Arizona Health Care Cost Containment System

Preliminary FFY 2021 HEALTHII Assessment Model
June 12, 2020
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State Directed Payment Overview
State Directed Payment: Introduction

In response to the Medicaid managed care final rule, a majority of states, including Arizona, have gained approval from the Centers for Medicare and Medicaid Services (CMS) for “state directed payment” arrangements

- 42 CFR § 438.6(c) allows states to require managed care plans to make specified payments to providers that support delivery system and provider payment reforms
- Provides a permissible mechanism for making supplemental payments in managed care programs

- The Arizona Health Care Cost Containment System (AHCCCS) currently has eight approved state directed payment arrangements, directing payment increases from managed care organizations (MCOs) to eligible hospitals, FQHCs, nursing facilities, integrated clinics, professional service providers, and behavioral health care providers

- HB 2668 authorizes AHCCCS to create a new directed payment arrangement for hospitals and practitioners, financed by a new hospital assessment effective October 1, 2020
  - AHCCCS proposes a new “HEALTHII” assessment program for hospital rate increases per HB 2668
State Directed Payment Approval Criteria

CMS guidance regarding approval of the “Preprint” form, which is the application for State Directed Payment arrangements, requires that states must do the following in their proposed arrangements:

1. Base payments on utilization and delivery of services
2. Direct payments equally, using same terms across a “class” of providers
3. Receive approval on an annual basis - even for expected multi-year arrangements
4. Not condition payment upon receipt of inter-govern-mental transfers (IGTs)
5. Advance at least one of the state’s goals and objectives
Directed uniform dollar/percentage increase arrangements
Based on Review of Preprints Approved by CMS from 2017 through 2019

**Payment mechanisms**
- Directed increases can be made either **prospectively** (for each claim) or **retrospectively** (via lump sum payments based on prior period volume)
- Ultimately, payments must be based on **utilization and delivery of services** in the contract period

**Goals and objectives**
- Frequently cited State goals/objectives were **maintaining access to care** and **improving members’ health and experience**
- States must have evaluation plans for measuring progress on the advancement of goals and objectives in the state quality strategy

**Evaluation measurements**
- Example measurements used in other states’ hospital assessment- funded arrangements:
  - Assessment of EQRO reports
  - Number of network providers
  - Distance of members/patients to network providers
  - Utilization as a proxy for access
  - Member complaints and appeals
  - NCQA measures (ex: Plan All Cause Readmissions)
  - HIT adoption

*Source:* Milliman review of CMS approved Preprints, obtained via FOIA in 2018 and 2019
Preliminary Modeling Approach
Preliminary FFY 2021 HEALTHII Assessment Model

Overview

- AHCCCS has requested that Milliman assist with the development of a federal fiscal year (FFY) 2021 hospital assessment model for the new HEALTHII directed payments (per HB 2668) scheduled to be effective October 1, 2020.

- The preliminary FFY 2021 HEALTHII assessment model builds upon the state fiscal year (SFY) 2021 “baseline” model and AHCCCS’ proposed rule effective July 1, 2020.
  - For more background on the existing baseline hospital assessment that covers the non-federal share of Medicaid expenditures for Impacted Populations, refer to the AHCCCS hospital assessment website and AHCCCS’ proposed rule.

- The results of the FFY 2021 HEALTHII assessment model presented today are preliminary for discussion purposes only (they do not reflect final AHCCCS policy decisions, and are subject to change).
**Preliminary FFY 2021 HEALTHII Assessment Model**

Model Components

- **FFY 2021 preliminary modeled hospital assessments** include:
  - “Baseline Hospital Assessment Fund (HAF) assessments” *(current program)*, which covers the non-federal share of Medicaid expenditures for Impacted Populations targets
  - The preliminary FFY 2021 baseline assessment target has increased approximately $100 million over the SFY 2021 baseline assessment model target effective July 1, 2020, due to changes in enrollment and other factors related to COVID-19 impacts
  - “Health Care Investment Fund (HCIF) assessments” *(new program)*, which covers the non-federal share of HEALTHII directed payments for hospitals and practitioners, as well as State administrative costs

