



2012 Legislative Summary



2012 AHCCCS Legislative Summary

HB2007	ALTCS; eligibility
Sponsor	Representative Fillmore
Disposition	Failed to Pass the House
Effective Date	
Summary	<ul style="list-style-type: none">• Reduces the ALTCS eligibility limit by 50%

HB2013	ALTCS; respite care; yearly limitation
Sponsor	Representative Fillmore
Disposition	Failed to Pass the House
Effective Date	
Summary	<ul style="list-style-type: none">• Reduces respite coverage by 50%

HB2015	superior court; prohibited costs; counseling
Sponsor	Representative Fillmore
Disposition	Failed to Pass the House
Effective Date	
Summary	<ul style="list-style-type: none">• Prohibits the state from paying for anger management counseling

HB2045	healthcare group; sole proprietors
Sponsor	Representative Farley
Disposition	Failed to Pass the House
Effective Date	
Summary	<ul style="list-style-type: none">• Reinstates eligibility for sole proprietors in Healthcare Group

HB2081	regional behavioral health authorities
Sponsor	Representative Ableser
Disposition	Failed to Pass the House
Effective Date	
Summary	<ul style="list-style-type: none">• Requires that DHS contract with 2 or more RBHAs in counties with more than 800,000 persons• Allows DHS to contract with any willing provider for services rather than a RBHA• Requires DHS to transfer all behavioral treatment services to RBHA beginning 1/1/13

HB2146	special audit; AHCCCS
Sponsor	Representative Seel
Disposition	Failed to Pass the House
Effective Date	
Summary	<ul style="list-style-type: none">• Requires the Auditor General to conduct an audit on AHCCCS TPL activities

HB2207	AHCCCS; service providers
Sponsor	Representative Farley
Disposition	Failed to Pass the House
Effective Date	
Summary	<ul style="list-style-type: none"> Requires AHCCCS to adopt rules requiring there to be at least 2 subcontractors for each type of service
HB2235	AHCCCS; children; coverage
Sponsor	Representative Heinz
Disposition	Failed to Pass the House
Effective Date	
Summary	<ul style="list-style-type: none"> Appropriates \$13.6 M to AHCCCS to lift the KidsCare freeze
HB2236	AHCCCS; children; coverage
Sponsor	Representative Heinz
Disposition	Failed to Pass the House
Effective Date	
Summary	<ul style="list-style-type: none"> Reinstates services performed by a podiatrist for the adult population
HB2237	AHCCCS; temporary medical coverage
Sponsor	Representative Heinz
Disposition	Failed to Pass the House
Effective Date	
Summary	<ul style="list-style-type: none"> Establishes the Temporary Medical Coverage Program for individuals over income due to a disability payment but who are not yet eligible for Medicare
HB2238	medical expense deduction program; reinstatement
Sponsor	Representative Heinz
Disposition	Failed to Pass the House
Effective Date	
Summary	<ul style="list-style-type: none"> Reinstates the Medical Expense Deduction Program
HB2305	AHCCCS; large employers
Sponsor	Representative Patterson
Disposition	Failed to Pass the House
Effective Date	
Summary	<ul style="list-style-type: none"> Requires employers who employ 100+ employees to reimburse AHCCCS for the cost of covering any of its employees
HB2324	AHCCCS; SCHIP; membership transition
Sponsor	Representative Tovar
Disposition	Failed to Pass the House
Effective Date	
Summary	<ul style="list-style-type: none"> Requires AHCCCS to transition any child whose household income exceeds the limit for Medicaid to the KidsCare Program

