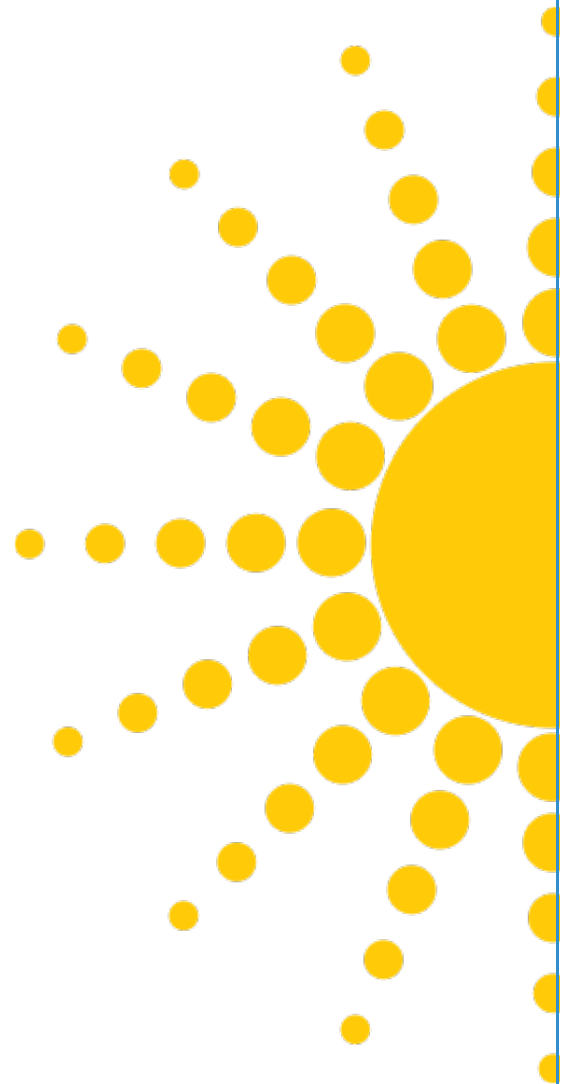




2014 Legislative Summary



2014 AHCCCS Legislative Summary

HB 2192	unlawful use; public resources; offense (Rep. Seel)
Disposition	Failed to pass out of the House
Effective Date	July 24, 2014
Summary	<ul style="list-style-type: none">Establishes the crime of unlawful use of public resources for a person not lawfully present in Arizona who "uses any public resource" (defined as driving on a public road, accepting any public benefit, attending a public school or using the services of any public entity).

HB 2193	development disabilities; family caregivers; liability (Rep. Seel)
Disposition	Failed to pass out of the House
Effective Date	July 24, 2014
Summary	<ul style="list-style-type: none">A person who provides medical care to a family member with a developmental disability shall hold the Department of Economic Security harmless for any medical condition that results from providing that care.

HB 2231	children's health insurance program; appropriations (Rep. Larkin)
Disposition	Failed to pass out of the House
Effective Date	July 24, 2014
Summary	<ul style="list-style-type: none">Eliminates the enrollment cap for the Children's Health Insurance Program (KidsCare). Repeals statute terminating KidsCare if the federal government eliminates or significantly reduces federal funding.

HB 2234	AHCCCS eligibility; hospital assessment; repeal (Rep. Kwasman)
Disposition	Failed to pass out of the House
Effective Date	July 24, 2014
Summary	<ul style="list-style-type: none">Repeals statute expanding eligibility for AHCCCS to include a person whose household's modified adjusted gross income (defined in federal law) is more than 100 percent, but equal to or less than 133 percent of the federal poverty guidelines.Repeals statute requiring the AHCCCS Director to establish, administer and collect an assessment on hospital revenues, discharges or bed days for the purpose of funding the nonfederal share of the costs.Repeals the Hospital Assessment Fund established for monies raised from the assessment.

