AHCCCS

Janice K. Brewer, Governor
Thomas J. Betlach, Director

*Our first care is your health care*
ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

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December 31, 2013

Wakina Scott
Project Officer, Division of State Demonstrations, Waivers & Managed Care
Center for Medicaid, CHIP and Survey & Certification
Centers for Medicare and Medicaid Services
Mailstop: S2-01-16
7500 Security Blvd.
Baltimore, Maryland 21244-1850

Dear Ms. Scott:

In accordance with Special Term and Condition paragraph 38, enclosed please find the Quarterly Progress Report for July 1, 2013 through September 30, 2013, which also includes the Quarterly Budget Neutrality Tracking Schedule, the Quarterly Quality Initiative, and Arizona Medicaid Administrative Claiming Random Moment Time Study results.

If you have any questions about the enclosed report, please contact Theresa Gonzales at (602) 417- 4732.

Sincerely,

Monica Coury
Assistant Director
AHCCCS Office of Intergovernmental Relations

Enclosure

cc: Cheryl Young
Hee Young Ansell
Susan Ruiz

# AHCCCS Quarterly Report
# July 1, 2013 through September 30, 2013

## TITLE

Arizona Health Care Cost Containment System – AHCCCS
A Statewide Approach to Cost Effective Health Care Financing

Section 1115 Quarterly Report
Demonstration Year: 31
Federal Fiscal Quarter: 4th (July 1, 2013 – September 30, 2013)

## INTRODUCTION

As written in Special Terms and Conditions, paragraph 38, the State submits quarterly progress reports to CMS. Quarterly reports inform CMS of significant demonstration activity from the time of approval through completion of the Demonstration.

## ENROLLMENT INFORMATION

| Population Groups | Number Enrollees | Number Voluntarily Disenrolled-Current Qtr | Number Involuntarily Disenrolled-Current Qtr |
|---|---|---|---|
| **Acute AFDC/SOBRA** | 1,120,983 | 1,480 | 415,971 |
| **Acute SSI** | 171,665 | 124 | 17,532 |
| **Acute AC/MED** | 81,553 | 64 | 21,861 |
| **Family Planning** | 5,954 | 2 | 2,058 |
| **LTC DD** | 26,269 | 33 | 1,711 |
| **LTC EPD** | 30,199 | 33 | 3,287 |
| **Non-Waiver** | 52,804 | 449 | 15,507 |
| **TOTAL** | **1,489,427** | **2,185** | **477,927** |

| State Reported Enrollment in the Demonstration (as requested) | Current Enrollees |
|---|---|
| **Title XIX funded State Plan** | 1,123,011 |
| **Title XXI funded State Plan** | 46,497 |
| **Title XIX funded Expansion** | 0 |
| **Title XXI funded Expansion** | 0 |
| **DSH Funded Expansion** | |
| **Other Expansion** | |
| **Pharmacy Only** | |
| **Family Planning Only** | 5,596 |
| **Enrollment Current as of** | 10/1/13 |

### Outreach/Innovative Activities:

AHCCCS conducted extensive outreach to keep members of the public up to date on the implementation of Governor Brewer's Medicaid Restoration Plan, which included the restoration of coverage for childless adults up to 100% FPL and the expansion of eligibility for all individuals up to 133% FPL. This outreach included the maintenance of a list serve to keep members of the public informed regarding updates to the AHCCCS program, as well as the development and maintenance of a "Medicaid Moving Forward" web page that contained updates, announcements and documentation regarding the implementation of the Governor's Medicaid Plan.

AHCCCS staff also held a number of public forums statewide to educate members of the community about the background of the Governor's Plan, details on the Transition Plan and information on how to enroll in coverage. These forums took place in Phoenix, Tucson, Flagstaff and Parker, Arizona. AHCCCS staff also provided summary presentations at the request of a number of community organizations and advocacy groups. Additional details regarding this outreach may be found at the following link:
http://www.azahcccs.gov/publicnotices/MovingForward.aspx

## Operational/Policy Developments/Issues:

*Waiver Update*

On July 12th, Arizona submitted a Waiver amendment request to allow already- approved Safety Net Care Pool (SNCP) payments to be extended to three additional hospitals: Cobra Valley Regional Medical Center, Benson Hospital and La Paz Regional Medical Center. This request was subsequently amended to include Northern Cochise Community Hospital. This request was approved on November 27th.

Arizona also submitted a request to extend SNCP payments to hospitals in Tucson, Mesa, Casa Grande and Globe. Note, after the reporting period, this request was expanded to also include Goodyear and the implementation of a Delivery System and Payment Reform Accelerator for Tucson and Mesa. This request was denied on November 27, 2013.

On August 30th, Arizona submitted a request for approval of the continuation of the SNCP for Phoenix Children's Hospital as the single participating entity to provide much needed support to PCH for uncompensated care and Medicaid shortfalls from January 1, 2014 through December 31, 2017. This request was approved on December 26, 2013.

*State Plan Update*

During the reporting period, the following State Plan Amendments (SPA) were filed and/or approved:

| SPA # | Description | Filed | Approved | Eff. Date |
|---|---|---|---|---|
| **Title XIX** | | | | |
| 13-005 | Eligibility Process | 7/8/13 | 9/30/13 | 10/1/13 |
| 13-006 | Prior Quarter Coverage | 8/20/13 | Pending | 1/1/14 |
| 13-007 | Mandatory MAGI-based Eligibility Groups | 8/30/13 | 10/4/13 | 1/1/14 |
| 13-008 | Optional MAGI-based Eligibility Groups | 8/30/13 | 10/4/13 | 1/1/14 |
| 13-009 | Residency | 8/30/13 | 10/25/13 | 1/1/14 |
| 13-010 | Citizenship & Immigration Status | 8/30/13 | 10/25/13 | 10/1/13 |
| 13-011 | Well Exams | 9/10/13 | 12/9/13 | 10/1/13 |
| 13-012 | Graduate Medical Education | 9/30/13 | Pending | 7/1/13 |
| SPA # | Description | Filed | Approved | Eff. Date |

| Title XXI | | | | |
|---|---|---|---|---|
| 13-001 | KidsCare Waiting List | 7/15/13 | 10/10/13 | 10/1/13 |

*Legislative Update*

The Legislature was not in session during this reporting period.

**Consumer Issues:**

In support of the quarterly report to CMS, presented below is a summary of advocacy issues received in the Office of Client Advocacy for the quarter July 2013-September 2013.

Tables summarizing quarter July 2013-September 2013
Office of Client Advocacy (OCA) issues and their frequency:

| Table 1 **Advocacy Issues** | **July** | **August** | **September** | **Total** |
|---|---|---|---|---|
| Billing Issues | 6 | 7 | 9 | 22 |
| • Member reimbursements<br>• Unpaid bills | | | | |
| Cost Sharing | 9 | 7 | 7 | 23 |
| • Co-pays<br>• Share of Cost (ALTCS)<br>• Premiums (Kids Care, Medicare) | | | | |
| Covered Services | 19 | 15 | 11 | 45 |
| Eligibility Issues by Program<br>Can't get coverage due to : | | | | |
| ALTCS | 13 | 13 | 3 | 29 |
| • Resources<br>• Income<br>• Medical | | | | |
| DES | 67 | 47 | 38 | 152 |
| • Income<br>• Incorrect determination<br>• Improper referrals | | | | |
| Kids Care | 13 | 26 | 19 | 58 |
| • Income<br>• Incorrect determination | | | | |
| SSI/Medical Assistance Only | 23 | 25 | 21 | 69 |
| • Income<br>• Not categorically linked | | | | |
| Information | 49 | 44 | 51 | 144 |

| | | | | |
|---|---|---|---|---|
| • Status of application<br>• Eligibility Criteria<br>• Community Resources<br>• Notification (Did not receive or didn't understand) | | | | |
| <u>Medicare</u> | 7 | 3 | 6 | 16 |
| • Medicare Coverage<br>• Medicare Savings Program<br>• Medicare Part D | | | | |
| <u>Prescriptions</u> | 4 | 4 | 4 | 12 |
| • Prescription coverage<br>• Prescription denial | | | | |
| <u>Issues Referred to other Divisions:</u> | 0 | 0 | 0 | 0 |
| 1.Fraud-Referred to Office of Inspector General (OIG) | | | | |
| 2.Quality of Care-Referred to Division of Health Care Management (DHCM) | 4 | 2 | 1 | 7 |
| • Health Plans/Providers (Caregiver issues, Lack of providers)<br>• Services (Equipment, Nursing Homes, Optical and Surgical) | | | | |
| Total | 214 | 193 | 170 | 577 |

**Note: Categories of good customer services, bad customer service, documentation, policy, and process are captured under the category it may relate to.**

| Table 2 **Issue Originator** | **July** | **August** | **September** | **Total** |
|---|---|---|---|---|
| **Applicant, Member or Representative** | **163** | **134** | **123** | **420** |
| **CMS** | **1** | **2** | **2** | **5** |
| **Governor's Office** | **28** | **25** | **20** | **73** |
| **Ombudsmen/Advocates/Other Agencies…** | **14** | **24** | **18** | **56** |
| **Senate & House** | **8** | **8** | **7** | **23** |
| **Total** | **214** | **193** | **170** | **577** |

**Note: Tables 1-2 data fields are obtained from the OCA logs and e-mails sent to MyAHCCCS.com website.**

## Quality Assurance/Monitoring Activity:

Attached is a description of AHCCCS' Quality Assurance/Monitoring Activities during the quarter. The attachment also includes updates on implementation of the AHCCCS Quality Assessment and Performance Improvement Strategy, in accordance with Balanced Budget Act (BBA) requirements.

**Employer Sponsored Insurance Issues:**

AHCCCS received CMS approval on October 2, 2008, to implement the ESI program. AHCCCS implemented the program on December 1, 2008 and began sending out information to families with children approved for KidsCare who have access to employer sponsored health insurance. As of 9/30/2013, there were zero (0) families enrolled in the ESI program.

