



# **Proposal for FFY 2025 Hospital Enhanced Access Leading to Health Improvements Initiative (HEALTHII) Performance Measure Calculations and Reporting**

AHCCCS: Statewide Healthcare Employee Benefit  
Consulting Contract, BPM005207

Task Order #YH26-0071

March 26, 2026

**Submitted by:**

Ben Mori  
Principal and Senior Healthcare Consultant

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March 26, 2026

Arizona Health Care Cost Containment System  
Division of Business and Finance  
Cynthia Smolens  
Sr. Procurement Specialist  
*Via email: [procurement@azahcccs.gov](mailto:procurement@azahcccs.gov)*

**Re: Task Order #YH26-0071 – FFY 2025 Hospital Enhanced Access Leading to Health Improvements Initiative (HEALTHII) Performance Measure Calculations and Reporting, under Statewide Healthcare Employee Benefit Consulting Contract BPM005207**

Dear Cynthia,

On behalf of Milliman, we are pleased to present this proposal to continue providing hospital performance measure calculations and reporting services to the Arizona Health Care Cost Containment System (AHCCCS). This proposal follows the format set forth in the Task Order and describes our firm, approach, staff, and proposed fees.

This proposal is signed by Ben Mori, Principal and Senior Healthcare Consultant at Milliman. I am an authorized representative of the organization who will interact with the State of Arizona on any matters pertaining to this Task Order and the resulting contract. As the Engagement Principal for this project, I am empowered to bind Milliman to all statements and services outlined in the proposal and any contract awarded pursuant to it. My contact information is below.

**Ben Mori**  
Principal and Senior Healthcare Consultant  
Milliman, Inc.  
1301 Fifth Avenue, Suite 3800  
Seattle, WA 98101  
Phone: (206) 613-8204  
Email: [ben.mori@milliman.com](mailto:ben.mori@milliman.com)

Please do not hesitate to get in touch with me if you have any questions or would like to discuss any aspect of this proposal. Thank you for the opportunity to present Milliman's capabilities. We look forward to working with you.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Ben Mori'.

Benjamin A. Mori  
Principal and Senior Healthcare Consultant

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## Task Order Solicitation Amendment # 1 Acknowledgement



TASK ORDER SOLICITATION AMENDMENT #1		
YH26-0071 FFY 2025 Hospital Enhanced Access Leading to Health Improvements Initiative (HEALTHII) Performance Measure Calculations and Reporting	Task Order due date: Thursday, March 26, 2026, 3:00pm, Arizona Time	Procurement Officer: Cynthia Smolens Email: <a href="mailto:procurement@azahcccs.gov">procurement@azahcccs.gov</a>

**A signed copy of this amendment must be submitted with your Task Order solicitation response.**

This Task Order Solicitation is amended to only include the consolidated Questions and Answer Form

Paragraph # or Title	Page #	Amendment
Answers	N/A	Consolidated Answers to Questions form is attached.
OFFEROR HEREBY ACKNOWLEDGES RECEIPT AND UNDERSTANDING OF THIS SOLICITATION AMENDMENT.		THIS SOLICITATION AMENDMENT IS HEREBY EXECUTED ON THIS DAY, IN PHOENIX, AZ.
SIGNATURE OF AUTHORIZED INDIVIDUAL: <i>Ben Mori</i>		SIGNATURE: SIGNATURE ON FILE
TYPED NAME: Ben Mori		TYPED NAME: Meggan LaPorte, CPPO, MSW
TITLE: Principal & Senior Healthcare Consultant		TITLE: Chief Procurement Officer
DATE: March 26, 2026		DATE:



## QUESTIONS AND ANSWERS FORM

Task Order #YH26-0071

### FFY 2025 HEALTHII Performance Measure Calculations and Reporting

Questions shall be submitted electronically on this form to [Procurement@azahcccs.gov](mailto:Procurement@azahcccs.gov) no later than

**March 5, 2026, 3:00 PM Arizona Time**

Question #	VENDOR NAME	Paragraph # or Title	Page #	Vendor Question	AHCCCS Response
1.	HSAG	4	2	Is there a contractor/incumbent currently doing this work? If so, can AHCCCS provide: <ul style="list-style-type: none"> <li>• The name of the current contractor(s)/incumbent(s), and</li> <li>• The current contract value.</li> </ul>	Yes. The current vendor for the AHCCCS HEALTHII program is Milliman Inc. The current contract value is \$549,465.00.
2.	HSAG	5.2.3	4	HSAG anticipates the approximate number of hospitals that will be included in the hospital-level performance measure rates to be around 120.  Can AHCCCS confirm whether this approximation is accurate?	The approximate number of hospitals will be 120 – 140.
3.	HSAG	5.4.4	4	Will the Contractor need to determine the payment amount that each participating hospital is eligible for based on performance?	The Contractor will not need to determine the payment amount that each participating hospital is eligible for/will receive.
4.	HSAG	5.5.2.3	4	Historically, as part of this activity, how many meetings on average are conducted with participating hospitals/managed care plans?  Would the Contractor be expected to meet with all participating hospitals and managed care plans individually or would larger group meetings be acceptable?	The Contractor is expected to meet with participating hospitals individually upon request to provide technical assistance related to measure data submission or issues related to measure specifications.  AHCCCS may request the Contractor to participate in additional meetings with participating hospitals or stakeholders as needed.



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5.	HSAG	6.2	4	<p>Will AHCCCS request for additional PMs to be included in the current year hospital assessment, or would the Contractor develop measure information for implementation in future hospital assessments?</p> <p>If AHCCCS decides to include additional PMs for the current year, when would AHCCCS anticipate informing the Contractor of these measures?</p>	Related to 6.2, AHCCCS may request for additional PMs to be included in the current year hospital assessment; AHCCCS will provide the Contractor information about the additional PMs during the project kickoff meeting or shortly thereafter.
6.	HSAG	8.2	5	<p>For item 8.2, the Task Order includes the statement, "Submit a technical guidance report as described in 5.4 to AHCCCS by September 15, 2026, for HEALTHII Year 6 (FFY 2027)."</p> <p>Can AHCCCS confirm whether the Contractor should submit a draft version of the technical guidance report for AHCCCS' review prior to submitting a final report?</p> <p>If so, does the September 15, 2026, date reflect the due date for the final report?</p>	AHCCCS requests that the Contractor submit a draft version of the Technical Guidance Report for review prior to submitting a final Technical Guidance Report before or on September 15, 2026.
7.	HSAG	8.3 – 8.6	5	<p>For items 8.3 and 8.4, the two draft deliverables (i.e., spreadsheet with all measure rates and narrative report) are due to AHCCCS by January 25, 2027, and for items 8.5 and 8.6, the two final deliverables are due to AHCCCS by February 22, 2027.</p> <p>How long does AHCCCS anticipate needing to review each of the draft deliverables?</p>	AHCCCS anticipates a review period of two (2) weeks to review the draft deliverables (specified in 8.3 and 8.4).
8.	HSAG	8.6	5	<p>To assist with deriving benchmarks, when does AHCCCS anticipate the FFY 2024 measurement year hospital-level final spreadsheet will be available?</p>	AHCCCS anticipates that the FFY 2024 measurement year data will be available by April 15, 2026.



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9.	HSAG	9.4	6	Can AHCCCS provide an estimated budget for this work?	AHCCCS will not provide a budget amount but will review the proposals with the projected budget from each Contractor that submits a proposal. The Contractor should submit a Pricing proposal as required in section 9.4 of the Task Order.
10.	Netlogx			Is there an approved budget, budget range, or not-to-exceed amount for this project that can be shared?	Please see the response to question number 9.
11.	Netlogx			Is the anticipation that this work can be done remotely or is in-person work required? If hybrid, please indicate percentage of remote vs onsite work expected.	AHCCCS does not expect that the work will be done on site. The requested work will be completed remotely.
12.	Netlogx			If a subcontractor was not part of the initial contract award, can they be added for this project specifically? If yes, please advise next steps to do so.	The Contractor shall specify the use of a subcontractor in their proposal as specified and required in section 9.2.2 of the Task Order. After award, questions would be addressed with the Awardee.
13.	Netlogx			What data gathering tool(s) have been utilized by the State or incumbent previously?	AHCCCS claims and encounter data has been shared with Contractors through secured file transfers. Provider self-reported data has been shared with Contractors through secured email and/or web portals.



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14.	Netlogx	9.2	6	Does a response to this specific Task Order have to include one or more of the Key Personnel identified as part of the initial award on the Statewide Healthcare and Employee Benefit Consulting Contract?	As outlined in section 9.2, AHCCCS requests that the vendor details the experience and resume(s) of all proposed key staff members who will be working on this Task Order.
15.	BerryDunn	5.2.1.1	3	The prior report contained self-reported hospital data from 114 hospitals. It is assumed that the same number will be used for this report; can you please confirm?	The approximate total number of hospitals participating in the HEALTHII program will be 120 – 140. AHCCCS anticipates that the total number of hospitals self-reporting data will be similar to the total number of participating hospitals.
16.	BerryDunn	5.2.1.2	3	In what format and structure will AHCCCS claims and encounter data be delivered (e.g., flat files, relational database tables, secure data warehouse access), and what core fields will be included (e.g., member ID, admission/discharge dates, diagnosis codes, procedure codes, provider identifiers)?	The AHCCCS claims and encounter and member data have been provided in a flat file format based on mutual agreement with previous contractors. The format and structure of this data may change based on discussions with and needs of the Contractor. AHCCCS expects the Contractor to review measure specifications to determine core fields that should be included for measure calculations.
17.	BerryDunn	9.4 Pricing Proposal	6	To help vendors propose an approach that is appropriately scoped, can the State share whether there is an anticipated budget range or not to exceed amount for this engagement?	Please see the response to question number 9.





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18.	BerryDunn	5.3	3	Does AHCCCS have existing data validation rules or thresholds that should be applied when evaluating hospital-reported data (e.g., acceptable ranges, minimum denominator sizes, suppression thresholds)?	<p>No. AHCCCS' expectation is that the Contractor will set data validation rules or thresholds based on the measure specifications and previous hospital performance to identify trends, outliers, etc.</p> <p>It is AHCCCS' expectation the Contractor apply the CMS suppression policy for any data/reporting that will be publicly available (i.e., provide suppressed and unsuppressed versions of measure rate reporting).</p>
19.	BerryDunn	5.2.1.2	3	Will AHCCCS provide member eligibility files (including enrollment spans and program categories) to support denominator construction and risk adjustment for the claims-based measures?	AHCCCS anticipates including member eligibility information within the claims and encounter files, based on the Contractor's review of measure specifications and proposed fields for measure calculations (to be identified and agreed upon during project meetings).

## 9.2 Experience and Capacity of the Firm and Key Personnel

### 9.2.1 Experience of the firm working on projects with the same or similar scope of work.

#### COMPANY OVERVIEW

For more than 75 years, Milliman has pioneered strategies, tools, and solutions in healthcare, with expertise in Medicaid and Medicare programs and extensive experience developing and implementing payment system reforms and innovative care models. We have developed a deep understanding of the Hospital Enhanced Access Leading to Health Improvements Initiative (HEALTHII) performance measure program as the current contractor for the work, starting last year. We have also provided ongoing support to Arizona's leadership throughout the last decade, serving both the Arizona Health Care Cost Containment System (AHCCCS) and the Arizona Department of Economic Security (ADES) in work related to Medicaid payment programs and other initiatives. We are pleased to submit our proposal in response to this Task Order, outlining our ability to continue supporting AHCCCS in achieving its quality strategy goals and facilitating high-quality performance measure calculations and reporting.

As Milliman has expanded the breadth and depth of our Medicaid services, we remain rooted in a **firm and deep commitment to serving state Medicaid agencies through strong client relationships**. In particular, Milliman is a dedicated partner to Medicaid state staff supporting all phases of program management: development, implementation, and operations. With that foundation, we are well positioned to continue delivering the quality performance measure calculations and reporting services required under this Task Order, offering:

- **Multi-Disciplinary Team Members and Expertise.** Our established team for this project is dynamic, drawing from a variety of disciplines and backgrounds spanning healthcare, finance, policy, and actuarial domains, enabling us to provide the State of Arizona with holistic assistance. Our staff also bring project-specific knowledge and continuity from their support of the federal fiscal year (FFY) 2024 AHCCCS HEALTHII quality performance measure project, and related engagements detailed in this Task Order.
- **Strategic Tools and Supporting Procedures.** Project results depend on accurate, complete, and comprehensive data. Our team is highly skilled in technical data management and analysis, a critical factor in supporting the performance measure program. The team's expertise in hospital performance measurement facilitates the transformation of hospital data into substantive and technical review of comparative hospital performance, data validity, and expected variation, and comparison to national benchmarks. Our analyses are aligned with this project's strategic goals, and our data-collection tools are designed around user experience. We supplement these processes with robust documentation to enable a smooth, transparent transition from raw project data to performance measure results with actionable insights.
- **Emphasis on Quality.** Recognizing that our clients rely on us to provide actionable advice and accurate information to support decision making with real human impacts, we emphasize high quality in all our client work. We have a quality and risk management process to confirm that every deliverable we provide to our clients is checked and double-checked for accuracy and completeness before it is released.
- **Unbiased and Objective Analysis.** Our firm is independently owned by our employees, without external ownership by private equity, a holding company, or other external shareholders with their own financial interests. We believe in providing objective analyses and independent, unbiased advice to adhere to the highest professional standards with integrity.

Furthermore, our project team members have significant experience providing consulting services and working collaboratively with AHCCCS to advance innovative and essential initiatives in the State of Arizona. We have consistently demonstrated through our services the breadth and depth of our expertise, the value of the collaborative working relationship, and the effectiveness of our communication and project management processes for project completions that result in high-quality deliverables for AHCCCS within budget and on time.

#### MILLIMAN'S EXPERIENCE WITH AHCCCS AND PERFORMANCE MEASURES

Milliman is best positioned to assist AHCCCS with the requirements of this Task Order, given our recent completion of the FFY 2024 HEALTHII performance measures project and our ongoing support for AHCCCS' broader quality initiatives for the HEALTHII State Directed Payment (SDP) program. This Task Order provides us with the opportunity to continue efficiently aligning the HEALTHII performance measure results with the HEALTHII pay-for-performance methodologies, eliminating administrative burden for AHCCCS that would come from inter-vendor coordination. During our first year with the FFY 2024 HEALTHII quality performance measure project, we brought a new approach to streamline the data collection and data

***Milliman aligns HEALTHII performance measure calculations with quality incentive payment development, eliminating the administration of inter-vendor coordination.***

ingestion processes, improved transparency by developing robust project reports, and established rigorous data review protocols to support the accuracy of results. During this same time, Milliman guided AHCCCS through a rapidly changing federal authorization environment for the FFY 2026 HEALTHII SDP development and hospital assessment calculations, which led to successful Centers for Medicare & Medicaid Services (CMS) approval (and will serve as the “grandfathered” basis under H.R.1 for the program going forward). Throughout, we have assisted in stakeholder engagement with hospitals to communicate analysis results, methodologies, and data sources relied upon, and to address questions and collect feedback.

Milliman consultants include national leaders who advise Medicaid agencies on issues related to the design of 42 CFR § 438.6(c) SDPs like HEALTHII, including compliance with applicable federal rules and CMS guidelines. Milliman has supported **19 state Medicaid agencies**, including **Arizona, Florida, Hawai‘i, Illinois, Indiana, Louisiana, Michigan, Minnesota, Mississippi, Nebraska, Nevada, New Hampshire, Ohio, Oklahoma, Puerto Rico, South Carolina, Utah, Washington, and Wisconsin**, with the design of SDP arrangements, and assists with the review, development, and supporting analyses of **more than 50 preprints per year**. Our directed payment assistance ranges from ad hoc review and supporting analyses (e.g., **South Carolina, Nebraska**) to comprehensive preprint development (e.g., for **Hawai‘i**: for all of its directed payments, we annually draft the preprints, perform CMS required supporting analyses, and assist with drafting responses to CMS questions).

Milliman consultants routinely analyze and review **approved preprints** nationally (published on CMS’ website) to identify innovative approaches and understand different potential payment methodologies related to quality payment programs. One of the key decision points on which we have advised state Medicaid agencies is whether to add quality payments as either a **value-based payment** (where payment is tied to hospital-level improvements in specific quality measures during the rating period or the year prior to the rating period) or as a **fee schedule with a quality gate** (where payment is tied to meeting defined quality criteria, typically prior to the rating period, which can include administrative activities). To inform our state clients, we regularly track emerging changes in CMS guidance, regulations, and rules related SDP requirements, including CMS’ May 2024 managed care final rule, the July 2025 H.R. 1 legislation, CMS’ September 2025 Information Bulletin on SDP quality evaluations, and CMS’ February 2026 “Dear Colleagues” letter on SDP “grandfathering.” We constantly monitor ongoing actions and guidance related to hospital Medicaid program reform efforts by CMS, including Technical Advisory calls and participation in CMS discussions with AHCCCS, along with tracking guidance from other federal executive and legislative branches.

To help our healthcare clients achieve their quality improvement strategy, Milliman brings together a diverse team of consultants, data scientists, certified professionals in healthcare quality (CPHQ), and software engineers. Milliman has a proven track record in healthcare data analyses at the intersection of finance and quality. **Our organization is HITRUST certified, the gold standard in data security and risk management, protecting our clients’ most valuable data assets.** See our current HITRUST certification in **Appendix 1**.

## RELEVANT EXAMPLES

### Arizona Medicaid

From 2025-2026, Milliman was pleased to support AHCCCS with administering the FFY 2024 HEALTHII Performance Measure Calculations and Reporting program. The internal Milliman workflows yielded significant efficiencies and streamlined HEALTHII performance measure results as direct inputs for the HEALTHII directed payment models. The Milliman teams worked collaboratively so that data from HEALTHII participating hospitals accurately reflected changes in status related to type and ownership as a result of mergers, acquisitions, closures, and other factors. Milliman seamlessly coordinated the results of the FFY 2024 HEALTHII quality measures with our HEALTHII SDP pay-for-reporting modeling processes (performed under a separate task order). The coordination resulted in an improved FFY 2027 HEALTHII SDP model development timeline in comparison to prior years when Milliman was not involved in the calculation of HEALTHII quality performance measures.

Milliman has supported the HEALTHII directed payment program since its inception in 2020. For the FFY 2026 HEALTHII directed payments program approved by CMS, AHCCCS set aside approximately \$545 million for a pay-for-reporting directed payment pool. Under this HEALTHII pay-for-reporting incentive directed payment pool, hospitals are eligible to receive directed payments by reporting information for specific quality measures. Key members of our project team supported AHCCCS with establishing the HEALTHII pay-for-reporting incentive directed payment pool. Milliman team members evaluated each hospital’s reporting across different quality measures, established a quality reporting score percentage for each hospital, provided input on the attributes of each of the quality measures, proposed an approach to weigh the quality measures by facility type, and calculated the interim HEALTHII pay-for-reporting payments for each hospital.

With a strong basis in the operations of the quality payments, Milliman also assisted AHCCCS with its annual evaluation plan report of the quality measures identified for inclusion in the HEALTHII SDP preprint applications. Specifically, Milliman supported AHCCCS with evaluating hospital performance across eight different measures using information published by CMS. Key members of the proposed project team evaluated hospital performance across these measures for a baseline and performance period, and then prepared a written response for AHCCCS to share with CMS.

Milliman and our project team members routinely develop models, reports, and presentations related to the HEALTHII quality incentive payment program as part of the stakeholder engagement and rulemaking process. Examples of materials we

developed for AHCCCS relevant to this Task Order, as demonstrated on the State’s hospital assessment website, include **eight years of extensive and detailed materials**. The highlights of those materials are as follows:

- In **Appendix 2**, we have included the HEALTHII quality performance measure technical guide and report, including a description of the quality performance measure results, technical specifications, data sources, methodology, and detailed exhibits summarizing performance measures results:
  - “HEALTHII Quality Performance Measures Technical Guide” dated September 22, 2025
    - <https://www.azahcccs.gov/shared/Downloads/Reporting/ProposedStateRules/2026/HEALTHIIQualityPerformanceMeasuresTechnicalGuide20250922.pdf> (included in our appendix and available online)
  - “HEALTHII Quality Performance Measure Report” dated February 9, 2026 (included in our appendix)
  - “FFY 2026 HEALTHII Data Submission Template” dated October 8, 2025
    - <https://www.azahcccs.gov/shared/Downloads/Reporting/ProposedStateRules/2026/HEALTHIIDataSubmissionTemplateFFY2026.xlsx> (available online)
- Hospital stakeholder presentations, describing HEALTHII quality incentive payment model methodology:
  - Presentations on the HEALTHII quality incentive payment methodology for FFY 2024, FFY 2025, FFY 2026, and FFY 2027
  - HEALTHII directed payment modeling reports, including a description of the quality incentive payment modeling results, data sources, and methodology, and detailed exhibits summarizing model calculations and estimated payment impacts; “Proposed Federal Fiscal Year 2027 Hospital Assessment Model” anticipated July 2026
  - “Proposed Federal Fiscal Year 2026 Hospital Assessment Model” dated June 27, 2025, for hospital assessment and directed payment model approved by CMS
    - [https://www.azahcccs.gov/shared/Downloads/Reporting/ProposedStateRules/2025/ProposedAZAssessmentModel\\_FFY2026.pdf](https://www.azahcccs.gov/shared/Downloads/Reporting/ProposedStateRules/2025/ProposedAZAssessmentModel_FFY2026.pdf)
  - “Proposed Federal Fiscal Year 2025 Hospital Assessment Model” dated July 3, 2024
    - [https://www.azahcccs.gov/shared/Downloads/Reporting/ProposedStateRules/2024/AHCCCS\\_FFY2025ProposedHospitalAssessmentModelReport.pdf](https://www.azahcccs.gov/shared/Downloads/Reporting/ProposedStateRules/2024/AHCCCS_FFY2025ProposedHospitalAssessmentModelReport.pdf)
  - “Proposed Federal Fiscal Year 2024 HEALTHII Assessment Model” dated June 9, 2023
    - [https://www.azahcccs.gov/shared/Downloads/Reporting/ProposedStateRules/AHCCCS\\_FFY2024ProposedHospitalAssessmentModelReport.pdf](https://www.azahcccs.gov/shared/Downloads/Reporting/ProposedStateRules/AHCCCS_FFY2024ProposedHospitalAssessmentModelReport.pdf)

As part of Milliman’s support of all of AHCCCS’ FFY 2026 hospital preprints (HEALTHII, DAP, PSI, and SNSI), we performed separate Average Commercial Rate (ACR) demonstrations required for CMS’ approval of each preprint. Through these ACR demonstrations, Milliman informed AHCCCS as it restructured its FFY 2026 uniform percentage increases for DAP in order to maintain compliance with CMS’ ACR requirements.

In 2023-2024, Milliman also assisted Arizona Department of Economic Security (ADES) with conducting Medicaid market rate studies for Division of Developmental Disabilities (DDD) programs and Arizona Early Intervention Program (AzEIP), per legislative requirement. We modeled rates using an Independent Rate Model (IRM) framework, developed and collected provider survey data, and conducted extensive stakeholder engagement across multiple provider types (including meetings with providers and their associations). Rate reports and rate models are publicly available through [DDD](#) and [AzEIP](#) project websites for transparency and stakeholder reference.

Prior to joining Milliman, our proposed Engagement Principal Ben Mori led the Arizona Medicaid inpatient hospital All Patient Refined Diagnosis Related Group (APR DRG) payment methodology design work for the existing methodology implemented in 2014 along with a grouper version update (subsequently impacted by DAP payment increases).

### **Hawai‘i Medicaid**

Milliman is currently assisting the State of Hawai‘i Med-QUEST Division (MQD) with strategic support for ongoing SDP hospital quality operations planning and stakeholder engagement. We provided options analysis, quality and policy expertise in support of the development of the 2026 Hospital SDP and ongoing efforts to align with and meet the requirements of the Advancing All-Payer Health Equity Approaches and Development (AHEAD) Model (for which MQD is participating as a CMMI demonstration). We are working closely with MQD quality staff to define goals for hospital partner engagement related to hospital SDP and alignment with the AHEAD Model, including the identification of sustainable strategies to provide technical assistance and coordinate collaborative engagement with hospitals with the goal of improving the quality of care available to

MQD members. Milliman has also supported MQD over multiple years with developing annual updates to its SDP hospital value-based purchasing preprint form for CMS approval.

As a key part of this work, we are assisting MQD in development of data analytic processes for management of member-level Health-Related Social Needs (HRSN) and Race, Ethnicity, and Language (REaL) data feeds from hospitals as part of a pay-for-performance quality program. The process involves data specification and documentation development, establishment of a secure data transfer protocol, processes for ingestion of data feeds on a quarterly basis, validation of hospital-supplied data feeds including look-backs to prior reporting periods, processes for remediation when data anomalies/variance is detected, establishment of business rules and coding for measure completion by hospital by member by period, and incorporation into a longitudinal dataset for MQD use in database and Business Intelligence (BI) environments.

### **Wisconsin Medicaid**

As the hospital rate setting contractor, Milliman has assisted the State of Wisconsin Department of Health Services (DHS) with ongoing inpatient hospital readmission analyses in support of DHS' Health Maintenance Organization (HMO) and hospital quality initiatives since 2021. These analyses are conducted using the Solventum™ Potentially Preventable Readmissions (PPR) grouping software and Wisconsin Medicaid HMO encounter data and FFS claims data. On a quarterly basis, we calculate actual readmission rates using the PPR software and compare to readmission benchmarks (adjusted for patient acuity) based on historical data and determine each hospital and HMO's readmission performance across Medicaid populations. The final annual readmission reports are used by DHS to determine HMO and hospital pay-for-performance payments.

Each quarter we produce readmission reports by hospital and HMO, at both a summary level and claim level, to distribute to each entity for their review. We have also developed a PowerBI-based dashboard for provider and HMO use to provide actionable information in a dynamic format to help to identify drivers of preventable readmissions.

### **Louisiana Medicaid**

Milliman supports the Louisiana Department of Health (LDH) with multiple aspects of its SDPs, providing ongoing executive consultation to LDH leadership regarding quality strategy and operations. Beginning in 2024, Milliman collaborated with Louisiana's managed care organizations (MCOs) to calculate hospital-level performance on multiple HEDIS measures for SDP evaluation, including developing a template for data collection, reviewing and validating data submissions, and providing technical assistance to address identified errors in MCO submitted data. We synthesized the resulting outcomes, drafted the official evaluation plan, and outlined a roadmap for future evaluations.

In 2025, Milliman expanded support to LDH to support ongoing options analysis and quality and policy expertise in support of the development of a five-year Quality Measurement Strategic Plan. Milliman is developing and collecting provider survey data, and conducting extensive stakeholder engagement across multiple provider types. Milliman will assist in finalizing a public-facing LDH Quality Measure Strategy that will outline a plan for quality measurement and incentives. In addition, Milliman is continuing to support MCO contracting to support policy changes.

Milliman is currently working with LDH to develop a new value-based payment directed payment for dental services. LDH receives an appropriation from its state legislature to establish a pay-for-performance program for dental clinics. Milliman conducted a survey of existing validated dental quality measures but did not identify clinic-level measures that would meet the legislative expectations for the program as well as federal requirements for SDPs. To resolve this, Milliman worked closely with LDH and The University of Louisiana to develop and test new dental quality measures, ultimately creating and calculating three new performance measures. This effort entailed reviewing clinical guidelines from the American Dental Association and the American Academy of Pediatric Dentistry as well as input from the Louisiana Dental Association and analyzing historic Medicaid claims data to assess each measure's feasibility and validity. Our team then designed a framework setting clinic-level improvement goals, scoring methodologies, and incentive awards. We calculated performance rates for each clinic to model potential payouts at various thresholds, refining the approach as LDH leadership and legislative requirements evolved.

Milliman also assisted with a major redesign of LDH's hospital supplemental payments, including the evaluation and consideration of SDP quality incentive payments and other key payment adjustments to incentivize Medicaid provider participation and maintain access to care. The final report to the legislature can be found [here](#).

### **Indiana Medicaid**

As the Nursing Facility Redesign contractor, Milliman assisted the State of Indiana Family and Social Services Administration (FSSA) with updating its Medicaid nursing facility quality measures and targets, aligned with the State's overall quality strategy and with CMS staffing priorities. We assisted with key methodology and process updates to incentivize improved responses to public health needs, such as transitioning from Indiana percentile targets to national percentiles and assisted with monitoring progress and evaluating further increases to percentile targets. We worked closely with FSSA's Quality Team and the Quality Advisory Committee (FSSA's provider stakeholder workgroup) to align its Nursing Facility value-based purchasing strategies with the Pathways (Indiana's initiative to transition of long-term care services and supports to managed care). We also worked with FSSA to incorporate quality-based add-on payments into its nursing facility SDP, based on provider performance.



## Alaska Medicaid

As part of an engagement with the Alaska Department of Health, Milliman assisted the State in calculating selected quality measures (including HEDIS), CMS core sets, and other custom-defined measures) to help measure improvement in the Medicaid program and inform stakeholders when establishing baseline values and prospective targets. Our process included detailed documentation of the data sources and methodology used for calculating the measures, along with comparison to available benchmarks or other sources of data where applicable. We employed peer reviewers to analyze the results developed by the State compared to our independently developed results, identified potential sources for discrepancies, and participated in discussions as to which measures may be most relevant to track moving forward.

## Oregon Medicaid

We provided Oregon Coordinated Care Organizations (CCOs) with both claims and clinical quality metric reporting services from 2015-2021. During this time, we collected data, implemented measure steward specifications in a repeatable way, and generated monthly business intelligence reporting for CCOs to understand their performance under the Oregon Medicaid program. Additionally, from 2017-2021, we performed the official data submission to the State on behalf of one Oregon CCO. This process required us to source and build measure calculations from multiple types of data, including labs, electronic medical records, and administrative claims data.

## Oklahoma Medicaid

As the Oklahoma Health Care Authority's (OHCA's) contractor supporting the design, federal approval, and implementation of six 438.6(c) SDP arrangements for hospital, professional, and ambulance services, Milliman developed financial incentives aligned with OHCA's goals for advancing healthcare quality, outcomes, access, and provider participation in the State's health information exchange (HIE). For hospital services, financial incentives included enhanced payments for hospitals that reduce hospital-acquired infections and patient mortality. For professional services, financial incentives included enhanced payments for:

- Screening patients for substance use disorder, depression, or suicidality, as well as those at risk of developing these issues
- Providing care to patients outside of normal business hours (excluding services provided in an urgent care or hospital setting)
- Providing preventive care (i.e., well visits)
- Provider participation in the State's HIE

Milliman supported OHCA with identifying, evaluating, and modeling options for incorporating these financial incentives in the SDP arrangements. After finalizing the design, Milliman drafted preprints and supported the CMS approval process. Finally, Milliman provided technical assistance in the implementation of these arrangements.

## Indiana Department of Insurance

As the Indiana Department of Insurance's (IDOI's) contractor to compare Indiana non-profit hospital system prices for the commercially insured market to Medicare fee-for-service (FFS) reimbursement levels, pursuant to Indiana House Enrolled Act 1004 (HEA 1004), Section 21, Milliman developed and facilitated a comprehensive hospital stakeholder engagement strategy with hospital stakeholders, in coordination with the IDOI. Hospital stakeholders were identified and engaged by Milliman regarding the analysis being performed and the data required from hospitals to perform the analysis. Milliman also facilitated communication with the hospital stakeholders throughout the project to support the data collection and validation process as work progressed, provide technical assistance to the hospitals, and to disseminate documentation and other relevant information to the hospitals. Critical steps in this engagement process included stakeholder meetings, weekly technical assistance calls, standing up a SharePoint site to make all relevant documentation and communications readily accessible at any time, and a dedicated email address for hospitals to submit and receive responses to technical questions.

Milliman developed a detailed Data Submission Guide and set up a secure data submission portal to collect the requisite data directly from the hospitals. For each set of data submitted by a hospital, Milliman performed data validation to assess the quality and completeness of the data provided, including:

- Assessing the presence and content of each of the fields to verify coding accuracy, entry consistency, and reasonability of values.
- Assessing the completeness of the data, including analysis of the distribution of data by type of service, month, and other factors. This check was to determine if there were potentially missing segments of the data.
- Verifying control totals. These totals were sent back to the hospital systems to verify that the volume of data received was what the system expected.

A number of issues and inconsistencies were identified in hospital data submissions through Milliman's data validation process. When issues or inconsistencies were identified, Milliman provided technical assistance to the hospitals to make necessary revisions to their data extraction processes, and the hospitals were required to submit updated data to Milliman.

### **Managed Care Efficiencies Development in Various States**

We develop and certify managed care capitation rates in several states, which routinely involves examining the current levels of quality care delivered in the program. Analysis surrounding this examination often involves using HEDIS measures to evaluate current performance and look for areas of potential improvement. For example, when developing capitation rates for populations that have high behavioral health needs, we have calculated the "Use of Multiple Concurrent Antipsychotics in Children and Adults (APC)" HEDIS metric to identify the frequency of members who are receiving more than one antipsychotic at a time. This information can then be used to quantify and incentivize opportunities for improvement. These analyses and implementation of incentives typically involve close collaboration with the state Medicaid staff so that the initiatives align with the goals of the program.

### **9.2.2: List experience and provide résumés of the proposed key staff expected to perform specific activities, including use of subcontractors.**

Our proposed team encompasses all relevant aspects of this project. We supported the FFY 2024 AHCCCS performance measures project and are familiar with AHCCCS' programs, policies, and procedures. This team possesses an essential mix of skills and knowledge for the required tasks, with specialized expertise in hospital assessments and directed payment models. Each of our team members has a unique perspective and will contribute to the success of AHCCCS' future program goals. Below we have shared brief bios for these key personnel, along with an organizational chart on the following page.

**Additionally, we have provided in-depth resumes for each team member, located in Appendix 3.**

#### **Ben Mori – Engagement Principal**

Ben will continue to serve as the Engagement Principal for this project. He is a Principal and Senior Healthcare Consultant at Milliman with 25 years of experience assisting states with Medicaid payment methodologies and program funding strategies. Ben has provided consulting services to AHCCCS since 2012, including assisting with the hospital assessment program since its inception at his former employer from 2013-2018, and at Milliman from 2019-present. Ben has also worked with ADES since 2023 on DDD and AzEIP market rate studies. Nationally, he has assisted the following additional states with the development and maintenance of Medicaid SDPs: Florida, Hawai'i, Indiana, Louisiana, Nebraska, Nevada, New Hampshire, Michigan, Mississippi, Ohio, Washington, and Wisconsin.

#### **Justin St. Andre – Project Manager**

Justin is a Senior Healthcare Consultant with more than 15 years of experience in hospital reimbursement, payment strategies, policy guidance, and healthcare quality measurement. He is a proven leader in data analytics and has assisted more than 20 state agencies as well as providers in developing informed, data-driven solutions related to Medicaid reimbursement, SDP methodologies and quality and outcome measurements. His experience includes using disparate data sources and structures to identify key drivers resulting in measurable change and improved financial performance of providers and payers. He is an experienced SAS and SQL programmer with deep data and statistical knowledge and had worked with numerous quality measures and specifications including Child and Adult Core Sets, HEDIS, various readmission algorithms, and state-specific measures. For Arizona, Justin participates in all components of the HEALTHII program, overseeing all project activities for quality performance measurement and assisting with the HEALTHII SDP development and hospital assessment calculations.

#### **Jason Altieri – Technical Lead and Subject Matter Expert**

Jason is a Healthcare Analytics Consultant. He has more than a decade of experience supporting healthcare organizations, with a focus on value-based programs. He provided oversight on the FFY 2024 HEALTHII Performance Measure Calculations and Reporting project, providing AHCCCS with the data collection, analysis, and reporting services necessary for their SDP program. Jason has provided support for state Medicaid data processing in addition to Medicaid Coordinated Care Organization quality metric calculation, reporting, and submission. Jason has also supported projects focused on provider composite scoring, using Milliman's MedInsight evidence-based measure product to create blended cost and quality scores for providers, including measure selection, weighting methodology, and reporting.

#### **Noelle Gaughen, CPHQ – Medicaid Quality Strategy Lead**

Noelle is a Senior Healthcare Policy Associate with more than decade of Medicaid quality experience. She provides expertise in the design, operation, and evaluation of quality improvement programs including 1115 waivers, SDPs, and pilot projects. Prior to joining Milliman, Noelle worked for a state Medicaid agency as the Director of Delivery System Quality and Innovation, where she led the quality design and program operations for several multi-billion-dollar quality programs, including SDPs for hospitals, nursing facilities, and physician services. She has deep expertise in quality measurement including developing and adapting quality measure specifications for Medicaid programs and providers. Noelle is a Certified Professional in Healthcare

Quality (CPHQ). For our current HEALTHII performance measures project, Noelle provides insight into the technical specifications for the selected quality measures and the review of hospital results.

#### **Benjamin Davis-Bloom – HEALTHII Payment Team Liaison**

Benjamin is a Healthcare Consultant with more than 10 years of experience working with and for state governments. He is currently the project manager for our work with the AHCCCS HEALTHII SDP program focused on the development of annual updates to the hospital assessment programs that fund the Medicaid expansion population as well as hospital directed payments. His contributions involve calculating hospital tax amounts, modeling payment projections, and assessing the net fiscal impacts for hospitals. Benjamin also has extensive experience overseeing value-based purchasing arrangements and implementing quality metrics as part of Medicaid managed care contracting.

#### **Orhun Sezer, CPA, CHDA – Data Manager**

Orhun is a Senior Healthcare Consultant with more than 15 years of experience with Medicaid reimbursement policies and analysis of Medicaid claims and expenditure trends. program. Orhun led the data management and analytic processing for the FFY 2024 HEALTHII Performance Measure Calculations and Reporting project. He was responsible for the calculation of performance rates for claims-based quality measures including readmission rates and patient safety indicator outcomes for Medicaid managed care recipients. Orhun developed the hospital data reporting tools and the data extraction and scrubbing processes. Orhun's expertise includes performing data analysis to support healthcare reimbursement projects for various State Medicaid agencies including Alabama, Alaska, Arkansas, Georgia, Indiana, Maine, Mississippi, North Carolina, and Virginia. In addition to being a Certified Public Accountant (CPA), he is a Certified Healthcare Data Analyst (CHDA) from the American Health Information Management Association (AHIMA).

#### **Laurel Steedman – Project Coordinator**

Laurel is a Healthcare Consultant focused on collaboration with state Medicaid agencies to develop strategies that improve access to services through robust rate setting and pricing models. She has more than 15 years of experience and specializes in using analytics and data to develop Medicaid rates. Laurel coordinated the FFY 2024 HEALTHII project to facilitate the delivery of comprehensive technical guidance and narrative reports that outlined methodologies, performance, and benchmark considerations. She managed data collection for performance rates for self-reported based quality measures including seclusion, readmissions, infection rates, and emergency department efficiency for Medicaid managed care recipients. Laurel's leadership expertise includes working with internal and external stakeholders to navigate significant payment structure transitions, operational shifts, and policy transformations. She is committed to empowering clients by delivering actionable and relevant solutions.

#### **Julia Embry – Project Analyst**

Julia is a Data Analyst with more than 10 years of experience in supporting health services. Julia completed detailed analytic work to support the FFY 2024 HEALTHII Performance Measure Calculations and Reporting project. She supported the calculation of performance rates for self-reported and claims-based quality measures including seclusion, readmissions, infection rates, and emergency department efficiency for Medicaid managed care recipients. Julia conducted in-depth analysis on performance measure results at the individual hospital and aggregate levels. Julia's other work focuses on driving strategic improvements in Medicaid and Medicare programs through rigorous data analysis, stakeholder engagement, and federal collaboration. Her expertise includes developing, validating, and implementing measures, rapidly interpreting new policy impacts, and guiding states in Medicaid data improvement.

### **SUBCONTRACTORS**

We do not propose using any subcontractors for this engagement.

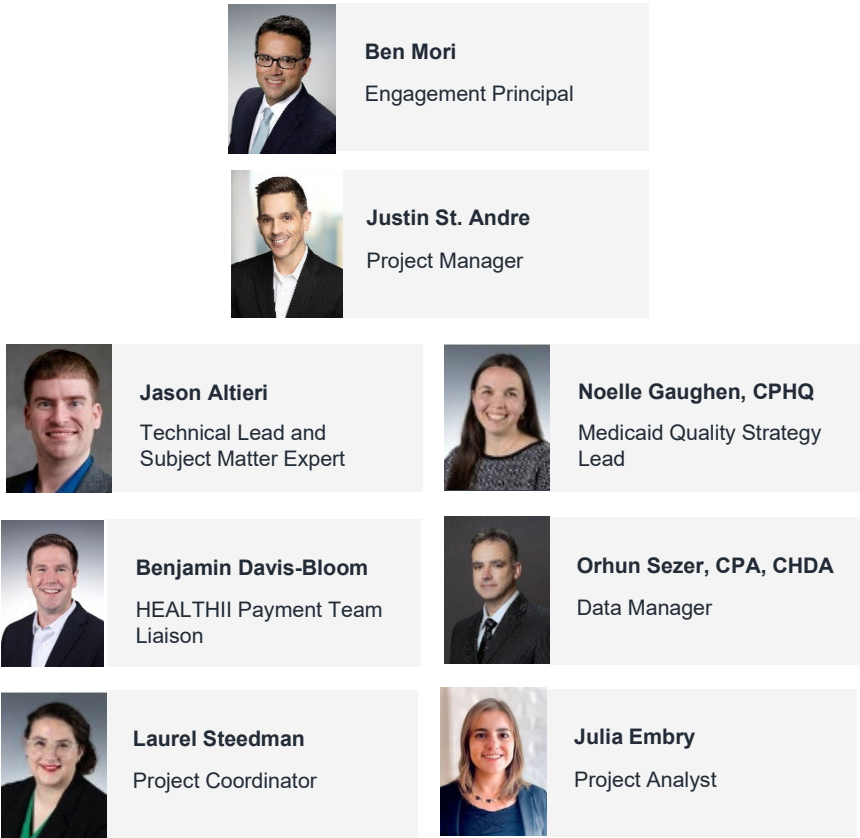


9.2.3: Capacity/Availability of the firm to initiate services within specified project timelines.