HB2329	AHCCCS; SCHIP; military personnel children
Sponsor	Representative Tovar
Disposition	Failed to Pass the House
Effective Date	
Summary	<ul style="list-style-type: none"> Requires AHCCCS to enroll children of veterans who meet income requirements in KidsCare
HB2334	behavioral health authorities; requirements
Sponsor	Representative Jones
Disposition	Failed to Pass the House
Effective Date	
Summary	<ul style="list-style-type: none"> Requires DHS to form an advisory panel to consider the award of a RBHA contract
HB2369	electronic medical records
Sponsor	Representative Carter
Disposition	Enacted; Chapter 184
Effective Date	August 2, 2012
Summary	<ul style="list-style-type: none"> Makes modifications to previously enacted legislation regulating the use of electronic medical records
HB2451	AHCCCS; SCHIP; eligibility
Sponsor	Representative Alston
Disposition	Failed to Pass the House
Effective Date	
Summary	<ul style="list-style-type: none"> Expands KidsCare to include the children of state employees who meet income requirements
HB2452	AHCCCS; SCHIP; siblings; membership
Sponsor	Representative Alston
Disposition	Failed to Pass the House
Effective Date	
Summary	<ul style="list-style-type: none"> Expands KidsCare to include newborn or adopted siblings of current enrollees
HB2453	AHCCCS; SCHIP; pregnant women
Sponsor	Representative Alston
Disposition	Failed to Pass the House
Effective Date	
Summary	<ul style="list-style-type: none"> Expands KidsCare to include pregnant women under age 19
HB2454	AHCCCS; SCHIP; income eligibility
Sponsor	Representative Alston
Disposition	Failed to Pass the House
Effective Date	
Summary	<ul style="list-style-type: none"> Expands KidsCare to include children between 100%-150% FPL

HB2472	AHCCCS; cancer screening
Sponsor	Representative Brophy McGee
Disposition	Failed to Pass the Senate
Effective Date	
Summary	<ul style="list-style-type: none"> Clarifies that women who are screened and diagnosed through Well-Woman Health check are eligible for the BCCP program
HB2480	AHCCCS; third party coverage
Sponsor	Representative Seel
Disposition	Failed to Pass the House
Effective Date	
Summary	<ul style="list-style-type: none"> Requires AHCCCS to conduct an audit of the primacy of its payments by July 1 of each year
HB2483	AHCCCS; third party liability; requested proposals
Sponsor	Representative Seel
Disposition	Failed to Pass the House
Effective Date	
Summary	<ul style="list-style-type: none"> Requires AHCCCS to issue an RFP for TPL and coordination of benefits
HB2533	developmental disabilities; contracted care providers
Sponsor	Representative Ash
Disposition	Failed to Pass the House
Effective Date	
Summary	<ul style="list-style-type: none"> Prohibits AHCCCS and DES from issuing new, or revising existing contractual requirements, directives, policies or rules or any other authoritative action that will increase costs to direct care workers
HB2534	AHCCCS; payment methodology
Sponsor	Representative Ash
Disposition	Enacted; Chapter 122
Effective Date	
Summary	<ul style="list-style-type: none"> Requires AHCCCS to convene a hospital workgroup to develop a new diagnosis-related group payment methodology to replace the tiered per diem payment methodology, which was scheduled to sunset October 1, 2013 Requires AHCCCS to obtain legislative approval prior to making any changes to the inpatient payment methodology
HB2526	skilled nursing facility; provider assessments
Sponsor	Representative Ash
Disposition	Enacted; Chapter 213
Effective Date	
Summary	<ul style="list-style-type: none"> Implements a provider assessment for nursing facilities

HB2568	surrogacy; health insurance
Sponsor	Olson
Disposition	Failed to Pass the Senate
Effective Date	
Summary	<ul style="list-style-type: none"> • Requires a parent entering into a surrogacy contract to provide private health insurance coverage for the surrogate mother for the pregnancy • Includes birth and six weeks post-partum care

HB2580	AHCCCS; fraud prevention
Sponsor	Seel
Disposition	Failed to Pass the House
Effective Date	
Summary	<ul style="list-style-type: none"> • Requires a provider to verify the enrollment and eligibility of an AHCCCS member prior to treatment • Prohibits AHCCCS from processing a claim without documentation of the verification from the provider

HB2581	AHCCCS; nonemergency transportation; reimbursement
Sponsor	Seel
Disposition	Failed to Pass the House
Effective Date	
Summary	<ul style="list-style-type: none"> • Requires AHCCCS to limit NEMT to the cost of bus transportation in areas where bus service is available

HB2582	AHCCCS; food stamps; identification card
Sponsor	Seel
Disposition	Failed to Pass the House
Effective Date	
Summary	<ul style="list-style-type: none"> • Requires AHCCCS and DES to issue member safety orange identification cards to AHCCCS and food stamp recipients

