INCLUDING THOSE CASES THAT REMAIN UNDER SEAL. FOR THE PURPOSES OF THIS PARAGRAPH THE REPORT SHALL SPECIFY:

- (a) THE STATE OR FEDERAL COURTS IN WHICH THOSE CASES WERE FILED.
- (b) THE STATE PROGRAM OR AGENCY THAT IS INVOLVED IN EACH CASE.
- (c) THE NUMBER OF CASES FILED BY ANY PRIVATE INDIVIDUAL WHO PREVIOUSLY HAD FILED AN ACTION BASED ON THE SAME OR SIMILAR TRANSACTIONS OR ALLEGATIONS UNDER THE FEDERAL FALSE CLAIMS ACT OR THE FALSE CLAIMS ACT OF ANOTHER STATE.
- 2. THE AMOUNT THAT WAS RECOVERED BY THE STATE IN SETTLEMENT, DAMAGES, PENALTIES AND LITIGATION COSTS, IF KNOWN. FOR THE PURPOSES OF THIS PARAGRAPH THE REPORT SHALL SPECIFY:
- (a) THE CASE NUMBER AND PARTIES FOR EACH CASE IN WHICH THERE WAS A RECOVERY.
- (b) THE SEPARATE AMOUNTS OF ANY MONIES RECOVERED FOR DAMAGES, PENALTIES AND LITIGATION COSTS.
- (c) THE PERCENTAGE OF THE RECOVERY AND THE AMOUNT THAT THE STATE PAID TO ANY PRIVATE PERSON WHO BROUGHT THE ACTION.
- 3. THE AMOUNT THAT WAS EXPENDED BY THIS STATE PURSUANT TO THIS SECTION IN INVESTIGATION, LITIGATION AND PERSONNEL COSTS AND RESOURCES.

ARTICLE 2. PRIMACY DETERMINATIONS

12-3021. <u>Primacy determinations; inquiry messages; centralized</u> <u>database; civil penalties; audits; use of data</u>

- A. ALL ENTITIES THAT PROVIDE HEALTH INSURANCE OR HEALTH CARE COVERAGE, WORKERS' COMPENSATION, AUTOMOBILE INSURANCE OR HOMEOWNER'S INSURANCE TO RESIDENTS OF THIS STATE MUST RESPOND TO ELIGIBILITY INQUIRY MESSAGES OR UPLOAD TO A CENTRALIZED DATABASE INFORMATION ON COVERAGE AND BENEFITS AS MAY BE REQUIRED BY ANY HEALTH CARE PROVIDER, HEALTH PLAN OR HEALTH PLAN SPONSOR, OR ITS AGENT, REGARDING THE COVERAGE PROVIDED BY THAT ENTITY TO ANY PATIENT OR BENEFICIARY OF THAT ENTITY.
- B. TO RESOLVE THE PRIMACY OF THE STATE'S HEALTH PLANS BEFORE RECEIVING CLAIMS OR EXPENDING PUBLIC MONIES ON CLAIMS OR PREMIUMS, A PUBLICLY SPONSORED HEALTH PLAN, INCLUDING THE ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM, STATE EMPLOYEE OR RETIREE HEALTH PLANS AND THE HEALTH PLANS OF POLITICAL SUBDIVISIONS OF THIS STATE, SHALL PRESUME THAT COVERAGE MAY EXIST FOR THE PLAN'S INSURED PERSONS ON THE ENROLLMENT RECORD OF ANY OTHER HEALTH PLAN AND SHALL CAUSE ELIGIBILITY INQUIRIES TO BE TRANSMITTED TO EVERY HEALTH PLAN OR CASUALTY INSURER IN THE UNITED STATES, FOR THEIR RESPECTIVE CLASSES OF CLAIMS. BEGINNING OCTOBER 1, 2009, PUBLIC MONIES MAY NOT BE EXPENDED ON ANY

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CLAIM OR PREMIUM IN THE ABSENCE OF A THIRD-PARTY CERTIFICATION THAT A COMPREHENSIVE, ELECTRONIC TEST OF PRIMACY HAS FIRST BEEN EXECUTED.

