Five Year Strategic Plan

STATE FISCAL YEAR
2011-2015

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January 2010
Director Thomas J. Betlach

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AHCCCS

Our first care is your health care
ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

January 1, 2010

Dear Arizonans:

I am pleased to share with you a copy of the Arizona Health Care Cost Containment System (AHCCCS) Strategic Plan for State Fiscal Years 2011-2015. The Plan was developed within the context of an economy that has led to an increased need for health services in the face of restricted budgets and resource constraints. Therefore, the Plan offers four overarching goals, along with their respective strategies and measures, which will guide the overall direction AHCCCS takes over the next five years.

These four goals build on previous accomplishments and represent the collaborative efforts of the AHCCCS leadership team. Specifically the goals focus on the pursuit and maintenance of:

1. New and improved resource management strategies that respond to current resource constraints while maintaining access to care;
2. Continuous quality improvement;
3. A core service delivery model that remains effective;
4. Core organizational capacity, including Health Information Technology.

Given the unprecedented fiscal crisis facing the State of Arizona, significant policy decisions will need to be resolved regarding the AHCCCS program. These decisions could ultimately lead to dramatic changes in eligibility, reimbursement or benefits. Regardless of how the final budgetary decisions get resolved, AHCCCS will remain a significant purchaser of health care coverage and services. This plan was constructed based on these realities. Historically, AHCCCS has served as a model for the efficient and effective use of resources in the delivery of health care to those in need. This Strategic Plan is intended to carry that momentum forward to meet future challenges.

Sincerely,

Thomas J. Betlach,
Director

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INTRODUCTION

The AHCCCS Strategic Plan for 2011-2015 begins with statements of the AHCCCS vision and mission, and a description of the Agency's guiding principles. This is followed by an overview of the programs and populations served, and a scan of selected environmental circumstances that impact AHCCCS operations and drive strategic planning.

The Plan then presents four inter-related strategic issues, each of which is outlined to describe related goals, strategies to achieve the goals, and performance measures to determine accomplishment of the goals. It is important to remember that these issues are interdependent. Because the strategic issues overlap, effective strategies applied to one issue are often beneficial to another. Further, because of their interdependence, strategies build on each other in support of the overall plan.

AHCCCS VISION

Shaping tomorrow's managed health care … from today's experience, quality, and innovation.

AHCCCS MISSION

Reaching across Arizona to provide comprehensive, quality health care for those in need.

GUIDING PRINCIPLES

- A Strategic Plan is the result of a collaborative process and reflects informed planning efforts by the Executive Management Team.
- Health care quality and cost-effectiveness are not mutually exclusive constructs; it is possible to deliver quality care within the context of restricted budgets and resource constraints.
- Given the stress on the system, AHCCCS will need to work to preserve its "core," which includes competitive contracted health plans, strong provider networks, and a competent central administration.
- Efforts directed toward the fulfillment of Health Information Technology (HIT) objectives benefit service delivery as well as administrative and operational activities.
- Transparency of quality and cost information encourages members to seek high-value care and encourages providers to deliver high-value care.

AHCCCS OVERVIEW

Arizona Health Care Cost Containment System (AHCCCS), the State's Medicaid Agency, uses federal, state, and county funds to provide health care coverage to the State's acute and long-term care Medicaid population, low-income groups, and small businesses. Since 1982, when it became the first statewide Medicaid managed care system in the nation, AHCCCS has operated under a federal Research and Demonstration Waiver that allows for the operation of a total managed care model.

Unlike programs in other states that rely solely on fee-for-service reimbursement, AHCCCS makes prospective capitation payments to contracted health plans responsible for the delivery of care. The result is a managed care system that mainstreams recipients, allows them to select their providers, and encourages quality care and preventive services. In State Fiscal Year (SFY) 2009, AHCCCS provided health care coverage to over 1.3 million Arizonans.

AHCCCS oversees three main programs:

Program	Number Recipients*	Percent Recipients
AHCCCS Acute Care	1,270,850	93.0%
Arizona Long Term Care System (ALTCS)	49,411	3.6%
KidsCare	46,886	3.4%
TOTAL	1,367,147	100.0%

* As of December 2009

AHCCCS Acute Care

The majority of Acute Care Program recipients are children and pregnant women who qualify for the federal Medicaid Program (Title XIX). Although most are enrolled in AHCCCS contracted health plans, American Indians and Alaska Natives in the Acute Care Program may choose to receive services through either the contracted health plans or the American Indian Health Program. AHCCCS also administers an emergency services only program for individuals who, except for immigration status, would qualify for full AHCCCS benefits.