**Family Planning Extension Program (FPEP):**

Due to system updates, this information is forthcoming.

**Innovative Activities:**

Since implementation of the public online application screens for Medicaid and CHIP, as well as Food Stamps and Cash Assistance, public use of Arizona's web-based application for enrollment-Health-e-Arizona, has steadily grown. Increased use of this online application improves efficiency and reduces customer traffic in eligibility offices.

There were 386,094 total Health-e-Arizona applications submitted during the reporting period, including renewal and initial applications. Of this 46,903 applications were submitted by Community Partners and 339,191 by public users.

AHCCCS also has a member website, www.myahcccs.com, which provides information regarding current and past eligibility and enrollment information. Myahcccs.com offers services like changing an address, paying monthly premiums and changing health plans annually. As of September 30, 2013, there were 486,788 members registered to the website.

**Enclosures/Attachments:**

Attached you will find the Budget Neutrality Tracking Schedule and the Quality Assurance/Monitoring Activities, including the CRS update for the quarter. Beginning during the October- December, 2010 quarter, AHCCCS will submit quarterly summary reports for the Arizona Medicaid Administrative Claiming (MAC) Random Moment Time Study (RMTS) results as part of the ongoing quarterly reporting by AHCCCS to CMS.

**State Contact(s):**

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**Date Submitted to CMS:**

December 31, 2013

Arizona Health Care Cost Containment System

# Attachment II to the *SECTION 1115 QUARTERLY REPORT*

# *QUALITY ASSURANCE/MONITORING ACTIVITY*

**Demonstration/Quarter Reporting Period**
Demonstration Year: 30
Federal Fiscal Quarter: 4/2013 (07/13-09/13)

Prepared by the Division of Health Care Management
November 2013

# INTRODUCTION

This report describes the Arizona Health Care Cost Containment System (AHCCS) quality assurance/monitoring activities that took place during the quarter, as required in STC 37 of the State's Section 1115 Waiver. This report also includes updates related to AHCCCS's Quality Assessment and Performance Improvement Strategy, in accordance with Balanced Budget Act (BBA) requirements.

The AHCCCS Division of Health Care Management (DHCM) is responsible for directly overseeing the quality of health care services provided to its members enrolled with managed care organizations, including services received from the Arizona Department of Health Services (ADHS) through benefit carve outs. DHCM is also responsible for the administrative and financial functions of the contracted health plans (Contractors). DHCM, in conjunction with other AHCCCS Divisions, sister agencies, and community partners, continually focuses on the provision of "comprehensive, quality health care for those in need", as delineated in the Agency mission.

The following sections provide an update on the State's progress and activities under each of the components of the 1115 Waiver and AHCCCS Quality Strategy.

## Facilitating Stakeholder Input

The success of AHCCCS can be attributed, in part, to concentrated efforts by the Agency to foster partnerships with its sister agencies, contracted managed care organizations (Contractors), providers, and the community. During the quarter, AHCCCS continued these ongoing collaborations to improve the delivery of health care and related services to Medicaid recipients and KidsCare members, including those with special health care needs, and to facilitate networking to address common issues and solve problems. Feedback from sister agencies, providers and community organizations is included in the Agency's process for identifying priority areas for quality improvement and the development of new initiatives.

*Collaborative Stakeholder Involvement Highlights*

During the quarter, AHCCCS participated in several collaborative efforts related many different components of quality. These opportunities are discussed in detail below, along with the benefits of each:

1. *Group:* **Arizona Early Intervention Program**
   *Topic:* Initiative Planning and Collaborative Partnerships
   *Stakeholders*: Representatives from AHCCCS, Department of Economic Security is the key partner in this initiative as it administers the Arizona Early Intervention Program (AzEIP)
   *Benefits:* The Arizona Early Intervention Program (AzEIP), Arizona's IDEA Part C program, is administered by the Department of Economic Security (DES). MCH staff in the CQM unit works with AzEIP to facilitate early intervention services for children under three years of age who are enrolled with AHCCCS Contractors. These services are closely monitored to ensure timely access and availability of services to members.

2. *Group:* **Arizona Department of Health Services Office of Environmental Health**
   *Topic:* Reducing Lead Poisoning
   *Stakeholders*: Representatives from AHCCCS, Arizona Department of Health Services (ADHS), AHCCCS Contractors.
   *Benefits:* AHCCCS and several Contractors participate in the Arizona Childhood Lead Poisoning Elimination Coalition to develop strategies to increase testing of children who are enrolled in AHCCCS or who live in areas with the highest risk of lead poisoning due to the prevalence of older housing, industries that use/produce lead, and the use of lead-containing pottery or folk medicines. AHCCCS has been working with this group to develop a process to implement a targeted lead screening program for the Medicaid program.

3. *Group:* **Baby Arizona**
   *Topic:* Increasing Access to Early Prenatal Care
   *Stakeholders*: Representatives from AHCCCS, Arizona Department of Health Services (ADHS) and Department of Economic Security
   *Benefits:* CQM staff coordinates this streamlined eligibility process to ensure Medicaid-eligible women have access to early prenatal care. A network of community-based organizations continues to support the project by informing women of this avenue to service and referring them to care. The three state agencies collaborating on the Baby Arizona Program include AHCCCS, DES and ADHS who continue to work closely to support pregnant women and Baby Arizona participating providers. This program was closed out effective September 30, 2013 due to the Affordable Care Act requirements for use of a standardized eligibility form and a standardized process for eligibility determinations.

In addition to the three groups highlighted above, there were many other collaborative stakeholder processes during the quarter. Community and sister agencies that AHCCCS collaborated with during the quarter include:

- *Arizona and Maricopa County Asthma Coalitions* - AHCCCS participates in regular meetings of these coalitions to identify and provide to Contractors quality improvement resources that can be used to support optimal health outcomes among members with asthma and other respiratory diseases.

- *Arizona Department of Economic Security (DES) Division of Developmental Disabilities (DDD)* - AHCCCS regularly meets with this sister agency to ensure that effective quality management/improvement activities are in place for DDD members. DDD is an integral part of AHCCCS's planning efforts for the Community First Choice (CFC) program and the newly developed AHCCCS Oral Health Workgroup.

- *Arizona Department of Health Services (ADHS) Bureau of Tobacco and Chronic Disease* - In collaboration with ADHS, AHCCCS continued monitoring the smoking cessation drugs

and nicotine replacement therapy program. Members are being encouraged to participate in ADHS' Tobacco Education and Prevention Program (TEPP) smoking cessation support programs such as the "ASHLine" and/or counseling, in addition to seeking assistance from their Primary Care Physician. During this quarter, AHCCCS received CMS approval on a funding methodology seeking to provide support to the ASHLine as allowed under the Affordable Care Act.

- *Arizona Department of Health Services' Bureau of USDA Nutrition Programs* - AHCCCS works with the ADHS Bureau of USDA Nutrition Programs for many initiatives ranging from Contractor education to WIC promotion and RFPs. During this quarter a presentation was given to all AHCCCS Contractors by ADHS regarding all upcoming changes to the WIC program during an AHCCCS Contractor quarterly meeting.

- *Arizona Department of Health Services Immunization Program* - Ongoing collaboration with the Arizona Department of Health Services (ADHS) helps ensure efficient and effective administration and oversight of the federal Vaccines for Children (VFC) Program. VFC Program representatives provide education to Contractors, regular notifications to AHCCCS regarding vaccine-related trends and issues, and updates regarding the Arizona State Immunization Information System (ASIIS). ASIIS staff also provides monthly data sharing regarding AHCCCS members receiving immunizations and ongoing collaboration regarding Stage 1 and Stage 2 Meaningful Use public health requirements.

- *Arizona Department of Health Services Office of Environmental Health (ADHS)* - AHCCCS and several Contractors participate in the Arizona Childhood Lead Poisoning Elimination Coalition to develop strategies to increase testing of children who are enrolled in AHCCCS or who live in areas with the highest risk of lead poisoning due to the prevalence of older housing, industries that use/produce lead, and the use of lead-containing pottery or folk medicines. During this quarter AHCCCS worked with ADHS on updating the state's blood lead testing plan that supports a targeted lead screening and testing program for the Medicaid program. During the next quarter AHCCCS anticipates submitting a proposal to CMS which would allow the Agency to implement a targeted approach to lead screening based on data obtained and analyzed by the ADHS.

- *Arizona Early Intervention Program* - The Arizona Early Intervention Program (AzEIP), Arizona's IDEA Part C program, is administered by the Department of Economic Security (DES). MCH staff in the CQM unit works with AzEIP to facilitate early intervention services for children under three years of age who are enrolled with AHCCCS Contractors. These services are closely monitored to ensure timely access and availability of services to members. During this quarter AHCCCS continued to work collaboratively with the AzEIP program to implement a team based model to better facilitate the receipt of early intervention services for children. This quarter also included a collaborative effort in updating the AzEIP AHCCCS Member Service Request form and suggested policy and procedure updates. Both are expected to go through AHCCCCS policy committee in the following quarter.

- *Arizona Head Start Association* - The Arizona Head Start and Early Head Start programs provide education, development, health, nutrition, and family support services to qualifying families. AHCCCS meets with Head Start leadership at least quarterly to discuss enrollment and coordination of care barriers and successes.

- *Fetal Alcohol Spectrum Disorder Task Force* – The Fetal Alcohol Spectrum Disorder Task Force is headed by a State Senator and comprised of representatives from various agencies. The task force works towards increasing awareness and addressing concerns in the community regarding fetal alcohol spectrum disorders.

