPANDED 21-44	119.42	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	119.42

ACUTE FEE FOR SERVICE - IHS CONTRACTED CATEGORICAL REFERRALS - EXCL EMERG SERV

For The Period Ending July 31, 2014

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
1107	TANF EXPANDED 21-44	1,570.36	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,570.36
1108	TANF EXPANDED 45-64	1,427.07	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,427.07
1109	TANF EXPANDED 65+	1,503.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,503.33
1111	TANF EXPANDED <1 M	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1112	TANF EXPANDED 01-05	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1113	TANF EXPANDED 06-13	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1114	TANF EXPANDED 14-20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1115	TANF EXPANDED 14-20	43.90	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	43.90
1116	TANF EXPANDED 21-44	35,961.69	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	35,961.69
1117	TANF EXPANDED 21-44	58,248.53	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	58,248.53
1118	TANF EXPANDED 45-64	24,913.23	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	24,913.23
1119	TANF EXPANDED 65+	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1127	TANF EXPANDED 21-44	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1128	TANF EXPANDED 45-64	55.28	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	55.28
1129	TANF EXPANDED 65+	94.45	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	94.45
2400	SSI AGED EXPANDED	794.63	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	794.63
2410	SSI AGED EXPANDED	2,136.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,136.82
2420	SSI AGED EXPANDED	12,344.05	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	12,344.05
2510	SSI BLIND EXPANDED	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2600	SSI DISABLED EXPAND	92.70	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	92.70
2610	SSI DISABLED EXPAND	209.07	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	209.07
2620	SSI DISABLED EXPAND	5,857.19	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,857.19
SUBTOTAL:		145,371.72	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	145,371.72
3316	AHC CARE MALE 21-44	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3317	AHC CARE FEMALE 21-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3318	AHC CARE M&F 45-64 N	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SUBTOTAL:		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3400	MED ELIGIBILITY W/ M	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3607	AHC CARE/MI FEMALE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3608	AHC CARE/MI M&F 45-6	240.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	240.00
3614	AHC CARE/MI MALE 14-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3615	AHC CARE/MI FEMALE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3616	AHC CARE/MI MALE 21-	1,586.68	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,586.68
3617	AHC CARE/MI FEMALE	53.57	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	53.57
3618	AHC CARE/MI M&F 45-6	1,999.68	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,999.68

ACUTE FEE FOR SERVICE - IHS CONTRACTED CATEGORICAL REFERRALS - EXCL EMERG SERV

For The Period Ending July 31, 2014

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
SUBTOTAL:		3,879.93	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,879.93
3506	ADULT 40-100% MALE 2	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3508	ADULT 40-100% M&F 45	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3509	ADULT 40-100% M&F 65	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3514	ADULT 40-100% MALE 1	430.42	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	430.42
3515	ADULT 40-100% FEMAL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3516	ADULT 40-100% MALE 2	10,650.89	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10,650.89
3517	ADULT 40-100% FEMAL	23,738.59	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	23,738.59
3518	ADULT 40-100% M&F 45	29,835.05	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	29,835.05
3519	ADULT 40-100% M&F 65	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3528	ADULT 40-100% M&F 45	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3529	ADULT 40-100% M&F 65	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3706	ADULT <40% EXP MALE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3707	ADULT <40% EXP FEM	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3708	ADULT <40% EXP M&F	2,451.54	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,451.54
3709	ADULT <40% EXP M&F	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3714	ADULT <40% EXP MALE	9,500.36	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	9,500.36
3715	ADULT <40% EXP FEM	5,377.86	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,377.86
3716	ADULT <40% EXP MALE	277,274.99	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	277,274.99
3717	ADULT <40% EXP FEM	85,369.64	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	85,369.64
3718	ADULT <40% EXP M&F	224,721.51	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	224,721.51
3719	ADULT <40% EXP M&F	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3727	ADULT <40% EXP FEM	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SUBTOTAL:		669,350.85	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	669,350.85
3906	NEWLY ELIGIBLE MALE	225.11	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	225.11
3907	NEWLY ELIGIBLE FEMAL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3908	NEWLY ELIGIBLE M&F	586.88	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	586.88
3909	NEWLY ELIGIBLE M&F	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3914	NEWLY ELIGIBLE MALE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3915	NEWLY ELIGIBLE FEMAL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3916	NEWLY ELIGIBLE MALE	666.79	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	666.79
3917	NEWLY ELIGIBLE FEMAL	6,073.87	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6,073.87
3918	NEWLY ELIGIBLE M&F	12,815.15	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	12,815.15
3919	NEWLY ELIGIBLE M&F	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SUBTOTAL:		20,367.80	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	20,367.80