HB 2240	developmental disabilities; client income; retention (Rep. Brophy McGee)
Disposition	Enacted; Chapter 167
Effective Date	July 24, 2014
Summary	<ul style="list-style-type: none"> Increases the minimum amount of a Department of Developmental Disabilities client's income or benefits that must be retained for the client's personal use to 30 percent, from 12 percent.
HB 2260	small business bill of rights (Rep. Forese)
Disposition	Enacted; Chapter 204
Effective Date	July 24, 2014
Summary	<ul style="list-style-type: none"> Each state agency that conducts audits, inspections or other regulatory enforcement actions is required to create and post on their website a small business bill of rights that includes specified information.
HB 2321	procurement code omnibus (Rep. Pierce)
Disposition	Enacted; Chapter 145
Effective Date	July 24, 2014
Summary	<ul style="list-style-type: none"> Exempts the Department of Gaming for problem gambling treatment services contracts with licensed behavioral health professionals, and exempts contracts for credit reporting services. State employees who have a "significant procurement role" are prohibited from accepting a position with or having employment discussions with the successful offeror and their lobbyists during a period beginning on signature of the first nondisclosure agreement
HB 2355	RBHA; treatment outcomes; measurement tools (Rep. Campbell)
Disposition	Failed to pass out of the House
Effective Date	July 24, 2014
Summary	<ul style="list-style-type: none"> The Department of Health Services is required to adopt evidence-based practice models that each Regional Behavioral Health Authority will use to determine the distribution of funds to non-Title 19 populations, based on measurable treatment outcomes.

HB 2367	AHCCCS; annual waiver submittals (Rep. Tobin)
Disposition	Vetoed by Governor
Effective Date	July 24, 2014
Summary	<ul style="list-style-type: none"> • Requires AHCCCS to apply annually for an amendment to the current Section 1115 Waiver allowing the following: • Imposition of a work requirement for all able-bodied adults receiving Medicaid services. • Lifetime benefit limit of five years for able-bodied adults. • Meaningful copayments to deter both nonemergency use of emergency departments and the use of ambulance services for nonemergency transportation or when it is not medically necessary.
HB 2392	child welfare; placement; prescription drugs (Rep. Lesko)
Disposition	Failed to pass out of the House
Effective Date	July 24, 2014
Summary	<ul style="list-style-type: none"> • For a child younger than five years of age who is in state custody, the Department of Economic Security is required to approve the prescription of an antipsychotic or neuroleptic medication.
HB 2456	rulemaking; restrictions (Rep. Farnsworth)
Disposition	Failed to pass out of the House
Effective Date	July 24, 2014
Summary	<ul style="list-style-type: none"> • State agencies are prohibited from adopting any new rule that would increase existing regulatory restraints or burdens on the free exercise of property rights or the freedom to engage in an otherwise lawful business or occupation, unless the rule is a component of a comprehensive effort to reduce regulatory restraints or burdens or is strictly ministerial in implementing legislation.
HB 2491	newborn screening program (Rep. Carter)
Disposition	Enacted; Chapter 171
Effective Date	July 24, 2014
Summary	<ul style="list-style-type: none"> • Requires by July 1, 2015, the adoption of rules adding critical congenital heart defect screening using pulse oximetry to the panel of tests required to be ordered for every newborn delivered. • Adds hearing disorders to the panel of tests required to be ordered on each

	birth.
	<ul style="list-style-type: none"> • DHS will designate laboratory testing facilities, other than the state laboratory, for conditions or tests added to the newborn screening program. • DHS will adopt rules adding severe combined immunodeficiency testing and Krabbe disease testing to the tests contained within the newborn screening program. • Requires DHS to perform and consider a cost benefit analysis and seek stakeholder input from health care providers in the development of these rules. • Bill amended to include a vaccine study committee.

HB 2510	AHCCCS; verification system (Rep. Seel)
Disposition	Failed to pass out of the House
Effective Date	October 1, 2016
Summary	<ul style="list-style-type: none"> • Beginning October 1, 2016, before providing nonemergency medical care under the AHCCCS system, a health care provider must verify that the person seeking care is an eligible and currently enrolled member of AHCCCS. • Providers are required to provide documentation of verification with each claim for reimbursement as prescribed by the AHCCCS Administration. • The AHCCCS Administration is required to implement a verification system to prevent fraud at the point of service by October 1, 2016.

HB 2511	AHCCCS; administration; annual report (Rep. Seel)
Disposition	Failed to pass out of the House
Effective Date	July 24, 2014
Summary	<ul style="list-style-type: none"> • By September 1 of each year, the AHCCCS Administration is required to report specified information on vendors, claims and payment structures to the Joint Legislative Budget Committee and JLBC is required to hold a hearing on the information.