ALTCS

The Arizona Long Term Care System (ALTCS) provides acute care, behavioral health services, long-term care, and case management to individuals who are elderly, disabled, or developmentally disabled and meet the criteria for institutionalization. Whereas ALTCS members account for only 3.6% of the AHCCCS population, they account for approximately 23.8% of the costs. The ALTCS program encourages delivery of care in alternative residential settings. As in the Acute Care Program, elderly physically disabled and developmentally disabled members of all ages receive care through contracted plans called program contractors.

KidsCare

The Children's Health Insurance Program (CHIP), referred to as KidsCare, offers affordable insurance coverage for low-income families. Children under age 19 may qualify for the program if their family's income exceeds the limit allowed for Medicaid eligibility, but is below 200% of the Federal Poverty Level (FPL). With the exception of

American Indians, who are exempt in accordance with federal law, parents pay a monthly premium based on income. The KidsCare program results in a federal contribution that equates to a $3.00 federal match for every $1.00 spent by the State. As with the Medicaid Acute Care Program, American Indian and Alaska Native children may elect to receive care through an AHCCCS-contracted health plan or the American Indian Health Program. The majority of children enrolled in KidsCare, however, are enrolled in AHCCCS health plans and receive the same services available to children in the Medicaid Acute Care Program.

Additional Program Detail

- AHCCCS administers a Freedom to Work Program and a Breast and Cervical Cancer Treatment Program. These are considered Acute Care programs and included in Acute Care Program enrollment numbers.
- AHCCCS engages in contracts with a number of public and private organizations that provide a variety of services:
- Behavioral health services are provided by the Arizona Department of Health Services (ADHS), Division of Behavioral Health Services (DBHS).
- Services for developmentally disabled individuals in ALTCS are offered through the Arizona Department of Economic Security (ADES) Division of Developmental Disabilities (DDD).
- Acute health care services for children in foster care are provided by the Arizona Department of Economic Security (ADES), Comprehensive Medical and Dental Program (CMDP).
- Services for children with chronic conditions are offered through ADHS, Children's Rehabilitative Services (CRS).
- Selected administrative services, such as eligibility determination, are performed by ADES.
- Claims payments associated with the Medicaid School Based Claiming (SBC) program are administered by a private third party administrator.

KEY ACCOMPLISHMENTS

- AHCCCS, with over 21% fewer staff, continues to manage a program that has grown by almost 30% since the start of the recession.
- AHCCCS recorded statistically significant increases in quality performance measures despite a state budget crisis, resource limitations, membership increases, and staff reductions
- AHCCCS achieved an overall reduction in capitation rate reimbursement of -2.6% for contracts entered into during last contract period
- AHCCCS collaborated with Acute and Long Term Care Contractors to review cost-effectiveness of benefit packages and revised as appropriate
- AHCCCS completed the groundwork necessary to move forward as a partner with other stakeholders in a state-wide solution for Health Information Exchange (HIE), addressing both technical and governance challenges

- AHCCCS completed a comprehensive survey of the ALTCS population and used results to identify and implement quality improvement opportunities
- AHCCCS continued to expand electronic government service opportunities for both providers and members. Examples include electronic claims attachments and continued development of Health-e Arizona and MyAHCCCS.com.
- AHCCCS had the third lowest Payment Error Rate Measurement (PERM) of the 17 states reviewed by CMS.
- AHCCCS received approval from both state and federal partners to proceed with a Request for Proposal process in order to upgrade Program Integrity efforts through the use of more advanced data analytics.

ENVIRONMENTAL SCAN

To appreciate the context in which the AHCCCS Strategic Plan was developed, it is helpful to review the environment in which Arizona health care delivery systems operate and the challenges they may face in the future. The scan that follows is not meant to exhaust the multiple over-arching circumstances that impact AHCCCS operations and drive strategic planning.

Health Care Reform

Two federal health care reform proposals are currently under debate. Both House and Senate bills require all Americans to obtain health insurance. As a strategy for improving access to health insurance for low-income individuals, both proposals also incorporate a mandatory expansion of the Medicaid program. The expansion would occur through raising the income eligibility criterion (i.e. 150% FPL in the House and 133% FPL in the Senate). Currently, Arizona covers all of its citizens up to 100% FPL in the AHCCCS program, with some exceptions.