ACUTE FEE FOR SERVICE - IHS CONTRACTED CATEGORICAL REFERRALS - EXCL EMERG SERV

For The Period Ending July 31, 2014

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
4412	SOBRA 100-133% M&F 4	84.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	84.06
4413	SOBRA 100-133% M&F 6	1,505.68	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,505.68
4414	SOBRA 100-133% MALE	7,017.47	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	7,017.47
4415	SOBRA 100-133% FEMA	381.31	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	381.31
SUBTOTAL:		8,988.52	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8,988.52
4518	BC PATIENT FEMALE 4 6	2,630.32	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,630.32
4617	CC PATIENT FEMALE 2 4	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SUBTOTAL:		2,630.32	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,630.32
8700	SSI DISABLED FREEDO M	324.38	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	324.38
8710	SSI DISABLED FREEDO M	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
8720	SSI DISABLED FREEDO M	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SUBTOTAL:		324.38	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	324.38
TOTAL:		1,936,034.84	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,936,034.84

LONG TERM CARE FEE FOR SERVICE - IHS FACILITY SERVICES ONLY - EXCLUDING EMERGENCY SER

For The Period Ending July 31, 2014

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
1010	TANF NON-MEDICARE	696.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	696.00
2100	SSI AGED WITH MEDIC A	182,999.78	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	182,999.78
2110	SSI AGED NON-MEDICA P	69,456.96	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	69,456.96
2120	SSI AGED WITH QMB	194,238.72	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	194,238.72
2200	SSI DISABLED WITH M F	45,131.68	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	45,131.68
2210	SSI DISABLED NON-ME D	893,176.80	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	893,176.80
2220	SSI DISABLED WITH Q M	75,691.55	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	75,691.55
2300	SSI BLIND WITH MEDIC	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2310	SSI BLIND NON-MEDIC A	9,875.35	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	9,875.35
2320	SSI BLIND WITH QMB	144.17	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	144.17
SUBTOTAL:		1,471,411.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,471,411.01
8720	SSI DISABLED FREEDO A	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SUBTOTAL:		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL:		1,471,411.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,471,411.01

LONG TERM CARE FEE FOR SERVICE - IHS NON-CONTRACTED CATEGORICAL REFERRALS - EXCL EMER

For The Period Ending July 31, 2014

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
1010	TANF NON-MEDICARE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2100	SSI AGED WITH MEDIC A	2,664,791.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,664,791.67
2110	SSI AGED NON-MEDICA P	179,461.32	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	179,461.32
2120	SSI AGED WITH QMB	3,181,633.79	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,181,633.79
2200	SSI DISABLED WITH M F	466,608.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	466,608.06
2210	SSI DISABLED NON-ME D	1,779,146.34	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,779,146.34
2220	SSI DISABLED WITH Q M	668,132.19	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	668,132.19
2300	SSI BLIND WITH MEDIC	379.43	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	379.43
2310	SSI BLIND NON-MEDIC A	9,691.63	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	9,691.63
2320	SSI BLIND WITH QMB	8,442.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8,442.00
SUBTOTAL:		8,958,286.43	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8,958,286.43
8720	SSI DISABLED FREEDO A	2,742.24	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,742.24
SUBTOTAL:		2,742.24	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,742.24
TOTAL:		8,961,028.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8,961,028.67

LONG TERM CARE FEE FOR SERVICE - NON IHS ONLY - EXCLUDING EMERGENCY SERVICES

For The Period Ending July 31, 2014

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
1010	TANF NON-MEDICARE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2100	SSI AGED WITH MEDIC A	46,355.76	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	46,355.76
2110	SSI AGED NON-MEDICA P	8,709.42	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8,709.42
2120	SSI AGED WITH QMB	1,098.73	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,098.73
2200	SSI DISABLED WITH M F	4,865.65	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,865.65
2210	SSI DISABLED NON-ME D	28,693.95	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	28,693.95
2220	SSI DISABLED WITH Q M	2,249.80	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,249.80
2300	SSI BLIND WITH MEDIC	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2310	SSI BLIND NON-MEDIC A	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2320	SSI BLIND WITH QMB	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SUBTOTAL:		91,973.31	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	91,973.31
8720	SSI DISABLED FREEDO A	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SUBTOTAL:		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL:		91,973.31	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	91,973.31

LONG TERM CARE FEE FOR SERVICE - IHS CONTRACTED CATEGORICAL REFERRALS - EXCL EMERG SRV

For The Period Ending July 31, 2014

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
1010	TANF NON-MEDICARE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2100	SSI AGED WITH MEDIC A	55,086.53	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	55,086.53
2110	SSI AGED NON-MEDICA P	203.41	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	203.41
2120	SSI AGED WITH QMB	18,563.57	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	18,563.57
2200	SSI DISABLED WITH M F	6,702.65	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6,702.65
2210	SSI DISABLED NON-ME D	64,499.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	64,499.20
2220	SSI DISABLED WITH Q M	7,643.16	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	7,643.16
2300	SSI BLIND WITH MEDIC	26.93	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	26.93
2310	SSI BLIND NON-MEDIC A	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2320	SSI BLIND WITH QMB	48.02	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	48.02
SUBTOTAL:		152,773.47	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	152,773.47
8720	SSI DISABLED FREEDO A	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SUBTOTAL:		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL:		152,773.47	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	152,773.47

