

**Summary of Legislative Changes
Benefits Redesign Implementation
Current Savings Projections Total Population**

Benefit	Legislative Language, HB 2010 Section 36-2907	AHCCCS Interpretation of statute	Paid Amout for Adults without Medicare (with some exceptions as noted) 10/01/08 - 9/30/2009 - AHCCCS Population						Off-sets	Current estimated savings with off-sets
			Paid Acute	Paid ALTCS	Total Paid	Members Acute	Members ALTCS	Total Members		
Insulin Pumps	B. (2) (c) Insulin pumps, percussive vests and orthotics are not covered health and medical services.	AHCCCS will eliminate coverage of Insulin pumps	\$734,148	\$21,151	\$755,299	158	4	162	30%	\$528,709
Percussive Vests	B. (2) (c) Insulin pumps, percussive vests and orthotics are not covered health and medical services.	AHCCCS will eliminate coverage of percussive vests.	\$21,581	\$37,933	\$59,514	7	6	13	0%	\$59,514
DME	B (2)(d) Durable medical equipment is limited to items covered by Medicare.	AHCCCS will only cover DME that is covered by Medicare.								CMS determined mandatory service / No further action
Bone-Anchored Hearing Aid	B. (2) (b) Prosthetic devices do not include hearing aids, dentures, bone anchored hearing aids or cochlear implants. Prosthetic devices, except prosthetic implants, may be limited to twelve thousand five-hundred dollars per contract year.	AHCCCS will eliminate coverage of Bone-Anchored Hearing AID (BAHA)	\$7,616	\$0	\$7,616	5	-	5	0%	\$7,616
Cochlear Implant	B. (2) (b) Prosthetic devices do not include hearing aids, dentures, bone anchored hearing aids or cochlear implants. Prosthetic devices, except prosthetic implants, may be limited to twelve thousand five-hundred dollars per contract year.	AHCCCS will eliminate coverage of cochlear implant	\$50,004	\$0	\$50,004	5	-	5	0%	\$50,004
Prosthetics Excluding prosthetic implants	B. (2) (b) Prosthetic devices do not include hearing aids, dentures, bone anchored hearing aids or cochlear implants. Prosthetic devices, except prosthetic implants, may be limited to twelve thousand five-hundred dollars per contract year.	Only eliminate microprocessor controlled joints. Impose criteria on all lower limb prosthesis.	\$62,839	\$0	\$62,839	4	-	4	0%	\$62,839
Orthotics	B. (2) (c) Insulin pumps, percussive vests and orthotics are not covered health and medical services.	Eliminating all orthotics. Exceptions for some supplies	\$4,968,611	\$420,393	\$5,389,004	22,456	703	23,159	20%	\$4,311,203
Emergency Dental Service	A. (5) Emergency dental care and extractions for persons who are at least twenty-one years of age.	The Administration shall cover medical and surgical services furnished by a dentist to the extent that such services may be performed under State law either by a physician or by a dentist and such services would be considered a physician service if furnished by a physician.	\$7,837,813	\$617,464	\$8,455,277	39,421	1,550	40,971	40%	\$5,073,166
Services by Podiatrist	B (2) (e) Podiatry services do not include services performed by a podiatrist.	Services provided by a podiatrist are no longer covered.	\$5,325,249	\$358,862	\$5,684,111	15,677	1,503	17,180	75%	\$1,421,028

Summary of Legislative Changes
Benefits Redesign Implementation
Current Savings Projections Total Population