HB 2512	AHCCCS; nonemergency transportation; reimbursement (Rep. Seel)
Disposition	Failed to pass out of House
Effective Date	July 24, 2014
Summary	<ul style="list-style-type: none"> • AHCCCS is required to limit reimbursement for nonemergency transportation to the cost of bus transportation in regions where a scheduled bus system is available.

HB 2513	AHCCCS; recovery audit; recovery methodology (Rep. Seel)
Disposition	Failed to pass out of the Senate
Effective Date	July 24, 2014
Summary	<ul style="list-style-type: none"> • By July 1 of each year, the AHCCCS Administration is required to conduct an audit of the primacy of its payment by matching the identities of its members against the enrollment of all other health plans. • By September 1 of each year, the AHCCCS Administration must file the results of its audit with the Department of Insurance and submit a copy to the Governor and the Legislature. • The AHCCCS Administration is required to issue a request for proposal for a contract to provide a cost avoidance and recovery methodology relating to determining third-party liability and coordination of benefits. • The contract must provide for the payment of contractor services through the costs recovered and must specify reasonable reimbursement limits.
HB 2531	court-ordered evaluation services; payment (Rep. Brophy McGee)
Disposition	Failed to pass out of the Senate
Effective Date	July 24, 2014
Summary	<ul style="list-style-type: none"> • If a person is eligible for federal behavioral health benefits, the cost of court ordered services provided by a county are a charge against the county in which the person resided to the extent of the nonfederal share of the cost of the service.
HB 2532	children's health insurance program; appropriations (Rep. Alston)
Disposition	Failed to pass out of the House
Effective Date	July 24, 2014
Summary	<ul style="list-style-type: none"> • Eliminates the enrollment cap for the Children's Health Insurance Program (KidsCare). • Repeals statute terminating KidsCare if the federal government eliminates or significantly reduces federal funding. • Appropriates \$15,623,200 from the general fund in FY2014-15 and \$54,451,600 from the Program Fund in FY2014-15 to AHCCCS for KidsCare.
HB 2634	ambulance services; certificates of necessity (Rep. Ugenti)
Disposition	Failed to pass out of the House
Effective Date	July 24, 2014

Summary	<ul style="list-style-type: none"> During the substantive review time frame, the Department of Health Services is required to provide notice to the current ambulance service that holds the certificate of necessity, the AHCCCS Administration and the affected local government of the opportunity to comment on a proposed certificate of necessity.
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HB 2648	reimbursement; orthotic and prosthetic devices (Rep. Brophy McGee)
Disposition	Failed to pass out of the Senate
Effective Date	July 24, 2014
Summary	<ul style="list-style-type: none"> Health and disability insurers, including workers' compensation insurers and AHCCCS contractors, are prohibited from reimbursing a health care provider for an orthotic or prosthetic device furnished to an insured unless the facility from which the device was provided is accredited, the provider is a qualified practitioner as defined in federal law, and there is a valid prescription for the device. A health care provider that does not receive reimbursement for a device due to these requirements is prohibited from attempting to collect payment or reimbursement from the insured.

HB 2667	persons with disabilities (Rep. Mach)
Disposition	Enacted; Chapter 215
Effective Date	July 24, 2014
Summary	<ul style="list-style-type: none"> The state is required to use the term "persons with disabilities" instead of "disabled person" in all laws, rules, publications, orders, actions, programs, policies and signage.

HCR 2008	AHCCCS; expansion; prohibition (Rep. Seel)
Disposition	Failed to pass out of the House
Effective Date	July 24, 2014
Summary	<ul style="list-style-type: none"> The 2014 General Election ballot is to carry the question of whether to amend state statute to prohibit that any statutory or administrative expansion of AHCCCS eligibility from taking effect until the Joint Legislative Budget Committee certifies to the Governor, the President of the Senate, and the Speaker of the House of Representatives that expansion will be budget neutral for the next 20 fiscal years.