- *Arizona Medical Association and American Academy of Pediatrics* - AHCCCS collaborates with the Arizona Medical Association (ArMA) and the Arizona Chapter of the American Academy of Pediatrics (AAP) in a number of ways from development and review of assessment tools to data sharing and support of system enhancements for providers, such as the EHR Incentive Program. During this quarter AHCCCS also focused discussions on payment reform opportunities, medical home initiatives, changes in performance measures, a comprehensive review of AHCCCS' EPSDT forms to ensure standard of care for children, updates to the AHCCCS EPSDT policy, developmental screening updates and AHCCCS initiatives related to 39 week gestation.

- *The Arizona Partnership for Immunization (TAPI)* - CQM staff attended TAPI Steering Committee meetings and subcommittee meetings for community awareness, provider issues and adult immunizations. TAPI regularly communicates immunization trends and best practices with AHCCCS and Contractors. During this quarter AHCCCS worked collaboratively on communication messages to providers regarding the implementation of the provider parity requirements.

- *Arizona Perinatal Trust* - The Arizona Perinatal Trust (APT) oversees voluntary certification of hospitals for the appropriate level of perinatal care according to established guidelines, and conducts site visits for initial certification and recertification. Since AHCCCS covers approximately half the births in Arizona, the site reviews give the Agency a better look at the hospitals that provide care, from normal labor and delivery to neonatal intensive care. The current areas of focus for APT include elective C-Sections and inductions prior to 39 weeks gestation, infant and parental immunizations (pertussis), and promoting coordination of care with the Medicaid Contractors.

- *Arizona Dementia Coalition* - This partnership is specifically related to reducing the use of antipsychotics for dementia patients who receive care in nursing facilities. The group discusses barriers and interventions and to date has approximately 50 nursing facilities across the state signed up to participate in this process. AHCCCS and Contractors provide aggregate de-identified data related to this initiative and work with stakeholders to develop effective interventions.

- *Baby Arizona* - CQM staff coordinates this streamlined eligibility process to ensure Medicaid-eligible women have access to early prenatal care. A network of community-based organizations continues to support the project by informing women of this avenue to service and referring them to care. The three state agencies collaborating on the Baby

Arizona Program include AHCCCS, DES and ADHS who continue to work closely to support pregnant women and Baby Arizona participating providers. This quarter, Baby Arizona work focused on closing down the streamlined application process, terminating agreements with the Arizona Medical Association and providers, and shutting down the website and provider education site as a result of the requirements of the Affordable Care Act effective October 1, 2013.

- *Children's Rehabilitative Services* - AHCCCS has continued to work with the Children's Rehabilitative Services (CRS) program to ensure timely referral and care coordination with Acute-care Contractors for children with special health care needs. AHCCCS is currently in the process of implementing the integrated program that will combine acute care, CRS covered conditions and behavioral health into one system of care in an effort focused on better serving this special needs population. Additional work this quarter focused on broadening the network of providers serving these children to allow more care and services to be made available in the member's community. AHCCCS has undertaken extensive planning efforts in order to prepare for the CRS integration, which will be effective October 1, 2013.

- *Healthy Mothers, Healthy Babies* - CQM staff supports the Maricopa County Healthy Mothers, Healthy Babies (HMHB) Coalition, as well as the related project in the Maryvale area of west-central Phoenix, designed to promote early prenatal care and good birth outcomes. CQM staff continues to work with the state HMHB organization to assist in educating communities about AHCCCS-covered services for women and children and the initiation of prenatal care.

- *Arizona Health-E Connection/Arizona Regional Extension Center* - Arizona Health-E Connection (AzHeC) is a public-private community agency geared towards promotion of and provider support for electronic health record integration into the healthcare system. AzHeC is a key partner with AHCCCS in promoting the use of health information technology (HIT) as well as Arizona's health information exchange (HIE). As a subset of AzHeC, the Arizona Regional Extension Center (REC) provides technical assistance and support to Medicare and Medicaid eligible professionals who are working to adopt, implement or upgrade (AIU) an electronic health record (EHR) in their practice and/or achieve Meaningful Use in order to receive monetary payments through state (Medicaid) and national (Medicare) EHR Incentive Programs.

- *Health Information Network of Arizona (HINAz)* - The Health Information Network of Arizona (HINAz) is responsible for building the state's largest electronic health information exchange (HIE) site. HINAz partners with a multitude of community partners and stakeholders, including AHCCCS, in order to make the HIE a successful reality. To date, approximately 20 health systems have signed agreements with HINAz to share health information in the HIE. Partners include one of the state's largest hospital systems – Banner Health, SureScripts, and SonoraQuest Laboratories as well as many other regional providers.

- *Arizona American Indian Oral Health Coalition* – The Coalition's focus is to promote oral health care and oral health education to American Indians both on and off the reservations. The initial work will focus on five regions of the state. The Coalition meets at least quarterly

and includes representatives from every tribe in the state as well as community stakeholders such as the Arizona Dental Association, AHCCCS, and other supporting partners. During this quarter the coalition convened to prepare for the renewal of the year three grant to support the coalition in to the next phase of operation

- *Strong Families Task Force* – The Strong Families Task Force is responsible for developing and implementing a nurse home visiting program through the Arizona Department of Health Services. AHCCCS members benefit from this program through identification and referrals of the Contractors. AHCCCS continues to be a strong referral source to this Public Health program with the anticipated results of improved birth outcomes.

- *Diabetes Steering Committee* – The Diabetes Steering Committee is responsible for increasing adherence to evidence based guidelines, guiding efforts to improve state policy and implementing the Chronic Disease Self Management Program to improve quality of life and health outcomes for Arizona Citizens diagnosed with diabetes. AHCCCS is a member of the Steering Committee as well as the Diabetes Coalition and works to align Medicaid policy with statewide efforts.

## **Developing and Assessing the Quality and Appropriateness of Care/Services for Members**

*Identifying Priority Areas for Improvement*
AHCCCS has established an objective, systematic process for identifying priority areas for improvement. This process involves a review of data from both internal and external sources, while also taking into account such factors as the prevalence of a particular condition and population affected, the resources required by both AHCCCS and Contractors to conduct studies and effect improvement, and whether the areas currently are priorities of CMS or state leadership and/or can be combined with existing initiatives. Of importance is whether initiatives focused on the topic area are actionable and would result in quality improvement, member satisfaction and system efficiencies. Contractor input also is sought in prioritizing areas for improvement.

During the quarter two new initiatives were selected for specific Contractor involvement and improvement: increasing oral health participation for the EPSDT population and prenatal care. Both topics are being promoted through AHCCCS/Contractor collaborative workgroups, with external stakeholders also being invited to participate.

- CMS Oral Health Initiative – Based on the CMS directives of improving preventive care by 10 percent and increasing dental sealants on permanent molars of 6-9 year olds by 10 percent, AHCCCS formed a collaborative workgroup to drive these improvements across the state. All AHCCCS Contractors have agreed to share data and implement interventions relevant to this initiative; many Contractors also joined the workgroup that is driving the intensive planning efforts related to these directives.

- Prenatal Care and Reduction of Elective Cesareans Prior to 39 Weeks Gestation – All Acute-Care contractors have representatives participating in this group, which is aimed to increase good birth outcomes and enhance data related to pregnancies and deliveries. This group will discuss best practices for driving birth outcomes, reducing early elective C-sections, and increasing post-partum follow-up care. For this project, AHCCCS analyzed data related to

gestational age, birth weight, maternal age, health plan and other relevant factors in order to begin developing strategies to improve outcomes. Contractors are also participating in a mini study to evaluate early, elective deliveries. Contractors will submit data collection tools in the 4th quarter so that AHCCCS can analyze the data and better understand provider practices and delivery trends in Arizona. In addition, all Contractors have expressed interest in implementing a hybrid data collection process for the prenatal care performance measure in order to more accurately reflect the rate of pregnant women receiving appropriate prenatal care.

*Establishing Realistic Outcome-Based Performance Measures*

AHCCCS has spent the past 24 months developing new performance measures sets for all lines of business. The new measures and related Minimum Performance Standards/Goals were effective on October 1, 2013 which aligns with the start of the new five-year contract period for Acute-Care plans and the newly integrated Children's Rehabilitative Services (CRS) and Seriously Mentally Ill (SMI) plans. The AHCCCS decision to transition to a new measure set was partially driven by a desire to align with measures sets such as the CHIPRA Core Measure Set, the Adult Core Measure Set, Meaningful Use, and others measure sets being implemented by CMS.

During this quarter AHCCCS conducted technical assistance meetings with all Contractors followed by continued and detailed technical assistance session with individual Contractors upon request in order to prepare the Contractors for the changes in Performance Measure going into effect October 1, 2013.