Benefit	Legislative Language, HB 2010 Section 36-2907	AHCCCS Interpretation of statute	Paid Amout for Adults without Medicare (with some exceptions as noted) 10/01/08 - 9/30/2009 - AHCCCS Population							Off-sets	Current estimated savings with off-sets
			Paid Acute	Paid ALTCS	Total Paid	Members Acute	Members ALTCS	Total Members			
Well Exams	B (2) (h) Well exams are not a covered health and medical service, except mammograms, pap smears and colonoscopies.	Well visits are no longer covered.	\$11,185,290	\$162,137	\$11,347,427	100,342	1,539	101,881	25%	\$8,510,570	
Transplants	B (2)(f) NONEXPERIMENTAL TRANSPLANTS DO NOT INCLUDE THE FOLLOWING: i) PANCREAS ONLY TRANSPLANTS. (ii) PANCREAS AFTER KIDNEY TRANSPLANTS. (iii) LUNG TRANSPLANTS. (iv) HEMOPOETIC CELL TRANSPLANTS. (v) ALLOGENIC UNRELATED TRANSPLANTS. (vi) HEART TRANSPLANTS FOR NON-ISCHEMIC CARDIOMYOPATHY. (vii) LIVER TRANSPLANTS FOR DIAGNOSIS OF HEPATITIS C.	# 4 and #5 should be combined as this is a type of transplant.						-		\$4,000,000	
Subtotal			\$30,193,151	\$1,617,940	\$31,811,091					\$24,024,650	
Non-Emergency Transportation (Urban)	G. Subject to approval by the Centers for Medicare and Medicaid Services, Nonemergency medical transportation shall not be provided to persons who are eligible pursuant to sections 36-2901.01 and 36-2901.04 and who reside in a County with a population of more than five hundred thousand persons.	Expansion - Eliminate non-emergency transport for Expansion members in Maricopa and Pima Counties.	\$4,985,264	\$0	\$4,985,264	14,270	-	14,270	40%	\$2,991,158	
Non-Emergency Transportation (Urban)	As above	Waiver - Eliminate non-emergency transport for Waiver members in Maricopa and Pima Counties.	\$7,870,069	\$0	\$7,870,069	23,149	-	23,149	40%	\$4,722,041	
Subtotal			\$43,048,484	\$1,617,940	\$44,666,424					\$31,737,850	
Bariatric Surgery	B. (2) (g) Beginning October 1, 2011, bariatric surgery procedures, including laparoscopic and open gastric bypass and restrictive procedures, are not covered health and medical services.	Per CMS may not eliminate, however, strict criteria may be implemented.	\$36,929	\$5,966	\$42,895	31	3	34	0%	\$42,895	
Physical Therapy	Not addressed in legislation	PT will be limited to a set number of visits. Visit number not yet determined								To be determined	

Data Footnotes:

- 1) Except for services that Medicare does not cover, (dental and transportation) members with Medicare have been excluded from savings calculation.
- 2) Off-set percentages were determined as part of redesign meetings Spring 2009.
- 3) Member count may be duplicated across services. Member count may be duplicated if member received service both from Acute and ALTCS.

Summary of Legislative Changes

Benefits Redesign Implementation - For members self reported as American Indian

Current utilization - FFS/Managed care displayed

Note - utilization excludes services billed at the all inclusive-rate

Benefit	AHCCCS Interpretation of statute	Data Definition	Paid Amount for Adults without Medicare (with some exceptions as noted 10/01/08 - 9/30/2009 - American Indian Population , includes both Acute and ALTCS)					
			Paid FFS	Paid MCO	Total Paid	Members FFS	Members MCO	Total Members
Insulin Pumps	Eliminate coverage of Insulin pumps	E0784	\$4,027	\$0	\$4,027	1	-	1
Percussive Vests	Eliminate coverage of percussive vests.	E0483	\$9,099	\$0	\$9,099	1	-	1
Bone-Anchored Hearing Aid	Eliminate coverage of Bone-Anchored Hearing AID (BAHA)	L8690, L8692	\$0	\$0	\$0	-	-	-
Cochlear Implant	Eliminate coverage of cochlear implant	L8614	\$0	\$0	\$0	-	-	-
Prosthetics	Eliminate microprocessor controlled joints. Impose criteria on all lower limb prosthesis.	L5856, L5857, L5858 and L5973	\$0	\$0	\$0	-	-	-
Orthotics	Eliminate coverage of orthotics. Exceptions for some supplies.	L0001 - L4999, with some exclusions for supplies	\$285,646	\$125,563	\$411,209	702	596	1,298
Emergency Dental	The Administration shall cover medical and surgical services furnished by a dentist to the extent that such services may be performed under State law either by a physician or by a dentist and such services would be considered a physician service if furnished by a physician.	Allowed dental list in-process. Currently display extractions, dental restorations, and endodontics.	\$27,787	\$115,895	\$143,682	207	719	926
Services by Podiatrist	Eliminate coverage of services provided by a podiatrist	Exclude Provider Type 10	\$135,541	\$115,310	\$250,851	355	390	745
Well Exams	Eliminate coverage of well visits.	99385 - 99387, 99395 - 99397 and S5190	\$45,554	\$216,759	\$262,313	2,543	104	2,647
Subtotal			\$507,654	\$573,527	\$1,081,181			
Transplants	Eliminate coverage of certain transplants.	Determined by case			Unable to determine			
Non-Emergency Transportation (Urban)	Requires CMS Approval	Expansion - Eliminate non-emergency transport for Expansion members in Maricopa and Pima Counties.	\$343,818	\$65,403	\$409,221	420	271	691
Non-Emergency Transportation (Urban)	Requires CMS Approval	Waiver - Eliminate non-emergency transport for Waiver members in Maricopa and Pima Counties.	\$697,701	\$207,936	\$905,637	1,166	758	1,924
Bariatric Surgery	Per CMS may not eliminate, however, strict criteria may be implemented. Implementation 10/1/2011		\$3,216	\$2,043	\$5,259	3	2	5
Physical Therapy	Not addressed in legislation. PT will be limited to a set number of visits. Visit number not yet determined				To be determined			