Both proposals provide up to 100% Federal Medical Assistance Percentage (FMAP) for individuals made newly eligible for the expanded Medicaid program. However, what populations are included in the definition of "newly eligible" causes concern for the State of Arizona's ability to absorb increased costs. For instance, unlike the House proposal, the current Senate proposal does not include non-traditional, optional coverage populations covered under a Section 1115 waiver in its definition of newly eligible. Thus, the greatest concern is the cost of covering the woodwork effect of individuals currently eligible but not enrolled, which Arizona would have to cover under the current FMAP (65.75%).

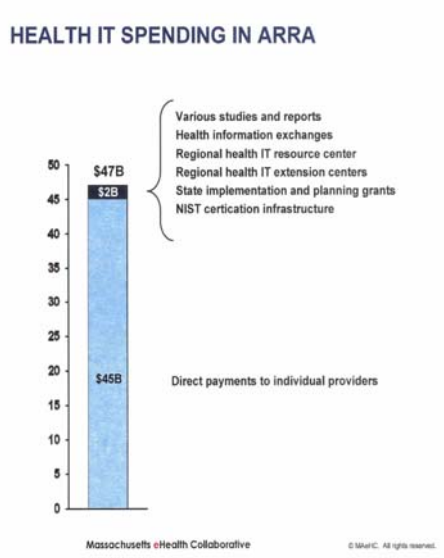
In addition to mandated expansion, both proposals include maintenance of effort provisions requiring states to maintain Medicaid and the Children's Health Insurance Program (CHIP), also known as KidsCare, at current eligibility levels. Including the maintenance of effort requirement under the American Recovery and Reinvestment Act (ARRA) would lock the State into eligibility standards as they existed in July 2008, requiring program maintenance at pre-recession levels and in the face of a revenue base that has decreased over 30%. In short, health care reform raises concerns that new proposals, particularly those that limit individual states' flexibility, may bring unintended consequences.

Economic Climate/Arizona State Budget

The recession has significantly impacted the State of Arizona budget. State Fiscal Year (SFY) 09 marked the second consecutive year of declining General Fund revenues. The State's budget deficit for FY 2010 is currently $1.5 billion, whereas the deficit for SFY 2011 is expected to exceed $3 billion. In fact, projected General Fund revenues for SFY 10 through SFY 12 are all below SFY 05 levels. One of the most pressing issues is the State's structural shortfall. Although State revenues are approximately 6.4 billion, General Fund spending is nearing $10 billion. Current costs for the AHCCCS program are nearly 20% of the General Fund, and AHCCCS will require an additional $600 million to deal with SFY 2011 growth and the elimination of federal stimulus funds.

The Arizona unemployment rate increased from 6.3 in June 2007 to 9.3% in October 2009, indicating that recovery will be slow whereas the need for State services will continue to increase. For the first time in history, the State must borrow to meet cash flow requirements. In order to balance the budget, the Governor and Legislature continue to consider options that are likely to include significant cuts to State agency budgets.

Development/Expansion of Health Information Technology



In February 2009, as part of the federal stimulus package, Congress enacted the Health Information Technology for Economic and Clinical Health Act ("HITECH"). The legislation included a number of provisions designed to encourage the adoption and use of health information technology including electronic health records (EHRs) and the development of a health information exchange ("HIE") infrastructure. The underlying rationale for the Act is the belief that the "adoption on a nationwide basis would reduce total spending on health care by diminishing the number of inappropriate tests and procedures, reducing paperwork and administrative overhead, and decreasing the number of adverse events resulting from medical errors".

A significant component of the legislation is the law's Medicare and Medicaid EHR adoption incentive programs. These programs will provide approximately $46.8 billion in incentive payments for healthcare providers that adopt and engage in "meaningful use" of EHRs, and are designed to eliminate the affordability barrier for providers. Arizona's share of this amount is estimated to total $500 million over the next five years.

Expansion of Medical Technology

The explosion of new, complex and expensive medical devices continues to be a challenge for AHCCCS. Many devices thought to be innovative or experimental a few years ago are now routinely used to treat medical conditions that were previously

beyond effective treatment. As the use of such devices becomes routine, indications for their use expand and the costs increase beyond the usual medical inflation rate or the increased numbers of AHCCCS recipients.

In addition to the costs of the devices, their use results in an increase in the need for other medical services, increasing costs even further. Thus, the total costs associated with new technology are greater than the costs of the devices.