The Milliman project team structure offers breadth in leadership, staff capacity, and peer review expertise under numerous leaders. The entire team supported the FFY 2024 HEALTHII project and is eager to continue working with the AHCCCS team in FFY 2025. We are prepared to begin work immediately upon contract execution. Our description of the proposed approach, deliverables, and timelines are described in section 9.3.

Our proposed project team organizational chart is shown below:

Organization Chart



**Ben Mori**, as the Engagement Principal, will be responsible for overall client satisfaction and delivery and will be active throughout the project reviewing key deliverables. Ben has 25 years of Medicaid consulting experience, including with the State of Arizona, and was among the original consultants who designed and modeled the AHCCCS hospital assessment program and DRG payment methodology in 2014 and the HEALTHII SDP program in 2020. Ben served as the Engagement Principal for the FFY 2024 HEALTHII performance measures project at Milliman and will continue in his leadership of overseeing client deliverables, ensuring the firm’s quality and peer review standards are followed, and managing the team.

The proposed Project Manager for this engagement is **Justin St. Andre**, who will lead the day-to-day tasks for the project and will be the primary point of contact. Justin will be responsible for the on-time completion of project tasks and deliverables, maintaining task schedules and accommodating ad hoc projects and requests of varying urgency to AHCCCS. He will lead team meetings to provide AHCCCS with updates on the status of the current projects and to work through discussion items as needed. He will be supported by **Laurel Steedman**, Project Coordinator, and **Julia Embry**, Project Analyst.

**Noelle Gaughen**, CPHQ, the Medicaid Quality Strategy Lead, will assist with determining performance target metrics. She will be responsible for providing clinical evaluation and input on the quality measures and performance targets, including guidance on potential replacement measures. **Jason Altieri**, the Technical Lead, will oversee quality measurement data collection, processing, and analysis, with support from **Orhun Sezer**, our Data Manager. **Benjamin Davis-Bloom**, HEALTHII Payment Team Liaison, will collaborate with the other team members to integrate this project with the AHCCCS hospital assessment programs workstreams.

The proposed team will work closely and collaboratively together on issues related to the quality measures and any recommendations for potential changes to the quality measures. In addition to the consultants listed above, the Milliman Medicaid Consulting Group has more than 400+ dedicated consultants that support the needs of both public and private sector clients that deliver, finance, manage, and administer healthcare services through Medicaid and other safety net programs. This deep bench of consultants is available to provide additional support for this engagement, if required.

## INTERNAL CONTROLS

The data analysis required by this Task Order will be significantly enhanced by following Milliman's rigorous quality standards and internal controls. We fully appreciate that quality measures are closely tracked and highly scrutinized by key stakeholders such as providers, their associations, and consultants, as well as CMS, whose focus often is to search for potential issues in the model. As such, errors contained in any work product may affect the credibility of AHCCCS in its authorization environment and impact the external approval necessary for the completion of project deliverables.

To reduce the likelihood of errors in our work and to protect our clients, Milliman conducts a Quality Risk Management (QRM) process involving robust peer review that confirm all client deliverables are reviewed by a qualified individual. Milliman professionals must undergo a rigorous evaluation process to qualify for approved professional status with the firm, after which they are allowed to work directly with clients, or for signature authority, which allows them to sign or review reports and other work products. To maintain our stellar reputation and the full trust of our clients, Milliman requires that work products undergo a series of checks and reviews. All work products must undergo a thorough technical review of the programs, calculations, and models. After the technical review, results and documentation are reviewed by both an approved professional and a consultant with signature authority.

All consulting work with substantive content is subject to pre-release peer review, and it must be directed by an individual with signature authority. Signature authority is only granted within Milliman after a careful review of an individual's work by a qualified consultant from another Milliman office and after approval by Milliman's Health Steering Committee. Peer reviewers are individuals who are familiar with the project but have not performed significant work on the project. This requirement allows for impartial review and the opportunity for additional insight.

The pre-release peer review process adds an additional level of security for our clients. Peer review includes a secondary review of the work performed, reports prepared, and overall project management. It also includes review of the methodology, review of the file documentation, analysis of the results and review of compliance with firm quality standards. The review is structured to identify any outstanding issues that were not addressed, to confirm that the information is presented in a logical and complete manner, and to confirm that the overall quality of the work meets Milliman's high quality standards. For all electronic tools, we have additional peer review on the technical workings of the tool to support technical accuracy and usability.

Based on our foundation of peer review, the other significant internal control Milliman has in place is the ability to escalate the management within a project when additional support is needed. Signature authority project leads work diligently to address as many issues as possible during the project management phase. The workflow management process generally involves the pre-release peer reviewer throughout the project so that the scope of work is being appropriately completed and there are no outstanding issues with the final work product. If management needs to be escalated, additional consultants can be involved in both peer review and project management.

## 9.3: Methodology and Approach

### 9.3.1: Proposed methodology and approach that would be employed to handle the tasks of this project, including a description of how each of the minimum criteria established will be satisfied.

Our proposed approach for this project is informed by our consultants' experience assisting AHCCCS with the successful design, development, implementation, and operationalization of the FFY 2024 HEALTHII performance measures program and the HEALTHII payment program, including the development of quality incentive payments within this program. From our national experience we have observed CMS is increasingly requesting states provide more clarity related to the goals of directed payments with a focus on value-based components. For example, rather than just broadly stating that the directed payment is intended to increase access to care, more specific access or quality goals that are required by CMS. Based on our experience with the existing HEALTHII measures, Milliman is prepared to assist AHCCCS in strengthening support for existing measures and identifying substitute measures and/ or new quality measures based upon input from AHCCCS and participating hospitals.

We are committed to the completion of all tasks outlined in the Scope of Work. By combining the diverse and AHCCCS-specific expertise of our key personnel and our Quality and Risk Management (QRM) process, Milliman will be essential in generating and calculating performance measure rates, creating a technical guidance report, and supporting efficiency and collaboration with AHCCCS throughout the process.

#### EXPERIENCED KEY PERSONNEL

Milliman's proposed staffing plan is designed to dedicate key thought leaders to this important initiative, provide the intensive research and interview logistical support necessary for success, and draw on Milliman's expertise specific to AHCCCS. Our team excels at developing innovative, multifaceted solutions for state healthcare systems and we have helped numerous states improve healthcare financing and health infrastructure design, while addressing emerging trends in healthcare and health policy. We are confident in our ability to provide the scope of services AHCCCS is seeking and to meet and exceed requirements in this task order.

#### COMMITMENT TO QUALITY WORK

Not only do we intend to meet all deliverables within the intended timeline, Milliman also employs a rigorous quality assurance process which requires that every deliverable to a client is formally checked for accuracy and completeness, and then reviewed by a consultant not directly involved in the work. These reviews are structured and checklist-oriented so that they are comprehensive and complete. We build time into our project plans to complete these activities. Although issues can occur, our approach to handling these issues in a timely manner allows us to more quickly arrive at a mutually agreeable resolution.

Prior to sending any deliverables to the client, our project timeline includes a built-in period for adequate Milliman peer review. This robust peer review process safeguards the accuracy and high quality of all deliverables to best meet our clients' needs. In compliance with our code of professional conduct, all work and peer review is conducted by an experienced professional who is qualified to perform the work.

#### EXECUTION OF WORK RESPONSIBILITIES AND TASKS

Milliman's proposed methodology and approach for each task in the project is described below. The approach for each task includes how the approach meets the goals of the tasks supporting the overall project.

##### **Task 5.1: Generate performance measure rates for AHCCCS' HEALTHII payment reform initiative. Calculate performance measure rates for measures listed in the background and project description section according to the relevant provider types.**

Milliman successfully completed this task in the FFY 2024 HEALTHII program. Our team has extensive experience synthesizing quality indicators from a multitude of credible sources to identify and prioritize quality metrics relevant to state Medicaid plans and stakeholders within the healthcare delivery system at state, county, and community levels. We will build upon the work completed in last year's program by reviewing a set of six existing quality measures listed by AHCCCS in this Task Order and discussing with AHCCCS each metric in terms of its ability to reflect measurable, incremental improvements towards the program's goals. We also will review measures for which a change or update has been issued for the performance measure by the responsible parties of the technical specifications.

We understand that the set of measures for each program, and the programs requiring evaluation based on performance measures, may change over time. If desired, we will assist AHCCCS with identifying and implementing new quality performance measures or modification to existing measures to produce better quality and more value for the programs.

The proposed team includes healthcare consultants with decades of experience working with fee-for-service claims and managed care encounter data, Current Procedural Terminology (CPT) codes, International Classification of Diseases 10th revision (ICD-10) diagnosis and procedure codes, revenue codes, pricing, and claims auditing. Our team has constructed appropriate calculation algorithms and methodologies based on a thorough understanding of healthcare and Medicaid specific data, as well as measure steward requirements. We have identified appropriate inclusion and exclusion criteria for each measure's numerator and denominator after thorough examination of the steward specifications and evaluation of available data elements. The Milliman team will review the current calculation methods and data sources so that they are still relevant and accurate, and that they are aligned with the program's goals.

We recognize that the majority of the existing measures are only applicable to certain hospital types, including Critical Access Hospitals (CAHs), Freestanding Children's Hospitals, Freestanding Rehabilitation Hospitals, General Acute, Long Term Acute Care (LTAC) Hospitals, Psychiatric Hospitals and Short Stay Hospitals. **Figure 1** below includes a list of the six HEALTHII measures by provider category required under this Task Order, as a demonstration of the approach we will take for a comprehensive assessment of the performance within each category. We will also consider state, regional, and national benchmarks available for each of the measures, and evaluate performance relative to those benchmarks.

**Figure 1 – HEALTHII Measurements Required Under this Task Order**

Quality Measure Indicator	Quality Measure Description	Data Source	Applicable Provider Types
CBE #0641	HBIPS-3 Hours of seclusion use	Self-Reported	Psychiatric Hospitals
CBE #0674	Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)	Self-Reported	Freestanding Rehabilitation Hospitals and LTACs
CBE #1717	National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure	Self-Reported	General Acute and Children's Hospitals
CBE #0531	Patient Safety Indicators 90 (PSI 90) Patient Safety and Adverse Events Composite	Claims-Based	General Acute Hospitals
CBE #0496	OP-18 Median Time from ED Arrival to ED Departure for Discharged ED Patients	Self-Reported	CAHs
CBE #1789	30-Day Hospital-Wide All-Cause Unplanned Readmission Rate	Claims-Based	Short Stay Hospitals

**Task 5.2: Research and use the most current performance measure specifications publicly available to:**

**Task 5.2.1: Generate performance measure rates using multiple data sources:**

- **5.2.1.1** For National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure (Modified CBE # 1717), HBIPS-3 Hours of Seclusion Use (Modified CBE # 0641), Percent of Residents Experiencing One or More Falls with Major Injury (Modified CBE # 0674), and OP-18 Median Time from ED Arrival to ED Departure for Discharged ED Patients (Modified CBE# 0496), collect necessary self-reported data from hospitals to calculate the measure per the specifications.
- **5.2.1.2** For Patient Safety Indicators 90 (PSI 90) Patient Safety and Adverse Events Composite (Modified CBE #0531) and 30-Day Hospital-Wide All-Cause Unplanned Readmission Measure (Modified CBE # 1789), use AHCCCS provided claims data to calculate the measure per the specifications.

It is critical to consider multiple sources of data when implementing targeted performance improvement strategies. Per the requirements of this Task Order, for measures based on self-reported data, we will collect the necessary data directly from hospitals to calculate the measure per the existing specifications established by AHCCCS. To collect this data, we will leverage the FFY 2024 technical guide, which contains detailed instructions on how to submit both the summary measure and data logs. We will include updated information on how to structure data when required to submit data logs. From our experience in FFY 2024, it became clear that the participating hospitals need additional support in understanding the basis for each measure and what information is needed and appropriate to include in data logs. Our technical guidance will increase focus on the process for analyzing the data serving as the foundation of the summary measure. Challenges identified in FFY 2024 included hospital issues with submitting minimum necessary data, comprehensive data, or using incorrect mathematical approaches. Milliman will develop materials to assist hospitals with proper analysis from initial review, rather than making adjustments after the data log review period. Milliman will also update secure data transfer protocols to make processes clearer to the hospital submitters who are required to send data logs for review. For more details on the hospital self-reported data collection process, see section 9.3.2 of this proposal.

Our calculation of the four measures based on self-reported data are described as follows:

- **CBE #0641 (HBIPS-3 Hours of seclusion use):** This measure is based on the total number of hours that all patients admitted to a hospital-based inpatient psychiatric setting were held in seclusion, per 1,000 hours. We will collect data

at the minute-level and will convert to an hours unit basis to determine the numerator (we understand there has not been exclusions in the past). We will instruct participants to base the 1,000-hour denominator on total patient days divided by 1,000, excluding total leave days. Applicable to **psychiatric hospitals** only.

- **CBE #0674 (Application of Percent of Residents Experiencing One or More Falls with Major Injury):** This measure is based on the percentage of long-stay residents who have experienced one or more falls resulting in major injury reported in the look-back period no more than 275 days prior to the target assessment. We will instruct participants to base the denominator on all patients with look-back scan assessments, excluding patients with missing data. Applicable to **rehabilitation hospitals and LTACs** only.
- **CBE #1717 (NHSN Facility-wide Inpatient Hospital-onset CDI Outcome Measure):** Based on the Standardized Infection Ratio (SIR) and Adjusted Ranking Metric (ARM) of hospital-onset CDI Laboratory-identified events (LabID events) among all inpatients in the facility. For the numerator, per existing AHCCCS policy we will exclude well-baby nurseries and neonatal intensive care units (NICUs). We will instruct participants to base the denominator on the total number of Medicaid managed discharges for a 12-month period and the total number of Medicaid MCO inpatient days for the 12-month period, excluding well-baby nurseries and NICUs. Applicable to **general acute and children's hospitals** only.
- **CBE #0496 (OP-18 Median Time from ED Arrival to ED Departure for Discharged ED Patients):** Based on the median time (in minutes) from emergency department (ED) arrival to time of departure from the emergency room for patients discharged from the ED. Per current measure guidance, for this calculation we will instruct participants to exclude patients who expired in the ED, left against medical advice (AMA), or whose discharge was not documented or unable to be determined (UTD). Applicable to **CAHs** only.

Per the requirements of this Task Order, for measures based on **Medicaid claims data**, we will request and collect necessary MMIS data from AHCCCS to calculate the measure per the existing specifications established by AHCCCS (and adjust in the future as necessary). Our calculation of the two measures based on Medicaid claims data are described as follows:

- **CBE #0531 Modified (PSI 90 – Patient Safety and Adverse Events Composite):** Based on a composite of 11 quality indicators, expressed as rates per 1,000 discharges, measuring the culture of safety within the hospital, related to surgical safety and wound care. Indicators based on prevalence of patients with select ICD-10 **secondary diagnosis codes** include pressure ulcer stage III or IV, iatrogenic pneumothorax, hip fracture, perioperative hemorrhage or hematoma, dialysis, acute respiratory failure, proximal deep vein thrombosis, pulmonary embolism, sepsis, accidental puncture or laceration during a procedure, and second abdominopelvic operation. ICD-10 **procedure code-based** indicators include patients with select include treatment of hemorrhage or hematoma, mechanical ventilation (for select scenarios), and repair of the abdominal wall (related to disruption of internal surgical wound). There are number of denominator exclusions established in AHCCCS' current policy that we will replicate. Applicable to **general acute hospitals** only.
- **CBE #1789 (30-Day Hospital-Wide All-Cause Unplanned Readmission Rate):** Based on the hospital-level Risk-Standardized Readmission Rate (RSRR) of unplanned, all-cause readmission within 30 days of discharge from an "index" (i.e., initial) admission for select conditions/procedures for Medicaid MCO beneficiaries 65 years and older. The numerator is based on of number of index admissions followed by a readmission within 30 days across the specialty cohorts based on groups of discharge condition categories or procedure categories (surgery/gynecology, general medicine, cardiorespiratory, cardiovascular, and neurology), excluding planned readmissions. The denominator is based on total index admissions across specialty cohorts, with exclusions for patients who without continuous enrollment, discharged against medical advice, and admitted for psychiatric, rehabilitation, cancer treatment services. Applicable to **short stay hospitals** only.

When conducting these calculations, we will adjust for any known data quality issues or concerns that we have discovered during our rigorous data review process for the most reliable and accurate assessment of various aspects of hospital performance. See **section 5.3** for more details on our proposed data validation process.

**Task 5.2.2: Apply selected performance measure specifications to AHCCCS members to generate rates specific to the Medicaid population for the appropriate provider types.**

Per the requirements of this Task Order, our quality performance measure calculations will be based on **Medicaid MCO population** data either self-reported by hospitals or from Medicaid claims data, depending on the measure. We will calculate the performance measures based on the methodologies described previously in our response to item 5.2.1, consistent with AHCCCS' current methodology and update as needed. We understand that to support the FFY 2025 (from October 1, 2024 to September 30, 2025) quality performance measures required by this Task Order and in AHCCCS' approved FFY 2025 HEALTHII preprint, we need to use **FFY 2025** Medicaid data to develop performance measurements. Each measurement will be based on the Medicaid data for the provider types applicable for each measure along with the applicable exclusions, as described previously.



**Task 5.2.3: Calculate the FFY 2025 (October 1, 2024 to September 30, 2025) performance measure by hospital and in aggregate by each measure.**

Per the requirements of this Task Order, for the quality measure calculations described previously in item 5.2.1 will summarize results in Excel exhibits by hospital, and in aggregate at the provider type and statewide levels. Summary exhibits will include for each measure the numerator and denominator (if applicable). We will also provide a summary exhibit showing aggregate results, by provider type, across measures. Measurement calculations for external distribution will be accompanied by a Quality Performance Measurement Report (described later in response to item 5.4) that provides an overview of the HEALTHII quality measures, and described in detail the quality measurement results, methodology, and data sources relied upon.

**Task 5.2.4: Provide technical assistance to AHCCCS and participating facilities/providers as needed.**

Per the requirements of this Task Order, for the quality measure calculations described previously in item 5.2.1 we will provide technical assistance to AHCCCS and to participating hospitals to address questions on reporting specifications and data transfer protocols during the data collection process. **For AHCCCS**, our project manager Justin St. Andre will be the primary point of contact and will coordinate responses to AHCCCS' project questions. **For hospitals**, we have a dedicated project email address for providers to submit questions that will undergo thorough continuous monitoring by our project team for direct communication to providers.

**Task 5.3: Ensure accurate, valid, and complete calculations of the performance measures.**

**Task 5.3.1: Conduct data validation activities to correct potential issues identified with measure results such as using AHCCCS claim data or external sources to ensure hospital reporting is reasonable and accurate.**

Ensuring accurate, valid, and complete calculations of hospital performance measures is crucial for maintaining transparency and trust with stakeholders, making informed decisions, and continuously making progress towards achieving program goals. Our team will clearly define the performance measures and business specifications, establish standardized methods for collecting data, implement data validation and cleansing processes to identify and correct errors, inconsistencies, and outliers, and present the calculation algorithms and methodologies in a transparent manner.

**Milliman's Quality Risk Management (QRM) process requires multiple, independent reviews of hospital data for acceptance.**

Milliman has established a rigorous, detailed process for data quality. Our solutions for improving data quality include documented processes and procedures, as well as an in-depth understanding of federal regulations covering fee-for-service claims and encounter data quality. Our approach to calculating performance metrics is grounded in a rigorous and systematic methodology designed to deliver accurate, consistent results that are compliant with industry standards. We will maintain detailed documentation of the data sources, calculation methodologies, validation processes, and any changes made over time. Milliman's workflow, documented in the FFY 2026 HEALTHII Quality Performance Measures Technical Guide, illustrates our iterative process of data review and communication, reflecting our relationship with the hospitals as collaborative rather than adversarial. While reviewing hospital self-reported data for FFY 2024, there were several instances during our data quality review process where additional review and validation was warranted such as: extreme values relative to prior submissions, variation compared to other hospitals in the same class, and inconsistencies between summary and detail-level file submissions.

Our team is prepared to collect and validate data from multiple sources, including MCO managed care encounter data and provider self-reported data. We propose to receive the quality data via our secure FTP service reserved for Protected Health Information (PHI). Our project Data Manager and Programmers will engage in initial data validation immediately upon importing the data. Our initial data validation step for Medicaid MCO claims data will be to summarize the numeric fields for all records in the file so that we are arriving at the same answers as the values present on the "control totals" record accompanying the file (where applicable). If we do not reconcile to the exact control values, we will follow-up with AHCCCS immediately in order to identify differences.

**Task 5.3.2: Conduct audits of hospital member-level records related to performance measure calculations as required by AHCCCS.**

For measures based on Medicaid MCO claims data, we will perform several actions so that the member-level records related to the performance measure calculations are imported correctly, incorporated into the appropriate performance measure dataset, and any applied calculations are completed correctly. We will review analysis results to identify outlier values for further investigation at the member-level. If we identify any issues with any member-level records, we will work with AHCCCS to find a remedy which supports accurate performance measure calculations for the highest possible data integrity.

**Task 5.3.3: Outreach to participating facilities and/or providers to research potential identified issues with measure results. For example, if the range of the median time for ED Arrival to ED Departure is 30-60 mins, but two hospitals are reporting 120 mins, the Contractor shall conduct specific outreach to validate that the figures were not reported incorrectly.**

As discussed above, our approach to calculating performance metrics is grounded in a rigorous and systematic methodology. From the FFY 2024 HEALTHII project, we have experience reviewing AHCCCS' quality measure results and identifying outlier values for further investigation. For example, from our review of data logs submitted for CBE #0496 self-reported results, we identified several instances in which a hospital reported an incorrect value (mean or average) rather than the required calculation (median). We communicated to AHCCCS and made a collaborative decision to request data logs for all CBE #0496 submissions. This resulted in discussions with the hospitals to correct the self-reported results and improve measure accuracy. From these productive discussions with providers, we will continue to refine the descriptions of the reporting requirements in the FFY 2025 technical guide.

We will leverage our familiarity and broader understanding of the quality measures' application into the HEALTHII program to deliver reasonable and accurate quality measure results well in advance of downstream calculations. We recognize that achieving accuracy, validity, and completeness in hospital performance measurement is an ongoing process and we will make efforts to make this process as transparent as possible so that stakeholders at all levels have confidence in the approach we use and the work that we produce.

Based on our review and validation process described previously, we will identify outlier values self-reported by hospitals for further investigation. Based on our work in the FFY 2024 HEALTHII program, we have established valid and reliable numerators and denominators for each individual hospital. For each measure we will establish internal controls to identify hospital submissions outside of the outlier statistical range and flag abnormal reported values. As we have seen over the past year, abnormal values must first be confirmed, to rule out the possibility of reporting error. As such, from our review we will follow up with hospital to gather additional details about the reported outlier values before finalizing our self-reported dataset to be used for performance measurement.

***Task 5.3.4: Request and process additional data (e.g., claims data, facility/provider-reported data) to recalculate measure rates to correct issues with measure.***

For measures based on Medicaid MCO claims data, per the validation process described previously we will identify missing or abhorrent values reported in the claims data for further investigation and follow up with AHCCCS. We also review analysis results to identify outlier values for further investigation and discussion with AHCCCS. If there are issues with the Medicaid MCO claims data extract, we will work with AHCCCS to request a new extract under a data format that will result in the highest possible data integrity. For measures based on self-reported hospital data, all summary tables and submission files will be structured in a manner that allows for efficient, accurate updates to tables in the event that AHCCCS requests that updated data points are incorporated at any point in the project.

**Task 5.4: Develop and produce reports and spreadsheets that:**

***Task 5.4.1: Describe the calculation method, including billing codes and related factors that impact each measure's calculation.***

The Milliman team will create a detailed **technical guidance report** that will provide an overview of the quality measurement process, including detailed specifications for each measure. This report will include a description of the calculation algorithms and methodology used for each performance measure. The report will also contain inclusion and exclusion criteria for each measure's numerator and denominator, as well as billing codes, ICD-10 diagnosis and procedure codes, established reporting requirements, and other factors impacting each measure's calculation. Examples of related factors that might impact performance measure calculation include data quality and accuracy, potential inconsistencies in coding practices, and patient population, such as comorbidities, presence of underlying conditions, risk profiles of patient populations, etc.

***Task 5.4.2: Define/Outline the technical specifications for each measure.***

Our team is well-versed in the science of quality measurement and experienced in developing technical specifications in accordance with the measure stewards' requirements. We will review and update the technical specifications for each measure with detailed, accurate and complete information in the **technical guidance report**. The technical specifications will include key information about each measure, including links to steward measure specifications, as well as technical specifications, such as a list of diagnosis codes, claim types, etc. Each measure will have a clear name and a concise description of what the measure aims to assess, a description of a measurement unit (percentage, rate, ratio or another appropriate unit), a list of data elements utilized for each measure and its sources, data collection and reporting periods, calculation algorithms and methodology as well as key considerations that impacted decision making while developing and implementing each measure.

***Task 5.4.3: Recommend performance targets for each measure based on performance measure rates, inclusive of a description of the criteria used in evaluating the measure results and determining the target recommendations.***

To assist AHCCCS with developing performance targets for each measure for its HEALTHII evaluation plan and preprint response, we will provide AHCCCS benchmark information for each quality measure based on performance measure rates. This analysis will include a comparison of baseline performance rates to various metrics across performance years. For AHCCCS' consideration, we will calculate multi-year cumulative averages, year-over-year change (e.g., regression) and, when available and appropriate, state or national benchmarks comparable to the HEALTHII population.

**Task 5.4.4: Presents the calculated performance measure results by measure, with the aggregate results along with the detailed results by hospital.**

As described previously, we will develop a **Quality Performance Measurement Report** that provides an overview of the selected HEALTHII quality performance measures, and describes in detail the quality measurement results, methodology, and data sources relied upon. This report will be supplemented by exhibits that will summarize results for each quality measure at the hospital, hospital type, and statewide aggregate level, as described previously in task 5.2.3 (please see this task for a more detailed description of these exhibits). We will develop this report and exhibits in draft form for AHCCCS' review and feedback. We will then finalize the materials by incorporating AHCCCS feedback, at which point these materials can be shared with hospital stakeholders at AHCCCS' discretion.

**Task 5.5: Manage this work as follows:**

- **5.5.1** Assign a single project manager as a point of contact throughout the project.
- **5.5.2** Participate in an internal kick-off meeting held within 2-3 weeks of task order award and purchase order issuance, to:
  - **5.5.2.1** Initiate the project.
  - **5.5.2.2** Finalize a detailed project schedule.
  - **5.5.2.3** Define any interim meetings prior to the final report and their purpose, attendees, and desired outcomes.
- **5.5.3** Develop a project work plan for completion of this Task Order commensurate with the project's duration and scope.
- **5.5.4** Coordinate all meetings, documents, and communications with the AHCCCS project managers.
- **5.5.5** Submit monthly progress reports for the Task Order's duration.

Justin St. Andre will be the Project Manager and AHCCCS' primary point of contact throughout the project. Within the two-three week timeline specified, our team will schedule a kick-off meeting with the AHCCCS project team and work towards developing a detailed project schedule for AHCCCS' review and approval. We propose continuing to hold monthly recurring meetings with the AHCCCS project team to regularly communicate with and provide updates to the project team, with ad hoc meeting scheduled as needed. Key members of our project team supported AHCCCS with the FFY 2024 HEALTHII performance measures program and ongoing support for the directed payment program, and our staff will coordinate timelines and scheduling to improve efficiency in both projects.

Milliman's proposed timeline for completing the work is outlined in section 9.3.3. During the initial kick-off meeting, Milliman will share the proposed timeline for completing all project tasks for AHCCCS staff to approve. Upon approval of the project timeline, Milliman will share a more detailed work plan with AHCCCS which will include activities such as review and discussion around key project tasks and required activities to support each milestone and deliverable.

Our project team will coordinate and work closely with the AHCCCS project managers throughout the duration of this project and will establish reoccurring meetings to discuss progress on the work and to address any questions that may arise during the course of the work. We will also coordinate with the AHCCCS project managers on tasks which relate to engaging with the stakeholders to make sure AHCCCS agrees with our proposed approach or responses to any stakeholder questions and concerns. We will also share proposed responses to data that has been determined to be inaccurate or unreasonable, so that AHCCCS agrees and is comfortable with the communication and next steps. Milliman will carry forward the practice of consistent updates on progress in collecting hospital self-reported data, which was critical in following up with individual hospitals and achieving a successful response rate for usable data values (95%), which far exceeded previous program year response rates.

The Milliman project team will submit monthly progress reports in writing to the AHCCCS project managers and key AHCCCS project team members. We also propose working with AHCCCS to establish reoccurring meetings with key members from the AHCCCS and Milliman project teams. Our goal in scheduling reoccurring meetings is to provide the AHCCCS team with more frequent and regular updates on the status of our progress, to resolve any questions more quickly, and to discuss any new items which may have come up during the week. As in the previous year, our project team found that having regularly scheduled meetings with AHCCCS is effective in completing the program work and facilitates shared understanding of critical concepts and next steps for both organizations.

**OPTIONAL TASKS**

**Task 6.1: Evaluate proposed measures, including current and potential replacement measures to provide guidance as to the appropriateness of the measures for the selected population(s) as needed.**

We understand that the set of measures for each program, and the programs requiring evaluation based on performance measures, may change over time. The performance measures evaluation process is iterative, aligned to the program goals,



applies continuous quality improvement methods, and involves ongoing AHCCCS communication and stakeholder engagement. This iterative process will be used to identify additional measures and consider existing measures that may be replaced. If desired, we will assist AHCCCS with identifying and implementing new quality performance measures or modification to existing measures to produce better quality and more value for the programs.

Exploring potential replacement or additional performance measures can require significant investment of effort from both AHCCCS and stakeholders. Milliman's proposed timeline includes discussion of the current performance measures technical specifications at an earlier stage in the project and will check in with AHCCCS about the optional tasks during this project period. We believe any foundational discussions regarding potential replacement or additional performance measures should be carefully considered, and we will build in project guardrails to support AHCCCS in any optional task work that will contribute to the long term success of the HEALTHII program.

Evaluation of the proposed measures includes consideration of AHCCCS objectives, priorities, and potential gains in quality, patient safety, and clinical outcomes for members receiving care in the respective settings. Building on our prior work with AHCCCS and our understanding of the current HEALTHII quality measures, to evaluate and provide guidance on the appropriateness of the measures we will consider:

- The potential impact/estimated value of each measure towards achieving AHCCCS objectives. The estimated value is based on the CBE selection attributes such as "Highly prevalent condition" and "highest opportunity for improvement" in addition to attributes specific to the delivery system. An HCBS measure, for example, CBE #0059 – comprehensive diabetes care – is identified by CBE as an intermediate outcome of high priority.
- The relative effort for data collection and reporting, according to CBE attributes such as "Lowest Data Collection Burden" and an understanding of system and process factors that facilities may experience.
- Stakeholder input, synthesized and reviewed in collaboration with AHCCCS.
- Local delivery system and population attributes.

Building on our familiarity with AHCCCS and AHCCCS' strategic goals, and our extensive experience with Medicaid populations and performance measures across the delivery system, we will also use the above criteria to consider alternative measures that may better serve AHCCCS objectives. In addition, we will monitor for any additions, removals, or revisions of performance measures by Battelle (following CMS's contract transition from NQF) that may impact our evaluation.

We will incorporate any new measure(s) selected by AHCCCS into the detailed technical guidance report that will provide comprehensive description of the measure technical specifications. The technical specifications will include key information about each measure, including links to steward measure specifications, as well as technical specifications, such as a list of CPT codes, claim types, etc. Each measure will have a clear name and a concise description of what the measure aims to assess, a description of a measurement unit (percentage, rate, ratio or another appropriate unit), a list of data elements utilized for each measure and its sources, data collection and reporting periods, calculation algorithms and methodology as well as key considerations that impacted decision making while developing and implementing each measure. We will work with AHCCCS to develop additional stakeholder communication strategies and materials that support the implementation of new measures, including expanded technical guidance, stakeholder meetings, and ongoing email dialogue with stakeholders.

**Task 6.2: AHCCCS may decide to include additional performance measures that will result in the following required work:**

***Task 6.2.1: Research and obtain the most recent performance measure specifications using publicly available measure steward resources and information.***

A preliminary review of the existing measures revealed that the current set includes both inpatient and outpatient measures, process measures and clinical outcomes, and physical health and behavioral health measures. The existing metrics are externally validated quality measures developed by reputable quality measure stewards, including the Agency for Healthcare Research and Quality (AHRQ), National Committee for Quality Assurance (NCQA), Centers for Disease Control and Prevention (CDC), CMS, the Center of Excellence for Pediatric Quality Measurement (COE for PQM) and the Joint Commission (TJC). We strongly support the AHCCCS's decision to utilize these widely used and reported quality measures instead of "recreating the wheel" by developing new proprietary quality measures which will impose an additional burden on providers. We believe that using the widely recognized stewards' measures is the most optimal approach, and, as part of this engagement, we will work closely with AHCCCS so that performance measures are programmed and calculated based on a thorough understanding and review of the relevant data, and that they follow measure steward specifications and ad-hoc requirements. We will routinely monitor the measure steward definitions and requirements for specifications updates and the need for necessary adjustments.

***Task 6.2.2: Generate performance measure rates using the most appropriate data sources (e.g., claims and encounter data, electronic health record data, instrument-based data, management data, paper medical records, standardized patient assessments, and Health Information Exchange data). In some instances, this may require obtaining data directly from participating facilities/providers.***

Based on the new quality measure(s) methodology and specifications developed in the prior task, we will calculate quality measure rates across multiple years to evaluate measurement results. This may result in changes and updates to specifications to achieve reasonable and meaningful results that provide actionable information. We anticipate that the data sources used for these calculations would be either self-reported hospital data or Medicaid MCO claims data (as relied upon currently using the data collection process described previously).

**Task 6.2.3: Work with AHCCCS to generate measure rates for the appropriate years of data:**

**Task 6.2.3.1: Baseline year, if/when applicable.**

The baseline year is a critical reference point in the context of provider performance measures, serving as the starting point against which future progress and improvements are measured. The baseline year establishes a benchmark against which the performance of a hospital or healthcare facility is assessed over time. It provides context, enables informed decision-making, and facilitates meaningful comparisons that contribute to the overall enhancement of healthcare quality and patient outcomes. We understand that AHCCCS uses the baseline year of FFY 2019 (or Year 1 of the HEALTHII quality performance measures program). When FFY 2019 data is not available, we will work closely with AHCCCS to determine an appropriate baseline year and use it as the basis for transparent reporting of progress and outcomes for each performance measure.

**Task 6.2.3.2: Performance years, including historical measure rates to capture data points from the initiation of a program, if/when applicable.**

Performance years, including historical measure rates, are essential components when capturing data points from the initiation of a program. We recognize that comparing performance in the initial years of the program to historical data helps identify trends, patterns, and variations that might not be evident without a long-term perspective. The continuation of data from FFY 2024 to FFY 2025 will allow for additional insight into trends, patterns, and variation which was not previously available. In addition, the familiarity gained from the review of the data logs gives more operational insight into the root cause of changes in the data on the individual hospital level.

Performance years allow for the measurement of incremental changes and trends as the program matures. Trends and patterns that emerge over several years provide insights into whether the program's effects are sustained or temporary. Historical trends also need to be considered with context; for example, patterns observed towards the end of the Public Health Emergency with peak enrollment (prior to redeterminations) may vary substantially from future periods as enrollment declines (potentially accelerated by Community Engagement requirements) and should be considered in evaluating future results and targets. Analyzing historical measure rates and performance helps identify which aspects of the program are yielding the most positive outcomes and allocate resources accordingly. Working closely with AHCCCS, Milliman can further develop scenarios for expected trends in the performance measures and share context at the state or national level around performance by similar hospitals in other states. By supporting the ongoing evaluation process to identify how reported results conform to expected results and to identify opportunities for further review, the potential needs for a substitution of certain metrics, or for proposing new measures may become apparent. In these ways, Milliman is well positioned to continue the conversations around performance measures and results over time.

**Task 6.2.4: Recommend performance targets for each measure based on performance measure rates, inclusive of a description of the criteria used in evaluating the measure results and determining the target recommendations.**

To establish performance targets for each new measure selected by AHCCCS, we will consider the baseline year performance as a critical reference point for each measure in aggregate and by distribution across individual facilities and hospital systems included in the measure. Targets are set to improve overall performance in aggregate and improve and reward performance at the individual facility/provider level. Potential approaches include incremental, percentile, decile, or absolute targets. Please see our response to Task Order Item 5.4.3 for more details on our proposed evaluation approach.

### 9.3.2: A description of the mechanism(s) proposed to collect data and information for all measures, including measures that require self-reported data by hospitals.

There are currently four quality measures that require collecting self-reported data directly from hospitals. As detailed above, Milliman is equipped to successfully carry out data collection for all measures, including self-reported data by hospitals. In addition to previously discussed operational steps required to distribute, collect, and review data, Milliman will take the following actions:

- Enhance the HEALTHII technical guide. We will include answers to commonly asked questions in the FFY 2024 HEALTHII program, and develop additional guidance on sample data collection, focusing on important aspects of measures that were flagged as errors in the FFY 2024 review of data log submissions.
- Distribute the data collection tool to collect summary self-reported measures from each participating hospital. The data collection timeframe in the proposed timeline focuses follow-up efforts on an earlier basis to avoid pressure from other stakeholder commitments at the end of the calendar year.

- Identify and request data log concurrently with summary measure submissions, rather than after summary measures review. This will facilitate additional time for review and discussion of hospital-specific results with AHCCCS.
- Enhance secure data transfer protocols and communication materials to be specific to the HEALTHII program.

Milliman employs a number of data collection approaches based upon data volume and administrative complexity. All transmittal processes involve end-to-end encryption, aligning with Milliman's HITRUST certification to safeguard client data. We frequently employ the Milliman Access Platform (MAP), a secure web-based portal where providers can upload data for specific projects. User permissions can be set such to either maximize (e.g., upload, download, edit settings) or minimize (e.g., upload only) file manipulation, including the use of a hospital-specific folder to reduce confusion among users. MAP generates detailed logs of file postings allowing Milliman staff to accurately document file submission and generate reports.

### 9.3.3: Proposed timeline for completion of requirements, with milestones, as detailed in Section 8 titled Deliverables, for completion of requirements.

Our proposed work plan in Gantt chart format is shown in **Figure 2** below. We will update this preliminary work plan based on AHCCCS feedback and kick-off meeting discussion.

**Figure 2 – Preliminary Project Gantt Chart**

Task	2026								2027		
	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar - Jun
<b>1. Project Kick-Off and Data Acquisition</b>											
1.1 - Develop kick-off meeting materials and meet with AHCCCS (Deliverable 8.1)	★										
1.2 - Submit a request for required AHCCCS data (Deliverable 8.1)		★									
<b>2. Claims-Based Measures: Analysis</b>											
2.1 - Import, review, and validate the data received											
2.2 - Coordinate with Milliman SDP team to update hospital list											
2.3 - Apply algorithms methodology to generate claims-based measures											
2.4 - Develop performance targets											
<b>3. Technical Guidance Materials</b>											
3.1 - Review and update technical specifications for each measure											
3.2 - Develop Technical Guidance Document (Deliverable 8.2)					★						
<b>4. Self-Reported Measures: Data Collection</b>											
4.1 - Review and revise materials for measure submission and data logs											
4.2 - Release submission template and notify hospitals submitting data logs											
4.3 - Review and assess reasonableness and accuracy of submitted data											
<b>5. Self-Reported Measures: Analysis</b>											
5.1 - Apply calculations methodology to generate results tables											
5.2 - Incorporate results into Milliman SDP models											
5.3 - Develop performance targets											
<b>6. Reports</b>											
6.1 - Develop draft quality measure spreadsheet and report (Deliverables 8.3 & 8.4)											
6.2 - Develop draft quality measure spreadsheet and report (Deliverables 8.5 & 8.6)											
6.3 - Ongoing support for report discussion and hospital follow up											
<b>7. Status Reports</b>											
7.1 - Submit monthly progress reports (Deliverable 8.7)											
<b>8. Optional Tasks</b>											
8.1 - As requested, evaluate current, potential replacement, or additional performance measures											

Project deliverables, as required under this Task Order, are shown in **Figure 3** below:

**Figure 3 – Preliminary Project Deliverables**

Deliverables	
<b>Within 2 weeks of project kick-off meeting</b>	8.1 - Data request
<b>September 15, 2026</b>	8.2 - Technical guidance report for HEALTHII Year 6 (FFY 2027)
<b>January 25, 2027</b>	8.3 - Draft spreadsheet with all measure rates for HEALTHII Year 6 (FFY 2027) 8.4 - Draft narrative report outlining the process of data collection/sources, measure methodology, and calculation process for HEALTHII Year 6 (FFY 2027)
<b>February 22, 2027</b>	8.5 - Final spreadsheet with all measure rates for HEALTHII Year 6 (FFY 2027) 8.6 - Final narrative report for HEALTHII Year 6 (FFY 2027)
<b>March – June 2027</b>	8.7 - Submit monthly progress reports for the Task Order's duration

### 9.3.4: Proposed project work plan that will include brief project status updates, at a minimum, monthly, or more frequently if needed.

Milliman assures AHCCCS that the work will be accomplished on time, within budget, and with high quality standards. Milliman prides itself on a highly efficient, standardized project management process for timely results of the highest quality.

Milliman is comfortable with the proposed schedule for deliverables specified in the “Deliverables” section of the scope of work, with the understanding that first deliverable due dates will be influenced by the award date. Ben Mori (Engagement Principal) and Justin St. Andre (Project Manager) will work closely with the AHCCCS Project Managers to finalize the project timeline and tasks upon project initiation (based on those outlined in the “Deliverables” section of the scope of work and summarized at a high level under Milliman’s Methodology and Approach). If the Milliman team needs additional information or if any project scope change is required, we will immediately discuss such needs with AHCCCS.

As Engagement Principal, Ben will be responsible for overall client satisfaction and delivery and will be actively engaged throughout the project reviewing key deliverables. As the Project Manager, Justin will be AHCCCS’s primary point of contact, working closely and collaboratively with AHCCCS staff and the Milliman team to make sure the project stays on schedule throughout the course of activities. Justin will coordinate work across the team and monitor progress so that milestones and interim deliverables are achieved, and regular updates are provided to AHCCCS. Justin will use the standing status meetings with AHCCCS to surface and resolve key issues, with more frequent communication if needed to support project timelines and progress. The proposed Milliman team for this scope of work will work closely together, conducting weekly (or more frequently as needed) internal meetings to coordinate with AHCCCS project activities and timelines.