HCR 2009	AHCCCS; childless adults; prohibition (Rep. Seel)
Disposition	Failed to pass out of the House
Effective Date	July 24, 2014
Summary	<ul style="list-style-type: none"> The 2014 General Election ballot is to carry the question of whether to amend state statute to prohibit the AHCCCS Administration from using any AHCCCS monies or general fund monies to fund services to childless adults.
HCR 2018	funding ballot measures; reauthorization (Rep. Boyer)
Disposition	Failed to pass out of the Senate
Effective Date	July 24, 2014
Summary	<ul style="list-style-type: none"> The 2014 General Election ballot is to carry the question of whether to amend Article IV, Part 1, of the state Constitution to place an eight-year limit on any initiative or referendum that authorizes or requires the expenditure of state monies. After the eight-year period expires, the measure must be re-referred to the ballot for a vote of the people. All current ballot measures that authorize or require an expenditure of state monies and that were originally voted on more than eight years before this amendment is certified shall be placed on the 2016 general election ballot for reauthorization.
SB 1044	AHCCCS; chiropractic services (Sen. Barto)
Disposition	Failed to pass out of the Senate
Effective Date	July 24, 2014
Summary	<ul style="list-style-type: none"> Beginning October 1, 2014, the list of medically necessary health and medical services that AHCCCS contractors are required to provide is expanded to include chiropractic services that are ordered by a primary care physician to treat a specific diagnosed condition and that meet other specified limitations.
SB 1120	hospital staff privileges; prohibition (Sen. Ward)
Disposition	Failed to pass out of the Senate
Effective Date	July 24, 2014
Summary	<ul style="list-style-type: none"> Hospital governing boards are prohibited from requiring a licensed physician to be a participating provider under Title 18 or 19 of the Social Security Act as a condition for eligibility for staff privileges.

SB 1124	controlled substances prescription monitoring program (Sen. Ward)
Disposition	Enacted; Chapter 106
Effective Date	July 24, 2014
Summary	<ul style="list-style-type: none"> Updates the version of the standard implementation guide that dispensers of controlled substances must use for the Controlled Substances Prescription Monitoring Program, and expands the list of persons who may receive data collected by the Program to include an employee who is authorized by a prescriber or dispenser.
SB 1156	prohibited electronic data; metadata collection (Sen. Ward)
Disposition	Failed to pass out of the Senate
Effective Date	July 24, 2014
Summary	<ul style="list-style-type: none"> State agencies, political subdivisions and their employees and contractors are prohibited from providing assistance to any federal agency or complying with any federal law that purports to authorize the collection of electronic data or metadata of any person pursuant to any action that is not based on a warrant that "particularly describes" the person, place and thing to be searched or seized.
SB 1157	midwives; scope of practice (Sen. Ward)
Disposition	Failed to pass out of the Senate
Effective Date	July 24, 2014
Summary	<ul style="list-style-type: none"> Licensed midwives are prohibited from accepting for midwifery services a client who has had a previous cesarean section, is pregnant with multiple fetuses or is pregnant with a fetus in a complete breech, frank breech or incomplete breech presentation.
SB 1209	diabetes; statewide plan development; report (Sen. Tovar)
Disposition	Failed to pass out of the Senate
Effective Date	July 24, 2014
Summary	<ul style="list-style-type: none"> The Department of Health Services, AHCCCS and the Governor's Office are required to collaborate to identify goals and benchmarks to reduce the incidence of diabetes, improve diabetes care and control complications

associated with diabetes, and must submit a report to the Legislature by January 15 of each odd-numbered year containing specified information.

SB 1216 **licensure; behavioral health services (Sen. Barto)**
Disposition Enacted; Chapter 233

Effective Date July 24, 2014

Summary

- For the purpose of health care institution licensure and regulation, the definitions of "health care institution" and "residential care institution" are expanded to include institutions that provide "behavioral health services".

SB 1247 **cancer treatment medications; equivalent cost-sharing (Sen. Driggs)**
Disposition Failed to pass out of the Senate

Effective Date July 24, 2014

Summary

- Health and disability insurance policies and contracts that provide coverage for cancer treatment medications that are injected or intravenously administered by a health care provider and coverage for patient-administered cancer treatment medications are prohibited from requiring a higher copayment, deductible or coinsurance amount for patient-administered medications than for those that are injected or intravenously administered by a health care provider, regardless of the formulation or benefit category.

SB 1295 **AHCCCS; controlled substances; pharmacist oversight (Sen. Ward)**
Disposition Failed to pass out of the Senate

Effective Date July 24, 2014

Summary

- Licensed pharmacists who are AHCCCS providers are required to ensure that AHCCCS members are not using cash payments as a method to circumvent contractor oversight of controlled substance use.

SB 1296 **AHCCCS; contractors; prescription monitoring (Sen. Ward)**
Disposition Failed to pass out of the House

Effective Date July 24, 2014

Summary

- AHCCCS contractors are required to intervene with case management services if an AHCCCS member has prescriptions written from more than one health care professional or filled by more than one pharmacy within a 30-day period and must restrict the member to a single prescriber and a single pharmacy.