It is AHCCCS' goal to continue to develop and implement additional Core measures as the data sources become valid and reliable. Initial measures were chosen based on a number of criteria, which include greatest need for members, system ability to impact/improve results, alignment with national measure sets, and comparability across lines of business. The new measures are shown below, along with which lines of business will be reporting them.

| Measures | Acute | ALTCS E/PD | DBHS | SMI | CMDP | CRS | DDD |
|---|---|---|---|---|---|---|---|
| ***ADULT MEASURES*** | | | | | | | |
| Inpatient Utilization (days/1,000) | X | X | X (BH primary dx's; aggregate, CMPD, and DDD rates will be reported separately) | X | | | X |
| ED Utilization (Days per 1,000) | X | X | X (BH primary dx's; aggregate, CMPD, and DDD rates will be reported separately) | X | | | X |
| Readmissions within 30 days of discharge | X | X | X (BH primary dx's; aggregate, CMPD, and DDD rates will be reported separately) | X | | | X |

| Measures | Acute | ALTCS E/PD | DBHS | SMI | CMDP | CRS | DDD |
|---|---|---|---|---|---|---|---|
| Adult asthma Admission Rate | X | | | X | | | |
| Use of Appropriate Medications for People with Asthma | X | | | X | | | |
| Access to PCP | | | | X | | | |
| Follow-up After Hospitalization (all cause) within 7 Days | X | X | X (BH primary dx's; aggregate, CMPD, and DDD rates will be reported separately) | X | | | X |
| Follow-up After Hospitalization (all cause) within 30 Days | X | X | X (BH primary dx's; aggregate, CMPD, and DDD rates will be reported separately) | X | | | X |
| Access to Behavioral Health Provider (encounter for a visit) within 7 days of being designated as "active care" for an initial visit | | | X (aggregate, CMPD, and DDD rates will be reported separately) | X | | X | |
| Access to Behavioral Health Provider (encounter for a visit) within 23 days of being designated as "active care" for an initial visit | | | X (aggregate, CMPD, and DDD rates will be reported separately) | X | | X | |
| **Comprehensive Diabetes Management** | | | | | | | |
| HbA1c Testing | X | X | | X | | | X |
| LDL-C Screening | X | X | | X | | | X |
| Eye Exam | X | X | | X | | | X |
| **Flu Shots for Adults** | | | | | | | |
| Ages 50-64 | X | X | | X | | | X |
| Ages 65+ | X | X | | X | | | X |
| Diabetes Admissions, short-term complications | X | X | | X | | | X |
| Chronic obstructive pulmonary disease admissions | X | X | | X | | | X |
| Congestive heart failure admissions | X | X | | X | | | X |
| HIV/AIDS: Medical visit | X | | | X | | | |
| Annual monitoring for patients on persistent medications: Combo Rate | X | | | X | | | |
| Timeliness of prenatal care — prenatal care visit in the first trimester or within 42 days of enrollment | X | | | X | | | |
| Prenatal and Postpartum Care: Postpartum Care Rate (second component to CHIPRA core measure "Timeliness of Prenatal Care) | X | | | X | | | |
| ADL Maintenance/Improvement (functional status assessment) | | X | | | | | X |
| Screening for Clinical Depression and Follow-Up Plan | | X | | | | | |
| Advance Directives | | X | | | | | |

| Use of High Risk Medications in the Elderly | | X | | | | | |
|---|---|---|---|---|---|---|---|
| HCBS Member Satisfaction Survey | | X | | | | | X |
| Medication Reconciliation Post Discharge | | X | | | | | |
| CAHPS Health Plan Survey v 4.0 - Adult Questionnaire | X | X | | | | | X |
| NCQA Supplemental items for CAHPS® 4.0 Adult Questionnaire (CAHPS 4.0H) | X | X | | | | | X |

| Measures | Acute | ALTCS E/PD | DBHS | SMI | CMDP | CRS | DDD |
|---|---|---|---|---|---|---|---|
| ***CHILDRENS MEASURES*** | | | | | | | |
| Children's Access to PCPs, by age: ***12-24 mo.*** | X | | | | X | X | X |
| Children's Access to PCPs, by age: ***25 mo.- 6 yrs.*** | X | | | | X | X | X |
| Children's Access to PCPs, by age: ***7 - 11 yrs.*** | X | | | | X | X | X |
| Children's Access to PCPs, by age: ***12 - 19 yrs.*** | X | | | | X | X | X |
| Well-Child Visits: ***15 mo.*** | X | | | | | X | |
| Well-Child Visits: ***3 - 6 yrs.*** | X | | | | X | X | X |
| Adolescent Well-Child Visits: ***12–21 yrs.*** | X | | | | X (12-18 yrs) | X | X |
| Children's Dental Visits (ages 2-21) | X | | | | X (2-18 yrs) | X | X |
| EPSDT Participation | X | X | X (aggregate, CMPD, and DDD rates will be reported separately) | X | X | X | X |
| EPSDT Dental Participation | X | X | | | X | X | X |
| Annual number of asthma patients (≥ 1 year old) with ≥ 1 asthma related ER visit | X | | | | | | |
| Annual hemoglobin A1C testing (all children and adolescents diagnosed with diabetes) | X | | | | | | |
| Inpatient Utilization (days/1,000) | X | | | | X | X | X |
| Emergency Department (ED) Utilization (per 1,000) | X | | | | X | X | X |
| Hospital Readmission Rate (per 1,000) | X | | | | X | X | X |
| CAHPS Health Plan Survey 4.0, Child Version including Medicaid and Children with Chronic Conditions supplemental items | X | | | | X | X | X |
| Timeliness of Initial Service Plan Development | | | | | | X | |
| Initiation of Services (within 30 days) | | | | | | X | |

| Measures | Acute | ALTCS E/PD | DBHS | SMI | CMDP | CRS | DDD |
|---|---|---|---|---|---|---|---|
| **Childhood Immunization Status** | | | | | | | |
| DTaP | X | | | | X | X | X |
| IPV | X | | | | X | X | X |
| MMR | X | | | | X | X | X |
| Hib | X | | | | X | X | X |
| HBV | X | | | | X | X | X |
| VZV | X | | | | X | X | X |
| PCV | X | | | | X | X | X |
| **Childhood Immunization Status, con't.** | | | | | | | |
| Hep A | X | | | | X | X | X |
| Rotavirus | X | | | | X | X | X |
| Influenza | X | | | | X | X | X |
| 4:3:1:3:3:1 Series | X | | | | X | X | X |
| 4:3:1:3:3:1:4 Series | X | | | | X | X | X |
| **Immunizations for Adolescents** | | | | | | | |
| Adolescent Meningococcal | X | | | | X | X | X |
| Adolescent Tdap | X | | | | X | X | X |
| Adolescent Combo | X | | | | X | X | X |

*Identifying, Collecting and Assessing Relevant Data*

<u>Performance Measures:</u>
AHCCCS has implemented several efforts over the past two years in preparation for the transition. First and foremost, the Agency undertook extensive internal planning efforts, including evaluation of new requirements, future goals and desired capabilities, as well as barrier identification and associated risk. One risk that was identified was the possibility that the information system and data analytic staff resources were reduced which would not allow the level of review and validation of performance measure programming necessary to ensure the validity and accuracy of Performance Measures. To address this concern, the Agency utilized its External Quality Review Organization to perform the measurement calculations for the CYE 11 measurement period. This will also occur for the CYE 12 measurement period analysis. AHCCCS is also in the process of finalizing the contract with an external vendor to support future performance measurements. The selected vendor has the capability and willingness to work with AHCCCS in developing and implementing current and future quality, utilization and access to care measures implemented by CMS.

Contractors will be provided the data to enhance planning and implementation efforts related to the new performance measures as well as the sustaining/improving continuing measures. Some of these efforts will include new work groups, new reporting mechanisms, increased opportunities for technical assistance, a more transparent reporting process with plans for proactive reporting prior to the end of the measurement period so that Contractors can make necessary adjustments/final pushes and payment reform initiatives that align with performance measure thresholds.

## Acute-Care Performance Measures
## Measurement Period 10/01/10-09/30/11

| Measures | CYE 10 Performance (10/01/09-09/30/10) | CYE 11 Performance (10/01/10-09/30/11) | Relative Percent Change From Previous Year | Statistical Significance |
|---|---|---|---|---|
| Access to PCPs: | | | | |
| 12-24 months | 87.0% | 96.8% | 11.3% | **P<0.001** |
| 25 mo. - 6 years | 84.1% | 86.9% | 3.4% | **P<0.001** |
| 7-11 years | 83.5% | 89.3% | 6.9% | **P<0.001** |
| 12-19 years | 83.9% | 87.2% | 3.9% | **P<0.001** |
| Well Child Visits, 6+ by 15 mo. | 64.1% | 70.2% | 9.5% | **P<0.001** |
| Well Child Visits, 3-6 years | 67.7% | 64.5% | -4.7% | **P<0.001** |
| Adolescent Well Visits | 42.1% | 35.9% | -16.4% | **P<0.001** |
| Dental Visits (Ages 2 to 21) | 64.7% | 62.9% | -2.7% | **P<0.001** |
| EPSDT Participation | 64.5% | 63.6% | -1.4% | **P<.001** |

## KidsCare Performance Measures
## Measurement Period 10/01/10-09/30/11

| Measures | CYE 10 Performance (10/01/09-09/30/10) | CYE 11 Performance (10/01/10-09/30/11) | Relative Percent Change From Previous Year | Statistical Significance |
|---|---|---|---|---|
| Access to PCPs: | | | | |
| 12-24 months | 96.9% | 100% | 3.2% | P=0.59 |
| 25 mo. - 6 years | 89.3% | 93.4% | 4.5% | **P<0.001** |
| 7-11 years | 91.0% | 95.3% | 4.7% | **P<0.001** |
| 12-19 years | 89.3% | 93.8% | 5.0% | **P<0.001** |
| Well Child Visits, 6+ by 15 mo. | 67.9% | 66.7% | -1.8% | P=1.00 |
| Well Child Visits, 3-6 years | 75.9% | 72.7% | -4.3% | **P<0.001** |
| Adolescent Well Visits | 52.9% | 50.6% | -4.3% | **P=0.009** |
| Dental Visits (Ages 2 to 21) | 76.4% | 78.1% | 2.3% | **P<0.001** |
| EPSDT Participation | 67.7% | 63.9% | -5.6% | **P<.001** |

**Note:**
Changes from the previous measurement are considered statistically significant when p<.05; such rates are indicated in bold.

AHCCCS has long been a leader in developing, implementing and holding Contractors accountable to performance measure goals. AHCCCS developed and implemented HEDIS-*like* measures, before HEDIS existed. AHCCCS' consistency in performance expectations has resulted in many performance measures performing at a rate close to the NCQA HEDIS national Medicaid mean. For AHCCCS, the HEDIS-*like* measures have been a reasonable indicator of health care accessibility, availability and quality. Going forward, AHCCCS has made the decision to transition to measures found in the CMS measures sets that provide a better opportunity to shift the system towards indicators of health care outcomes, access to care, and patient satisfaction. This transition will also result in the ability to compare AHCCCS' rates with those of other states as the measure sets are implemented.