#### **PROVIDING INTERIM STATUS REPORTS, INTERIM MILESTONES UPDATES AND OTHER UPDATES UPON REQUEST**

All Milliman project managers maintain an internal workbook that tracks the status of deliverables and other activities for each project. This workbook contains a calendar for the entire project timeline which is updated with interim and final deliverable timing expectations as well as ad hoc and ongoing client status meeting. This workbook will be utilized in developing monthly status reports for the duration of this contract. The project management workbook also identifies the key Milliman and client staff for each task and tracks the status of projects that are in progress, with notes to identify any action items. This workbook serves to support the following:

- Proactive identification of challenges and barriers to project success
- Identification of agenda items for standing status meetings to support timely discussion of key issues and deliverables
- Need for ad hoc conversations to support project timelines and overall high-quality deliverables, e.g., if a barrier is identified that needs immediate resolution to resolve
- Development of monthly status reports to be provided to AHCCCS, which will summarize progress by key task and deliverable
- While standing status meetings are intended to be the main vehicle for collaboration between Milliman and AHCCCS, we recognize some items may require more frequent communications via email (e.g., interview scheduling), or ad hoc meetings (e.g., to further explore AHCCCS feedback on a key deliverable). Milliman staff will be available as needed to schedule and participate in the full range of communications needed for project success.

### 9.3.5: Proposed conflict resolution process to address challenges.

Our commitment to keeping open lines of communication with our clients results in positive relationships and productive spaces for collaboration. This transparency, in addition to our rigorous peer review process, allows us to work with our clients to prevent conflict and address unanticipated challenges. Our project team will proactively monitor risks specific to timeliness or quality of work to assure effective mitigation strategies. Our project team will also support AHCCCS with the stakeholder engagement and communication process. We are committed to making sure that AHCCCS is supported in responding to questions from stakeholders that may arise related to the work or the results. Key members of the proposed project team have provided AHCCCS with assistance in responding to stakeholder questions related to the HEALTHII programs.

On occasion, conflicts or challenges may arise despite our best efforts to prevent them. In this case, we will employ the following action plan in a timely manner:

1. Set up a meeting with appropriate AHCCCS staff to discuss the question or issue and reach mutual understanding, identify next steps, and set up a timeline for resolving the issue.
2. Assist AHCCCS, as appropriate, in communicating the issue to any other affected parties (e.g., interview participants)
3. Follow up with AHCCCS to confirm that the issue is resolved.

## 9.4: Pricing Proposal

9.4.1: Provide a total price for performance of the services listed in the above Scope of Work, including the performance of the Responsibilities/Tasks in Section 5 and submission of Deliverables in Section 8. Travel will not be reimbursable by the State. The total price shall include all costs associated with the delivery of the services. If any deliverables are revised, removed, or ultimately not required by AHCCCS, the changes will be incorporated through the execution of an Amendment, and the price will be adjusted accordingly. If a deliverable is removed, or an optional task is not required, the Contractor shall only bill for services completed. No additional fees will be paid by AHCCCS.

For this Task Order we propose proposed cost amounts by project deliverable, to be invoiced monthly based on hours incurred. Our cost estimate by project deliverable, as shown in **Figure 4** below, includes travel expenses and administrative costs:

**Figure 4 – Cost Estimate by Deliverable**

Task	Proposed Hours	Proposed Cost
<b>HEALTHII FFY 2025 (Required Section 5 Tasks)</b>		
Data request, monthly progress reports, and AHCCCS meetings ( <i>deliverables 8.1 and 8.7</i> )	140	\$59,200
Technical guidance report and associated spreadsheets ( <i>deliverable 8.2</i> )	203	\$75,570
Draft narrative report and spreadsheets with all measure rates ( <i>deliverables 8.3 and 8.4</i> )	1,075	\$348,800
Final narrative report and spreadsheets with all measure rates ( <i>deliverables 8.5 and 8.6</i> )	102	\$34,780
<b>HEALTHII FFY 2025 Required Section 5 Tasks Total</b>	<b>1,520</b>	<b>\$518,350</b>

As shown above, we propose a total amount of 1,520 hours and **\$518,350** in fees for tasks required under Task Order section 5. This cost estimate is based on the following proposed bill rates by level:

**Figure 5 – Proposed Bill Rate by Team Member**

Team Member	Proposed Bill Rate
Ben Mori / Engagement Principal	\$565
Justin St. Andre / Project Manager	\$465
Jason Altieri / Technical Lead	\$540
Noelle Gaughen / Quality Lead	\$420
Benjamin Davis-Bloom / SME	\$360
Orhun Sezer / Data Manager	\$335
Laurel Steedman / Project Coordinator	\$335
Julia Embry / Project Analyst	\$265
Other Analysts	\$250

Our proposed approach and cost estimate for this Task Order assumes the following:

- As mentioned, we will review and identify outlier or abhorrent values self-reported by hospitals or present in the Medicaid claims for further investigation. Our proposed approach does not include an audit to validate values reported by providers or reported in claims data to providers' internal records.

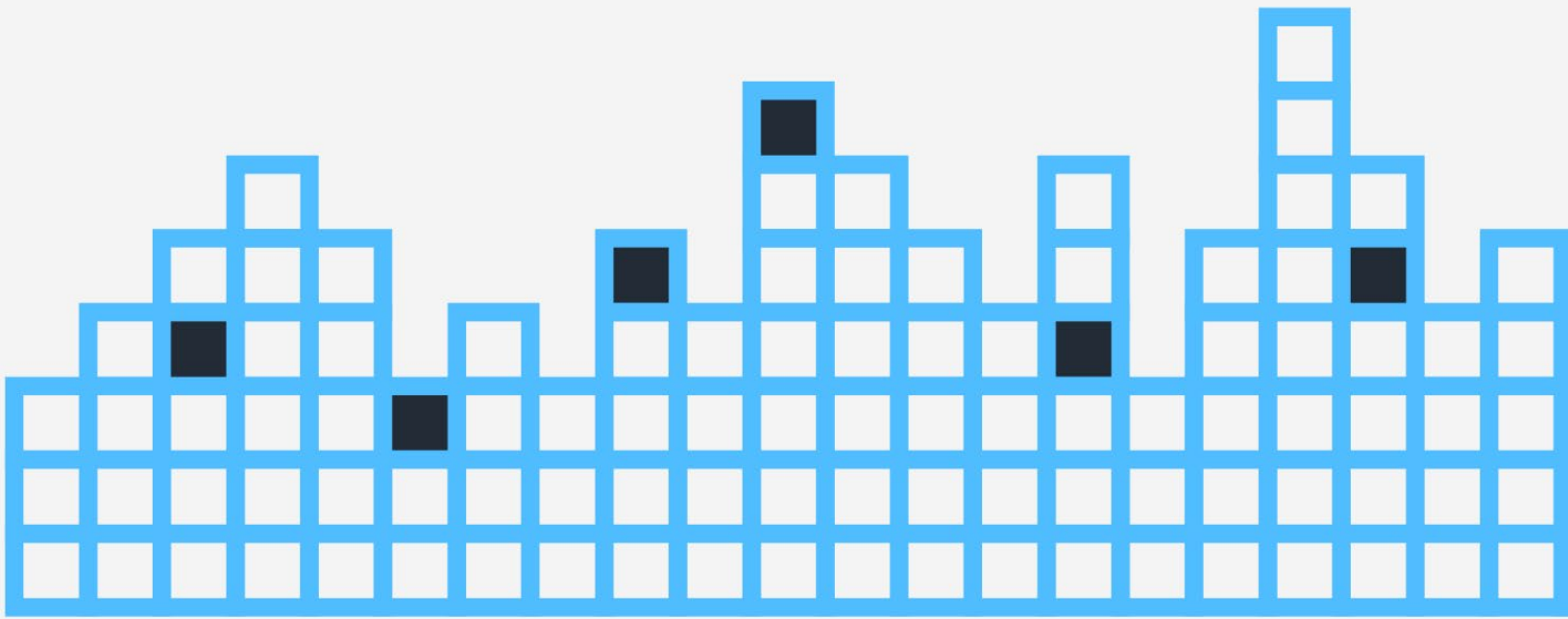
- Per the requirements of this Task Order, we understand Section 5 tasks are based on the six currently established measures, and additional new measures would be included as part of optional tasks under Section 6 of this Task Order.

#### 9.4.2: Provide a total price for performance of the Optional Tasks listed in Section 6.

We also propose up to 250 hours for optional tasks under Section 6 under this Order, to be billed monthly if hours are incurred at AHCCCS' direction. We estimate the cost of these 250 hours is approximately \$88,125, based on the proposed bill rates in Figure 5.

Per the requirements of this Task Order, we understand Section 6 tasks include additional performance measures. Depending on the type and number of new measures, we will provide an hours and cost estimate for AHCCCS' review and approval.





## Appendix

- Appendix 1: HITRUST Certificate
- Appendix 2: Arizona Work Samples
- Appendix 3: Milliman Resumes
- Appendix 4: Exceptions List

## Appendix 1: HITRUST Certificate



6175 Main Street  
Suite 400  
Frisco, TX 75034

### Letter of HITRUST Implemented, 1-year (i1) Certification

July 31, 2025

Milliman, Inc.  
801 Cassatt Road  
Suite 111  
Berwyn, PA 19312-1179 USA

HITRUST has developed the HITRUST CSF, a certifiable security and privacy framework which incorporates information protection requirements based on input from leading organizations. HITRUST identified a subset of the HITRUST CSF requirements that an organization must meet to be HITRUST Implemented, 1-year (i1) Certified for a defined assessment scope. Milliman, Inc. ("the Organization") has chosen to perform a HITRUST CSF v11.4.1 i1 validated assessment utilizing a HITRUST Authorized External Assessor Organization ("External Assessor").

#### Scope

The following platforms of the Organization were included within the scope of this assessment ("Scope") which included a review of the referenced facilities and supporting infrastructure for the applicable information protection requirements:

##### Platforms:

- Medicare Reference Pricer residing at Microsoft Azure (US)
- Milliman Connect residing at Microsoft Azure (US)
- Omaha Azure residing at Microsoft Azure (US)
- OnMilliman Actuarial Modeling Tool residing at Microsoft Azure (US)

##### Facility:

- Microsoft Azure (US) (Data Center) managed by Azure located in West US, West US2, West US3, Central US, East US, East US2 Regions, United States of America

#### Certification

The Organization has met the criteria specified as part of the HITRUST Assurance Program to obtain a HITRUST i1 validated assessment report with certification ("Certification") for the Scope. Certification is awarded based on each domain's average maturity score meeting a

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minimum score. Within each domain the maturity scores for each requirement statement were validated by an External Assessor and the assessment was subjected to quality assurance procedures performed by HITRUST.

The Certification for the Scope is valid for a period of one year from the date of this letter assuming the following occurs. If any of these criteria are not met, HITRUST will perform an investigation to determine ongoing validity of the certification and reserves the right to revoke the Organization's certification.

- No security events resulting in unauthorized access to the assessed environment or data housed therein, including any data security breaches occurring within or affecting the assessed environment reportable to a federal or state agency by law or regulation
- No significant changes in the business or security policies, practices, controls, and processes have occurred that might impact its ability to meet the HITRUST i1 certification criteria specified as part of the HITRUST Assurance Program.

Users of this letter can contact HITRUST customer support ([support@hitrustalliance.net](mailto:support@hitrustalliance.net)) for questions on using this letter.

#### The Organization's Assertions

Management of the Organization has provided the following assertions to HITRUST:

- The Organization has acknowledged that, as members of management, they are responsible for the information protection controls implemented as required by the HITRUST.
- The Organization has implemented the information protection controls as described within their assessment.
- The Organization maintains the information security management program via monitoring, review, and periodic re-assessments of the information protection controls.
- The Organization has responded honestly, accurately, and completely to inquiries made throughout the assessment process and certification lifecycle.
- The Organization has provided the External Assessor with accurate and complete records and necessary documentation related to the information protection controls included within the scope of its assessment.
- The Organization has disclosed all design and operating deficiencies in its information protection controls of which is it aware throughout the assessment process, including



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those where it believes the cost of corrective action may exceed the benefits.

- No events or transactions have occurred or are pending that would have an effect on the assessment that was performed and used as a basis by HITRUST for issuing the report.
- There have been no communications from regulatory agencies concerning noncompliance with or deficiencies regarding the information protection controls that are included within the Scope of this assessment.

### External Assessor Responsibilities

External Assessors are authorized by HITRUST based upon a thorough vetting process to demonstrate their ability to perform HITRUST CSF assessments, and individual practitioners are required to maintain appropriate credentials based upon their role on HITRUST assessments. In HITRUST i1 validated assessments the External Assessor is responsible for:

- Reviewing and gaining a detailed understanding of the information provided by the Organization.
- Performing sufficient procedures to validate the control maturity scores provided by the Organization.
- Meeting all HITRUST Assessment criteria described within the HITRUST Assessment Handbook.

### HITRUST Responsibilities

HITRUST is responsible for maintenance of the HITRUST CSF and HITRUST Assurance Program against which the Organization and an External Assessor completed this assessment.

HITRUST performed a quality assurance review of this assessment to support that the control maturity scores were consistent with the results of testing performed by the External Assessor. HITRUST's quality assurance review incorporated a risk-based approach to substantiate the External Assessor's procedures were performed in accordance with the requirements of the HITRUST Assurance Program.

A version of this letter with a more detailed scope description has also been issued by HITRUST which can also be requested from the organization listed above directly. A full HITRUST Validated Assessment Report has also been issued by HITRUST which can also be requested from the organization listed above directly. Additional information on the HITRUST Assurance Program can be found at the HITRUST website (<https://hitrustalliance.net>).

### Limitations of Assurance

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The HITRUST Assurance Program is intended to gather and report information in an efficient and effective manner. The assessment is not a substitute for a comprehensive risk management program but is a critical data point in risk analysis. The assessment should also not be a substitute for management oversight and decision-making but, again, leveraged as a key input.

A stylized, handwritten signature of the word "HITRUST" in black ink.

HITRUST

## Appendix 2: Arizona Work Samples

On the following pages, we have included the HEALTHII quality performance measure technical guide, data collection tool, and report, including a description of the quality performance measure results, technical specifications, data sources, methodology, and detailed exhibits summarizing performance measures results:

- “HEALTHII Quality Performance Measures Technical Guide” dated September 22, 2025
  - Also found online:  
<https://www.azahcccs.gov/shared/Downloads/Reporting/ProposedStateRules/2026/HEALTHIIQualityPerformanceMeasuresTechnicalGuide20250922.pdf>
- “FFY 2026 HEALTHII Data Submission Template” dated October 8, 2025
  - Also found online:  
<https://www.azahcccs.gov/shared/Downloads/Reporting/ProposedStateRules/2026/HEALTHIIDataSubmissionTemplateFFY2026.xlsx>
- “HEALTHII Quality Performance Measure Report” dated February 9, 2026

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MILLIMAN REPORT

# HEALTHII Quality Performance Measures Technical Guide – FFY 2026

Commissioned by the Arizona Health Care Cost Containment  
System

September 2025

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## Summary

### BACKGROUND

The Arizona Health Care Cost Containment System (AHCCCS) engaged Milliman, Inc. (Milliman) to support quality performance measures for the “Hospital Enhanced Access Leading to Health Improvements Initiative” (HEALTHII) program to be developed during federal fiscal year (FFY) 2026 (the fifth year of this program). This guide provides the technical specifications and submission requirements for providers to submit historical quality performance data (generally from 2024). It also focuses on the quality measures based on **hospital self-reported data**, as measures based on Medicaid claims data will be collected directly from AHCCCS. **Please note that there are changes in the data submission process this year as described in this guide**, as this is the first year Milliman is performing the HEALTHII quality measure calculations.

In response to HB 2668 (2020),<sup>1</sup> AHCCCS established the Health Care Investment Fund (HCIF) that expanded the existing inpatient and outpatient hospital assessment under Arizona Final Rule R9-22-731.<sup>2</sup> As required under HB 2668, since October 1, 2020, HCIF has funded the non-federal share of a §438.6(c) state directed payment for hospitals under Medicaid managed care, called the “HEALTHII” payment program. State directed payment arrangements are a commonly used approach for states to set parameters on managed care contract expenditures that assist states in achieving their overall objectives for delivery system and payment reform, and performance improvement. These types of programs are made permissible under 42 CFR §438.6(c) and have a number of Centers for Medicare and Medicaid Services (CMS) requirements, including a requirement for annual approval by CMS.<sup>3</sup> Additional background regarding Arizona’s HEALTHII payment program can be found on the AHCCCS website.<sup>4</sup> As of September 2025, the FFY 2026 HEALTHII payment program is currently under review in the CMS renewal process and is subject to federal approval.

As part of the HEALTHII payment program, AHCCCS establishes a separate quality incentive payment pool to reward hospitals for reporting on specific quality measures outlined in this guide. Hospitals that meet AHCCCS’ reporting requirements are eligible for payments from this pool.

This payment arrangement is designed to advance the goals and objectives in the AHCCCS Quality Strategy, including improving performance and providing high-quality services to AHCCCS members.<sup>5</sup> It is also a key component to receive written approval from CMS through their annual pre-print process, which requires states to demonstrate that each state-directed payment arrangement supports at least one goal or objective in their Quality Strategy.

Currently, hospitals earn incentive payments for reporting on targeted measures (“pay for reporting”). In the future, AHCCCS may consider adding “pay-for-performance” (P4P) measures, where hospitals could earn incentive payments based on their actual performance or scores on targeted measures.

For technical questions or questions related to the submission process please contact:

[AZ-HEALTHII@milliman.com](mailto:AZ-HEALTHII@milliman.com)

For questions related to hospital assessments or HEALTHII directed payments, including the application of the quality measure results into HEALTHII quality incentive payments, please contact AHCCCS at:

[healthii-quality@azahcccs.gov](mailto:healthii-quality@azahcccs.gov)

<sup>1</sup> <https://www.azleg.gov/legtext/54leg/2R/laws/0046.pdf>.

<sup>2</sup> State of Arizona Final Rule, Title 9. Health Services, Chapter 22. Arizona Health Care Cost Containment System – Administration, Section 731.

<https://www.azahcccs.gov/shared/Downloads/Reporting/UnpublishedRules/NOFER11012020.pdf>.

<sup>3</sup> For more background see MACPAC’s October 2024 Issue Brief “Directed Payments in Medicaid Managed Care.”

<https://www.macpac.gov/publication/directed-payments-in-medicare-managed-care/>.

<sup>4</sup> Arizona Health Care Cost Containment System, Hospital Assessment.

<https://www.azahcccs.gov/PlansProviders/RatesAndBilling/HospitalAssessment.html>.

<sup>5</sup> Arizona Health Care Cost Containment System, Quality Strategy. July 1, 2024.

<https://www.azahcccs.gov/PlansProviders/Downloads/QualityStrategyJuly2024Final.pdf>

## FFY 2026 HEALTHII MEASURES

AHCCCS selected these quality measures through multiple stakeholder sessions with hospitals and developed quality measure results over a multi-year process in coordination with its prior HEALTHII quality measure vendor.

AHCCCS' selected quality measures for collection and analysis during FFY 2026, along with the measure type and applicable provider types, are listed in Figure 1 below.

FIGURE 1: FFY 2026 HEALTHII PERFORMANCE MEASURES

MEASURE	TYPE OF MEASURE	MEASURE DESCRIPTION	MEASURE BASIS	APPLICABLE PROVIDER TYPES
AHCCCS-02	Claims based	Patient Safety Indicators 90 (PSI 90) Patient Safety and Adverse Events Composite	CBE # 0531	General Acute Care Hospitals
AHCCCS-04	Self-reported	Hours of Seclusion Use	CBE # 0641	Psychiatric Hospitals
AHCCCS-05	Self-reported	Percent of Residents Experiencing One or More Falls with Major Injury	CBE #0674	Freestanding Inpatient Rehabilitation Facilities (IRFs) & Long Term Care Hospitals (LTCHs)
AHCCCS-06	Self-reported	National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure	CBE #1717	Children's & General Acute Care Hospitals
AHCCCS-07	Claims based	30-Day Hospital-Wide All-Cause Unplanned Readmission Measure	CBE # 1789	Short Stay Hospitals
AHCCCS-12	Self-reported	Median Time from Emergency Department (ED) Arrival to ED Departure for Discharged ED Patients	CBE# 0496	Critical Access Hospitals

## FFY 2026 DISCONTINUED HEALTHII MEASURES

AHCCCS has discontinued several self-reported measures for FFY 2026. These measures will not be reported by hospitals or measured by AHCCCS for purposes of the HEALTHII program. These discontinued measures are listed in Figure 2 below.

FIGURE 2: LIST OF DISCONTINUED MEASURES IN FFY 2026

MEASURE	TYPE OF MEASURE	DISCONTINUED MEASURE	MEASURE BASIS	APPLICABLE PROVIDER TYPES
AHCCCS-01	Self-reported	Influenza Vaccination Coverage Among Healthcare Personnel	CBE # 0431	All
AHCCCS-03	Self-reported	HBIPS-2 Hours of Physical Restraint Use	CBE # 0640	Psychiatric Hospitals
AHCCCS-08	Claims based	Pediatric All-Condition Readmission Measure	CBE # 2393	Freestanding Children's Hospitals
AHCCCS-09	Self-reported	Percent of LTCH Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function	CBE # 2631	LTCHs
AHCCCS-10	Claims based	Discharge to Community-Post Acute Care Measure for IRFs	CBE # 3479	IRFs
AHCCCS-11	Self-reported	Successful Implementation of Antibiotic Stewardship Program	N/A	Critical Access Hospitals



## Reporting Process

### SELF-REPORTED DATA SUBMISSION TEMPLATE

All participating hospitals will collect, calculate, and submit the performance metrics for the applicable self-reported performance measures via the self-reported performance measure Submission Template (“the template”). The template requires submission of aggregate numerator and denominator data only.

Please note that for this year’s submission period, short-stay hospitals are not being required to submit data.

Each participating hospital should download and save a copy of the template and update it with the required data on each tab.

- The template “HEALTHII Data Submission Template FFY 2026” is available on AHCCCS’ website:
  - <https://www.azahcccs.gov/PlansProviders/RatesAndBilling/hospitalassessment.html>
- Submit the HEALTHII Data Submission Template FFY 2026 workbook to [AZ-HEALTHII@milliman.com](mailto:AZ-HEALTHII@milliman.com) using the following subject line:
  - *HEALTHII - [ Hospital Name ] - [ AHCCCS Provider ID ]*
  - *Example: HEALTHII – Arizona Medicaid Hospital - 123456*

### SELF-REPORTED DATA LOG SUBMISSION REQUIREMENTS

All hospitals must maintain a data log showing the complete set of data inputs used to determine the resulting measure metrics. **A subset of hospitals will be selected to submit a data log subject to a secondary review process.**

Hospitals do not need to follow a specific data log format for HEALTHII measures, but the data log should include all relevant information needed to determine a measure’s reported rate. The data log must be an Excel file and may use the facility’s prescribed file layout. However, the layout should be clear so that AHCCCS or AHCCCS’ vendor can review with minimal questions. The Excel file should contain sufficient documentation regarding which members were eligible for inclusion in the measure, whether a member experienced the measure event, and how the numerator/denominator were tallied. Facilities may use the previously provided file layout template for measure collection, but this is not required.

### POST SUBMISSION EXPECTATIONS

Hospitals will receive email confirmation that their template was received and confirmed to be complete within two business days of submission. Hospitals that are selected for data log submission will be notified no later than December 1<sup>st</sup>, 2025 and will have two weeks to submit data via a secure Milliman FTP site. The notification will include instructions for using Milliman’s secure FTP site. A high level timeline is listed in Figure 3 below.

All hospitals are required to retain data logs and AHCCCS reserves the right to require additional verification of any data, related documentation, and compliance with all program requirements, and to audit data from participating hospitals at any time.

FIGURE 3: HIGH LEVEL TIMELINE AND DUE DATES

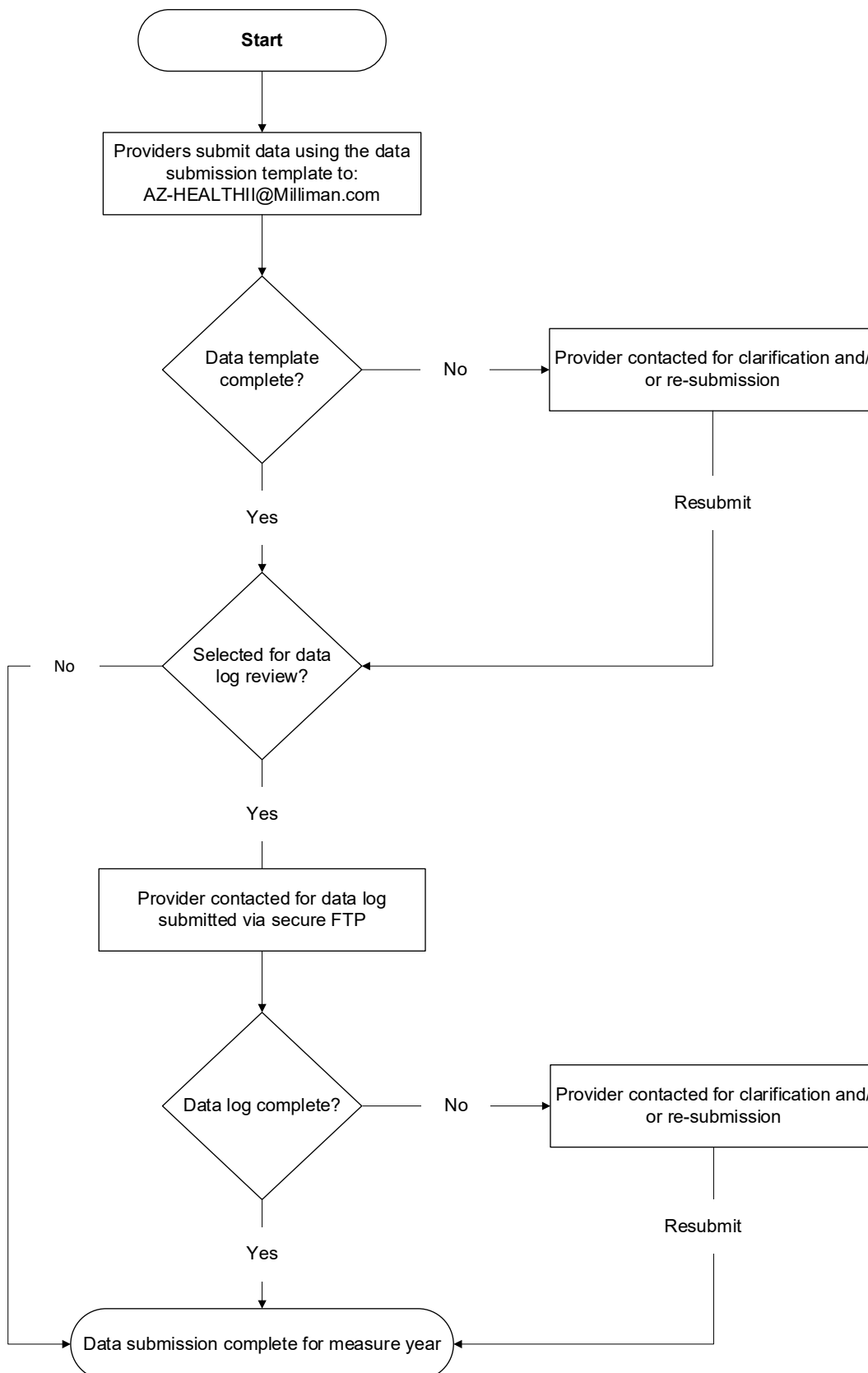
Activity	Timeline
Self-Reported Data Submission Template Available	No later than Monday, October 13 <sup>th</sup> , 2025
Self-Reported Data Submission Template Due to Milliman	Friday, November 21 <sup>st</sup> , 2025
Hospitals notified if selected for submission of a complete data log for self-reported measures	No later than Monday, December 1 <sup>st</sup> , 2025
Data log for self-reported measures due	Two weeks after request and no later than Monday, December 15 <sup>th</sup> , 2025

### POLICIES ON SUBMISSION OF PHI

Hospitals should not include any member level information, including but not limited to protected health information (PHI) and personally identifiable information (PII), in the submitted templates. Hospitals selected to submit a completed data log will be required to submit more detailed data, which may include PHI, via a secure FTP site to be provided by Milliman.

**SELF-REPORTED DATA SUBMISSION FLOWCHART**

Figure 4 below is an illustration of the process for hospitals to submit self-reported data for HEALTHII FFY 2026.

**FIGURE 4: SELF-REPORTED DATA SUBMISSION FLOWCHART**

## Technical Reporting Guidance

The Self-Reported Measure Specifications sections below describe each measure in detail, including:

- Hospital Type
- Description
- Reporting Period
- Measure Basis
- Specifications Source
- Measure Modifications
- Detailed Specifications Summary

Milliman is available to support organizations that have additional questions that are not addressed in this technical guide. Participating hospitals may contact Milliman via email at [AZ-HEALTHII@milliman.com](mailto:AZ-HEALTHII@milliman.com).

### SELF-REPORTED MEASURE REPORTING TEMPLATE INSTRUCTIONS

The template is an Excel workbook with multiple tabs for data entry. The template also includes important attestations regarding the submission, including that the submission contains **no protected health information (PHI) and personally identifiable information (PII)**. Member level data is not required for completion or submission of the template. Submissions with PHI, PII, or individual level data included in the workbooks will be identified as a privacy violation and reported through the appropriate security incident reporting channels. As such, workbooks with privacy violations will not be considered complete or valid submissions, and the hospital must resubmit to participate in the HEALTHII program.

The template is organized using the following format.

- **Instructions:** Written instructions on how to complete the template, as described in Figure 5.
- **Hospital Information:** Documentation of who submitted the data, a series of acknowledgements, hospital information, and a key for the corresponding tabs on hospital types.
- **Hospital Type:** Series of tabs organized in the following order. As described above, data will be entered in these workbook tabs.
  - Children's
  - Critical Access
  - General Acute
  - Long Term
  - Psychiatric
  - Rehabilitation

**FIGURE 5: SELF-REPORTED DATA SUBMISSION INSTRUCTIONS****Instructions as Shown on the Template****Step 1: Complete "Hospital Information" Tab**

Populate contact information for the appropriate person completing and submitting HEALTHII performance data and select your hospital from the drop down.

**Step 2: Complete Data Entry in Corresponding Hospital Type Tab**

Please enter measure-specific data as applicable for your facility.

*Note: Completion of the template does not require Protected Health Information (PHI) or Personally Identifiable Information (PII). PHI and PII should not be included in the workbook or in any email transmittal to Milliman.*

**Step 3: Submit Data Entry Template via Email**

Once all data elements have been entered and saved, please submit via email to Milliman using the program email address below. Should you have any questions, please submit using the same program email address below.

[AZ-HEALTHII@milliman.com](mailto:AZ-HEALTHII@milliman.com)

*Note: The HEALTHII program is displayed using a capital i – healthii*

*See additional information on submission requirements below.*

Figures 5-8 outline the data entry required for each measure. Data shall be entered into the green "Numerator" and "Denominator" cells.

**FIGURE 5: DATA ENTRY TAB: CHILDRENS & GENERAL ACUTE**

Data Entry - Medicaid Managed Care Population Only		
See 2026 HEALTHII Technical Manual for numerator and denominator calculation requirements		
Numerator:	CDI Events	<input type="text"/>
Denominator:	Admissions	<input type="text"/>
Calculation		
Rate:	<input type="text"/>	= [CDI Events] ÷ [Admissions]

**FIGURE 6: CRITICAL ACCESS**

Data Entry - Medicaid Managed Care Population Only		
See 2026 HEALTHII Technical Manual for calculation requirements		
Numerator:	Median Time (Minutes)	<input type="text"/>
ED Visits:	Number of Visits	<input type="text"/>
This is the calculated measure, matching Median Time in white box below.		
Calculation		
Median Time:	<input type="text" value="0"/>	= [Median Time (Minutes)]

FIGURE 7: DATA ENTRY TABS: LONG TERM &amp; REHABILITATION

Data Entry - Medicaid Managed Care Population Only	
See 2026 HEALTHII Technical Manual for numerator and denominator calculation requirements	
Numerator:	Falls With Major Injury
Denominator:	Long Stay Patients
Calculation	
Rate:	<input type="text" value="0"/> = [Falls With Major Injury] ÷ [Long Stay Patients]

FIGURE 8: DATA ENTRY TAB: PSYCHIATRIC

Data Entry - Medicaid Managed Care Population Only	
See 2026 HEALTHII Technical Manual for numerator and denominator calculation requirements	
Numerator:	Minutes of Seclusion
Denominator:	Patient Days
Calculation	
Hours of Seclusion:	<input type="text" value="0.00"/> = [Minutes of Seclusion] ÷ 60
Rate:	<input type="text" value="0"/> = ( [Hours of Seclusion] × [1,000] ) ÷ ( [Total Patient Days] × [24 Hours] )

**SELF-REPORTED MEASURE SPECIFICATIONS****AHCCCS-04: Hours of Seclusion Use**

- **Hospital Type:** Psychiatric
- **Description:** The total number of hours that all patients admitted to a hospital-based inpatient psychiatric setting were held in seclusion (Overall rate)
- **Reporting Period:** 10/01/2023 - 09/30/2024
- **Reporting Method:** Self-reported
- **Measure Basis:** [CBE #0641](#)
- **Specifications Source:** Reporting may align with The Joint Commission's specifications for the Medicare Inpatient Psychiatric Facility Quality Reporting Program, HBIPS-3a Hours of Seclusion, Overall Rate, with measure modifications as appropriate.
  - Link: [Specifications Manual for Joint Commission National Quality Measures \(v2024a\) HBIPS-3](#)
- **Measure Modifications:** Denominator and numerator limited to Arizona Medicaid managed care population

**FIGURE 9: AHCCCS-04 DETAILED SPECIFICATIONS SUMMARY (SEE SPECIFICATIONS SOURCE FOR LOGIC)**

**Numerator Statement:** The total number of hours that all psychiatric inpatients were held in seclusion

**Numerator Basis:** The numerator evaluates the number of hours of seclusion; however, the algorithm calculates the number of minutes to ensure a more accurate calculation of the measure.

**Included Populations:**

- Patients for whom at least one seclusion event is reported during reporting period

**Excluded Populations:** None

**Denominator Statement:** Number of psychiatric inpatient days

**Denominator Basis:** per 1,000 hours

**Included Populations:**

- All psychiatric inpatient days

**Excluded Populations:**

- Total leave days



**AHCCCS-05: Percent of Residents Experiencing One or More Falls with Major Injury**

- **Hospital Type:** Long Term and Rehabilitation Hospitals
- **Description:**
  - Long Term Hospital:* Percentage of patients who experience one or more falls with major injury during their stay
  - Rehabilitation Hospital:* The percentage of stays in which patients experience one or more falls with major injury during the stay.
- **Reporting Period:** 10/01/2023 - 09/30/2024
- **Reporting Method:** Self-reported
- **Measure Basis:** [CBE #0674](#)
- **Specifications Source:** Reporting may align with Medicare Inpatient Rehab Facility Quality Reporting and Long-Term Care Hospital Quality Reporting
  - Link: [Inpatient Rehabilitation Facility Quality Reporting Program Measure Calculations and Reporting User's Manual](#)
  - Link: [Long-Term Care Hospital Quality Reporting Program Measure Calculations and Reporting User's Manual](#)
- **Measure Modifications:** Denominator and numerator limited to Arizona Medicaid managed care population. While the CBE measure specifications define a long stay as receiving 101 or more cumulative days of care by the end of the target period, this measure is modified to include all eligible members regardless of the duration of their stay.

**FIGURE 10: AHCCCS-05 DETAILED SPECIFICATIONS SUMMARY (SEE SPECIFICATIONS SOURCE FOR LOGIC)**  
**LONG TERM HOSPITALS**

<b>Numerator</b>
Numerator Total number of stays in the denominator with planned or unplanned Discharge assessment or Expired Record during the reporting period that experienced one or more falls that resulted in major injury: J1900C = [1] or [2].
<b>Denominator</b>
The total number of stays with a planned or unplanned Discharge assessment or Expired Record (A0250 = [10, 11, 12]) in the reporting period, which do not meet the exclusion criteria.
<b>Exclusions</b>
A stay is excluded if the number of falls with major injury was not coded: J1900C (Falls with Major Injury) = [-].

**FIGURE 11: AHCCCS-05 DETAILED SPECIFICATIONS SUMMARY (SEE SPECIFICATIONS SOURCE FOR LOGIC)**  
**REHABILITATION HOSPITALS**

<b>Numerator</b>
Total number of stays in the denominator during the selected time window that experienced one or more falls that resulted in major injury: J1900C = [1] or [2].
<b>Denominator</b>
The total number of stays with a discharge date in the measure target period, which do not meet the exclusion criteria
<b>Exclusions</b>
An IRF stay is excluded if the number of falls with major injury was not coded at discharge: <ul style="list-style-type: none"> <li>▪ J1900C (Falls with Major Injury) = [-]</li> </ul>

**AHCCCS-06: NHSN Facility-wide Inpatient Hospital-onset Clostridium difficile [*C. difficile*] Infection (CDI) Outcome Measure**

- **Hospital Type:** Children's and General Acute Hospitals
- **Description:** Hospital-onset CDI Laboratory-identified events (LabID events) among all inpatients in the facility, excluding well-baby nurseries and neonatal intensive care units (NICUs).
- **Reporting Period:** 10/01/2023 - 09/30/2024
- **Reporting Method:** Self-reported
- **Measure Basis:** [CBE #1717](#)
- **Specifications Source:** Hospitals will use their own medical record data to calculate an observed rate (no standardized infection ratio [SIR] will be calculated). Because no SIR is calculated, specifications will not align with Medicare programs.
  - Link: [MDRO & CDI Protocol](#)
- **Measure Modifications:** Denominator and numerator limited to Arizona Medicaid managed care population

**FIGURE 12: AHCCCS-06 DETAILED SPECIFICATIONS SUMMARY (SEE SPECIFICATIONS SOURCE FOR LOGIC)**

<b>Numerator</b>
The number of observed hospital-onset incident CDI LabID events among all inpatients in the facility
<b>Denominator</b>
The number of inpatient admissions to the facility
<b>Settings</b>
Surveillance will NOT be performed in NICU, SCN, babies in Labor, Delivery, Recovery, & Post-partum (LDRP/PP) units, well-baby nurseries, or well-baby clinics. If LDRP/PP locations are being monitored, baby counts must be removed when compiling total counts for line 3 of the FacWideIN denominator submission.

**AHCCCS-12: Median Time from Emergency Department (ED) Arrival to ED Departure for Discharged ED Patients**

- **Hospital Type:** Critical Access Hospitals
- **Description:** Calculates the median time from ED arrival to time of departure from the ED for patients discharged alive from the ED
- **Reporting Period:** 10/01/2023 - 09/30/2024
- **Reporting Method:** Self-reported
- **Measure Basis:** [CBE #0496](#)
- **Specifications Source:** Reporting may align with the Medicare Hospital Outpatient Quality Reporting Program OP-18 Median Time from ED Arrival to ED Departure for Discharged ED Patients but limited to Arizona Medicaid managed care members.
  - Link: [Hospital Outpatient Quality Reporting Specifications Manual](#)
- **Measure Modifications:** Median time calculated based on the Arizona Medicaid managed care population only

**FIGURE 13: AHCCCS-12 DETAILED SPECIFICATIONS SUMMARY (SEE SPECIFICATIONS SOURCE FOR LOGIC)****Continuous Variable Statement**

Time (in minutes) from ED arrival to ED departure for patients discharged alive from the ED, from which a median time will be calculated.

**Included Populations**

Any ED patient from the facility's emergency department

**Excluded Populations**

Patients who expired in the ED

**CLAIMS BASED MEASURE SPECIFICATIONS****NOTE: HOSPITALS WILL NOT SUBMIT DATA FOR CLAIMS-BASED MEASURES**

Hospitals are not required to submit information for the claims-based performance measures, as those calculations are performed by Milliman on claims obtained directly from AHCCCS. After a review of the data, Milliman and AHCCCS may reach out to providers in the event that a calculation falls significantly outside of the expected results range or a data issue has been identified that impacts the results of the claims-based performance measures.

**Data**

Medicaid managed care encounters and enrollment files were obtained from the AHCCCS Medicaid Management Information System (MMIS). The extract consists of approved and adjudicated encounters from 10/1/2023 through 10/31/2024 based on service end date. This extract serves as the basis for claims-based quality measures and subsequent inclusion/exclusion criteria are applied at the individual measure level.

