ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

FINANCIAL STATEMENTS, REQUIRED SUPPLEMENTARY INFORMATION AND UNIFORM GUIDANCE SUPPLEMENTARY REPORTS

Year Ended June 30, 2021

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MANAGEMENT'S DISCUSSION AND ANALYSIS

Management's Discussion and Analysis

For the Fiscal Year Ended June 30, 2021

Management of the Arizona Health Care Cost Containment System ("AHCCCS" or the "Agency") provides this Management's Discussion and Analysis for the benefit of the readers of the AHCCCS financial statements. This narrative overview and analysis of the financial activities of AHCCCS is for the fiscal year ended June 30, 2021. The intent of this discussion and analysis is to look at AHCCCS' performance as a whole. We encourage readers to consider this information in conjunction with the basic financial statements and related footnotes that follow this section.

Financial Highlights

Government-Wide

The assets and deferred outflow of resources of AHCCCS exceeded its liabilities and deferred inflow of resources at fiscal year ended June 30, 2021 by $247.2 million. AHCCCS' net position at June 30, 2021 is comprised of an unrestricted net position of $185.2 million and net investment in capital assets of $62.0 million.

AHCCCS' net position increased by $82.3 million during fiscal year 2021. The increase is primarily attributable to increases in the funding received for the designated state health programs, access to professional services initiative, hospital assessment collections as well as collections for the new health care investment assessment. These funds will be available to fund future program expenditures for each individual program and as appropriated by legislative action.

Fund Level

As of the close of fiscal year 2021, AHCCCS' total governmental funds reported an ending fund balance of $282.0 million, an increase of $100.1 million from fiscal year 2020.

AHCCCS is a $17,595.4 million cash or near cash basis program providing comprehensive physical and behavior health, substance abuse and related services for eligible Arizona citizens. The $100.1 million ending fund balance increase is primarily due to increases in the Federal Medical Assistance Percentage ("FMAP") of 6.2% from the Families First Coronavirus Response Act signed into law March 18, 2020 and effective January 1, 2020, the funding received for the designated state health programs and hospital assessment collections as well as the new health care investment assessment collections in excess over the specific expenditures that the funding sources are designated to provide for. The additional increase is from the result of normal operations due to the variances that can occur in how covered members utilize health care service expenditures as well as the impact of year end accrual transactions for such items as the multiple open contract year-end risk sharing reconciliations AHCCCS has with the contracted managed care organizations along with earned differential adjustment payments to certain qualifying providers.

More detailed information regarding the government-wide financial statements and fund level financial statements can be found below.

Overview of the Financial Statements

AHCCCS' basic financial statements are comprised of three components: 1) government-wide financial statements, 2) fund financial statements and 3) notes to the financial statements.

Government-Wide Financial Statements (Reporting AHCCCS as a Whole)

The Government-Wide Financial Statements are designed to provide readers with a broad overview of AHCCCS' finances that are comparable to a private-sector business. The Statement of Net Position and the Statement of Activities are two financial statements that report information about AHCCCS as a whole and its activities. The presentation in these statements is intended to help answer the question: is AHCCCS, as a whole, better off or worse off financially as a result of this year's activities? These financial statements are prepared using the flow of economic resources measurement focus and the full accrual basis of accounting. They take into account all revenues and expenses connected with the fiscal year even if cash involved has not been received or paid out.

The Statement of Net Position (page 19) presents information on all of AHCCCS' assets and deferred outflow of resources and liabilities and deferred inflow of resources, with the difference between the two reported as "net position". Over time, increases or decreases in net position, along with other financial information, serve as indicators of AHCCCS' financial position and whether it is improving or deteriorating.

The Statement of Activities (page 20) presents information showing how AHCCCS' net position changed during the most recent fiscal year. All changes in net position are reported as soon as the underlying events giving rise to the change occur, regardless of the timing of related cash flows. Therefore, revenues and expenses are reported in this statement for some items that will result in cash flows in future fiscal periods (e.g. incurred but not paid or reported fee-for-service and reinsurance claims, managed care organization risk sharing medical loss reconciliation, revenue from future Tobacco Master Settlement Agreement payments, prescription drug rebate receipts, earned but unused vacation leave, and unfunded pension benefit. Governmental Activities include state appropriations along with federal, county and other local government intergovernmental revenues and member premium collections that primarily support the activities in this category.

The governmental activities of AHCCCS consist of programs authorized by the Social Security Act Titles XIX ("Medicaid") and XXI (Children's Health Insurance Program ("CHIP")) and behavioral health services funded from Federal Block Grants and state appropriations targeted to specific needs of individuals with serious mental illness ("SMI"). All of these services are concentrated on the health and related needs of the citizens of Arizona primarily through direct health care service payments, supplemental payments to qualifying hospital facilities and prevention services provided throughout the State. The majority of the activities are reported in these categories.

The government-wide financial statements can be found on pages 19 and 20.

Fund Financial Statements (Reporting AHCCCS' Major Funds)

A fund is a legislatively authorized fiscal and accounting entity with a self-balancing set of accounts that AHCCCS uses to keep track of specific sources of funding and spending for specific activities or objectives. AHCCCS, like other State agencies, uses fund accounting to ensure and demonstrate compliance with legislative appropriation funding requirements.

Governmental funds - Governmental funds are used to account for essentially the same functions reported as governmental activities in the government-wide financial statements. However, unlike the government-wide financial statements, the governmental funds financial statements focus on near-term inflows and outflows of spendable resources, as well as on balances of spendable resources available at the end of the fiscal year. Such information may be useful in evaluating a government's near-term financial position and requirements. This approach is known as using the flow of current financial resources measurement focus and the modified accrual basis of accounting. These financial statements provide a short-term view of AHCCCS' finances that assists management in determining whether there will be adequate financial resources available to meet current needs. When an asset is recorded in governmental fund financial statements, but the revenue is not available, AHCCCS reports a deferred inflow of resources until such time as the revenue becomes available. Because the focus of governmental funds is narrower than that of the government-wide financial statements, it is useful to compare the information presented for governmental funds with similar information presented for governmental activities in the government-wide financial statements. By doing so, readers may better understand the long-term impact of the State's near-term financial decisions. Both the governmental fund balance sheet and the governmental fund statement of revenues, expenditures and changes in fund balances provide a reconciliation to facilitate this comparison between governmental funds and governmental activities. The basic governmental funds financial statements and related reconciliation can be found on pages 21 through 23 of this report.

AHCCCS reports two fund categories: General Fund and Other Governmental Funds. Information on these funds is presented separately in the governmental fund balance sheet and in the governmental fund statement of revenues, expenditures and changes in fund balances.

Annually, the Legislature adopts an appropriated budget for AHCCCS that funds fully integrated acute care and long-term care services categorized as Traditional Medicaid services, Proposition 204 (includes childless adults up to 105% of the federal poverty level FPL) services, Patient Protection and Affordable Care Act ("ACA") Adult Expansion (childless adults between 106% and 136% of the FPL), KidsCare, and Comprehensive Medical and Dental Services (("CMDP") (now known as the Department of Child Safety Comprehensive Health Plan). Additionally, supplemental payments are made to the Disproportionate Share Hospital ("DSH"), Rural Hospital; Graduate Medical Education ("GME"), nursing facility programs, non-Title XIX SMI, substance abuse and supported housing services, targeted investments program for incentive payments to certain providers who develop clinical processes that integrate physical and behavioral health care delivery and for AHCCCS administration costs. The annual appropriation is made separately for both the State share of the required matching funds and federal financial participation funds from Title XIX and Medicaid and Title XXI CHIP. In addition to the appropriations and expenditure authority approved by the Legislature, AHCCCS also expends continuously appropriated funds for medical service payments from third party liability recovery program activities, electronic health records infrastructure development, certain payments to hospitals for unfunded emergency department readiness costs and level 1 trauma center costs, and behavioral health block and discretionary grants. A budgetary comparison statement has been provided for the General Fund only to demonstrate compliance with the legislative budget on page 55.

Notes to the Financial Statements

The notes to the financial statements provide additional information that is essential to a full understanding of the data provided in the government-wide and fund financial statements. The notes to the financial statements can be found on pages 24 to 54.

Government-Wide Financial Analysis

As noted earlier, the net position may serve over time as a useful indicator of a government agency's financial position.

AHCCCS Net Position
(in thousands of dollars)

	Governmental Activities	
	2021	**2020**
Current assets	$ 3,207,359	$ 2,078,118
Noncurrent assets	-	-
Capital assets	61,966	76,421
Total assets	3,269,325	2,154,539
Deferred outflow of resources	25,835	10,224
Current liabilities	2,925,457	1,896,288
Long-term liabilities	116,932	100,076
Total liabilities	3,042,389	1,996,364
Deferred inflow of resources	5,609	3,512
Net position		
Net investment in capital assets	61,966	76,421
Unrestricted	185,196	88,466
Total net position	$ 247,162	$ 164,887

For AHCCCS, assets and deferred outflow of resources exceeded liabilities and deferred inflow of resources by $247.2 million at June 30, 2021 as compared to assets and deferred outflow of resources in excess of liabilities and deferred inflow of resources in the amount of $164.9 million at June 30, 2020.

The total government-wide net position increased by $82.3 million. This increase is primarily due to an increase in the FMAP rate of 6.2% from the Families First Coronavirus Response Act effective January 1, 2020, increases in the funding received for certain health programs where the final determination of costs are dependent on future reconciliations that are not estimable at the present and are dependent on provider performance to meet certain criteria and or thresholds. Additionally, excess hospital assessment collections will be available to fund future eligible costs but are dependent on legislative appropriations.

AHCCCS Changes in Net Position
(in thousands of dollars)

	Governmental Activities	
	2021	2020
Revenues		
Program revenues		
Charges for services	$ 106	$ 7,425
Other operating grants and contributions	1,454,153	1,043,215
Federal operating grants	14,021,127	11,588,080
General revenues		
State appropriations	2,199,765	2,244,445
Tobacco tax	123,025	124,322
Total revenue	17,798,176	15,007,487
Expenses		
Health care	17,595,371	14,796,103
Excess before transfers	202,805	211,384
Transfers, net	(120,530)	(185,792)
Change in net position	82,275	25,592
Net position – beginning of year	164,887	139,295
Net position – end of year	$ 247,162	$ 164,887

At June 30, 2021, the governmental activity reported an unrestricted net position of $185.2 million, which is a $96.7 million increase (109.3 percent) from the prior fiscal year's $88.5 million unrestricted net position. The increase drivers are an increase in the FMAP rate of 6.2% from The Families First Coronavirus Response Act, effective January 1, 2020, increases in the funding received for the designated state health programs for the targeted investment program, access to professional services initiative and hospital assessment collections. These balances are available to fund certain qualifying payments dependent on provider performance and meeting certain measurement criteria, future reconciliations that are not estimable at the present and legislative appropriations.

COVID-19

On March 11, 2020, the World Health Organization declared the outbreak of a respiratory disease caused by a new coronavirus as a "pandemic". First identified in late 2019 and now known as COVID-19, the outbreak has impacted millions of individuals worldwide. In response, many countries implemented measures to combat the outbreak which have impacted global business operations.

In response to the growing COVID-19 pandemic, on March 18, 2020, President Trump signed into law H.R. 6021, the Families First Coronavirus Response Act ("FFCRA") (Pub. L. 116-127). Section 6008 of the FFCRA provides a temporary 6.2 percent increase to the FMAP extending through the last day of the calendar quarter in which the public health emergency terminates. One of the conditions of receipt of the enhanced federal match was a maintenance of effort ("MOE") requirement, prohibiting the agency from terminating the enrollment of any individual that was enrolled in the program as of the date of the beginning of the public health emergency period, as well as individuals enrolled during the public health emergency period. This condition has had a significant impact on AHCCCS' enrollment. It requires that the state continue coverage for members who may have had a change in income that would otherwise result in discontinuance. Based on the current public health emergency expiration date, the MOE will expire on October 13, 2022 while the increased FMAP will continue through December 31, 2022.

Following the national and state emergency declarations in March 2020, AHCCCS received authority from CMS to implement numerous program flexibilities in response to the COVID-19 outbreak. Some of these flexibilities are: expanded coverage of telehealth and telephonic codes reimbursed at the same level of reimbursement offered for in-person services; initiatives to support use of influenza vaccinations during the COVID outbreak; increase in annual hours of respite care; reimbursement of Home and Community Based Services provided by parents; elimination of the 40 hour limit on family caregiver services provided by a member's spouse; expand the provision of home delivered meals to members enrolled in Department of Economic Security/Developmental Disabilities (DES/DD"); and allowance for students to receive medically necessary services from managed care organizations ("MCOs") rather than the Medicaid School Based Claiming program as children attend school virtually from home. The CMS approvals were granted in late March to early April 2020.

In addition to the program flexibilities, COVID-19 impacted some of the agency's collection activities. CMS approved AHCCCS' request for emergency authorities to support Arizona's response to COVID-19. For the duration of the public health emergency, AHCCCS waived payment of the provider enrollment application fee as well as suspended the application of premiums for children enrolled in Arizona's CHIP program (KidsCare) and adults in the Freedom-to Work program.

Additionally, there were efforts at the state level related to COVID-19. The Governor established a Crisis Contingency and Safety Net Fund in April 2020 to provide economic assistance to health care providers during the COVID-19 related state of emergency. AHCCCS entered into an interagency service agreement with the Office of the Governor. The Governor's Office provided $5.4 million for AHCCCS to distribute monies to specific health care entities.

Finally, the Substance Abuse and Mental Health Services Administration ("SAMHSA") awarded AHCCCS new grants to address the behavioral health impacts due to the pandemic. These grants include the following:

- Arizona COVID-19 Emergency Response for Suicide Prevention
- Emergency Grant to Address Mental and Substance Use Disorders During COVID-19 (ECOVID)
- Substance Abuse Block Grant COVID-19 Emergency Funding
- Mental Health Block Grant COVID-19 Emergency Funding

American Rescue Plan Act (ARPA)

On March 11, 2021, President Biden signed the American Rescue Plan Act of 2021 ("ARPA") (Pub.L. 117-2) into law. Some of the provisions of the ARPA include:

- Section 9811 of the ARPA establishes a temporary Medicaid FMAP of 100 percent for amounts expended by a state for medical assistance for the administration of COVID-19 vaccines. It also provides a temporary 100 percent CHIP EFMAP for state expenditures for the administration of COVID-19 vaccines.
- Section 9815 of the ARPA provides 100 percent FMAP for expenditures for services received by all Medicaid beneficiaries through Urban Indian Organizations.
- Section 9817 of the ARPA provides qualifying states with a temporary 10 percentage point increase to the federal medical assistance percentage (FMAP) for certain Medicaid expenditures for home and community-based services (HCBS).

Specific implementation guidance associated with these provisions was not sufficiently available in time for AHCCCS to implement them in fiscal year 2021.

Health Care Investment Fund

Laws 2020, Chapter 46 established a new hospital assessment and new fund, the Health Care Investment Fund, effective October 1, 2020. This funding supports hospitals and provider reimbursement through directed payments and fee schedule increases. The assessment provides the non-federal share of the payments. This initiative is known as “Hospital Enhanced Access Leading to Health Improvements Initiative” (“HEALTHII”) program. The amount of the Directed HEALTHII payments for the period from October 1, 2020 through June 30, 2021 was $976,173, which includes $797,571 federal share and $178,602 non-federal share covered by the hospital assessments collected in Health Care Investment Fund.

Children’s Behavioral Health Services Fund

Laws 2020, Chapter 4 established a Children’s Behavioral Health Services Fund and appropriated monies from the State general fund. The monies are to be used to pay contractors for behavioral health services for children on or off school grounds.

Governmental Activities

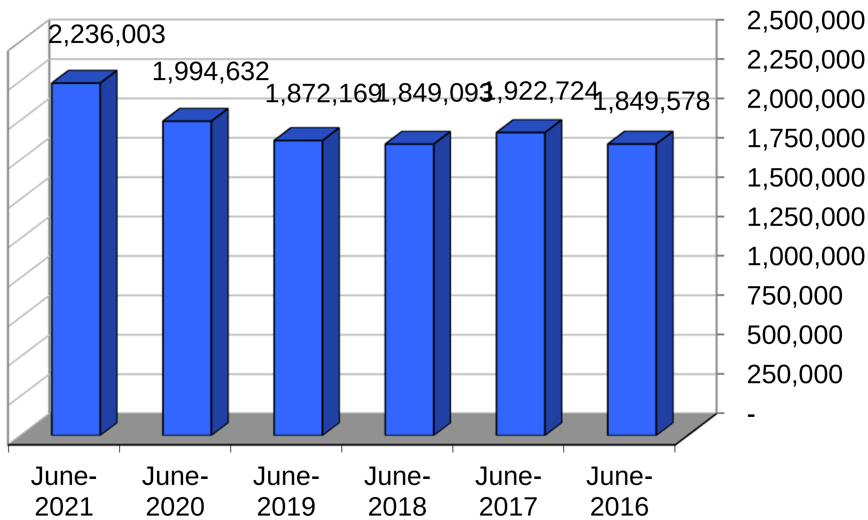
The primary driver of agency expenditures is enrollment in AHCCCS programs. In fiscal year 2021, total enrollment for all of AHCCCS’ programs at June 1, 2021 was 2,236,003, an increase of 241,371 members (12.10 percent) from June 1, 2020. The fiscal year 2021 increase comes after a 122,463 increase from fiscal year 2020. In March 2020, AHCCCS began to realize the impact of the COVID-19 pandemic on the program’s caseload growth. AHCCCS’ Medicaid program in Arizona covers approximately one-third of the Arizona population, three in five nursing home residents, and more than fifty percent of all births in the state.