The health care system is evolving in relation to measuring quality. It is in a transitional phase in that what has existed as data sources and methodologies will no longer be enough. Yet, the systems, data sources and processes to fully achieve the next level in clinical outcomes and satisfaction measures are not yet fully developed or implemented such as electronic health records, health information exchange data and information that will be available through public health connectivity. Transitioning the AHCCCS measure sets is anticipated to support the adoption of electronic health records and use of the health information exchange which will, in turn, result in efficiencies and data/information that will transform care practices, improve individual patient outcomes and population health management, improve patient satisfaction with the care experience, increase efficiencies and reduce health care costs.

AHCCCS recognized the opportunity to develop and implement the CMS core and proposed measure sets. The implementation of ICD-10, 5010 as well as the timing of the Request for Proposal for the Acute-care line of business further established a prime opportunity to implement the performance measure change process.

In order to meet the technological demands of transitioning to a new performance measure set, AHCCCS made the decision to identify and contract with a vendor that is capable and interested in partnering to develop and implement measures from the CMS Core and other measures sets in addition to maintaining the traditional HEDIS measures. Although there are several vendors qualified to develop the required measures AHCCCS sought a vendor that was interested in partnering to develop, maintain and continue to these activities with national decisions on measure sets for Medicaid. AHCCCS is currently working on a contract with the selected vendor and anticipates it will be finalized during the upcoming quarter.

## Performance Improvement Projects:

*Providing Incentives for Excellence and Imposing Sanctions for Poor Performance*

AHCCCS regularly monitors Contractors to ensure compliance with contractually-mandated performance measures. Contracts outline Minimum Performance Standards (MPS) that the Contractor must meet and Goals that the Contractor should strive to achieve. Those measures are evaluated to determine what regulatory actions should be taken. At a minimum, measures that fail to meet the MPS will require a Corrective Action Plan. Additional actions could include mandatory technical assistance, Notices to Cure, and financial sanctions.

In 2010, AHCCCS incorporated language into the CYE 2011 Acute-care contract to incentivize improvements in Performance Measure results by linking performance to each Contractor's placement in the auto-assignment algorithm, based on two factors, which are weighted as follows:

| # | Factor | Weighting |
|---|---|---|
| 1 | The Contractor's final awarded capitation rate from AHCCCS. | 50% |
| 2 | The Contractor's percent of all Clinical Quality Performance Measures for which the Contractor meets the Minimum Performance Standard (MPS). Only those Contractors that meet at least 75% of the Minimum Standards for the measurement period of CYE 2011 receive points. | 50% |

AHCCCS has completed the development of a new payment withhold structure that will align with attainment of quality measures included in the contract to incentivize Acute-care Contractors to meet the measures and reduce payments to Contractors who do not meet the measures. This methodology was developed collaboratively by AHCCCS Actuarial and Quality Improvement staffs to ensure the most meaningful measures are included as part of this effort. The changes will go into effect beginning on October 1, 2013.

*PIPs*
AHCCCS has a number of Performance Improvement Projects under way with Contractors, which are designed to improve enrollee health outcomes and/or satisfaction. Recent activity related to data collection and analysis for these projects includes:

- **Coordination of Care (Acute Contractors and ADHS Division of Behavioral Health Services):** The purpose of this Performance Improvement Project is to improve coordination of care provided to AHCCCS members who are receiving both medical and behavioral health services through the exchange of opiate and benzodiazepine prescribing and other clinical information between medical and behavioral health providers, in order to reduce morbidity and/or mortality among these members. A coordination of care work group, consisting of AHCCCS, ADHS Division of Behavioral Health Services (DBHS), Acute care Contractors and Regional Behavioral Health Authorities (RBHA, contracted with DBHS to provide behavioral health services) meet regularly to develop best practices. During the quarter, the work group met to solidify stratifications for high, moderate and low risks metrics for both behavioral health providers and PCPs. The work group also identified was to share data effectively while adhering to HIPPA regulations. Pharmacy directors and Information Technology (IT) staff were invited to the meetings to provide their expertise for different elements of the PIP required for successful implementation.

  Also, during this quarter, AHCCCS completed an analysis of the data from the baseline measurement period for this PIP. Overall, of the members included in this PIP, 8.6 percent of members were admitted into an acute inpatient setting and 30.2 percent of members had an Emergency Department visit during the measurement period. Both admissions and ED visits must have had a primary or secondary diagnosis of chronic pain, substance abuse, anxiety, and/or depression. Lastly 0.13 percent of members died accidentally, 0.05 percent died from suicide and 0.05 percent died from reasons unknown during the measurement period. AHCCCS has provided baseline data from this study to all Contractors, who will further

analyze their data and identify interventions to decrease their rates of ED visits and admissions as well as the deaths of their members.

Through this PIP, all Contractors are expected to decrease the number of members visiting and being admitted into the ED as well as those who died. A Contractor will show improvement when:

- It meets or exceeds the next highest threshold above its baseline rate
- It narrows the gap between its baseline rate and the next highest threshold by at least 10 percent, or
- It maintains a rate above the highest threshold, if its baseline rate already exceeds that level.

- **Inappropriate Refusal of Influenza Immunization (ALTCS E/PD)** – The final report for this PIP was written during this quarter. The purpose of this PIP was to reduce the rate of influenza vaccine refusals among members who are enrolled with the ALTCS E/PD Contractors. With the most recent measurement conducted by AHCCCS in 2012, this PIP was completed for two of the three ALTCS E/PD Contractors, Evercare and Mercy Care. Among these two Contractors the project was successful in significantly reducing the number of members who refused an influenza vaccination. However, due to a non-statistical decrease in re-measure one, and a statistically significant increase in re-measure two, a third Contractor, Bridgeway Health Solutions, will continue the PIP for another measurement period, CYE 2013. In order to close this PIP Bridgeway must show sustained improvement for re-measurement four.

Reducing Rate of Influenza Refusals for ALTCS E/PD members ages 18 years and older; Baseline Measurement Compared to First, Second and Third Re-measurements

| Contractor | Baseline Measurement (CYE 2008) | First Re-measurement (CYE 2010) | Second Re-measurement (CYE 2011) | Third Re-measurement (CYE 2012) | Relative Percent Change From Baseline to Second Re-measurement | Statistical Significance of Change from Baseline to 2nd Re-measurement |
|---|---|---|---|---|---|---|
| Bridgeway | 63.2% | 56.4% | **65.5%** | **38.5%** | -39.1% | **P<.001** |
| Evercare | 61.1% | **52.8%** | **35.8%** | 40.9% | -33.1% | **P<.001** |
| Mercy Care | 54.8% | **31.2%** | **28.4%** | 28.6% | -47.9% | **P<.001** |
| **Total** | 59.4% | 46.0% | 43.3% | 36.2% | -39.1% | **P<.001** |

*Rates in bold indicate a statistically significant change

*Sharing Best Practices*

AHCCCS makes a point to acknowledge best practices (and worst practices) and share those practices with other Contractors when appropriate. In addition, AHCCCS regularly reviews national projects and interventions that could potentially be replicated in Arizona in order to drive quality improvement. AHCCCS also participates in many learning collaboratives with other states and

CMS, which allows for gathering and sharing of best practices. Examples of these collaborations include:

- CMS Data Analytics in conjunction with other states and Mathematica
- Regional, All-State, and Community of Practice calls and webinars related to implementation and oversight of Meaningful Use
- OTAG calls with CMS
- QTAG calls with CMS
- CMS Oral Health Technical Assistance Calls
- CHCS Oral Health Learning Collaborative

AHCCCS also promotes the sharing of best practices with and among Contractors. During the quarter, AHCCCS hosted a Contractor meeting that included presentations from the Arizona Department of Oral Health, Arizona Perinatal Trust, the Office of Behavioral Health Licensing regarding new behavioral health rules and the Arizona State Immunization Information System.

**Including Medical Quality Assessment and Performance Improvement Requirements in AHCCCS Contracts**

Contracts with health plans are reviewed to ensure that they include all federally required elements prior to renewal. As noted above, revisions were incorporated into contracts to continue incentivizing improvement in performance.

**Regular Monitoring and Evaluating of Contractor Compliance and Performance**

AHCCCS monitors and evaluates access to care, organizational structure and operations, clinical and non-clinical quality measurement and performance improvement outcomes through the following methods.

- *On-site Operational and Financial Reviews* - Operational and Financial Reviews (OFRs) are used by AHCCCS to evaluate Contractor compliance related to access/availability and quality of services, including implementation of policies and procedures and progress toward plans of correction to improve quality of care and service for members. There were no OFRs conducted during the quarter; however, planning began for Readiness Assessments following the award of the Acute-CRS RFP. The Readiness Assessment follows the OFR process in ensuring that Contractors can effectively meet the requirements set forth in contract.

- *Review and analysis of periodic report* - A number of contract deliverables are used to monitor and evaluate Contractor compliance and performance. AHCCCS reviews, provides feedback and approves these reports as appropriate.

    - Quarterly EPSDT and Adult Monitoring Reports - AHCCCS requires Acute and ALTCS Contractors to submit quarterly EPSDT and Adult Monitoring Reports demonstrating their efforts to sustain or improve annual performance rates for all contractually mandated performance measure as well as their efforts to inform families/caregivers and providers of EPSDT/Adult services. AHCCCS has developed a template for Contractors to report data on member and provider outreach, as well as Contractor rates for various EPSDT services. The template prompts Contractors to evaluate the effectiveness of

activities, including care coordination, follow up and new or revised interventions to improve quality and access to care. These reports were received and reviewed during the quarter. CQM staff responded to Contractors with requests for clarification or additional information. It should be noted that similar templates will be developed for CRS and SMI populations in order to ensure that members are receiving timely and appropriate care.