**AHCCCS-02: Patient Safety Indicator (PSI) 90 Patient Safety and Adverse Events Composite**

- **Hospital Type:** General Acute Care Hospitals
- **Description:** The PSI 90 composite measure summarizes patient safety across multiple indicators. Claims data extracted from the MMIS is used to calculate a PSI 90 composite score. The ten measures included in the composite measure are listed below:
  - PSI 03: Pressure Ulcer Rate
  - PSI 06: Iatrogenic Pneumothorax Rate
  - PSI 08: In-Hospital Fall-Associated Fracture Rate
  - PSI 09: Postoperative Hemorrhage or Hematoma Rate
  - PSI 10: Postoperative Acute Kidney Injury Requiring Dialysis Rate
  - PSI 11: Postoperative Respiratory Failure Rate
  - PSI 12: Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate
  - PSI 13: Postoperative Sepsis Rate
  - PSI 14: Postoperative Wound Dehiscence Rate
  - PSI 15: Abdominopelvic Accidental Puncture or Laceration Rate
- **Reporting Period:** 10/01/2023 - 09/30/2024
- **Measure Basis:** CBE #0531
- **Specifications Source:** For interested facilities, the Agency for Healthcare Research & Quality (AHRQ) provides free, downloadable software to calculate PSI 90. The software is a set of programs that run using Statistical Analysis System (SAS) by the end user. Additional information and downloads are available on the AHRQ website.<sup>6</sup>

Facilities can also download PSI software via CMS. To request the free software, visit:  
[https://cmsqualitysupport.servicenowservices.com/qnet\\_qa](https://cmsqualitysupport.servicenowservices.com/qnet_qa)

  - Select, "Ask a Question"
  - Choose "Inpatient Claims-Based Measures" in the program list,
  - In the "Patient Safety Indicators (PSI)" Topic List category, select "PSI 90 Software"
  - Complete the form as requested and submit
  - Software is provided as a SAS program with supporting reference tables
- **Measure Modifications:** Denominator and numerator limited to Arizona Medicaid managed care population

**FIGURE 14: AHCCCS-02 MEASURE DESCRIPTION**

**Measure Description:** Measure reports a hospital level weighted average of the indicators listed in the measure description for AHCCCS Medicaid managed care admissions

<sup>6</sup> AHRQ Quality Indicators: <https://github.com/AHRQ/AHRQ-Quality-Indicators/tree/master>

**AHCCCS-07: 30-Day Hospital Wide All-Cause Unplanned Readmission Measure**

- **Hospital Type:** Short Stay Hospitals
- **Description:** 30-Day Hospital-Wide All-Cause Unplanned Readmission Measure (Observed rate)
- **Reporting Period:** Reporting Period: 10/01/2023 - 09/30/2024
- **Measure Basis:** CBE #1789
- **Specifications Source:** CMS Quality Payment Program – 2024 All-Cause, Unplanned Hospital-Wide Readmission Measure
  - Link: <https://qpp.cms.gov/resources/document/19e89489-50dd-42c3-b363-281cc4c4c557>
- **Measure Modifications:** Denominator and numerator limited to Arizona Medicaid managed care population; measure results will not be risk-adjusted

**FIGURE 15: AHCCCS-07 DETAILED SPECIFICATIONS SUMMARY (SEE SPECIFICATIONS SOURCE FOR LOGIC)**

**Numerator Statement:** Number of index admissions with one or more readmission within 30 days

The outcome is 30-day readmission defined as an inpatient readmission for any cause, except for certain always planned and potentially planned admissions (e.g. transplants, maintenance chemotherapy, scheduled procedures) and exclusions (i.e. COVID-19), within 30 days from the date of discharge from an eligible index admission. If a patient has more than one readmission within 30 days after discharge from the index admission, only the first is considered a readmission. If the first readmission is considered planned or is excluded, any subsequent unplanned readmission is not considered.

**Denominator Statement:** Total number of index admissions

Admissions for beneficiaries who are 65 years and older and are discharged from an Arizona general acute care hospital with a complete claims history for the 12 months prior to the index admission. Index admissions are attributed to the hospital where the index admission took place, regardless of whether the readmission occurred at a different general acute care hospital.

**Denominator Exclusions:**

Exclude index admissions for patients:

1. Admitted to Prospective Payment System (PPS)-exempt cancer hospitals;
2. Without at least 30 days post-discharge enrollment in Medicaid MCO;
3. Discharged against medical advice;
4. Admitted for primary psychiatric diagnoses;
5. Admitted for rehabilitation;
6. Admitted for medical treatment of cancer;
7. With a principal diagnosis code of COVID-19 or with a secondary diagnosis code of COVID-19 coded as present on admission



## Limitations

*The information contained in this document is prepared solely for the business use of the Arizona Health Care Cost Containment System (AHCCCS) for the purpose of providing technical specifications for hospitals to report quality measures selected by AHCCCS, and is not appropriate for other purposes. Any user of the information in this document must possess a certain level of expertise in hospital quality measurement that will allow appropriate use of the information presented.*

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[AZ-HEALTHII@milliman.com](mailto:AZ-HEALTHII@milliman.com)

For questions related to hospital assessments or HEALTHII directed payments, including the application of the quality measure results into HEALTHII quality incentive payments, please contact AHCCCS at:

[healthii-quality@azahcccs.gov](mailto:healthii-quality@azahcccs.gov)

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MILLIMAN REPORT

# HEALTHII Quality Performance Measurement Report Year 5 / FFY 2026

Commissioned by the Arizona Health Care Cost Containment  
System

February 9, 2026

Ben Mori  
Justin St. Andre  
Noelle Gaughen



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## Overview

### BACKGROUND

The Arizona Health Care Cost Containment System (AHCCCS) engaged Milliman, Inc. (Milliman) to support quality performance measures for the Hospital Enhanced Access Leading to Health Improvements Initiative (HEALTHII) program to be developed during federal fiscal year (FFY) 2026 (the fifth year of this program). This report describes the HEALTHII program quality performance measure results, methodology, and data sources relied upon for the reporting period of October 1, 2023 through September 30, 2024.

Arizona's HEALTHII program was created in 2020, when in response to HB 2668<sup>1</sup> AHCCCS established the Health Care Investment Fund (HCIF) that expanded the existing inpatient and outpatient hospital assessment under Arizona Final Rule R9-22-731.<sup>2</sup> As required under HB 2668, since October 1, 2020, HCIF has funded the non-federal share of a \$438.6(c) state directed payment for hospitals under Medicaid managed care, called the "HEALTHII" payment program. State directed payment arrangements are a commonly used approach for states to set parameters on managed care contract expenditures that assist states in achieving their overall objectives for delivery system and payment reform, and performance improvement. These types of programs are made permissible under 42 CFR §438.6(c) and have a number of Centers for Medicare and Medicaid Services (CMS) requirements, including a requirement for annual approval by CMS.<sup>3</sup> The FFY 2026 HEALTHII payment program was approved by CMS on December 4, 2025. Additional background regarding Arizona's HEALTHII payment program can be found on the AHCCCS website.<sup>4</sup>

As part of the HEALTHII payment program, AHCCCS establishes a separate quality incentive payment pool to reward hospitals for reporting on specific quality measures. Hospitals that meet AHCCCS' reporting requirements are eligible for payments from this pool. This payment arrangement is designed to advance the goals and objectives in the AHCCCS Quality Strategy, including improving performance and providing high-quality services to AHCCCS members.<sup>5</sup> It is also a key component to receive written approval from CMS through their annual pre-print process, which requires states to demonstrate that each state-directed payment arrangement supports at least one goal or objective in their Quality Strategy.

Hospitals earn HEALTHII incentive payments for reporting on targeted quality measures ("pay for reporting"). The HEALTHII program quality measures are selected by AHCCCS and rely upon both hospital self-reported data and Medicaid claims data. To support hospitals in the self-reported data submission process, Milliman developed the HEALTHII Quality Performance Measures Technical Guide.<sup>6</sup> The guide contains technical and process information for this program year, including measure specifications and submission guidance for data templates and data logs.

Results are reported in aggregate by measure and by hospital for both self-reported and claims-based measures. We understand that AHCCCS will use these results to inform its evaluation findings as specified in its FFY 2026 HEALTHII preprint quality evaluation plan approved by CMS, as well as inform its FFY 2027 HEALTHII quality incentive payment parameters (which have not been finalized).

<sup>1</sup> <https://www.azleg.gov/legtext/54leg/2R/laws/0046.pdf>.

<sup>2</sup> State of Arizona Final Rule, Title 9. Health Services, Chapter 22. Arizona Health Care Cost Containment System – Administration, Section 731. <https://www.azahcccs.gov/shared/Downloads/Reporting/UnpublishedRules/NOFER11012020.pdf>.

<sup>3</sup> For more background see MACPAC's October 2024 Issue Brief "Directed Payments in Medicaid Managed Care." <https://www.macpac.gov/publication/directed-payments-in-medicaid-managed-care/>.

<sup>4</sup> Arizona Health Care Cost Containment System, Hospital Assessment. <https://www.azahcccs.gov/PlansProviders/RatesAndBilling/HospitalAssessment.html>.

<sup>5</sup> Arizona Health Care Cost Containment System, Quality Strategy. July 1, 2024. <https://www.azahcccs.gov/PlansProviders/Downloads/QualityStrategyJuly2024Final.pdf>

<sup>6</sup> Milliman report "HEALTHII Quality Performance Measure Technical Guide – FFY 2026" dated September 2025. <https://www.azahcccs.gov/shared/Downloads/Reporting/ProposedStateRules/2026/HEALTHIIQualityPerformanceMeasuresTechnicalGuide20250922.pdf>

## Results

A list of AHCCCS' selected quality measures and FFY 2026 HEALTHII measure results are summarized by hospital class in Figures 1-6 below. See the report Appendices for more details, including hospital-level quality measure results. Appendix 5 shows FFY 2026 interquartile ranking performance targets.<sup>7</sup> Lower rates are better for all of the selected quality measures.

**FIGURE 1: AHCCCS-04: HOURS OF SECLUSION USE RESULTS (SELF-REPORT)**

Hospital Class	Numerator	Denominator	Rate*
Psychiatric Hospitals	1,032.7	8,682,864	0.12

\*Rate standardized per 1,000 hours

**FIGURE 2: AHCCCS-05: PERCENT OF RESIDENTS EXPERIENCING ONE OR MORE FALLS WITH MAJOR INJURY RESULTS (SELF-REPORT)**

Hospital Class	Numerator	Denominator	Rate
All Hospitals (Long-Term and Rehabilitation)	5	4,912	0.10%
Long-Term Hospitals	0	154	0.00%
Rehabilitation Hospitals	5	4,758	0.11%

**FIGURE 3: AHCCCS-06: NHSN FACILITY-WIDE INPATIENT HOSPITAL-ONSET CLOSTRIDIUM DIFFICILE [C. DIFFICILE] INFECTION (CDI) RESULTS (SELF-REPORT)**

Hospital Class	Numerator	Denominator	Rate
All Hospitals (Children's and General Acute)	285	190,384	0.15%
Children's Hospitals	11	10,465	0.11%
General Acute Hospitals	274	179,919	0.15%

**FIGURE 4: AHCCCS-12: MEDIAN TIME FROM EMERGENCY DEPARTMENT (ED) ARRIVAL TO ED DEPARTURE FOR DISCHARGED ED PATIENTS RESULTS (SELF-REPORT)**

Hospital Class	Average Median Time (Minutes)
Critical Access Hospitals	124.67

**FIGURE 5: AHCCCS-02: PATIENT SAFETY INDICATOR (PSI) 90 PATIENT SAFETY AND ADVERSE EVENTS COMPOSITE RESULTS (CLAIMS-BASED)**

Hospital Class	Numerator	Denominator	Rate
General Acute Hospitals	322	361,903	0.000890

**FIGURE 6: AHCCCS-07: 30-DAY HOSPITAL-WIDE ALL-CAUSE UNPLANNED READMISSION MEASURE RESULTS (CLAIMS-BASED)**

Hospital Class	Numerator	Denominator	Rate
Short Stay Hospitals	11	126	8.73%

<sup>7</sup> Milliman has not advocated for, recommended, or endorsed any particular Arizona hospital quality measure program, including but not limited to performance targets. Implementation of Arizona hospital quality program design and requirements into Arizona Medicaid hospital quality incentive payments are subject to approval by AHCCCS and CMS. All final policy decisions regarding the design, modeling methodology, parameters, assumptions, and requirements of the Arizona hospital quality measures and Arizona Medicaid hospital quality incentive payments are the responsibility of AHCCCS.



## Methodology and Data Sources Relied Upon

Our methodology and data sources relied upon for calculating HEALTHII program quality measure results are described as follows. See the separate Milliman report “HEALTHII Quality Performance Measure Technical Guide – FFY 2026” dated September 2025 for more details on the quality measure specifications.<sup>8</sup> In Appendices that contain quality measure results, instances where facility-level results contain ten or fewer cases in the denominator have been masked.

### SELF-REPORTED MEASURES

All participating hospitals collected, calculated, and submitted the aggregate numerator and denominator data for the applicable self-reported performance measures via the self-reported performance measure Excel template “HEALTHII Data Submission Template FFY 2026.” The template was posted to AHCCCS’ website on October 13, 2025.<sup>9</sup> Final participation counts are shown in Figure 7.

**FIGURE 7: COMPLETED SELF-REPORTED DATA TEMPLATE SUBMISSIONS**

Completed Self-Reported Data Template Submissions			
Hospital Class	Total Submissions	Expected Submissions	Percent
<b>Total</b>	<b>108</b>	<b>114</b>	<b>95%</b>
Children's Hospital	1	1	100%
Critical Access Hospital	12	12	100%
General Acute Hospital	55	55	100%
Long-Term Hospital	4	6	67%
Psychiatric Hospital	21	23	91%
Rehabilitation Hospital	15	17	88%

Note: For the FFY 2026 submission period, short stay hospitals were not required to submit self-reported data.

### CLAIMS-BASED MEASURES

Claims-based performance measures were calculated by Milliman using data obtained from AHCCCS. Medicaid managed care encounters and eligibility files were extracted by AHCCCS from the Medicaid Management Information System (MMIS). The “Milliman\_HealthII\_Enrl\_UBSvc\_Dim\_20251029.zip” file, which contained 15 CSV files detailed in Appendix 6, was received and downloaded by Milliman on October 29, 2025. Milliman confirmed that the claims dataset included facility claims for services incurred between October 1, 2023 and October 31, 2024.

Milliman employed the following steps to prepare and analyze the Arizona Medicaid managed care encounters data for inpatient hospital services:

- The dataset was limited to hospital inpatient managed care claims (form\_type = I and enc\_clm\_ind = E).
- Milliman transformed MMIS encounters data provided by AHCCCS into a standard claims format. The transformed data was processed through the Milliman Health Cost Guidelines™ (HCG) Grouper to categorize services, consolidate interim claims, validate the completeness and validity of relevant data fields and assign a Medicare Severity Diagnosis Related Groups (MS-DRG) to each encounter.
- Inpatient hospital encounters with service end dates outside of federal fiscal year 2024 (October 1, 2023 through September 30, 2024) were excluded.<sup>10</sup>
- Milliman mapped Medicare hospital ID to each encounter and, as appropriate, updated AHCCCS facility IDs to reflect changes such as mergers and acquisitions.

<sup>8</sup> Milliman report “HEALTHII Quality Performance Measure Technical Guide – FFY 2026” dated September 2025.

<https://www.azahcccs.gov/shared/Downloads/Reporting/ProposedStateRules/2026/HEALTHIIQualityPerformanceMeasuresTechnicalGuide20250922.pdf>

<sup>9</sup> <https://www.azahcccs.gov/PlansProviders/RatesAndBilling/hospitalassessment.html>

<sup>10</sup> The 30-day hospital-wide all-cause unplanned readmission included thirty days of encounters following the measurement window (October 2024 service end dates) to evaluate discharges occurring in September 2024 for readmissions within the 30-day window.

- For the 30-day hospital-wide all-cause unplanned readmission measure, Milliman also evaluated member eligibility to exclude members who did not meet continuous enrollment requirements as outlined in the measure specification.

Encounters were analyzed separately for the PSI-90 and 30-day hospital-wide all-cause unplanned readmission measures due to differences in inclusion/exclusion criteria.

- For the PSI-90 measure, Milliman relied upon the publicly available CMS software<sup>11</sup> to evaluate each of the ten included measure components selected by AHCCCS. A modified composite score was then calculated based upon the summed numerator and denominator of the components.
- For the CMS 30-day hospital-wide all-cause unplanned readmission measure, Milliman used a proprietary algorithm based upon publicly available, 2024 Hospital-Wide Readmission Measure version thirteen specifications.<sup>12</sup> As in prior years, the 30-day hospital-wide all-cause unplanned readmission measure was not risk-adjusted.

#### OTHER DATA SOURCES RELIED UPON

- Arizona FFY 2026 HEALTHII preprint approved by CMS (“00002115\_R3\_DGT004\_DT008\_I0001.pdf”), received from AHCCCS on December 4, 2025.
- Legacy contractor Process Report Materials (“FFY2025HEALTHIIQualityMeasureProcessReport.pdf” and “FFY2025HEALTHIIQualityMeasureRates.xlsx”), downloaded from the AHCCCS Hospital Assessment website on November 20, 2025.
- Provider crosswalk data from AHCCCS (“Hospital Provider Crosswalk - FFY 27 Model 09192025.xlsx”), received from AHCCCS on September 26, 2025.

<sup>11</sup> CMS QualityNet. [https://cmsqualitysupport.servicenowservices.com/qnet\\_qa](https://cmsqualitysupport.servicenowservices.com/qnet_qa)

<sup>12</sup> Yale New Haven Health Services Corporation/Center for Outcomes Research & Evaluation (YNHSC/CORE), prepared for Centers for Medicare & Medicaid Services (CMS). “2024 Hospital-Wide Readmission Measure Updates and Specifications – Version 13.0” Accessed on December 24, 2025 at: [https://qualitynet.cms.gov/files/682b4b3b662c6b68b52cc8fb?filename=2024\\_Rdmsn\\_MeasureMethodology.zip](https://qualitynet.cms.gov/files/682b4b3b662c6b68b52cc8fb?filename=2024_Rdmsn_MeasureMethodology.zip)

## APPENDIX 1 – SELF REPORTED MEASURES INDIVIDUAL HOSPITAL RESULTS

## APPENDIX 1-A: AHCCCS-04 HOURS OF SECLUSION USE

HEALTHII Results Program Year 5 / FFY 2026, Reporting Period: 10/1/2023 - 9/30/2024 AHCCCS-04: Hours of Seclusion Use Psychiatric Hospitals							
Hospital	AHCCCS ID#	FFY 2026 Submission Status	A	B	C	D = C x 24 Hours	Rate = (B ÷ D) x 1,000
			Minutes in Seclusion	Hours in Seclusion	Inpatient Days	Inpatient Hours	Rate
Summary		91%	61,963	1,032.7	361,786	8,682,864	0.12
AGAVE RIDGE BEHAVIORAL HEALTH HOSPITAL	169026	Submitted	0	0.0	1,670	40,080	0.00
AURORA BEHAVIORAL HEALTH	192125	Submitted	0	0.0	27,499	659,976	0.00
AURORA BEHAVIORAL HEALTHCARE-TEMPE	673684	Submitted	0	0.0	27,118	650,832	0.00
AVENIR BEHAVIORAL HOSPITAL	004829	Submitted	395	6.6	11,062	265,488	0.02
AZ STATE HOSPITAL	029331	Not Submitted					
BANNER BEHAVIORIAL HEALTH	532194	Submitted	1,342	22.4	26,667	640,008	0.03
CHANGEPOINT PSYCHIATRIC	505143	Submitted	1,040	17.3	3,678	88,272	0.20
COLLEGE MEDICAL CENTER PHOENIX	172566	Submitted	7,058	117.6	21,229	509,496	0.23
COPPER SPRINGS HOSPITAL	149746	Not Submitted					
COPPER SPRINGS HOSPITAL EAST	080171	Submitted	0	0.0	11,267	270,408	0.00
CORNERSTONE BEHAVIORAL HEALTH EL DORADO	284759	Submitted	213	3.6	22,538	540,912	0.01
DESTINY SPRINGS HEALTHCARE	546229	Submitted	8,861	147.7	18,570	445,680	0.33
HAVEN BHVIORL HOSP OF PHX	417059	Submitted	829	13.8	20,613	494,712	0.03
OASIS BEHAVIORAL HEALTH HOSPITAL	920630	Submitted	26,378	439.6	51,480	1,235,520	0.36
ORO VALLEY HSP - SBHU	898935	Submitted	0	0.0	3,882	93,168	0.00
PALO VERDE BEHAVIORAL HEALTH	946031	Submitted	473	7.9	13,882	333,168	0.02
PHOENIX MEDICAL PSYCHIATRIC HOSPITAL	085017	Submitted	4,110	68.5	9,008	216,192	0.32
QUAIL RUN BEHAVIORAL HEALTH	008168	Submitted	791	13.2	20,913	501,912	0.03
SONORA BEHAVIORAL HEALTH	172145	Submitted	35	0.6	22,205	532,920	0.00

<b>HEALTHII Results Program Year 5 / FFY 2026, Reporting Period: 10/1/2023 - 9/30/2024</b> <b>AHCCCS-04: Hours of Seclusion Use</b> <b>Psychiatric Hospitals</b>							
Hospital	AHCCCS ID#	FFY 2026 Submission Status	A	B	C	D = C x 24 Hours	Rate = (B ÷ D) x 1,000
			Minutes in Seclusion	Hours in Seclusion	Inpatient Days	Inpatient Hours	Rate
THE GUIDANCE CENTER, INC.	598089	Submitted	7,920	132.0	4,561	109,464	1.21
VALLEY HOSPITAL	616672	Submitted	0	0.0	26,076	625,824	0.00
VIA LINDA BEHAVIORAL HOSPITAL	155242	Submitted	1,542	25.7	13,677	328,248	0.08
WINDHAVEN PSYCHIATRIC HOSP	366289	Submitted	976	16.3	4,191	100,584	0.16

## Notes:

1. Agave Ridge Behavioral Health Hospital (#169026) opened June 2024; data reflects June 2024 - September 2024.
2. Rate standardized per 1,000 hours
3. Lower rates are better for this measure

## APPENDIX 1-B: AHCCCS-05 PERCENT OF RESIDENTS EXPERIENCING ONE OR MORE FALLS WITH MAJOR INJURY

HEALTHII Results Program Year 5 / FFY 2026, Reporting Period: 10/1/2023 - 9/30/2024 AHCCCS-05: Percent of Residents Experiencing One or More Falls with Major Injury Long Term and Rehabilitation Hospitals						
				A	B	Rate = A ÷ B
Hospital	Hospital Class	AHCCCS ID#	FFY 2026 Submission Status	Falls with Major Injury	Long Stay Patients	Rate
<b>Summary</b>			<b>83%</b>	<b>5</b>	<b>4,912</b>	<b>0.10%</b>
CORNERSTONE HOSPITAL OF SE AZ	Long-Term Hospital	004042	Submitted	0	45	0.00%
PHOENIX SPECIALTY HOSPITAL	Long-Term Hospital	558233	Not Submitted			
SELECT SPECIALTY HOSPITAL - TUCSON EAST	Long-Term Hospital	180144	Submitted	0	16	0.00%
SELECT SPECIALTY HOSPITAL- TUCSON, LLC	Long-Term Hospital	219946	Submitted	0	24	0.00%
SELECT SPECIALTY HOSP-PHX	Long-Term Hospital	459835	Submitted	0	69	0.00%
SELECT SPECIALTY-PHX D/T	Long-Term Hospital	707721	Not Submitted			
BANNER REHABILITATION HOSPITAL	Rehabilitation Hospital	083727	Submitted	0	259	0.00%
CLEARSKY REHABILITATION HOSPITAL OF AVONDALE	Rehabilitation Hospital	186097	Submitted			0.00%
DIGNITY HEALTH EAST VALLEY REHABILITATION HOSPITAL - GILBERT	Rehabilitation Hospital	205555	Submitted			0.00%
DIGNITY-KINDRED REHAB HOS	Rehabilitation Hospital	238199	Submitted	0	46	0.00%
ENCOMPASS HEALTH E. VALLEY	Rehabilitation Hospital	487409	Submitted	4	1,326	0.30%
ENCOMPASS HEALTH NW TUCSON	Rehabilitation Hospital	104365	Submitted			0.00%
ENCOMPASS HEALTH SCOTTSDALE	Rehabilitation Hospital	026717	Submitted	1	1,161	0.09%
ENCOMPASS HEALTH TUCSON	Rehabilitation Hospital	028979	Submitted			0.00%
ENCOMPASS HEALTH VALLEY OF SUN	Rehabilitation Hospital	027434	Submitted	0	219	0.00%
EXALT HEALTH REHABILITATION HOSPITAL SCOTTSDALE	Rehabilitation Hospital	233872	Not Submitted			
HONORHEALTH REHAB HOSP	Rehabilitation Hospital	958652	Submitted	0	61	0.00%
MOUNTAIN VALLEY REG REHAB	Rehabilitation Hospital	154380	Submitted	0	53	0.00%
PAM HEALTH REHABILITATION	Rehabilitation Hospital	130304	Not Submitted			
REHAB HOSPITAL OF NORTHERN ARIZONA	Rehabilitation Hospital	393089	Submitted	0	156	0.00%



**HEALTHII Results Program Year 5 / FFY 2026, Reporting Period: 10/1/2023 - 9/30/2024**  
**AHCCCS-05: Percent of Residents Experiencing One or More Falls with Major Injury**  
**Long Term and Rehabilitation Hospitals**

				A	B	Rate = A ÷ B
Hospital	Hospital Class	AHCCCS ID#	FFY 2026 Submission Status	Falls with Major Injury	Long Stay Patients	Rate
REUNION REHABILITATION HOSPITAL	Rehabilitation Hospital	145860	Submitted	0	694	0.00%
REUNION REHABILITATION HOSPITAL OF PEORIA	Rehabilitation Hospital	201879	Submitted	0	773	0.00%
YUMA REHABILITATION HOSP	Rehabilitation Hospital	776411	Submitted			0.00%

## Notes:

1. Select Specialty Hospital - Tucson East (#180144) previously reported under Select Specialty Hospital - Tucson East (#219946).
2. Exalt Health Rehabilitation Hospital Scottsdale (#233872) is a new hospital in FFY 2026 and was not a part of the FFY 2025 program.
3. Data suppression indicated with diagonal shading. Values less than 11 have been suppressed.
4. Lower rates are better for this measure

**APPENDIX 1-C:**  
**AHCCCS-06 NHSN FACILITY-WIDE INPATIENT HOSPITAL-ONSET**  
**CLOSTRIDIUM DIFFICILE [C. DIFFICILE] INFECTION (CDI)**

<b>HEALTHII Results Program Year 5 / FFY 2026, Reporting Period: 10/1/2023 - 9/30/2024</b> <b>AHCCCS-06: NHSN Facility-wide Inpatient Hospital-onset Clostridium difficile [C. difficile] Infection (CDI)</b> <b>Children's and General Acute Hospitals</b>						
				A	B	Rate = A ÷ B
Hospital	Hospital Class	AHCCCS ID#	FFY 2026 Submission Status	CDI Events	Admissions	Rate
<b>Summary</b>			<b>100%</b>	<b>285</b>	<b>190,384</b>	<b>0.15%</b>
PHOENIX CHILDREN'S HOSPITAL	Children's Hospital	706707	Submitted	11	10,465	0.11%
ABRAZO ARROWHEAD CAMPUS	General Acute Hospital	531253	Submitted	2	3,995	0.05%
ABRAZO AZ HEART HOSPITAL	General Acute Hospital	569582	Submitted	0	820	0.00%
ABRAZO CENTRAL CAMPUS	General Acute Hospital	532417	Submitted	3	2,427	0.12%
ABRAZO SCOTTSDALE CAMPUS	General Acute Hospital	643602	Submitted	1	1,409	0.07%
ABRAZO SURPRISE HOSPITAL	General Acute Hospital	082732	Submitted	0	21	0.00%
ABRAZO WEST CAMPUS	General Acute Hospital	806416	Submitted	9	5,206	0.17%
ARIZONA GENERAL HOSPITAL	General Acute Hospital	005217	Submitted	0	578	0.00%
BANNER - UNIVERSITY MED CTR PHOENIX	General Acute Hospital	529985	Submitted	23	18,186	0.13%
BANNER - UNIVERSITY MED CTR SOUTH	General Acute Hospital	988451	Submitted	2	4,589	0.04%
BANNER - UNIVERSITY MED CTR TUCSON	General Acute Hospital	988439	Submitted	30	12,077	0.25%
BANNER BAYWOOD MEDICAL CTR	General Acute Hospital	021618	Submitted	12	3,033	0.40%
BANNER BOSWELL MED CTR	General Acute Hospital	369138	Submitted	8	3,811	0.21%
BANNER CASA GRANDE MEDICAL CENTER	General Acute Hospital	916171	Submitted	4	2,347	0.17%
BANNER DEL E WEBB MED CTR	General Acute Hospital	369011	Submitted	3	4,725	0.06%
BANNER DESERT MEDICAL CTR	General Acute Hospital	530099	Submitted	20	13,145	0.15%
BANNER ESTRELLA MEDICAL	General Acute Hospital	920620	Submitted	15	9,146	0.16%
BANNER GATEWAY MEDICAL CTR	General Acute Hospital	262489	Submitted	7	3,886	0.18%
BANNER GOLDFIELD MEDICAL CENTER	General Acute Hospital	823143	Submitted	0	166	0.00%

**HEALTHII Results Program Year 5 / FFY 2026, Reporting Period: 10/1/2023 - 9/30/2024**  
**AHCCCS-06: NHSN Facility-wide Inpatient Hospital-onset Clostridium difficile [C. difficile] Infection (CDI)**  
**Children's and General Acute Hospitals**

				A	B	Rate = A ÷ B
Hospital	Hospital Class	AHCCCS ID#	FFY 2026 Submission Status	CDI Events	Admissions	Rate
BANNER IRONWOOD MEDICAL CENTER	General Acute Hospital	568411	Submitted	1	1,511	0.07%
BANNER OCOTILLO MEDICAL CENTER	General Acute Hospital	083904	Submitted	0	1,536	0.00%
BANNER THUNDERBIRD MEDICAL	General Acute Hospital	529943	Submitted	24	12,012	0.20%
CANYON VISTA MEDICAL CENTER	General Acute Hospital	831868	Submitted	1	792	0.13%
CHANDLER REGIONAL MED.CTR	General Acute Hospital	500498	Submitted	1	4,620	0.02%
DEER VALLEY MEDICAL CTR	General Acute Hospital	022214	Submitted	0	2,101	0.00%
DIGNITY HEALTH ARIZONA GENERAL HOSPITAL	General Acute Hospital	526872	Submitted	2	1,779	0.11%
FLAGSTAFF MEDICAL CENTER	General Acute Hospital	020123	Submitted	11	3,275	0.34%
HAVASU REG MED CENTER LLC	General Acute Hospital	167982	Submitted	0	661	0.00%
HONORHEALTH FLORENCE MEDICAL CENTER	General Acute Hospital	170453	Submitted	0	53	0.00%
HONORHEALTH MOUNTAIN VISTA MEDICAL CENTER	General Acute Hospital	179353	Submitted	0	432	0.00%
HONORHEALTH SCOTTSDALE -TH	General Acute Hospital	284386	Submitted	0	287	0.00%
HONORHEALTH SONORAN CROSSING	General Acute Hospital	086813	Submitted	0	412	0.00%
HONORHEALTH TEMPE MEDICAL CENTER	General Acute Hospital	179355	Submitted	0	183	0.00%
JOHN C LINCOLN MEDICAL CT	General Acute Hospital	022241	Submitted	4	2,405	0.17%
KINGMAN REGIONAL MED CTR	General Acute Hospital	020256	Submitted	1	2,374	0.04%
MAYO CLINIC HOSPITAL	General Acute Hospital	449357	Submitted	0	481	0.00%
MERCY GILBERT MED CENTER	General Acute Hospital	117030	Submitted	0	2,427	0.00%
NORTHWEST HOUGHTON	General Acute Hospital	206779	Submitted	0	268	0.00%
NORTHWEST MEDICAL CENTER	General Acute Hospital	481309	Submitted	14	2,332	0.60%
NORTHWEST SAHUARITA	General Acute Hospital	088182	Submitted	0	57	0.00%
ORO VALLEY HOSPITAL	General Acute Hospital	921107	Submitted	7	232	3.02%
SCOTTSDALE HLTHCARE-OSBN	General Acute Hospital	020652	Submitted	0	1,784	0.00%

**HEALTHII Results Program Year 5 / FFY 2026, Reporting Period: 10/1/2023 - 9/30/2024**  
**AHCCCS-06: NHSN Facility-wide Inpatient Hospital-onset Clostridium difficile [C. difficile] Infection (CDI)**  
**Children's and General Acute Hospitals**

				A	B	Rate = A ÷ B
Hospital	Hospital Class	AHCCCS ID#	FFY 2026 Submission Status	CDI Events	Admissions	Rate
SCOTTSDALE HLTHCARE-SHEA	General Acute Hospital	021501	Submitted	2	2,484	0.08%
ST JOSEPH'S HOSPITAL-PHX	General Acute Hospital	691974	Submitted	17	15,976	0.11%
ST JOSEPH'S HOSPITAL-TUCSON	General Acute Hospital	134003	Submitted	1	3,263	0.03%
ST MARY'S HOSPITAL	General Acute Hospital	134169	Submitted	2	3,187	0.06%
ST. JOSEPH'S WESTGATE MEDICAL CENTER	General Acute Hospital	951864	Submitted	0	2,403	0.00%
SUMMIT HEALTHCARE REG MED	General Acute Hospital	020016	Submitted	16	2,155	0.74%
TUCSON MEDICAL CENTER	General Acute Hospital	020462	Submitted	20	6,664	0.30%
TUCSON MEDICAL CENTER RINCON	General Acute Hospital	187347	Submitted	0	71	0.00%
VALLEY VIEW MEDICAL CTR	General Acute Hospital	104567	Submitted	0	466	0.00%
VALLEYWISE HEALTH MEDICAL	General Acute Hospital	020107	Submitted	9	4,817	0.19%
VERDE VALLEY MEDICAL CTR	General Acute Hospital	020438	Submitted	0	863	0.00%
WESTERN AZ REG MED CTR	General Acute Hospital	531237	Submitted	0	716	0.00%
YAVAPAI REG MED CENTER	General Acute Hospital	020420	Submitted	1	1,997	0.05%
YUMA REGIONAL MED CENTER	General Acute Hospital	020264	Submitted	1	3,276	0.03%

## Notes:

1. Tucson Medical Center Rincon (#187347) is a new hospital in Year 5 / FFY 2026 and was not a part of the FFY 2025 program.
2. Lower rates are better for this measure

**APPENDIX 1-D: AHCCCS-12 MEDIAN TIME FROM EMERGENCY DEPARTMENT (ED) ARRIVAL TO ED DEPARTURE FOR DISCHARGED ED PATIENTS**

HEALTHII Results Program Year 5 / FFY 2026, Reporting Period: 10/1/2023 - 9/30/2024 AHCCCS-12: Median Time from Emergency Department (ED) Arrival to ED Departure for Discharged ED Patients Critical Access Hospitals					
			A	B	Median = A
Hospital	AHCCCS ID#	FFY 2026 Submission Status	Median Time (Minutes)	Number of Visits	Median Time (Minutes)
<b>Summary</b>		<b>100%</b>	<b>124.67</b>	<b>56,157</b>	<b>124.67</b>
BANNER PAYSON MEDICAL CENTER	031348	Submitted	150.00	5,572	150.00
BENSON HOSPITAL	020066	Submitted	141.00	2,309	141.00
COBRE VALLEY REGIONAL MEDICAL CENTER	020644	Submitted	105.00	4,632	105.00
COPPER QUEEN HOSPITAL	020032	Submitted	123.00	11,814	123.00
HOLY CROSS HOSPITAL	135321	Submitted	136.00	7,504	136.00
LA PAZ REGIONAL HOSPITAL	480046	Submitted	119.00	1,778	119.00
LITTLE COLORADO MED CTR	020389	Submitted	136.00	4,829	136.00
MT. GRAHAM REG MED CTR.	020082	Submitted	121.00	7,206	121.00
NORTHERN COCHISE COMMUNITY HOSPITAL	020058	Submitted	119.00	1,882	119.00
PAGE HOSPITAL	529919	Submitted	76.00	4,787	76.00
WHITE MNTN REG MED CTR	192584	Submitted	128.00	1,637	128.00
WICKENBURG COMMUNITY HOSP	649577	Submitted	142.00	2,207	142.00

## Notes:

1. "Median Time" in the Summary row is calculated as the mean of the individual hospital median times, i.e. the average of the values in Column A.
2. Lower rates are better for this measure

## APPENDIX 2 – SELF REPORTED MEASURES YEAR OVER YEAR COMPARISON

## APPENDIX 2-A: AHCCCS-04 HOURS OF SECLUSION USE

HEALTHII Results Program Year 5 / FFY 2026, Reporting Period: 10/1/2023 - 9/30/2024 AHCCCS-04: Hours of Seclusion Use Psychiatric Hospitals						
Hospital	AHCCCS ID#	FFY 2026 Submission Status	FFY 2025 Rate	FFY 2026 Rate	FFY 2025 – FFY 2026 Difference	FFY 2025 – FFY 2026 % Difference
<b>Summary</b>		<b>91%</b>	<b>0.23</b>	<b>0.12</b>	<b>-0.11</b>	<b>-47.83%</b>
AGAVE RIDGE BEHAVIORAL HEALTH HOSPITAL	169026	Submitted	No Data	0.00	N/A	N/A
AURORA BEHAVIORAL HEALTH	192125	Submitted	No Data	0.00	N/A	N/A
AURORA BEHAVIORAL HEALTHCARE-TEMPE	673684	Submitted	No Data	0.00	N/A	N/A
AVENIR BEHAVIORAL HOSPITAL	004829	Submitted	No Data	0.02	N/A	N/A
AZ STATE HOSPITAL	029331	Not Submitted	0.00		0.00	N/A
BANNER BEHAVIORIAL HEALTH	532194	Submitted	0.15	0.03	-0.12	-80.00%
CHANGEPOINT PSYCHIATRIC	505143	Submitted	0.00	0.20	0.20	N/A
COLLEGE MEDICAL CENTER PHOENIX	172566	Submitted	0.16	0.23	0.07	43.75%
COPPER SPRINGS HOSPITAL	149746	Not Submitted	0.00		0.00	N/A
COPPER SPRINGS HOSPITAL EAST	080171	Submitted	2.08	0.00	-2.08	-100.00%
CORNERSTONE BEHAVIORAL HEALTH EL DORADO	284759	Submitted	0.01	0.01	0.00	0.00%
DESTINY SPRINGS HEALTHCARE	546229	Submitted	0.24	0.33	0.09	37.50%
HAVEN BHVIORL HOSP OF PHX	417059	Submitted	0.02	0.03	0.01	50.00%
OASIS BEHAVIORAL HEALTH HOSPITAL	920630	Submitted	0.29	0.36	0.07	24.14%
ORO VALLEY HSP - SBHU	898935	Submitted	No Data	0.00	N/A	N/A
PALO VERDE BEHAVIORAL HEALTH	946031	Submitted	0.00	0.02	0.02	N/A
PHOENIX MEDICAL PSYCHIATRIC HOSPITAL	085017	Submitted	0.00	0.32	0.32	N/A
QUAIL RUN BEHAVIORAL HEALTH	008168	Submitted	0.00	0.03	0.03	N/A
SONORA BEHAVIORAL HEALTH	172145	Submitted	0.00	0.00	0.00	N/A
THE GUIDANCE CENTER, INC.	598089	Submitted	7.59	1.21	-6.38	-84.06%
VALLEY HOSPITAL	616672	Submitted	No Data	0.00	N/A	N/A



**HEALTHII Results Program Year 5 / FFY 2026, Reporting Period: 10/1/2023 - 9/30/2024**  
**AHCCCS-04: Hours of Seclusion Use**  
**Psychiatric Hospitals**

Hospital	AHCCCS ID#	FFY 2026 Submission Status	FFY 2025 Rate	FFY 2026 Rate	FFY 2025 – FFY 2026 Difference	FFY 2025 – FFY 2026 % Difference
VIA LINDA BEHAVIORAL HOSPITAL	155242	Submitted	3.66	0.08	-3.58	-97.81%
WINDHAVEN PSYCHIATRIC HOSP	366289	Submitted	0.00	0.16	0.16	N/A

## Notes:

1. Agave Ridge Behavioral Health Hospital (#169026) opened June 2024; data reflects June 2024 - September 2024.
2. Rate standardized per 1,000 hours
3. Lower rates are better for this measure
4. FFY 2025 values were developed by the legacy vendor and published by AHCCCS. FFY 2026 values were calculated by Milliman.

## APPENDIX 2-B: AHCCCS-05 PERCENT OF RESIDENTS EXPERIENCING ONE OR MORE FALLS WITH MAJOR INJURY

HEALTHII Results Program Year 5 / FFY 2026, Reporting Period: 10/1/2023 - 9/30/2024 AHCCCS-05: Percent of Residents Experiencing One or More Falls with Major Injury Long Term and Rehabilitation Hospitals							
Hospital	Hospital Class	AHCCCS ID#	FFY 2026 Submission Status	FFY 2025 Results	FFY 2026 Results	FFY 2025 – FFY 2026 Difference	FFY 2025 – FFY 2026 % Difference
<b>Summary</b>			<b>83%</b>	<b>0.00%</b>	<b>0.10%</b>	<b>0.10%</b>	<b>N/A</b>
CORNERSTONE HOSPITAL OF SE AZ	Long-Term Hospital	004042	Submitted	0.00%	0.00%	0.00%	N/A
PHOENIX SPECIALTY HOSPITAL	Long-Term Hospital	558233	Not Submitted	0.00%		0.00%	N/A
SELECT SPECIALTY HOSPITAL - TUCSON EAST	Long-Term Hospital	180144	Submitted	0.00%	0.00%	0.00%	N/A
SELECT SPECIALTY HOSPITAL- TUCSON, LLC	Long-Term Hospital	219946	Submitted	0.00%	0.00%	0.00%	N/A
SELECT SPECIALTY HOSP-PHX	Long-Term Hospital	459835	Submitted	0.00%	0.00%	0.00%	N/A
SELECT SPECIALTY-PHX D/T	Long-Term Hospital	707721	Not Submitted	0.00%		0.00%	N/A
BANNER REHABILITATION HOSPITAL	Rehabilitation Hospital	083727	Submitted	0.00%	0.00%	0.00%	N/A
CLEARSKY REHABILITATION HOSPITAL OF AVONDALE	Rehabilitation Hospital	186097	Submitted	No Data	0.00%	N/A	N/A
DIGNITY HEALTH EAST VALLEY REHABILITATION HOSPITAL - GILBERT	Rehabilitation Hospital	205555	Submitted	No Data	0.00%	N/A	N/A
DIGNITY-KINDRED REHAB HOS	Rehabilitation Hospital	238199	Submitted	0.00%	0.00%	0.00%	N/A
ENCOMPASS HEALTH E. VALLEY	Rehabilitation Hospital	487409	Submitted	No Data	0.30%	N/A	N/A
ENCOMPASS HEALTH NW TUCSON	Rehabilitation Hospital	104365	Submitted	No Data	0.00%	N/A	N/A
ENCOMPASS HEALTH SCOTTSDALE	Rehabilitation Hospital	026717	Submitted	No Data	0.09%	N/A	N/A
ENCOMPASS HEALTH TUCSON	Rehabilitation Hospital	028979	Submitted	No Data	0.00%	N/A	N/A
ENCOMPASS HEALTH VALLEY OF SUN	Rehabilitation Hospital	027434	Submitted	No Data	0.00%	N/A	N/A
EXALT HEALTH REHABILITATION HOSPITAL SCOTTSDALE	Rehabilitation Hospital	233872	Not Submitted			0.00%	N/A
HONORHEALTH REHAB HOSP	Rehabilitation Hospital	958652	Submitted	0.00%	0.00%	0.00%	N/A
MOUNTAIN VALLEY REG REHAB	Rehabilitation Hospital	154380	Submitted	0.00%	0.00%	0.00%	N/A
PAM HEALTH REHABILITATION	Rehabilitation Hospital	130304	Not Submitted	0.00%		0.00%	N/A
REHAB HOSPITAL OF NORTHERN ARIZONA	Rehabilitation Hospital	393089	Submitted	0.00%	0.00%	0.00%	N/A
REUNION REHABILITATION HOSPITAL	Rehabilitation Hospital	145860	Submitted	No Data	0.00%	N/A	N/A
REUNION REHABILITATION HOSPITAL OF PEORIA	Rehabilitation Hospital	201879	Submitted	No Data	0.00%	N/A	N/A

**HEALTHII Results Program Year 5 / FFY 2026, Reporting Period: 10/1/2023 - 9/30/2024**  
**AHCCCS-05: Percent of Residents Experiencing One or More Falls with Major Injury**  
**Long Term and Rehabilitation Hospitals**

Hospital	Hospital Class	AHCCCS ID#	FFY 2026 Submission Status	FFY 2025 Results	FFY 2026 Results	FFY 2025 – FFY 2026 Difference	FFY 2025 – FFY 2026 % Difference
YUMA REHABILITATION HOSP	Rehabilitation Hospital	776411	Submitted	0.00%	0.00%	0.00%	N/A

## Notes:

1. Select Specialty Hospital - Tucson East (#180144) previously reported under Select Specialty Hospital - Tucson East (#219946).
2. Exalt Health Rehabilitation Hospital Scottsdale (#233872) is a new hospital in FFY 2026 and was not a part of the FFY 2025 program.
3. Lower rates are better for this measure
4. FFY 2025 values were developed by the legacy vendor and published by AHCCCS. FFY 2026 values were calculated by Milliman.