KidsCare - CAPITATION AMOUNTS

For The Period Ending July 31, 2014

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
6011	KIDS <1M&F NON MEDI	4,524.22	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,524.22
6012	KIDS 1-5 M & F NON-M	3,921.57	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,921.57
6013	KIDS 6-13 M & F NON-	129,970.36	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	129,970.36
6014	KIDS 14-19 MALE NON-	69,288.89	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	69,288.89
6015	KIDS 14-19 FEMALE NO	110,216.77	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	110,216.77
SUBTOTAL:		317,921.81	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	317,921.81
TOTAL:		317,921.81	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	317,921.81

KidsCare - CAPITATION MEMBER MONTHS

For The Period Ending July 31, 2014

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
6011	KIDS <1M&F NON MEDI	10.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10.00
6012	KIDS 1-5 M & F NON-M	38.83	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	38.83
6013	KIDS 6-13 M & F NON-	1,047.73	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,047.73
6014	KIDS 14-19 MALE NON-	406.52	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	406.52
6015	KIDS 14-19 FEMALE NO	440.63	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	440.63
SUBTOTAL:		1,943.71	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,943.71
TOTAL:		1,943.71	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,943.71

KidsCare - MENTAL HEALTH CAPITATION AMOUNTS

For The Period Ending July 31, 2014

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
6011	KIDS <1M&F NON MEDI C	409.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	409.20
6012	KIDS 1-5 M & F NON-M	1,488.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,488.00
6013	KIDS 6-13 M & F NON-	38,650.80	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	38,650.80
6014	KIDS 14-19 MALE NON-	15,387.26	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	15,387.26
6015	KIDS 14-19 FEMALE NO	17,426.93	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	17,426.93
SUBTOTAL:		73,362.19	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	73,362.19
TOTAL:		73,362.19	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	73,362.19

KidsCare - MENTAL HEALTH CAPITATION MEMBER MONTHS

For The Period Ending July 31, 2014

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
6011	KIDS <1M&F NON MEDI	11.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	11.00
6012	KIDS 1-5 M & F NON-M	40.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	40.00
6013	KIDS 6-13 M & F NON-	1,039.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,039.00
6014	KIDS 14-19 MALE NON-	402.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	402.00
6015	KIDS 14-19 FEMALE NO	450.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	450.00
SUBTOTAL:		1,942.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,942.00
TOTAL:		1,942.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,942.00

KidsCare - FEE FOR SERVICE

For The Period Ending July 31, 2014

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
6011	KIDS <1M&F NON MEDI	518.72	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	518.72
6012	KIDS 1-5 M & F NON-M	5,220.12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,220.12
6013	KIDS 6-13 M & F NON-	5,620.16	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,620.16
6014	KIDS 14-19 MALE NON-	1,847.16	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,847.16
6015	KIDS 14-19 FEMALE NO	6,826.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6,826.40
SUBTOTAL:		20,032.56	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	20,032.56
TOTAL:		20,032.56	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	20,032.56

KidsCare - REINSURANCE

For The Period Ending July 31, 2014

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
6012	KIDS 1-5 M & F NON-M	-163,807.93	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-163,807.93
6013	KIDS 6-13 M & F NON-	35,860.62	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	35,860.62
6014	KIDS 14-19 MALE NON-	28,000.15	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	28,000.15
SUBTOTAL:		-99,947.16	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-99,947.16
TOTAL:		-99,947.16	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-99,947.16

110007 DES-DD - CAP MEMBER MONTHS

For The Period Ending July 31, 2014

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
1000	TANF WITH MEDICARE	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.00
1010	TANF NON-MEDICARE	618.38	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	618.38
1020	TANF WITH QMB	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.00
2100	SSI AGED WITH MEDICA	146.99	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	146.99
2110	SSI AGED NON-MEDICAR	5.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5.00
2120	SSI AGED WITH QMB	236.79	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	236.79
2200	SSI DISABLED WITH ME	1,737.61	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,737.61
2210	SSI DISABLED NON-MED	20,351.11	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	20,351.11
2220	SSI DISABLED WITH QM	3,823.28	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,823.28
2300	SSI BLIND WITH MEDIC	15.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	15.00
2310	SSI BLIND NON-MEDICA	112.93	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	112.93
2320	SSI BLIND WITH QMB	29.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	29.00
8700	SSI DISABLED FREEDOM	7.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	7.00
8710	SSI DISABLED FREEDOM	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.00
8720	SSI DISABLED FREEDOM	3.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3.00
SUBTOTAL:		27,092.09	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	27,092.09
TOTAL:		27,092.09	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	27,092.09