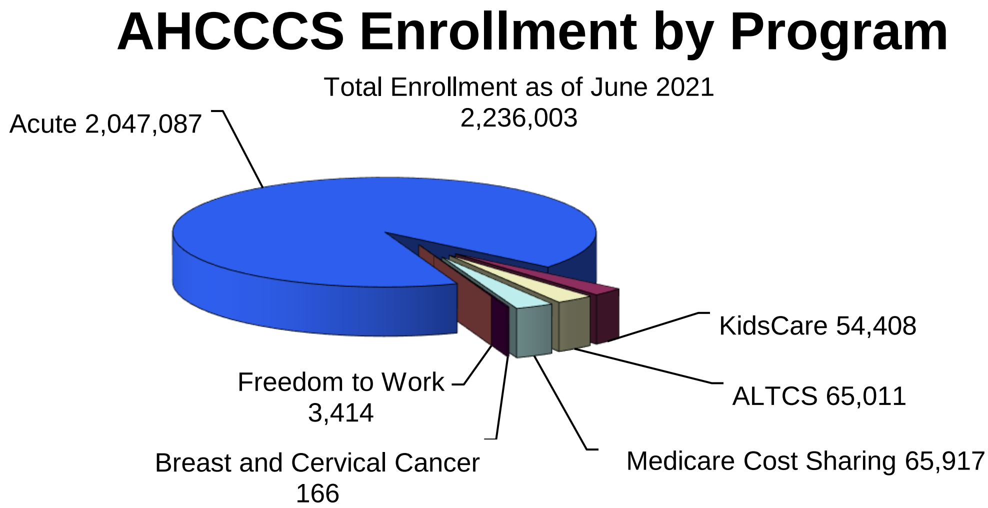
AHCCCS’ actual enrollment increased in fiscal year 2021 as it did in fiscal years 2020 and 2019 after the decline experienced in fiscal year 2018. Overall, the enrollment of full-service members increased by 227,242 members from 1,817,363 to 2,044,605 for the current fiscal year and by 857,825 full service members from the December 1, 2013 (the period from implementation of the ACA restoration and expansion) through June 2021.

The following charts depict AHCCCS membership growth and enrollment by program for the reporting periods:

AHCCCS Membership Growth

Total Enrollment as of June 2021





The cost of health care programs, including Medicaid, CHIP and non-Medicaid behavioral health, totaled $17,595.4 million in fiscal year 2021, a $2,799.3 million or 18.9 percent increase from the $14,796.1 million reported in fiscal year 2020. The increase in current fiscal year program expenditures is attributable to utilization, capitation rate increases, the COVID-19 behavioral health grants, HEALTHII initiative, and enrollment growth. As shown in the statement of activities, the proportionate amount of expenditures funded from federal grants through CMS and SAMHSA continues to increase year over year and was $14,021.1 million (79.7 percent of total) in fiscal year 2021 as compared to $11,588.1 million (78.3 percent of total) in fiscal year 2020.

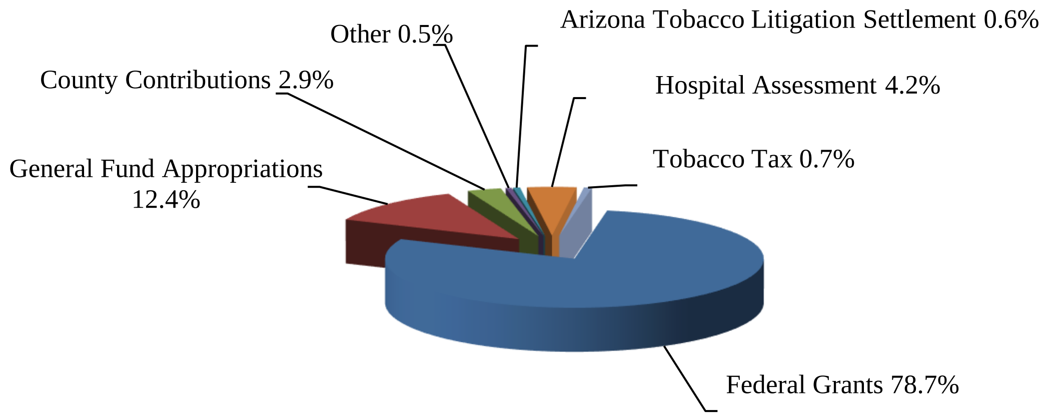
In June 2021, the Supreme Court ruled that the challengers to the Affordable Care Act lacked standing, effectively throwing out the lawsuit argued by 18 Republican state attorney generals and the Trump administration. There were no meaningful discussions at a national level regarding the construct of the Medicaid program as the federal level was consumed with the COVID-19 pandemic public health emergency. However, with the 2020 election giving the Democratic party control of both the executive and legislative branches of government there may be renewed interest in healthcare programs framed as Medicare for all. Conversely, there are possibilities of Republicans gaining a majority in the House and Senate in the 2022 midterm elections. One can logically conclude that there is a strong possibility that healthcare and Medicaid will once again garner a considerable amount of debate at the Federal level due the significant share of total tax receipts the program consumes at both the Federal and State level.

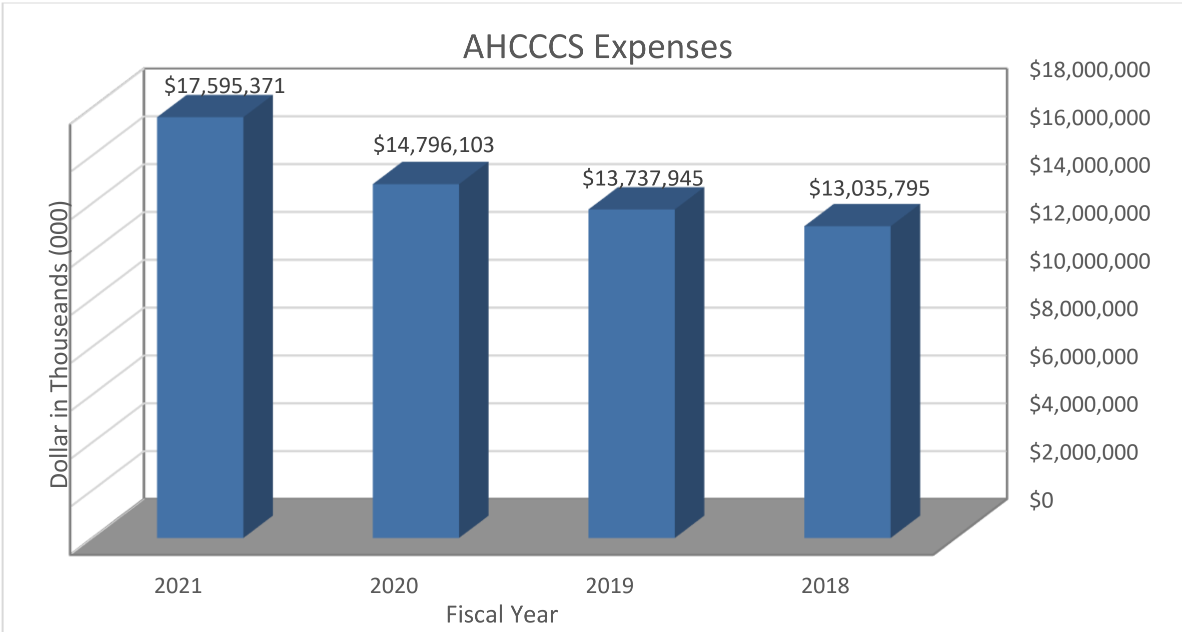
Current program funding remains significantly financed from federal financial participation primarily determined through the FMAP rate used to provide the amount of federal matching funds for qualifying State medical assistance expenditures. The FMAP is based on the relationship between Arizona's per capita personal income and the national average per capita personal income over three calendar years. The FMAP is recalculated each federal fiscal year and decreased by 0.01 percent to 70.01 percent from the prior year's rate of 70.02 percent during the second quarter of state fiscal year 2021. Effective January 1, 2020 the Federal government enacted the Families First Coronavirus Response Act which provided an increase in the FMAP rate of 6.2%. In addition to the FMAP, the ACA introduced multiple new rates for the various new eligibility categories covered under the expansion. In Arizona, additional rates are applied to ACA expansion (adults and children) and Proposition 204 restoration (adult) covered populations. These new rates were all in excess of the "regular" 70.01 FMAP with the rates for both the expansion state (childless adults - 0% to 105% FPL) and the newly eligible adults (adults – 106% to 135% FPL) changing on October 1st and January 1st of each fiscal year. Overall, program expenditures increased by 18.9 percent over the prior fiscal year.

State, county and miscellaneous funding sources combined to provide $3,777.1 million in State funding sources and appropriations in fiscal year 2021, a $357.4 million increase over the $3,419.7 million reported in fiscal year 2020. This increase is related to the public health emergency, utilization, capitation rate increases, increases in hospital assessments, opioid substance use disorders and a 12.10% caseload increase. The following are the components of the State match funding sources utilized in fiscal year 2021. State General Fund revenues raised primarily in the form of income and sales taxes directed to AHCCCS amounted to $1,638.6 million, and an additional $561.1 million was passed through from other State agencies in order to provide the State's share for Medicaid eligible medical assistance expenditures. Arizona counties contributed $515.3 million as determined by statutory funding formulas, session law and other intergovernmental agreements. Tax collections on tobacco products provided $123.0 million in State match funding. An additional $105.7 million in State revenue funding was provided by Arizona's share of tobacco litigation settlement funds. The master settlement agreement ("MSA") revenues are recorded in accordance with the Governmental Accounting Standards Board ("GASB") Technical Bulletin No. 2004-1, *Tobacco Settlement Recognition and Financial Reporting Entity Issues*, which clarifies how payments made to AHCCCS pursuant to the MSA with major tobacco companies, are recorded. The MSA payment increased in fiscal year 2021. AHCCCS has accrued $51.0 million for the period January 1, 2021 through June 30, 2021 based on Arizona's Joint Legislative Budget Committee 2021 estimated payment. The amounts of the payments are dependent upon several adjustments, the magnitude of which will not be fully known until an independent auditor provides its calculations in February or March of each year. Other factors that could also affect the MSA payment amount AHCCCS ultimately receives include default or bankruptcy by one or more tobacco companies and other unforeseen withheld payment amounts. Finally, Tribal gaming receipts determined by statutory formula distributed to AHCCCS provided $31.1 million in additional funding.

The following charts depict revenues by source of the governmental activities for the fiscal year and expenses for the reporting period:

Revenues by Source - Governmental Activities





Financial Analysis of AHCCCS' Governmental Funds

Governmental Funds

AHCCCS' governmental funds reported combined ending fund balances totaling $282.0 million, a $100.2 million net increase from the prior year's $181.8 million ending fund balances. The increase was partially due to an increase in the hospital assessment carryover funds of $51.0 million. The hospital assessment collections increased by $176.1 million while related expenditures increased by $114.5 million, resulting in an ending fund balance of $120.1 million. In addition, the new health care investment fund had an ending fund balance of $59.9 million. Overall, the increases in these fund balances at June 30, 2021 are due to collections exceeding expenditures in both funds due to the ongoing continuation of the Families First Coronavirus Response Act increased FMAP of 6.2% which reduced state match expenditures, but did not impact revenues.

The General Fund is the chief operating fund of the AHCCCS Traditional Medicaid, KidsCare, Comprehensive Medical and Dental, ALTCS for both physical and behavioral health services, DSH, Rural Hospital, and services for non-Medicaid eligible members with SMI programs. The Other Governmental Fund, which includes the Hospital Assessment Fund, is the chief operating fund of the Proposition 204 services and ACA Adult Expansion programs. These programs primarily utilize a State general fund appropriation and or revenue sources from the hospital assessments, annual tobacco litigation settlement proceeds, taxes on tobacco products, contributions from Arizona counties, certified public expenditure methodologies, prescription drug rebate collections, voluntary contributions of the required state match from political subdivisions and certain provider type assessed taxes to provide the required state matching funds for federal Medicaid revenue. AHCCCS also has authority to make supplemental distributions to hospitals for the GME and DSH programs funded by voluntary contributions of the required state match from political subdivisions.

The Other Governmental Funds consist of twelve individual funds comprising the $133.7 million of the total $282.0 million fund balance available for qualifying activities. The Other Governmental Funds' fiscal year 2021 fund balances consist of assigned fund balances in the amount of $122.2 million and committed funds of $11.5 million. Revenue from taxes on cigarettes and other related tobacco products generated $85.7 million for the current year compared to $86.6 million in fiscal year 2020. However, since the passage of Proposition 203 in November 2006, tobacco tax collections remain significantly lower than the $148.1 million collection high point in fiscal year 2006. Revenues from the Proposition 204 hospital assessment generated $506.8 million in fiscal year 2021 in available state matching monies for program services that increased from the $330.7 million collected in fiscal year 2020. Revenues from the Health Care Investment Fund totaled $239.7 million in fiscal year 2021.

There are no current Congressional efforts to repeal and/or replace the ACA and Federal Medicaid funding. In addition, as stated earlier, the Supreme Court ruled that the challengers to the Affordable Care Act lacked standing. However, the potential exists that certain funding changes passed into law could trigger either the session law and or statutory requirement that AHCCCS stop collection of the hospital assessment if the ACA is repealed or the FMAP for the expansion and restoration populations, as authorized by the ACA, falls to less than 80.0 percent. This would also most likely lead to insufficient funding and an adjustment to the eligibility standards necessary to match available funds.

Budgetary Highlights

Differences totaling $2,617.4 million occurred between the original and the final amended administrative and programmatic expenditure budgets. Legislation was passed during the 2021 session requiring a $3,038.3 million expenditure authority supplemental appropriation increase. Additionally, the appropriated amounts for the voluntary payments from political subdivisions related to DSH and GME supplemental hospital payments are eligible to be increased for any political subdivision funds including the federal matching monies in excess of the original appropriation. For fiscal year 2021, there was no increase for the voluntary line items for GME. For fiscal year 2021, the voluntary line items for DSH were increased by $5.6 million. Other differences relate to special line item adjustments that utilized surpluses from one line item to offset shortfalls in another line item. These appropriation transfers are approved by the General Accounting Office and the Governor's Office of Strategic Planning and Budgeting and are in accordance with legislative authority. Laws 2021, Chapter 64 provided supplemental appropriations to cover the increased FMAP, the increased caseloads, and the implementation of Laws 2020, Chapter 46 (health care investment fund and assessment). The major special line item supplemental increases are briefly summarized as follows:

- $1,319.0 million increase to the Traditional Services program as passed by the Legislature based on anticipated federal expenditure authority and The Hospital Enhanced Access Leading to Health Improvements Initiative ("HEALTHII") program.
- $1,169.5 million increase to the Proposition 204 Services program as passed by the Legislature based on anticipated federal expenditure authority, Hospital Assessment Fund and The Hospital Enhanced Access Leading to Health Improvements Initiative (HEALTHII) program.
- $22.9 million increase to the CMDP program as passed by the Legislature based on anticipated federal expenditure authority and The Hospital Enhanced Access Leading to Health Improvements Initiative (HEALTHII) program.
- $342.9 million increase to the ACA Adult Expansion Services program as passed by the Legislature based on anticipated federal expenditure authority, Hospital Assessment Fund and The Hospital Enhanced Access Leading to Health Improvements Initiative ("HEALTHII") program.
- $28.4 million increase to the KidsCare Services program as passed by the Legislature based on anticipated federal CHIP Fund and The Hospital Enhanced Access Leading to Health Improvements Initiative ("HEALTHII") program.
- $104.8 million increase to the ALTCS program as passed by the Legislature based on anticipated federal expenditure authority and The Hospital Enhanced Access Leading to Health Improvements Initiative ("HEALTHII") program.

- $50.8 million increase to the Administration program as passed by the Legislature based on anticipated federal expenditure authority and The Hospital Enhanced Access Leading to Health Improvements Initiative ("HEALTHII") program.

At June 30, 2021, actual cash basis appropriated program expenditures for the General Fund were $585.6 million less than budgetary estimates.

Capital Asset Administration

AHCCCS' investment in capital assets for its governmental activities as of June 30, 2021 is $62.0 million, net of accumulated depreciation and amortization. This investment in capital assets includes furniture, vehicles, equipment and internally generated software (intangible assets) for projects started after June 30, 2009. Land, buildings and improvements are under the management of the State and are separately accounted for on the State's comprehensive annual financial report. Total net capital assets decreased $14.5 million or 19.0 percent over the prior fiscal year balance. The largest component of AHCCCS' investment in capital assets continues to relate to internally developed software. The remaining capital asset changes are for disposals in excess of additions including depreciation of vehicles, furniture and equipment.

	Governmental Activities	
	2021	2020
Vehicles, furniture & equipment	$ 472	$ 361
Software	61,494	76,060
Software under development	-	-
Total investment in capital assets	$ 61,966	$ 76,421

Additional information on AHCCCS' capital assets can be found in Note 2 to the accompanying financial statements.

Contingent Liabilities

In January 2001, AHCCCS obtained a Waiver from CMS to receive federal funding for certain non-categorically linked populations including those made eligible by the November 2000 passage of Proposition 204. The Waiver requires that over the term of the original agreement (April 1, 2001 through September 30, 2011) and the new agreement (October 1, 2011 through September 30, 2021), that the population covered by the Waiver be budget neutral for CMS. It should be noted that on September 30, 2021, the waiver was extended for one additional federal fiscal year ending September 30, 2022. Effective with the January 1, 2014 implementation of the eligibility expansion under the ACA to include the new adult group, members with income between 100% and 133% of the FPL, the budget neutrality measurement is performed separately for the new adult population. Budget neutral means that CMS will not pay more for medical services with the Waiver than it would without the Waiver. The Waiver Special Terms and Conditions include a monitoring arrangement that requires AHCCCS to report the financial results of the Waiver on a quarterly basis. For the demonstration period beginning on October 1, 2016, the net variance is phased down by an applicable percent. The percentages are determined based on how long the Medicaid population has been enrolled in managed care subject to the demonstration. Under the terms, AHCCCS is limited to only retaining 25 percent of the total variance as future savings. The budget neutrality calculation is dependent on a number of variables including the number of members and the eligibility category of members. Other factors that impact the variance are the general economy and its impact on unemployment, medical inflation and policy decisions made by the Legislature that may impact program costs. Through June 30, 2021, AHCCCS remains under the cumulative reporting limit threshold for the current waiver. Accordingly, management is projecting zero liability as of June 30, 2021 to CMS related to the budget neutrality agreement and the accompanying financial statements have not been adjusted for the impact of any liability AHCCCS may have related to the Waiver budget neutrality agreement.