HB2591	DES; public assistance program
Sponsor	Judd
Disposition	Failed to Pass the House
Effective Date	
Summary	<ul style="list-style-type: none"> • Requires DES to establish the Public Assistance Education program to teach recipients of Title 36 and 46 benefits and the fundamentals of medical care, nutrition, hygiene and responsibility

HB2595	Arizona health task force
Sponsor	Judd
Disposition	Failed to Pass the House
Effective Date	
Summary	<ul style="list-style-type: none"> • Establishes a task force, including the Director of AHCCCS, to study and make recommendations on how to reduce malnutrition in Arizona

HB2655	developmental disability services; providers; monitoring
Sponsor	Ash
Disposition	Enacted; Chapter 127
Effective Date	August 2, 2013
Summary	<ul style="list-style-type: none"> • Stipulates that if a provider receives deemed status, that provider shall only be subject to inspection every three years • If a provider scores a 95% or better during a monitoring visit, that provider is subject to inspection every year, instead of every six months
HB2698	AHCCCS; dental care; contractor
Sponsor	Yee
Disposition	Failed to Pass the House
Effective Date	
Summary	<ul style="list-style-type: none"> • Beginning Jan. 1, 2013, requires AHCCCS to carve out dental care by issuing an RFP for two or more qualified dental health plans
HB2703	AHCCCS; hospital; emergency care; funding
Sponsor	Alston
Disposition	Failed to Pass the House
Effective Date	
Summary	<ul style="list-style-type: none"> • Requires the AHCCCS Director to take action to obtain federal matching funds of monies in the T.E.S. fund • Exempts AHCCCS from rulemaking, except requires a 30-day public comment period
HB2766	AHCCCS; preventative services; reimbursement
Sponsor	Alston
Disposition	Failed to Pass the House
Effective Date	
Summary	<ul style="list-style-type: none"> • A provider who is willing to accept AHCCCS reimbursement rates for preventive services is a qualified plan service provider who is qualified for AHCCCS reimbursement
HB2768	AHCCCS; children's health share program
Sponsor	Alston
Disposition	Failed to Pass the House
Effective Date	
Summary	<ul style="list-style-type: none"> • Beginning July 1, 2013, establishes a children's health share program, with eligibility at 350% FPL • Requires the Director to implement enrollment, cost sharing, and benefits by rule
HB2783	health insurance exchange
Sponsor	Alston
Disposition	Failed to Pass the House
Effective Date	

Summary	<ul style="list-style-type: none"> Establishes a health insurance exchange (HIX) and a 9-member HIX Governing Board (incl. directors of AHCCCS and DOI) Outlines the Board's duties and authority, outlines the HIX and health benefit plan certification, and establishes HIX Fund
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HB2796	behavioral health services; direct contracts
Sponsor	Hobbs
Disposition	Failed to Pass the House
Effective Date	
Summary	<ul style="list-style-type: none"> Beginning Oct. 1, 2013, requires DES to provide behavioral health services to children in the CMDP program in counties with a population over 500K Transfers the carve-out for provision of BH services for this population from DHS to DES Transfers and appropriates an unspecified amount from DHS to DES in FY 2013

HB2800	public funding; family planning; prohibition
Sponsor	Olson
Disposition	Enacted; Chapter 288
Effective Date	August 2, 2012
Summary	<ul style="list-style-type: none"> Subject to applicable federal requirements, prioritizes the distribution of public funds for family planning services, as follows: a) public health care facilities; b) hospitals and FQHCs; c) rural health clinics; and d) PCPs Restricts the state from contracting with a provider for family planning services, if the provider also performs non-federally qualified abortions, and gives enforcement authority to the AG or county attorney Reverts public monies that were appropriated in violation of this act to their original fund Contains a severability clause

HCR2024	AHCCCS; verification system
Sponsor	Seel
Disposition	Failed to Pass the House
Effective Date	
Summary	<ul style="list-style-type: none"> Requires a provider to verify the enrollment and eligibility of an AHCCCS member prior to treatment Prohibits AHCCCS from processing a claim without documentation of the verification from the provider

HCR2040	AHCCCS; recovery audit; recovery methodology
Sponsor	Seel
Disposition	Failed to Pass the House
Effective Date	