- *Review and analysis of program-specific Performance Measures and Performance Improvement Projects* - AHCCCS considers a Performance Improvement Project (PIP) as a planned process of data gathering, evaluation, and analysis to determine interventions or activities that are anticipated to have a positive outcome. PIPs are designed to improve the quality of care and service delivery and usually last at least four years. While Contractors may select and implement their own PIPs to address problems specific to their plans, AHCCCS mandates other program-wide PIPs in which Contractors must participate, and monitors performance until each Contractor meet requirements for demonstrable and sustained improvement.

  Another method by which AHCCCS monitors the quality and appropriateness of care provided to members is through Performance Measures. Contractors submit encounter data to AHCCCS, which measures each plan's performance and evaluates its compliance in meeting contractual performance standards for specific health care services. Under their contracts with AHCCCS, Contractors are required to improve their rates for Performance Measures and achieve specific goals for each. AHCCCS requires corrective action plans from Contractors that do not meet the Minimum Performance Standard, or that show a statistically significant decline in their rates. Contractors also could face significant financial sanctions if they do not improve performance to a level that meets or exceeds the minimum standard.

- *External Quality Reviews* - During the quarter**,** AHCCCS finalized the CYE 2012 External Quality Review (EQR) process. Kick-off meetings with contracted EQROs were held in January 2013. In addition, AHCCCS continued to review the current EQRO contract for necessary enhancements that will be included in a Request for Proposal (RFP) process to re-bid EQRO services later in CYE 2013.

**Maintaining an Information System that Supports Initial and Ongoing Operations**

The AHCCCS Data Decision Support (ADDS) system provides greater flexibility and timeliness in monitoring a broad spectrum of data, including information that supports ongoing operations and review of quality management and performance improvement activities. Enhancements have been made to the ADDS function that generates Performance Measure data. The system is used to support performance monitoring, as well as provide data through specific queries to guide new quality initiatives. In addition, AHCCCS has an ongoing process of reviewing and updating its programming for collecting and analyzing Performance Measures according to HEDIS-like specifications through the ADDS data warehouse. Measures are validated against historical data, as well as individual recipient and service records in PMMIS, to ensure accuracy and reliability of data.

As mentioned in previous quarters, AHCCCS has conducted a Request for Information (RFI) related to electronic systems that can accommodate both national measures such as HEDIS and Core Measure sets as well as "home-grown" measures that AHCCCS determined to be beneficial to the populations served. AHCCCS is now in the process of negotiating terms for a contract to meet the Agencies needs related to performance measures into the future.

**Reviewing, Revising and Beginning New Projects in Any Given Area of the Quality Strategy**

Review and revision of the components of the Quality Strategy is an ongoing process for AHCCCS. The Quality Strategy is aligned with federal Medicaid Managed Care requirements, including the CMS toolkit, and links to other significant documents, including annual External Quality Review reports, the AHCCCS Five Year Strategic Plan, AHCCCS E-Health Initiative, managed care contracts and other Agency reports. The Quality Strategy was last revised in July 2012 and received approval from the State Medicaid Advisory Committee in October 2012. During this quarter AHCCCS began the processes of updating the Quality Strategy. A cross-functional team representing all facets of AHCCCS was developed to review and revise the strategy. The report will be finalized this fall.

In addition to the above activities, AHCCCS is currently working with one of the External Quality Review Organizations to conduct CAHPS surveys for the Acute-care, KidsCare, CRS and SMI populations. Results are expected to be received by the end of the year. Results will be shared with Contractors as well as Agency stakeholders.

Arizona Health Care Cost Containment System (AHCCCS)
Quarterly Random Moment Time Study Report
July 2013 – September 2013

Arizona Medicaid Administrative Claiming program does not conduct a Random Moment Time Study (RMTS) sample during the July 2013 – September 2013 quarter.

**Arizona Health Care Cost Containment System**
**Medicaid Section 1115 Demonstration Number 11-W00275/9**
**Budget Neutrality Tracking Report**
**For the Period Ended September 30, 2013**

I. CALCULATION OF BUDGET NEUTRALITY LIMIT BY DEMONSTRATION YEAR (WITHOUT WAIVER CEILING FEDERAL SHARE)

WAIVER PERIOD OCTOBER 1, 2011 THROUGH SEPTEMBER 30, 2016:

| | FFY 2012 PM/PM | Trend Rate | DY 01 PM/PM | Effective FMAP | Federal Share PM/PM | Member Months QE 12/11 | QE 3/12 | QE 6/12 | QE 9/12 | Total | Federal Share Budget Neutrality Limit FFY 2012 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| AFDC/SOBRA | 556.34 | 1.052 | 585.28 | 69.87% | 408.94 | 2,933,231 | 2,921,106 | 2,915,160 | 2,940,104 | 11,709,601 | $ 4,788,500,171 | |
| SSI | 835.29 | 1.06 | 885.41 | 69.10% | 611.82 | 486,307 | 487,293 | 486,893 | 489,134 | 1,949,627 | 1,192,818,134 | |
| AC [1] | | | 553.46 | 69.80% | 386.34 | 527,863 | 431,529 | 366,102 | 311,487 | 1,636,981 | 632,429,062 | |
| ALTCS-DD | 4643.75 | 1.06 | 4922.38 | 67.38% | 3316.52 | 72,540 | 73,179 | 73,991 | 74,848 | 294,558 | 976,907,885 | |
| ALTCS-EPD | 4503.21 | 1.052 | 4737.37 | 67.51% | 3198.10 | 85,419 | 85,461 | 85,683 | 86,461 | 343,024 | 1,097,026,135 | |
| Family Plan Ext [1] | | 1.058 | 17.03 | 90.00% | 15.33 | 12,474 | 12,427 | 12,443 | 12,692 | 50,036 | 767,009.00 | |
| | | | | | | | | | | | $ 8,688,448,397 | MAP Subtotal |
| | | | | | | | | | | | 103,890,985 | Add DSH Allotment |
| | | | | | | | | | | | $ 8,792,339,382 | Total BN Limit |

| | DY 02 PM/PM | | | Member Months QE 12/12 | QE 3/13 | QE 6/13 | QE 9/13 | Total | | |
|---|---|---|---|---|---|---|---|---|---|---|
| AFDC/SOBRA | 615.71 | 68.42% | 421.25 | 2,912,819 | 2,892,861 | 2,905,121 | 2,916,797 | 11,627,598 | $ 4,898,138,724 | |
| SSI | 938.53 | 67.61% | 634.58 | 491,598 | 493,134 | 494,387 | 495,960 | 1,975,079 | 1,253,354,025 | |
| AC [1] | 537.54 | 68.62% | 368.85 | 276,179 | 250,130 | 229,808 | 219,310 | 975,427 | 359,781,662 | |
| ALTCS-DD | 5217.72 | 65.78% | 3432.46 | 75,672 | 76,510 | 77,326 | 77,799 | 307,307 | 1,054,820,158 | |
| ALTCS-EPD | 4983.71 | 65.94% | 3286.13 | 86,777 | 86,007 | 86,163 | 85,780 | 344,727 | 1,132,816,339 | |
| Family Plan Ext [1] | 18.00 | 90.00% | 16.20 | 13,107 | 13,834 | 14,215 | 15,051 | 56,207 | 910,447.00 | |
| | | | | | | | | | $ 8,699,821,355 | MAP Subtotal |
| | | | | | | | | | 106,384,369 | Add DSH Allotment |
| | | | | | | | | | $ 8,806,205,724 | Total BN Limit |

| | DY 03 PM/PM | Member Months QE 12/13 | QE 3/14 | QE 6/14 | QE 9/14 | Total | | |
|---|---|---|---|---|---|---|---|---|
| AFDC/SOBRA | 647.73 | | | | | - | $ - | |
| SSI | 994.84 | | | | | - | - | |
| AC | 707.58 | | | | | - | - | |
| ALTCS-DD | 5530.78 | | | | | - | - | |
| ALTCS-EPD | 5242.86 | | | | | - | - | |
| Family Plan Ext | 19.04 | | | | | - | - | |
| | | | | | | | $ - | MAP Subtotal |
| | | | | | | | - | Add DSH Allotment |
| | | | | | | | $ - | Total BN Limit |

| | DY 04 PM/PM | Member Months QE 12/14 | QE 3/15 | QE 6/15 | QE 9/15 | Total | | |
|---|---|---|---|---|---|---|---|---|
| AFDC/SOBRA | 681.41 | | | | | - | $ - | |
| SSI | 1054.53 | | | | | - | - | |
| AC | 0.00 | | | | | - | - | |
| ALTCS-DD | 5862.63 | | | | | - | - | |
| ALTCS-EPD | 5515.49 | | | | | - | - | |
| Family Plan Ext | 20.15 | | | | | - | - | |
| | | | | | | | $ - | MAP Subtotal |
| | | | | | | | - | Add DSH Allotment |
| | | | | | | | $ - | Total BN Limit |

| | DY 05 PM/PM | Member Months QE 12/15 | QE 3/16 | QE 6/16 | QE 9/16 | Total | | |
|---|---|---|---|---|---|---|---|---|
| AFDC/SOBRA | 716.85 | | | | | - | $ - | |
| SSI | 1117.81 | | | | | - | - | |
| AC | 0.00 | | | | | - | - | |
| ALTCS-DD | 6214.39 | | | | | - | - | |
| ALTCS-EPD | 5802.30 | | | | | - | - | |
| Family Plan Ext | 21.31 | | | | | - | - | |
| | | | | | | | $ - | MAP Subtotal |
| | | | | | | | - | Add DSH Allotment |
| | | | | | | | $ - | Total BN Limit |

[1] Pursuant to the CMS 1115 Waiver, Special Term and Condition 63(a)(iii), the Without Waiver PMPM is adjusted to equal the With Waiver PMPM for the AC and Family Planning Extension Program eligibility groups.

Based on CMS-64 certification date of 10/30/2013.