AHCCCS continues to disagree with several audit findings related to audits conducted by the Inspector General, Office of Audit Services ("OIG") related to the Direct Services Claiming ("DSC") and School Based Medicaid Administrative Claim ("MAC") programs. AHCCCS disagrees with the findings in part and has returned the federal funds for non-disputed claims and final disallowances issued by CMS on October 20, 2016 relating to the MAC audit for $11.7 million and June 26, 2018 relating to the DSC audit for $19.9 million. On July 8, 2021 AHCCCS reached a settlement agreement with CMS in which CMS agreed to reimburse $4.450 million from the previously disallowed $11.7 million on October 20, 2016 for the MAC program. Since AHCCCS has already returned the entire amount of $11.7 million to CMS, the $4.450 million was claimed as an expenditure increase on the CMS-64 for the quarter ended March, 31, 2022. AHCCCS is planning to draw the federal funds reimbursement of $4,450 million in the quarter ended June 30, 2022 in connection with this settlement. AHCCCS continues to pursue redress through the courts for Direct Service Claiming ("DSC") for the disallowance of $19.9 million from June 26, 2018. Since this amount was already returned to CMS in the quarter ended December 2018, no liability is recorded in the accompanying financial statements.

The DHHS OIG issued a report in February 2018 for their review of managed care drug rebates in Arizona from April 2010 through March 2013. The OIG's report noted instances in which physician-administered drugs were not properly submitted to the drug manufacturers for rebate. Based on their findings, the OIG recommended that AHCCCS:

- Bill for and collect from manufacturers rebates for single-source and top-20 multiple-source physician-administered drugs totaling $26.4 million and refund to the Federal Government an estimated $18.3 million (Federal share); and

- Work with CMS to determine whether the other physician-administered drugs were eligible for rebates and, if so, upon receipt of the rebates, refund up to an estimated $10.3 million ($7.3 million Federal share) of rebates collected for other physician-administered drugs that may have been eligible for rebates.

AHCCCS plans to bill and collect the appropriate amount of rebates for single-source and top-20 multiple-source physician-administered drugs during the audit period after thoroughly reviewing the disputed utilization records with the contracted rebate vendor. However, AHCCCS disagrees with the OIG finding that Arizona was required to obtain rebates for other physician-administered drugs during the audit period and is communicating with CMS to determine whether these drugs were eligible for rebates. AHCCCS views any recoveries as a gain contingency and will not record any amounts until received. Further, as the repayments to CMS are predicated on the receipt of the drug rebates, AHCCCS did not record any liability to CMS at June 30, 2021.

Economic Factors and Next Year's Budgets and Rates

AHCCCS enrollment has steadily increased throughout fiscal year 2021. This is largely due to the impact of the COVID-19 pandemic on the program's caseload growth. Overall, for the period June 2020 to June 2021, the program experienced an enrollment increase from 1,994,632 to 2,236,003 adding 241,371 members for a 12.10 percent increase. The increase is primarily attributable to growth in the 1931 Families/Children and SOBRA Children/Pregnant Women of 80,980, Proposition 204 restoration adults of 63,967, Adult Expansion of 59,696 and KidsCare of 14,192 totaling 218,835. On March 18, 2020, President Trump signed into law H.R. 6021, the Families First Coronavirus Response Act ("FFCRA") (Pub. L. 116-127). Section 6008 of the FFCRA provides a temporary 6.2 percent increase to the FMAP extending through the last day of the calendar quarter in which the public health emergency terminates. One of the conditions of receipt of the enhanced federal match was a maintenance of effort ("MOE") requirement, prohibiting the agency from terminating the enrollment of any individual that was enrolled in the program as of the date of the beginning of the emergency period, as well as individuals enrolled during the emergency period. This condition has had a significant impact on AHCCCS' enrollment. It requires that the state continue coverage for members who may have had a change in income that would otherwise result in discontinuance. Based on the current public health emergency expiration date, the MOE will expire on October 13, 2022 while the increased FMAP will continue through December31, 2022. The rise in the unemployment rate is also a factor in the increase in enrollment. According to the Office of Economic Opportunity, the Arizona unemployment rate for March 2020 was 5.0%. In one month, the rate jumped to 14.2% due to the COVID related shutdown. The rate decreased to 5.2% by June 2021. In May 2022, the unemployment rate was 3.2%. This indicates a potential decrease in enrollment once the MOE expires. However, AHCCCS does not anticipate that all members who have retained eligibility through the MOE will be immediately dropped from the program. AHCCCS is estimating that it may take up to twelve months to process the backlog of redeterminations that has developed during the MOE.

The total fiscal year 2022 appropriation for AHCCCS is $19,439.9 million compared to the final $17,095.9 million appropriation for fiscal year 2021. This increase reflects the impact of COVID-19 on enrollment and actual capitation rate increases. AHCCCS requested a supplemental appropriation for fiscal year 2022 of $1,470.8 million in expenditure authority that was signed into law on March 1, 2022.

For the contract year ending 2022, AHCCCS' overall weighted capitation rate increased by 3.7 percent across all lines of business except the Department of Economic Security/Developmental Disabilities program. This increase includes a baseline COVID capitation rate decrease that reflected a projected end of the COVID-19 public health emergency and the related end of the temporary COVID-19 provisions and services. The contract year 2022, Acute Care capitation rates increased by 3.3 percent as compared to the 5.9 percent increase for contract year 2021. The contract year 2022 Arizona Long Term Care System ("ALTCS" Elderly and Physically Disabled ("EPD")) capitation rates increased by 11.6 percent as compared to the 3.3 percent for contract year 2021. The 2022 increase is primarily based on baseline utilization and unit trends, Health Care Investment Fund capitation rate growth attributable to the restoration of provider rates for practitioners and dental providers under Laws 2020, Chapter 46, Section 2, and rate increases for home and community-based services and nursing facility stays per Laws 2021, Chapter 408. It is important to note that federal law requires rates to be actuarially sound and the AHCCCS actuaries develop rates based on expected cost and utilization trends. In addition, AHCCCS must conduct an access to care analysis of its rates to assure that sufficient numbers of providers are willing to serve AHCCCS members. Therefore, depending on the results of this analysis and of AHCCCS' actuarial determination of the expected costs of the managed care organizations, the actual capitation rates could differ from projections.

Federal funding for Children's Health Insurance Program ("CHIP") was reauthorized at the Federal level in late 2017 with an additional extension in early 2018 and AHCCCS expects that sufficient CHIP Allotment funding will be available to continue both the M-CHIP and KidsCare programs through Federal fiscal year 2027. Laws 2019, Chapter 270, Section 10 amended A.R.S. § 36-2985 to remove the language requiring AHCCCS to stop processing all new applications for KidsCare if the effective FMAP is less than one hundred percent. AHCCCS requested a supplemental appropriation for fiscal year 2022 that included $30.1 million in expenditure authority for the CHIP program due to the increased enrollment related to the COVID-19 public health emergency. The supplemental appropriation was signed into law on March 1, 2022.

AHCCCS continues to aid in the development of a robust healthcare information technology ("HIT") by offering financial assistance to providers and other entities in adopting and using health HIT. Additionally, AHCCCS has continued the Targeted Investment Program that will make nearly $50.0 million available over the next year to Arizona providers who assist the State in promoting the integration of physical and behavioral health care, increasing efficiencies in care delivery and improving health outcomes.

Per Laws 2020, Chapter 46, AHCCCS implemented a new Health Care Investment Assessment that was effective October 1, 2020. The funding, $239.7 million for fiscal year 2021, supports hospitals and provider reimbursement through directed payments and capitation rate increases for certain services.

AHCCCS continues to operate under an approved extension of the Section 1115 Waiver through September 31, 2021. On September 30, 2021, the waiver was extended for one additional federal fiscal year through September 30, 2022. The approval included Arizona's request to modernize its Medicaid program and continue many of the existing authorities allowing AHCCCS to maintain its unique and successful managed care model, use home and community-based services for members with long-term care needs and other innovations that make AHCCCS one of the most cost effective Medicaid programs in the nation. The Waiver allows Arizona to run its managed care model and exempts Arizona from certain provisions of the Social Security Act and includes expenditure authority for costs not otherwise matched by the federal government. Waiver programs are required to be budget neutral for the federal government − not cost more federal dollars than without a waiver.

In January 2019, AHCCCS received 1115 Waiver Amendment approval from CMS to implement community engagement requirements for some able bodied AHCCCS members ages 19 to 49. The community engagement program, called AHCCCS Works, is designed to encourage qualifying members to use existing community services and resources in order to gain and maintain meaningful employment, job training, education, or volunteer service experience. The waiver was originally envisioned with an implementation date of no earlier than January 2020. Due to the COVID-19 public health emergency, implementation was temporarily delayed. Effective June 2021, CMS has withdrawn federal approval of this waiver.

AHCCCS' budget request for fiscal year 2024, will be submitted to the Governor in September 2022. Factors such as Federal law changes, CMS decisions, COVID-19 public health emergency, other global health emergencies, legal decisions, economic conditions impacting case load changes compared to projections and the eligibility system shifts in population categories may influence any final fiscal year need of a supplemental appropriation for fiscal year 2023. AHCCCS management will closely monitor all these factors in relation to the adequacy of the fiscal year 2023 budget request.

Request for Information

This financial report is designed to provide a general overview of AHCCCS' finances for the State's citizens and taxpayers, and its members, providers and creditors. Questions concerning any of the information provided in this report or requests for additional financial information should be addressed to the Arizona Health Care Cost Containment System, Division of Business and Finance, Attention: Finance Administrator, MD 5400, 801 East Jefferson, Phoenix, Arizona 85034.

INDEPENDENT AUDITORS' REPORT

4722 North 24th Street, Suite 300 ■ Phoenix, AZ 85016
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INDEPENDENT AUDITORS' REPORT

To the Director of the

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
(AHCCCS, an agency of the state of Arizona)

Report on the Financial Statements

We have audited the accompanying financial statements of the governmental activities, the general fund, and the aggregate remaining fund information of AHCCCS as of and for the year ended June 30, 2021, and the related notes to the financial statements, which collectively comprise AHCCCS' basic financial statements as listed in the table of contents.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards,* issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinions

In our opinion, the financial statements referred to above present fairly, in all material respects, the respective financial position of the governmental activities, the general fund, and the aggregate remaining fund information of AHCCCS, as of June 30, 2021, and the respective changes in financial position and, where applicable, cash flows thereof for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Emphasis of a Matter

As discussed in Note 1, the financial statements of AHCCCS are intended to present the financial position, the changes in financial position and cash flows, where applicable, of only that portion of the governmental activities, the general fund and the aggregate remaining fund information of the State of Arizona that is attributable to the transactions of AHCCCS. They do not purport to, and do not, present fairly the financial position of the State of Arizona at June 30, 2021, the changes in the financial position, or, where applicable, the cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

Other Matters

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis on pages 1 through 15, budgetary comparison schedule – general fund on page 55, schedule of the agency's proportionate share of the net pension liability – cost sharing plan on page 56, and schedule of the agency's pension contributions on page 57 be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context.

We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Other Information

Our audit was conducted for the purpose of forming an opinion on the financial statements that collectively comprise AHCCCS' basic financial statements. The accompanying Schedule of Expenditures of Federal Awards, and related notes, as required by Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards*, is presented for purposes of additional analysis and is not a required part of the basic financial statements.

The Schedule of Expenditures of Federal Awards is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the basic financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and certain additional procedures including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the Schedule of Expenditures of Federal Awards is fairly stated, in all material respects, in relation to the basic financial statements as a whole.

AHCCCS' Schedule of Expenditures of Federal Awards is intended to present expenditures of the federal programs of the State of Arizona that are administered by AHCCCS. AHCCCS' Schedule of Expenditures of Federal Awards does not purport to, and does not, present fairly, all the expenditures of federal awards of the State of Arizona.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated August 9, 2022 on our consideration of AHCCCS' internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of AHCCCS' internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering AHCCCS' internal control over financial reporting and compliance.

Mayer Hoffman McCann P.C.

August 9, 2022

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

STATEMENT OF NET POSITION

June 30, 2021
(amounts expressed in thousands)

	Governmental Activities
ASSETS	
CURRENT ASSETS	
Cash	$ 527,543
Designated cash	17,609
Restricted cash	116,694
Due from state and local governments	141,204
Due from the federal government	1,160,464
Tobacco settlement receivable	51,000
Receivables and other	1,192,845
TOTAL CURRENT ASSETS	3,207,359
NONCURRENT ASSETS	
Furniture, vehicles, equipment and software, net of accumulated depreciation	61,966
TOTAL NONCURRENT ASSETS	61,966
TOTAL ASSETS	3,269,325
DEFFERRED OUTFLOW OF RESOURCES	
Pension and OPEB	25,835
LIABILITIES	
CURRENT LIABILITIES	
Accounts payable	19,086
Other accrued liabilities	1,043
Unearned revenue	26,826
Due to federal, state and county governments	1,313,217
Accrued programmatic claims	1,560,422
Compensated absences	4,863
TOTAL CURRENT LIABILITIES	2,925,457
NON-CURRENT LIABILITIES	
Net Pension liability	87,378
Net OPEB liability	29,554
TOTAL LIABILITIES	3,042,389
DEFFERRED INFLOW OF RESOURCES	
Pension and OPEB	5,609
COMMITMENTS AND CONTINGENCIES	
NET POSITION	
NET INVESTMENT IN CAPITAL ASSETS	61,966
UNRESTRICTED	185,196
TOTAL NET POSITION	$ 247,162

See Notes to Financial Statements

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

STATEMENT OF ACTIVITIES

Year Ended June 30, 2021
(amounts expressed in thousands)

	Program Expenses	Program Revenues: Charges for Services	Program Revenues: Federal Operating Grants	Program Revenues: Other Operating Grants and Contributions	Net (Expense) Revenue and Changes in Net Position: Governmental Activities
PROGRAMS					
Government activities:					
Health care programs	$ 17,595,371	$ 106	$ 14,021,127	$ 1,454,153	$ (2,119,985)
TOTAL PROGRAMS	$ 17,595,371	$ 106	$ 14,021,127	$ 1,454,153	$ (2,119,985)
General revenues:					
State appropriations					2,199,765
Tobacco tax					123,025
Unrestricted investment earnings					-
Total general revenues					2,322,790
Transfers:					
Transfers out					(120,530)
Total general revenues and transfers					2,202,260
CHANGE IN NET POSITION					82,275
NET POSITION, BEGINNING OF YEAR					164,887
NET POSITION, END OF YEAR					$ 247,162

See Notes to Financial Statements

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

BALANCE SHEET - GOVERNMENTAL FUNDS

June 30, 2021
(amounts expressed in thousands)

	General Fund	Other Governmental Funds	Total Governmental Funds
ASSETS			
Cash	$ 369,011	$ 158,532	$ 527,543
Designated cash	17,609	-	17,609
Restricted cash	113,989	2,705	116,694
Due from state and local governments	118,166	23,038	141,204
Due from the federal government	1,126,891	33,573	1,160,464
Due from other funds	17,521	-	17,521
Tobacco settlement receivable	51,000	-	51,000
Receivables and other	554,821	181	555,002
TOTAL ASSETS	$ 2,369,008	$ 218,029	$ 2,587,037
LIABILITIES			
Accounts payable	$ 17,297	$ 1,789	$ 19,086
Other accrued liabilities	978	65	1,043
Unearned revenue	24,467	2,359	26,826
Due to federal, state and county governments	675,142	232	675,374
Due to other funds	-	17,521	17,521
Accrued programmatic claims	1,110,502	62,366	1,172,868
TOTAL LIABILITIES	1,828,386	84,332	1,912,718
DEFERRED INFLOWS OF RESOURCES			
Unavailable revenue	392,418	-	392,418
COMMITMENTS AND CONTINGENCIES			
FUND BALANCES			
Committed	-	11,523	11,523
Assigned	-	122,174	122,174
Unassigned	148,204	-	148,204
TOTAL FUND BALANCES	148,204	133,697	281,901
TOTAL LIABILITIES, DEFERRED INFLOWS OF RESOURCES, AND FUND BALANCES	$ 2,369,008	$ 218,029	

Amounts reported for governmental activities in the statement of net position are different because:

Capital assets used in governmental activities are not financial resources and, therefore, are not reported in the funds.	61,966
Some liabilities, including net pension and other postemployment benefits liabilities, are not due and payable in the curent period and, therefore, are not reported in the funds.	(116,932)
Deferred outflows and inflows of of resources related to pensions and OPEBs are applicable to future reporting periods and, therefore, are not reported in the funds.	20,227
A portion of liabilities for accrued paid time off of this amount is not due and payable from current financial resources and, therefore is not reported in the funds.	4,863
Receivables, offsetting the above accrued paid time off liability, will not be collected in 31 days or shortly thereafter, therefore are not reported in the funds.	(4,863)
A portion of accrued programmatic claims is not due and payable from current financial resources and, therefore is not reported in the funds.	240,562
A portion of receivables will not be collected in 31 days or shortly thereafter, therefore is not reported in the funds.	(240,562)
	$ 247,162

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

STATEMENT OF REVENUES, EXPENDITURES AND CHANGES IN FUND BALANCES - GOVERNMENTAL FUNDS

Year Ended June 30, 2021
(amounts expressed in thousands)