Another impact of new medical technology is in laboratory and imaging technologies. Hundreds of new lab tests have become available over the last several years or will soon be available. New imaging equipment and procedures are also available that improve the quality of these diagnostic tests. While useful for diagnosis and treatment, these new technologies are more costly. Managing the appropriate use of these tests presents challenges to the Agency and our health plans.

Workforce Issues

AHCCCS, like most employers, is faced with an aging workforce. Approximately 57% of its employees belong to the Baby Boomer generation and 4% are pre-Baby Boomers. This means that only 39% belong to the younger "X" and "Y" generations. Although many individuals are working longer, a legitimate concern is that the number of employees who could retire in the coming five years would leave a significant gap in the Agency's knowledge base.

Adding to this concern is the fact that, given the current economic climate and State budget shortfalls, employees are being asked to do more with less at a time they are facing personal financial challenges and worries. As employees feel increasingly stressed and over-worked, behavioral workplace issues surface, further challenging human resources staff.

STRATEGIC GOALS

GOAL 1.
AHCCCS must pursue new and improved resource management strategies that respond to current resource constraints while maintaining access to care

STRATEGY 1.1
To ensure access to care, continue efforts toward more equitable and manageable provider rate structures through periodic review and rebase of Fee-For-Service (FFS) rates

PERFORMANCE MEASURE 1.1.1
Percent of annual FFS rate adjustments implemented timely

PERFORMANCE MEASURE 1.1.2
Completion of 3 rebases within eighteen months

STRATEGY 1.2
Maintain an actuarially sound annual average capitation rate (per member per month) that meets budgetary expectations

PERFORMANCE MEASURE 1.2.1
Average capitation rate

PERFORMANCE MEASURE 1.2.2
Percent change in average capitation rate (overall per member per month)

STRATEGY 1.3
Continue to evaluate and revise covered services as appropriate

PERFORMANCE MEASURE 1.3.2
Cost savings based on covered services revisions

STRATEGY 1.4
Continue to explore cost-effective purchasing options for selected Medicaid services

PERFORMANCE MEASURE 1.4.1
Cost savings resulting from selected purchasing options

STRATEGY 1.5
Maximize use of non-State funding sources to support newly-mandated federal requirements

PERFORMANCE MEASURE 1.5.1
Number of grant applications and advanced planning documents (APDs) submitted to secure non-state funding

PERFORMANCE MEASURE 1.5.2
Dollars generated as a result of grants/APDs

STRATEGY 1.6
Work to extend stimulus funding for Medicaid programs while, at the same time, enabling greater flexibility for states

PERFORMANCE MEASURE 1.6.1
Extension of stimulus funds beyond January 1, 2011

PERFORMANCE MEASURE 1.6.2
Number of adjustments to *Maintenance of Effort* requirements

STRATEGY 1.7
Implement Medical Management Team structure to enhance analyses and use of utilization data

PERFORMANCE MEASURE 1.7.1
Development of enhanced utilization reports

PERFORMANCE MEASURE 1.7.2
Percent of items, identified through utilization reports, acted upon

STRATEGY 1.8
Develop and update annual Program Integrity Plan that improves Third Party Liability (TPL), Coordination of Benefits (COB), and Fraud and Abuse programs

PERFORMANCE MEASURE 1.8.1
Development of Program Integrity Plan

PERFORMANCE MEASURE 1.8.2
Percent of Program Integrity goals met

STRATEGY 1.9
Maintain AHCCCS administrative costs at or below 1% (excludes DES)

PERFORMANCE MEASURE 1.9.1
Percent of AHCCCS Administrative costs

STRATEGY 1.10
Explore equitable reimbursement strategies for the American Indian Health Program/638 facilities

PERFORMANCE MEASURE 1.10.1
List of AHCCCS and ITU requirements related to detailed procedure code information for billing purposes

PERFORMANCE MEASURE 1.10.2
Total reimbursement of American Indian Health Program and 638 facilities

STRATEGY 1.11
Develop systematic review of current claims/encounter edits

PERFORMANCE MEASURE 1.11.1
Number of edit types reviewed

GOAL 2.
AHCCCS must pursue continuous quality improvement

STRATEGY 2.1
Continue to improve quality in Acute and Long Term programs through promotion of the Performance Improvement Process (PIP)

PERFORMANCE MEASURE 2.1.1
Percent of Performance Measures that achieve a statistically significant state-wide improvement