- **FFY 2021 preliminary modeled hospital payments** include:
  - “Medicaid coverage payments” *(current program)*, which consist of Medicaid payments to hospitals for services provided to Impacted Populations (updated by AHCCCS for FFY 2021)
  - “HEALTHII directed payments” *(new program)*, with different payment pools and payment increase percentages for each hospital reimbursement class
Hospital Assessment Parameters

Overview

- AHCCCS’ total target FFY 2021 hospital assessments effective October 1 are $909.9M, and include the following:
  - *Baseline HAF assessments*: approximately $533.6M total, with $400.2M for inpatient and $133.4M for outpatient (75% / 25% split), based on AHCCCS projections for Impacted Populations
  - *HCIF assessments*: approximately $376.4M total, with $94.6M for inpatient and $281.8M for outpatient, determined by AHCCCS to be up to the 6% hold harmless limits for inpatient and outpatient (5.9% target)
- The modeled assessment unit basis for the new HCIF assessment is the same as the SFY 2021 baseline HAF assessment (SFY 2018 all payer inpatient discharges and outpatient net patient revenues)
- FFY 2021 modeled hospital assessment rate “differentials”, or the relativity of rates across hospital types, are the same as the proposed baseline HAF assessments effective July 1, 2020, with the following exceptions:
  - Freestanding children’s hospitals included in modeled assessments
  - No modeled outpatient net patient revenues threshold (previously assessed at lower rates)
Hospital Assessment Parameters (Continued)

Hold Harmless Gap

Modeled available gap for HCIF assessments, under CMS 6% Hold Harmless limit:

Inpatient Assessment
- IP Gap: $103M
- Estimated FFY 2021 Baseline HAF Assessment: $503M

Outpatient Assessment
- OP Gap: $289M
- Hold Harmless Limit (based on 6% of net patient revenues for assessed hospitals): $422M

Milliman
HEALTHII Payment Allocation
AHCCCS Proposed Payment Allocation Flow (not to scale of actual payment pool size)

Allocation Basis:
- Funded by maximum allowable assessment increase
- Estimated Funding Needed to Achieve Class' Target Pay-to-Cost Ratio
- Proportion of Medicaid Managed Care Encounter Payments
HEALTHII Payment Modeling Approach

Overview

- Preliminary modeled HEALTHII directed payments, based on AHCCCS’ proposed approach, have been calculated using the following steps:

1. Determine Aggregate HEALTHII Payment Pool
2. Estimate Medicaid Managed Care Hospital Costs and Payments
3. Determine Hospital Reimbursement Class HEALTHII Fixed Payment Pools
4. Estimate HEALTHII Directed Payments by Hospital
HEALTHII Payment Modeling Approach (Continued)

1. Determine Aggregate HEALTHII Payment Pool

- Aggregate HEALTHII payment pool of approximately $1.226B was calculated based on the total computable payments (non-federal share and federal share combined) given:
  - $298M in HCIF assessment portion used for hospital directed payments (remaining HCIF assessments will be used to support practitioner and dental rate increases and state administration)
  - Assumed 76.17% effective federal match rate based on AHCCCS estimates
  - Pool reduction of 2% due to plan premium tax
- AHCCCS' proposed HCIF assessments (to fund the non-federal share of HEALTHII payments) utilizes available “hold harmless gap” under CMS limitations
Medicaid managed care estimated costs (incurred by hospitals for providing inpatient and outpatient services) were calculated as follows:

\[
\text{FFY 2019 Medicaid managed care encounter data billed charges, completed and trended to SFY 2021}^{(1)} \times \text{Hospital Aggregate Cost-to-Charge Ratio} \times \text{Cost Inflation}
\]

Aggregate cost-to-charge ratios (CCRs) from each hospital’s most recently available Medicare cost report (FYE 2018/2019) were calculated separately for inpatient (including routine costs and charges) and outpatient (including ancillary only), and reflect Medicare allowable costs.