	General Fund	Other Governmental Funds	Total Governmental Funds
REVENUES			
State government:			
Appropriations	$ 1,719,374	$ -	$ 1,719,374
ISA pass through funds	560,407	-	560,407
State pass through funds	(46)	-	(46)
State pass through - COVID19	765	-	765
Federal government:			
Acute care	10,726,720	100,907	10,827,627
Long-term care	1,246,815	100,698	1,347,513
ISA/IGA pass through funds	2,221,829	-	2,221,829
Federal COVID19	-	1,028	1,028
County and other local government:			
Acute care	119,256	-	119,256
Long-term care	271,482	-	271,482
IGA pass through funds	124,547	-	124,547
Tobacco litigation settlement revenue	105,683	-	105,683
Tobacco tax revenue	37,303	85,722	123,025
Gaming revenue	-	31,080	31,080
Nursing facility tax assessment	-	30,428	30,428
Hospital assessment	239,732	506,807	746,539
HAPA intergovernmental agreement revenue	-	11,193	11,193
Premium revenue	106	-	106
Other	9,632	4,314	13,946
TOTAL REVENUES	17,383,605	872,177	18,255,782
PROGRAMMATIC EXPENDITURES			
Medical Services:			
Traditional services	5,889,551	54,215	5,943,766
Proposition 204 services	4,504,436	391,256	4,895,692
Newly eligible adults	1,253,373	82,275	1,335,648
CMDP	220,150	-	220,150
KidsCare services	125,725	26	125,751
Long-term care services	3,978,135	140,777	4,118,912
School-based services	91,449	-	91,449
Behavioral health services	3,929	-	3,929
Hospital Payments:			
Disproportionate share	48,992	-	48,992
Rural and critical access hospital	36,069	-	36,069
Graduate medical education	372,657	-	372,657
Trauma center services	-	31,080	31,080
State pass through funds	(100)	-	(100)
Other:			
Medicare Part D clawback	97,277	-	97,277
Behavioral support services	167,111	82,480	249,591
Health information technology	4,134	-	4,134
Targeted investments	90,987	-	90,987
TOTAL PROGRAMMATIC EXPENDITURES	16,883,875	782,109	17,665,984
ADMINISTRATIVE EXPENDITURES	326,000	20,502	346,502
ADMINISTRATIVE EXPENDITURES PASSED THROUGH	22,695	-	22,695
TOTAL EXPENDITURES	17,232,570	802,611	18,035,181
EXCESS OF REVENUES OVER EXPENDITURES	151,035	69,566	220,601
OTHER FINANCING SOURCES (USES)			
Transfers from (to) other State agencies:			
To State General Fund	(103,465)	-	(103,465)
To Arizona Department of Economic Security	2,483	-	2,483
To Arizona Department of Health Services	(2,904)	(4,309)	(7,213)
To Arizona Department of Veterans Services	-	(662)	(662)
To Arizona Department of Education	67	-	67
To Arizona Department of Revenue	(836)	-	(836)
To Arizona Attorney General	(801)	-	(801)
To Governor's Office	(155)	(7,577)	(7,732)
To Arizona Department of Administration	(2)	-	(2)
To Arizona Department of Child Safety	-	(2,016)	(2,016)
To Arizona Department of Juvenile Correction	-	(117)	(117)
To Arizona Department of Early Childhood Development	-	(236)	(236)
Transfers between funds:			
To AHCCCS General Fund	-	-	-
TOTAL OTHER FINANCING SOURCES (USES)	(105,613)	(14,917)	(120,530)
NET CHANGE IN FUND BALANCES	45,422	54,649	100,071
FUND BALANCES, BEGINNING OF YEAR	102,782	79,048	181,830
FUND BALANCES, END OF YEAR	$ 148,204	$ 133,697	$ 281,901

See Notes to Financial Statements

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

RECONCILIATION OF THE GOVERNMENTAL FUNDS STATEMENT OF REVENUES, EXPENDITURES AND CHANGES IN FUND BALANCES - GOVERNMENTAL FUNDS TO THE GOVERNMENT-WIDE STATEMENT OF ACTIVITIES

Year Ended June 30, 2021
(amounts expressed in thousands)

Amounts reported for governmental activities in the Statement of Activities (page 20) are different because:

Change in fund balances - total governmental funds (page 22)	$ 100,071
AHCCCS pension contributions are reported as expenditures in the governmental funds when made. However, they are reported as deferred outflows of resources in the Statement of Net Position because the reported net position liability is measured a year before AHCCCS' report date. Pension expense, which is the change in the net pension liability adjusted for changes in deferred outflows and inflows of resources related to pensions, is reported in the Statement of Activities.	(436)
Certain expenses reported in the Statement of Activities do not require the use of current financial resources and, therefore, are not reported as expenditures in the governmental funds.	(2,926)
Governmental funds report capital outlays as expenditures. However, in the Statement of Activities, the cost of those assets is allocated over their estimated useful lives and reported as depreciation expense. This is the amount by which depreciation exceeded capital outlays in the current period.	(14,434)
Change in net position of governmental activities (page 20)	$ 82,275

(1) Description of reporting entity and summary of significant accounting policies

The accounting policies of the **Arizona Health Care Cost Containment System** ("AHCCCS" or the "Agency") conform to the accounting principles generally accepted in the United States of America applicable to governmental units. The financial statements of AHCCCS, as an agency of the State of Arizona ("State"), are not intended to represent the related financial statement information of the primary government.

A. Reporting entity

The Arizona Legislature ("Legislature") established AHCCCS in November 1981 to administer health care for the State's indigent population. AHCCCS is a State agency managed by an independent cabinet level administration created by the Legislature and is funded by a combination of federal, State, county and local funds. The federal portion is funded through the Centers for Medicare and Medicaid Services ("CMS") of the U.S. Department of Health and Human Services ("DHHS") under a Section 1115 Waiver ("Waiver") approved by CMS, which exempts the AHCCCS program from certain requirements of conventional Medicaid programs. CMS has extended AHCCCS' 1115 Waiver for a one-year period through September 30, 2022, while CMS continues to review the Agency's 2021-2026 Wavier renewal application. AHCCCS provides acute and long-term health care coverage to eligible residents of Arizona. Eligible residents include those who qualify under Section 1931(b) of the Social Security Act, individuals who are aged, blind or disabled, children who meet certain age requirements from families receiving supplemental nutrition assistance, children and pregnant women whose household income meets eligibility requirements, certain single adults, childless couples, uninsured women needing active treatment for breast and/or cervical cancer and individuals with disabilities who want to work and who meet certain Supplemental Security Income ("SSI") eligibility criteria. Beginning on January 1, 2014, AHCCCS implemented the Patient Protection and Affordable Care Act ("ACA") of 2010. The ACA implementation included (a) the restoration of the childless adults (expansion state adults) who were previously eligible for AHCCCS under the voter mandated Proposition 204, (b) expanded coverage for adults from 100% to 133% of the federal poverty limit ("FPL") and (c) the mandatory child expansion for children ages 6-19 from 100% to 133% of the FPL. These three distinct populations all have enhanced federal financial participation matching rates effective January 1, 2014.

AHCCCS receives quarterly federal grants for the Title XIX Medicaid program and annual grant awards for the Title XXI Children's Health Insurance Program ("CHIP") from CMS (as matching funds) to cover a portion of the health care costs of the eligible residents of the State. State appropriations and county funding levels are based on annual budgets as dictated by the Legislature and as specified by Arizona Statutory funding formula and Session Law. For fiscal year 2021, funding also includes behavioral health services funded from Federal Block Grants received from the DHHS Substance Abuse and Mental Health Services Administration ("SAMHSA") and state appropriations targeted to specific needs of individuals with serious mental illness ("SMI"). In addition, AHCCCS receives several other grants from SAMHSA for behavioral health services which include the provision of services to Title XIX and Title XXI members as well as non-Title XIX individuals with SMI and include specific funding for crisis, substance abuse and housing and supported housing services, as well as emergency grants to address mental health, substance use disorders and suicide prevention during COVID-19.

Under AHCCCS, health care coverage is provided substantially through a competitive bidding process with private and county-sponsored health plans bidding for the enrollment of AHCCCS eligibles by geographical service area. In addition, AHCCCS purchases health care services directly from providers. During fiscal year 2019, AHCCCS moved forward with the largest integration effort in the history of the program. On October 1, 2018, AHCCCS' managed care organizations began to provide services that are designed to coordinate the provision of physical and behavioral health care services. Integrated health care delivery benefits members by aligning all physical and behavioral health services under a single plan. With one plan, one provider network and one payer, health care providers are better able to coordinate care across the continuum of services and supports and members are able to more easily navigate the system, resulting in improved health outcomes.

(1) Description of reporting entity and summary of significant accounting policies (continued)

B. Basis of presentation

The basic financial statements include both government-wide and fund financial statements. The government-wide financial statements report information on the entire Agency while the fund financial statements focus on major funds. Each presentation provides valuable information that can be analyzed and compared between years to enhance the usefulness of the information.

The government-wide financial statements (i.e., the statement of net position and the statement of activities) report information on the entire Agency. The effect of all significant interfund activity has been removed from these financial statements.

The statement of activities demonstrates the degree to which the governmental activities' direct expenses are offset by program revenues. Direct expenses are those that are clearly identifiable with a specific function. Program revenues include appropriations, contributions and grants that are restricted for the operational or capital requirements of a particular function or segment.

Fund financial statements provide information about the Agency's funds. The General Fund is the Agency's primary operating fund, and it accounts for all financial resources except those required to be accounted for in another fund. AHCCCS did not have any major funds for fiscal year 2021; accordingly, all governmental funds other than the General Fund are aggregated and reported as other governmental funds.

C. Measurement focus, basis of accounting and financial statement presentation

The government-wide financial statements are reported using the economic resources measurement focus and the accrual basis of accounting. Revenues are recorded when earned and expenses are recorded when a liability is incurred, regardless of the timing of the related cash flows.

The governmental fund financial statements are presented using the current financial resources measurement focus and the modified accrual basis of accounting. Revenues are recognized only to the extent that they are susceptible to accrual, meaning that they are both measurable and available to finance expenditures of the fiscal period. Revenues are considered to be available when they are collectible within the current period or soon enough thereafter to pay liabilities of the current period. When an asset is recorded in governmental fund financial statements but the revenue is not available, AHCCCS reports a deferred inflow of resources until such time as the revenue becomes available. The governmental funds' unearned revenue consists of revenue received in advance for services not yet provided. Expenditures generally are recorded when a liability is incurred, as under accrual accounting. Accrued programmatic costs include received but unpaid claims and estimates for incurred but not reported claims paid in the 31-day period following the end of the fiscal year or shortly thereafter. Actual results for accrued programmatic costs may differ from such estimates. These differences are recorded in the period in which they are identified. However, expenditures related to compensated absences are recorded only when payment is due.

(1) Description of reporting entity and summary of significant accounting policies (continued)

In fiscal year 2021, AHCCCS reports the following significant funds:

a. The General Fund is the primary operating fund for the Title XIX Medicaid program and the Title XXI State Children's Health Insurance Program.

b. Special Revenue Funds, reported as other governmental funds, account for various health and administrative programs.

The General Fund is the only major governmental fund of AHCCCS.

D. Cash and investments

Substantially all of the cash and investments maintained by AHCCCS are held by the State of Arizona Office of the Treasurer ("Treasurer") with other State monies in an internal cash and investment pool. Investment income is allocated to AHCCCS on a pro rata basis. Amounts held by the Treasurer are recorded at fair value and totaled $661,846, at June 30, 2021, including designated and restricted funds totaling $134,303.

The State is statutorily limited (by ARS §35-312 and §35-313) to certain investment types. Additionally, State statutes require investments made to be in accordance with the "Prudent Person" rule. This rule imposes the responsibility of making investments with the judgment and care that persons of ordinary prudence would exercise in the management of their own affairs when considering both the probable safety of their capital and the probable income from that capital. The Treasurer issues a separately published Annual Financial Report that provides additional information relative to the Treasurer's total investment activities.

Cash in the General Fund has been internally designated by AHCCCS in the amount of $17,609 for the Interagency Service Agreement ("ISA") Fund. The ISA Fund is used to properly account for, control, and report receipts and disbursements associated with ISAs which are not required to be reported in other funds. Fund receipts consist of monies received from other entities and are utilized to match federal funding under the Medicaid and CHIP programs under the terms stated in the ISAs. Cash in the Other Governmental Funds is legally restricted in the amount of $2,705 for the Hawaii Arizona PMMIS Alliance ("HAPA") Fund, as described in Note 4 at June 30, 2021.

In accordance with the Federal Cash Management Improvement Act of 1990 guidelines, AHCCCS may only request federal funds under specified funding techniques. The application of required funding techniques is automated within the Arizona Financial Information System and controls the timing of federal funding draw downs. Any interest penalty accrued through the automated process is paid by the State from interest earned on the cash investments.

E. Capital assets

Capital assets, which consist of furniture, vehicles and equipment, and internally generated computer software, are reported in the government-wide Statement of Net Position. Tangible capital assets are defined as assets with an initial, individual cost of more than $5 and an estimated useful life in excess of one year. Such assets are recorded at historical cost and are depreciated over their estimated useful lives ranging from three to five years. Intangible capital assets consist of internally generated computer software with an initial cost greater than $1,000. Software is amortized over an estimated useful life of five to ten years. Expenditures for incomplete projects are reported as software under development. The costs of normal maintenance and repairs that do not add to the value of the asset or materially extend assets' lives are not capitalized.

(1) Description of reporting entity and summary of significant accounting policies (continued)

Capital assets are reviewed for impairment whenever events or changes in circumstances indicate a significant, unexpected decline in the service utility of a capital asset. If such assets are considered to be impaired and are still in use, the impairment can be recognized using the following methods: restoration cost approach, service unit approach, and a deflated depreciated replacement cost approach. If such assets are considered to be impaired and are no longer used, the impairment to be recognized is measured by the amount by which the carrying amount of the assets exceeds the fair value of the assets. At June 30, 2021, management did not believe impairment indicators were present, and there were no idle capital assets.

With respect to internally generated computer software, outlays associated with activities in the preliminary project stage are expensed as incurred. Outlays related to activities in the application development stage are capitalized. Capitalization of such outlays will cease no later than the point at which the computer software is substantially complete and operational.

F. Deferred outflows and inflows of resources

The statement of net position and balance sheet include separate sections for deferred outflows of resources and deferred inflows of resources. Deferred outflows of resources represent a consumption of net position that applies to future periods that will be recognized as an expense or expenditure in future periods. Deferred inflows of resources represent an acquisition of net position or fund balance that applies to future periods and will be recognized as revenue in future periods.

G. Pensions

For purposes of measuring the net pension (asset and) liability, deferred outflows of resources and deferred inflows of resources related to pensions, and pension expense, information about the Arizona State Retirement System ("ASRS") pension plan's fiduciary net position and additions to/deductions from the ASRS plan's fiduciary net position have been determined on the same basis as they are reported by the ASRS plan. For this purpose, ASRS benefit payments (including refunds of employee contributions) are recognized when due and payable in accordance with the benefit terms.

H. Net position / fund balance

The difference between assets and liabilities is "Net Position" on the government-wide statements. Net position is reported in three categories:

- Net position, net investment in capital assets, consists of capital assets net of depreciation.
- Restricted net position is restricted due to legal restrictions from laws and regulations of other governments; or legally enforceable through enabling legislation of the State.
- Unrestricted net position consists of net position which does not meet the definition of the two preceding categories.

These categories are based primarily on the extent to which AHCCCS is bound to honor constraints on the specific purposes for which the amounts in those funds can be spent. In the governmental fund financial statements, fund balances are classified as nonspendable and spendable and are defined as follows:

Nonspendable fund balance

Nonspendable fund balance - this includes amounts that cannot be spent because they are either not spendable in form (such as inventory) or legally or contractually required to be maintained intact (such as endowments). At June 30, 2021, AHCCCS had no nonspendable fund balance.

(1) Description of reporting entity and summary of significant accounting policies (continued)

Spendable fund balance

Restricted fund balance - this includes amounts that can be spent only for specific purposes stipulated by legal requirements imposed by other governments, external resource providers, or creditors. AHCCCS imposed restrictions do not create a restricted fund balance unless the legal document that initially authorized the revenue (associated with that portion of the fund balance) also included language that specified the limited use for which the authorized revenues were to be expended. At June 30, 2021, AHCCCS had no restricted fund balance.

Committed fund balance - this includes amounts that can only be used for specific purposes pursuant to constraints imposed by formal action of the Legislature. Those committed amounts cannot be used for any other purpose unless the Legislature removes or changes the specified use by taking the same type of action (for example, statute, session law, etc.) that it employed to previously commit those amounts. If the Legislative action that limits the use of the funds was separate from the action that initially created the revenues that form the basis for the fund balance, then the resultant fund balance is considered to be committed, not restricted. AHCCCS considers a resolution, a statute, or a session law action to constitute a formal action of the Legislature for the purposes of establishing committed fund balance. At June 30, 2021, AHCCCS' committed fund balance totaled $11,523.

Assigned fund balance - this includes amounts constrained by the Legislature for specific purposes. Assigned fund balances include all remaining amounts (except negative amounts) that are reported in the governmental funds, other than the general fund, that are not classified as nonspendable and are neither restricted nor committed and amounts in the general fund that are intended to be used for a specific purpose. By reporting particular amounts that are not restricted or committed in a special revenue fund, AHCCCS has assigned those amounts to the purpose of the respective funds. At June 30, 2021, AHCCCS' assigned fund balance totaled $122,174.

Unassigned fund balance - this includes the remaining spendable amounts which are not included in one of the other classifications. At June 30, 2021, AHCCCS had unassigned fund balance of $148,204.

AHCCCS has neither adopted a minimum fund balance policy nor any agency specific policy for the order of spending fund balances; rather, AHCCCS follows the policies of the State and adheres to the purpose of legislative appropriations or federal grant regulations. AHCCCS' fund balances classified as committed include balances that can only be used for specific purposes pursuant to constraints imposed by formal action of the Arizona Legislature. AHCCCS fund balances classified as assigned include balances that are constrained for specific purposes, and are not committed.

I. Capitation payments

Contracted health plans ("Contractors") receive fixed capitation payments, generally in advance, based on actuarially determined rates for each AHCCCS member enrolled with the plan. The plans are required to provide all covered health care services to their members, regardless of the cost of care. If there are funds remaining, the plan retains the funds as profit; if the costs are higher than the amount of capitation payments, the plan absorbs the loss, except for those cases eligible for reinsurance payments and where profit and loss are subject to certain risk mitigation limitations.

