



## Center for Medicaid and State Operations

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December 18, 2009

Mr. Thomas Betlach, Director  
Arizona Health Care Cost  
Containment System (AHCCCS)  
801 East Jefferson  
Phoenix, AZ 85034

Dear Mr. Betlach:

Thank you for submitting a request to receive a Performance Bonus Payment (Bonus Payment) for Federal fiscal year 2009 (FY09) under the provisions of section 2105(a)(3) and (4) of the Social Security Act (the Act), as amended by section 104 of the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA). As outlined in the statute, States must satisfy two sets of criteria in order to qualify for a Bonus Payment: 1) States must have in place five Medicaid and/or CHIP program features (as specified at 2105(a)(4)) known to promote enrollment in health coverage for children; and 2) States must demonstrate a significant increase in Medicaid enrollment among children during the course of the fiscal year (as specified at 2105(a)(3)).

On November 6, 2009, you submitted a request for the Centers for Medicare & Medicaid Services (CMS) to review five program features and determine if they meet the qualification for a Bonus Payment. After that review, which included conversations with your staff, CMS determined that Arizona did not meet five of the eight required program features set forth in section 2105(a)(4) of the Act necessary to qualify for a FY09 Bonus Payment. This review found that you met three of the eight required program features necessary to qualify for a Bonus Payment. CMS has determined that you did not qualify for the Automatic Renewal and Express Lane program features.

CMS commends your efforts to enroll eligible children in health insurance coverage programs and your commitment to a simplified and family friendly enrollment and renewal process. Assuming your efforts to improve your programs continue, we are confident that you will be in a good position to qualify for a Bonus Payment in future fiscal years.

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If you believe you have additional information that will affect this determination, please contact Ms. Jennifer Ryan at [Jennifer.Ryan@cms.hhs.gov](mailto:Jennifer.Ryan@cms.hhs.gov) or (410) 786-3393 within 30 days of the date of this letter.

Sincerely,

Cindy Mann  
Director

cc: Gloria Nagle, ARA, CMS Region IX