## Arizona Health Care Cost Containment System
## Medicaid Section 1115 Demonstration Number 11-W00275/9
## Budget Neutrality Tracking Report
## For the Period Ended September 30, 2013

II. WAIVER COSTS AND VARIANCE FROM BUDGET NEUTRALITY LIMIT - BY QUARTER, BY DATE OF PAYMENT

WAIVER PERIOD OCTOBER 1, 2011 THROUGH SEPTEMBER 30, 2016:

| | Budget Neutrality Limit - Federal Share | | | Expenditures from CMS-64, Schedule B - Federal Share | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | MAP | DSH | Total | AFDC/SOBRA | SSI | AC | ALTCS-DD | ALTCS-EPD | Family Plan | DSH/CAHP | SNCP/DSHP | UNC CARE | MED | Total | VARIANCE |
| QE 12/11 | $ 2,214,925,478 | $ 103,890,985 | $ 2,318,816,463 | $ 502,890,921 | $ 191,249,757 | $ 175,610,617 | $ 151,638,753 | $ 164,685,415 | $ 167,197 | $ - | $ - | $ - | $458,635 | $ 1,186,701,295 | $ 1,132,115,168 |
| QE 3/12 | 2,175,605,666 | - | 2,175,605,666 | 577,297,998 | 217,984,093 | 165,596,401 | 156,526,315 | 176,620,644 | 179,167 | 572,050 | - | - | (4,080) | 1,294,772,588 | 880,833,078 |
| QE 6/12 | 2,151,055,653 | - | 2,151,055,653 | 581,722,121 | 227,516,987 | 145,886,387 | 115,946,434 | 179,020,266 | 185,175 | 79,564,550 | 100,950,000 | 4,480,769 | (889) | 1,435,271,800 | 715,783,853 |
| QE 9/12 | 2,146,861,600 | - | 2,146,861,600 | 579,782,505 | 222,428,252 | 118,032,081 | 205,664,611 | 175,615,524 | 201,702 | 6,248,670 | 14,312,682 | 18,367,266 | 294 | 1,340,653,587 | 806,208,013 |
| QE 12/12 | 2,185,969,812 | - | 2,185,969,812 | 617,247,020 | 242,322,491 | 118,103,369 | 159,452,070 | 179,452,256 | 230,267 | 11,346,623 | 95,263,307 | 14,871,980 | - | 1,438,289,383 | 747,680,429 |
| QE 3/13 | 2,169,287,016 | - | 2,169,287,016 | 589,464,629 | 239,092,492 | 96,180,297 | 163,937,798 | 192,970,394 | 257,756 | 867,795 | 32,840,000 | 28,744,095 | - | 1,344,355,256 | 824,931,760 |
| QE 6/13 | 2,171,070,712 | - | 2,171,070,712 | 588,378,705 | 241,298,377 | 88,125,077 | 102,142,130 | 187,310,029 | 227,668 | 78,756,901 | 111,555,510 | 17,514,148 | - | 1,415,308,545 | 755,762,167 |
| QE 9/13 | 2,173,493,814 | 106,384,369 | 2,279,878,183 | 596,611,333 | 237,327,560 | 84,327,037 | 230,955,206 | 190,188,088 | 228,524 | 558,280 | 144,169,561 | 35,937,456 | - | 1,520,303,045 | 759,575,138 |
| QE 12/13 | | - | - | | | | | | | | | | | - | - |
| QE 3/14 | | - | - | | | | | | | | | | | - | - |
| QE 6/14 | | - | - | | | | | | | | | | | - | - |
| QE 9/14 | | - | - | | | | | | | | | | | - | - |
| QE 12/14 | | - | - | | | | | | | | | | | - | - |
| QE 3/15 | | - | - | | | | | | | | | | | - | - |
| QE 6/15 | | - | - | | | | | | | | | | | - | - |
| QE 9/15 | | - | - | | | | | | | | | | | - | - |
| QE 12/15 | | - | - | | | | | | | | | | | - | - |
| QE 3/16 | | - | - | | | | | | | | | | | - | - |
| QE 6/16 | | - | - | | | | | | | | | | | - | - |
| QE 9/16 | | - | - | | | | | | | | | | | - | - |
| | $ 17,388,269,752 | $ 210,275,354 | $ 17,598,545,106 | $ 4,633,395,232 | $ 1,819,220,009 | $ 991,861,266 | $ 1,286,263,317 | $ 1,445,862,616 | $1,677,456 | $177,914,869 | $ 499,091,060 | $ 119,915,714 | $453,960 | $ 10,975,655,499 | $ 6,622,889,607 |

Last Updated: 11/19/2013

**Arizona Health Care Cost Containment System**
**Medicaid Section 1115 Demonstration Number 11-W00275/9**
**Budget Neutrality Tracking Report**
**For the Period Ended September 30, 2013**

III. SUMMARY BY DEMONSTRATION YEAR

| | Federal Share of Budget Neutrality Limit | Federal Share of Waiver Costs on CMS-64 | Annual Variance | As % of Annual Budget Neutrality Limit | Cumulative Federal Share of Budget Neutrality Limit | Cumulative Federal Share of Waiver Costs on CMS-64 | Cumulative Federal Share Variance | As % of Cumulative Budget Neutrality Limit |
|---|---|---|---|---|---|---|---|---|
| WAIVER PERIOD OCTOBER 1, 2011 THROUGH SEPTEMBER 30, 2016 | | | | | | | | |
| DY 01 | $ 8,792,339,382 | $ 5,590,984,509 | $ 3,201,354,873 | 36.41% | | | | |
| DY 02 | 8,806,205,724 | 5,384,670,990 | 3,421,534,734 | 38.85% | $ 17,598,545,106 | $ 10,975,655,499 | $ 6,622,889,607 | 37.63% |
| DY 03 | | | - | | | | | |
| DY 04 | | | - | | | | | |
| DY 05 | | | - | | | | | |
| | $ 17,598,545,106 | $ 10,975,655,499 | $ 6,622,889,607 | | | | | |

## Arizona Health Care Cost Containment System
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## Budget Neutrality Tracking Report
## For the Period Ended September 30, 2013

IV. Schedule C as Adjusted for Manual Entries and Waiver PMPM Groupings

**Schedule C Waiver 11-W00275/9**

**Total Computable**

| Waiver Name | 01 | 02 | 03 | 04 | 05 | Total |
|---|---|---|---|---|---|---|
| AC | 905,693,093 | 524,122,666 | | | | 1,429,815,759 |
| AFDC/SOBRA | 3,387,044,073 | 3,313,219,286 | | | | 6,700,263,359 |
| ALTCS-EPD | 1,059,942,648 | 1,107,591,191 | | | | 2,167,533,839 |
| ALTCS-DD | 939,008,835 | 993,531,590 | | | | 1,932,540,425 |
| DSH/CAHP | 147,198,100 | 120,052,600 | | | | 267,250,700 |
| Family Planning Extension | 830,631 | 990,876 | | | | 1,821,507 |
| MED | 673,818 | - | | | | 673,818 |
| SNCP/DSHP | 287,152,017 | 465,648,222 | | | | 752,800,239 |
| SSI | 1,342,375,585 | 1,318,681,752 | | | | 2,661,057,337 |
| Uncomp Care IHS/638 | 22,866,717 | 97,192,513 | | | | 120,059,230 |
| Total | 8,092,785,517 | 7,941,030,696 | - | - | - | 16,033,816,213 |

**Federal Share**

| Waiver Name | 01 | 02 | 03 | 04 | 05 | Total |
|---|---|---|---|---|---|---|
| AC | 632,218,028 | 359,643,238 | | | | 991,861,266 |
| AFDC/SOBRA | 2,366,571,333 | 2,266,823,899 | | | | 4,633,395,232 |
| ALTCS-EPD | 715,546,416 | 730,316,200 | | | | 1,445,862,616 |
| ALTCS-DD | 632,670,777 | 653,592,540 | | | | 1,286,263,317 |
| DSH/CAHP | 99,064,322 | 78,850,547 | | | | 177,914,869 |
| Family Planning Extension | 767,009 | 910,447 | | | | 1,677,456 |
| MED | 453,960 | - | | | | 453,960 |
| SNCP/DSHP | 193,253,307 | 305,837,753 | | | | 499,091,060 |
| SSI | 927,591,322 | 891,628,687 | | | | 1,819,220,009 |
| Uncomp Care IHS/638 | 22,848,035 | 97,067,679 | | | | 119,915,714 |
| Total | 5,590,984,509 | 5,384,670,990 | - | - | - | 10,975,655,499 |

**Adjustments to Schedule C Waiver 11-W00275/9**

**Total Computable**

| Waiver Name | 01 | 02 | 03 | 04 | 05 | Total |
|---|---|---|---|---|---|---|
| AC | 313,572 | 210,756 | - | - | - | 524,328 |
| AFDC/SOBRA | 1,014,881 | 1,090,143 | - | - | - | 2,105,024 |
| SSI | 365,158 | 399,101 | - | - | - | 764,259 |
| ALTCS-DD (Cost Sharing)[1] | - | - | - | - | - | - |
| CAHP[2] | (1,693,611) | (1,700,000) | - | - | - | (3,393,611) |
| Total | - | - | - | - | - | - |

**Federal Share**

| Waiver Name | 01 | 02 | 03 | 04 | 05 | Total |
|---|---|---|---|---|---|---|
| AC | 211,034 | 138,424 | - | - | - | 349,458 |
| AFDC/SOBRA | 683,014 | 716,006 | - | - | - | 1,399,020 |
| SSI | 245,752 | 262,130 | - | - | - | 507,882 |
| ALTCS-DD (Cost Sharing)[1] | - | - | - | - | - | - |
| CAHP[2] | (1,139,800) | (1,116,560) | - | - | - | (2,256,360) |
| Total | - | - | - | - | - | - |

[1] The CMS 1115 Waiver, Special Term and Condition 42,d requires that premiums collected by the State shall be reported on Form CMS-64 Summary

[2] The Critical Access Hospital Payment (CAHP) waiver expenditures are included in the AFDC\SOBRA and SSI rate development while the expenditures are required to be reported on separate Forms CMS-64.9 and CMS-64.9P Waiver. This adjustment transfers the CAHP expenditures to the AFDC\SOBRA, SSI and AC/MED waiver categories for budget neutrality comparison purposes. The CAHP expenditures are allocated to the waiver categories in the same proportion as the capitation payments made for the CAHP service period.