(1) Description of reporting entity and summary of significant accounting policies (continued)

For each contract year for the contracted health plans, AHCCCS has a risk sharing program which includes reconciliation settlements which impact programmatic expenditures and are due to or from AHCCCS based on predetermined profit/loss thresholds. Reconciliations are performed each contract year and profits in excess of the percentages set forth in the AHCCCS policy are recouped by AHCCCS and losses in excess of the percentages set forth in the AHCCCS policy are paid to the Contractors. This methodology ensures that profit and loss are subject to certain risk mitigation limitations.

Capitation is paid prospectively as well as for prior period coverage (“PPC”). The PPC period generally is from the effective date of eligibility to the day a member is enrolled with a contracted health plan. There are several risk mitigation strategies where AHCCCS offers the Contractors a risk corridor for both PPC and prospective expenses which protects the Contractors from excessive losses, while at the same time placing an upper limit on profits.

J. Reinsurance payments

AHCCCS provides a stop-loss reinsurance program for its contracted health plans for partial reimbursement, after a deductible is met, of reinsurable covered medical services incurred for members. AHCCCS is self-insured for the reinsurance program which is characterized by an initial deductible level established for each member for the reinsurance contract year which is from October 1st through September 30th. The deductible is the responsibility of the Contractors and is subject to change by AHCCCS. Any change in the annual deductible amount would have a corresponding impact on capitation rates. The coinsurance percentage is the rate at which AHCCCS will reimburse the Contractor for covered services incurred above the deductible level. This reinsurance provides partial reimbursement of reinsurance eligible covered services and will reimburse in most cases 75% of eligible costs above the deductible.

The reinsurance program also provides reimbursement for covered organ transplantation and catastrophic disorders such as certain high cost behavioral health, blood related disorders, and biologic/high cost specialty drugs. Annual deductible levels do not apply to State Only Transplant members. Additionally, for catastrophic reinsurance cases, there is no deductible level.

Transplant reinsurance coverage is available to partially reimburse Contractors for the cost of care for an enrolled member who meets transplant reinsurance criteria. Individuals who qualify for transplant services, but who are later determined ineligible, due to excess income, may qualify for extended eligibility (refer to State Only Transplants Option 1 and Option 2).

Reinsurance coverage for State Only Option 1 and Option 2 members for transplants received at an AHCCCS contracted facility is paid at the lesser of 1) 100% of the AHCCCS contract amount for the transplantation services rendered, less the transplant share of cost; or 2) 100% of the Contractor paid amount, less the transplant share of cost. For transplants received at a facility not contracted with AHCCCS, payment is made at the lesser of 100% of the lowest AHCCCS contracted amount for the transplant services rendered less the transplant share of cost, or the Contractor paid amount, less the transplant share of cost.

K. Fee-for-service payments

The AHCCCS program is responsible for the cost of providing medical and behavioral health services on a fee-for-service basis to four populations: persons enrolled in the Emergency Services Program (“ESP”), prior quarter coverage for members enrolled in a health plan, persons enrolled in a health plan for less than 30 days, and American Indian members enrolled with the American Indian Health Program, Tribal Regional Behavioral Health Authorities or Arizona Long Term Care Tribal Case Management Program.

(1) Description of reporting entity and summary of significant accounting policies (continued)

The ESP provides for emergency medical care to persons who are not eligible for full AHCCCS coverage due to their lack of United States citizenship or lawful alien status. Outpatient medical services for the ESP, prior quarter coverage, members enrolled in a health plan for less than 30 days and American Indian program enrolled members that receive services at a non-Indian Health Services ("IHS")/638 facility are reimbursed using the AHCCCS Outpatient Hospital Fee Schedule. Inpatient medical services for these populations are reimbursed based on the category of service provided and an inpatient per-diem reimbursement rate system or at the outlier reimbursement rate. Professional and non-hospital services for these populations are reimbursed at the AHCCCS fee for service rates.

Inpatient and outpatient medical services provided at an IHS facility are reimbursed at rates determined by the U.S. Department of Health and Human Services, Indian Health Services. Tribal-owned facilities contracted with IHS are reimbursed at rates determined by the U.S. Department of Health and Human Services, Indian Health Services or at the AHCCCS fee-for-service rates. Off-reservation services provided by non-IHS/638 providers are reimbursed based on the AHCCCS fee-for-service rates, AHCCCS inpatient per-diem reimbursement rate system or at the outlier reimbursement rate and the AHCCCS Outpatient Hospital Fee Schedule.

L. Incurred but not reported programmatic expenditures

In the accompanying financial statements, health care services expenditures include paid claims, received but unpaid programmatic claims, and an estimate made by management for incurred but not reported ("IBNR") programmatic claims. These IBNR programmatic claims include charges by physicians, hospitals and other health care providers for services rendered to eligible members during the period for which claims have not yet been submitted as well as prior period capitation payments for members enrolled retrospectively.

The estimates for IBNR programmatic claims are developed using historical data for payment patterns and other relevant factors. Such liabilities are necessarily based on assumptions and estimates, and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liabilities are continually reviewed, by management, and adjustments are reflected in the period determined.

M. Hospital assessment fund

The Hospital Assessment Fund, established pursuant to ARS §36-2901.09 on January 1, 2014, consists of monies collected from an assessment on hospitals for the purpose of funding a portion of the non-federal share of costs for the Proposition 204 eligible population. AHCCCS recorded assessment revenues in the amount of $506,807 and expenditures in the amount of $455,768 during fiscal year 2021 with an ending net fund balance of $120,052 at June 30, 2021.

N. Hospital and nursing facility payments

CMS and the Legislature authorized AHCCCS to make Disproportionate Share, Graduate Medical Education, Rural Hospital, Critical Access Hospital, Trauma Center and Nursing Facility supplemental expenditures in fiscal year 2021. Disproportionate share expenditures to Arizona hospitals that provided care to a disproportionate share (as defined) of the State's indigent population totaled $48,992. Graduate Medical Education expenditures to reimburse hospitals with GME programs for the additional costs of treating AHCCCS members utilizing graduate medical students totaled $372,657. Critical Access Hospital expenditures to provide increased reimbursement to small rural hospitals that are federally designated as critical access hospitals and Rural Hospital expenditures to increase inpatient reimbursement rates for qualifying rural hospitals totaled $36,069. Trauma center services to reimburse hospitals in Arizona for unrecovered trauma center readiness costs and unrecovered emergency services costs totaled $31,080.

(1) Description of reporting entity and summary of significant accounting policies (continued)

Nursing Facility supplemental expenditures utilize a quality assessment on health care items and services provided by nursing facilities to qualify for federal matching funds for supplemental payments for covered Medicaid expenditures, not to exceed the Medicare upper payment limit. The expenditures are included with long-term care health care services and totaled $131,126.

O. Health care investment fund

Arizona House Bill 2668 Chapter 46 from March 25, 2020 established the Health Care Investment Fund and a second hospital assessment on hospitals' revenue for the purpose of funding the non-federal share of the Directed Payments made to the hospitals pursuant to 42 Code of Federal Regulations ("CFR") 438.6(c). These Directed Payments supplement the base reimbursement level for hospitals services for AHCCCS recipients and increase base reimbursement rates for the dental and physician fee schedules to rates in effect before fiscal year 2008-2009. This initiative is known as the Hospital Enhanced Access Leading to Health Improvements Initiative ("HEALTHII") program.

The HEALTHII program uniform percentage increases are based on a fixed payment pool that is allocated to each hospital class based on the additional funding needed to achieve each class aggregate targeted pay-to-cost ratio for Medicaid managed care services. The quarterly payments started in the quarter ended December 2020. The amount of the Directed HEALTHII payments for the period from October 1, 2020 through June 30, 2021 was $976,173, which includes $797,571 federal share and $178,602 non-federal share covered by the hospital assessments collected in Health Care Investment Fund.

For fiscal year 2021, revenue collected in the Health Care Investment Fund, which is part of the General Fund, in fiscal 2021 totaled $239,732 and expenditures totaled $179,798, resulting in an ending fund balance of $59,934 as of June 30, 2021.

P. Taxes

AHCCCS is an agency of the State of Arizona and is not subject to income taxes.

Q. Management's use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, disclosure of contingent assets and liabilities, and the reported amounts of revenues and expenditures at June 30, 2021. Actual results may differ from these estimates. Material estimates potentially susceptible to change in the near term relate to the accrued programmatic claims liability, the accrued Tobacco Settlement revenue and receivable, and certain risk sharing reconciliation accruals.

R. 100% Federal poverty level expansion and CMS Waiver

On November 7, 2000, the Arizona voters approved ballot Proposition 204. One of its primary components directed AHCCCS to increase the minimum qualifying income eligibility level up to 100% of the Federal Poverty Level. Proposition 204 also designated AHCCCS as the administrator of the tobacco litigation settlement funds awarded to the State for compensation of costs incurred in providing its citizens with health care and other services necessitated by the use of tobacco products.

(1) Description of reporting entity and summary of significant accounting policies (continued)

In January 2001, AHCCCS obtained a Waiver from CMS to receive federal funding for certain non-categorically linked populations including those made eligible by the passage of Proposition 204. The Waiver requires that over the term of the agreement the populations covered by the Waiver be budget neutral for CMS. The Waiver period for budget neutrality began April 1, 2001 and extended through federal fiscal year 2011, at which time any federal funds received by the State that exceed the negotiated budget neutrality limit were to be returned to CMS. AHCCCS was granted a new Waiver from CMS in October 2011. The second Waiver period for budget neutrality began October 1, 2011 and originally was approved by CMS through the end of federal fiscal year 2021. CMS has extended AHCCCS' 1115 Waiver for a one-year period through September 30, 2022, while CMS continues to review the Agency's 2021-2026 Wavier renewal application. Effective with the January 1, 2014 implementation of the eligibility expansion under the ACA to include the new adult group, members with income between 100% and 133% of the FPL, the budget neutrality measurement is performed separately for the newly eligible adult population. Management believes that as of June 30, 2021, AHCCCS does not have any liability to CMS related to either budget neutrality agreement and, accordingly, no liability is recorded in the accompanying financial statements. See Note 8.

AHCCCS has classified the Arizona Tobacco Litigation Settlement Fund, created by ballot Proposition 204, as part of its General Fund. These funds are restricted for use as specified in the litigation settlement and/or legislation. Annual settlement payments, based on cigarette sales from the preceding calendar year are made in April. In addition, supplemental payments may be received as tobacco companies enter into the tobacco master settlement agreement ("MSA"). AHCCCS received annual and strategic contribution fund payments of $105,683 in fiscal year 2021 for the period from January 1, 2020 to December 31, 2020. Revenue for the period from July 1, 2020 to December 31, 2020 totaled approximately $52,842. Additionally, revenue and a related receivable of $51,000 were accrued for the period of January 1, 2021 through June 30, 2021 and are included in Tobacco Settlement Receivable and Other Operating Grants and Contributions in the accompanying Statement of Net Position and Statement of Activities.

S. Prescription drug rebate program

The ACA included a provision to extend drug rebates to managed care programs and to increase the rebate amount drug manufacturers are required to pay under the Medicaid drug rebate program. AHCCCS received CMS approval on January 26, 2011 to participate in the drug rebate program, both managed care and fee-for-service, for drugs dispensed on or after March 23, 2010. AHCCCS received rebate reimbursements and delinquent account interest in the amount of $967,140 in fiscal year 2021. Of this amount, $644,914 was returned to the Federal government in fiscal 2021 and $156,534 will be returned subsequent to June 30, 2021. This amount is netted against the due from the Federal government in the accompanying financial statements. The remaining $165,692 is available to offset a portion of General Fund current and future fiscal year expenditures. Additionally, AHCCCS has accrued the unpaid invoice balance of $378,416 as of June 30, 2021 which is included in receivables and other in the accompanying Statement of Net Position. Of this accrued receivable, $314,082 will be returned to the Federal government and is netted against the due from the Federal government in the accompanying financial statements and $64,334 is available to offset future fiscal year expenditures, which is netted against the due from state and local governments in the accompanying financial statements.

(dollar amounts expressed in thousands)

(2) Capital assets

Net asset balances and current fiscal year activity are as follows:

Governmental Activities:	Balance June 30, 2020	Increases	Decreases	Balance June 30, 2021
Capital assets, being depreciated:				
Vehicles, Furniture & Equipment	6,051	356	(1,448)	4,959
Software	153,089	-	-	153,089
Total capital assets, being depreciated	159,140	356	(1,448)	158,048
Less accumulated depreciation for:				
Vehicles, Furniture & Equipment	(5,690)	(224)	1,427	(4,487)
Software	(77,029)	(14,566)	-	(91,595)
Total accumulated depreciation	(82,719)	(14,790)	1,427	(96,082)
Total capital assets being depreciated, net	$ 76,421	$ (14,434)	$ (21)	$ 61,966
Total governmental activities capital assets, net	$ 76,421	$ (14,434)	$ (21)	$ 61,966

For the year ended June 30, 2021, depreciation expense on capital assets totaled approximately $14,790.

Software includes the costs to develop and implement the new ACA compliant eligibility system. The automated eligibility system qualified AHCCCS for 75 percent enhanced FFP for certain eligibility determination administrative functions that previously were eligible for the 50 percent FFP rate. The project consisted of three major phases. The first phase, initial implementation of the new system, was completed during fiscal year 2014. The second phase was the transition from processing eligibility determinations in the existing legacy system to the new ACA compliant system and was completed in early fiscal year 2016. The third and final phase, the transition for long-term care eligibility determinations from the AHCCCS legacy system into the ACA compliant system, was completed and placed into service during fiscal year 2018. At that time, software under development was transferred to software.

(dollar amounts expressed in thousands)

(3) Compensated absences

It is the State's policy to permit employees to accumulate earned but unused vacation, compensatory and sick pay benefits. Employees may accumulate up to 240 or 320 hours of vacation depending upon their position classification. Vacation hours in excess of the maximum amount that are unused at the calendar year end are forfeited. There is no liability recorded on AHCCCS' financial statements for sick leave as any amounts eligible for payment when employees separate from State service are the responsibility of the Arizona Department of Administration. The amount recorded in the government-wide financial statements consists of employees' vested accrued vacation and accrued compensatory time benefits. All compensated absences are due within one year. Balances and current fiscal year activity are as follows:

Balance, June 30, 2020	$ 4,470
Additions	6,950
Reductions	(6,557)
Balance, June 30, 2021	$ 4,863

(4) Other governmental funds

At June 30, 2021, the other governmental fund balance included activity within the following funds:

- Tobacco Tax and Health Care Fund, Medically Needy Account ("MNA") - The Arizona Department of Revenue allocates funding to the MNA which provides funding for services provided through the Title XIX Medicaid and other legislatively authorized health related services or programs. Revenue sources for the MNA include tobacco tax proceeds and investment income.

- Tobacco Products Tax Fund, Emergency Health Services Account ("EHSA") - The Arizona Department of Revenue allocates the tobacco tax revenue to the EHSA which is used solely for the reimbursement of uncompensated care, primary care services and trauma center readiness costs. Monies remaining unexpended and unencumbered in the account on June 30th of each year revert to the Proposition 204 Protection Account, a general fund. Revenue sources for the EHSA include tobacco tax proceeds and investment income.

- Trauma and Emergency Services Fund - This fund is comprised of gaming revenues to be used to reimburse hospitals in Arizona for unrecovered trauma center readiness costs and unrecovered emergency services costs.

- Nursing Facility Assessment Fund - This fund consists of monies received from the nursing facility assessment, federal monies received as a result of expenditures made attributable to monies deposited in the fund, interest, legislative appropriations, grants, gifts, contributions and devices. The monies in this fund shall be used to qualify for federal matching funds for supplemental payments for nursing facility services and administrative cost to administer the fund.

- Hospital Assessment Fund - This fund consists of monies collected from an assessment on hospitals for the purpose of funding a portion of the non-federal share of the Medicaid expansion and the entire Proposition 204 population on and after January 1, 2014.

(4) Other governmental funds (continued)

- Third Party Liability and Recovery Audit Fund - This fund is comprised of monies recovered from first and third party payers under various AHCCCS recovery programs prior to disbursement to the appropriate parties, contractors and programs. These programs primarily include casualty, special treatment trusts, estate, health insurance recoveries, and recovery audit collections.

- Substance Abuse Services Fund - This fund consists of monies received from a surcharge in the amount of thirteen percent on every fine, penalty and forfeiture imposed and collected by the courts for criminal offenses and civil penalties pursuant to ARS § 12-116.02. AHCCCS may expend monies in the fund for administration of the fund and for drug screening, education or treatment for persons who have been ordered by the court to attend and who do not have sufficient financial ability to pay.

- Substance Abuse Services Fund - Alcohol - This fund consists of monies received from a surcharge in an amount of thirteen percent on every fine, penalty and forfeiture imposed and collected by the courts for criminal offenses and civil penalties pursuant to ARS § 12-116.02. AHCCCS may expend monies in the fund for administration of the fund and for alcohol screening, education or treatment for persons who have been ordered by the court to attend and who do not have sufficient financial ability to pay.

- Seriously Mentally Ill Housing Trust Fund - This fund consists of monies received from the sale of abandoned property and investment earnings. AHCCCS may expend monies for housing projects and rental assistance for seriously mentally ill persons.

- Miscellaneous Funds - These funds account for various grants and other money received for specific purposes including the Hawaii Arizona PMMIS Alliance (“HAPA”) and Federal Grants Fund, which includes the behavioral health grants awarded to the Agency by SAMHSA. HAPA represents AHCCCS’ project with Hawaii whereby AHCCCS provides data processing services for Hawaii’s Medicaid program which had a fund balance of $1,450 as of June 30, 2021.