Summary	<ul style="list-style-type: none"> Requires AHCCCS to conduct an audit of the primacy of its payments by July 1 of each year Requires AHCCCS to issue an RFP for TPL and coordination of benefits
SB1086	AHCCCS; ALTCS; reimbursement rates
Sponsor	Gray
Disposition	Failed to Pass the Senate
Effective Date	
Summary	<ul style="list-style-type: none"> Prohibits the contractor who worked on the previous DD/EPD provider rate studies from working on future studies
SB1102	foster care; relatives; AHCCCS
Sponsor	Landrum Taylor
Disposition	Failed to Pass the Senate
Effective Date	
Summary	<ul style="list-style-type: none"> Makes foster children who are placed with relatives eligible for AHCCCS
SB1400	AHCCCS; hemophilia; grant program
Sponsor	Murphy
Disposition	Failed to Pass the Senate
Effective Date	
Summary	<ul style="list-style-type: none"> Beginning Oct. 1, 2012, requires AHCCCS to establish a program to assist its members who have hemophilia and related bleeding disorders to obtain services through private insurers Requires AHCCCS to issue an annual grant to a statewide hemophilia organization to administer the program Appropriates an unspecified amount to AHCCCS Admin. in FY 2013 to issue the grant
SB1473	AHCCCS; dental care; contractor
Sponsor	Gray
Disposition	Failed to Pass the Senate
Effective Date	
Summary	<ul style="list-style-type: none"> Beginning January 1, 2013, requires the AHCCCS Admin. to issue an RFP for two or more qualified dental health plans for delivery of all dental services

FY 2012-2013 Feed Bill Summary (HB2852 & SB1523)

Item	Page #	FY 2011-2012 Appropriation	FY 2012-2013 Appropriation
FTEs	4	2,975.4	2,217.3
Operating Lump Sum	4	\$79.9 M	\$77.9M
DES Eligibility	4	\$54.5M	\$53.7M
Prop 204 Administration	4	\$6.7M	\$6.6M
Prop 204 DES Eligibility	4	\$38.2M	\$37.7M
Traditional Medicaid Services	4	\$2.9B	\$3.4B
Prop 204 Services	4	\$1B	\$1.2B
KidsCare	4	\$36M	\$21.6M
CRS	4	\$110.1M	\$128.6M
DSH	4	\$13.5M	\$13.5M
DSH- Vouluntary Match	5		\$28.5M
Rural Hospitals	5	\$13.9M	\$13.9M
ALTCS	5	\$1.2B	\$1.2B
GME	5		\$91M
TOTAL APPROPRIATION & EXPENDITURE AUTHORITY	5	\$5.5B	\$6.2B
FUND SOURCES			
General Fund	5	\$1.3B	\$1.4B
Budget Neutrality Compliance Fund	5	\$3.2M	\$3.2M
Children's Health Insurance Program Fund	5	\$30.2M	\$18.1M
Health care group fund	5	\$3.5M	\$2.3M
Prescription Drug Rebate Fund	5	\$20.1M	\$70M
Tobacco Tax & Healthcare Fund- Emergency Health Service Account	5	\$19.2M	\$19.2M
Tobacco Tax & Healthcare Fund- Medically Needy Account	5	\$38.3M	\$38.3M
Expenditure Authority	5	\$4.2B	\$4.7B

Disproportionate Share (Page 6)

- Stipulates that the \$13.5M appropriation for disproportionate share payments for FY 2011-2012 includes \$4.2M for Maricopa County Healthcare District and \$9.3 M for private qualifying disproportionate share hospitals

Graduate Medical Education & Disproportionate Share Voluntary Payments (Page 6)

- Stipulates that any monies received for GME, including federal matching monies by in excess of \$91M and any monies received for DSH in excess of \$28.5M may be distributed by AHCCCS Administration in FY 2013
- Before the expenditure of the increased monies, AHCCCS is required to notify JLBC and OSPB of the amount to be included in the distribution

Supplemental Payments

- Appropriates \$51.5M from the Prescription Drug Rebate Fund; \$112.6M from the General Fund and \$372.5 M in federal expenditure authority to AHCCCS for supplemental payments for FY 2011-2012 (Page 54)
- Allows AHCCCS to transfer up to \$1.4M from the Traditional Medicaid Services line item for FY 2011-2012 to the Attorney General for costs associated with Tobacco Settlement litigation (Page 54)