Estimated costs also include the Medicaid portion of modeled assessment costs (combined baseline HAF and HEALTHII).

Note: 1. Trending consisted of changes to utilization and service mix.
Medicaid managed care estimated claim payments (received by hospitals from MCOs for providing inpatient and outpatient services) were calculated as follows:

- Based on FFY 2019 Medicaid managed care encounter data reported paid amounts, completed and trended to SFY 2021\(^{(1)}\)
- Differential Adjusted Payment (DAP) amounts were removed from encounter paid amounts.
- Supplemental payments were not included in Medicaid managed care payments.
- AHCCCS proposes to consider HEALTHII payments first in the order of operations.

Note: 1. Trending consisted of changes to utilization and service mix.
HEALTHII Payment Modeling Approach (Continued)

3 Determine Hospital Reimbursement Class HEALTHII Fixed Payment Pools

- Medicaid managed care costs, payments, and pay-to-cost ratios were calculated in aggregate for **six hospital reimbursement classes**
- HEALTHII payment pools were calculated for each hospital reimbursement class based on the funding needed to achieve each class' target pay-to-cost ratio:

<table>
<thead>
<tr>
<th>Hospital Reimbursement Class</th>
<th>Hospital Reimbursement Class Criteria</th>
<th>Target Pay-to-Cost Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freestanding Children's Hospitals</td>
<td>Based on provider Medicare designation</td>
<td>75%</td>
</tr>
<tr>
<td>Private Urban Acute Hospitals</td>
<td>Privately-owned general acute hospitals not in another class</td>
<td>89%</td>
</tr>
<tr>
<td>Public Urban Acute Hospital</td>
<td>Publicly-owned general acute hospital not in another class</td>
<td>70%</td>
</tr>
<tr>
<td>Rural Acute Hospitals</td>
<td>Based on hospitals located in a county with a population less than 500,000</td>
<td>100%</td>
</tr>
<tr>
<td>Rural Reservation-Adjacent Hospitals</td>
<td>Based on hospitals located less than 30 miles from a reservation in a county with less than 200,000 residents</td>
<td>100%</td>
</tr>
<tr>
<td>Specialty Hospitals</td>
<td>Rehabilitation, Psychiatric, LTAC, and short term specialty hospitals</td>
<td>89%</td>
</tr>
</tbody>
</table>
HEALTHII Payment Modeling Approach (Continued)

3 Determine Hospital Reimbursement Class HEALTHII Fixed Payment Pools

- Preliminary modeled allocation of the $1.226B aggregate HEALTHII payment pool into hospital reimbursement class fixed payment pools:

- Freestanding Children's Provider: 9.5%
- Private Urban Acute Hospital: 5.3%
- Public Acute Hospital: 2.2%
- Rural Hospital: 1.6%
- Rural Reservation-Adjacent Hospitals: 1.1%
- Specialty Hospital: 80.3%
HEALTHII Payment Modeling Approach (Continued)

- HEALTHII payment increase percentages for each hospital class were modeled as follows:
  \[
  \frac{(\text{Class HEALTHII payment pool})}{(\text{Class Medicaid managed care estimated FFY 2021 payments})}
  \]

- **Estimated** HEALTHII directed payments for each hospital were modeled as follows:
  \[
  (\text{Hospital Medicaid managed care estimated payments}) \times (\text{Class HEALTHII payment increase percentage})
  \]

- **Actual** HEALTHII directed payments will be based on each hospitals’ **actual contracted MCO utilization during the contract year**
  - AHCCCS proposes a fixed payment pool for each class; as such HEALTHII payment increase percentages may need to be adjusted during the contract year to achieve target aggregate distributions
  - Actual HEALTHII directed payments for each hospital may differ from preliminary projections based on final AHCCCS policy changes, and changes in hospital Medicaid managed care volume and service mix, and other factors
Preliminary Modeling Results and Considerations
## Preliminary Modeled Assessment Rates

