

EXHIBIT 3: REQUIRED REPORTING

Name	Description	Frequency Reporting Period	Due Date	Report Type	Automatic Monetary Sanctions assessed for each day past the due date
Health Needs Requests (HNR) Appointment Report	Reports shall be submitted in a format required by the Department. Sample formats are provided, but may be modified or altered by a Contractor with the approval of the Department Contract Monitor.	Monthly	Monthly due date is for the month following the reporting period	Separate report required for each Arizona State Prison <u>Complex</u> Or One report required for <u>Statewide</u> Operations	Formula: Total Inmate Population on the report due date of each applicable Arizona State Prison Complex x Capitation Rate x ___% = Monetary Sanction
Hepatitis C Report	Number of inmates with Hepatitis C in treatment. Number of inmates with Hepatitis C - end of treatment responses. E.g. number of inmates completing treatment who have cleared the disease	Monthly	5th of Month	State	0.5%
Hospitalization Census Report	Daily status reports on inmates in hospitals and/or nursing homes and/or hospice, admission and discharge diagnosis (DRG or other common code).	Daily	3:00 PM Same Day	Statewide	1.0%
Hospitalization Statistics Report	Hospitalization information including, number of admissions, length of stay; to include levels of care, i.e. ICU, surgery, routine, maternity, psychiatric, etc.	Monthly	5th of Month	Statewide	0.5%
Infectious Disease Report	Number of inmates with Infectious diseases, including AIDS, Cylamydia, Gonorrhea, HIV, Hepatitis A, B, C, Positive PPD, Syphilis	Quarterly Jan.-March April-June July- Sept. Oct.- Dec.	April 15 July 15 Oct. 15 Jan. 15	Statewide	0.5%

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Inmate Formal Grievances Report	Reports shall be submitted in a format required by the Department. Sample formats are provided, but may be modified or altered by a Contractor with the approval of the Department Contract Monitor.	Monthly	Monthly due date is for the month following the reporting period	Separate report required for each Arizona State Prison <u>Complex</u> Or One report required for <u>Statewide</u> Operations	Formula: Total Inmate Population on the report due date of each applicable Arizona State Prison Complex x Capitation Rate x ___% = Monetary Sanction
Inmate Wait Times Report	Report on the wait times for inmates at each Unit to be seen by medical, nursing, dental, and mental health	Monthly	5th of Month	Complex	0.5%
Inpatient Census IPC Report	Daily status reports on inmates in inpatient components.	Daily	11:00 AM Same Day	Statewide	1.0%
Interstate Compact Report	Identification of extraordinary medical and dental expenses: 1) Incurred for Arizona inmates housed in other state's prisons. 2) Billed to other states for that state's inmates housed in Arizona State Prison Complexes.	Monthly	5th of Month	Statewide	0.5%
Laboratory Services Statistical Report	Number of inmates served and the numbers of labs	Monthly	5th of Month	Complex	0.5%
Lawsuit Status	Lawsuit reporting/ notification	Per Incident	On same day as occurrence	Statewide	0.5%
Medical Transports Complex Report	Report of all emergency transports off-site for each Arizona State Prison Complex	Monthly	5th of Month	Complex	0.5%

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Medical Transports Statewide Report	Reports shall be submitted in a format required by the Department. Sample formats are provided, but may be modified or altered by a Contractor with the approval of the Department Contract Monitor.	Monthly	Monthly due date is for the month following the reporting period 5th of Month	Separate report required for each Arizona State Prison <u>Complex</u> Or One report required for <u>Statewide</u> Operations	Formula: Total Inmate Population on the report due date of each applicable Arizona State Prison Complex x Capitation Rate x ___% = Monetary Sanction 0.5%
Mortality Count Report	Mortality counts by category of death: natural causes, HIV, homicide, accident, suicide	Quarterly Jan.-March April-June July- Sept. Oct.- Dec.	April 15 July 15 Oct. 15 Jan. 15	Statewide	0.5%
Mortality Review Reports	Mortality Review Case Abstract and Cover Sheet If the incident resulted in initiation of the Incident Management System, a Health Services IMS Critique Form shall be completed with the Mortality Review – Case Abstract and Cover Sheet form.	Per Incident	Per Department Order 1105.03	Complex	5.0%
Pharmacy Services Statistical Report	Number of inmates served, scripts written and filled, number of inmates receiving psychotropic medications	Monthly	5th of Month	Complex	0.5%
Pharmacy and Therapeutics Committee Meeting Minutes	Minutes taken of the Quarterly Pharmacy and Therapeutics Committee Meeting.	Quarterly Jan.-March April-June July- Sept. Oct.- Dec.	April 15 July 15 Oct. 15 Jan. 15	Statewide	0.5%