## Arizona Health Care Cost Containment System
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## Budget Neutrality Tracking Report
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IV. Schedule C as Adjusted for Manual Entries and Waiver PMPM Groupings

**Revised Schedule C Waiver 11-W00275/9**

**Total Computable**

| Waiver Name | 01 | 02 | 03 | 04 | 05 | Total |
|---|---|---|---|---|---|---|
| AC | 906,006,665 | 524,333,422 | - | - | - | 1,430,340,087 |
| AFDC/SOBRA | 3,388,058,954 | 3,314,309,429 | - | - | - | 6,702,368,383 |
| ALTCS-EPD | 1,059,942,648 | 1,107,591,191 | - | - | - | 2,167,533,839 |
| ALTCS-DD | 939,008,835 | 993,531,590 | - | - | - | 1,932,540,425 |
| DSH/CAHP | 145,504,489 | 118,352,600 | - | - | - | 263,857,089 |
| Family Planning Extension | 830,631 | 990,876 | - | - | - | 1,821,507 |
| MED | 673,818 | - | - | - | - | 673,818 |
| SNCP/DSHP | 287,152,017 | 465,648,222 | - | - | - | 752,800,239 |
| SSI | 1,342,740,743 | 1,319,080,853 | - | - | - | 2,661,821,596 |
| Uncomp Care IHS/638 | 22,866,717 | 97,192,513 | - | - | - | 120,059,230 |
| Total | 8,092,785,517 | 7,941,030,696 | - | - | - | 16,033,816,213 |

**Federal Share**

| Waiver Name | 01 | 02 | 03 | 04 | 05 | Total |
|---|---|---|---|---|---|---|
| AC | 632,429,062 | 359,781,662 | - | - | - | 992,210,724 |
| AFDC/SOBRA | 2,367,254,347 | 2,267,539,905 | - | - | - | 4,634,794,252 |
| ALTCS-EPD | 715,546,416 | 730,316,200 | - | - | - | 1,445,862,616 |
| ALTCS-DD | 632,670,777 | 653,592,540 | - | - | - | 1,286,263,317 |
| DSH/CAHP | 97,924,522 | 77,733,987 | - | - | - | 175,658,509 |
| Family Planning Extension | 767,009 | 910,447 | - | - | - | 1,677,456 |
| MED | 453,960 | - | - | - | - | 453,960 |
| SNCP/DSHP | 193,253,307 | 305,837,753 | - | - | - | 499,091,060 |
| SSI | 927,837,074 | 891,890,817 | - | - | - | 1,819,727,891 |
| Uncomp Care IHS/638 | 22,848,035 | 97,067,679 | - | - | - | 119,915,714 |
| Total | 5,590,984,509 | 5,384,670,990 | - | - | - | 10,975,655,499 |

**Calculation of Effective FMAP:**

| | 01 | 02 | 03 | 04 | 05 |
|---|---|---|---|---|---|
| AFDC/SOBRA | | | | | |
| Federal | 2,367,254,347 | 2,267,539,905 | - | - | - |
| Total | 3,388,058,954 | 3,314,309,429 | - | - | - |
| Effective FMAP | 0.698705182 | 0.684166628 | | | |
| SSI | | | | | |
| Federal | 927,837,074 | 891,890,817 | - | - | - |
| Total | 1,342,740,743 | 1,319,080,853 | - | - | - |
| Effective FMAP | 0.691002399 | 0.676145677 | | | |
| ALTCS-EPD | | | | | |
| Federal | 715,546,416 | 730,316,200 | - | - | - |
| Total | 1,059,942,648 | 1,107,591,191 | - | - | - |
| Effective FMAP | 0.675080314 | 0.659373428 | | | |
| ALTCS-DD | | | | | |
| Federal | 632,670,777 | 653,592,540 | - | - | - |
| Total | 939,008,835 | 993,531,590 | - | - | - |
| Effective FMAP | 0.673764456 | 0.657847769 | | | |
| AC | | | | | |
| Federal | 632,429,062 | 359,781,662 | - | - | - |
| Total | 906,006,665 | 524,333,422 | - | - | - |
| Effective FMAP | 0.698040187 | 0.686169614 | | | |

**Arizona Health Care Cost Containment System**
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**Budget Neutrality Tracking Report**
**For the Period Ended September 30, 2013**

V. Budget Neutrality Member Months and Cost Sharing Premium Collections

| Budget Neutrality Member Months: | AFDC/SOBRA | SSI | ALTCS-DD | ALTCS-EPD | AC | MED | Family Plan Ext |
|---|---|---|---|---|---|---|---|
| Quarter Ended December 31, 2011 | 2,933,231 | 486,307 | 72,540 | 85,419 | 527,863 | 467 | 12,474 |
| Quarter Ended March 31, 2012 | 2,921,106 | 487,293 | 73,179 | 85,461 | 431,529 | - | 12,427 |
| Quarter Ended June 30, 2012 | 2,915,160 | 486,893 | 73,991 | 85,683 | 366,102 | - | 12,443 |
| Quarter Ended September 30, 2012 | 2,940,104 | 489,134 | 74,848 | 86,461 | 311,487 | - | 12,692 |
| Quarter Ended December 31, 2012 | 2,912,819 | 491,598 | 75,672 | 86,777 | 276,179 | - | 13,107 |
| Quarter Ended March 31, 2013 | 2,892,861 | 493,134 | 76,510 | 86,007 | 250,130 | - | 13,834 |
| Quarter Ended June 30, 2013 | 2,905,121 | 494,387 | 77,326 | 86,163 | 229,808 | - | 14,215 |
| Quarter Ended September 30, 2013 | 2,916,797 | 495,960 | 77,799 | 85,780 | 219,310 | | 15,051 |
| Quarter Ended December 31, 2013 | | | | | | | |
| Quarter Ended March 31, 2014 | | | | | | | |
| Quarter Ended June 30, 2014 | | | | | | | |
| Quarter Ended September 30, 2014 | | | | | | | |
| Quarter Ended December 31, 2014 | | | | | | | |
| Quarter Ended March 31, 2015 | | | | | | | |
| Quarter Ended June 30, 2015 | | | | | | | |
| Quarter Ended September 30, 2015 | | | | | | | |
| Quarter Ended December 31, 2015 | | | | | | | |
| Quarter Ended March 31, 2016 | | | | | | | |
| Quarter Ended June 30, 2016 | | | | | | | |
| Quarter Ended September 30, 2016 | | | | | | | |

| | ALTCS Developmentally Disabled | |
|---|---|---|
| **Cost Sharing Premium Collections:** | **Total Computable** | **Federal Share** |
| Quarter Ended December 31, 2011 | - | - |
| Quarter Ended March 31, 2012 | - | - |
| Quarter Ended June 30, 2012 | - | - |
| Quarter Ended September 30, 2012 | - | - |
| Quarter Ended December 31, 2012 | - | - |
| Quarter Ended March 31, 2013 | - | - |
| Quarter Ended June 30, 2013 | - | - |
| Quarter Ended September 30, 2013 | - | - |
| Quarter Ended December 31, 2013 | | |
| Quarter Ended March 31, 2014 | | |
| Quarter Ended June 30, 2014 | | |
| Quarter Ended September 30, 2014 | | |
| Quarter Ended December 31, 2014 | | |
| Quarter Ended March 31, 2015 | | |
| Quarter Ended June 30, 2015 | | |
| Quarter Ended September 30, 2015 | | |
| Quarter Ended December 31, 2015 | | |
| Quarter Ended March 31, 2016 | | |
| Quarter Ended June 30, 2016 | | |
| Quarter Ended September 30, 2016 | | |

**Arizona Health Care Cost Containment System**
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**Budget Neutrality Tracking Report**
**For the Period Ended September 30, 2013**

VI. Allocation of Disproportionate Share Hospital Payments

## Federal Share

| | FFY 2012 | FFY 2013 | FFY 2014 | FFY 2015 | FFY 2016 | |
|---|---|---|---|---|---|---|
| **Total Allotment** | **103,890,985** | **106,384,369** | | | | **210,275,354** |
| Reported in QE | | | | | | |
| Dec-11 | - | - | - | - | - | - |
| Mar-12 | - | - | - | - | - | - |
| Jun-12 | 78,996,800 | - | - | - | - | 78,996,800 |
| Sep-12 | 6,248,670 | - | - | - | - | 6,248,670 |
| Dec-12 | 11,346,623 | - | - | - | - | 11,346,623 |
| Mar-13 | 309,515 | - | - | - | - | 309,515 |
| Jun-13 | 1,022,914 | 77,733,987 | - | - | - | 78,756,901 |
| Sep-13 | - | - | - | - | - | - |
| Dec-13 | | | | | | |
| Mar-14 | | | | | | |
| Jun-14 | | | | | | |
| Sep-14 | | | | | | |
| Dec-14 | | | | | | |
| Mar-15 | | | | | | |
| Jun-15 | | | | | | |
| Sep-15 | | | | | | |
| Dec-15 | | | | | | |
| Mar-16 | | | | | | |
| Jun-16 | | | | | | |
| Sep-16 | | | | | | |
| Total Reported to Date | 97,924,522 | 77,733,987 | - | - | - | 175,658,509 |
| **Unused Allotment** | **5,966,463** | **28,650,382** | **-** | **-** | **-** | **34,616,845** |