**APPENDIX 2-C: AHCCCS-06 NHSN FACILITY-WIDE INPATIENT HOSPITAL-ONSET CLOSTRIDIUM DIFFICILE [C. DIFFICILE] INFECTION (CDI)**

<b>HEALTHII Results Program Year 5 / FFY 2026, Reporting Period: 10/1/2023 - 9/30/2024</b> <b>AHCCCS-06: NHSN Facility-wide Inpatient Hospital-onset Clostridium difficile [C. difficile] Infection (CDI)</b> <b>Children's and General Acute Hospitals</b>							
Hospital	Hospital Class	AHCCCS ID#	FFY 2026 Submission Status	FFY 2025 Results	FFY 2026 Results	FFY 2025 – FFY 2026 Difference	FFY 2025 – FFY 2026 % Difference
<b>Summary</b>			<b>100%</b>	<b>0.19%</b>	<b>0.15%</b>	<b>-0.04%</b>	<b>-21.21%</b>
PHOENIX CHILDREN'S HOSPITAL	Children's Hospital	706707	Submitted	0.20%	0.11%	-0.09%	-47.44%
ABRAZO ARROWHEAD CAMPUS	General Acute Hospital	531253	Submitted	0.07%	0.05%	-0.02%	-28.48%
ABRAZO AZ HEART HOSPITAL	General Acute Hospital	569582	Submitted	0.00%	0.00%	0.00%	N/A
ABRAZO CENTRAL CAMPUS	General Acute Hospital	532417	Submitted	0.35%	0.12%	-0.23%	-64.68%
ABRAZO SCOTTSDALE CAMPUS	General Acute Hospital	643602	Submitted	0.00%	0.07%	0.07%	N/A
ABRAZO SURPRISE HOSPITAL	General Acute Hospital	082732	Submitted	0.00%	0.00%	0.00%	N/A
ABRAZO WEST CAMPUS	General Acute Hospital	806416	Submitted	0.22%	0.17%	-0.05%	-21.42%
ARIZONA GENERAL HOSPITAL	General Acute Hospital	005217	Submitted	0.00%	0.00%	0.00%	N/A
BANNER - UNIVERSITY MED CTR PHOENIX	General Acute Hospital	529985	Submitted	0.21%	0.13%	-0.08%	-39.78%
BANNER - UNIVERSITY MED CTR SOUTH	General Acute Hospital	988451	Submitted	0.09%	0.04%	-0.05%	-51.58%
BANNER - UNIVERSITY MED CTR TUCSON	General Acute Hospital	988439	Submitted	0.29%	0.25%	-0.04%	-14.34%
BANNER BAYWOOD MEDICAL CTR	General Acute Hospital	021618	Submitted	0.49%	0.40%	-0.09%	-19.26%
BANNER BOSWELL MED CTR	General Acute Hospital	369138	Submitted	0.42%	0.21%	-0.21%	-50.02%
BANNER CASA GRANDE MEDICAL CENTER	General Acute Hospital	916171	Submitted	0.15%	0.17%	0.02%	13.62%
BANNER DEL E WEBB MED CTR	General Acute Hospital	369011	Submitted	0.20%	0.06%	-0.14%	-68.25%
BANNER DESERT MEDICAL CTR	General Acute Hospital	530099	Submitted	0.12%	0.15%	0.03%	26.79%
BANNER ESTRELLA MEDICAL	General Acute Hospital	920620	Submitted	0.09%	0.16%	0.07%	82.23%
BANNER GATEWAY MEDICAL CTR	General Acute Hospital	262489	Submitted	0.10%	0.18%	0.08%	80.13%
BANNER GOLDFIELD MEDICAL CENTER	General Acute Hospital	823143	Submitted	0.00%	0.00%	0.00%	N/A
BANNER IRONWOOD MEDICAL CENTER	General Acute Hospital	568411	Submitted	0.00%	0.07%	0.07%	N/A
BANNER OCOTILLO MEDICAL CENTER	General Acute Hospital	083904	Submitted	0.26%	0.00%	-0.26%	-100.00%

<b>HEALTHII Results Program Year 5 / FFY 2026, Reporting Period: 10/1/2023 - 9/30/2024</b> <b>AHCCCS-06: NHSN Facility-wide Inpatient Hospital-onset Clostridium difficile [C. difficile] Infection (CDI)</b> <b>Children's and General Acute Hospitals</b>							
Hospital	Hospital Class	AHCCCS ID#	FFY 2026 Submission Status	FFY 2025 Results	FFY 2026 Results	FFY 2025 – FFY 2026 Difference	FFY 2025 – FFY 2026 % Difference
BANNER THUNDERBIRD MEDICAL	General Acute Hospital	529943	Submitted	0.11%	0.20%	0.09%	81.64%
CANYON VISTA MEDICAL CENTER	General Acute Hospital	831868	Submitted	0.52%	0.13%	-0.39%	-75.72%
CHANDLER REGIONAL MED.CTR	General Acute Hospital	500498	Submitted	0.22%	0.02%	-0.20%	-90.16%
DEER VALLEY MEDICAL CTR	General Acute Hospital	022214	Submitted	0.15%	0.00%	-0.15%	-100.00%
DIGNITY HEALTH ARIZONA GENERAL HOSPITAL	General Acute Hospital	526872	Submitted	0.00%	0.11%	0.11%	N/A
FLAGSTAFF MEDICAL CENTER	General Acute Hospital	020123	Submitted	0.13%	0.34%	0.21%	158.37%
HAVASU REG MED CENTER LLC	General Acute Hospital	167982	Submitted	1.21%	0.00%	-1.21%	-100.00%
HONORHEALTH FLORENCE MEDICAL CENTER	General Acute Hospital	170453	Submitted	0.00%	0.00%	0.00%	N/A
HONORHEALTH MOUNTAIN VISTA MEDICAL CENTER	General Acute Hospital	179353	Submitted	0.06%	0.00%	-0.06%	-100.00%
HONORHEALTH SCOTTSDALE -TH	General Acute Hospital	284386	Submitted	0.00%	0.00%	0.00%	N/A
HONORHEALTH SONORAN CROSSING	General Acute Hospital	086813	Submitted	0.00%	0.00%	0.00%	N/A
HONORHEALTH TEMPE MEDICAL CENTER	General Acute Hospital	179355	Submitted	0.54%	0.00%	-0.54%	-100.00%
JOHN C LINCOLN MEDICAL CT	General Acute Hospital	022241	Submitted	0.16%	0.17%	0.01%	3.95%
KINGMAN REGIONAL MED CTR	General Acute Hospital	020256	Submitted	0.15%	0.04%	-0.11%	-71.92%
MAYO CLINIC HOSPITAL	General Acute Hospital	449357	Submitted	0.41%	0.00%	-0.41%	-100.00%
MERCY GILBERT MED CENTER	General Acute Hospital	117030	Submitted	0.09%	0.00%	-0.09%	-100.00%
NORTHWEST HOUGHTON	General Acute Hospital	206779	Submitted	0.00%	0.00%	0.00%	N/A
NORTHWEST MEDICAL CENTER	General Acute Hospital	481309	Submitted	0.70%	0.60%	-0.10%	-14.24%
NORTHWEST SAHUARITA	General Acute Hospital	088182	Submitted	0.00%	0.00%	0.00%	N/A
ORO VALLEY HOSPITAL	General Acute Hospital	921107	Submitted	0.47%	3.02%	2.55%	541.97%
SCOTTSDALE HLTHCARE-OSBN	General Acute Hospital	020652	Submitted	0.14%	0.00%	-0.14%	-100.00%
SCOTTSDALE HLTHCARE-SHEA	General Acute Hospital	021501	Submitted	0.09%	0.08%	-0.01%	-10.54%
ST JOSEPH'S HOSPITAL-PHX	General Acute Hospital	691974	Submitted	0.13%	0.11%	-0.02%	-18.15%
ST JOSEPH'S HOSPITAL-TUCSON	General Acute Hospital	134003	Submitted	0.00%	0.03%	0.03%	N/A

<b>HEALTHII Results Program Year 5 / FFY 2026, Reporting Period: 10/1/2023 - 9/30/2024</b> <b>AHCCCS-06: NHSN Facility-wide Inpatient Hospital-onset Clostridium difficile [C. difficile] Infection (CDI)</b> <b>Children's and General Acute Hospitals</b>							
Hospital	Hospital Class	AHCCCS ID#	FFY 2026 Submission Status	FFY 2025 Results	FFY 2026 Results	FFY 2025 – FFY 2026 Difference	FFY 2025 – FFY 2026 % Difference
ST MARY'S HOSPITAL	General Acute Hospital	134169	Submitted	0.06%	0.06%	0.00%	4.59%
ST. JOSEPH'S WESTGATE MEDICAL CENTER	General Acute Hospital	951864	Submitted	0.00%	0.00%	0.00%	N/A
SUMMIT HEALTHCARE REG MED	General Acute Hospital	020016	Submitted	0.30%	0.74%	0.44%	147.49%
TUCSON MEDICAL CENTER	General Acute Hospital	020462	Submitted	0.40%	0.30%	-0.10%	-24.97%
TUCSON MEDICAL CENTER RINCON	General Acute Hospital	187347	Submitted		0.00%		N/A
VALLEY VIEW MEDICAL CTR	General Acute Hospital	104567	Submitted	0.22%	0.00%	-0.22%	-100.00%
VALLEYWISE HEALTH MEDICAL	General Acute Hospital	020107	Submitted	0.20%	0.19%	-0.01%	-6.58%
VERDE VALLEY MEDICAL CTR	General Acute Hospital	020438	Submitted	0.13%	0.00%	-0.13%	-100.00%
WESTERN AZ REG MED CTR	General Acute Hospital	531237	Submitted	0.75%	0.00%	-0.75%	-100.00%
YAVAPAI REG MED CENTER	General Acute Hospital	020420	Submitted	0.00%	0.05%	0.05%	N/A
YUMA REGIONAL MED CENTER	General Acute Hospital	020264	Submitted	0.05%	0.03%	-0.02%	-38.95%

## Notes:

1. Tucson Medical Center Rincon (#187347) is a new hospital in Year 5 / FFY 2026 and was not a part of the FFY 2025 program.
2. Lower rates are better for this measure
3. FFY 2025 values were developed by the legacy vendor and published by AHCCCS. FFY 2026 values were calculated by Milliman.

**APPENDIX 2-D: AHCCCS-12 MEDIAN TIME FROM EMERGENCY DEPARTMENT (ED) ARRIVAL TO ED DEPARTURE FOR DISCHARGED ED PATIENTS**

HEALTHII Results Program Year 5 / FFY 2026, Reporting Period: 10/1/2023 - 9/30/2024 AHCCCS-12: Median Time from Emergency Department (ED) Arrival to ED Departure for Discharged ED Patients Critical Access Hospitals						
Hospital	AHCCCS ID#	FFY 2026 Submission Status	FFY 2025 Results	FFY 2026 Results	FFY 2025 – FFY 2026 Difference	FFY 2025 – FFY 2026 % Difference
<b>Summary</b>		<b>100%</b>	<b>124.25</b>	<b>124.67</b>	<b>0.42</b>	<b>0.34%</b>
BANNER PAYSON MEDICAL CENTER	031348	Submitted	136.50	150.00	13.50	9.89%
BENSON HOSPITAL	020066	Submitted	134.00	141.00	7.00	5.22%
COBRE VALLEY REGIONAL MEDICAL CENTER	020644	Submitted	104.00	105.00	1.00	0.96%
COPPER QUEEN HOSPITAL	020032	Submitted	127.00	123.00	-4.00	-3.15%
HOLY CROSS HOSPITAL	135321	Submitted	148.00	136.00	-12.00	-8.11%
LA PAZ REGIONAL HOSPITAL	480046	Submitted	131.00	119.00	-12.00	-9.16%
LITTLE COLORADO MED CTR	020389	Submitted	151.00	136.00	-15.00	-9.93%
MT. GRAHAM REG MED CTR.	020082	Submitted	110.00	121.00	11.00	10.00%
NORTHERN COCHISE COMMUNITY HOSPITAL	020058	Submitted	121.00	119.00	-2.00	-1.65%
PAGE HOSPITAL	529919	Submitted	77.00	76.00	-1.00	-1.30%
WHITE MNTN REG MED CTR	192584	Submitted	118.50	128.00	9.50	8.02%
WICKENBURG COMMUNITY HOSP	649577	Submitted	133.00	142.00	9.00	6.77%

## Notes:

1. "Median Time" in the Summary row is calculated as the mean of the individual hospital median times, i.e. the average of the values in FFY 2026 Results.
2. Lower rates are better for this measure
3. FFY 2025 values were developed by the legacy vendor and published by AHCCCS. FFY 2026 values were calculated by Milliman.



## APPENDIX 3 – AHCCCS-02: PATIENT SAFETY INDICATOR (PSI) 90 INDIVIDUAL HOSPITAL RESULTS

## APPENDIX 3-A: PSI COMPOSITE AND COMPONENT RATES BY HOSPITAL

HEALTHII Results Program Year 5 / FFY 2026, Reporting Period: 10/1/2023 - 9/30/2024 AHCCCS-02: Patient Safety Indicators 90 (PSI 90) Patient Safety and Adverse Events General Acute Care Hospitals													
		FFY 2026 Composite Score	PSI 03 Pressure Ulcer	PSI 06 Pneumothorax	PSI 08 Fall	PSI 09 Hemorrhage / Hematoma	PSI 10 Kidney Injury	PSI 11 Respiratory Failure	PSI 12 Pulmonary Embolism / DVT	PSI 13 Sepsis	PSI 14 Wound Dehiscence (Open)	PSI 14 Wound Dehiscence (Non Open)	PSI 15 Puncture / Laceration
Hospital	AHCCCS ID#	A	B	C	D	E	F	G	H	I	J	K	L
<b>Summary</b>		<b>0.000890</b>	<b>0.000562</b>	<b>0.000052</b>	<b>0.000399</b>	<b>0.002174</b>	<b>0.001076</b>	<b>0.005519</b>	<b>0.003777</b>	<b>0.006289</b>	<b>0.004471</b>	<b>0.000000</b>	<b>0.001122</b>
ABRAZO ARROWHEAD CAMPUS	531253	0.001078	0.000994	0.000000	0.000000	0.004348	0.000000	0.000000	0.003824	0.000000	0.000000	0.000000	0.002092
ABRAZO AZ HEART HOSPITAL	569582	0.000768	0.000000	0.000000	0.000000	0.000000	0.000000	0.125000	0.000000	0.000000	0.000000	0.000000	0.000000
ABRAZO CENTRAL CAMPUS	532417	0.000717	0.000000	0.000000	0.000571	0.000000	0.000000	0.000000	0.010989	1.000000	0.000000	0.000000	0.000000
ABRAZO SCOTTSDALE CAMPUS	643602	0.001080	0.000000	0.000000	0.001008	0.003185	0.000000	0.000000	0.003086	0.045455	0.000000	0.000000	0.000000
ABRAZO SURPRISE HOSPITAL	082732	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000
ABRAZO WEST CAMPUS	806416	0.001483	0.002322	0.000000	0.000000	0.005000	0.000000	0.000000	0.008347	0.000000	0.000000	0.000000	0.000000
ARIZONA GENERAL HOSPITAL	005217	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000
BANNER - UNIVERSITY MED CTR PHOENIX	529985	0.001799	0.001142	0.000000	0.000487	0.002616	0.002481	0.008917	0.005122	0.010050	0.010345	0.000000	0.004020
BANNER - UNIVERSITY MED CTR SOUTH	988451	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000
BANNER - UNIVERSITY MED CTR TUCSON	988439	0.001090	0.000443	0.000000	0.000393	0.000687	0.002538	0.008197	0.005312	0.005348	0.003802	0.000000	0.001676
BANNER BAYWOOD MEDICAL CTR	021618	0.000567	0.000000	0.000000	0.000472	0.003378	0.023810	0.000000	0.000000	0.000000	0.000000	0.000000	0.002950
BANNER BOSWELL MED CTR	369138	0.001168	0.000866	0.000000	0.000367	0.002618	0.000000	0.018692	0.007092	0.017544	0.000000	0.000000	0.000000
BANNER CASA GRANDE MEDICAL CENTER	916171	0.000853	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.010638	0.076923	0.000000	0.000000	0.000000
BANNER DEL E WEBB MED CTR	369011	0.000374	0.000000	0.000000	0.000000	0.007299	0.000000	0.000000	0.003268	0.000000	0.000000	0.000000	0.000000
BANNER DESERT MEDICAL CTR	530099	0.000802	0.000816	0.000000	0.000341	0.003051	0.000000	0.004219	0.003613	0.000000	0.000000	0.000000	0.000927
BANNER ESTRELLA MEDICAL	920620	0.000439	0.000644	0.000000	0.000262	0.000000	0.000000	0.000000	0.003968	0.000000	0.000000	0.000000	0.000000
BANNER GATEWAY MEDICAL CTR	262489	0.000435	0.000779	0.000000	0.000000	0.000000	0.000000	0.000000	0.002364	0.004255	0.000000	0.000000	0.000000
BANNER GOLDFIELD MEDICAL CENTER	823143	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000
BANNER IRONWOOD MEDICAL CENTER	568411	0.001029	0.000000	0.000000	0.000000	0.014085	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.007634
BANNER OCOTILLO MEDICAL CENTER	083904	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000

<b>HEALTHII Results Program Year 5 / FFY 2026, Reporting Period: 10/1/2023 - 9/30/2024</b> <b>AHCCCS-02: Patient Safety Indicators 90 (PSI 90) Patient Safety and Adverse Events</b> <b>General Acute Care Hospitals</b>													
		FFY 2026 Composite Score	PSI 03 Pressure Ulcer	PSI 06 Pneumothorax	PSI 08 Fall	PSI 09 Hemorrhage / Hematoma	PSI 10 Kidney Injury	PSI 11 Respiratory Failure	PSI 12 Pulmonary Embolism / DVT	PSI 13 Sepsis	PSI 14 Wound Dehiscence (Open)	PSI 14 Wound Dehiscence (Non Open)	PSI 15 Puncture / Laceration
Hospital	AHCCCS ID#	A	B	C	D	E	F	G	H	I	J	K	L
BANNER THUNDERBIRD MEDICAL	529943	0.000906	0.000401	0.000361	0.000348	0.000000	0.007194	0.014925	0.003876	0.007353	0.006849	0.000000	0.003191
CANYON VISTA MEDICAL CENTER	831868	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000
CHANDLER REGIONAL MED.CTR	500498	0.000624	0.000000	0.000000	0.000552	0.003722	0.000000	0.005780	0.002378	0.000000	0.000000	0.000000	0.000000
DEER VALLEY MEDICAL CTR	022214	0.000850	0.001060	0.000000	0.000000	0.001916	0.000000	0.010101	0.001802	0.011494	0.018519	0.000000	0.000000
DIGNITY HEALTH ARIZONA GENERAL HOSPITAL	526872	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000
FLAGSTAFF MEDICAL CENTER	020123	0.000507	0.000000	0.000000	0.001352	0.002577	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000
HAVASU REG MED CENTER LLC	167982	0.000497	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.007692	0.000000	0.000000	0.000000	0.000000
HONORHEALTH FLORENCE MEDICAL CENTER	000957	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000
HONORHEALTH MOUNTAIN VISTA MEDICAL CENTER	241961	0.001148	0.003745	0.000000	0.000000	0.000000	0.000000	0.000000	0.007246	0.000000	0.000000	0.000000	0.000000
HONORHEALTH SCOTTSDALE -TH	284386	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000
HONORHEALTH SONORAN CROSSING	086813	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000
HONORHEALTH TEMPE MEDICAL CENTER	494930	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000
JOHN C LINCOLN MEDICAL CT	022241	0.001058	0.000460	0.000000	0.000780	0.001629	0.000000	0.000000	0.004666	0.000000	0.021739	0.000000	0.001821
KINGMAN REGIONAL MED CTR	020256	0.000719	0.001489	0.000000	0.000609	0.000000	0.000000	0.000000	0.003906	0.000000	0.000000	0.000000	0.000000
MAYO CLINIC HOSPITAL	449357	0.001249	0.003472	0.000000	0.000000	0.011111	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000
MERCY GILBERT MED CENTER	117030	0.000149	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.003247	0.000000	0.000000	0.000000	0.000000
NORTHWEST HOUGHTON	206779	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000
NORTHWEST MEDICAL CENTER	481309	0.001402	0.000000	0.000000	0.001185	0.002404	0.000000	0.010000	0.002252	0.014925	0.000000	0.000000	0.000000
NORTHWEST SAHUARITA	088182	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000
ORO VALLEY HOSPITAL	921107	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000
SCOTTSDALE HLTHCARE- OSBN	020652	0.000963	0.000000	0.000600	0.000602	0.007075	0.000000	0.000000	0.002358	0.000000	0.000000	0.000000	0.000000
SCOTTSDALE HLTHCARE- SHEA	021501	0.000675	0.000970	0.000000	0.000000	0.002320	0.000000	0.000000	0.004376	0.000000	0.000000	0.000000	0.000000
ST JOSEPH'S HOSPITAL-PHX	691974	0.001514	0.000614	0.000336	0.000163	0.002551	0.002404	0.007732	0.006931	0.012500	0.009479	0.000000	0.002180

HEALTHII Results Program Year 5 / FFY 2026, Reporting Period: 10/1/2023 - 9/30/2024 AHCCCS-02: Patient Safety Indicators 90 (PSI 90) Patient Safety and Adverse Events General Acute Care Hospitals													
		FFY 2026 Composite Score	PSI 03 Pressure Ulcer	PSI 06 Pneumothorax	PSI 08 Fall	PSI 09 Hemorrhage / Hematoma	PSI 10 Kidney Injury	PSI 11 Respiratory Failure	PSI 12 Pulmonary Embolism / DVT	PSI 13 Sepsis	PSI 14 Wound Dehiscence (Open)	PSI 14 Wound Dehiscence (Non Open)	PSI 15 Puncture / Laceration
Hospital	AHCCCS ID#	A	B	C	D	E	F	G	H	I	J	K	L
ST JOSEPH'S HOSPITAL- TUCSON	134003	0.000339	0.000000	0.000000	0.000000	0.002375	0.000000	0.000000	0.002208	0.000000	0.000000	0.000000	0.000000
ST MARY'S HOSPITAL	134169	0.000783	0.000000	0.000000	0.000475	0.000000	0.000000	0.021739	0.004894	0.023810	0.000000	0.000000	0.000000
ST. JOSEPH'S WESTGATE MEDICAL CENTER	951864	0.000509	0.000000	0.000000	0.000000	0.009804	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000
SUMMIT HEALTHCARE REG MED	020016	0.001190	0.001894	0.000000	0.000000	0.000000	0.000000	0.043478	0.008333	0.000000	0.000000	0.000000	0.000000
TUCSON MEDICAL CENTER	020462	0.001074	0.001203	0.000000	0.000000	0.002757	0.000000	0.007890	0.001742	0.006211	0.005348	0.000000	0.001030
VALLEY VIEW MEDICAL CTR	104567	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000
VALLEYWISE HEALTH MEDICAL	020107	0.000915	0.000000	0.000000	0.002079	0.001524	0.000000	0.013889	0.001420	0.000000	0.015152	0.000000	0.002062
VERDE VALLEY MEDICAL CTR	020438	0.000498	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.011905	0.000000	0.000000	0.000000	0.000000
WESTERN AZ REG MED CTR	531237	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000
YAVAPAI REG MED CENTER	020420	0.000557	0.000828	0.000000	0.000644	0.003891	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000
YUMA REGIONAL MED CENTER	020264	0.000255	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.014286	0.000000	0.000000	0.000000

Note:

1. Lower rates are better for this measure

## APPENDIX 3-B: PSI COMPOSITE BY HOSPITAL

HEALTHII Results Program Year 5 / FFY 2026, Reporting Period: 10/1/2023 - 9/30/2024 AHCCCS-02: Patient Safety Indicators 90 (PSI 90) Patient Safety and Adverse Events FFY 2026 Composite Score				
Hospital		A	B	Rate = A ÷ B
AHCCCS ID#		No. of Events	Total Aggregate Discharges	Rate
<b>Summary</b>		<b>322</b>	<b>361,903</b>	<b>0.000890</b>
ABRAZO ARROWHEAD CAMPUS	531253	6	5,566	0.001078
ABRAZO AZ HEART HOSPITAL	569582	1	1,302	0.000768
ABRAZO CENTRAL CAMPUS	532417	4	5,578	0.000717
ABRAZO SCOTTSDALE CAMPUS	643602	4	3,702	0.001080
ABRAZO SURPRISE HOSPITAL	082732	0	36	0.000000
ABRAZO WEST CAMPUS	806416	12	8,089	0.001483
ARIZONA GENERAL HOSPITAL	005217	0	736	0.000000
BANNER - UNIVERSITY MED CTR PHOENIX	529985	59	32,799	0.001799
BANNER - UNIVERSITY MED CTR SOUTH	988451	0	8,209	0.000000
BANNER - UNIVERSITY MED CTR TUCSON	988439	22	20,176	0.001090
BANNER BAYWOOD MEDICAL CTR	021618	4	7,060	0.000567
BANNER BOSWELL MED CTR	369138	11	9,415	0.001168
BANNER CASA GRANDE MEDICAL CENTER	916171	3	3,519	0.000853
BANNER DEL E WEBB MED CTR	369011	3	8,021	0.000374
BANNER DESERT MEDICAL CTR	530099	17	21,207	0.000802
BANNER ESTRELLA MEDICAL	920620	6	13,665	0.000439
BANNER GATEWAY MEDICAL CTR	262489	3	6,889	0.000435
BANNER GOLDFIELD MEDICAL CENTER	823143	0	326	0.000000
BANNER IRONWOOD MEDICAL CENTER	568411	2	1,943	0.001029
BANNER OCOTILLO MEDICAL CENTER	083904	0	1,855	0.000000
BANNER THUNDERBIRD MEDICAL	529943	18	19,863	0.000906

<b>HEALTHII Results Program Year 5 / FFY 2026, Reporting Period: 10/1/2023 - 9/30/2024</b> <b>AHCCCS-02: Patient Safety Indicators 90 (PSI 90) Patient Safety and Adverse Events</b> <b>FFY 2026 Composite Score</b>				
		A	B	Rate = A ÷ B
Hospital	AHCCCS ID#	No. of Events	Total Aggregate Discharges	Rate
CANYON VISTA MEDICAL CENTER	831868	0	2,232	0.000000
CHANDLER REGIONAL MED.CTR	500498	8	12,818	0.000624
DEER VALLEY MEDICAL CTR	022214	7	8,231	0.000850
DIGNITY HEALTH ARIZONA GENERAL HOSPITAL	526872	0	2,533	0.000000
FLAGSTAFF MEDICAL CENTER	020123	3	5,919	0.000507
HAVASU REG MED CENTER LLC	167982	1	2,014	0.000497
HONORHEALTH FLORENCE MEDICAL CENTER	000957	0	68	0.000000
HONORHEALTH MOUNTAIN VISTA MEDICAL CENTER	241961	3	2,613	0.001148
HONORHEALTH SCOTTSDALE -TH	284386	0	1,423	0.000000
HONORHEALTH SONORAN CROSSING	086813	0	1,166	0.000000
HONORHEALTH TEMPE MEDICAL CENTER	494930	0	2,816	0.000000
JOHN C LINCOLN MEDICAL CT	022241	10	9,453	0.001058
KINGMAN REGIONAL MED CTR	020256	4	5,567	0.000719
MAYO CLINIC HOSPITAL	449357	3	2,402	0.001249
MERCY GILBERT MED CENTER	117030	1	6,734	0.000149
NORTHWEST HOUGHTON	206779	0	129	0.000000
NORTHWEST MEDICAL CENTER	481309	9	6,421	0.001402
NORTHWEST SAHUARITA	088182	0	1,246	0.000000
ORO VALLEY HOSPITAL	921107	0	1,226	0.000000
SCOTTSDALE HLTHCARE-OSBN	020652	6	6,233	0.000963
SCOTTSDALE HLTHCARE-SHEA	021501	4	5,922	0.000675
ST JOSEPH'S HOSPITAL-PHX	691974	35	23,116	0.001514
ST JOSEPH'S HOSPITAL-TUCSON	134003	2	5,895	0.000339
ST MARY'S HOSPITAL	134169	6	7,665	0.000783
ST. JOSEPH'S WESTGATE MEDICAL CENTER	951864	1	1,966	0.000509

<b>HEALTHII Results Program Year 5 / FFY 2026, Reporting Period: 10/1/2023 - 9/30/2024</b> <b>AHCCCS-02: Patient Safety Indicators 90 (PSI 90) Patient Safety and Adverse Events</b> <b>FFY 2026 Composite Score</b>				
		A	B	Rate = A ÷ B
Hospital	AHCCCS ID#	No. of Events	Total Aggregate Discharges	Rate
SUMMIT HEALTHCARE REG MED	020016	3	2,520	0.001190
TUCSON MEDICAL CENTER	020462	18	16,758	0.001074
VALLEY VIEW MEDICAL CTR	104567	0	738	0.000000
VALLEYWISE HEALTH MEDICAL	020107	17	18,579	0.000915
VERDE VALLEY MEDICAL CTR	020438	1	2,010	0.000498
WESTERN AZ REG MED CTR	531237	0	2,301	0.000000
YAVAPAI REG MED CENTER	020420	3	5,385	0.000557
YUMA REGIONAL MED CENTER	020264	2	7,848	0.000255

## Notes:

1. "Total Aggregate Discharges" represents the total number of discharges across components.
2. Lower rates are better for this measure



## APPENDIX 3-C: PSI 03 PRESSURE ULCER RATE

HEALTHII Results Program Year 5 / FFY 2026, Reporting Period: 10/1/2023 - 9/30/2024 AHCCCS-02: Patient Safety Indicators 90 (PSI 90) Patient Safety and Adverse Events PSI 03 – Pressure Ulcer Rate				
		A	B	Rate = A ÷ B
Hospital	AHCCCS ID#	No. of Events	No. of Discharges	Rate
<b>Summary</b>		<b>45</b>	<b>80,059</b>	<b>0.000562</b>
ABRAZO ARROWHEAD CAMPUS	531253	1	1,006	0.000994
ABRAZO AZ HEART HOSPITAL	569582	0	256	0.000000
ABRAZO CENTRAL CAMPUS	532417	0	1,372	0.000000
ABRAZO SCOTTSDALE CAMPUS	643602	0	682	0.000000
ABRAZO SURPRISE HOSPITAL	082732			0.000000
ABRAZO WEST CAMPUS	806416	4	1,723	0.002322
ARIZONA GENERAL HOSPITAL	005217	0	148	0.000000
BANNER - UNIVERSITY MED CTR PHOENIX	529985	8	7,004	0.001142
BANNER - UNIVERSITY MED CTR SOUTH	988451	0	2,157	0.000000
BANNER - UNIVERSITY MED CTR TUCSON	988439	2	4,512	0.000443
BANNER BAYWOOD MEDICAL CTR	021618	0	1,768	0.000000
BANNER BOSWELL MED CTR	369138	2	2,309	0.000866
BANNER CASA GRANDE MEDICAL CENTER	916171	0	854	0.000000
BANNER DEL E WEBB MED CTR	369011	0	2,074	0.000000
BANNER DESERT MEDICAL CTR	530099	4	4,902	0.000816
BANNER ESTRELLA MEDICAL	920620	2	3,105	0.000644
BANNER GATEWAY MEDICAL CTR	262489	1	1,283	0.000779
BANNER GOLDFIELD MEDICAL CENTER	823143	0	68	0.000000
BANNER IRONWOOD MEDICAL CENTER	568411	0	474	0.000000
BANNER OCOTILLO MEDICAL CENTER	083904	0	434	0.000000
BANNER THUNDERBIRD MEDICAL	529943	2	4,989	0.000401

HEALTHII Results Program Year 5 / FFY 2026, Reporting Period: 10/1/2023 - 9/30/2024 AHCCCS-02: Patient Safety Indicators 90 (PSI 90) Patient Safety and Adverse Events PSI 03 – Pressure Ulcer Rate				
Hospital	AHCCCS ID#	A	B	Rate = A ÷ B
		No. of Events	No. of Discharges	Rate
CANYON VISTA MEDICAL CENTER	831868	0	531	0.000000
CHANDLER REGIONAL MED.CTR	500498	0	2,599	0.000000
DEER VALLEY MEDICAL CTR	022214	2	1,887	0.001060
DIGNITY HEALTH ARIZONA GENERAL HOSPITAL	526872	0	527	0.000000
FLAGSTAFF MEDICAL CENTER	020123	0	1,260	0.000000
HAVASU REG MED CENTER LLC	167982	0	412	0.000000
HONORHEALTH FLORENCE MEDICAL CENTER	000957	0	15	0.000000
HONORHEALTH MOUNTAIN VISTA MEDICAL CENTER	241961	2	534	0.003745
HONORHEALTH SCOTTSDALE -TH	284386	0	313	0.000000
HONORHEALTH SONORAN CROSSING	086813	0	238	0.000000
HONORHEALTH TEMPE MEDICAL CENTER	494930	0	360	0.000000
JOHN C LINCOLN MEDICAL CT	022241	1	2,176	0.000460
KINGMAN REGIONAL MED CTR	020256	2	1,343	0.001489
MAYO CLINIC HOSPITAL	449357	2	576	0.003472
MERCY GILBERT MED CENTER	117030	0	1,281	0.000000
NORTHWEST HOUGHTON	206779	0	18	0.000000
NORTHWEST MEDICAL CENTER	481309	0	1,086	0.000000
NORTHWEST SAHUARITA	088182	0	225	0.000000
ORO VALLEY HOSPITAL	921107	0	254	0.000000
SCOTTSDALE HLTHCARE-OSBN	020652	0	1,411	0.000000
SCOTTSDALE HLTHCARE-SHEA	021501	1	1,031	0.000970
ST JOSEPH'S HOSPITAL-PHX	691974	3	4,889	0.000614
ST JOSEPH'S HOSPITAL-TUCSON	134003	0	1,354	0.000000
ST MARY'S HOSPITAL	134169	0	1,538	0.000000
ST. JOSEPH'S WESTGATE MEDICAL CENTER	951864	0	269	0.000000

HEALTHII Results Program Year 5 / FFY 2026, Reporting Period: 10/1/2023 - 9/30/2024 AHCCCS-02: Patient Safety Indicators 90 (PSI 90) Patient Safety and Adverse Events PSI 03 – Pressure Ulcer Rate				
		A	B	Rate = A ÷ B
Hospital	AHCCCS ID#	No. of Events	No. of Discharges	Rate
SUMMIT HEALTHCARE REG MED	020016	1	528	0.001894
TUCSON MEDICAL CENTER	020462	4	3,324	0.001203
VALLEY VIEW MEDICAL CTR	104567	0	170	0.000000
VALLEYWISE HEALTH MEDICAL	020107	0	4,901	0.000000
VERDE VALLEY MEDICAL CTR	020438	0	467	0.000000
WESTERN AZ REG MED CTR	531237	0	468	0.000000
YAVAPAI REG MED CENTER	020420	1	1,208	0.000828
YUMA REGIONAL MED CENTER	020264	0	1,742	0.000000

## Notes:

1. Data suppression indicated with diagonal shading. Values less than 11 have been suppressed.
2. Lower rates are better for this measure

## APPENDIX 3-D: PSI 06 IATROGENIC PNEUMOTHORAX RATE

HEALTHII Results Program Year 5 / FFY 2026, Reporting Period: 10/1/2023 - 9/30/2024 AHCCCS-02: Patient Safety Indicators 90 (PSI 90) Patient Safety and Adverse Events PSI 06 - Iatrogenic Pneumothorax Rate				
		A	B	Rate = A ÷ B
Hospital	AHCCCS ID#	No. of Events	No. of Discharges	Rate
<b>Summary</b>		<b>5</b>	<b>96,307</b>	<b>0.000052</b>
ABRAZO ARROWHEAD CAMPUS	531253	0	1,295	0.000000
ABRAZO AZ HEART HOSPITAL	569582	0	358	0.000000
ABRAZO CENTRAL CAMPUS	532417	0	1,703	0.000000
ABRAZO SCOTTSDALE CAMPUS	643602	0	947	0.000000
ABRAZO SURPRISE HOSPITAL	082732	0	14	0.000000
ABRAZO WEST CAMPUS	806416	0	2,251	0.000000
ARIZONA GENERAL HOSPITAL	005217	0	260	0.000000
BANNER - UNIVERSITY MED CTR PHOENIX	529985	0	7,831	0.000000
BANNER - UNIVERSITY MED CTR SOUTH	988451	0	2,611	0.000000
BANNER - UNIVERSITY MED CTR TUCSON	988439	0	4,913	0.000000
BANNER BAYWOOD MEDICAL CTR	021618	0	2,033	0.000000
BANNER BOSWELL MED CTR	369138	0	2,479	0.000000
BANNER CASA GRANDE MEDICAL CENTER	916171	0	1,039	0.000000
BANNER DEL E WEBB MED CTR	369011	0	2,310	0.000000
BANNER DESERT MEDICAL CTR	530099	0	5,694	0.000000
BANNER ESTRELLA MEDICAL	920620	0	3,520	0.000000
BANNER GATEWAY MEDICAL CTR	262489	0	1,574	0.000000
BANNER GOLDFIELD MEDICAL CENTER	823143	0	128	0.000000
BANNER IRONWOOD MEDICAL CENTER	568411	0	552	0.000000
BANNER OCOTILLO MEDICAL CENTER	083904	0	577	0.000000
BANNER THUNDERBIRD MEDICAL	529943	2	5,542	0.000361

HEALTHII Results Program Year 5 / FFY 2026, Reporting Period: 10/1/2023 - 9/30/2024 AHCCCS-02: Patient Safety Indicators 90 (PSI 90) Patient Safety and Adverse Events PSI 06 - Iatrogenic Pneumothorax Rate				
Hospital	AHCCCS ID#	A No. of Events	B No. of Discharges	Rate = A ÷ B Rate
CANYON VISTA MEDICAL CENTER	831868	0	715	0.000000
CHANDLER REGIONAL MED.CTR	500498	0	3,525	0.000000
DEER VALLEY MEDICAL CTR	022214	0	2,154	0.000000
DIGNITY HEALTH ARIZONA GENERAL HOSPITAL	526872	0	759	0.000000
FLAGSTAFF MEDICAL CENTER	020123	0	1,451	0.000000
HAVASU REG MED CENTER LLC	167982	0	514	0.000000
HONORHEALTH FLORENCE MEDICAL CENTER	000957	0	27	0.000000
HONORHEALTH MOUNTAIN VISTA MEDICAL CENTER	241961	0	751	0.000000
HONORHEALTH SCOTTSDALE -TH	284386	0	372	0.000000
HONORHEALTH SONORAN CROSSING	086813	0	330	0.000000
HONORHEALTH TEMPE MEDICAL CENTER	494930	0	537	0.000000
JOHN C LINCOLN MEDICAL CT	022241	0	2,383	0.000000
KINGMAN REGIONAL MED CTR	020256	0	1,590	0.000000
MAYO CLINIC HOSPITAL	449357	0	626	0.000000
MERCY GILBERT MED CENTER	117030	0	1,807	0.000000
NORTHWEST HOUGHTON	206779	0	47	0.000000
NORTHWEST MEDICAL CENTER	481309	0	1,537	0.000000
NORTHWEST SAHUARITA	088182	0	410	0.000000
ORO VALLEY HOSPITAL	921107	0	378	0.000000
SCOTTSDALE HLTHCARE-OSBN	020652	1	1,668	0.000600
SCOTTSDALE HLTHCARE-SHEA	021501	0	1,221	0.000000
ST JOSEPH'S HOSPITAL-PHX	691974	2	5,959	0.000336
ST JOSEPH'S HOSPITAL-TUCSON	134003	0	1,636	0.000000
ST MARY'S HOSPITAL	134169	0	1,974	0.000000
ST. JOSEPH'S WESTGATE MEDICAL CENTER	951864	0	570	0.000000