PERFORMANCE MEASURE 2.1.2
Percent of Performance Measures that meet the Contractual Minimum Performance Standard

PERFORMANCE MEASURE 2.1.3
Percent of Performance Measures that are above the NCQA HEDIS National Medicaid Mean

PERFORMANCE MEASURE 2.1.4
Percent of AHCCCS Acute Care and ALTCS Contractors that complete Performance Improvement Plans (PIPs) and demonstrate improvement on re-measurement

STRATEGY 2.2
Pursuant to the State Medicaid Health Information Technology Plan (SMHP), maximize Medicaid incentive payments to eligible providers who adopt and demonstrate meaningful use of electronic health records.

PERFORMANCE MEASURE 2.2.1
CMS approval of the SMHP

PERFORMANCE MEASURE 2.2.2
Number of eligible, registered providers (including hospitals) who receive incentive payments as a result of demonstrated meaningful use of EHRs

PERFORMANCE MEASURE 2.2.3
Percent of eligible, registered providers (including hospitals) who receive incentive payments as a result of demonstrated meaningful use of EHRs

PERFORMANCE MEASURE 2.2.4
Total dollars distributed to eligible, registered providers who receive incentive payments as a result of demonstrated meaningful use of EHRs

STRATEGY 2.3
In collaboration with tribes and the Indian Health Service (IHS) Area Offices, engage in dialogue with IHS facilities, tribal health programs operated under P.L. 93-638, and urban Indian health programs (I/T/U) to improve AHCCCS knowledge and understanding of their quality assurance management and improvement processes

PERFORMANCE MEASURE 2.3.1
Inventory of I/T/U quality management and improvement processes

GOAL 3.
AHCCCS must maintain a core service delivery model that remains effective

STRATEGY 3.1
Retain the network of AHCCCS-registered providers available for contracting with AHCCCS Acute Care and ALTCS contractors

PERFORMANCE MEASURE 3.1.1
Percent change in volume of AHCCCS providers

STRATEGY 3.2
Continue to promote and ensure access to care

PERFORMANCE MEASURE 3.2.1
Percent of AHCCCS Acute Care Contractors that meet the contractual Minimum Performance Measures for Children's Access to Primary Care and Oral Health Providers (12-24 Months, 25 months – 6 years, 7-11 years, 12-19 years)

PERFORMANCE MEASURE 3.2.2
Percent of AHCCCS Acute Care Contractors that meet the contractual Minimum Performance Measures for Adults' Access to Preventive/Ambulatory Services (20-44 years, 45-64 years)

PERFORMANCE MEASURE 3.2.3
Percent of ALTCS Contractors that meet Minimum Performance Standards for Initiation of Services

STRATEGY 3.3
Maintain an infrastructure that encourages competition among contracted health plans and offers choice to members

PERFORMANCE MEASURE 3.3.1
Number of bids submitted for an AHCCCS Acute Care contract

PERFORMANCE MEASURE 3.3.2
Number of bids submitted for an ALTCS contract

PERFORMANCE MEASURE 3.3.3
Number of AHCCCS Acute Care contractors remaining during contract cycle

PERFORMANCE MEASURE 3.3.4
Number of ALTCS contractors remaining during contract cycle

PERFORMANCE MEASURE 3.3.5
Overall system profitability

PERFORMANCE MEASURE 3.3.6
Percent of Acute Care Contractors with overall OFR findings ≥ 80% "substantial" and "full" compliance

PERFORMANCE MEASURE 3.3.7
Percent of ALTCS Contractors with overall OFR findings ≥ 80% "substantial" and "full" compliance

STRATEGY 3.4
Continue to implement efficiencies that streamline administrative processes for AHCCCS and contractors

PERFORMANCE MEASURE 3.4.1
Percent of Acute Care Contractor claims submitted electronically

PERFORMANCE MEASURE 3.4.2
Percent of ALTCS Contractor claims submitted electronically

PERFORMANCE MEASURE 3.4.3
Percent of AHCCCS FFS claims submitted electronically

PERFORMANCE MEASURE 3.4.4
Percent of Acute Care Contractor remits distributed electronically

PERFORMANCE MEASURE 3.4.5
Percent of ALTCS Contractor remits distributed electronically

PERFORMANCE MEASURE 3.4.6
Percent of AHCCCS FFS remits distributed electronically

PERFORMANCE MEASURE 3.4.7
Percent of Acute Care Contractor claims' attachments received electronically