Combined Baseline HAF and HCIF Assessment Rates

<table>
<thead>
<tr>
<th>Hospital Assessment Type</th>
<th>Inpatient</th>
<th>Outpatient</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Percent of Base Assessment</td>
<td>Modeled FFY 2021 Assessment Rate</td>
</tr>
<tr>
<td>Critical Access Hospitals</td>
<td>100%</td>
<td>$931.25</td>
</tr>
<tr>
<td>Freestanding Children's Hospitals</td>
<td>5%</td>
<td>$46.75</td>
</tr>
<tr>
<td>Freestanding Rehabilitation Hospitals</td>
<td>0%</td>
<td>$0.00</td>
</tr>
<tr>
<td>High Medicare Utilization Hospital</td>
<td>0%</td>
<td>$0.00</td>
</tr>
<tr>
<td>High Medicare/Out-of-State Patient Utilization Hospital</td>
<td>0%</td>
<td>$0.00</td>
</tr>
<tr>
<td>Large Psychiatric Hospitals</td>
<td>25%</td>
<td>$233.00</td>
</tr>
<tr>
<td>LTAC Hospitals</td>
<td>25%</td>
<td>$233.00</td>
</tr>
<tr>
<td>Medium Pediatric Intensive General Acute Hospitals</td>
<td>90%</td>
<td>$838.25</td>
</tr>
<tr>
<td>Non-CAH Rural Acute Hospitals</td>
<td>100%</td>
<td>$931.25</td>
</tr>
<tr>
<td>Pediatric-Intensive General Acute Hospitals</td>
<td>80%</td>
<td>$745.25</td>
</tr>
<tr>
<td>Short Term Specialty Hospitals</td>
<td>0%</td>
<td>$0.00</td>
</tr>
<tr>
<td>Small Psychiatric Hospitals and AZ State Hospital</td>
<td>0%</td>
<td>$0.00</td>
</tr>
<tr>
<td>Urban Acute Hospitals</td>
<td>100%</td>
<td>$931.25</td>
</tr>
</tbody>
</table>

**Rates Applicable to All Non-Exempted Hospital Types:**

| Rate Applied to Non-Exempted Psychiatric Sub-Provider Units                  | 25%                               | $233.00                             | N/A                        | N/A                                |
| Rate Applied to Non-Exempted Rehabilitation Sub-Provider Units             | 0%                                | $0.00                               | N/A                        | N/A                                |
| Rate Applied to Units Above Threshold<sup>(1)</sup>                         | 10%                               | $93.50                              | N/A                        | N/A                                |

Note: (1) The modeled inpatient assessment unit threshold is 24,000, and there is no modeled outpatient assessment unit threshold. The inpatient threshold is not applicable to inpatient discharges for Psychiatric Sub-Providers, Rehabilitation Sub-Providers.
## Preliminary Modeled Impact From New Assessments

Baseline HAF Assessment Increase Plus HCIF Assessment (Inpatient and Outpatient Combined)