<b>HEALTHII Results Program Year 5 / FFY 2026, Reporting Period: 10/1/2023 - 9/30/2024</b> <b>AHCCCS-02: Patient Safety Indicators 90 (PSI 90) Patient Safety and Adverse Events</b> <b>PSI 06 - Iatrogenic Pneumothorax Rate</b>				
		A	B	Rate = A ÷ B
Hospital	AHCCCS ID#	No. of Events	No. of Discharges	Rate
SUMMIT HEALTHCARE REG MED	020016	0	774	0.000000
TUCSON MEDICAL CENTER	020462	0	4,068	0.000000
VALLEY VIEW MEDICAL CTR	104567	0	241	0.000000
VALLEYWISE HEALTH MEDICAL	020107	0	5,747	0.000000
VERDE VALLEY MEDICAL CTR	020438	0	594	0.000000
WESTERN AZ REG MED CTR	531237	0	721	0.000000
YAVAPAI REG MED CENTER	020420	0	1,528	0.000000
YUMA REGIONAL MED CENTER	020264	0	2,062	0.000000

Note:

1. Lower rates are better for this measure

## APPENDIX 3-E: PSI 08 IN-HOSPITAL FALL-ASSOCIATED FRACTURE RATE

HEALTHII Results Program Year 5 / FFY 2026, Reporting Period: 10/1/2023 - 9/30/2024 AHCCCS-02: Patient Safety Indicators 90 (PSI 90) Patient Safety and Adverse Events PSI 08 – In-Hospital Fall-Associated Fracture Rate				
		A	B	Rate = A ÷ B
Hospital	AHCCCS ID#	No. of Events	No. of Discharges	Rate
<b>Summary</b>		<b>40</b>	<b>100,203</b>	<b>0.000399</b>
ABRAZO ARROWHEAD CAMPUS	531253	0	1,434	0.000000
ABRAZO AZ HEART HOSPITAL	569582	0	406	0.000000
ABRAZO CENTRAL CAMPUS	532417	1	1,750	0.000571
ABRAZO SCOTTSDALE CAMPUS	643602	1	992	0.001008
ABRAZO SURPRISE HOSPITAL	082732	0	15	0.000000
ABRAZO WEST CAMPUS	806416	0	2,197	0.000000
ARIZONA GENERAL HOSPITAL	005217	0	254	0.000000
BANNER - UNIVERSITY MED CTR PHOENIX	529985	4	8,213	0.000487
BANNER - UNIVERSITY MED CTR SOUTH	988451	0	2,649	0.000000
BANNER - UNIVERSITY MED CTR TUCSON	988439	2	5,095	0.000393
BANNER BAYWOOD MEDICAL CTR	021618	1	2,118	0.000472
BANNER BOSWELL MED CTR	369138	1	2,727	0.000367
BANNER CASA GRANDE MEDICAL CENTER	916171	0	1,086	0.000000
BANNER DEL E WEBB MED CTR	369011	0	2,420	0.000000
BANNER DESERT MEDICAL CTR	530099	2	5,857	0.000341
BANNER ESTRELLA MEDICAL	920620	1	3,815	0.000262
BANNER GATEWAY MEDICAL CTR	262489	0	1,748	0.000000
BANNER GOLDFIELD MEDICAL CENTER	823143	0	129	0.000000
BANNER IRONWOOD MEDICAL CENTER	568411	0	569	0.000000
BANNER OCOTILLO MEDICAL CENTER	083904	0	601	0.000000
BANNER THUNDERBIRD MEDICAL	529943	2	5,742	0.000348
CANYON VISTA MEDICAL CENTER	831868	0	717	0.000000



HEALTHII Results Program Year 5 / FFY 2026, Reporting Period: 10/1/2023 - 9/30/2024 AHCCCS-02: Patient Safety Indicators 90 (PSI 90) Patient Safety and Adverse Events PSI 08 – In-Hospital Fall-Associated Fracture Rate				
Hospital	AHCCCS ID#	A No. of Events	B No. of Discharges	Rate = A ÷ B Rate
CHANDLER REGIONAL MED. CTR	500498	2	3,621	0.000552
DEER VALLEY MEDICAL CTR	022214	0	2,197	0.000000
DIGNITY HEALTH ARIZONA GENERAL HOSPITAL	526872	0	772	0.000000
FLAGSTAFF MEDICAL CENTER	020123	2	1,479	0.001352
HAVASU REG MED CENTER LLC	167982	0	555	0.000000
HONORHEALTH FLORENCE MEDICAL CENTER	000957	0	26	0.000000
HONORHEALTH MOUNTAIN VISTA MEDICAL CENTER	241961	0	765	0.000000
HONORHEALTH SCOTTSDALE -TH	284386	0	392	0.000000
HONORHEALTH SONORAN CROSSING	086813	0	337	0.000000
HONORHEALTH TEMPE MEDICAL CENTER	494930	0	567	0.000000
JOHN C LINCOLN MEDICAL CT	022241	2	2,564	0.000780
KINGMAN REGIONAL MED CTR	020256	1	1,641	0.000609
MAYO CLINIC HOSPITAL	449357	0	720	0.000000
MERCY GILBERT MED CENTER	117030	0	1,931	0.000000
NORTHWEST HOUGHTON	206779	0	47	0.000000
NORTHWEST MEDICAL CENTER	481309	2	1,688	0.001185
NORTHWEST SAHUARITA	088182	0	418	0.000000
ORO VALLEY HOSPITAL	921107	0	393	0.000000
SCOTTSDALE HLTHCARE-OSBN	020652	1	1,662	0.000602
SCOTTSDALE HLTHCARE-SHEA	021501	0	1,358	0.000000
ST JOSEPH'S HOSPITAL-PHX	691974	1	6,139	0.000163
ST JOSEPH'S HOSPITAL-TUCSON	134003	0	1,594	0.000000
ST MARY'S HOSPITAL	134169	1	2,104	0.000475
ST. JOSEPH'S WESTGATE MEDICAL CENTER	951864	0	581	0.000000
SUMMIT HEALTHCARE REG MED	020016	0	784	0.000000

<b>HEALTHII Results Program Year 5 / FFY 2026, Reporting Period: 10/1/2023 - 9/30/2024</b> <b>AHCCCS-02: Patient Safety Indicators 90 (PSI 90) Patient Safety and Adverse Events</b> <b>PSI 08 – In-Hospital Fall-Associated Fracture Rate</b>				
		A	B	Rate = A ÷ B
Hospital	AHCCCS ID#	No. of Events	No. of Discharges	Rate
TUCSON MEDICAL CENTER	020462	0	4,287	0.000000
VALLEY VIEW MEDICAL CTR	104567	0	242	0.000000
VALLEYWISE HEALTH MEDICAL	020107	12	5,771	0.002079
VERDE VALLEY MEDICAL CTR	020438	0	617	0.000000
WESTERN AZ REG MED CTR	531237	0	714	0.000000
YAVAPAI REG MED CENTER	020420	1	1,554	0.000644
YUMA REGIONAL MED CENTER	020264	0	2,149	0.000000

Note:

1. Lower rates are better for this measure

## APPENDIX 3-F: PSI 09 POSTOPERATIVE HEMORRHAGE OR HEMATOMA RATE

HEALTHII Results Program Year 5 / FFY 2026, Reporting Period: 10/1/2023 - 9/30/2024 AHCCCS-02: Patient Safety Indicators 90 (PSI 90) Patient Safety and Adverse Events PSI 09 - Post-Operative Hemorrhage or Hematoma Rate				
Hospital	AHCCCS ID#	A No. of Events	B No. of Discharges	Rate = A ÷ B
<b>Summary</b>		<b>45</b>	<b>20,697</b>	<b>0.002174</b>
ABRAZO ARROWHEAD CAMPUS	531253	2	460	0.004348
ABRAZO AZ HEART HOSPITAL	569582	0	110	0.000000
ABRAZO CENTRAL CAMPUS	532417	0	165	0.000000
ABRAZO SCOTTSDALE CAMPUS	643602	1	314	0.003185
ABRAZO SURPRISE HOSPITAL	082732			0.000000
ABRAZO WEST CAMPUS	806416	3	600	0.005000
ARIZONA GENERAL HOSPITAL	005217	0	26	0.000000
BANNER - UNIVERSITY MED CTR PHOENIX	529985	6	2,294	0.002616
BANNER - UNIVERSITY MED CTR SOUTH	988451	0	206	0.000000
BANNER - UNIVERSITY MED CTR TUCSON	988439	1	1,455	0.000687
BANNER BAYWOOD MEDICAL CTR	021618	1	296	0.003378
BANNER BOSWELL MED CTR	369138	1	382	0.002618
BANNER CASA GRANDE MEDICAL CENTER	916171	0	84	0.000000
BANNER DEL E WEBB MED CTR	369011	2	274	0.007299
BANNER DESERT MEDICAL CTR	530099	4	1,311	0.003051
BANNER ESTRELLA MEDICAL	920620	0	704	0.000000
BANNER GATEWAY MEDICAL CTR	262489	0	404	0.000000
BANNER GOLDFIELD MEDICAL CENTER	823143			0.000000
BANNER IRONWOOD MEDICAL CENTER	568411	1	71	0.014085
BANNER OCOTILLO MEDICAL CENTER	083904	0	51	0.000000
BANNER THUNDERBIRD MEDICAL	529943	0	969	0.000000
CANYON VISTA MEDICAL CENTER	831868	0	62	0.000000

<b>HEALTHII Results Program Year 5 / FFY 2026, Reporting Period: 10/1/2023 - 9/30/2024</b> <b>AHCCCS-02: Patient Safety Indicators 90 (PSI 90) Patient Safety and Adverse Events</b> <b>PSI 09 - Post-Operative Hemorrhage or Hematoma Rate</b>				
Hospital	AHCCCS ID#	A No. of Events	B No. of Discharges	Rate = A ÷ B Rate
CHANDLER REGIONAL MED. CTR	500498	3	806	0.003722
DEER VALLEY MEDICAL CTR	022214	1	522	0.001916
DIGNITY HEALTH ARIZONA GENERAL HOSPITAL	526872	0	108	0.000000
FLAGSTAFF MEDICAL CENTER	020123	1	388	0.002577
HAVASU REG MED CENTER LLC	167982	0	120	0.000000
HONORHEALTH FLORENCE MEDICAL CENTER	000957			0.000000
HONORHEALTH MOUNTAIN VISTA MEDICAL CENTER	241961	0	124	0.000000
HONORHEALTH SCOTTSDALE -TH	284386	0	73	0.000000
HONORHEALTH SONORAN CROSSING	086813	0	62	0.000000
HONORHEALTH TEMPE MEDICAL CENTER	494930	0	229	0.000000
JOHN C LINCOLN MEDICAL CT	022241	1	614	0.001629
KINGMAN REGIONAL MED CTR	020256	0	236	0.000000
MAYO CLINIC HOSPITAL	449357	1	90	0.011111
MERCY GILBERT MED CENTER	117030	0	305	0.000000
NORTHWEST HOUGHTON	206779			0.000000
NORTHWEST MEDICAL CENTER	481309	1	416	0.002404
NORTHWEST SAHUARITA	088182	0	42	0.000000
ORO VALLEY HOSPITAL	921107	0	54	0.000000
SCOTTSDALE HLTHCARE-OSBN	020652	3	424	0.007075
SCOTTSDALE HLTHCARE-SHEA	021501	1	431	0.002320
ST JOSEPH'S HOSPITAL-PHX	691974	4	1,568	0.002551
ST JOSEPH'S HOSPITAL-TUCSON	134003	1	421	0.002375
ST MARY'S HOSPITAL	134169	0	558	0.000000
ST. JOSEPH'S WESTGATE MEDICAL CENTER	951864	1	102	0.009804
SUMMIT HEALTHCARE REG MED	020016	0	121	0.000000

<b>HEALTHII Results Program Year 5 / FFY 2026, Reporting Period: 10/1/2023 - 9/30/2024</b> <b>AHCCCS-02: Patient Safety Indicators 90 (PSI 90) Patient Safety and Adverse Events</b> <b>PSI 09 - Post-Operative Hemorrhage or Hematoma Rate</b>				
		A	B	Rate = A ÷ B
Hospital	AHCCCS ID#	No. of Events	No. of Discharges	Rate
TUCSON MEDICAL CENTER	020462	3	1,088	0.002757
VALLEY VIEW MEDICAL CTR	104567	0	24	0.000000
VALLEYWISE HEALTH MEDICAL	020107	1	656	0.001524
VERDE VALLEY MEDICAL CTR	020438	0	74	0.000000
WESTERN AZ REG MED CTR	531237	0	112	0.000000
YAVAPAI REG MED CENTER	020420	1	257	0.003891
YUMA REGIONAL MED CENTER	020264	0	430	0.000000

## Notes:

1. Data suppression indicated with diagonal shading. Values less than 11 have been suppressed.
2. Lower rates are better for this measure

## APPENDIX 3-G: PSI 10 POSTOPERATIVE ACUTE KIDNEY INJURY REQUIRING DIALYSIS RATE

HEALTHII Results Program Year 5 / FFY 2026, Reporting Period: 10/1/2023 - 9/30/2024 AHCCCS-02: Patient Safety Indicators 90 (PSI 90) Patient Safety and Adverse Events PSI 10 - Postoperative Acute Kidney Injury Requiring Dialysis Rate				
		A	B	Rate = A ÷ B
Hospital	AHCCCS ID#	No. of Events	No. of Discharges	Rate
<b>Summary</b>		<b>6</b>	<b>5,577</b>	<b>0.001076</b>
ABRAZO ARROWHEAD CAMPUS	531253	0	50	0.000000
ABRAZO AZ HEART HOSPITAL	569582			0.000000
ABRAZO CENTRAL CAMPUS	532417			0.000000
ABRAZO SCOTTSDALE CAMPUS	643602	0	25	0.000000
ABRAZO SURPRISE HOSPITAL	082732			0.000000
ABRAZO WEST CAMPUS	806416	0	16	0.000000
ARIZONA GENERAL HOSPITAL	005217			0.000000
BANNER - UNIVERSITY MED CTR PHOENIX	529985	2	806	0.002481
BANNER - UNIVERSITY MED CTR SOUTH	988451	0	23	0.000000
BANNER - UNIVERSITY MED CTR TUCSON	988439	1	394	0.002538
BANNER BAYWOOD MEDICAL CTR	021618	1	42	0.023810
BANNER BOSWELL MED CTR	369138	0	123	0.000000
BANNER CASA GRANDE MEDICAL CENTER	916171	0	29	0.000000
BANNER DEL E WEBB MED CTR	369011	0	46	0.000000
BANNER DESERT MEDICAL CTR	530099	0	238	0.000000
BANNER ESTRELLA MEDICAL	920620	0	282	0.000000
BANNER GATEWAY MEDICAL CTR	262489	0	241	0.000000
BANNER GOLDFIELD MEDICAL CENTER	823143			0.000000
BANNER IRONWOOD MEDICAL CENTER	568411	0	11	0.000000
BANNER OCOTILLO MEDICAL CENTER	083904			0.000000
BANNER THUNDERBIRD MEDICAL	529943	1	139	0.007194

<b>HEALTHII Results Program Year 5 / FFY 2026, Reporting Period: 10/1/2023 - 9/30/2024</b> <b>AHCCCS-02: Patient Safety Indicators 90 (PSI 90) Patient Safety and Adverse Events</b> <b>PSI 10 - Postoperative Acute Kidney Injury Requiring Dialysis Rate</b>				
Hospital	AHCCCS ID#	A No. of Events	B No. of Discharges	Rate = A ÷ B Rate
CANYON VISTA MEDICAL CENTER	831868	0	21	0.000000
CHANDLER REGIONAL MED.CTR	500498	0	168	0.000000
DEER VALLEY MEDICAL CTR	022214	0	94	0.000000
DIGNITY HEALTH ARIZONA GENERAL HOSPITAL	526872			0.000000
FLAGSTAFF MEDICAL CENTER	020123	0	178	0.000000
HAVASU REG MED CENTER LLC	167982	0	43	0.000000
HONORHEALTH FLORENCE MEDICAL CENTER	000957			0.000000
HONORHEALTH MOUNTAIN VISTA MEDICAL CENTER	241961	0	38	0.000000
HONORHEALTH SCOTTSDALE -TH	284386	0	29	0.000000
HONORHEALTH SONORAN CROSSING	086813	0	18	0.000000
HONORHEALTH TEMPE MEDICAL CENTER	494930	0	185	0.000000
JOHN C LINCOLN MEDICAL CT	022241	0	124	0.000000
KINGMAN REGIONAL MED CTR	020256	0	47	0.000000
MAYO CLINIC HOSPITAL	449357	0	22	0.000000
MERCY GILBERT MED CENTER	117030	0	144	0.000000
NORTHWEST HOUGHTON	206779			0.000000
NORTHWEST MEDICAL CENTER	481309	0	218	0.000000
NORTHWEST SAHUARITA	088182			0.000000
ORO VALLEY HOSPITAL	921107	0	14	0.000000
SCOTTSDALE HLTHCARE-OSBN	020652	0	88	0.000000
SCOTTSDALE HLTHCARE-SHEA	021501	0	264	0.000000
ST JOSEPH'S HOSPITAL-PHX	691974	1	416	0.002404
ST JOSEPH'S HOSPITAL-TUCSON	134003	0	26	0.000000
ST MARY'S HOSPITAL	134169	0	44	0.000000
ST. JOSEPH'S WESTGATE MEDICAL CENTER	951864	0	49	0.000000



<b>HEALTHII Results Program Year 5 / FFY 2026, Reporting Period: 10/1/2023 - 9/30/2024</b> <b>AHCCCS-02: Patient Safety Indicators 90 (PSI 90) Patient Safety and Adverse Events</b> <b>PSI 10 - Postoperative Acute Kidney Injury Requiring Dialysis Rate</b>				
		A	B	Rate = A ÷ B
Hospital	AHCCCS ID#	No. of Events	No. of Discharges	Rate
SUMMIT HEALTHCARE REG MED	020016	0	25	0.000000
TUCSON MEDICAL CENTER	020462	0	515	0.000000
VALLEY VIEW MEDICAL CTR	104567			0.000000
VALLEYWISE HEALTH MEDICAL	020107	0	72	0.000000
VERDE VALLEY MEDICAL CTR	020438	0	15	0.000000
WESTERN AZ REG MED CTR	531237	0	15	0.000000
YAVAPAI REG MED CENTER	020420	0	67	0.000000
YUMA REGIONAL MED CENTER	020264	0	143	0.000000

## Notes:

1. Data suppression indicated with diagonal shading. Values less than 11 have been suppressed.
2. Lower rates are better for this measure

## APPENDIX 3-H: PSI 11 POSTOPERATIVE RESPIRATORY FAILURE RATE

HEALTHII Results Program Year 5 / FFY 2026, Reporting Period: 10/1/2023 - 9/30/2024 AHCCCS-02: Patient Safety Indicators 90 (PSI 90) Patient Safety and Adverse Events PSI 11 - Postoperative Respiratory Failure Rate				
		A	B	Rate = A ÷ B
Hospital	AHCCCS ID#	No. of Events	No. of Discharges	Rate
<b>Summary</b>		<b>30</b>	<b>5,436</b>	<b>0.005519</b>
ABRAZO ARROWHEAD CAMPUS	531253	0	48	0.000000
ABRAZO AZ HEART HOSPITAL	569582			0.125000
ABRAZO CENTRAL CAMPUS	532417			0.000000
ABRAZO SCOTTSDALE CAMPUS	643602	0	26	0.000000
ABRAZO SURPRISE HOSPITAL	082732			0.000000
ABRAZO WEST CAMPUS	806416	0	16	0.000000
ARIZONA GENERAL HOSPITAL	005217			0.000000
BANNER - UNIVERSITY MED CTR PHOENIX	529985	7	785	0.008917
BANNER - UNIVERSITY MED CTR SOUTH	988451	0	21	0.000000
BANNER - UNIVERSITY MED CTR TUCSON	988439	3	366	0.008197
BANNER BAYWOOD MEDICAL CTR	021618	0	41	0.000000
BANNER BOSWELL MED CTR	369138	2	107	0.018692
BANNER CASA GRANDE MEDICAL CENTER	916171	0	29	0.000000
BANNER DEL E WEBB MED CTR	369011	0	45	0.000000
BANNER DESERT MEDICAL CTR	530099	1	237	0.004219
BANNER ESTRELLA MEDICAL	920620	0	290	0.000000
BANNER GATEWAY MEDICAL CTR	262489	0	227	0.000000
BANNER GOLDFIELD MEDICAL CENTER	823143			0.000000
BANNER IRONWOOD MEDICAL CENTER	568411			0.000000
BANNER OCOTILLO MEDICAL CENTER	083904			0.000000
BANNER THUNDERBIRD MEDICAL	529943	2	134	0.014925
CANYON VISTA MEDICAL CENTER	831868	0	20	0.000000

<b>HEALTHII Results Program Year 5 / FFY 2026, Reporting Period: 10/1/2023 - 9/30/2024</b> <b>AHCCCS-02: Patient Safety Indicators 90 (PSI 90) Patient Safety and Adverse Events</b> <b>PSI 11 - Postoperative Respiratory Failure Rate</b>				
Hospital	AHCCCS ID#	A No. of Events	B No. of Discharges	Rate = A ÷ B Rate
CHANDLER REGIONAL MED.CTR	500498	1	173	0.005780
DEER VALLEY MEDICAL CTR	022214	1	99	0.010101
DIGNITY HEALTH ARIZONA GENERAL HOSPITAL	526872			0.000000
FLAGSTAFF MEDICAL CENTER	020123	0	172	0.000000
HAVASU REG MED CENTER LLC	167982	0	40	0.000000
HONORHEALTH FLORENCE MEDICAL CENTER	000957			0.000000
HONORHEALTH MOUNTAIN VISTA MEDICAL CENTER	241961	0	41	0.000000
HONORHEALTH SCOTTSDALE -TH	284386	0	31	0.000000
HONORHEALTH SONORAN CROSSING	086813	0	19	0.000000
HONORHEALTH TEMPE MEDICAL CENTER	494930	0	181	0.000000
JOHN C LINCOLN MEDICAL CT	022241	0	128	0.000000
KINGMAN REGIONAL MED CTR	020256	0	34	0.000000
MAYO CLINIC HOSPITAL	449357	0	28	0.000000
MERCY GILBERT MED CENTER	117030	0	148	0.000000
NORTHWEST HOUGHTON	206779			0.000000
NORTHWEST MEDICAL CENTER	481309	2	200	0.010000
NORTHWEST SAHUARITA	088182			0.000000
ORO VALLEY HOSPITAL	921107	0	14	0.000000
SCOTTSDALE HLTHCARE-OSBN	020652	0	84	0.000000
SCOTTSDALE HLTHCARE-SHEA	021501	0	260	0.000000
ST JOSEPH'S HOSPITAL-PHX	691974	3	388	0.007732
ST JOSEPH'S HOSPITAL-TUCSON	134003	0	25	0.000000
ST MARY'S HOSPITAL	134169	1	46	0.021739
ST. JOSEPH'S WESTGATE MEDICAL CENTER	951864	0	50	0.000000
SUMMIT HEALTHCARE REG MED	020016	1	23	0.043478

<b>HEALTHII Results Program Year 5 / FFY 2026, Reporting Period: 10/1/2023 - 9/30/2024</b> <b>AHCCCS-02: Patient Safety Indicators 90 (PSI 90) Patient Safety and Adverse Events</b> <b>PSI 11 - Postoperative Respiratory Failure Rate</b>				
		A	B	Rate = A ÷ B
Hospital	AHCCCS ID#	No. of Events	No. of Discharges	Rate
TUCSON MEDICAL CENTER	020462	4	507	0.007890
VALLEY VIEW MEDICAL CTR	104567			0.000000
VALLEYWISE HEALTH MEDICAL	020107	1	72	0.013889
VERDE VALLEY MEDICAL CTR	020438	0	14	0.000000
WESTERN AZ REG MED CTR	531237	0	16	0.000000
YAVAPAI REG MED CENTER	020420	0	67	0.000000
YUMA REGIONAL MED CENTER	020264	0	144	0.000000

## Notes:

1. Data suppression indicated with diagonal shading. Values less than 11 have been suppressed.
2. Lower rates are better for this measure

## APPENDIX 3-I: PSI 12 PERIOPERATIVE PULMONARY EMBOLISM OR DEEP VEIN THROMBOSIS RATE

HEALTHII Results Program Year 5 / FFY 2026, Reporting Period: 10/1/2023 - 9/30/2024 AHCCCS-02: Patient Safety Indicators 90 (PSI 90) Patient Safety and Adverse Events PSI 12 - Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate				
		A	B	Rate = A ÷ B
Hospital	AHCCCS ID#	No. of Events	No. of Discharges	Rate
<b>Summary</b>		<b>83</b>	<b>21,976</b>	<b>0.003777</b>
ABRAZO ARROWHEAD CAMPUS	531253	2	523	0.003824
ABRAZO AZ HEART HOSPITAL	569582	0	133	0.000000
ABRAZO CENTRAL CAMPUS	532417	2	182	0.010989
ABRAZO SCOTTSDALE CAMPUS	643602	1	324	0.003086
ABRAZO SURPRISE HOSPITAL	082732			0.000000
ABRAZO WEST CAMPUS	806416	5	599	0.008347
ARIZONA GENERAL HOSPITAL	005217	0	26	0.000000
BANNER - UNIVERSITY MED CTR PHOENIX	529985	13	2,538	0.005122
BANNER - UNIVERSITY MED CTR SOUTH	988451	0	220	0.000000
BANNER - UNIVERSITY MED CTR TUCSON	988439	8	1,506	0.005312
BANNER BAYWOOD MEDICAL CTR	021618	0	320	0.000000
BANNER BOSWELL MED CTR	369138	3	423	0.007092
BANNER CASA GRANDE MEDICAL CENTER	916171	1	94	0.010638
BANNER DEL E WEBB MED CTR	369011	1	306	0.003268
BANNER DESERT MEDICAL CTR	530099	5	1,384	0.003613
BANNER ESTRELLA MEDICAL	920620	3	756	0.003968
BANNER GATEWAY MEDICAL CTR	262489	1	423	0.002364
BANNER GOLDFIELD MEDICAL CENTER	823143			0.000000
BANNER IRONWOOD MEDICAL CENTER	568411	0	77	0.000000
BANNER OCOTILLO MEDICAL CENTER	083904	0	53	0.000000
BANNER THUNDERBIRD MEDICAL	529943	4	1,032	0.003876
CANYON VISTA MEDICAL CENTER	831868	0	57	0.000000

HEALTHII Results Program Year 5 / FFY 2026, Reporting Period: 10/1/2023 - 9/30/2024 AHCCCS-02: Patient Safety Indicators 90 (PSI 90) Patient Safety and Adverse Events PSI 12 - Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate				
Hospital	AHCCCS ID#	A	B	Rate = A ÷ B
		No. of Events	No. of Discharges	Rate
CHANDLER REGIONAL MED.CTR	500498	2	841	0.002378
DEER VALLEY MEDICAL CTR	022214	1	555	0.001802
DIGNITY HEALTH ARIZONA GENERAL HOSPITAL	526872	0	111	0.000000
FLAGSTAFF MEDICAL CENTER	020123	0	410	0.000000
HAVASU REG MED CENTER LLC	167982	1	130	0.007692
HONORHEALTH FLORENCE MEDICAL CENTER	000957			0.000000
HONORHEALTH MOUNTAIN VISTA MEDICAL CENTER	241961	1	138	0.007246
HONORHEALTH SCOTTSDALE -TH	284386	0	76	0.000000
HONORHEALTH SONORAN CROSSING	086813	0	66	0.000000
HONORHEALTH TEMPE MEDICAL CENTER	494930	0	233	0.000000
JOHN C LINCOLN MEDICAL CT	022241	3	643	0.004666
KINGMAN REGIONAL MED CTR	020256	1	256	0.003906
MAYO CLINIC HOSPITAL	449357	0	122	0.000000
MERCY GILBERT MED CENTER	117030	1	308	0.003247
NORTHWEST HOUGHTON	206779			0.000000
NORTHWEST MEDICAL CENTER	481309	1	444	0.002252
NORTHWEST SAHUARITA	088182	0	43	0.000000
ORO VALLEY HOSPITAL	921107	0	54	0.000000
SCOTTSDALE HLTHCARE-OSBN	020652	1	424	0.002358
SCOTTSDALE HLTHCARE-SHEA	021501	2	457	0.004376
ST JOSEPH'S HOSPITAL-PHX	691974	11	1,587	0.006931
ST JOSEPH'S HOSPITAL-TUCSON	134003	1	453	0.002208
ST MARY'S HOSPITAL	134169	3	613	0.004894
ST. JOSEPH'S WESTGATE MEDICAL CENTER	951864	0	110	0.000000
SUMMIT HEALTHCARE REG MED	020016	1	120	0.008333

<b>HEALTHII Results Program Year 5 / FFY 2026, Reporting Period: 10/1/2023 - 9/30/2024</b> <b>AHCCCS-02: Patient Safety Indicators 90 (PSI 90) Patient Safety and Adverse Events</b> <b>PSI 12 - Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate</b>				
		A	B	Rate = A ÷ B
Hospital	AHCCCS ID#	No. of Events	No. of Discharges	Rate
TUCSON MEDICAL CENTER	020462	2	1,148	0.001742
VALLEY VIEW MEDICAL CTR	104567	0	24	0.000000
VALLEYWISE HEALTH MEDICAL	020107	1	704	0.001420
VERDE VALLEY MEDICAL CTR	020438	1	84	0.011905
WESTERN AZ REG MED CTR	531237	0	115	0.000000
YAVAPAI REG MED CENTER	020420	0	270	0.000000
YUMA REGIONAL MED CENTER	020264	0	456	0.000000

## Notes:

1. Data suppression indicated with diagonal shading. Values less than 11 have been suppressed.
2. Lower rates are better for this measure

## APPENDIX 3-J: PSI 13 POSTOPERATIVE SEPSIS RATE

HEALTHII Results Program Year 5 / FFY 2026, Reporting Period: 10/1/2023 - 9/30/2024 AHCCCS-02: Patient Safety Indicators 90 (PSI 90) Patient Safety and Adverse Events PSI 13 - Postoperative Sepsis Rate				
		A	B	Rate = A ÷ B
Hospital	AHCCCS ID#	No. of Events	No. of Discharges	Rate
<b>Summary</b>		<b>33</b>	<b>5,247</b>	<b>0.006289</b>
ABRAZO ARROWHEAD CAMPUS	531253	0	45	0.000000
ABRAZO AZ HEART HOSPITAL	569582			0.000000
ABRAZO CENTRAL CAMPUS	532417			1.000000
ABRAZO SCOTTSDALE CAMPUS	643602	1	22	0.045455
ABRAZO SURPRISE HOSPITAL	082732			0.000000
ABRAZO WEST CAMPUS	806416	0	16	0.000000
ARIZONA GENERAL HOSPITAL	005217			0.000000
BANNER - UNIVERSITY MED CTR PHOENIX	529985	8	796	0.010050
BANNER - UNIVERSITY MED CTR SOUTH	988451	0	19	0.000000
BANNER - UNIVERSITY MED CTR TUCSON	988439	2	374	0.005348
BANNER BAYWOOD MEDICAL CTR	021618	0	36	0.000000
BANNER BOSWELL MED CTR	369138	2	114	0.017544
BANNER CASA GRANDE MEDICAL CENTER	916171	2	26	0.076923
BANNER DEL E WEBB MED CTR	369011	0	37	0.000000
BANNER DESERT MEDICAL CTR	530099	0	201	0.000000
BANNER ESTRELLA MEDICAL	920620	0	274	0.000000
BANNER GATEWAY MEDICAL CTR	262489	1	235	0.004255
BANNER GOLDFIELD MEDICAL CENTER	823143			0.000000
BANNER IRONWOOD MEDICAL CENTER	568411			0.000000
BANNER OCOTILLO MEDICAL CENTER	083904			0.000000
BANNER THUNDERBIRD MEDICAL	529943	1	136	0.007353
CANYON VISTA MEDICAL CENTER	831868	0	20	0.000000



HEALTHII Results Program Year 5 / FFY 2026, Reporting Period: 10/1/2023 - 9/30/2024 AHCCCS-02: Patient Safety Indicators 90 (PSI 90) Patient Safety and Adverse Events PSI 13 - Postoperative Sepsis Rate				
Hospital	AHCCCS ID#	A No. of Events	B No. of Discharges	Rate = A ÷ B Rate
CHANDLER REGIONAL MED. CTR	500498	0	152	0.000000
DEER VALLEY MEDICAL CTR	022214	1	87	0.011494
DIGNITY HEALTH ARIZONA GENERAL HOSPITAL	526872			0.000000
FLAGSTAFF MEDICAL CENTER	020123	0	164	0.000000
HAVASU REG MED CENTER LLC	167982	0	39	0.000000
HONORHEALTH FLORENCE MEDICAL CENTER	000957			0.000000
HONORHEALTH MOUNTAIN VISTA MEDICAL CENTER	241961	0	32	0.000000
HONORHEALTH SCOTTSDALE -TH	284386	0	25	0.000000
HONORHEALTH SONORAN CROSSING	086813	0	17	0.000000
HONORHEALTH TEMPE MEDICAL CENTER	494930	0	179	0.000000
JOHN C LINCOLN MEDICAL CT	022241	0	118	0.000000
KINGMAN REGIONAL MED CTR	020256	0	37	0.000000
MAYO CLINIC HOSPITAL	449357	0	27	0.000000
MERCY GILBERT MED CENTER	117030	0	120	0.000000
NORTHWEST HOUGHTON	206779			0.000000
NORTHWEST MEDICAL CENTER	481309	3	201	0.014925
NORTHWEST SAHUARITA	088182			0.000000
ORO VALLEY HOSPITAL	921107	0	14	0.000000
SCOTTSDALE HLTHCARE-OSBN	020652	0	84	0.000000
SCOTTSDALE HLTHCARE-SHEA	021501	0	259	0.000000
ST JOSEPH'S HOSPITAL-PHX	691974	5	400	0.012500
ST JOSEPH'S HOSPITAL-TUCSON	134003	0	25	0.000000
ST MARY'S HOSPITAL	134169	1	42	0.023810
ST. JOSEPH'S WESTGATE MEDICAL CENTER	951864	0	46	0.000000
SUMMIT HEALTHCARE REG MED	020016	0	21	0.000000

HEALTHII Results Program Year 5 / FFY 2026, Reporting Period: 10/1/2023 - 9/30/2024 AHCCCS-02: Patient Safety Indicators 90 (PSI 90) Patient Safety and Adverse Events PSI 13 - Postoperative Sepsis Rate				
		A	B	Rate = A ÷ B
Hospital	AHCCCS ID#	No. of Events	No. of Discharges	Rate
TUCSON MEDICAL CENTER	020462	3	483	0.006211
VALLEY VIEW MEDICAL CTR	104567			0.000000
VALLEYWISE HEALTH MEDICAL	020107	0	61	0.000000
VERDE VALLEY MEDICAL CTR	020438	0	13	0.000000
WESTERN AZ REG MED CTR	531237	0	14	0.000000
YAVAPAI REG MED CENTER	020420	0	59	0.000000
YUMA REGIONAL MED CENTER	020264	2	140	0.014286

## Notes:

1. Data suppression indicated with diagonal shading. Values less than 11 have been suppressed.
2. Lower rates are better for this measure

## APPENDIX 3-K: PSI 14 POSTOPERATIVE WOUND DEHISCENCE RATE (OPEN)

HEALTHII Results Program Year 5 / FFY 2026, Reporting Period: 10/1/2023 - 9/30/2024 AHCCCS-02: Patient Safety Indicators 90 (PSI 90) Patient Safety and Adverse Events PSI 14 - Postoperative Wound Dehiscence Rate (Open)				
		A	B	Rate = A ÷ B
Hospital	AHCCCS ID#	No. of Events	No. of Discharges	Rate
<b>Summary</b>		<b>12</b>	<b>2,684</b>	<b>0.004471</b>
ABRAZO ARROWHEAD CAMPUS	531253	0	62	0.000000
ABRAZO AZ HEART HOSPITAL	569582			0.000000
ABRAZO CENTRAL CAMPUS	532417	0	27	0.000000
ABRAZO SCOTTSDALE CAMPUS	643602	0	13	0.000000
ABRAZO SURPRISE HOSPITAL	082732			0.000000
ABRAZO WEST CAMPUS	806416	0	76	0.000000
ARIZONA GENERAL HOSPITAL	005217			0.000000
BANNER - UNIVERSITY MED CTR PHOENIX	529985	3	290	0.010345
BANNER - UNIVERSITY MED CTR SOUTH	988451	0	40	0.000000
BANNER - UNIVERSITY MED CTR TUCSON	988439	1	263	0.003802
BANNER BAYWOOD MEDICAL CTR	021618	0	29	0.000000
BANNER BOSWELL MED CTR	369138	0	60	0.000000
BANNER CASA GRANDE MEDICAL CENTER	916171	0	19	0.000000
BANNER DEL E WEBB MED CTR	369011	0	43	0.000000
BANNER DESERT MEDICAL CTR	530099	0	167	0.000000
BANNER ESTRELLA MEDICAL	920620	0	85	0.000000
BANNER GATEWAY MEDICAL CTR	262489	0	65	0.000000
BANNER GOLDFIELD MEDICAL CENTER	823143			0.000000
BANNER IRONWOOD MEDICAL CENTER	568411	0	16	0.000000
BANNER OCOTILLO MEDICAL CENTER	083904			0.000000
BANNER THUNDERBIRD MEDICAL	529943	1	146	0.006849
CANYON VISTA MEDICAL CENTER	831868	0	14	0.000000

HEALTHII Results Program Year 5 / FFY 2026, Reporting Period: 10/1/2023 - 9/30/2024 AHCCCS-02: Patient Safety Indicators 90 (PSI 90) Patient Safety and Adverse Events PSI 14 - Postoperative Wound Dehiscence Rate (Open)				
Hospital	AHCCCS ID#	A No. of Events	B No. of Discharges	Rate = A ÷ B Rate
CHANDLER REGIONAL MED.CTR	500498	0	74	0.000000
DEER VALLEY MEDICAL CTR	022214	1	54	0.018519
DIGNITY HEALTH ARIZONA GENERAL HOSPITAL	526872			0.000000
FLAGSTAFF MEDICAL CENTER	020123	0	65	0.000000
HAVASU REG MED CENTER LLC	167982	0	11	0.000000
HONORHEALTH FLORENCE MEDICAL CENTER	000957			0.000000
HONORHEALTH MOUNTAIN VISTA MEDICAL CENTER	241961	0	17	0.000000
HONORHEALTH SCOTTSDALE -TH	284386			0.000000
HONORHEALTH SONORAN CROSSING	086813			0.000000
HONORHEALTH TEMPE MEDICAL CENTER	494930	0	28	0.000000
JOHN C LINCOLN MEDICAL CT	022241	2	92	0.021739
KINGMAN REGIONAL MED CTR	020256	0	37	0.000000
MAYO CLINIC HOSPITAL	449357	0	33	0.000000
MERCY GILBERT MED CENTER	117030	0	24	0.000000
NORTHWEST HOUGHTON	206779			0.000000
NORTHWEST MEDICAL CENTER	481309	0	49	0.000000
NORTHWEST SAHUARITA	088182			0.000000
ORO VALLEY HOSPITAL	921107			0.000000
SCOTTSDALE HLTHCARE-OSBN	020652	0	34	0.000000
SCOTTSDALE HLTHCARE-SHEA	021501	0	52	0.000000
ST JOSEPH'S HOSPITAL-PHX	691974	2	211	0.009479
ST JOSEPH'S HOSPITAL-TUCSON	134003	0	54	0.000000
ST MARY'S HOSPITAL	134169	0	32	0.000000
ST. JOSEPH'S WESTGATE MEDICAL CENTER	951864	0	14	0.000000
SUMMIT HEALTHCARE REG MED	020016	0	11	0.000000

<b>HEALTHII Results Program Year 5 / FFY 2026, Reporting Period: 10/1/2023 - 9/30/2024</b> <b>AHCCCS-02: Patient Safety Indicators 90 (PSI 90) Patient Safety and Adverse Events</b> <b>PSI 14 - Postoperative Wound Dehiscence Rate (Open)</b>				
		A	B	Rate = A ÷ B
Hospital	AHCCCS ID#	No. of Events	No. of Discharges	Rate
TUCSON MEDICAL CENTER	020462	1	187	0.005348
VALLEY VIEW MEDICAL CTR	104567			0.000000
VALLEYWISE HEALTH MEDICAL	020107	1	66	0.015152
VERDE VALLEY MEDICAL CTR	020438	0	15	0.000000
WESTERN AZ REG MED CTR	531237			0.000000
YAVAPAI REG MED CENTER	020420	0	30	0.000000
YUMA REGIONAL MED CENTER	020264	0	35	0.000000

## Notes:

1. Data suppression indicated with diagonal shading. Values less than 11 have been suppressed.
2. Lower rates are better for this measure

## APPENDIX 3-L: PSI 14 POSTOPERATIVE WOUND DEHISCENCE RATE (NON OPEN)

HEALTHII Results Program Year 5 / FFY 2026, Reporting Period: 10/1/2023 - 9/30/2024 AHCCCS-02: Patient Safety Indicators 90 (PSI 90) Patient Safety and Adverse Events PSI 14 - Postoperative Wound Dehiscence Rate (Non Open)				
		A	B	Rate = A ÷ B
Hospital	AHCCCS ID#	No. of Events	No. of Discharges	Rate
<b>Summary</b>		<b>0</b>	<b>3,210</b>	<b>0.000000</b>
ABRAZO ARROWHEAD CAMPUS	531253	0	165	0.000000
ABRAZO AZ HEART HOSPITAL	569582			0.000000
ABRAZO CENTRAL CAMPUS	532417	0	43	0.000000
ABRAZO SCOTTSDALE CAMPUS	643602	0	64	0.000000
ABRAZO SURPRISE HOSPITAL	082732			0.000000
ABRAZO WEST CAMPUS	806416	0	102	0.000000
ARIZONA GENERAL HOSPITAL	005217			0.000000
BANNER - UNIVERSITY MED CTR PHOENIX	529985	0	252	0.000000
BANNER - UNIVERSITY MED CTR SOUTH	988451	0	31	0.000000
BANNER - UNIVERSITY MED CTR TUCSON	988439	0	105	0.000000
BANNER BAYWOOD MEDICAL CTR	021618	0	38	0.000000
BANNER BOSWELL MED CTR	369138	0	48	0.000000
BANNER CASA GRANDE MEDICAL CENTER	916171	0	33	0.000000
BANNER DEL E WEBB MED CTR	369011	0	47	0.000000
BANNER DESERT MEDICAL CTR	530099	0	137	0.000000
BANNER ESTRELLA MEDICAL	920620	0	135	0.000000
BANNER GATEWAY MEDICAL CTR	262489	0	112	0.000000
BANNER GOLDFIELD MEDICAL CENTER	823143			0.000000
BANNER IRONWOOD MEDICAL CENTER	568411	0	23	0.000000
BANNER OCOTILLO MEDICAL CENTER	083904	0	13	0.000000
BANNER THUNDERBIRD MEDICAL	529943	0	94	0.000000
CANYON VISTA MEDICAL CENTER	831868	0	12	0.000000