- C. TO ESTABLISH THE COVERAGE IN FORCE FOR A PATIENT PRESENTING OR ABOUT TO PRESENT A CLAIM, A HEALTH CARE PROVIDER, HEALTH PLAN OR HEALTH PLAN SPONSOR, OR ITS AGENT, MAY TRANSMIT THE MINIMUM HUMAN IDENTIFIERS IN THE ANSI X.12 270 STANDARD FOR ELIGIBILITY INQUIRIES, INCLUDING THE PATIENT'S NAME, SEX AND DATE OF BIRTH, TO ALL ENTITIES LICENSED OR REGISTERED TO PROVIDE HEALTH INSURANCE OR HEALTH CARE COVERAGE OR CASUALTY COVERAGE TO INDIVIDUALS WHO RESIDE IN THIS STATE. TO ENSURE RAPID RESPONSE AND ELIMINATE ANY DELAY IN THE PAYMENT OF LEGITIMATE CLAIMS BY PUBLIC ENTITIES, AN ENTITY RECEIVING SUCH INQUIRIES MUST RESPOND ACCURATELY TO THEM WITHIN TWENTY-FOUR HOURS.
- D. A HEALTH CARE PROVIDER, HEALTH PLAN OR HEALTH PLAN SPONSOR HAS A CAUSE OF ACTION FOR INJUNCTIVE RELIEF AND COSTS, INCLUDING ATTORNEY FEES, FOR THE ENFORCEMENT OF THIS SECTION AGAINST ANY NONCOMPLIANT ENTITY. ON A SECOND OR SUCCESSIVE OCCURRENCE OF FAILURE OR REFUSAL TO REPLY TO THE MESSAGES REQUIRED UNDER THIS SECTION, THE COURT SHALL IMPOSE A CIVIL PENALTY PURSUANT TO SUBSECTION E.
- E. ON A FINDING THAT AN ENTITY KNOWINGLY FAILED OR REFUSED TO COMPLY WITH THE DUTIES IMPOSED BY THIS SECTION, A COURT SHALL IMPOSE A CIVIL PENALTY OF ONE THOUSAND DOLLARS FOR EACH ELIGIBILITY MESSAGE THE ENTITY FAILED OR REFUSED TO REPLY TO AS REQUIRED BY THIS SECTION. AN ATTEMPT TO IMPOSE DATA ELEMENTS OR OTHER BURDENS NOT EXPRESSLY AUTHORIZED BY THIS SECTION ON THE CONTENT, TERMS OR EXECUTION OF MESSAGING IS A REFUSAL TO COMPLY WITH THE REQUIREMENTS OF THIS SECTION.
- F. ON A SHOWING BY ANY HEALTH PLAN FUNDED IN WHOLE OR IN PART BY THIS STATE OR ITS AGENT THAT AN ENTITY HAS FAILED OR REFUSED TO RESPOND TO THE MESSAGING REQUIREMENTS OF THIS SECTION, THE ATTORNEY GENERAL SHALL:
 - 1. SUBPOENA THE NONCOMPLIANT ENTITY'S ENROLLMENT DATA.
- 2. COMMENCE A COMPLAINT UNDER 42 UNITED STATES CODE SECTION 1320d-5 FOR ADMINISTRATIVE SANCTIONS.
- 3. REQUEST THE FEDERAL GOVERNMENT TO COMMENCE A PROSECUTION UNDER 18 UNITED STATES CODE SECTION 1035.
- 4. COMMENCE AN ACTION IN STATE COURT TO DEMAND SPECIFIC PERFORMANCE BY THE ENTITY OF ITS DUTY UNDER THIS SECTION.
- G. ON NOTICE OF A SECOND FINDING OF AN ENTITY'S FAILURE OR REFUSAL TO COMPLY WITH THE MESSAGING REQUIREMENTS OF THIS SECTION, THE DEPARTMENT OF INSURANCE SHALL PERMANENTLY REVOKE THAT ENTITY'S LICENSE. THE DEPARTMENT SHALL INCLUDE ANY FINDING BY ANOTHER STATE'S HEALTH PLAN OR PROVIDER OR BY

THE FEDERAL GOVERNMENT OF A VIOLATION OF COMPARABLE LAW IN THE CALCULATION OF FIRST AND SECOND OFFENSES.

