

## **2011 I.H.S./638 Supplemental Payments Waiver Performance Measures**

### **Introduction**

Section 1115 Waivers are “demonstrations”. They test a particular hypothesis to show that the waiver from the federal Medicaid regulations supports the Medicaid program. Part of supporting a demonstration under an 1115 waiver is providing CMS with performance measures. Below are the hypotheses that the State is testing and some measures that AHCCCS is considering for discussion.

- *Uncompensated care payments to I.H.S. and 638 facilities will increase capacity to provide care and services resulting in AHCCCS members receiving routine care and recommended evidence based care and services for chronic conditions*
- *Implementing uncompensated care payments to I.H.S. and 638 facilities will allow staffing levels to be maintained or increased.*

### **1115 Waiver Special Terms and Conditions (STC) re payments to IHS and 638 facilities**

#### **Intro paragraph:**

In addition, the Demonstration will provide for payments to IHS and tribal 638 facilities to address the fiscal burden of uncompensated care for services provided in or by such facilities to individuals with income up to 100 percent of the FPL. This authority will enable the State to evaluate how this approach impacts the financial viability of IHS and 638 facilities and ensures the continued availability of a robust health care delivery network for current and future Medicaid beneficiaries.

#### **STC 26 Payments to IHS and 638 Facilities.**

The State is authorized under the expenditure authorities of this Demonstration to make payments to IHS and tribal 638 facilities that take in to account their uncompensated costs in furnishing specified types of care furnished by IHS and tribal 638 facilities to Medicaid-eligible individuals and other individuals with family income at or below 100 percent of the FPL.

Facilities will have the option to elect one of two approved methodologies, as further outlined in Attachment K, to calculate and receive payment for their uncompensated care costs. The facilities will notify AHCCCS of their selection by April 30, 2012, and will have the option to switch their methodology election only once. If a facility elects to switch the methodology by which their uncompensated care payment is calculated, the facility must notify the State by December 15, 2012. The new methodology will be utilized to calculate the facility’s uncompensated care payment effective January 1, 2013.

**STC 28e) Evaluation re Uncompensated Care Payments to IHS and 638 Facilities.**

Arizona must conduct an independent evaluation of the uncompensated care payments provided to IHS and 638 facilities as described in paragraph 26 and Attachment K. The evaluation must test the following specific hypotheses related to the uncompensated care payments:

i. What is the affect on service utilization as a result of the uncompensated care payments broken down by type of service as well as the population served?

ii. Are the affected facilities able to maintain and/or increase their current staffing levels?

Methods by which the State can evaluate these hypotheses include evaluating staffing levels as well as the relative utilization of, and access to, services provided to adults pre-uncompensated care payment period to services with those of the post-uncompensated care payment period. Measures could include examining selected evidence-based measures indicating management of chronic conditions (such as diabetes and asthma).

Measure	Facility Response	Additional Comments
1. Total budget for your facility (so the payment can be compared to the total budget)		
2. Share of total funds in your facility that are Medicaid (ie what is the payor mix)		
3. Staffing reductions each IHS/638 facility was going to have to make if they did not receive the payments.		
4. Breakdown of staffing at each IHS/638 facility before and after payment -- by provider type. (We can select a group of provider types: e.g., PCP, NP, Dental, podiatrist)		
5. Benefit reductions each IHS/638 facility would have made but for the payments		
6. Utilization trends of non-AI and AI before and after the payments.		

7. Utilization trends per accounting under Option 1.		
8. Hours of availability at each IHS/638 facility pre-payments and post		
9. Availability of services by service type at each IHS/638 facility (e.g. dental, pharmacy, podiatry) - Pre the payments and post the payments		
10. How does the continued receipt of Medicaid income support your ability to maintain Accreditation? (there is a requirement that IHS has to use third-party resources (Medicaid) for Accreditation/Certification purposes)		
11. What other actions would you have taken had Medicaid income been reduced as anticipated prior to the CMS Waiver approval?		
<b>Government Performance and Results Act (GPRA) Quality Measures</b>		
12. Access to Care pre- and post-payment: GPRA access to care measure		
13. Oral health care for children ages 0 to21 years of age: <u>General Access</u> <u>Sealants</u> <u>Topical Fluoride</u>  <i>Baseline measurement period</i> CYE 2011, October 1, 2010 through September 30, 2011  <i>Remeasurement period</i> CYE 2016, October 1, 2015 through September 30, 2016		
14. Diabetes and Asthma: Percent of members diagnosed with asthma with a primary diagnosis of diabetes on at least one office visit claim:		

Percent of members diagnosed with asthma with a primary diagnosis of diabetes on at least one emergency room visit claim:

*GPRA diabetes Performance Measure Results:*

Blood Sugar Assessed

Diabetes Prevalence

Ideal Blood Pressure Control

Ideal Blood Sugar Control

LDL Cholesterol Assessed

Nephropathy Assessed

Poor Blood Sugar Control

Retinopathy

*Baseline measurement period:*

CYE 2011, October 1, 2010 through September 30, 2011

*Remeasurement period*

CYE 2016, October 1, 2015 through September 30, 2016