(dollar amounts expressed in thousands)

(4) Other governmental funds (continued)

Other governmental funds earned, expended and transferred during the fiscal year ended June 30, 2021 were as follows:

	Fund Balance June 30, 2020	Revenues	Interest Earned	Expenditures	Transfers In/(Out)	Fund Balance June 30, 2021
Tobacco Tax and Health Care Fund, Medically Needy Account	$ -	$ 67,958	$ -	$ (67,258)	$ (700)	$ -
Tobacco Products Tax Fund, Emergency Health Services Account	-	17,764	-	(17,764)	-	-
Trauma and Emergency Services Fund	-	31,080	-	(31,080)	-	-
Nursing Facility Assessment Fund	-	131,126	-	(131,126)	-	-
Hospital Assessment Fund	69,013	506,807	-	(455,768)	-	120,052
Third Party Liability and Recovery Audit Fund	-	2,389	-	(2,389)	-	-
Substance Abuse Services Fund	1,066	1,138	-	(1,350)	-	854
Substance Abuse Services Fund - Alcohol	1,165	753	-	(900)	-	1,018
Seriously Mentally Ill Housing Trust Fund	7,828	2,000	45	(222)	-	9,651
Miscellaneous Funds	(24)	111,107	10	(94,754)	(14,217)	2,122
	$ 79,048	$ 872,122	$ 55	$ (802,611)	$ (14,917)	$ 133,697

(dollar amounts expressed in thousands)

(5) Retirement plan

AHCCCS contributes to the Arizona State Retirement System ("ASRS" or the "Plan") described below. The Plan is a component unit of the State of Arizona.

At June 30, 2021, AHCCCS reported the following aggregate amounts related to pensions for all plans to which it contributes:

Statement of Net Position and Statement of Activities	Governmental Activities
Net pension assets	$ -
Net pension liabilities	87,378
Deferred outflows of resources	16,164
Deferred inflows of resources	2,516
Pension expenses	7,424

AHCCCS's accrued payroll and employee benefits includes no amounts of outstanding pension contribution amounts payable to all pension plans for the year ended June 30, 2021. In addition, AHCCCS reported $6,946 of pension contributions as expenditures in the governmental funds related to all pension plans to which it contributes.

Plan description - AHCCCS employees participate in the ASRS. The ASRS administers a cost-sharing multiple-employer defined benefit pension plan, a cost-sharing multiple-employer defined benefit health insurance premium benefit ("OPEB") plan, and a cost-sharing multiple-employer defined benefit long-term disability ("OPEB") plan. The Arizona State Retirement System Board governs the ASRS according to the provisions of A.R.S. Title 38, Chapter 5, Articles 2 and 2.1. The ASRS issues a publicly available financial report that includes its financial statements and required supplementary information. The report is available on its Web site at www.azasrs.gov.

Benefits provided - The ASRS provides retirement, health insurance premium supplement, long-term disability, and survivor benefits. State statute establishes benefit terms. Retirement benefits are calculated on the basis of age, average monthly compensation, and service credit as follows:

ASRS	**Retirement** **Initial membership date:** **Before July 1, 2011**	 **On or after July 1, 2011**
Years of service and age required to receive benefit	Sum of years and age equals 80 10 years age 62 5 years age 50* any years age 65	30 years age 55 25 years age 60 10 years age 62 5 years age 50* any years age 65
Final average salary is based on	Highest 36 consecutive months of last 120 months	Highest 60 consecutive months of last 120 months
Benefit percent per year of service	2.1% to 2.3%	2.1% to 2.3%

*With actuarially reduced benefits.

(5) Retirement plan (continued)

Retirement benefits for members who joined the ASRS prior to September 13, 2013, are subject to automatic cost-of-living adjustments based on excess investment earning. Members with a membership date on or after September 13, 2013, are not eligible for cost-of-living adjustments. Survivor benefits are payable upon a member's death. For retired members, the survivor benefit is determined by the retirement benefit option chosen. For all other members, the beneficiary is entitled to the member's account balance that includes the member's contributions and employer's contributions, plus interest earned.

Permanent Benefit Increase ("PBI") - Pursuant to A.R.S. § 38-767, retired members who have been retired for at least one year, and members receiving LTD benefits, are eligible for a benefit increase adjustment annually up to a maximum of 4%, if funds are available. The PBI is paid when the average investment return is in excess of 8% over a rolling 10 year period from a reserve of excess actuarial investment earnings. Enhanced Permanent Benefit Increase ("EPBI") – Pursuant to A.R.S. § 38-767, retired members with at least 10 years of service who have been retired five or more years are eligible for an enhanced permanent benefit increase. Due to legislation enacted in the 2013 legislative session, PBIs and EPBI will not be awarded to members hired after September 13, 2013.

Contributions - In accordance with state statutes, annual actuarial valuations determine active member and employer contribution requirements. The combined active member and employer contribution rates are expected to finance the costs of benefits employees earn during the year, with an additional amount to finance any unfunded accrued liability. For the year ended June 30, 2021, active ASRS members were required by statute to contribute at the actuarially determined rate of 12.22 percent (12.04 percent for retirement and 0.18 percent for long-term disability) of the members' annual covered payroll, and AHCCCS was required by statute to contribute at the actuarially determined rate of 12.22 percent (11.65 percent for retirement, 0.39 percent for health insurance premium benefit, and 0.18 percent for long-term disability) of the active members' annual covered payroll. In addition, AHCCCS was required by statute to contribute at the actuarially determined rate of 10.21 percent (10.14 percent for retirement, 0.0 percent for health insurance premium benefit, and 0.07 percent for long-term disability) of annual covered payroll of retired members who worked for AHCCCS in positions that would typically be filled by an employee who contributes to the ASRS.

During fiscal year 2021, AHCCCS paid for ASRS pension contributions as follows: 96.28 percent from the General Fund and 3.72 percent from other governmental funds.

Pension liability - At June 30, 2021, AHCCCS reported a liability of $87,378 for its proportionate share of the ASRS' net pension liability. The net pension liability was measured as of June 30, 2020. The total pension liability used to calculate the net pension liability was determined using updated procedures to roll forward the total pension liability from an actuarial valuation as of June 30, 2019, to the measurement date of June 30, 2020. AHCCCS's proportion of the net pension liability was based on AHCCCS's actual contributions to the plan relative to the total of all participating employers' contributions for the year ended June 30, 2020 AHCCCS's proportion measured as of June 30, 2020, was 0.50430 percent, which was a decrease of 0.01856 percent from its proportion measured as of June 30, 2019 of 0.52286 percent.

Pension expense and deferred outflows/inflows of resources - For the year ended June 30, 2021, AHCCCS recognized pension expense for ASRS of $7,424. At June 30, 2021, AHCCCS reported deferred outflows of resources and deferred inflows of resources related to pensions from the following sources:

(dollar amounts expressed in thousands)

(5) Retirement plan (continued)

ASRS	Deferred Outflows of Resources	Deferred Inflows of Resources
Differences between expected and actual experience	$ 790	$ -
Change in assumptions	-	-
Net difference between projected and actual earnings on pension plan investments	8,428	-
Changes in proportion and differences between AHCCCS contributions and proportionate share of contributions	-	2,516
AHCCCS contributions subsequent to the measurement date	6,946	-
Total	$ 16,164	$ 2,516

The $6,946 reported as deferred outflows of resources related to ASRS pensions resulting from AHCCCS contributions subsequent to the measurement date will be recognized as a reduction of the net pension liability in the year ending June 30, 2022. Other amounts reported as deferred outflows of resources and deferred inflows of resources related to ASRS pension will be recognized as an increase (decrease) in pension expense as follows:

Years Ending June 30	
2022	$ 1,707
2023	3,048
2024	2,607

Actuarial assumptions – The significant actuarial assumptions used to measure the total pension liability are as follows:

ASRS	
Actuarial valuation date	June 30, 2019
Measurement date	June 30, 2020
Actuarial cost method	Entry age normal
Asset valuation method	Fair Value
Discount rate of return	7.5%
Projected salary increases	2.7 – 7.2%
Inflation	2.3%
Permanent benefit increase	Included
Mortality rates	2017 SRA Scale U-MP

Actuarial assumptions used in the June 30, 2019 valuation were based on the results of an actuarial experience study for the 5-year period ended June 30, 2016.

The actuarial assumptions pertain to assumptions utilized for financial reporting purposes. They differ from the assumptions utilized for funding purposes. The principal difference between the actuarial assumptions for financial reporting purposes and those utilized for funding purposes are the amortization methodology and the valuation of assets.

The actuarial assumptions related to funding were selected on the basis of an experience study which was performed for the five-year period ending June 30, 2016. The ASRS Board adopted the experience study which recommended changes, and those changes were effective as of the June 30, 2017 actuarial valuation.

(dollar amounts expressed in thousands)

(5) Retirement plan (continued)

The long-term expected rate of return on ASRS pension plan investments was determined using a building-block method in which best-estimate ranges of expected future real rates of return (expected returns, net investment expense and inflation) are developed for each major asset class. These ranges are combined to produce the long-term expected rate of return by weighting the expected future real rates of return by the target asset allocation percentage and by adding expected inflation. The target allocation and best estimates of geometric real rates of return for each major asset class are summarized in the following table:

ASRS	Target Asset Allocation	Real Return Geometric Basis	Long-term Contribution to Expected Real Return
Equity	50%	6.39%	3.20%
Credit	20%	5.44%	1.09%
Interest rate sensitive bonds	10%	22%	0.02%
Real estate	20%	5.85%	1.17%
Total	100%		5.48%

Discount rate - The discount rate used to measure the ASRS total pension liability was 7.5 percent. The projection of cash flows used to determine the discount rate assumed that contributions from participating employers will be made based on the actuarially determined rates based on the ASRS Board's funding policy, which establishes the contractually required rate under Arizona statute. Based on those assumptions, the pension plan's fiduciary net position was projected to be available to make all projected future benefit payments of current plan members. Therefore, the long-term expected rate of return on pension plan investments was applied to all periods of projected benefit payments to determine the total pension liability.

Sensitivity of AHCCCS's proportionate share of the ASRS net pension liability to changes in the discount rate - The following table presents AHCCCS's proportionate share of the net pension liability calculated using the discount rate of 7.5 percent, as well as what AHCCCS's proportionate share of the net pension liability would be if it were calculated using a discount rate that is 1 percentage point lower (6.5 percent) or 1 percentage point higher (8.5 percent) than the current rate:

	1% Decrease	Current Discount Rate	1% Increase
	(6.5%)	(7.5%)	(8.5%)
AHCCCS's proportionate share of the net pension liability	$ 119,488	$ 87,378	$ 60,535

Pension plan fiduciary net position - Detailed information about the pension plan's fiduciary net position is available in the separately issued ASRS financial report.

Other post-employment benefits ("OPEB") provided as part of state employment include the ASRS sponsored cost-sharing plan for the Long-Term Disability Fund and the Health Benefit Supplement Fund, as well as the Arizona Department of Administration sponsored single employer defined benefit post-employment plan.

Cost-sharing plan - The ASRS provides health insurance premium supplemental benefits and disability benefits to retired members, disabled members, and eligible dependents through the Health Benefit Supplement Fund ("HBS") and the Long Term Disability Fund ("LTD"), which are cost-sharing, multiple-employer defined benefit postemployment plans. Title 38, Chapter 5 of the A.R.S. assigns the authority to establish and amend the benefit provisions of the HBS plan and the LTD plan to the Arizona State Legislature.

(dollar amounts expressed in thousands)

(6) Other postemployment benefits (OPEB)

The ASRS issues a publicly available financial report that includes the financial information and disclosure requirements for the HBS plan and the LTD plan. That report may be obtained by visiting www.azasrs.gov.

Contributions - For the ASRS HBS and LTD plans, contributions are recognized as revenues when due, pursuant to statutory and contractual requirements. Benefits and refunds are recognized when due and payable and expenses are recorded when the corresponding liabilities are incurred, regardless of when contributions are received or payments are made.

Funding policy - The contribution requirements of plan members and AHCCCS are established by Title 38, Chapter 5 of the Arizona Revised Statutes (ARS). These contribution requirements are established and may be amended by the Arizona State Legislature. For the year ended June 30, 2021, active ASRS members and AHCCCS were each required by statute to contribute at the actuarially determined rate of 0.18 percent of the members' annual covered payroll for LTD. AHCCCS also contributed 0.39 percent for the HBS. In addition, AHCCCS was required to contribute 0.07 percent for long-term disability based on annual covered payroll for retired members who worked for AHCCCS in positions that an employee who contributes to ASRS would typically fill. However, in 2021 AHCCCS was not required to contribute to the health benefits supplemental fund (HBS) for these employees. AHCCCS' contributions for the current and two preceding years for OPEB, all of which were equal to the required contributions, were as follows:

Fiscal Year	Health Benefit Supplemental Fund	Long-term Disability Fund
2021	$ 233	$ 107
2020	268	93
2019	252	88

Changes in AHCCCS' OPEB liability for the HBS and LTD plans during fiscal year 2021 were as follows:

	HBS	LTD	TOTAL
Beginning balances	$ (148)	$ 345	$ 197
Increases	1,061	249	1,310
Decreases	(1,278)	(207)	(1,485)
Ending balances	$ (365)	$ 387	$ 22

(dollar amounts expressed in thousands)

(6) Other postemployment benefits (OPEB) (continued)

Actuarial assumptions - The actuarial assumptions used to determine the OPEB liability for the HBS and LTD plans are presented in the following table:

ASRS	
Actuarial valuation date	June 30, 2019
Measurement date	June 30, 2020
Actuarial cost method	Entry age normal
Asset valuation Method	Fair value
Investment rate of return	7.5%
Inflation	2.3%
Mortality rates (HBS)	2017SRA Scale U-MP
Recovery rates (LTD)	2012 GLDT

Actuarial assumptions used in the June 30, 2019 valuation were based on the results of an actuarial experience study for the 5-year period ended June 30, 2016.

The actuarial assumptions pertain to assumptions utilized for financial reporting requirements and differ from the assumptions utilized for funding purposes. The principal differences between the actuarial assumptions for financial reporting purposes and those utilized for funding purposes are the amortization methodology and valuation of assets.

The long-term expected rate of return on HBS and LTD plan investments, is the same as that for ASRS pension plan investments. The method used to derive this rate is described in Note 5.

Discount rate - The discount rate used to measure the total HBS and LTD liability was 7.5 percent. The projection of cash flows used to determine the discount rate assumed that contributions from participating employers will be made based on the actuarially determined rates based on the ASRS Board's funding policy, which establishes the contractually required rate under Arizona statute. Based on those assumptions, the fiduciary net position of the HBS and LTD Funds was projected to be available to make all projected future benefit payments of current members. Therefore, the long-term expected rate of return on investments was applied to all periods of projected benefit payments to determine the total HBS and LTD liability.

Sensitivity of AHCCCS's proportionate share of the net ASRS OPEB liability to changes in the discount rate - The following table presents AHCCCS's proportionate share of the net ASRS OPEB liability calculated using the discount rate of 7.5 percent, as well as what AHCCCS's proportionate share of the net ASRS OPEB liability would be if it were calculated using a discount rate that is 1 percentage point lower (6.5 percent) or 1 percentage point higher (8.5 percent) than the current rate:

	1% Decrease	Current Discount Rate	1% Increase
	(6.5%)	(7.5%)	(8.5%)
AHCCCS's proportionate share of the net HBS liability	$ 478	$ (365)	$ (1,081)
AHCCCS's proportionate share of the net LTD liability	$ 422	$ 387	$ 352

(dollar amounts expressed in thousands)

(6) <u>Other postemployment benefits (OPEB) (continued)</u>

Single-employer plan

The Arizona Department of Administration ("ADOA") administers a single-employer defined benefit post-employment plan (ADOA Plan) that provides medical and accidental benefits to retired State employees and their dependents. Title 38, Chapter 4 of the ARS assigns the authority to establish and amend the benefit provisions of the ADOA Plan to the Arizona State Legislature. The ADOA pays the medical costs incurred by retired employees, net of related premiums, which are paid entirely by the retiree or on behalf of the retiree. These premium rates are based on a blend of active employee and retiree experience, resulting in a contribution basis that is lower than the expected claim costs for retirees, creating an implicit subsidization of retirees by the ADOA Plan. ADOA does not issue a separate, publicly available financial report for the ADOA Plan; however, the State of Arizona Comprehensive Annual Financial Report presents state-wide prior year information, which can be obtained by visiting gao.az.gov. A portion of the ADOA Plan's implicit rate subsidy, if not fully funded, represents an obligation of AHCCCS for its proportionate share of the net OPEB obligation.

Since the plan does not have a formal trust, GASB Statement No. 75 requires state and local government employers to recognize the total OPEB liability and the OPEB expense on their financial statements, along with the related deferred outflows and inflows of resources.

In addition to the deferred outflows/inflows related to plan experience and assumption changes, GASB Statement No. 75 states the benefit payments and administrative costs incurred subsequent to the measurement date and before the end of the employer's reporting period should be reported as a deferred outflow of resources.

<u>Funding policy</u> - The ADOA's current funding policy is pay-as-you-go for OPEB benefits. There are no dedicated assets at this time to offset the actuarial accrued liability.

<u>OPEB expense and total OPEB liability</u> - AHCCCS' proportionate share of OPEB expense and changes in the OPEB liability of the ADOA Plan for the year ended June 30, 2021, are as follows:

Statement of OPEB Expenses		
Service Cost	$	2,063
Interest on total OPEB liability		801
Expensed portion of current-period changes of assumptions		-
Recognition of beginning of the year deferred inflows as OPEB expense		449
Amortization of current year outflows (inflows) due to liabilities		280
OPEB expense	$	3,593
Schedule of Change of Total OPEB Liability and Related Ratios		
Service Cost	$	2,063
Interest on total OPEB liability		801
Changes of benefit terms		-
Difference between expected and actual experience of the total OPEB liability		-
Different between expected and actual experience from the change in Proportionate Share		-
Changes of assumptions		3,403
Expected benefit payments		(532)
Net change in total OPEB liability		5,735
Total OPEB liability at 6/30/2020		23,797
Total OPEB liability at 6/30/2021	$	29,532

(dollar amounts expressed in thousands)

(6) Other postemployment benefits (OPEB) (continued)

Actuarial methods and assumptions - The actuarial assumptions used to value the liabilities include assumptions of the health care trend assumptions, the aging factors as well as the cost method used to develop the OPEB expenses. The demographic assumptions are based on the assumptions that we developed based on the defined benefits plans in which the Plan participates. Since the prior measurement date, the discount rate changed from 3.13% as of June 30, 2019 to 2.45% as of June 30, 2020 and the trend assumptions were updated to reflect the recent experience.