SB 1297	AHCCCS; controlled substances; monitoring (Sen. Ward)
Disposition	Failed to pass out of the House
Effective Date	July 24, 2014
Summary	<ul style="list-style-type: none"> Health care professionals who prescribe medications and licensed pharmacists who are AHCCCS providers are required to check the database developed under the Controlled Substances Prescription Monitoring Program before prescribing or filling a prescription for a controlled substance for an AHCCCS member.
SB 1298	AHCCCS; emergency services; case management (Sen. Ward)
Disposition	Failed to pass out of the House
Effective Date	July 24, 2014
Summary	<ul style="list-style-type: none"> AHCCCS contractors are required to intervene with case management services if an AHCCCS member seeks care at a hospital emergency department more than once in a 45-day period or if a member uses ambulance services for a nonemergent diagnosis to educate the member regarding the proper use of emergency services or ambulance transport.
SB 1309	court-ordered services; dependent children (Sen. Barto)
Disposition	Enacted; Chapter 246
Effective Date	July 24, 2014
Summary	<ul style="list-style-type: none"> If the court determines that services supplemental to those provided through the Department of Economic Services are available to dependent children from another source at no cost to the state, the court may order the services on agreement of the provider.
SB 1315	federal monies; legislative appropriation (Sen. Melvin)
Disposition	Enacted; Chapter 202
Effective Date	January 1, 2016
Summary	<ul style="list-style-type: none"> The Legislature retains the authority to appropriate all "noncustodial federal monies", effective January 1, 2016.
SB 1339	physicians; prescriptions; required patient examinations (Sen. Ward)

Disposition	Enacted; Chapter 122
Effective Date	July 24, 2014
Summary	<ul style="list-style-type: none"> Exempts from the definition of “unprofessional conduct” licensed physicians prescribing or furnishing a prescription medication without a physical examination. Instead, the examination may be conducted during a real-time telemedicine encounter with audio and video capability that meets the elements required by the Centers for Medicare and Medicaid Services.

SCR 1003	initiatives; referendum measures; periodic reauthorization (Sen. Crandell)
Disposition	Failed to pass the Senate
Effective Date	July 24, 2014
Summary	<ul style="list-style-type: none"> The 2014 General Election ballot is to carry the question of whether to amend Article IV, Part 1, of the Constitution to place an eight-year limit on any statewide initiative or referendum that affects general fund revenues or expenditures. After the eight-year period expires, the measure must be re-referred to the ballot for a vote of the people. Applies retroactively to all ballot measures approved on or after November 3, 1998, and those ballot measures must be referred for reauthorization according to a specified schedule.

Budget Legislation

HB2703 2014-2015; general appropriations (Representative Kavanagh)

Item	Page #	Appropriation
FTEs	4	2,208.3
Operating Lump Sum	4	\$77.8 M
DES Eligibility	4	\$54.9 M
Prop 204 Administration	4	\$6.9 M
Prop 204 DES Eligibility	4	\$38.4 M
Traditional Medicaid Services	4	\$3.9 B
Prop 204 Services	4	\$1.9 B
Adult Expansion	4	\$227.4M
KidsCare	4	\$6.2 M
ALTCS	4	\$1.3B
CRS	4	\$197 M
DSH	4	\$13.5 M
DSH Voluntary Match	4	\$19.4 M

Rural Hospitals	4	\$22.7 M
GME	4	\$166 M
SNCP	4	\$68.5 M
TOTAL APPROPRIATION & EXPENDITURE AUTHORITY	4	\$8.09 B
FUND SOURCES		
State General Fund	4	\$1.3 B
Budget Neutrality Compliance Fund	4	\$3.4 M
Children's Health Insurance Program Fund	4	\$6.6 M
Prescription Drug Rebate Fund - state	4	\$79 M
Tobacco Products Tax Fund- Emergency Health Services Account	5	\$18.2 M
Tobacco Tax & Healthcare Fund- Medically Needy Account	5	\$34.2 M
Expenditure Authority	5	\$6.7 B

Disproportionate Share (Page 6, Section 8)

- Stipulates that the \$13.5M appropriation for disproportionate share payments for FY 2014-2015 includes \$4.2M for Maricopa County Healthcare District and \$9.3 M for private qualifying disproportionate share hospitals