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Professional Licensing Board Notifications	Reports shall be submitted in a format required by the Department. Sample formats are provided, but may be modified or altered by a Contractor with the approval of the Department Contract Monitor.	Per incident	Monthly due date is for the month following the reporting period	Separate report required for each Arizona State Prison <u>Complex</u> Or One report required for <u>Statewide</u> Operations	Formula: Total Inmate Population on the report due date of each applicable Arizona State Prison Complex x Capitation Rate x ___% = Monetary Sanction
Radiology Services Statistical Report	Notification of Professional Licensing Board violations	Monthly	On same day as occurrence	Statewide	0.5%
Significant Event Review Report	Number of inmates served and the number of encounters	Daily	5th of Month	Complex	0.5%
Specialty Appointment Denial Report	Significant event reviews (including suicide attempts and mortality)	Quarterly	11:00 AM Same Day	Complex	1.0%
Staffing Report	Number and specialty of outside specialty consultation appointment denials	Quarterly	April 15 July 15 Oct. 15 Jan. 15	Statewide	0.5%
Third Party Administrator Report on Processed Claims	Complex correctional health services staffing patterns and vacancy rate	Quarterly	April 15 July 15 Oct. 15 Jan. 15	Complex	0.5%
Update of Procedures Manuals and Protocols	The Third Party Administrator shall determine the form and format of this report and receive approval from the Department for its use	Monthly	5th of Month	Statewide	0.5%
	This report is the contractor's mechanism to inform the Department of changes to policy	Per Incident	Within 24 hours of occurrence	Statewide	0.5%

EXHIBIT 3: REQUIRED REPORTING

Name	Description	Frequency Reporting Period	Due Date	Report Type	Automatic Monetary Sanctions assessed for each day past the due date
Monthly Financial Reports	Reports shall be submitted in a format required by the Department. Sample formats are provided, but may be modified or altered by a Contractor with the approval of the Department Contract Monitor.	Monthly	Monthly due date is for the month following the reporting period	Separate report required for each Arizona State Prison <u>Complex</u> Or One report required for <u>Statewide</u> Operations	Formula: Total Inmate Population on the report due date of each applicable Arizona State Prison Complex x Capitation Rate x ___% = Monetary Sanction
Annual Financial Reports	Financial reporting on a form prescribed by the Department for each contracted service as identified in the Scope of Work, Section 2.1.	Annual	15th of Month	Statewide	0.5%
Annual Audited Corporation Financial Statements	Financial reporting on a form prescribed by the Department for each contracted service identified in the Scope of Work, Section 2.1.	Annual	30th day of the second month following the reporting period	Statewide	0.5%
Annual Audited Corporation Financial Statements	Two copies of Financial Statements prepared and audited by an independent, licensed CPA according to generally accepted accounting principles (GAAP). Financial Statements shall include a balance sheet, income statement, cash flow statement, and accompanying accountant's notes.	Annual	Date specified in the Contractor's response to the request for proposal	N/A	1.0%

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Annual Audited Financial Statements Specific to the Contract	Reports shall be submitted in a format required by the Department. Sample formats are provided, but may be modified or altered by a Contractor with the approval of the Department Contract Monitor. Two copies of Financial Statements prepared and audited by an independent, licensed CPA according to generally accepted accounting principles (GAAP). Financial Statements shall include a balance sheet, income statement, cash flow statement, and accompanying accountant's notes.	Annual	Monthly due date is for the month following the reporting period Date specified in the Contractor's response to the request for proposal	Separate report required for each Arizona State Prison <u>Complex</u> Or One report required for <u>Statewide</u> Operations Statewide	Formula: Total Inmate Population on the report due date of each applicable Arizona State Prison Complex x Capitation Rate x ___% = Monetary Sanction 1.0%
Ad Hoc Reports	Information pertaining to contract compliance or other reports or information that may be required to respond to grievances, inquires, complaints and other questions raised by inmates or other parties.	Per Request	Within 72 hours of receipt of request	Statewide	1.0%