The ADOA Plan's actuarial methods and significant assumptions for a measurement date as of June 30, 2020 are as follows:

Actuarial valuation date		June 30, 2019
Measurement date		June 30, 2020
Reporting date		June 30, 2021
Actuarial cost method		Individual entry age normal
Discount rate		2.45% as of June 30, 2020
Inflation		2.30%
Salary increases		0.00% to 4.50%, not including wage inflation of 2.70%
Health care cost trend rates		Initial rate of 7.20% declining to an ultimate rate of 4.25% after 13 years
Mortality rates	Healthy Employee	RP-2014 Active Member Mortality table projected generationally from 2014 in accordance with the Ultimate MP scales.
	Healthy Retirees and Spouses	2017 State Retirees of Arizona Mortality tables projected generationally from 2017 in accordance with the Ultimate MP scales
	Disabled Retirees	RP-2014 Disabled Retiree Mortality tables projected generationally from 2014 in accordance with the Ultimate MP scales

Discount rate - The discount rate for ADOA OPEB funded entirely on a pay-as-you-go basis is the yield or index rate for 20-year, tax-exempt general obligation municipal bonds with an average rating of AA or higher (or equivalent quality on another rating scale). For the measurement date of June 30, 2020, the index value of Bond Buyer 20-Bond General Obligation Municipal Bond was used.

The discount rate equals the tax-exempt municipal bond rates based on the index of 20-year general obligation bonds with an average AA credit rating as of the measurement date, For the purposes of this valuation the municipal bond rate is 2.45%.The discount rate was 3.13% as of the prior measurement date.

(dollar amounts expressed in thousands)

(6) Other postemployment benefits (OPEB) (continued)

Sensitivity of AHCCCS's proportionate share of the ADOA OPEB liability to changes in the discount rate and health care cost trend rates - The following table presents AHCCCS's proportionate share of the ADOA OPEB liability calculated using the discount rate of 2.45 percent, as well as what AHCCCS's proportionate share of the ADOA OPEB liability would be if it were calculated using a discount rate that is 1 percentage point lower (1.45 percent) or 1 percentage point higher (3.45 percent) than the current rate. Also shown is the OPEB liability computed with the current health care cost trend rates and with the trend rates that are 1 percentage point lower or 1 percentage point higher than the current rates:

	1% Decrease	Current Discount Rate	1% Increase
	(1.45%)	(2.45%)	(3.45%)
Sensitivity of Total OPEN Liability to the Discount Rate Assumption	$ 35,814	$ 29,532	$ 24,712

(7) Budgetary basis of accounting

The financial statements of AHCCCS are prepared in conformity with accounting principles generally accepted in the United States of America ("GAAP"). AHCCCS, like other State agencies, prepares its annual operating budget on a basis that differs from the GAAP basis. Encumbrances as of June 30th can be liquidated during a four week administrative period known as the 13th month. The budget basis expenditures reported in the financial statements include both the fiscal year paid and the 13th month activity. The State does not have a legally adopted budget for revenues. AHCCCS' controlling statute for programmatic payments administrative adjustment procedures varies from the statutory requirement of other State agencies. AHCCCS is permitted to pay for approved system covered medical services presented after the close of the fiscal year in which they were incurred with either remaining prior year or current year available appropriations. Unexpended prior year available appropriations for programmatic payments revert on December 31, 2021.

(dollar amounts expressed in thousands)

(7) Budgetary basis of accounting (continued)

The following is a reconciliation of the GAAP Statement of Revenues, Expenditures and Changes in Fund Balances - Governmental Funds to the budgetary comparison schedules for the year ended June 30, 2021:

	General Fund Actual
Budgetary Basis Fund Balance, June 30, 2021	$ 585,556
Budgetary Basis of Accounting	
Increases to fund balance:	
Due from state and local governments	118,166
Due from the federal government (net)	1,126,891
Due from other fund	17,521
Tobacco settlement receivable	51,000
Receivables and other	465,816
Total increases	1,779,394
Decrease to fund balance:	
Unearned revenue	(24,467)
Due to state and county governments	(360,929)
Due to the federal government	(314,213)
Accrued programmatic costs	(1,110,502)
Payables and other	(14,217)
Unavailable revenue, net	(392,418)
Total decreases	(2,216,746)
Total GAAP basis fund balance	$ 148,204

Non-appropriated expenditures of $2,056,819 in the General Fund consist primarily of federal and state matching pass-through payments to other agencies.

(8) Contingencies, risk and uncertainties

COVID-19 - On March 11, 2020, the World Health Organization declared the outbreak of a respiratory disease cause by a new coronavirus as a “pandemic”. First identified in late 2019 and now known as COVID-19, the outbreak has impacted millions of individuals worldwide. In response, many countries have implemented measures to combat the outbreak which have impacted global business operations.

In response to the growing COVID-19 pandemic, on March 18, 2020, President Trump signed into law H.R. 6021, the Families First Coronavirus Response Act (“FFCRA”) (Pub. L. 116-127). Section 6008 of the FFCRA provides a temporary 6.2 percent increase to the FMAP extending through the last day of the calendar quarter in which the public health emergency terminates. This temporary increase in the FMAP rate continued through fiscal year 2021 and into fiscal year 2022. For fiscal year 2021, the increased FMAP rate accounted for $688,219 of additional federal funds within the total $13,553,137 federal share of expenditures from the Medical Assistance Program Title XIX grant. It also accounted for $1,159 of federal funds within the $ 261,313 federal share of expenditures from the Children’s Health Insurance Program Title 21 grant.

(8) Contingencies, risk and uncertainties (continued)

One of the conditions of receipt of the enhanced federal match was a maintenance of effort ("MOE") requirement, prohibiting the State from terminating the enrollment of any individual that was enrolled in the program as of the date of the beginning of the emergency period, as well as individuals enrolled during the emergency period. It requires that the state continue coverage for members who may have had a change in income that would otherwise result in discontinuance. This condition has had a significant impact on AHCCCS' enrollment. For the period July 1, 2020, through July 1, 2021, AHCCCS enrollment increased by approximately 12%, with the largest increase of 54% being in the Adult Expansion (100%-133% FPL) category. As of July 1, 2021 AHCCCS enrollment totaled 2,251,965.

Subsequent to June 30, 2021, the COVID-19 public health emergency was extended through October 13, 2022. As a result, the MOE will expire on October 13, 2022 while the increased FMAP will continue through the quarter ending December 2022.

Following the national and state emergency declarations in March 2020, AHCCCS received authority from CMS to implement numerous program flexibilities in response to the COVID-19 outbreak. Some of these flexibilities are: expanded coverage of telehealth and telephonic codes reimbursed at the same level of reimbursement offered for in-person services; initiatives to support use of influenza vaccinations during the COVID-19 outbreak; increase in annual hours of respite care; reimbursement of Home and Community Based Services provided by parents; elimination of the 40 hour limit on family caregiver services provided by a member's spouse; expand the provision of home delivered meals to members enrolled in DES/DD; and allowance for students to receive medically necessary services from managed care organizations ("MCOs") rather than the Medicaid School Based Claiming program as children attend school virtually from home. The CMS approvals were granted in late March to early April 2020 so their effect on fiscal year 2020 is limited. However, these flexibilities and other factors attributed to an overall COVID-19 baseline growth of 0.9 percent increase in the contract year 2021 capitation rates.

In addition to the program flexibilities, COVID-19 impacted some of the agency's collection activities. CMS approved AHCCCS' request for emergency authorities to support Arizona's response to COVID-19. For the duration of the public health emergency, AHCCCS waived payment of the provider enrollment application fee as well as suspended the application of premiums for children enrolled in Arizona's CHIP program (KidsCare) and adults in the Freedom to Work program.

There were also efforts at the federal and state levels related to COVID-19. The Governor established a Crisis Contingency and Safety Net Fund in April 2020 to provide economic assistance to health care providers during the COVID-19 related state of emergency. AHCCCS entered into an interagency service agreement with the Office of the Governor. The Governor's Office provided $5.4 million for AHCCCS to distribute monies to specific health care entities. Additionally, the Federal government, largely through the SAMHSA, provided new grants to address the impact of the pandemic on the AHCCCS population. These grants included the Arizona Emergency COVID-19 Project Supplemental grant which began February 1, 2021 and totals approximately $2.8 million, the Substance Abuse Block Grant COVID-19 Emergency Funding which began March 15, 2021 and totals approximately $37.8 million, the Arizona COVID-19 Emergency Response for Suicide Prevention Project grant which began July 31, 2020 and totals approximately $0.8 million, and the Mental Health Block Grant COVID Emergency Funding which began March 15, 2021 and totals approximately $22.7 million. There were no expenditures under these grants in fiscal year 2021.

As of the date the financial statements were available to be issued, AHCCCS' operations have not been significantly negatively impacted. However, AHCCCS continues to closely monitor the situation. Depending on the severity and duration of the pandemic, AHCCCS could experience a material negative impact to operations, cash flows and financial condition. However, the extent of the impact cannot be reasonably estimated at this time.

(8) Contingencies, risk and uncertainties (continued)

Section 1115 Waiver - On September 30, 2021, CMS approved a temporary one-year extension of the state's section 1115 demonstration project entitled "Arizona Health Care Cost Containment System (AHCCCS)" (Project Number 11-W-00275/9), in order to allow the state and CMS to continue negotiations over the state's December 22, 2020 extension application.

Compliant to "APPENDIX K: Emergency Preparedness and Response and COVID-19 Addendum" the Agency received flexibility to implement Temporary or Emergency-Specific Amendment to Approved Waiver. Some of these changes include the following:

- Temporarily added services to the waiver to address emergency situations (for example: emergency counseling, emergency medical supplies and equipment; individually directed goods and services; ancillary services to establish temporary residences for dislocated waiver enrollees; necessary technology; emergency evacuation transportation outside of the scope of non-emergency transportation or transportation already provided through the waiver).
- Temporarily expanded setting(s) where services may be provided (e.g. hotels, shelters, schools, churches).
- Temporarily permitted payment for services rendered by family caregivers or legally responsible individuals if not already permitted under the waiver
- Temporarily increased payment rates.
- Temporarily exceeded service limitations or requirements for amount, duration, and prior authorization to address health and welfare issues presented by the emergency.

The temporary suspension of collecting provider application registration fee and the Kidscare premium from the Kidscare members continues with the extension of the public health emergency period.

Budget neutrality agreement - In January 2001, AHCCCS obtained a Section 1115 Waiver from CMS that provides federal funding for certain non-categorically linked populations including those made eligible by the November 2000 passage of Proposition 204. The Waiver requires that over the term of the original agreement (April 1, 2001 through September 30, 2011) and the new agreement (October 1, 2011 through September 30, 2021, extended on September 30, 2021 through the period ending September 30, 2022), the populations covered by the Waiver be budget neutral for CMS. Effective with the January 1, 2014 implementation of the eligibility expansion under the ACA to include the new adult group, members with income between 100% and 133% of the FPL, the budget neutrality measurement is performed separately for the new adult population. Budget neutral means that CMS will not pay more for medical services with the Waiver than it would without the Waiver. The Waiver Special Terms and Conditions include a monitoring arrangement that requires AHCCCS to report the financial results of the Waiver on a quarterly basis. For the demonstration period beginning on October 1, 2016, the net variance is phased down by an applicable percent. The percentages are determined based on how long the Medicaid population has been enrolled in managed care subject to the demonstration. AHCCCS is limited to only retaining 25 percent of the total variance as future savings. The budget neutrality calculation is dependent on a number of variables including the number of members, impact of any liability AHCCCS may have related to the Waiver budget neutrality agreement.

(8) Contingencies, risk and uncertainties (continued)

With the new waiver flexibilities, the budget neutrality limit on Title XIX funding still needs to be monitored per the Waiver 1115 extension Special Terms and Conditions. The limit is determined by using a per capita cost method, and budget neutrality expenditure caps are set on a yearly basis with a cumulative budget neutrality expenditure limit for the length of the entire demonstration. By placing the state at risk for the per capita costs for demonstration eligibles under this agreement, CMS assures that Federal demonstration expenditures do not exceed the level of expenditures that would have occurred had there been no demonstration. The Agency stayed withing the cumulative budget neutrality limits during the demonstration period ending September 30, 2021. Therefore, AHCCCS does not currently anticipate the need for federal funding to be returned to CMS due to exceeding the budget neutrality limitations. However, there can be no assurances that AHCCCS will not exceed the budget neutrality limitations and that federal funding will be returned to CMS.

Litigation and investigations - AHCCCS has been named as a defendant in a variety of litigation, all of which are being defended by in-house and external legal counsel.

It is the opinion of AHCCCS upon consultation with legal counsel, that none of these claims are likely to have a material adverse effect on AHCCCS' financial statements. In addition, AHCCCS believes that the funding of any material adverse judgment, sanction or repayment obligation in excess of its appropriation would require a special appropriation by the State or would qualify for coverage by the Arizona Department of Administration, Risk Management Division which is tasked with the management and mitigation of liability, property and workers' compensation claims.

Compliance with laws and regulations - AHCCCS is subject to numerous laws, regulations and oversight by the federal government. These laws and regulations include, but are not necessarily limited to, matters such as government health care program participation requirements, reimbursement for member services and Medicaid fraud and abuse. Violations of these laws and regulations could result in expulsion from government health care programs, together with the imposition of significant financial sanctions.

School based claims audits - AHCCCS continues to disagree with several audit findings related to audits conducted by the Inspector General, Office of Audit Services ("OIG") related to the Direct Services Claiming ("DSC") and School Based Medicaid Administrative Claim ("MAC") programs. AHCCCS disagrees with the findings in part and has returned the federal funds for non-disputed claims and final disallowances issued by CMS on October 20, 2016 relating to the MAC audit for $11.7 million and June 26, 2018 relating to the DSC audit for $19.9 million. On July 8, 2021 AHCCCS reached a settlement agreement with CMS in which which CMS agreed to reimburse $4.450 million from the previously disallowed $11.7 million on October 20, 2016 for the MAC program. Since AHCCCS has already returned the entire amount of $11.7 million to CMS, the $4.450 million was claimed as an expenditure increase on the CMS-64 for the quarter ended March, 31, 2022. AHCCCS is planning to draw the federal funds reimbursement of $4.450 million in the quarter ended June 30, 2022 in connection with this settlement. AHCCCS continues to pursue redress through the courts for Direct Service Claiming ("DSC") for the disallowance of $19.9 million from June 26, 2018. Since this amount was already returned to CMS in the quarter ended December 2018, no liability is recorded in the accompanying financial statements.

(8) Contingencies, risk and uncertainties (continued)

Managed care drug rebates - The DHHS OIG issued a report in February 2018 for their review of managed care drug rebates in Arizona from April 2010 through March 2013. The OIG's report noted instances in which physician-administered drugs were not properly submitted to the drug manufacturers for rebate. Based on their findings, the OIG recommended that AHCCCS:

- Bill for and collect from manufacturers rebates for single-source and top-20 multiple-source physician-administered drugs totaling $26.4 million and refund to the Federal Government an estimated $18.3 million (Federal share); and

- Work with CMS to determine whether the other physician-administered drugs were eligible for rebates and, if so, upon receipt of the rebates, refund up to an estimated $10.3 million ($7.3 million Federal share) of rebates collected for other physician-administered drugs that may have been eligible for rebates.

AHCCCS plans to bill and collect the appropriate amount of rebates for single-source and top-20 multiple-source physician-administered drugs during the audit period after thoroughly reviewing the disputed utilization records with the contracted rebate vendor. However, AHCCCS disagrees with the OIG finding that Arizona was required to obtain rebates for other physician-administered drugs during the audit period and is communicating with CMS to determine whether these drugs were eligible for rebates. AHCCCS views any recoveries as a gain contingency and will not record any amounts until received. Further, as the repayments to CMS are predicated on the receipt of the drug rebates, AHCCCS did not record any liability to CMS at June 30, 2021.

(9) Interfund receivables, payables and transfers

Interfund activity is defined as transactions between funds administered by AHCCCS. The interfund balances as of June 30, 2021 consist of transfers from the Other Funds to the General Fund in the amount of $17,521.

In the government-wide statement of activities, the interfund activity has been eliminated. The total net transfers out of $120,530 reported on the statement of activities represents transfer activities to other State agencies.

(10) Transactions with other State agencies and counties

Transactions with other State agencies and counties - AHCCCS contracts for administrative and programmatic services from other State agencies. Charges for administrative services are based on the performing agencies' actual cost. Charges for programmatic services are generally based on actuarially determined capitation rates. The following is a summary of contracted services provided:

Administrative services - The Arizona Department of Economic Security ("ADES") charges AHCCCS to determine eligibility for certain AHCCCS members. The Arizona Department of Administration charges AHCCCS for data center services, communication lines, risk management and training. The Arizona Department of Health Services ("ADHS") charges AHCCCS for licensure and screening services and administrative costs associated with the CHIP Vaccine for Children program and the Arizona State Immunization Information System. The Arizona Board of Nursing charges AHCCCS for the cost of administering the nurse aid training program for nurse assistants. The Arizona Office of Administrative Hearings charges AHCCCS for administrative hearing services. These expenditures are included in administrative expenditures or other sources (uses) in the accompanying Statement of Revenues, Expenditures and Changes in Fund Balances - Governmental Funds.

(dollar amounts expressed in thousands)

(10) Transactions with other State agencies and counties (continued)

The following is a summary of transactions with these State agencies for the administrative services described above for the year ended June 30, 2021:

		Expenditures
Arizona Department of Economic Security	$	127,210
Arizona Department of Administration		19,242
Arizona Department of Health Services		103
Arizona Board of Nursing		207
Arizona Office of Administrative Hearings		198
	$	146,960

Programmatic services - Certain health care related programmatic services are provided by ADES. AHCCCS receives the State and federal funds for these services and transfers them to ADES pursuant to the terms of an intergovernmental agreement.