PERFORMANCE MEASURE 3.4.8
Percent of ALTCS Contractor claims' attachments received electronically

PERFORMANCE MEASURE 3.4.9
Percent of AHCCCS FFS claims' attachments received electronically

PERFORMANCE MEASURE 3.4.10
Percent of Acute Care Contractor provider payments made electronically

PERFORMANCE MEASURE 3.4.11
Percent of ALTCS Contractor provider payments made electronically

PERFORMANCE MEASURE 3.4.12
Percent of AHCCCS FFS provider payments made electronically

PERFORMANCE MEASURE 3.4.13
Percent of total programmatic payments made electronically

PERFORMANCE MEASURE 3.4.14
Total employee work hours saved through use of electronic time sheets

STRATEGY 3.5
Preserve the flexibility offered by the AHCCCS Waiver, including mandated managed care, coverage of a childless adult population, and ALTCS program choice limitations.

PERFORMANCE MEASURE 3.5.1
Number of Waiver flexibilities reduced or eliminated

STRATEGY 3.6
If enacted, implement health care reform measures

PERFORMANCE MEASURE 3.6.1
Percent of enacted health care reform measures implemented

STRATEGY 3.7
Continue to promptly address Legislative mandates

PERFORMANCE MEASURE 3.7.1
Percent of legislative mandates addressed timely

STRATEGY 3.8
Maintain an RFP process that promotes quality and cost-effectiveness, and ensures a fair and informed selection among bidders.

PERFORMANCE MEASURE 3.8.1
Percent of prevailing bid protests

GOAL 4.
AHCCCS must maintain core organizational capacity, including Health Information Technology (HIT) and workforce planning, that effectively serves AHCCCS operations

STRATEGY 4.1
Promote use of electronic processes among AHCCCS members, providers and staff

PERFORMANCE MEASURE 4.1.1
Percent of members submitting on-line applications

PERFORMANCE MEASURE 4.1.2
Percent of eligibility verifications completed on-line v. through AHCCCS Communications Center

STRATEGY 4.2
Support transparency by reporting relevant information on the AHCCCS website

PERFORMANCE MEASURE 4.2.1
Number of new topics added to content of the AHCCCS website

PERFORMANCE MEASURE 4.2.2
Number of revisions made to existing content on AHCCCS website

PERFORMANCE MEASURE 4.2.3
Number of hits to the AHCCCS website

STRATEGY 4.3
Support collaboration with partnering organizations, including the Centers for Medicare and Medicaid (CMS), School-based Claiming system (SBC), Hawaii Medicaid, Arizona Department of Health Services (ADHS), and Arizona Department of Economic Security (ADES)

PERFORMANCE MEASURE 4.3.1
Percent of denials of State Plan Amendments

PERFORMANCE MEASURE 4.3.2
Maintenance of Intergovernmental Agreement (IGA) with the Arizona Department of Education

PERFORMANCE MEASURE 4.3.3
Maintenance of contract agreement with Hawaii Medicaid

PERFORMANCE MEASURE 4.3.4
Number of modifications to Behavioral Health enrollment process

STRATEGY 4.4
Address ongoing workforce concerns, including stress, reassignment, and retirement

PERFORMANCE MEASURE 4.4.1
Rate of employee turnover

PERFORMANCE MEASURE 4.4.2
Percent of employees working via virtual office

STRATEGY 4.5
Ensure system-wide security and strict compliance with privacy regulations related to transfer of information

PERFORMANCE MEASURE 4.5.1
Number of incidents reported to Federal authorities because of breaches of security or non-compliance with privacy regulations

STRATEGY 4.6
Maintain IT network infrastructure, including server-based applications, ensuring business continuity

PERFORMANCE MEASURE 4.6.1
Network system availability

RESOURCE ASSUMPTIONS

Total FY2010 - FY2011	FY2010 Appropriation	FY2011 Exec. Rec.
Full Time Equivalent (FTE)	3,044.4	2,871.9
General Fund	1,178,047,500	1,342,722,700
Other Appropriated Fund	201,221,300	79,597,800
Non-Appropriated Fund	409,650,900	434,648,400
Federal Funds	5,270,890,700	5,069,077,300
TOTAL FUNDS	7,059,810,400	6,926,046,200

Note: Due to the significant uncertainty related to the State of Arizona budget crisis and the potential Federal Medicaid reform, no estimates past SFY11 are provided.