HCBS Supplemental Reduction (Page 54)

- Reduces \$12.3M from DES for HCBS LTC Services in FY 2012

DHS Supplemental FY 2012 (Page 55)

- Appropriates \$12.3M General Fund, \$33.9M Prescription Drug Rebate Fund and \$93.5 in federal Medicaid expenditure authority for Medicaid capitation payments

Reporting Requirements (Page 6)

- Requires AHCCCS to report these amounts from sources other than AHCCCS to JLBC
- Provides that prior to making fee-for-service program changes that pertain to fee-for-service categories AHCCCS must report the expenditure plan for review by JLBC (Page 5)
- Requires AHCCCS to annually report capitation rate changes for the following fiscal year (Page 5)
 - Limits reports on capitation rate changes to a range of no more than 2% (Page 5)
- Requires AHCCCS to report proposed changes in policy that would impact the amount, sufficiency, duration and scope of health care services and who may provide services (Page 5-6)
 - AHCCCS must prepare a fiscal analysis on the impact of proposed changes on the following year's capitation rates
 - If the analysis suggests additional state costs equal to or greater than \$500K, AHCCCS shall submit the proposed policy changes to JLBC
- By January 7, 2013, requires AHCCCS and DHS to report to JLBC on the total amount of the Medicaid reconciliation payments and penalties received since July 1, 2012 (Page 55)
 - Requires AHCCCS and DHS to provide the same information for FY 2012-2013 by June 30, 2014 (Page 55)
- Requires each agency to report the number of filled FTE positions to JLBC by September 1, 2012(60)
- Stipulates legislative intent that all agencies continue to report expenditures to JLBC (59)

Notes

- Notes that the amounts appropriated in the DES line item shall be used for IGAs with DES for eligibility determinations and other functions (Page 5)
- Allows that the General Fund may be used for eligibility determinations and other functions administered by the Division of Benefits and Medical Eligibility based on the results of the Arizona Random Moment Sampling Survey (Page 5)
- Stipulates that the amounts included in the Prop 204 AHCCCS Administration, Prop 204 DES Eligibility and Prop 204 Services special line items include all sources of funding as prescribed in 36-2901.01, subsection B (Prop 204 fund sources) (Page 5)
- Notes that all ALTCS funds that pass through AHCCCS to DES for developmental disabilities shall not count against ALTCS expenditure authority (Page 6)
- Provides that the county portion of the FY 2012-2013 nonfederal portion of the costs of providing ALTCS is included in the expenditure fund source (Page 6)

- Allows AHCCCS to transfer up to \$1.2 M from the Traditional Medicaid Services line item for FY 2012-2013 to the Attorney General for costs associated with Tobacco Settlement Litigation (Page 6)
- Stipulates that the nonappropriated portion of the prescription drug rebate fund is included in the federal portion of the expenditure authority fund source (Page 6)
- Allows DHS to use monies in the IGA and ISA fund as the state Medicaid match for CRS and behavioral health services (Page 53)

Personnel Provisions

- Provides for a one-time employee retention payment to be made to all state employees who are uncovered as of September 29, 2012
- Requires that the payment be equal to 5% of the employee’s annual salary, prorated for the remainder of the fiscal year, and evenly distributed throughout each remaining pay period

FY 2012-2013 Budget Reconciliation Bill Summary (HB2857 & SB1258)

Item	Summary	Section	Changes on Page
Reconciliation	<ul style="list-style-type: none"> - Stipulates that when funds are appropriated to AHCCCS and DHS and the program or purpose for the appropriation is subject to reimbursement for reconciliation payments from or penalties against program contractors or health plans, the Agency and Department are required to deposit any such reimbursement or penalty into the State General Fund or the Fund from which the appropriation was originally made - Prohibits AHCCCS and DHS from allowing reconciliation payments or penalties to be credited against future payments to the program contractor or health plan 	1	1
Newborn Screening	Removes the \$40 cap on the fee DHS may charge for the second Newborn Screening specimen and hearing test	2	2-3
Ambulance Rates	Removes the requirement that ambulance reimbursement rates be tied to the rate approved by DHS	3	4-5
Breast and Cervical Cancer Treatment Program	<p>Clarifies that women must be screened by a provider or entity that is recognized by the Well Woman Healthcheck program and be under 250% FPL in order to qualify for the Breast and Cervical Cancer Treatment program</p> <p>(Note: This language is intended to direct DHS to</p>	4	6