- H. WITHIN ONE HUNDRED TWENTY DAYS AFTER THE EFFECTIVE DATE OF THIS SECTION, EACH STATE FUNDED HEALTH PLAN AND MEDICAL PROVIDER SHALL CONDUCT AN AUDIT OF THE PRIMACY OF ITS PAYMENTS BY MATCHING THE IDENTITIES OF ITS BENEFICIARIES ELECTRONICALLY USING THE TRANSACTIONS MANDATED PURSUANT TO 42 UNITED STATES CODE SECTIONS 1320d THROUGH 1320d-8 AGAINST THE ENROLLMENT OF ALL OTHER HEALTH PLANS. EACH ORGANIZATION MUST FILE THE RESULTS OF ITS AUDIT WITH THE DEPARTMENT OF INSURANCE WHEN THE AUDIT IS COMPLETE.
- I. BEGINNING OCTOBER 1, 2009, A HEALTH PLAN FUNDED DIRECTLY OR INDIRECTLY BY TAX MONIES MAY NOT PAY ANY CLAIM OR PREMIUM THAT LACKS A CERTIFICATE OF THE HEALTH PLAN'S PRIMACY DERIVED FROM A COMPREHENSIVE, ELECTRONIC, PREEMPTIVE TEST OF ALL OTHER COVERAGE OR A CERTIFICATE OF ITS NET LIABILITY AS A SECONDARY PAYOR.
- J. ELIGIBILITY COVERAGE DATA THAT IS SHARED PURSUANT TO THIS SECTION BY HEALTH PLANS AND OTHER PARTIES IN THE PROCESS OF DETERMINING PRIMACY SHALL BE CONSTRUED AS AN ELEMENT OF DATA USED IN THE PROCESS OF BILLING FOR MEDICAL SERVICES RENDERED AND IS EXPRESSLY EXEMPT FROM THE PRIVACY AND CONFIDENTIALITY PROVISIONS OF THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 AND THE REGULATIONS PROMULGATED THEREUNDER. A PERSON WHO RECEIVES THIS DATA FOR THAT PURPOSE MAY NOT CONVERT THE USE OF THAT DATA TO ANY OTHER PURPOSE.
- Sec. 4. Section 23-722.01, Arizona Revised Statutes, is amended to read:

23-722.01. Employer reporting; exceptions; retention of records; unauthorized disclosure; civil penalty; new hire directory; definitions

- A. Subject to the requirements of subsection E, the department of economic security shall implement a program to require all employers doing business in this state to report the following to the department of economic security:
 - 1. The hiring of any employee who resides or works in this state.
- 2. The rehiring or returning to work of any employee who was laid off, furloughed, separated, granted a leave without pay or terminated from employment.
- B. The department of economic security shall eliminate all unnecessary reporting in the information requested to reduce the burden of employers.

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Senate Strike Everything Changes to HB 2633 Budget Plan Summary

Estimated Shortfall	FY 2010 Senate Budget Plan (\$2,984,297,100)	Savings as % of GF <u>Budget</u>	Savings as % of Total <u>4/</u> <u>Spending</u>
General Fund Spending Reductions			
7 Large Agencies			
Dept. of Education 2/	(220,190,000)	-5.2%	-2.2%
AHCCCS 3/	(66,218,100)	-4.0%	-3.7%
Universities	(40,000,000)		-2.8%
Dept. of Corrections	(34,946,300)		-3.3%
Dept. of Economic Security 3/	(74,429,000)	-10.1%	-2.8%
Dept. of Health Services 3/	(108,399,100)	-17.1%	-5.9%
Community Colleges 4/	(11,315,800)	-7.8%	-0.7%
All Other Agencies	(51,828,000)	-6.9%	-8.0%
Property Tax Shifts	(53,915,700)		
Capital	(50,000)		
Subtotal - General Fund Agencies	(\$661,292,000)	-6.6%	-3.5%
Rollovers			
AHCCCS	(117,889,100)		
Dept. of Economic Security	(15,600,000)		
Dept. of Health Services	(20,000,000)		
Subtotal - Rollovers	(\$153,489,100)		• •
Fund Transfers			
Excess Balance Transfers (EBTs)	(119,181,300)		
Fund Reduction and Transfers (FRATs)	(185,233,300)		
All Other Fund Transfers	(88,803,100)		
Subtotal - Fund Sweeps	(\$393,217,700)		
Shift K-12 to Local VLT	(\$190,000,000)		
Temporary Federal Assistance			
Medicaid Match Rate	(\$737,195,100)		
Stabilization Fund	(\$324,116,200)		
Prior Year Carryforward - Via Stabilization Fund	(\$247,700,000)		
Additional Revenue	(\$240,547,300)		
Non-Tax Revenue			
Fraud Reduction	(\$50,000,000)		
Subtotal - Non-Tax Revenue	(\$50,000,000)		
TOTAL - Budget Plans	(\$2,997,557,400)		
Remaining Balance/(Shortfall)	\$13,260,300		

^{1/ &}quot;Savings as % of Total Spending" column includes reductions in federal and non-General Fund state funding

^{2/} The total spending reduction includes local funding for items such as "QTR" taxes, overrides and debt service.