Data Footnotes:

- 1) Except for services that Medicare does not cover, (dental and transportation), members with Medicare have been excluded from utilization.
- 2) Member count may be duplicated across services. Member count may be duplicated if member received service both from Acute and ALTCS or FFS and MCO.
- 3) Utilization is based on services not reimbursed at the all inclusive rate. AHCCCS does not have the detail related to these services. Therefore, utilization may be understated.

Summary of Legislative Changes

Benefits Redesign Implementation - For members self reported as American Indian

Current utilization - Acute/ALTCS displayed

Note - utilization excludes services billed at the all inclusive-rate

Benefit	AHCCCS Interpretation of statute	Data Definition	Paid Amount for Adults without Medicare (with some exceptions as noted) 10/01/08 - 9/30/2009- American Indian Population, includes both FFS and MCO					
			Paid Acute	Paid ALTCS	Total Paid	Members Acute	Members ALTCS	Total Members
Insulin Pumps	Eliminate coverage of Insulin pumps	E0784	\$4,027	\$0	\$4,027	1	-	1
Percussive Vests	Eliminate coverage of percussive vests.	E0483	\$9,099	\$0	\$9,099	1	-	1
Bone-Anchored Hearing Aid	Eliminate coverage of Bone-Anchored Hearing AID (BAHA)	L8690, L8692	\$0	\$0	\$0	-	-	-
Cochlear Implant	Eliminate coverage of cochlear implant	L8614	\$0	\$0	\$0	-	-	-
Prosthetics	Eliminate microprocessor controlled joints. Impose criteria on all lower limb prosthesis.	L5856, L5857, L5858 and L5973	\$0	\$0	\$0	-	-	-
Orthotics	Eliminate coverage of orthotics. Exceptions for some supplies.	L0001 - L4999, with some exclusions for supplies	\$373,959	\$37,250	\$411,209	1,214	76	1,290
Emergency Dental	The Administration shall cover medical and surgical services furnished by a dentist to the extent that such services may be performed under State law either by a physician or by a dentist and such services would be considered a physician service if furnished by a physician.	Allowed dental list in-process. Currently display extractions, dental restorations, and endodontics.	\$139,594	\$4,087	\$143,681	903	23	926
Services by Podiatrist	Eliminate coverage of services provided by a podiatrist	Exclude Provider Type 10	\$220,004	\$30,846	\$250,850	607	137	744
Well Exams	Eliminate coverage of well visits.	99385 - 99387, 99395 - 99397 and S5190	\$250,188	\$12,125	\$262,313	2,543	104	2,647
Subtotal			\$996,871	\$84,308	\$1,081,179			
Transplants	Eliminate coverage of certain transplants.	Determined by case			Unable to determine			
Non-Emergency Transportation (Urban)	Requires CMS Approval	Expansion - Eliminate non-emergency transport for Expansion members in Maricopa and Pima Counties.	\$409,221	\$0	\$409,221	692	-	692
Non-Emergency Transportation (Urban)	Requires CMS Approval	Waiver - Eliminate non-emergency transport for Waiver members in Maricopa and Pima Counties.	\$905,637	\$0	\$905,637	1,865	-	1,865
Bariatric Surgery	Per CMS may not eliminate, however, strict criteria may be implemented. Projected implementation 10/1/2011		\$4,153	\$1,106	\$5,259	4	1	5
Physical Therapy	Not addressed in legislation. PT will be limited to a set number of visits. Visit number not yet determined				To be determined			

Data Footnotes:

- 1) Except for services that Medicare does not cover, (dental and transportation), members with Medicare have been excluded from utilization.
- 2) Member count may be duplicated across services. Member count may be duplicated if member received service both from Acute and ALTCS or FFS and MCO.
- 3) Utilization is based on services not reimbursed at the all inclusive rate. AHCCCS does not have the detail related to these services. Therefore, utilization may be understated.