Reporting Requirements

- Provides that any supplemental payments received in excess of \$53,918,700 for nursing facilities that serve Medicaid patients are appropriated in FY 2014-2015 (Page 6, Section 8)
 - Before the expenditure of these increased monies, AHCCCS shall report to JLBC and OSPB the amount of monies that will be expended.
- Provides that any monies received for DSH payments in excess of \$19,373,400 are appropriated in FY 2014-2015 (Page 7, Section 8)
 - Before the expenditure of these increased monies, AHCCCS shall report to JLBC and OSPB the amount of monies that will be expended.
- Provides that any monies for GME received in excess of \$165,918,500 are appropriated in FY 2014-2015 (Page 7, Section 8)
 - Before the expenditure of these increased monies, AHCCCS shall report to JLBC and OSPB the amount of monies that will be expended.
- Provides that any monies for SNCP received in excess of \$68,500,000 are appropriated in FY 2014-2015 (Page 7, Section 8)
 - Before the expenditure of these increased monies, AHCCCS shall report to JLBC and OSPB the amount of monies that will be expended.
- Provides that prior to making fee-for-service program changes that pertain to fee-for-service categories AHCCCS must report the expenditure plan for review by JLBC (Page 5, Section 8)
- Requires AHCCCS to annually report capitation rate changes for the following fiscal year (Page 5, Section 8)

- Requires AHCCCS to report proposed changes in policy that would impact the amount, sufficiency, duration and scope of health care services and who may provide services (Page 5, Section 8)
 - AHCCCS must prepare a fiscal analysis on the impact of proposed changes on the following year's capitation rates
 - If the analysis suggests additional state costs equal to or greater than \$500K, AHCCCS shall submit the proposed policy changes to JLBC
- On or before October 1, 2014, each agency shall submit a report to the director of JLBC on the number of filled appropriated and non-appropriated FTE positions, by fund source, as of September 1, 2014. (Page 73, Section 148)
- Stipulates legislative intent that all agencies continue to report actual, estimated, and requested expenditures to JLBC (Page 72, Section 146)

Appropriation Adjustments & Fund Transfers

- The appropriation to the Administration is reduced by \$73,439,600 from the state general fund in FY 2013-2014 (Page 58, Sections 106)
- The Administration shall transfer \$436,000 from the traditional Medicaid services line item for FY 2014-2015 to the Department of Revenue for enforcement costs associated with the March 13, 2013 master settlement agreement with tobacco companies (Page 6, Section 8)
- The Administration shall transfer \$1,000,000 from the traditional Medicaid services line item for FY 2014-2015 to the automation projects fund established by section 41-714 to implement a tobacco tax processing and revenue accounting system at the Department of Revenue (Page 6, Section 8)

Notes

- Notes that all ALTCS funds that pass through AHCCCS to DES for developmental disabilities shall not count against ALTCS expenditure authority (Page 5, Section 8)
- Provides that the county portion of the FY 2014-2015 nonfederal portion of the costs of providing ALTCS is included in the expenditure fund source (Page 5, Section 8)

HB2705 health; welfare; budget reconciliation 2014-2015

Item	Summary
Disproportionate Share Payments	Subject to the approval of the Centers for Medicare and Medicaid Services, any amount of federal funding allotted to this state pursuant to section 1923(f) of the Social Security Act and not otherwise spent, shall be made available for distribution. Political subdivisions, tribal governments and universities under the jurisdiction of the Arizona Board of Regents may designate hospitals eligible to receive disproportionate share payments in an amount up to the limit prescribed in section 1923(g) of the Social Security Act if those political subdivisions, tribal governments or universities provide sufficient monies to qualify for the matching federal monies for the disproportionate share payments
Uncompensated Care & Hospital	A. On or before October 1, 2014, and annually thereafter, AHCCCS shall report to the Speaker of the House, President of