^{3/} Does not include spending reductions backfilled with Temporary Federal Assistance displayed in separate lir

^{4/} The total spending reduction includes local funding for items such as tuition and fees, property taxes and grants.

General Fund Detailed List of Budget Changes by Agency

	Revised GF	FY 2010 GF Baseline <u>2</u> /	FY 2010 GF SB 1188 S/E	FY 2010 GF SB 1188 S/E Subtotal
	FY 2009			
OPERATING SPENDING CHANGES	T			
DOA - Arizona Department of Administration	\$19,043,500			
DOA - Lump Sum Suspension/Reduction	***************************************	•	(1,212,200)	
DOA - Salary Lump Sum			(619,400)	(4.004.000)
OAH - Office of Administrative Hearings	\$1,117,900			(1,831,600)
OAH - Lump Sum Suspension/Reduction	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(64,300)	,
OAH - Salary Lump Sum			(53,900)	
				(118,200)
AGR - Department of Agriculture	\$10,167,800		(446,000)	
AGR - Lump Sum Suspension/Reduction	- - -		(116,000) (251,000)	
AGR - Efficiency Reductions AGR - Fee Use Authority			(389,000)	
AGR - Rent Savings			(259,300)	
AGR - ACT Pari-mutuel Shift	1		128,500	
				(886,800)
AXS - AHCCCS	\$1,539,428,700		•	
AXS - Caseload Growth		183,202,100		
AXS - FY 09 Supplemental		(87,097,600)	(000,400)	
AXS - Lump Sum Suspension/Reduction			(903,100)	
AXS - Salary Lump Sum			(2,451,700) (907,700)	
AXS - FY 09 Annualization AXS - Eliminate KidsCare Parents			(7,321,500)	
AXS - Reduce KidsCare Eligibility to 150% (grandfather current recipients)			(3,597,800)	
AXS - (5)% Rate Adjustments			(49,911,500)	<u> </u>
AXS - (5)% Rate Adjustments AXS - Implement DRA Copayments			(1,124,800)	
7 V.C. Imponent 51 V.C. copayments			(1,121,000)	(66,218,100)
ART - Arizona Commission on the Arts	\$1,507,600			λ
ART - Salary Lump Sum			(29,400)	•
ART - FY 09 Annualization			(563,100)	
ART - Endowment Offset			300,000	
ART - Suspend General Fund Support			(915,100)	(4.007.000)
ATT - Attorney General	\$21,607,400		<u> </u>	(1,207,600)
ATT - Lump Sum Suspension/Reduction	121,007,100		(1,949,100)	
ATT - Salary Lump Sum	1		(221,600)	
				(2,170,700)
CPD - State Capital Postconviction Public Defender Office	\$759,000			
CPD - Lump Sum Suspension/Reduction			(43,600)	
CPD - Salary Lump Sum			(34,800)	
CILLA Chata Daniel for Charles Cabach	₹702.000			(78,400)
CHA - State Board for Charter Schools CHA - Restore FY 09 Reductions	\$723,200		105,500	
CHA - Restore F1 09 Reductions CHA - Eliminate One-time Funding	<u> </u>	(4,800)	105,500	
CHA - Eliminate One-time runding		(4,800)	·	105,500
COM - Department of Commerce	\$6,512,000		* ***	
COM - Reduce Commerce GF Support			(2,000,000)	
				(2,000,000)
CCO - Arizona Community Colleges	\$138,679,800			
CCO - Formula Growth		8,019,800	4	
CCO - Tribal Formula Adjustments		(220,000)		
CCO - Reduce One-time Spending		(500,000)	/A 4FA AFA	
CCO - Lump Sum Suspension/Reduction - Operating State Aid			(9,152,000)	
CCO - Fund Dual Enrollment at 50%			(2,163,800)	(11,315,800)
	1)			[(11,010,000)