



# Supplement Payments Waiver

## 2014 Performance Measures Evaluation Survey

AHCCCS must conduct an independent evaluation of the uncompensated care payments provided to IHS and 638 facilities through the 2014 1115 Waiver Extension. A similar evaluation was conducted in 2012. Part of supporting a demonstration under an 1115 waiver is providing CMS with performance measures. The State must evaluate how the demonstration impacts the financial viability of IHS and 638 facilities and ensures the continued availability of a health care delivery network for current and future Medicaid beneficiaries.

This survey is related to the payments made to you for coverage of benefits that have been eliminated or limited in the AHCCCS program. This survey does not include the payments made to you for care provided to childless adults when eligibility for that category was frozen.

Your participation in this survey is critical. It is essential to provide CMS with information that reflects the impact of the supplemental payments on tribal health facilities. Without sufficient sampling, future CMS waiver requests and extensions may be affected.

Please respond to the following questions in detail and return to the AHCCCS Tribal Relations Office by **May 1, 2014**. You may respond to the survey by; 1) answering each question directly on this form (in color) or, 2) respond to each question on a separate piece of paper and attach to an email message. Send your responses to: Bonnie Talakte, AHCCCS Tribal Relations Office at [bonnie.talakte@azahcccs.gov](mailto:bonnie.talakte@azahcccs.gov).

A strong response from our tribal partners is greatly appreciated.

1. What percentage of your overall budget do Medicaid payments represent?
2. Have these supplemental payments allowed you to either maintain or increase your staffing (e.g., were you able to keep podiatrists on staff or increase number of PCP's or Nurse Practitioners).
3. What service reductions were you prepared to make at your facility due to recent AHCCCS benefit reductions?
4. How have these supplemental payments allowed you to either maintain or increase your service levels or types (e.g., are you able to continue to offer adult dental services or podiatry)?
5. Have you been able to maintain or expand your hours of operation at your facility as a result of these supplemental payments? If yes, please explain



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### List of Services Covered Under the 2014 Waiver Extension

- Emergency Dental Care
- Services provided by a Podiatrist
- Insulin Pumps (Note: these services were restored in the 2014 legislative session so claiming for this service ends 10-1-14)
- Percussive Vests
- Bone-Anchored Hearing Aids
- Cochlear Implants
- Orthotics
- Microprocessor-controlled: lower limbs and joints for the lower limbs
- Outpatient Physical Therapy Limit of 15 visits per contract year
- Inpatient limit to 25-days per year (claiming for this ends 10-1-14)