	expand the pool of providers eligible to participate in Well Woman Health check)		
Behavioral Health Expenditures	Requires the Directors of JLBC and OSPB to submit an annual report to JLBC by October 1st, which details each year's Medicaid and non-Medicaid behavioral health expenditures, including behavioral health demographics, utilization and expenditures, medical necessity oversight practices, tracking of high cost beneficiaries, mortality trends, placement trends, program integrity and access to services	5	6
Retroactive Disproportionate Share	<ul style="list-style-type: none"> -Establishes FY 2011-2012 DSH distributions as follows: <ul style="list-style-type: none"> - \$55,507,900 for qualifying non-state operated hospitals <ul style="list-style-type: none"> o Caps the DSH payment for MIHS at \$89,877,700 - \$28,474,900 for ASH - \$9,284,800 for private DSH hospitals: <ul style="list-style-type: none"> o Limits payments to mandatory DSH qualifying hospitals; or o Hospitals in Yuma County with at least 300 beds - Stipulates that DSH payments in FY 2010-2011 and 2011-2012 include amounts for DSH hospitals designated by political subdivisions, tribal governments and universities - Applies retroactively to May 31, 2012 	6	7-8
Repeal Rule-Making Exemption	Repeals AHCCCS's rule-making authority granted under the FY 2011-2012 budget	7	8
Exemption from Rule Making	<ul style="list-style-type: none"> - Provides that any rules adopted by AHCCCS in accordance with the FY 2011-2012 exemption shall remain in effect through December 31, 2013 - Prohibits AHCCCS from continuing any of these program changes without statutory authority after December 31, 2013 	8	8

FY 2012-2013 ALTCS County Contributions	<ul style="list-style-type: none"> - Establishes the ALTCS County Contributions for FY2012-2013 as follows: <ul style="list-style-type: none"> - Apache: \$611,200 - Cochise: \$5,266,800 - Coconino: \$1,834,500 - Gila: \$2,146,400 - Graham: \$1,434,200 - Greenlee: \$192,800 - LaPaz: \$625,200 - Maricopa: \$148,533,600 - Mohave: \$8,000,100 - Navajo: \$2,529,300 - Pima: \$39,316,400 - Pinal: \$15,081,500 - Santa Cruz: \$1,904,900 - Yavapai: \$8,450,900 - Yuma: \$7,292,700 - If ALTCS costs exceeds \$the amount specified in the General Appropriations Act, authorizes the State Treasurer to collect the difference between the amount collected and the county share 	9	9
FY 2012-2013 Disproportionate Share	<ul style="list-style-type: none"> -Establishes FY 2012-2013 DSH distributions as follows: <ul style="list-style-type: none"> - \$89,877,700 for qualifying non-state operated hospitals - \$28,474,900 for ASH - \$9,284,800 for private DSH hospitals: <ul style="list-style-type: none"> o Limits payments to mandatory DSH qualifying hospitals; or o Hospitals in Yuma County with at least 300 beds - Stipulates that DSH payments in FY 2012-2013 include amounts for DSH hospitals designated by political subdivisions, tribal governments and universities 	13	11-12
County Proportional Share Contributions	Requires AHCCCS to transfer funds to the counties as necessary to comply with the proportional share requirements in PPACA by December 31, 2013	14	12
County Acute Care Contributions	<ul style="list-style-type: none"> - Establishes the Acute Care County Contributions for FY2012-2013 as follows: <ul style="list-style-type: none"> - Apache: \$268,800 - Cochise: \$2,214,800 - Coconino: \$742,900 - Gila: \$1,413,200 	15	13-14