Assessment Reports	<p>the Senate and the directors of JLBC and OSPB on the change in uncompensated hospital costs experienced by hospitals during the previous fiscal year</p> <p>B. On or before August 1, 2014, and annually thereafter, AHCCCS shall report to the Speaker of the House, President of the Senate and the directors of JLBC and OSPB on the following:</p> <ul style="list-style-type: none"> ○ The amount each hospital contributed for the hospital assessment authorized pursuant to section 36-2901.08 in the previous fiscal year ○ The amount of estimated payments each hospital received from the coverage funded by the assessment
Covered Health and Medical Services	Adds insulin pumps to the list of covered medically necessary health and medical services.
Long-term care system fund	All monies in the department long-term care system fund that are unexpended and unencumbered at the end of the fiscal year revert to the state general fund on or before June 30 of that fiscal year. The transfer amount may be adjusted for reported but unpaid claims and estimated incurred but unreported claims, subject to approval by the Administration
FY 2014-2015 ALTCS County Contributions	<p>Establishes the ALTCS County Contributions for FY2013-2014 as follows:</p> <ul style="list-style-type: none"> • Apache: \$616,900 • Cochise: \$5,138,300 • Coconino: \$1,851,400 • Gila: \$2,107,400 • Graham: \$1,442,600 • Greenlee: \$76,200 • LaPaz: \$712,200 • Maricopa: \$150,220,100 • Mohave: \$7,972,700 • Navajo: \$2,552,500 • Pima: \$38,919,400 • Pinal: \$15,294,300 • Santa Cruz: \$1,914,800 • Yavapai: \$8,314,700 • Yuma: \$8,062,700 <p>If ALTCS costs exceed the amount specified in the General Appropriations Act, authorizes the State Treasurer to collect the difference between the amount collected and the county share of the actual costs from the counties</p>
Disproportionate Share	<p>Establishes FY 2013-2014 DSH distributions as follows:</p> <ul style="list-style-type: none"> • \$89,877,700 for qualifying non-state operated public

	<p>hospitals</p> <ul style="list-style-type: none"> • \$28,474,900 for ASH • \$9,284,800 for private qualifying DSH hospitals: <ul style="list-style-type: none"> ◦ Limits payments to mandatory DSH qualifying hospitals; or <p>Hospitals in Yuma County with at least 300 beds</p>
County Proportional Share Contributions	Requires AHCCCS to transfer funds to the counties as necessary to comply with the proportional share requirements in PPACA by December 31, 2015
County Acute Care Contributions	<p>Establishes the Acute Care County Contributions for FY2013-2014 as follows:</p> <ul style="list-style-type: none"> • Apache: \$268,800 • Cochise: \$2,214,800 • Coconino: \$742,900 • Gila: \$1,413,200 • Graham: \$536,200 • Greenlee: \$190,700 • LaPaz: \$212,100 • Maricopa: \$19,523,400 • Mohave: \$1,237,700 • Navajo: \$310,800 • Pima: \$14,951,800 • Pinal: \$2,715,600 • Santa Cruz: \$482,800 • Yavapai: \$1,427,800 • Yuma: \$1,325,100 <p>– Authorizes the State Treasurer to withhold county funds as necessary to meet the requirements of this section and section 19</p> <p>– Establishes payment procedures to comply with the requirements of this section and section 19 Stipulates legislative intent that Maricopa County's contribution shall be reduced each year in accordance with changes in the GDP price deflator</p>
Hospitalization & Medical Care Contributions	<p>Establishes county withholding for Hospitalization & Medical Care for FY2013-2014 as follows:</p> <ul style="list-style-type: none"> • Apache: \$87,300 • Cochise: \$162,700 • Coconino: \$160,500 • Gila: \$65,900 • Graham: \$46,800 • Greenlee: \$12,000 • LaPaz: \$24,900 • Mohave: \$187,400 • Navajo: \$122,800 • Pima: \$1,115,900

	<ul style="list-style-type: none"> • Pinal: \$218,300 • Santa Cruz: \$51,600 • Yavapai: \$206,200 • Yuma: \$183,900 <ul style="list-style-type: none"> - Authorizes the State Treasurer to withhold county funds as necessary to meet the requirements of this section - Establishes payment procedures to comply with the requirements of this section - Allocates \$2,646,200 of amounts withheld for the county Acute Care contribution for Hospitalization & Medicare Care Services administered by AHCCCS <p style="text-align: center;">○</p>
County Expenditure Limitation: Prop 204 Administration	Stipulates that county contributions for the administration of Prop 204 are excluded from county expenditure limitations
Risk Contingency	For the contract year beginning October 1, 2014 through September 30, 2015, AHCCCS may continue the risk contingency rate setting and funding for all managed care organizations that was in place from October 1, 2010 through September 30, 2011