HEALTHII Results Program Year 5 / FFY 2026, Reporting Period: 10/1/2023 - 9/30/2024 AHCCCS-02: Patient Safety Indicators 90 (PSI 90) Patient Safety and Adverse Events PSI 14 - Postoperative Wound Dehiscence Rate (Non Open)				
Hospital	AHCCCS ID#	A No. of Events	B No. of Discharges	Rate = A ÷ B Rate
CHANDLER REGIONAL MED.CTR	500498	0	106	0.000000
DEER VALLEY MEDICAL CTR	022214	0	66	0.000000
DIGNITY HEALTH ARIZONA GENERAL HOSPITAL	526872	0	68	0.000000
FLAGSTAFF MEDICAL CENTER	020123	0	36	0.000000
HAVASU REG MED CENTER LLC	167982			0.000000
HONORHEALTH FLORENCE MEDICAL CENTER	000957			0.000000
HONORHEALTH MOUNTAIN VISTA MEDICAL CENTER	241961	0	20	0.000000
HONORHEALTH SCOTTSDALE -TH	284386	0	12	0.000000
HONORHEALTH SONORAN CROSSING	086813	0	15	0.000000
HONORHEALTH TEMPE MEDICAL CENTER	494930	0	112	0.000000
JOHN C LINCOLN MEDICAL CT	022241	0	62	0.000000
KINGMAN REGIONAL MED CTR	020256	0	49	0.000000
MAYO CLINIC HOSPITAL	449357			0.000000
MERCY GILBERT MED CENTER	117030	0	98	0.000000
NORTHWEST HOUGHTON	206779			0.000000
NORTHWEST MEDICAL CENTER	481309	0	90	0.000000
NORTHWEST SAHUARITA	088182			0.000000
ORO VALLEY HOSPITAL	921107			0.000000
SCOTTSDALE HLTHCARE-OSBN	020652	0	29	0.000000
SCOTTSDALE HLTHCARE-SHEA	021501	0	96	0.000000
ST JOSEPH'S HOSPITAL-PHX	691974	0	183	0.000000
ST JOSEPH'S HOSPITAL-TUCSON	134003	0	35	0.000000
ST MARY'S HOSPITAL	134169	0	196	0.000000
ST. JOSEPH'S WESTGATE MEDICAL CENTER	951864	0	43	0.000000
SUMMIT HEALTHCARE REG MED	020016			0.000000

<b>HEALTHII Results Program Year 5 / FFY 2026, Reporting Period: 10/1/2023 - 9/30/2024</b> <b>AHCCCS-02: Patient Safety Indicators 90 (PSI 90) Patient Safety and Adverse Events</b> <b>PSI 14 - Postoperative Wound Dehiscence Rate (Non Open)</b>				
		A	B	Rate = A ÷ B
Hospital	AHCCCS ID#	No. of Events	No. of Discharges	Rate
TUCSON MEDICAL CENTER	020462	0	180	0.000000
VALLEY VIEW MEDICAL CTR	104567			0.000000
VALLEYWISE HEALTH MEDICAL	020107	0	44	0.000000
VERDE VALLEY MEDICAL CTR	020438	0	18	0.000000
WESTERN AZ REG MED CTR	531237	0	17	0.000000
YAVAPAI REG MED CENTER	020420	0	33	0.000000
YUMA REGIONAL MED CENTER	020264	0	93	0.000000

## Notes:

1. Data suppression indicated with diagonal shading. Values less than 11 have been suppressed.
2. Lower rates are better for this measure



## APPENDIX 3-M: PSI 15 ABDOMINOPELVIC ACCIDENTAL PUNCTURE OR LACERATION RATE

HEALTHII Results Program Year 5 / FFY 2026, Reporting Period: 10/1/2023 - 9/30/2024 AHCCCS-02: Patient Safety Indicators 90 (PSI 90) Patient Safety and Adverse Events PSI 15 - Abdominopelvic Accidental Puncture or Laceration Rate				
		A	B	Rate = A ÷ B
Hospital	AHCCCS ID#	No. of Events	No. of Discharges	Rate
<b>Summary</b>		<b>23</b>	<b>20,507</b>	<b>0.001122</b>
ABRAZO ARROWHEAD CAMPUS	531253	1	478	0.002092
ABRAZO AZ HEART HOSPITAL	569582	0	13	0.000000
ABRAZO CENTRAL CAMPUS	532417	0	333	0.000000
ABRAZO SCOTTSDALE CAMPUS	643602	0	293	0.000000
ABRAZO SURPRISE HOSPITAL	082732			0.000000
ABRAZO WEST CAMPUS	806416	0	493	0.000000
ARIZONA GENERAL HOSPITAL	005217	0	12	0.000000
BANNER - UNIVERSITY MED CTR PHOENIX	529985	8	1,990	0.004020
BANNER - UNIVERSITY MED CTR SOUTH	988451	0	232	0.000000
BANNER - UNIVERSITY MED CTR TUCSON	988439	2	1,193	0.001676
BANNER BAYWOOD MEDICAL CTR	021618	1	339	0.002950
BANNER BOSWELL MED CTR	369138	0	643	0.000000
BANNER CASA GRANDE MEDICAL CENTER	916171	0	226	0.000000
BANNER DEL E WEBB MED CTR	369011	0	419	0.000000
BANNER DESERT MEDICAL CTR	530099	1	1,079	0.000927
BANNER ESTRELLA MEDICAL	920620	0	699	0.000000
BANNER GATEWAY MEDICAL CTR	262489	0	577	0.000000
BANNER GOLDFIELD MEDICAL CENTER	823143			0.000000
BANNER IRONWOOD MEDICAL CENTER	568411	1	131	0.007634
BANNER OCOTILLO MEDICAL CENTER	083904	0	105	0.000000
BANNER THUNDERBIRD MEDICAL	529943	3	940	0.003191
CANYON VISTA MEDICAL CENTER	831868	0	63	0.000000

HEALTHII Results Program Year 5 / FFY 2026, Reporting Period: 10/1/2023 - 9/30/2024 AHCCCS-02: Patient Safety Indicators 90 (PSI 90) Patient Safety and Adverse Events PSI 15 - Abdominopelvic Accidental Puncture or Laceration Rate				
Hospital	AHCCCS ID#	A No. of Events	B No. of Discharges	Rate = A ÷ B Rate
CHANDLER REGIONAL MED. CTR	500498	0	753	0.000000
DEER VALLEY MEDICAL CTR	022214	0	516	0.000000
DIGNITY HEALTH ARIZONA GENERAL HOSPITAL	526872	0	176	0.000000
FLAGSTAFF MEDICAL CENTER	020123	0	316	0.000000
HAVASU REG MED CENTER LLC	167982	0	140	0.000000
HONORHEALTH FLORENCE MEDICAL CENTER	000957			0.000000
HONORHEALTH MOUNTAIN VISTA MEDICAL CENTER	241961	0	153	0.000000
HONORHEALTH SCOTTSDALE -TH	284386	0	96	0.000000
HONORHEALTH SONORAN CROSSING	086813	0	54	0.000000
HONORHEALTH TEMPE MEDICAL CENTER	494930	0	205	0.000000
JOHN C LINCOLN MEDICAL CT	022241	1	549	0.001821
KINGMAN REGIONAL MED CTR	020256	0	297	0.000000
MAYO CLINIC HOSPITAL	449357	0	148	0.000000
MERCY GILBERT MED CENTER	117030	0	568	0.000000
NORTHWEST HOUGHTON	206779			0.000000
NORTHWEST MEDICAL CENTER	481309	0	492	0.000000
NORTHWEST SAHUARITA	088182	0	78	0.000000
ORO VALLEY HOSPITAL	921107	0	40	0.000000
SCOTTSDALE HLTHCARE-OSBN	020652	0	325	0.000000
SCOTTSDALE HLTHCARE-SHEA	021501	0	493	0.000000
ST JOSEPH'S HOSPITAL-PHX	691974	3	1,376	0.002180
ST JOSEPH'S HOSPITAL-TUCSON	134003	0	272	0.000000
ST MARY'S HOSPITAL	134169	0	518	0.000000
ST. JOSEPH'S WESTGATE MEDICAL CENTER	951864	0	132	0.000000
SUMMIT HEALTHCARE REG MED	020016	0	108	0.000000

<b>HEALTHII Results Program Year 5 / FFY 2026, Reporting Period: 10/1/2023 - 9/30/2024</b> <b>AHCCCS-02: Patient Safety Indicators 90 (PSI 90) Patient Safety and Adverse Events</b> <b>PSI 15 - Abdominopelvic Accidental Puncture or Laceration Rate</b>				
		A	B	Rate = A ÷ B
Hospital	AHCCCS ID#	No. of Events	No. of Discharges	Rate
TUCSON MEDICAL CENTER	020462	1	971	0.001030
VALLEY VIEW MEDICAL CTR	104567	0	13	0.000000
VALLEYWISE HEALTH MEDICAL	020107	1	485	0.002062
VERDE VALLEY MEDICAL CTR	020438	0	99	0.000000
WESTERN AZ REG MED CTR	531237	0	103	0.000000
YAVAPAI REG MED CENTER	020420	0	312	0.000000
YUMA REGIONAL MED CENTER	020264	0	454	0.000000

## Notes:

1. Data suppression indicated with diagonal shading. Values less than 11 have been suppressed.
2. Lower rates are better for this measure

APPENDIX 4 –  
AHCCCS-07: 30-DAY HOSPITAL-WIDE ALL-CAUSE  
UNPLANNED READMISSION MEASURE  
INDIVIDUAL HOSPITAL RESULTS

**APPENDIX 4-A: AHCCCS-07 30-DAY HOSPITAL-WIDE ALL-CAUSE UNPLANNED READMISSION**
**HEALTHII Results Program Year 5 / FFY 2026, Reporting Period: 10/1/2023 - 9/30/2024**  
**AHCCCS-07: 30-Day Hospital-Wide All-Cause Unplanned Readmission**  
**Short Stay Hospitals**

		A	B	Rate = A ÷ B
Hospital	AHCCCS ID#	No. of Index Admissions with 1+ Readmissions within 30 Days	No. of Index Admissions	% of All-Cause Unplanned Readmissions
<b>Summary</b>		<b>11</b>	<b>126</b>	<b>8.73%</b>
ARIZONA SPECIALTY HOSPITAL	882747	0	18	0.00%
ARIZONA SPINE AND JOINT	760985			0.00%
BANNER HEART HOSPITAL	645400	11	87	12.64%
CITY OF HOPE CANCER CENTER	091458			0.00%
EAST VALLEY ER HOSPITAL	123581			0.00%
MARICOPA COMMUNITY HOSPITAL	154932			0.00%
THE CORE INSTITUTE SPECIALTY HOSPITAL	948325			0.00%
YUMA COMMUNITY HOSPITAL	160576			0.00%

## Notes:

1. Data suppression indicated with diagonal shading. Values less than 11 have been suppressed.
2. Lower rates are better for this measure

## APPENDIX 5 – PERFORMANCE TARGETS

Lower rates are better for all of the selected quality measures displayed below.

**FIGURE 1: AHCCCS-04: HOURS OF SECLUSION USE (SELF-REPORT)**

AHCCCS-04: Hours of Seclusion Use	Percentile		
	25 <sup>th</sup>	50 <sup>th</sup>	75 <sup>th</sup>
Psychiatric Hospitals	0.000	0.026	0.200

**FIGURE 2: AHCCCS-05: PERCENT OF RESIDENTS EXPERIENCING ONE OR MORE FALLS WITH MAJOR INJURY (SELF-REPORT)**

AHCCCS-05: Percent of Residents Experiencing One or More Falls with Major Injury	Percentile		
	25 <sup>th</sup>	50 <sup>th</sup>	75 <sup>th</sup>
All Hospitals (Long-Term and Rehabilitation)	0.00%	0.00%	0.00%

**FIGURE 3: AHCCCS-06: NHSN FACILITY-WIDE INPATIENT HOSPITAL-ONSET CLOSTRIDIUM DIFFICILE [C. DIFFICILE] INFECTION (CDI) (SELF-REPORT)**

AHCCCS-06: NHSN Facility-wide Inpatient Hospital-onset Clostridium difficile [C. difficile] Infection (CDI)	Percentile		
	25 <sup>th</sup>	50 <sup>th</sup>	75 <sup>th</sup>
All Hospitals (Children's and General Acute)	0.00%	0.05%	0.16%

**FIGURE 4: AHCCCS-12: MEDIAN TIME FROM EMERGENCY DEPARTMENT (ED) ARRIVAL TO ED DEPARTURE FOR DISCHARGED ED PATIENTS (SELF-REPORT)**

AHCCCS-12: Median Time from Emergency Department (ED) Arrival to ED Departure for Discharged ED Patients	Percentile		
	25 <sup>th</sup>	50 <sup>th</sup>	75 <sup>th</sup>
Critical Access Hospitals	119.00	125.50	137.25

**FIGURE 5: AHCCCS-02: PATIENT SAFETY INDICATOR (PSI) 90 PATIENT SAFETY AND ADVERSE EVENTS COMPOSITE (CLAIMS-BASED)**

AHCCCS-02: Patient Safety Indicator (PSI) 90 Patient Safety and Adverse Events Composite	Percentile		
	25 <sup>th</sup>	50 <sup>th</sup>	75 <sup>th</sup>
General Acute Hospitals	0.000000	0.000562	0.001013

**FIGURE 6: AHCCCS-07: 30-DAY HOSPITAL-WIDE ALL-CAUSE UNPLANNED READMISSION MEASURE (CLAIMS-BASED)**

AHCCCS-07: 30-Day Hospital-Wide All-Cause Unplanned Readmission Measure	Percentile		
	25 <sup>th</sup>	50 <sup>th</sup>	75 <sup>th</sup>
Short Stay Hospitals	0.00%	0.00%	0.00%

## APPENDIX 6 – ENCOUNTER DATA ELEMENTS PROVIDED BY AHCCCS



**FIGURE 1: FILES FROM "MILLIMAN\_HEALTHII\_ENRL\_UBSVC\_DIM\_20251029.ZIP"**

File Name
s_healthii_dim_bill_type.csv
s_healthii_dim_dx_code.csv
s_healthii_dim_health_plan.csv
s_healthii_dim_member.csv
s_healthii_dim_modifier.csv
s_healthii_dim_npi.csv
s_healthii_dim_poa.csv
s_healthii_dim_procedure.csv
s_healthii_dim_provider.csv
s_healthii_dim_rev_cd.csv
s_healthii_dim_ub.csv
s_healthii_mbr_enrollment.csv
s_healthii_ub_ctrl_totals.csv
s_healthii_ub_dtl.cs

## Limitations

The information contained in this report has been prepared for the Arizona Health Care Cost Containment System (AHCCCS) for the purpose of reviewing the results of the FFY 2026 / Year 5 HEALTHII results for quality measures selected by AHCCCS, and is not appropriate for other purposes. Milliman understands AHCCCS will post this report to their external website. Any publication of this report should be in its entirety. Any user of the information in this document must possess a certain level of expertise in hospital quality measurement that will allow appropriate use of the information presented.

The information in this document relies upon certain data and information provided by CMS, AHCCCS, Arizona Department of Health Services, HealthTech Solutions, participating hospitals, and publicly available information. We have not audited or verified this data and other information. If the information in these sources is inaccurate or incomplete, the information in this document may likewise be inaccurate or incomplete. Milliman does not intend to benefit any unaffiliated third-party recipient of its work product.

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Milliman has not advocated for, recommended, or endorsed any particular Arizona hospital quality measure program or Arizona Medicaid hospital quality incentive payments design. Implementation of Arizona hospital quality program design and requirements into Arizona Medicaid hospital quality incentive payments are subject to approval by AHCCCS and CMS. All final policy decisions regarding the design, modeling methodology, parameters, assumptions, and requirements of the Arizona hospital quality measures and Arizona Medicaid hospital quality incentive payments are the responsibility of AHCCCS.

For questions related to hospital assessments or HEALTHII directed payments, including the application of the quality measure results into HEALTHII quality incentive payments, please contact AHCCCS at:

[hospitalassessmentproject@azahcccs.gov](mailto:hospitalassessmentproject@azahcccs.gov)

## Solutions for a world at risk™

Milliman leverages deep expertise, actuarial rigor, and advanced technology to develop solutions for a world at risk. We help clients in the public and private sectors navigate urgent, complex challenges—from extreme weather and market volatility to financial insecurity and rising health costs—so they can meet their business, financial, and social objectives. Our solutions encompass insurance, financial services, healthcare, life sciences, and employee benefits. Founded in 1947, Milliman is an independent firm with offices in major cities around the globe.

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## Appendix 3: Milliman Resumes

Please see the resumes of Milliman's project team on the following pages.

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## Ben Mori

**Title** Principal and Senior Healthcare Consultant

**Education** Bachelor of Arts, Economics, Claremont McKenna College



### Overview of Experience

Ben is a Principal and Senior Healthcare Consultant with Milliman's Medicaid Finance and Policy Health Practice. He joined the firm in 2018 and has 25 years of experience using analytics to develop payments consistent with enhancing resource efficiency and access to quality healthcare, for both public and commercial payers.

Ben is a national expert in the development of prospective payment methodologies and related rates for Medicaid inpatient and outpatient hospital services, home- and community-based service (HCBS) providers, long-term acute care hospitals, nursing facilities, and professional service providers. Ben also has significant experience in developing Medicaid hospital supplemental payments and the financing of those programs, including the development of §438.6(c) State Directed Payments under managed care. In addition, Ben has overseen payment impact modeling of Medicaid payment methodology changes across the full service spectrum, including consideration of changes in program eligibility and enrollment in payment projections. Ben has extensive project management and leadership experience, including directing multiple large-scale engagements for state agencies, commercial health plans, and the Veterans Health Administration.

### Detailed Experience

#### Arizona Healthcare Cost Containment System (AHCCCS)

- Oversaw the development of annual updates to a hospital tax program to fund the Medicaid expansion population in a managed care environment since the program's inception in 2014. Also assisted with the calculation of tax amounts, modeling payment projections and net fiscal impacts by hospital using Medicaid hospital encounter data, provider stakeholder engagement and development of CMS demonstrations needed for federal approval. More recently helped with the successful expansion of hospital assessment program to outpatient and to fund the non-federal share of the \$4+ billion "HEALTHII" directed payment program, including a new pay-for-reporting payment methodology. Oversaw payment impact modeling in a rapidly evolving environment with changes to program eligibility and enrollment during and after the Public Health Emergency (PHE). Also aided with the annual development of preprint applications to CMS, which have been approved and now serve as the "grandfathered" basis going forward. Support for this project included multiple benchmarking analyses comparing Medicaid base and supplemental payments to estimated payments under Medicare, ACR, and to estimated costs. (2012-present)
- Led HEALTHII Performance Measure Calculations and Reporting project, providing AHCCCS with the data collection, analysis, and reporting services necessary to drive their hospital-based payment reform initiative. Managed the calculation of performance rates for critical quality measures ranging from patient safety and infection outcomes to emergency department efficiency by integrating self-reported hospital data with AHCCCS claims data. Oversaw the delivery of comprehensive technical guidance and narrative reports that outlined our methodologies and recommended performance targets. Also assisted AHCCCS with its annual evaluation plan report of the quality measures identified for inclusion in the HEALTHII directed payment program preprint applications. (2023 – present)
- Oversaw payment rate calculations and simulation modeling of the fiscal impact of converting its Medicaid inpatient hospital payment system from per diem rates to an APR-DRG based

methodology, including subsequent updates to grouper versions and rate factors. Also assisted with state plan amendment changes, MMIS business requirements, and the CMS approval process. (2012-present)

#### Arkansas Department of Human Services (DHS)

- Assisted as the Engagement Lead with developing a Medicaid hospital rate study in accordance with a Governor Executive Order for systematic review of current Medicaid rates. This Medicaid hospital rate study contained an evaluation of Arkansas Medicaid inpatient and outpatient acute hospital payment methodologies, rates, and reimbursement levels, including both claim-based payments and supplemental payments, relative to select comparison states and nationally to Medicaid programs. The benchmarking analysis included a comparison of Medicaid base and supplemental payments to estimated payments under Medicare and to estimated costs. Oversaw Arkansas Medicaid hospital reimbursement benchmarking analyses included a comparison of Arkansas to 10 select comparison states. The reimbursement benchmarking analysis also relied upon Medicare claims data and Milliman GlobalRVUs to estimate the hospital relative value units (RVUs) for comparison purposes. Adjusting net revenues by RVUs allowed for an “apple-to-apples” comparison of hospital inpatient and outpatient reimbursement levels for the same case mix level across comparison states. (2021-present)

#### BlueCross Blue Shield of Alabama

- At a former employer, assisted as the Project Manager with payment rate calculations and simulation modeling of the fiscal impact of converting its commercial outpatient hospital payment system from a cost-based methodology to EAPGs. (2016-2017)

#### BlueCross Blue Shield of New Jersey (Horizon)

- At a former employer, assisted as the Project Manager with payment rate calculations and simulation modeling of the fiscal impact of converting its commercial inpatient hospital payment system from per diem rates to an MS DRG based methodology, including subsequent updates to grouper versions and rate factors. Also assisted with the development of a Medicare style readmissions payment incentive policy to reduce unnecessary utilization and improve patient outcomes. (2012-2018)

#### Hawai'i Med-QUEST (MQD)

- Assisted with the successful design, development, and implementation of an All Patient Refined Diagnosis Related Group (APR DRG) based hospital inpatient payment system, transitioning from the legacy per diem payment methodology, for use in both Medicaid fee for service (FFS) and managed care. Assisted with the development of the conceptual design of the new inpatient payment methodology as MQD has evaluated alternatives to its current per diem payment methodology. Provided a comprehensive set of DRG payment system parameters and list of national best practices, including DRG groupers, relative weights, DRG base rates, outlier payments, etc. for MQD's consideration. Based on payment parameters selected by MQD, Ben oversaw the development an APR DRG payment simulation model to compare estimated payments under APR DRGs to current system payments and estimated costs. The APR DRG model included both managed care encounter data and FFS claims data, and summarizes results by hospital, service line, plan, program, APR DRG, and other combinations. The APR DRG payment simulation model also included dynamic functionality to solve for new DRG base rates given the selected policy adjuster options and outlier payment parameters, and to summarize model results for evaluation. Once the APR DRG modeling was complete, developed an Excel-based DRG calculator to demonstrate the payment methodology and modeled rates and weights. (2019-present)
- Facilitated numerous APR DRG stakeholder meetings, including discussions with the Healthcare Association of Hawaii (HAH), hospital representatives, Medicaid MCOs, and CMS. Also assisted with developing MQD's SPA and a directed payment arrangement mandating MCO adoption of the APR DRG model, rates, and weights, and with CMS questions. In addition, developed business requirements for MMIS changes and participated in numerous calls with MMIS staff to aid in implementation. Since implementation, provided on-going assistance to MQD with monitoring outlier payments and APR DRG case mix and reviewing the completeness of managed care

encounter data. He also assisted with multiple updates to outlier cost-to-charge ratios (CCRs) and MQD's DRG calculator. (2019-present)

- Assisted MQD with its Medicaid supplemental payment programs, including the successful development and implementation of hospital State Directed Payment initiatives. These involved converting legacy "pass-through" Medicaid supplemental payment under managed care to a directed Section 438.6(c) uniform dollar increase arrangement for both government-owned and private-owned hospital classes, resulting in approval by CMS. This process involved significant stakeholder engagement with HAH, who traditionally developed the private hospital "Access" payment calculations. Additionally, assisted with the development of preprint applications and participated in discussions with CMS. Conducted benchmarking analyses comparing Medicaid base and supplemental payments to estimated payments under Medicare, estimated costs, and ACR. Also assisted with annual review of HAH's Access and Quality program payment modeling and the review of the hospital sustainability fee calculation the funds the non-federal share of these supplemental payment programs. This included review of the "B1/B2" and "P1/P2" test calculations for non-uniform and broad-based taxes (per 42 CFR § 433.68(e)) required for CMS approval. Oversaw payment impact modeling in a rapidly evolving environment with changes to program eligibility and enrollment during and after the PHE. (2019-present)
- Assisted MQD in development of quality incentive payment policy and data analytic processes for management of member-level Health-Related Social Needs (HRSN) and Race, Ethnicity, and Language (REaL) data feeds from hospitals as part of a pay-for-performance quality program. The process involves data specification and documentation development, establishment of a secure data transfer protocol, processes for ingestion of data feeds on a quarterly basis, validation of hospital-supplied data feeds including look-backs to prior reporting periods, processes for remediation when data anomalies/variance is detected, establishment of business rules and coding for measure completion by member by period, and incorporation into a longitudinal dataset for Agency use in database and Business Intelligence (BI) environments.(2025-present)
- Supporting MQD's Advancing All-Payer Health Equity Approaches and Development (AHEAD) model, CMS' new Hospital Global Budget (HGB) model designed to test states' abilities to control health care expenditures and improve population health outcomes. Leading planning efforts and stakeholder engagement to incorporate existing Medicaid hospital funding streams into the Medicaid Hospital Global budget model and developing payment allocations to incentivize provider participation. (2019-present)

#### Illinois Department of Human Services

- At a former employer, assisted as the Project Manager with payment rate calculations and simulation modeling of the fiscal impact of converting its Medicaid inpatient hospital payment system to an APR-DRG based methodology and its outpatient hospital payment system to an EAPG based methodology, including subsequent updates to grouper versions and rate factors. Also assisted with Upper Payment Limit demonstrations, MMIS business requirements, state plan amendment changes and the CMS approval process. (2011-2018)

#### Indiana Family & Social Services Administration (FSSA)

- Nursing Facility Reimbursement Redesign: Redesign of FFS nursing facility reimbursement (moving from a retrospective cost-based methodology to a prospective approach), supplemental payments, and VBP, to be implemented concurrently with PathWays. Reimbursement was updated to be forward compatible with managed care and to provide the capability for state-directed payments on at least a transitional basis. Managed stakeholder engagement. (2021-2024)

#### Louisiana Department of Health (LDH)

- Assisted as the Engagement Lead with the successful design, development, and implementation of transitioning LDH's Medicaid managed care supplemental payments to a direct payment methodology. Participated in multiple stakeholder meetings with the hospital association, CMS, and the state legislature. Support for this project included benchmarking analyses comparing Medicaid base and supplemental payments to ACR. (2020-present)

<ul style="list-style-type: none"> <li>Currently Engagement Lead for Medicaid inpatient APR DRG modeling to convert the State's per diem payment methodology to a prospective DRG payment system. (2024-present)</li> </ul>
<b>Minnesota Department of Human Services (DHS)</b>
<ul style="list-style-type: none"> <li>At a former employer, assisted as the Project Manager with payment rate calculations and simulation modeling of the fiscal impact of converting its Medicaid inpatient hospital payment system to an APR DRG based methodology, including subsequent updates to grouper versions and rate factors. Also assisted with Upper Payment Limit demonstrations, MMIS business requirements, state plan amendment changes and the CMS approval process. (2012-2018)</li> </ul>
<b>Nebraska Department of Health &amp; Human Services (DHHS)</b>
<ul style="list-style-type: none"> <li>Assisted with payment rate calculations and simulation modeling of the fiscal impact of annual updates to its Medicaid inpatient hospital APR-DRG based methodology and converting its outpatient hospital payment system from a cost-based methodology to EAPGs. Also assisted with Upper Payment Limit demonstrations. (2015-2018, 2021-present)</li> </ul>
<b>Rhode Island Executive Office of Health &amp; Human Services (EOHHS)</b>
<ul style="list-style-type: none"> <li>Nursing Facility Rate Development: Developed and updated nursing facility reimbursement rates effective October 1, 2024—the first update since 2012. Collaborated with EOHHS to align the rate update with the Rhode Island Medicaid State Plan, including collecting nursing facility cost report data, assessing it for reasonableness, summarizing findings, and applying adjustments to calculate the direct care, indirect care, and other direct care components of the rates. Created objective information packets to support key decision points and inform stakeholders. Provided EOHHS with fiscal impact estimates. (2023-2024)</li> <li>Nursing Facility PDPM Reimbursement Conversion: Collaborated with EOHHS to review available MDS data, identify and resolve key data issues, and research innovative reimbursement methodologies using PDPM data and current cost report information. Delivered fiscal analysis of potential stakeholder impacts and strategic considerations for operations, implementation, and maintenance. After EOHHS selected a reimbursement structure, developed per diem rate components, facility-level fiscal impact estimates, and documented results in a transparent, formal report. (2024-2025)</li> </ul>
<b>Washington Health Care Authority (HCA)</b>
<ul style="list-style-type: none"> <li>Assisted with payment rate calculations and simulation modeling of the fiscal impact of converting its Medicaid inpatient hospital payment system to an APR-DRG based methodology and its outpatient hospital payment system to an EAPG based methodology, including subsequent updates to grouper versions and rate factors. Also assisted with the development of a PPR payment incentive policy to reduce unnecessary utilization and improve patient outcomes. In addition, assisted with Upper Payment Limit demonstrations, MMIS business requirements, SPA updates and the CMS approval process. (2005-present)</li> <li>Oversaw the development of annual updates to the State's hospital assessment program to increase Medicaid supplemental payment funding in a managed care environment. Assisted with the calculation of assessment amounts, modeled payment projections, and net fiscal impacts by hospital, facilitated stakeholder engagement with providers, and assisted with the development of CMS demonstrations needed for federal approval. Assisted with the successful conversion the managed care supplemental payment from a pass-through payment to an expanded direct payment. Support for this project included benchmarking analyses comparing Medicaid base and supplemental payments to ACR and estimated costs, and preprint applications for CMS approval. Also assisted with an audit of HCA's certified public expenditure (CPE) supplemental payment program. Oversaw payment impact modeling in a rapidly evolving environment with changes to program eligibility and enrollment during and after the PHE. (2005-present)</li> </ul>
<b>Wisconsin Department of Human Services (DHS)</b>
<ul style="list-style-type: none"> <li>Assists as the Engagement Lead with annual Medicaid hospital payment rate calculations and payment impact modeling for updating the APR DRG and EAPG "grouper" versions and rate factors using Medicaid hospital claims and encounter data and Medicare cost report data. Also assisted with State Plan Amendments (SPAs) for methodology changes and the CMS approval</li> </ul>



process. Analysis included payment modeling projections and net fiscal impacts by hospital, provider stakeholder engagement and development of CMS demonstrations needed for federal approval. Support for this project included benchmarking analyses comparing Medicaid base and supplemental payments to estimated costs. [\(2015-2018, 2021-present\)](#)

- Assists with annual Medicaid hospital supplemental payment calculations in both an FFS and managed care environment, including access payments, Disproportionate Share Hospital (DSH) payments, and rural critical care supplemental payments. Assisted with comparisons of Medicaid HMO access payments under various scenarios to average commercial rates (ACR) for directed payment preprint development purposes. Oversaw payment impact modeling in a rapidly evolving environment with changes to program eligibility and enrollment during and after the PHE. Also assisted with annual updates to the State's hospital assessment rates and a reconciliation of assessment and payments to achieve legislative targets. In addition, assisted with quarterly analyses of potentially preventable readmission (PPR) rates to inform DHS' pay-for-performance policy to incentivize reductions in unnecessary utilization and improve patient outcomes, and oversees an online interactive dashboard summarizing PPR results. [\(2015-2018, 2021-present\)](#)

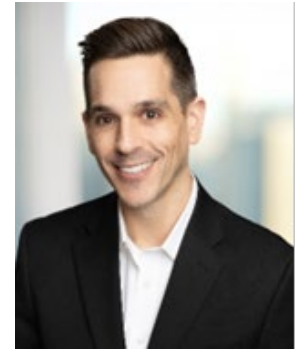
## Professional Contributions

### Research and Publications

- *State directed payment considerations for the CMS Medicaid and CHIP Managed Care Access, Finance, and Quality proposed rulemaking*, Milliman White Paper [\(2023\)](#)
- *Designing payment arrangements for Medicaid providers in response to the COVID-19 emergency*, Milliman White Paper [\(2020\)](#)
- *Meeting the needs of Medicaid Home and Community-Based Services program participants during the COVID-19 pandemic and beyond*, Milliman White Paper [\(2020\)](#)
- *State considerations regarding Medicaid Fiscal Accountability Regulation proposed by CMS*, Milliman White Paper [\(2020\)](#)

## Justin St. Andre

<b>Title</b>	Senior Healthcare Consultant
<b>Education</b>	Bachelor of Science, Psychology Loyola University of Chicago
	Master of Arts, Psychology University of Illinois at Chicago



### Overview of Experience

Justin is a Senior Healthcare Consultant with Milliman's Medicaid Finance and Policy Health Practice. He joined Milliman in 2024 and has more than 15 total years of experience in hospital reimbursement, payment strategies, policy guidance, and healthcare quality measurement. He is a proven leader in data analytics and has assisted more than 20 state agencies, as well as providers and plans, in developing informed, data-driven solutions related to Medicaid reimbursement, state directed payment methodologies and quality and outcome measurements. His experience includes using disparate data sources and structures to identify key drivers resulting in measurable change and improved financial performance for states, providers and payers. He is an experienced SAS and SQL programmer with deep data and statistical knowledge.

### Detailed Experience

#### Arizona Health Care Cost Containment System (AHCCCS)

- Oversaw Hospital Enhanced Access Leading to Health Improvements Initiative (HEALTHII) Performance Measure Calculations and Reporting project, providing AHCCCS with the data collection, analysis, and reporting services necessary for their State Directed Payment (SDP) program. Justin managed the calculation of performance rates for self-reported and claims-based quality measures including readmissions, infection rates and emergency department efficiency for Medicaid managed care recipients. Oversaw all processes of the project including secure file transfers, hospital data reporting tools, measure specification programming, delivery of comprehensive technical guidance and narrative reports that outlined methodologies, performance, and benchmark considerations. (2025 – present)
- Assisted in the development of annual updates to a hospital tax program to fund a portion of the Medicaid program. Activities included calculation of tax amounts, modeling payment projections and net fiscal impacts by hospital using Medicaid hospital encounter data, provider stakeholder engagement and development of CMS demonstrations needed for federal approval. Assisted in annual updates to the HEALTHII directed payment program, including the pay-for-reporting payment methodology. Also aided with the annual development of preprint applications to CMS, which have been approved. Support for this project included multiple benchmarking analyses comparing Medicaid base and supplemental payments to estimated payments under Medicare, ACR, and to estimated costs. (2024-present)

#### Hawai'i Med-QUEST (MQD)

- Assisted with All Patient Refined Diagnosis Related Group (APR DRG) based hospital inpatient payment system rebasing, for use in both Medicaid fee for service (FFS) and managed care. Assisted with the development of the model revisions using new APR DRG grouping software, updated weights and revised model and payment parameters such as: base rates, graduate medical education adjustments, service line factors and analyses related to member waitlist days. Based on payment parameters selected by MQD, Justin oversaw the development an APR DRG payment simulation model to compare estimated payments under current APR DRGs system payments to rebased amounts. The APR DRG model included both managed care encounter data and FFS claims data, and summarizes results by hospital, service line, plan, program, APR DRG, and other combinations. The APR DRG payment simulation model also included dynamic functionality to solve for new DRG base rates given the selected policy adjuster options and outlier

payment parameters, and to summarize model results for evaluation. The process also includes updates to an Excel-based DRG calculator to demonstrate the payment methodology and modeled rates and weights. (2025-present)

- Assisted MQD with its annual Medicaid State Directed Payment renewals. These SDPs include uniform dollar increase arrangement for both government-owned and private-owned hospital classes, resulting in approval by CMS since 2019. The process involves significant stakeholder engagement with the hospital association (HAH), who traditionally developed the private hospital "Access" payment calculations. Additionally, assisted with the development of preprint applications and participated in discussions with CMS. Conducted benchmarking analyses comparing Medicaid base and supplemental payments to estimated payments under Medicare, estimated costs, and Average Commercial Rate (ACR). Also assisted with analyses for MQD's Access and Quality program payment modeling and the review of the hospital sustainability fee calculation the funds the non-federal share of these supplemental payment programs. This included calculation of the "B1/B2" and "P1/P2" test calculations for non-uniform and broad-based taxes (per 42 CFR § 433.68(e)) required for CMS approval. (2025-present)
- Assisted MQD in development of data analytic processes for management of member-level Health-Related Social Needs (HRSN) and Race, Ethnicity, and Language (REaL) data feeds from hospitals as part of a pay-for-performance quality program. The process involves data specification and documentation development, establishment of a secure data transfer protocol, processes for ingestion of data feeds on a quarterly basis, validation of hospital-supplied data feeds including look-backs to prior reporting periods, processes for remediation when data anomalies/variance is detected, establishment of business rules and coding for measure completion by member by period, and incorporation into a longitudinal dataset for Agency use in database and Business Intelligence (BI) environments. (2026-present)

#### Alabama Medicaid Agency (AMA)

- At a previous employer, assisted AMA in the development of reporting templates and manuals for managed care organizations to align contractual obligations and Agency needs. Templates focused on contractual compliance, enrollee experience and satisfaction, financial solvency and quality. (2016-2018)
- At a previous employer, assessed AMA's approach, processing and programming of a newly created Quality Measure Monitoring Initiative. Code was written in Microsoft SQL Server environment and aligns with multiple quality standards including National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS®), CMS Core Measures and the Agency for Healthcare Quality and Improvement (AHRQ) measures. Audit includes identification of deviation from standards, sharing of best practices, identification of opportunities for improvement and areas of risk to the Agency. (2016-2018)
- At a previous employer, assisted AMA transition from a per diem based inpatient claim payment system to an APR-DRG based prospective payment system. Analyses included comparison of historic claim payments to simulated payments using the methodology, provider and system impact and case mix adjustments. Led multiple education sessions to train staff and providers have been held prior to implementation. Conducted hospital inpatient UPL demonstration as required by the Centers for Medicaid and Medicare Services (CMS). (2016-2018)
- At a previous employer, assisted Medicaid Management Information Systems (MMIS) implement new payment methodologies in Alabama. (2013-2018)

#### Arkansas Department of Human Services (DHS)

- Assisted in the development of an All Patient Refined Diagnosis Related Group (APR-DRG) conversion study for submission to the legislature. The study involved modeling provider and service-line impacts under simulated APR-DRG payment parameters using fee for service (FFS) claims and an overall budget neutral approach. Alternative scenarios were provided to illustrate how payment parameters could be incorporated to align reimbursement with policy and Department objectives. Working closely with DHS, illustrative models were shared with stakeholders including the Arkansas Hospital Association and a subset of representative hospitals. Key findings and stakeholder feedback were incorporated into a final legislative report. (2017)

Florida Agency for Health Care Administration (AHCA)
<ul style="list-style-type: none"> <li>At a previous employer, assisted AHCA transition from a per diem based inpatient claim payment system to an APR-DRG based prospective payment system. Performed comparisons of historical payment amounts to projected APR-DRG payment amounts as well as “to date” APR-DRG payments using SAS. Developed annual hospital inpatient and outpatient UPL demonstrations required by CMS. (2013-2016)</li> <li>At a previous employer, assisted Medicaid Management Information Systems (MMIS) implement new payment methodologies in Florida. (2013-2018)</li> </ul>
Michigan Department of Insurance and Financial Services (DIFS)
<ul style="list-style-type: none"> <li>At a previous employer, assisted DIFS in a project to assess the feasibility of establishing an All-Payer Claims Database (APCD). Provided industry expertise in claims data and claims data management. Researched the current landscape in Michigan and other states’ approaches to APCD. Conducted stakeholder interviews to assess payer knowledge of APCDs, concerns and market pressures. Assisted in developing a final report outlining findings and providing recommendations as well as alternative approaches. (2015-2016)</li> </ul>
Oklahoma Health Care Authority (OHCA)
<ul style="list-style-type: none"> <li>Assisted with development and implementation of over five state directed payment (SDP) arrangements as part of Oklahoma’s transition from fee-for-service (FFS) to Medicaid managed care. Working with the Oklahoma Health Care Authority (OHCA), supported all phases of SDP activities including design, stakeholder engagement, pre-print development, data analysis, average commercial rate modeling, and other assistance related to compliance with federal requirements. OHCA SDPs include vary care settings (e.g. hospital inpatient, hospital outpatient) and provider types (e.g. hospital, physician, ambulance). Initial design utilized historic FFS claims with adjustments to projected Medicaid enrollment and utilization and recently design relies upon managed care experience, requiring additional data validation and cleansing steps. Program payments include benchmarks to Medicare and average commercial rates (ACR) using Milliman’s proprietary benchmarking tool. Drafting of CMS preprint and supporting materials, along with addressing CMS questions or technical assistance call participation, are completed annually. (2024-present)</li> </ul>
Texas Health and Human Services Commission (HHSC) and Department of State Health Services (DHS)
<ul style="list-style-type: none"> <li>At a previous employer, assisted HHSC and DHS to develop uniform statewide payment rates for substance abuse services for adults and children. Developed a provider cost survey to gather data around the costs of providing substance abuse services in the State of Texas. Analyzed the submitted survey information to develop assumptions and cost-based rate models for each substance abuse service and compared to US Bureau of Labor Statistics national and state-level statistics. (2016)</li> </ul>
Wisconsin Department of Health Services (DHS)
<ul style="list-style-type: none"> <li>At a previous employer, assisted DHS in a multi-faceted, multi-year engagement. The project involved the annual development of hospital rate rates (inpatient and outpatient) using diagnostic related groups, per-diem and Enhanced Ambulatory Patient Grouping (EAPG) for services provided in acute care, critical access, rehabilitation and psychiatric hospitals on an annual basis. Additional analyses included: (2015-2018) <ul style="list-style-type: none"> <li>Conducted calculations of hospital settlements and multiple supplemental payments including Disproportionate Share Hospital (DHS) and Graduate Medical Education.</li> <li>Developed and implemented an All-Patient Diagnosis-Related Groups (APR-DRG) payment method for inpatient services.</li> <li>Developed potentially preventable readmission and potentially preventable complications policies to augment the current pay-for-performance quality initiative.</li> </ul> </li> </ul>