<table>
<thead>
<tr>
<th>Hospital Reimbursement Class</th>
<th>Modeled Class Target Pay-to-Cost Ratio</th>
<th>Class HEALTHII Payment Pool Allocation</th>
<th>Modeled HEALTHII Class Fixed Payment Pool</th>
<th>Modeled New Assessments (Baseline HAF Increase and HCIF)</th>
<th>Estimated Net Gain / (Loss) From New Assessments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freestanding Children's Provider</td>
<td>75%</td>
<td>1.1%</td>
<td>$13,490,549</td>
<td>$2,229,753</td>
<td>$11,260,797</td>
</tr>
<tr>
<td>Private Urban Acute Hospital</td>
<td>89%</td>
<td>80.3%</td>
<td>$984,783,304</td>
<td>$394,668,500</td>
<td>$590,114,803</td>
</tr>
<tr>
<td>Public Acute Hospital</td>
<td>70%</td>
<td>1.6%</td>
<td>$19,459,690</td>
<td>$12,530,234</td>
<td>$6,929,457</td>
</tr>
<tr>
<td>Rural Hospital</td>
<td>100%</td>
<td>9.5%</td>
<td>$116,005,465</td>
<td>$43,103,252</td>
<td>$72,902,212</td>
</tr>
<tr>
<td>Rural Reservation-Adjacent Hospitals</td>
<td>100%</td>
<td>5.3%</td>
<td>$65,130,099</td>
<td>$20,485,519</td>
<td>$44,644,580</td>
</tr>
<tr>
<td>Specialty Hospital</td>
<td>89%</td>
<td>2.2%</td>
<td>$26,944,060</td>
<td>$3,818,726</td>
<td>$23,125,334</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>N/A</strong></td>
<td><strong>100.0%</strong></td>
<td><strong>$1,225,813,166</strong></td>
<td><strong>$476,835,984</strong></td>
<td><strong>$748,977,183</strong></td>
</tr>
</tbody>
</table>
### Estimated HEALTHII Payment Increase Percentages

Informational - subject to change based on actual utilization

<table>
<thead>
<tr>
<th>Hospital Reimbursement Class</th>
<th>Estimated FFY 2021 Medicaid Managed Care Encounter Payments</th>
<th>Modeled HEALTHII Class Fixed Payment Pool</th>
<th>Estimated HEALTHII Class Payment Increase Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freestanding Children's Provider</td>
<td>$ 305,687,442</td>
<td>$ 13,490,549</td>
<td>4.4%</td>
</tr>
<tr>
<td>Private Urban Acute Hospital</td>
<td>$ 1,519,931,498</td>
<td>$ 984,783,304</td>
<td>64.8%</td>
</tr>
<tr>
<td>Public Acute Hospital</td>
<td>$ 123,157,108</td>
<td>$ 19,459,690</td>
<td>15.8%</td>
</tr>
<tr>
<td>Rural Hospital</td>
<td>$ 186,386,760</td>
<td>$ 116,005,465</td>
<td>62.2%</td>
</tr>
<tr>
<td>Rural Reservation-Adjacent Hospitals</td>
<td>$ 68,920,734</td>
<td>$ 65,130,099</td>
<td>94.5%</td>
</tr>
<tr>
<td>Specialty Hospital</td>
<td>$ 189,811,354</td>
<td>$ 26,944,060</td>
<td>14.2%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$ 2,393,894,896</strong></td>
<td><strong>$ 1,225,813,166</strong></td>
<td><strong>51.2%</strong></td>
</tr>
</tbody>
</table>
## Modeled Impact from Total Assessments

Full Baseline HAF Assessment Plus HCIF Assessment (Inpatient and Outpatient Combined)