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

EPD/DD EXPENDITURES

For the Period Ending July 31, 2014

EPD/DD CAPITATION-LTC													
	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	TOTAL
TRIBAL	378,800.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	378,800.20
EPD	81,832,334.90	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	81,832,334.90
TOTAL AHCCCS LTC	82,211,135.10	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	82,211,135.10
DES/DD	90,441,057.34	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	90,441,057.34
TOTAL DES LTC	90,441,057.34	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	90,441,057.34
TOTAL LTC - CAP	172,652,192.44	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	172,652,192.44

EPD/DD FEE-FOR-SERVICE - LTC													
	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	TOTAL
TOTAL AHCCCS LTC	10,677,186.46	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10,677,186.46
DES/DD	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL DES LTC	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL LTC - FFS	10,677,186.46	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10,677,186.46

EPD/DD REINSURANCE - LTC													
	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	TOTAL
TOTAL AHCCCS LTC	3,104,150.55	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,104,150.55
DES/DD	247,514.04	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	247,514.04
TOTAL DES LTC	247,514.04	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	247,514.04
TOTAL LTC - REIN	3,351,664.59	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,351,664.59

EPD/DD SMIB/HIB-LTC													
	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	TOTAL
TOTAL SMIB/HIB LTC	2,882,125.10	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,882,125.10

Note to the ASR:

1- EPD reflects the Federal and County share for both acute and LTC services.

2- AHCCCS passes through only the Federal share to DES. Neither the Federal nor the Nonfederal dollars are included on the ASR summary (page 1) because both are included in the DES appropriation.

CRS INTEGRATED HEALTH PLANS - CAPITATION AMOUNTS

For the Period Ending July 31, 2014

		JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
010115	CRS FULLY INTEGRATED PLAN - CAP	14,351,926.69	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	14,351,926.69
010145	CRS ACUTE SEMI INTEGRATED - CAP	140,282.17	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	140,282.17
Subtotal		14,492,208.86	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	14,492,208.86
999155	CRS REINSURANCE ONLY	2,324,970.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,324,970.00
Subtotal		2,324,970.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,324,970.00
010115	CRS FULLY INTEGRATED PLAN - KC CAP	52,459.25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	52,459.25
Subtotal		52,459.25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	52,459.25
GRAND TOTAL		16,869,638.11	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	16,869,638.11

- 1) Expenditures are from the PMMIS Financial subsystem and may not reconcile to data from other PMMIS subsystems or AFIS due to timing and other factors.
- 2) Expenditures are based on date-of-payment.
- 3) Expenditures do not include manual adjustments or reconciliations.

CRS INTEGRATED HEALTH PLANS - MEMBER MONTHS

For the Period Ending July 31, 2014

		JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
010115	CRS FULLY INTEGRATED PLAN - MM	19,358.09	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	19,358.09
010145	CRS ACUTE SEMI INTEGRATED - MM	213.57	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	213.57
Subtotal		19,571.66	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	19,571.66
010115	CRS FULLY INTEGRATED PLAN - KC MM	70.77	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	70.77
Subtotal		70.77	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	70.77
GRAND TOTAL		19,642.43	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	19,642.43

- 1) Expenditures are from the PMMIS Financial subsystem and may not reconcile to data from other PMMIS subsystems or AFIS due to timing and other factors.
- 2) Expenditures are based on date-of-payment.
- 3) Expenditures do not include manual adjustments or reconciliations.

BHS INTEGRATED HEALTH PLAN - CAPITATION AMOUNTS

For the Period Ending July 31, 2014

		JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
078999	MERCY MARICOPA INTEGRATED - CAP	41,786,965.61	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	41,786,965.61
	Subtotal	41,786,965.61	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	41,786,965.61
GRAND TOTAL		41,786,965.61	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	41,786,965.61

- 1) Expenditures are from the PMMIS Financial subsystem and may not reconcile to data from other PMMIS subsystems or AFIS due to timing and other factors.
- 2) Expenditures are based on date-of-payment.
- 3) Expenditures do not include manual adjustments or reconciliations.

BHS INTEGRATED HEALTH PLAN - MEMBER MONTHS

For the Period Ending July 31, 2014

		JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
078999	MERCY MARICOPA INTEGRATED - MM	17,228.49	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	17,228.49
	Subtotal	17,228.49	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	17,228.49
GRAND TOTAL		17,228.49	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	17,228.49

- 1) Expenditures are from the PMMIS Financial subsystem and may not reconcile to data from other PMMIS subsystems or AFIS due to timing and other factors.
- 2) Expenditures are based on date-of-payment.
- 3) Expenditures do not include manual adjustments or reconciliations.