<ul style="list-style-type: none"> <li>○ Supported DHS with administrative and reporting requirements associated with payment programs and maintain compliance with state and federal requirements such as Upper Payment Limit (UPL) demonstrations.</li> <li>• At a previous employer, assisted Medicaid Management Information Systems (MMIS) implement new payment methodologies in Wisconsin. (2013-2018)</li> </ul>
<b>Wyoming Department of Health (WDH)</b>
<ul style="list-style-type: none"> <li>• At a previous employer, assisted WDH in developing an OPPS-like reimbursement methodology for its Ambulatory Surgical Centers (ASCs). Conducted analysis of Medicaid claims data to develop an ASC conversion factor and reviewed Medicare's OPPS and ASC relative weights for the State's consideration for inclusion in its ASC reimbursement methodology. (2013-2018)</li> </ul>
<b>Vermont Department of Financial Regulation (DFR), Insurance Division</b>
<ul style="list-style-type: none"> <li>• At a previous employer, assisted DFR's Insurance Division to confirm health insurance plans met consumer protection and quality requirements under Vermont laws. Analyses required the compilation and analysis of annual data filings from managed care organizations' Healthcare Effectiveness Data and Information Set (HEDIS®), Hospital Consumer Assessment of Healthcare Providers and Systems (HCAPS) and Vermont-specific measures. In development of a final report and consumer report card, year-over-year trending with statistical significance tests conducted and results were benchmarked using NCQA Quality Compass® data. (2014)</li> </ul>
<b>Veterans Health Administration (VHA)</b>
<ul style="list-style-type: none"> <li>• As a social science analyst for the VHA, managed projects and performed analysis within the Center for Management of Complex Chronic Care on a number of federally funded health services research topics. CMC3 focusses on healthcare issues within the VHA such as high morbidity, mortality, and/or cost. (2009-2011)</li> </ul>
<b>Other Relevant Expertise</b>
<ul style="list-style-type: none"> <li>• <b>Confidential:</b> At a previous employer, assisted providers nationally in developing new Medicaid supplemental payment programs for physicians and hospitals. Activities included: identification of the payment gap from Medicaid to either Medicare or average commercial, establishment of quality metrics and benchmarking, development of supporting payment models and documentation, assistance seeking and obtaining state and Centers for Medicare and Medicaid Services (CMS) approval and program implementation/renewal. (2020-2024)</li> <li>• <b>Confidential:</b> At a previous employer, assisted a private entity with hospital APR-DRG payment transformation, moving from a cost-settled to prospective approach. Analyzed models, provided thought leadership and negotiated with stakeholders and the state prior to implementation. Post-implementation, assisted with monitoring activities related to documentation and coding, business rules and claims adjudication. (2021-2024)</li> <li>• <b>Confidential:</b> At a previous employer, assisted private payers (Commercial, Medicare, Medicaid) in the development of payment transformation strategies, value-based arrangement, quality performance and population management. Provided subject matter expertise in financial and quality analytics, standardized key performance indicators and benchmarking. Specialized in bundled episodes of care including hospital, episodic and population-based. (2018-2020)</li> <li>• <b>Confidential:</b> At a previous employer, assisted a client with compliance risk mitigation for Medicare Part D. To confirm compliance, 15 medium and high risks were identified and mitigation strategies were created including root cause of each issue and oversight to ensure the resolution(s) put forward were successfully implemented. (2013)</li> <li>• <b>Confidential:</b> At a previous employer, assisted a client in assessing opportunity for creating a new specialty drug tier. Analyses focused on current utilization of the proposed specialty drug tier, associated out-of-pocket expenses and changes in revenue under varying models. (2013)</li> <li>• <b>Confidential:</b> At a previous employer, assisted in development of inpatient, outpatient and professional benchmarking rates as well as damages estimates based upon rates at the time of dispute. The lawsuit and arbitration related to the hospital systems current and future rates with a large insurer. (2013-2018)</li> </ul>

- **Confidential:** At a previous employer, assisted in the development of a claims database, expert reports, and deposition questions for a company that provides pharmacy services to nursing homes and other long-term care facilities. Lawsuit related to the company's billing practices to Medicare Part D Prescription Drug Plans. (2013-2018)
- **Confidential:** At a previous employer, assisted a private client transition from a traditional Medicare fee-for-service model to an Accountable Care Organization (ACO). Managed and analyzed Medicare Claim and Claim Line Feed (CCLF) data across multiple markets assessing patient utilization, spend and risk utilizing the CMS HCC Risk Adjustment Model. Created reports to help markets identify opportunities at patient, provider and system level. (2013)

## Professional Contributions

### Research and Publications

- *Home and community-based services payment adequacy considerations under the CMS Proposed Healthcare Utilization and Costs of Veterans Screened and Assessed for Traumatic Brain Injury.* Journal of Rehabilitation Research & Development. (2013)
- *Eliminating CLABSI, A National Patient Safety Imperative – A Companion Guide to the National On the CUSP: Stop BSI Project Final Report.* Agency for Healthcare Research and Quality. (2012)
- *Community Factors and Hospital Readmission Rates.* Health Services Research. Health Services Research, 50(1). (2019)
- *A Comparison of Costs and Healthcare Utilization for Veterans with Traumatic and Non-traumatic SCI.* Topics in Spinal Cord Injury Rehabilitation. (2011)
- *American Academy of Orthopaedic Surgeons Clinical Practice Guideline on the Treatment of Osteoarthritis (OA) of the Knee.* Journal of Bone and Joint Surgery. (2010)



## Jason Jeffrey Altieri, ASA, MAAA

<b>Title</b>	Healthcare Analytics Consultant
<b>Education</b>	Master of Science in Financial Engineering, <i>The State University of New York at Buffalo</i> Bachelor of Science with Honors in Financial Information and Analysis, <i>Clarkson University</i>
<b>Professional Qualifications</b>	Associate of the Society of Actuaries Member of the American Academy of Actuaries Pragmatic Certified Product Manager & Marketer Aetion Replica Synthetic Data Certification



### Overview of Experience

Jason is a Healthcare Analytics Consultant with Milliman. He joined the firm for the first time in 2014 and again in 2024 and has more than 12 total years of experience.

### Detailed Experience

#### Milliman, Healthcare Analytics Consultant (2024-present)

- Supports provider and payer organizations with value-based purchasing design and performance
- Evaluates the components of value-based contracts including cost and quality measurements for appropriateness
- Analyzes provider performance against multiple dimensions, including both cost and quality
- Performs financial projections and reconciliation to support value-based purchasing accounting
- Identifies opportunities and supports strategic decision making around business expansion
- Provided oversight on the Hospital Enhanced Access Leading to Health Improvements Initiative (HEALTHII) Performance Measure Calculations and Reporting project, providing AHCCCS with the data collection, analysis, and reporting services necessary for their State Directed Payment (SDP) program.

#### McKesson, Vice President of Oncology Intelligence and Analytics (2022-2024)

- Led a multi-disciplinary analytics organization of 30+ people supporting sales & marketing, clinical decisions, value-based care, operations, and strategic initiatives for The US Oncology Network
- Led the implementation of an Azure Databricks platform
- Led efforts to advance analytic products through implementation of data science and machine learning models
- Communicated with executive leadership to drive investment and ensure alignment to the business

#### McKesson, Senior Director – Payer, VBC, and Product (2022)

- Led organization of 10 analysts and product managers focused on value-based care (VBC) and payer analytics
- Oversaw the evaluation of key VBC contract analyses to ensure fair financial and quality measurement terms
- Led the development of a novel value-based payment arrangement for breast cancer
- Led requirements gathering and development of the analytics team's first radiation data product

#### McKesson, Director of Sales, Marketing, and Value-Based Care Analytics (2021-2022)

- Oversaw development of a sales and marketing Tableau product portfolio that reduced ad-hoc requests by 80%
- Led the implementation of payer reporting dashboards for improved contract analysis times

<ul style="list-style-type: none"> <li>Partnered with stakeholders to prioritize development initiatives</li> <li>Managed a team of 5 to drive increased patient volumes and better financial outcomes</li> </ul>
<b>McKesson, Lead Oncology Intelligence Analyst (2021)</b>
<ul style="list-style-type: none"> <li>Oversaw the portfolio of 30+ analytic products supporting 15+ functions within the US Oncology Network</li> <li>Identified areas of common need and determined where existing solutions could be repurposed to address them</li> <li>Led the identification and resolution of key issues in stakeholder management, prioritization, and delivery</li> </ul>
<b>Milliman, Director of Product Management (2020-2021)</b>
<ul style="list-style-type: none"> <li>Owned the roadmap for the department, including prioritizing features both within and across SaaS products</li> <li>Partnered with engineering, marketing, account management, and sales to drive both sales and development</li> <li>Gathered client and market feedback to develop user stories</li> <li>Identified opportunities for external partnerships and evaluating buying versus building to develop new features</li> </ul>
<b>Milliman, Senior Data Science Product Manager (2016-2020)</b>
<ul style="list-style-type: none"> <li>Oversaw the development of Oregon Medicaid quality measure reporting implementation</li> <li>Managed a data engineering team of 5 responsible for new client implementations using agile and Kanban</li> <li>Assisted with new client implementations including authoring PySpark and Python ETL code</li> </ul>
<b>Milliman, Data Scientist PRM Analytics (2015-2016)</b>
<ul style="list-style-type: none"> <li>Authored SAS and python code to support new client implementations and maintain existing client code bases</li> <li>Reviewed client reports to check for reasonableness and consistency of analytic results</li> <li>Drafted client communications to explain machine learning model results</li> </ul>
<b>Milliman, Actuarial Analyst (2014-2015)</b>
<ul style="list-style-type: none"> <li>Supported consulting projects focused on ACOs and value-based care contracts</li> <li>Developed cost and utilization reporting using SQL Server and Excel</li> </ul>

<b>Professional Contributions</b>
<b>Publications and Presentations</b>
<ul style="list-style-type: none"> <li>Altieri, Jason. (April 1, 2018). Introduction to Distributed Computing. <i>Society of Actuaries Technology Section Newsletter</i>. (<a href="https://tinyurl.com/introdistributedcomputing">https://tinyurl.com/introdistributedcomputing</a>)</li> <li>Altieri, Jason. (April 1, 2018). Machine Learning for High Risk Patient Identification. <i>Milliman White Paper</i></li> <li>Hidden Bias: Identifying Unintended Consequences in Machine Learning. <i>2020 Society of Actuaries Webcast</i></li> <li>Leveraging Machine Learning to Predict Healthcare Costs. <i>2020 Society of Actuaries Webcast</i></li> <li>Data Challenges in Shared Risk Arrangements. <i>2018 Society of Actuaries Annual Meeting</i></li> <li>Population Management for Managed Medicaid. <i>2017 Society of Actuaries Annual Meeting</i></li> <li>Predictive Analytics ASOPs: Modeling and Setting Assumptions. <i>2017 Society of Actuaries Annual Meeting</i></li> </ul>



#### Industry Presentations

- *Medicaid Graduate Medical Education (GME) Payments – State Policy Considerations and Recent Trends*, National Association of State Human Services Finance Officers (HSFO) Annual Conference. Salt Lake City, UT ([2024](#))

## Noelle Gaughen, MPA, CPHQ

<b>Title</b>	Senior Healthcare Policy Consultant
<b>Education</b>	Bachelor of Science, Sociology – <i>Northern Arizona University</i> Master of Public Affairs – <i>University of Texas</i>
<b>Professional Qualifications</b>	Certified Professional in Healthcare Quality (CPHQ), <i>National Association for Healthcare Quality</i>



### Overview of Experience

Noelle supports clients in the design, operation, and evaluation of quality improvement programs including 1115 waivers, state-directed payments (SDPs), managed care incentives, and pilot projects. She has expertise in quality measurement, health-related social needs (HRSN), maternal health, hospital quality, and population health in managed care. Prior to joining Milliman, Noelle designed and executed several multi-billion-dollar programs to improve health outcomes including value-based state directed payments and 1115 waiver programs.

### Milliman Experience

#### Senior Healthcare Policy Associate (2024 – Present)

##### Arizona Health Care Cost Containment System (AHCCCS)

- **Hospital Enhanced Access Leading to Health Improvements Initiative (HEALTHII) Performance Measure Calculations and Reporting:** Provides AHCCCS with input on with the data collection, analysis, and reporting services necessary for their State Directed Payment (SDP) program. Supported the calculation of performance rates for hospital-reported quality measures. Contributed to the measure specification review, delivery of comprehensive technical guidance and narrative reports that outlined methodologies, performance, and benchmark considerations. (2025 – present)

##### State of Louisiana, Department of Health (LDH)

- **Quality Program Design & Evaluation Consulting:** Provides LDH with program design strategy and guidance to develop quality incentive programs that improve outcomes for Medicaid members, including hospital, dental, and behavioral health programs. Works with LDH quality and finance staff to synthesize program goals and operational needs to assess the optimal authority for federal approval and ensure alignment with broader quality strategies. Coordinates interdisciplinary teams to conduct comparative analyses of Medicaid incentive programs. Leads provider engagement, development of quality measures, identification of operational considerations for program design, and planning for program implementation. (2024 – Present)

##### State of Hawai'i, Department of Human Services (DHS), Med-QUEST Division

- **Quality Strategy & Operations Consulting:** Leads the development of policy and program documents for value-based state directed payment (SDP) program for hospitals including contributing to the development of preprints and guidance documents for hospitals. Coordinates assessment of options to transform the SDP to support the development of an all-payer global hospital budget payment model as part of the CMS Innovation Centers Advancing All-Payer Health Efficiency Approaches and Development (AHEAD) total cost of care model. (2024 – Present)

##### State of Illinois, Department of Healthcare & Family Services (HFS)

- **Rural Health Transformation Project:** Provides strategic decision making support for IL's RHT program. Led the development of evaluation and monitoring plans. Developed program requirements and funding parameters for hospitals. Drafted material for the RHT

application including initiatives, stakeholder engagement, evaluation and monitoring, and implementation planning. (2025 - present)

- **VBP Annual Reporting and Strategy:** Leads the collection of annual VBP adoption reports from managed care plans. Analyzes reporting for compliance with contractual requirements and alignment with national trends. Presents findings to state leadership to inform the states quality and VBP strategy. (2025 - present)
- **Transforming Maternal Health (TMaH) Consulting:** Assisted the State in securing \$17 million in federal funding by developing a competitive application CMS Innovation Centers TMaH opportunity. Coordinated input from hospitals, FQHCs, and public health experts to develop a proposal for regional maternal health transformation. Researched program requirements and state and federal regulations impacting maternal health. Developed options for value-based program design, and drafted application materials including a detailed project narrative and budget. Developed talking points and briefing materials for executive leadership to support external communications and legislative engagement. (2024)

#### Commonwealth of Kentucky, Cabinet for Health & Family Services (CHFS)

- **Doula Services Study:** Led public forums, focus groups, and created a survey to gather input from doulas, healthcare providers, and advocates. Researched existing doula programs across the US, summarized state-level doula coverage programs authorized in other state Medicaid programs, and highlighted key differences in reimbursement structures and provider requirements across states. Analyzed national and state data, focusing on maternal health outcomes like low birth weight, severe maternal morbidity, and substance use disorder in pregnancy. Proposed recommendations for doula coverage in Kentucky, including potential costs or savings, and the preparation of a comprehensive report for the legislature. (2024)

#### Prior Work Experience

##### State of Texas, Department of Health & Human Services Medicaid & CHIP Services

Director of Delivery System Quality & Innovation (2022 – 2024)

Healthcare Transformation Waiver Manager (2018 – 2022)

Senior Advisor, Delivery System Reform Incentive Payment Program (2015 – 2018)

Senior Policy Analyst, Delivery System Reform Incentive Payment Program (2014 – 2015)

- Designed and executed multi-billion-dollar programs to improve health outcomes including state-directed payments for hospitals, nursing facilities, and physicians as well as 1115 waiver programs. Worked with the public, local, state, and federal governments to design programs, program approval, and monitor and evaluate program success.
- Directed major quality improvement initiatives and pilots including cross-agency work to address health-related social needs. Led the development and implementation of state-wide social needs screening and referral requirements for managed care plans.
- Facilitated consensus-building workgroups with healthcare providers to develop quality goals.
- Coordinated the phase-out of a major statewide supplemental payment program, including strategic planning, needs assessments, policy research, and external communications.

## Benjamin Davis-Bloom

**Title** Healthcare Consultant  
**Education** Bachelor of Science, Biochemistry, The Evergreen State College  
**Professional Qualifications** Certified Scrum Master, Scrum Alliance



### Overview of Experience

Ben is a Healthcare Consultant with Milliman's Medicaid Finance and Policy Health Practice. He joined the firm in 2023 and has more than 10 total years of experience. Ben specializes in Medicaid supplemental payments strategy and design. Benjamin has extensive experience in overseeing large program and project initiatives from inception to sustainment, including program evaluation, development, processes, and reporting. He also has expertise in data analytics, state directed payments, budgeting and forecasting, financial analysis and modeling, and Medicaid Managed Care. Prior to joining Milliman, Benjamin oversaw the Medicaid Supplemental Payment portfolio for Washington State Hospitals, acting as a technical consultant to executive management within the Washington Health Care Authority (HCA) to achieve desired objectives and quality goals.

### Detailed Experience

#### Administración de Seguros de Salud de Puerto Rico (ASES)

- Supported the transition from per diem inpatient payments to an APR-DRG-based payment system; supported MMIS enhancements, State-Directed Payments updates, and engagement with managed care plans and hospitals. (2026-present)

#### Arizona Health Care Cost Containment System (AHCCCS)

- Assisted as the project manager focused on the development of annual updates to a hospital tax program to fund the Medicaid expansion population in a managed care environment. Contributions involved calculating hospital tax amounts, modeling payment projections, and assessing the net fiscal impacts for hospitals. Engaged with provider stakeholders and developed demonstrations for federal approval by the Centers for Medicare & Medicaid Services (CMS). (2023-present)

#### Florida Agency for Health Care Administration (AHCA)

- Supported the annual update of payment rates and conducted simulation models to evaluate the financial effects of revising APR-DRG-based inpatient and EAPG-based outpatient hospital payment systems. Also contributed to Upper Payment Limit demonstrations, amendments to the state plan, and facilitated the approval process with the Centers for Medicare & Medicaid Services. (2023-present)

#### Illinois Department of Human Services (DHS)

- Assisted with the development of Medicaid pass through payments funded by the state's hospital tax programs in a managed care environment. Assisted with modeling of payment projections and net fiscal impacts by hospital. (2023-2025)

#### Washington Health Care Authority (HCA)

- At a previous employer, served as the Program Manager responsible for the development, calculation, and reporting of supplemental payments to Washington State hospitals. Collaborated with the federal reporting and clinical teams to support various supplemental payment programs, including the Hospital Safety Net Program, Physician Services, and Nursing Facility Supplemental Payments. Managed the agency's first accountable care financial reconciliation and value-based purchasing strategy within the public employee benefits program and implemented quality measures within Medicaid managed care contracts to support value-based purchasing strategies and goals. (2016 –2023)

## Orhun Sezer, MPA, CPA, CHDA

<b>Title</b>	Senior Healthcare Consultant
<b>Education</b>	Bachelor of Science, Computer Information Systems, Indiana University Master of Business Administration, Indiana University
<b>Professional Qualifications</b>	Certified Public Accountant (CPA), Accountancy Board, State of Indiana Certified Healthcare Data Analyst (CHDA), American Health Information Management Association (AHIMA)



### Overview of Experience

Orhun brings deep expertise in Medicaid reimbursement policy, program operations, and data driven program analysis, with a strong ability to translate complex financial and policy requirements into actionable program solutions. He is a CPA with more than 15 years of experience in data analysis and financial accounting.

Orhun has extensive experience developing and evaluating initiatives for new or revised Medicaid service delivery and reimbursement models, including work on state directed payment programs, hospital assessment fee programs, and Upper Payment Limit (UPL) demonstrations. His work routinely involves analyzing Medicaid claims and expenditure data, assessing cost effectiveness and fiscal feasibility, and supporting implementation strategies that comply with federal and state requirements. He has supported multiple APRDRG payment model transitions, directed payment program designs, and program funding applications.

Across numerous state Medicaid engagements, Orhun meets the RFP requirement for at least five (5) years of experience analyzing, evaluating, and supporting implementation of Medicaid program initiatives, including reimbursement methodology changes and payment reform strategies. He regularly collaborates with state Medicaid agencies and stakeholders to ensure programs are operationally feasible, fiscally sound, and compliant with federal approval requirements.

### Detailed Experience

#### Alaska Department of Health and Social Services

- **Payment Modeling:** For a previous employer, assisted with the development of a new inpatient payment model based on All Patient Refined Diagnosis Related Group (APR-DRG). Prepared simulations supported evaluation of the new payment approach at multiple levels to maintain budget neutrality, including impacts on hospitals and hospital systems. (2021-2022)

#### Arizona Health Care Cost Containment System (AHCCCS)

- **Hospital Enhanced Access Leading to Health Improvements Initiative (HEALTHII) Performance Measure Calculations and Reporting:** Supported AHCCCS with the data collection, analysis, and reporting services necessary for their State Directed Payment (SDP) program. Lead the calculation of performance rates for claims-based quality measures including readmission rates and patient safety indicator outcomes for Medicaid managed care recipients. Developed the hospital data reporting tools and the data extraction and scrubbing processes. Contributed to the delivery of comprehensive technical guidance and narrative reports that outlined methodologies, performance, and benchmark considerations. (2025 – present)

#### Indiana Office of Medicaid Policy and Planning (OMPP)

- **Program of All-Inclusive Care for the Elderly (PACE):** For a previous employer, evaluated expansion opportunities, including reviewing utilization trends for members potentially eligible based on aid category, demographic, and geographic factors. (2020-2022)

<ul style="list-style-type: none"> <li>• <b>Hospital Assessment Fee (HAF) Program:</b> For a previous employer, assisted OMPP with development, implementation, and maintenance of the HAF program, including identifying eligible hospitals and services, and annually calculating and reviewing assessment fees and rates, and evaluating their impact on hospital UPL demonstrations. <a href="#">(2011-2022)</a></li> <li>• <b>Rate Setting for Fee-for-Service Programs:</b> For a previous employer, developed and maintained various FFS program Medicaid reimbursement rates including hospital inpatient and outpatient services, medical transportation, durable medical equipment and medical supplies, and dental services. <a href="#">(2007-2022)</a></li> <li>• <b>Upper Payment Limit Demonstrations (UPLs):</b> For a previous employer, developed UPLs for multiple settings, including inpatient and outpatient hospital services, institutions for mental disease and psychiatric residential treatment facilities (IMD/PRTF), clinic services, qualified practitioner services, and DMEs. <a href="#">(2007-2022)</a></li> <li>• <b>Enhanced Base Reimbursement Rate for Eligible Children's Hospitals:</b> For a previous employer, reviewed hospital eligibility for the enhanced hospital reimbursement base rate available to eligible Children's hospitals on behalf of OMPP, and performed fiscal impact analysis, as needed, on changes in hospital eligibility and updates to the base rate. <a href="#">(2007-2022)</a></li> </ul>
<b>Louisiana Department of Health (LDH)</b>
<ul style="list-style-type: none"> <li>• <b>Payment Modeling:</b> Currently supporting development of a new inpatient payment model based on All Patient Refined Diagnosis Related Group (APR-DRG) for a planned transition from a per diem payment approach. Simulations supported evaluation of the new payment approach at multiple levels to maintain budget neutrality, including impacts on hospitals and hospital systems and interactions with state directed payments. <a href="#">(2024-Present)</a></li> </ul>
<b>Minnesota Department of Human Services (DHS)</b>
<ul style="list-style-type: none"> <li>• <b>Directed Payments:</b> Assisted with the development of a state directed payment program for hospital inpatient and outpatient services and reviewed provider tax calculations. <a href="#">(2025-Present)</a></li> </ul>
<b>Mississippi Division of Medicaid (DOM)</b>
<ul style="list-style-type: none"> <li>• <b>Directed Payments:</b> Assisted with modeling a new state directed payment program designed to increase directed payments to the average commercial rate (ACR). The directed payment modeling estimated the impact of increasing directed payments at a hospital and program-wide level. Modeling was used to support DOM's evaluation of the feasibility of the new program as well as conversations supporting preprint development with CMS. <a href="#">(2023-2024)</a></li> </ul>
<b>Nevada Health Authority (NVHA)</b>
<ul style="list-style-type: none"> <li>• <b>Graduate Medical Education (GME) Grant Application:</b> Supported NVHA with development of GME grant application and related scoring that aimed to increase the number of accreditor-approved residency positions in existing programs and/or establish new GME programs. <a href="#">(2025-2026)</a></li> </ul>
<b>Oklahoma Health Care Authority (OHCA)</b>
<ul style="list-style-type: none"> <li>• <b>Directed Payments:</b> Assisted with the evaluation, design, and implementation of a new state directed payment program for hospitals, physicians, and ambulance providers. <a href="#">(2023-Present)</a></li> </ul>
<b>Washington Health Care Authority (HCA)</b>
<ul style="list-style-type: none"> <li>• <b>Upper Payment Limit Demonstration (UPL):</b> Supported the development of Upper Payment Limit demonstrations for multiple settings, including inpatient and outpatient hospital services. Across tasks, developed key materials for distribution to the client and stakeholders, as well as materials in support of CMS approval processes. <a href="#">(2023-Present)</a></li> </ul>



## Laurel Steedman, MHA

<b>Title</b>	Healthcare Consultant
<b>Education</b>	Bachelor of Science, Health Management, The Ohio State University Master of Healthcare Administration, The Ohio State University
<b>Professional Qualifications</b>	Fellow with Nisonger Center for Developmental Disabilities, The Ohio State University



### Overview of Experience

Laurel is a Healthcare Consultant with Milliman's Medicaid Finance and Policy Health Practice. She joined the firm in 2024 and has more than 15 total years of experience. She is focused on collaboration with state Medicaid agencies to develop strategies that ensure access to services through robust rate setting and pricing models. Laurel's expertise includes using analytics and data to develop Medicaid rates in HCBS services and working with internal and external stakeholders to navigate significant payment structure transitions, operational shifts, and policy transformations. She is committed to empowering clients by delivering actionable and relevant solutions.

### Detailed Experience

#### Arizona Health Care Cost Containment System (AHCCCS)

- Coordinated and managed the Hospital Enhanced Access Leading to Health Improvements Initiative (HEALTHII) Performance Measure Calculations and Reporting project, providing AHCCCS with the data collection, analysis, and reporting services necessary for their State Directed Payment (SDP) program. Managed data collection for performance rates for self-reported based quality measures including seclusion, readmissions, infection rates and emergency department efficiency for Medicaid managed care recipients. Conducted all processes of the project management to facilitate the delivery of comprehensive technical guidance and narrative reports that outlined methodologies, performance, and benchmark considerations. (2025-present)
- At a former employer, conducted the annual rate review and provider network analysis for select Medicaid services. (2024)

#### Arkansas Department of Human Services (DHS)

- HCBS payment rate strategy.** Managed the development of a legislatively mandated rate report for I/DD and behavioral health services authorized through the Community and Employment Support (CES) 1915(c) waiver and Section 1915(i) of the state plan amendment (SPA). Developed modeled payment rates included in the report and related payment rate assumptions and fiscal impact. Coordinated all-provider meetings and provider technical workgroups, and identified detailed service-specific payment rate assumptions using national and state data sources. (2025)
- Family Centered Treatment (FCT) payment rates for at-risk children and youth.** Supported the development of a benchmark payment rate for a team-based service for children and youth designed to reduce the need for out-of-home placements, stabilize traumatized youth and families, provide home-based interventions, and deliver services in home and community-based settings. Assisted in the development of modeled payment rates. (2025)
- Rehab day services and therapeutic community payment options:** Assisted in the evaluation of a per diem payment option for rehab day services. Provided technical support on an extensive review of expenditures and utilization for rehab day and related services. This work informed payment rate assumptions used in the development of a 2025 legislatively mandated rate report. (2025)

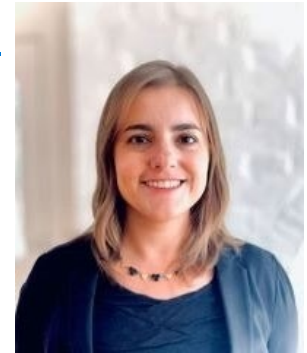
<b>Florida Agency for Health Care Administration (AHCA)</b>
<ul style="list-style-type: none"> <li>Supported comparative rate analysis of private duty nursing (PDN) and adult day services (covered under the state's developmental disabilities waiver). Supported Medicaid rate benchmarking and analysis of other state payment rate adjustments. <a href="#">(2024)</a></li> </ul>
<b>Mississippi Department of Medicaid (DOM)</b>
<ul style="list-style-type: none"> <li>Autism Spectrum Disorder (ASD) payment rates. Conducted payment rate modeling across ASD services, informed by national and state data sources and feedback from providers via a technical provider workgroup. <a href="#">(2024-2025)</a></li> <li>Comprehensive HCBS rate study. Supported the development of draft rates and related rate report for a rate study for all of Mississippi's HCBS programs, including 1915(c) and state plan services. <a href="#">(2024)</a></li> </ul>
<b>Myers &amp; Stauffer, LC</b>
<ul style="list-style-type: none"> <li>Lead projects supporting Medicaid organizations who administer state plan, HCBS, behavioral health, and children's health service programs. Engaged with provider networks, conducted cost studies, and developed pricing models for existing and new services. Developed solutions that maintain policy goals and met regulatory and programmatic requirements. <a href="#">(2023-2024)</a></li> </ul>
<b>Cigna</b>
<ul style="list-style-type: none"> <li>Responsible for data loading Cigna's Southeast Medicare markets. Managed a provider claim system data loading unit, and provider directory information and network adequacy unit. <a href="#">(2021-2023)</a></li> </ul>
<b>Nebraska Department of Health and Human Services (DHHS)</b>
<ul style="list-style-type: none"> <li>At a former employer, supported work in the payment rate development for I/DD services and in service and funding review as the result of Department of Justice Olmstead findings. <a href="#">(2023-2024)</a></li> </ul>
<b>North Dakota Division of Developmental Disabilities Services (DD)</b>
<ul style="list-style-type: none"> <li>At a former employer, supported policy transitions through data analysis and modeling of administrative, member, and assessment data. <a href="#">(2023-2024)</a></li> </ul>
<b>Ohio Department of Developmental Disabilities</b>
<ul style="list-style-type: none"> <li>Managed three operational units: Medicaid Claims &amp; Reimbursement, Provider Network Enrollment/Certification, and Customer Support. Lead efforts with internal and external stakeholders to address technically and politically complex changes in State Medicaid programs. Responsible for policy development for three Medicaid 1915(c) waiver programs serving 50,000 Ohioans with developmental and intellectual disabilities, including coverage for services and requirements for the provider network. Oversaw reporting and data mining using the enterprise data warehouse for cost forecasting, auditing, billing, utilization, conducting research and preparing reports. <a href="#">(2010-2021)</a></li> </ul>
<b>State of Ohio, Department of Medicaid, Department of Developmental Disabilities</b>
<ul style="list-style-type: none"> <li>Responsible for operations in claims &amp; reimbursement, provider network management, and member support. Oversaw three Medicaid 1915(c) waiver programs and related policy work including development of a new technology service, EVV, and settings rule compliance. Advanced strategic initiatives through payment modeling and development of novel data warehousing reporting and data mining on administrative, claims, authorization, member, and provider data. <a href="#">(2013-2021)</a></li> </ul>
<b>The Ohio State University Center for Health Outcomes, Management, and Policy</b>
<ul style="list-style-type: none"> <li>Monitored and implemented Medicaid study design development, analysis, and interpretation, including data collection, review, and analysis. <a href="#">(2010-2013)</a></li> </ul>
<b>The Ohio State University Medical Center: Nisonger Center</b>
<ul style="list-style-type: none"> <li>Lead, organized, and participated in an interdisciplinary learning program studying the system of care accessed by children, youth, and adults with neurodevelopmental disabilities. <a href="#">(2013-2015)</a></li> </ul>



<ul style="list-style-type: none"><li>Served as a national fellow student representative. <a href="#">(2014-2015)</a></li></ul>
<b>West Virginia Department of Health and Human Resources (DHHR)</b>
<ul style="list-style-type: none"><li>At a former employer, engaged with provider networks, conducted cost studies, and developed pricing and fiscal impacts for behavioral health and children's health services. <a href="#">(2023-2024)</a></li></ul>

## Julia Embry, MPP

<b>Title</b>	Data Analyst
<b>Education</b>	Bachelor of the Arts, History, English, and African Studies, Williams College Master of Public Policy, Georgetown University McCourt School of Public Policy



### Overview of Experience

Julia is a Data Analyst with Milliman's Medicaid Finance and Policy Health Practice. She joined the firm in 2025 and has more than 10 total years of experience. Julia's work focuses on driving strategic improvements in Medicaid and Medicare programs through rigorous data analysis, stakeholder engagement, and federal collaboration. Her expertise includes developing, validating, and implementing measures, rapidly interpreting new policy impacts, and guiding states in Medicaid data improvement. She specializes in translating complex technical content into actionable insights for state and federal partners, including for the Imersis Medicaid Data Product, a Transformed-Medicaid Statistical Information System (T-MSIS) data quality measure analogue.

### Detailed Experience

#### Arizona Health Care Cost Containment System (AHCCCS)

- Supported the Hospital Enhanced Access Leading to Health Improvements Initiative (HEALTHII) Performance Measure Calculations and Reporting project, providing AHCCCS with the data collection, analysis, and reporting services necessary for their State Directed Payment (SDP) program. Supported the calculation of performance rates for self-reported and claims-based quality measures including seclusion, readmissions, infection rates and emergency department efficiency for Medicaid managed care recipients. Conducted in-depth analysis on performance measure results at the individual hospital and aggregate levels. Supported data collection and review, measure specification programming, rate benchmarks, and delivery of high visibility exhibits and narrative reports that outlined methodologies, performance, and benchmark considerations. (2025 – present)

#### Centers for Medicare & Medicaid Services (CMS)

- At a former employer, led development of data quality measures analyzing state T-MSIS data, including interpreting complex policy and new legislative statute regulations to develop appropriate measures. Maintained documentation of technical measure specifications for over 1,500 measures and translated complex specifications for state teams, researchers, and other users. (2022-2025)
- At a former employer, led collaboration with CMS to develop the annual Medicaid and CHIP Scorecard content, narratives, data, and visualizations. Managed measure selection process, taking into consideration gaps in available public health industry data along with political impacts, and oversaw modifications to data file structure. (2023-2024)
- At a former employer, led development of implementation and monitoring report template tools for the Medicaid Section 1115 Eligibility and Coverage Demonstrations evaluation, and supported CMS with rollout of tools to states. (2020-2021)

#### Center for Medicare & Medicaid Innovation (CMMI)

- At a former employer, assessed the impact of the Comprehensive Primary Care Plus (CPC+) model on utilization, costs, and quality, as well as patient and physician experience. Analyzed CPC+ Payer survey and program data and conducted exploratory data analysis of survey data and financial data reported by practices to CMMI. (2021-2023)
- At a former employer, developed curriculum plans for the Medicare Shared Savings Program Learning Systems for Accountable Care Organizations (ACOs), and oversaw logistics and content

creation for webinars and affinity groups. Co-wrote three case studies on ACO strategies to deliver value-based care. Led logistics planning and execution for the 2019 F2F Meeting for Medicare ACOs. (2019-2021)
<b>U.S. Department of Defense (DoD)</b>
<ul style="list-style-type: none"> <li>At a former employer, conducted analysis of data from health care surveys of DoD Beneficiaries to author chapter for 2019 annual report summarizing research and survey results related to tobacco use and cessation, and chapter for the 2020 annual report summarizing experience of care among high-usage beneficiaries. Authored an issue brief on the use of preventive care by race/ethnicity group using the 2020 data. (2019-2021)</li> </ul>
<b>Center on Health Insurance Reforms</b>
<ul style="list-style-type: none"> <li>At a former employer, researched the development and implementation of 35 state policies regulating cost-sharing on health insurance plans. Prepared public-facing research brief on state standardized insurance benefits and specialty prescription drug copay caps for the Robert Wood Johnson Foundation. (2016-2017)</li> </ul>
<b>U.S. Department of Health and Human Services (DHHS)</b>
<ul style="list-style-type: none"> <li>At a former employer, ran multivariate analyses using boosted regression to identify communities as potential Community Health Center expansion sites. Assembled and validated a national dataset at the Census Tract level, combining 58 indicators from public and proprietary sources. (2017)</li> </ul>
<b>Evergreen Health Cooperative</b>
<ul style="list-style-type: none"> <li>At a former employer, oversaw the creation and administration of a multiyear study evaluating the impact of the company's four primary care offices on the health of more than 2,000 patients with diabetes and hypertension. Developed quantitative analytic models to measure email and television advertising campaign impact focusing on driving health insurance enrollment and health literacy among underprivileged populations. (2014-2016)</li> </ul>

<b>Professional Contributions</b>
<b>Research and Publications</b>
<ul style="list-style-type: none"> <li><i>Independent Evaluation of Comprehensive Primary Care Plus (CPC+)</i>, Centers for Medicare &amp; Medicaid Services (2023)</li> <li><i>Providing Primary Care to Homebound Patients: UCSF Health's Care at Home Program</i>, Centers for Medicare &amp; Medicaid Services (2020)</li> <li><i>Keystone ACO's Health Navigator Program to Identify and Close Care Gaps</i>, Centers for Medicare &amp; Medicaid Services (2019)</li> <li><i>Coastal Medical's Leadership Academies: Investing in Staff Development and Collaboration</i>, Centers for Medicare &amp; Medicaid Services (2019)</li> <li><i>Using Community Characteristics to Predict the Locations of Health Centers: An Exploratory Analysis</i>, Urban Institute, Health Policy Center (2017)</li> </ul>

## Appendix 4: Exceptions List

### Exceptions to Arizona Health Care Cost Containment System's

#### TASK ORDER # YH26-0071

The submission of this proposal in response to the Task Order may constitute Milliman's acceptance of AHCCCS's contract terms should the changes to the provisions below, or the addition of the new provisions below, be accepted. Milliman shall not be bound by any contract terms or obligated to perform the services described in this proposal until a mutually acceptable written agreement is signed by the parties.

Section	Exception
Business Associate Addendum, Section 1	Addition of: <del>For purposes of this Addendum, Protected Health Information or PHI shall be limited to the information created, received or maintained by Business Associate from or on behalf of AHCCCS.</del>
Business Associate Addendum, Section 2.3	[...] any security incident of which it becomes aware in the following manner, <del>provided, however, the parties acknowledge and agree that this section constitutes notice by Business Associate to AHCCCS of the ongoing existence and occurrence of attempted but Unsuccessful Security Incidents (as defined below) for which no additional notice to AHCCCS shall be required. "Unsuccessful Security Incidents" shall include, but not be limited to, pings and other broadcast attacks on Business Associate's firewall, port scans, unsuccessful log-on attempts, denials of service and any combination of the above, so long as no such incident results in unauthorized access, use or disclosure of ePHI.</del>
Business Associate Addendum, Section 2.4	[...] more than <del>twenty-four (24) hours</del> <del>(24 two (2) business days) hours</del> after Business Associate learns of such unauthorized use or disclosure. The initial report shall include all of the following information to the extent known to the Business Associate at the time of the initial report: <ul style="list-style-type: none"> <li>A. A description of the nature of the unauthorized use or disclosure, including the number of individuals affected by the unauthorized use or disclosure;</li> <li>B. A description of the PHI used or disclosed;</li> <li>C. The date(s) on which the unauthorized use or disclosure occurred;</li> <li>D. The date(s) on which the unauthorized use or disclosure was discovered;</li> <li>E. <del>Identify the person(s) who used or disclosed the PHI in an unauthorized manner;</del></li> </ul>
Business Associate Addendum, Section 3.5	Business Associate may use <del>and disclose</del> protected health information [...]
Business Associate Addendum, Section 3.6	Addition of: <del>Business Associate may de-identify PHI in accordance with the requirements of the Privacy Rule; provided that all identifiers are destroyed in accordance with this Addendum, and Business Associate may create a Limited Data Set for the purpose of providing the services in accordance with the Agreement.</del>
Business Associate Addendum, Section 6.1	[...] any and all <del>third party</del> claims, losses, liabilities, costs, civil and criminal penalties, and other expenses resulting from (i) unauthorized use and disclosure of PHI Business Associate, (ii) a Breach of unsecured PHI caused by Business Associate or (iii) a violation of the HIPAA Regulations by Business Associate. AHCCCS agrees that it will promptly notify and tender the defense to Business Associate of any indemnified claim, provided that AHCCCS' failure to provide prompt notice shall not relieve Business Associate from liability herein except to the extent Business Associate is prejudiced by such failure, and Business Associate shall, at its sole expense, defend, and at its sole discretion, settle any such indemnifiable claim, provided that, Business Associate shall obtain AHCCCS' consent in the event of any settlement, which consent shall not be unreasonably withheld. AHCCCS may participate in the defense of any indemnified claim at its own expense. <del>, or relating to, the acts or omissions of Business Associate, its employees, agents, and sub-contractors in connection with the representations, duties and obligations of Business Associate under this Addendum.</del>
Additional Terms	AHCCCS shall not request Business Associate to use or disclose PHI in any manner that would not be permissible under the Privacy or Security Rules if done by AHCCCS, except as otherwise permitted herein for Data Aggregation.



Milliman is among the world's largest providers of actuarial, risk management, and technology solutions. Our consulting and advanced analytics capabilities encompass healthcare, property & casualty insurance, life insurance and financial services, and employee benefits. Founded in 1947, Milliman is an independent firm with offices in major cities around the globe.

[milliman.com](https://www.milliman.com)

#### **CONTACT**

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