<table>
<thead>
<tr>
<th>Hospital Type</th>
<th>Total Modeled Hospital Assessments</th>
<th>Modeled Coverage Payments and HEALTHII Payments</th>
<th>Total Estimated Net Gain / (Loss)</th>
<th>Number of Hospitals with Estimated Gain</th>
<th>Number of Hospitals with Estimated $0 Gain</th>
<th>Number of Hospitals with Estimated Loss</th>
<th>Number of New Hospitals Without Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical Access Hospital (CAH)</td>
<td>$11,622,280</td>
<td>$72,558,728</td>
<td>$60,936,448</td>
<td>11</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Freestanding Children's Hospitals</td>
<td>$2,229,753</td>
<td>$20,900,869</td>
<td>$18,671,116</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Freestanding Rehabilitation Hospitals</td>
<td>$0</td>
<td>$14,463,508</td>
<td>$14,463,508</td>
<td>11</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>High Medicare Utilization Hospital</td>
<td>$0</td>
<td>$1,065,355</td>
<td>$1,065,355</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>High Medicare/Out-of-State Patient Utilization Hospital</td>
<td>$0</td>
<td>$7,968,975</td>
<td>$7,968,975</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Large Psychiatric Hospitals</td>
<td>$10,237,090</td>
<td>$147,341,978</td>
<td>$137,104,888</td>
<td>10</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>LTAC Hospitals</td>
<td>$489,300</td>
<td>$9,549,290</td>
<td>$9,059,990</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Medium Pediatric Intensive General Acute Hospitals</td>
<td>$142,845,696</td>
<td>$490,696,829</td>
<td>$347,851,133</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Non-CAH Rural Acute Hospitals</td>
<td>$112,846,021</td>
<td>$325,335,230</td>
<td>$212,489,210</td>
<td>12</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Pediatric-Intensive General Acute Hospitals</td>
<td>$62,603,563</td>
<td>$348,983,367</td>
<td>$286,379,804</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Short Term Specialty Hospitals</td>
<td>$0</td>
<td>$10,149,763</td>
<td>$10,149,763</td>
<td>5</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Small Psychiatric Hospitals and AZ State Hospital</td>
<td>$0</td>
<td>$17,119,913</td>
<td>$17,119,913</td>
<td>6</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Urban Acute Hospitals</td>
<td>$567,055,505</td>
<td>$1,401,352,358</td>
<td>$834,296,853</td>
<td>24</td>
<td>0</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Total Border Hospitals</td>
<td>$0</td>
<td>$31,802,642</td>
<td>$31,802,642</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Out of State Hospitals</td>
<td>$0</td>
<td>$2,487,214</td>
<td>$2,487,214</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$909,929,206</strong></td>
<td><strong>$2,901,776,018</strong></td>
<td><strong>$1,991,846,812</strong></td>
<td><strong>95</strong></td>
<td><strong>2</strong></td>
<td><strong>2</strong></td>
<td><strong>2</strong></td>
</tr>
</tbody>
</table>

*Milliman*
Modeling Considerations
AHCCCS Evaluation / Decision Points

- **Hospital assessments:**
  - Hospital assessment type rate differentials and exemptions
  - CMS demonstration compliance (available 6% hold harmless gap, B1/B2 test)

- **HEALTHII payments:**
  - Hospital reimbursement class definitions
  - Hospital class payment pool allocation basis
  - Consideration of hospital net gain / (loss)
HEALTHII Assessment Model Feedback

- AHCCCS is soliciting feedback from the hospital community on the preliminary model parameters for consideration.
- Please email comments related to model parameters to AHCCCS at HospitalAssessmentProject@azahcccs.gov by Friday, June 19, 2020.
Limitations

The services provided for this project were performed under the signed Consulting Services Agreement between Milliman and Knowledge Services (KS) dated May 20, 2020.

The information contained in this correspondence has been prepared for the Arizona Health Care Cost Containment System (AHCCCS). We understand this information will be shared to hospitals and their representatives. To the extent that the information contained in this correspondence is provided to any approved third parties, the correspondence should be distributed in its entirety. Any user of the data must possess a certain level of expertise in health care modeling that will allow appropriate use of the data presented.

Milliman makes no representations or warranties regarding the contents of this correspondence to third parties. Likewise, third parties are instructed that they are to place no reliance upon this correspondence prepared for AHCCCS by Milliman that would result in the creation of any duty or liability under any theory of law by Milliman or its employees to third parties.

In performing this analysis, we relied on data and other information provided by CMS, AHCCCS, the Arizona Department of Health Services, and providers, and accepted it without audit. To the extent that the data provided is not accurate, the results of this analysis may need to be modified to reflect revised information.

Differences between our projections and actual amounts depend on the extent to which future experience conforms to the assumptions made for this analysis. It is certain that actual experience will not conform exactly to the assumptions used in this analysis. Actual amounts will differ from projected amounts to the extent that actual experience deviates from expected experience.

This work is not complete. Final results may vary from this updated model based on final AHCCCS policy decisions.

This presentation is for discussion purposes only. They should not be relied upon without benefit of the discussion that accompanied them.
Thank you

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