	<ul style="list-style-type: none"> - Graham: \$536,200 - Greenlee: \$190,700 - LaPaz: \$212,100 - Maricopa: \$20,225,200 - Mohave: \$1,237,700 - Navajo: \$310,800 - Pima: \$14,951,800 - Pinal: \$2,715,600 - Santa Cruz: \$482,800 - Yavapai: \$1,427,800 - Yuma: \$1,325,100 <p>- Authorizes the State Treasurer to withhold county funds as necessary to meet the requirements of this section</p> <p>- Establishes payment procedures to comply with the requirements of this section</p> <p>- Stipulates legislative intent that Maricopa County’s contribution shall be reduced each year in accordance with changes in the GDP price deflator</p>		
Hospitalization & Medical Care Contributions	<p>- Establishes county withholding for Hospitalization & Medical Care for FY2013-2013 as follows:</p> <ul style="list-style-type: none"> - Apache: \$87,300 - Cochise: \$162,700 - Coconino: \$160,500 - Gila: \$65,900 - Graham: \$46,800 - Greenlee: \$12,000 - LaPaz: \$24,900 - Mohave: \$187,400 - Navajo: \$122,800 - Pima: \$1,115,900 - Pinal: \$218,300 - Santa Cruz: \$51,600 - Yavapai: \$206,200 - Yuma: \$183,900 <p>- Authorizes the State Treasurer to withhold county funds as necessary to meet the requirements of this section</p> <p>- Establishes payment procedures to comply with the requirements of this section</p> <p>- Allocates \$2,646,200 of amounts withheld for the county Acute Care contribution for Hospitalization & Medicare Care Services</p>	16	14-15

	administered by AHCCCS		
County Expenditure Limitation: Prop 204 Administration	- Stipulates that county contributions for the administration of Prop 204 are excluded from county expenditure limitations	17	15
Ambulance Services	- Notwithstanding 36-2239, subsection H, from October 1, 2012- September 30, 2013, requires AHCCCS to reimburse ambulance providers in an amount equal to 68.59% of the DHS rate	18	15
Hospital Reimbursement Inflation Adjustment Freeze	For the Contract Year beginning October 1, 2012, notwithstanding 36-2903.01, subsection G, paragraph 3 and any related rules, allows AHCCCS to elect not to adjust the outpatient hospital fee schedule by any inflation index	19	15
Reimbursement Rate Reduction Authority	For rates effective October 1, 2012 through September 30, 2013, allows AHCCCS to continue the 5% rate reduction that was in effect on October 1, 2011	20	15
Risk Contingency	From October 1, 2012 through September 30, 2013, allows AHCCCS to continue the risk contingency rate setting and funding for all managed care organizations that was in place from October 1, 2010 through September 30, 2011	21	15
Medicare Settlement	-Allows AHCCCS to participate in any special disability 1115 waiver offered by CMS and stipulates that any credits received are to be used in the fiscal year when such credits are made available to fund the state's share of federal financial participation - Requires AHCCCS to report any credits to JLBC by December 31, 2012 and June 30, 2013	22	16
Rule-Making Exemption Federal Hospital Funding	-Allows AHCCCS to apply for a Waiver to draw FFP for trauma centers, emergency departments and rural hospitals until January 1, 2014 -Provides a rule-making exemption for the implementation of such a program	23	16
Rule-Making Exemption Prescription Drugs	-Provides a rule-making exemption until October 1, 2012 for the revision of the reimbursement methodology for community health center prescription drug provider rates	24	16
Rule-Making Exemption Prescription	Provides a rule-making exemption until December 31, 2012 for the revision of ambulance provider rates	25	16

Drugs			
DES; Long-Term Care Fund	For FY 2012-2013, allows DES to use monies in the Long-Term Care Fund	27	16-17
AHCCCS Dental Contractor Compliance	Requires AHCCCS to monitor contractor compliance and performance requirements in the provision of covered dental services to eligible members	31	17
Implementation of Program	Stipulates that it is the intent of the Legislature for FY 2012-2013 that AHCCCS implement a program within the available appropriation	31	17
False Claims Act	Stipulates that it is the intent of the Legislature that AHCCCS comply with the requirements of the False Claims Act and maximize savings in, and continue to consider best available technologies in detecting fraud in, the administration's programs	33	17
Outpatient Hospital Fee Schedule Rates	Stipulates that it is the intent of the Legislature that AHCCCS revise its rules to eliminate the automatic adjustments to outpatient hospital fee schedule rates by any inflation index	34	17
Capitation Rate Increases	Stipulates that it is the intent of the Legislature that AHCCCS capitation rate increases no exceed 3% in FY 2013-2014 and 2014-2015	35	18