The amount of $2,359,238 passed through to ADES for the year ended June 30, 2021 is classified as long-term care services expenditures in the accompanying Statement of Revenues, Expenditures and Changes in Fund Balances - Governmental Funds.

The amount of $2,904 paid to ADHS during the year ended June 30, 2021 is for the vaccine costs based on the CDC Federal Contract Price sheet.

Long-term care revenues include $305,872 from Arizona counties during fiscal year 2021. AHCCCS refunded to the counties $59,058 for fiscal year 2021 representing excess of revenue over expenditures.

(11) Other pass through funds

Arizona school districts are eligible for federal matching funds for the administrative functions related to Early and Periodic Screening, Diagnosis and Treatment (“EPSDT”) outreach services at the school level. Arizona school districts also are eligible for federal matching funds on a fee-for-service basis for the provision of certain AHCCCS program services provided to eligible students. These amounts are included within federal pass through funds in the accompanying Statement of Revenues, Expenditures and Changes in Fund Balances - Governmental Funds.

Arizona county and local governments contributed $76,760 to qualify for matching federal funds for the Graduate Medical Education, Disproportionate Share Hospital program payments and for the provision of qualifying services to hospitalized inmates. These amounts are included within county IGA pass through funds in the accompanying Statement of Revenues, Expenditures and Changes in Fund Balances - Governmental Funds.

Arizona counties contributed $4,037 as determined by statutory calculation for administrative costs incurred by ADES for eligibility determinations and other operating costs associated with Proposition 204.

(dollar amounts expressed in thousands)

(11) Other pass through funds (continued)

At June 30, 2021, AHCCCS recorded the following pass through revenue in the accompanying Statement of Revenues, Expenditures and Changes in Fund Balances - Governmental Funds:

	Funds Passed Through
Arizona School Districts	
Administrative Services Federal Funds	$ 14,251
Program Services Federal Funds	90,883
Arizona Department of Economic Security	
County Contribution for Administrative Costs	4,037
	$ 109,171

(12) Governor's Office agreement

AHCCCS signed agreements with the Governor's Office on April 21, 2020 and June 22, 2020. The purpose of the agreements was to provide funds from the Crisis Contingency and Safety Net fund to AHCCCS to support the Santa Cruz Hospital during the state of emergency declaration by the Governor. AHCCCS received $5,450 from the Governor's Office of which $4,600 was passed through to Santa Cruz Valley Regional Hospital during fiscal 2020. An additional $750 was paid to Santa Cruz Valley Hospital in July 2020.

(13) Subsequent events

Subsequent events have been evaluated through August 9, 2022 which is the date the financial statements were available to be issued.

On March 11, 2021, President Biden signed the American Rescue Plan Act of 2021 ("ARPA") (Pub.L. 117-2) into law. Section 9817 of the ARPA provides qualifying states with a temporary 10 percentage point increase to the federal medical assistance percentage ("FMAP") for certain Medicaid expenditures for home and community-based services ("HCBS"). On May 13, 2021, CMS published State Medicaid Director Letter ("SMDL") #21-003, which further clarified the qualifying services, improvement activities, and reporting requirements expected of states under Section 9817 of the ARPA. The increased FMAP is available for qualifying expenditures between April 1, 2021, and March 31, 2022.

On January 19, 2022 CMS granted conditional approval to AHCCCS's spending plan. Arizona has identified four key populations at the center of the efforts outlined in its spending plan. They include the following: (1) Arizona's seniors, (2) individuals with disabilities, (3) individuals living with a Serious Mental Illness, and (4) children with behavioral health needs. Additionally, this spending plan will allow for transformational change of the delivery system, which will enhance care delivery to individuals who are accessing general mental health and substance use services.

AHCCCS drew the federal funds equivalent to 10% additional federal share of the eligible expenditures part of the capitation and FFS paid for the period April 1, 2021 through March 31, 2022 in March 2022. These funds will be reinvested as a state match for eligible expenditures through March 31, 2024. AHCCCS does not incur any liability as of June 30, 2021 related to the reinvestments of these fund.

(13) Subsequent events (continued)

AHCCCS enrollment has steadily increased throughout fiscal year 2021. This is largely due to the impact of the COVID-19 pandemic on the program's caseload growth. Overall, for the period June 2020 to June 2021, the program experienced an enrollment increase from 1,994,632 to 2,236,003 adding 241,371 members for a 12.10 percent increase. The increase is primarily attributable to growth in the 1931 Families/Children and SOBRA Children/Pregnant Women of 80,980, Proposition 204 restoration adults of 63,967, Adult Expansion of 59,696 and KidsCare of 14,192 totaling 218,835. On March 18, 2020, President Trump signed into law H.R. 6021, the Families First Coronavirus Response Act ("FFCRA") (Pub. L. 116-127). Section 6008 of the FFCRA provides a temporary 6.2 percent increase to the FMAP extending through the last day of the calendar quarter in which the public health emergency terminates. One of the conditions of receipt of the enhanced federal match was a maintenance of effort ("MOE") requirement, prohibiting the agency from terminating the enrollment of any individual that was enrolled in the program as of the date of the beginning of the emergency period, as well as individuals enrolled during the emergency period. This condition has had a significant impact on AHCCCS' enrollment. It requires that the state continue coverage for members who may have had a change in income that would otherwise result in discontinuance. Based on the current public health emergency expiration date, the MOE will expire on October 13, 2022 while the increased FMAP will continue through December 31, 2022. The rise in the unemployment rate is also a factor in the increase in enrollment. According to the Office of Economic Opportunity, the Arizona unemployment rate for March 2020 was 5.0%. In one month, the rate jumped to 14.2% due to the COVID related shutdown. The rate decreased to 5.2% by June 2021. In May 2022, the unemployment rate was 3.2%. This could result in a potential decrease in enrollment once the MOE expires. However, AHCCCS does not anticipate that all members who have retained eligibility through the MOE will be immediately dropped from the program. AHCCCS is estimating that it may take up to twelve months to process the backlog of redeterminations that has developed during the MOE.

The total fiscal year 2022 appropriation for AHCCCS is $19,439.9 million compared to the final $17,095.9 million appropriation for fiscal year 2021. This increase reflects the impact of COVID-19 on enrollment and actual capitation rate increases. AHCCCS requested a supplemental appropriation for fiscal year 2022 of $1,470.8 million in expenditure authority that was signed into law on March 1, 2022.

For the contract year ending 2022, AHCCCS' overall weighted capitation rate increased by 3.7 percent across all lines of business except the Department of Economic Security/Developmental Disabilities program. This increase includes a baseline COVID capitation rate decrease that reflected a projected end of the COVID-19 public health emergency and the related end of the temporary COVID-19 provisions and services. The contract year 2022, Acute Care capitation rates increased by 3.3 percent as compared to the 5.9 percent increase for contract year 2021. The contract year 2022 Arizona Long Term Care System ("ALTCS" Elderly and Physically Disabled ("EPD")) capitation rates increased by 11.6 percent as compared to the 3.3 percent for contract year 2021. The 2022 increase is primarily based on baseline utilization and unit trends, Health Care Investment Fund capitation rate growth attributable to the restoration of provider rates for practitioners and dental providers under Laws 2020, Chapter 46, Section 2, and rate increases for home and community-based services and nursing facility stays per Laws 2021, Chapter 408. Federal law requires rates to be actuarially sound and the AHCCCS actuaries develop rates based on expected cost and utilization trends. In addition, AHCCCS must conduct an access to care analysis of its rates to assure that sufficient numbers of providers are willing to serve AHCCCS members. Therefore, depending on the results of this analysis and of AHCCCS' actuarial determination of the expected costs of the managed care organizations, the actual capitation rates could differ from projections.

(13) <u>Subsequent events (continued)</u>

Federal funding for Children's Health Insurance Program ("CHIP") was reauthorized at the Federal level in late 2017 with an additional extension in early 2018 and AHCCCS expects that sufficient CHIP Allotment funding will be available to continue both the M-CHIP and KidsCare programs through Federal fiscal year 2027. Laws 2019, Chapter 270, Section 10 amended A.R.S. § 36-2985 to remove the language requiring AHCCCS to stop processing all new applications for KidsCare if the effective FMAP is less than one hundred percent. AHCCCS requested a supplemental appropriation for fiscal year 2022 that included $30.1 million in expenditure authority for the CHIP program due to the increased enrollment related to the COVID-19 public health emergency. The supplemental appropriation was signed into law on March 1, 2022.

AHCCCS continues to aid in the development of a robust healthcare information technology ("HIT") by offering financial assistance to providers and other entities in adopting and using health HIT. Additionally, AHCCCS has continued the Targeted Investment Program that will make nearly $50.0 million available over the next year to Arizona providers who assist the State in promoting the integration of physical and behavioral health care, increasing efficiencies in care delivery and improving health outcomes.

Per Laws 2020, Chapter 46, AHCCCS implemented a new Health Care Investment Assessment that was effective October 1, 2020. The funding, $239.7 million for fiscal year 2021, supports hospitals and provider reimbursement through directed payments and capitation rate increases for certain services.

AHCCCS continues to operate under an approved extension of the Section 1115 Waiver through September 31, 2021. On September 30, 2021, the waiver was extended for one additional federal fiscal year through September 30, 2022. The approval included Arizona's request to modernize its Medicaid program and continue many of the existing authorities allowing AHCCCS to maintain its managed care model, use home and community-based services for members with long-term care needs and other innovations. The Waiver allows Arizona to run its managed care model and exempts Arizona from certain provisions of the Social Security Act and includes expenditure authority for costs not otherwise matched by the federal government. Waiver programs are required to be budget neutral for the federal government − not cost more federal dollars than without a waiver.

In January 2019, AHCCCS received 1115 Waiver Amendment approval from CMS to implement community engagement requirements for some able bodied AHCCCS members ages 19 to 49. The community engagement program, called AHCCCS Works, is designed to encourage qualifying members to use existing community services and resources in order to gain and maintain meaningful employment, job training, education, or volunteer service experience. The waiver was originally envisioned with an implementation date of no earlier than January 2020. Due to the COVID-19 public health emergency, implementation was temporarily delayed. Effective June 2021, CMS has withdrawn federal approval of this waiver.

It is anticipated that AHCCCS' budget request for fiscal year 2024, will be submitted to the Governor in September 2022. Factors such as Federal law changes, CMS decisions, COVID-19 public health emergency, other global health emergencies, legal decisions, economic conditions impacting case load changes compared to projections and the eligibility system shifts in population categories may influence any final fiscal year need of a supplemental appropriation for fiscal year 2023. AHCCCS management will continue to closely monitor all these factors in relation to the adequacy of the fiscal year 2023 budget request.

REQUIRED SUPPLEMENTARY INFORMATION

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

BUDGETARY COMPARISON SCHEDULE - GENERAL FUND

Year Ended June 30, 2021
(Unaudited)
(amounts expressed in thousands)

	Original Appropriation (Budget)	Final Appropriation (Budget)	Actual	Variance with Final Budget
REVENUES				
State appropriations	$ -	$ -	$ 1,725,969	$ -
State ISA pass through funds	-	-	520,694	-
Federal government	-	-	11,795,699	-
Federal ISA/IGA pass through funds	-	-	2,059,879	-
County and other local government	-	-	422,936	-
County IGA pass through funds	-	-	111,955	-
Tobacco tax revenue	-	-	37,173	-
Tobacco litigation settlement	-	-	105,684	-
Other	-	-	250,339	-
Total revenues	-	-	17,030,328	-
OTHER FINANCING SOURCES				
Operating transfers in	-	-	-	-
TOTAL REVENUES AND OTHER FINANCING SOURCES	-	-	17,030,328	-
PROGRAMMATIC EXPENDITURES				
Traditional services	5,678,334	6,777,896	5,901,902	875,994
Proposition 204 services	4,204,975	5,250,763	5,229,216	21,547
Newly eligible adults	528,072	885,240	866,418	18,822
CMDP	92,088	121,266	116,954	4,312
KidsCare services	197,732	227,083	216,968	10,115
Targeted investment	70,000	70,000	7,965	62,035
Disproportionate share	5,087	5,087	4,202	885
Rural and critical access hospitals	28,612	36,069	36,069	-
Voluntary Political Subdivision Programs	384,759	390,379	275,904	114,475
Voluntary Political Subdivision - Coverage Expansion	-	-	-	-
Long-term care services	1,933,356	1,951,215	1,725,980	225,235
Behavioral health services	87,650	95,650	85,718	9,932
Behavioral support services	21,716	21,716	21,631	85
TOTAL PROGRAMMATIC EXPENDITURES	13,232,381	15,832,364	14,488,927	1,343,437
ADMINISTRATIVE EXPENDITURES	259,840	318,931	270,259	48,672
TOTAL APPROPRIATED EXPENDITURES	13,492,221	16,151,295	14,759,186	1,392,109
PRIOR YEAR APPROPRIATED EXPENDITURES	-	-	227,671	-
NON-APPROPRIATED EXPENDITURES	-	-	2,056,819	-
REVENUES AND OTHER FINANCING SOURCES OVER EXPENDITURES	-	-	(13,348)	-
FUND BALANCES, BEGINNING OF YEAR	-	-	598,904	-
FUND BALANCES, END OF YEAR	$ -	$ -	$ 585,556	$ -

See Notes to Financial Statements
See Independent Auditors' Report

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

SCHEDULE OF THE AGENCY'S PROPORTIONATE SHARE OF THE NET PENSION LIABILITY - COST SHARING PLAN

(Unaudited)

(amounts expressed in thousands)

	Reporting Fiscal Year (Measurement Date)							
	2021 (2020)	2020 (2019)	2019 (2018)	2018 (2017)	2017 (2016)	2016 (2015)	2015 (2014)	2014 through 2006
Agency's proportion of the net pension liability	0.504300%	0.522860%	0.537230%	0.529910%	0.470770%	0.455146%	0.470599%	Information
Agency's proportionate share of the net pension liability	$ 87,378	$ 76,082	$ 74,925	$ 82,550	$ 75,987	$ 70,896	$ 69,633	not available
Agency's covered-employee payroll	$ 54,760	$ 54,785	$ 53,128	$ 49,620	$ 42,430	$ 42,770	$ 43,181	
Agency's proportionate share of the net pension liability as a percentage of its covered-employee payroll	159.57%	138.87%	141.03%	166.36%	179.09%	165.76%	161.26%	
Plan fiduciary net position as a percentage of the total pension liability	69.33%	73.24%	73.40%	69.92%	67.06%	68.35%	69.49%	

See Notes to Financial Statements
See Independent Auditors' Report

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

SCHEDULE OF THE AGENCY'S PENSION CONTRIBUTIONS

(Unaudited)
(amounts expressed in thousands)

	Reporting Fiscal Year												
	2021	**2020**	**2019**	**2018**	**2017**	**2016**	**2015**	**2014**	**2013**	**2012**	**2011**	**2010**	**2009 through 2006**
Statutorily required contribution	$ 6,946	$ 6,270	$ 6,125	$ 5,792	$ 5,349	$ 4,604	4,548	4,779	4,466	4,238	3,600	4,140	Information not available
Agency's contributions in relation to the statutorily required contribution	6,946	6,270	6,125	5,792	5,349	4,604	4,548	4,779	4,466	4,238	3,600	4,140	
Agency's contribution deficiency (excess)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
Agency's covered-employee payroll	$ 59,622	$ 54,760	$ 54,785	$ 53,128	$ 49,620	$ 42,430	$ 42,770	$ 43,181	$ 40,970	$ 40,364	$ 37,494	$ 45,999	
Agency's contributions as a percentage of its covered-employee payroll	11.65%	11.45%	11.18%	10.90%	10.78%	10.85%	10.63%	11.07%	10.90%	10.50%	9.60%	9.00%	

UNIFORM GUIDANCE
SUPPLEMENTARY REPORTS

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

Year Ended June 30, 2021
(amounts expressed in thousands)

Federal Grantor/Pass Through Agency/Program or Cluster Title	Federal Assistance Listing Number	Contract Number	Passed through to Subrecipients	Federal Expenditures
U.S. Department of Health and Human Services				
Centers for Medicare and Medicaid Services				
Medical Assistance Program (Title XIX)	93.778	11-W-00275/09	$ 20,397	$ 12,864,918
COVID-19 Medical Assistance Program (Title XIX)	93.778	11-W-00275/09	-	688,219
Total Medical Assistance Program (Title XIX)			20,397	13,553,137
Centers for Medicare and Medicaid Services				
Children's Health Insurance Program (Title XXI)	93.767	21-W-00064/09	-	260,154
COVID-19 Children's Health Insurance Program (Title XXI)	93.767	21-W-00064/09	-	1,159
Total Children's Health Insurance Program (Title XXI)			-	261,313
Substance Abuse and Mental Health Services Administration				
COVID-19 - Emergency Grants to address Mental and Substance Use Disorders During COVID-19	93.665	H79FG000462	638	1,028
Substance Abuse and Mental Health Services Administration				
Block Grants for Community Mental Health Services	93.958	B09SM01004	19,615	20,418
Substance Abuse and Mental Health Services Administration				
Block Grants for Prevention and Treatment of Substance Abuse	93.959	B08T1010004	33,817	40,177
Substance Abuse and Mental Health Services Administration				
Projects of Regional and National Significance (93.243)				
Arizona Pilot Program for Treatment for Pregnant and Postpartum Women	93.243	H79TI083173	-	66
Substance Abuse and Mental Health Services Administration				
Projects for Assistance in Transition from Homelessness (PATH)	93.150	X06SM016003	1,258	1,270
Substance Abuse and Mental Health Services Administration				
Opioid STR (State Targeted Response)	93.788	H79TI080250	550	25,507
State Opioid Response (SOR)	93.788	H79TI081709	21,732	9,124
Subtotal 93.788			22,282	34,631
Substance Abuse and Mental Health Services Administration				
Mental Health Disaster Assistance and Emergency Mental Health	93.982	H07SM083746	1,213	1,276
TOTAL EXPENDITURES OF FEDERAL AWARDS			$ 99,220	$ 13,913,316

See Independent Auditors' Report
See Notes to Schedule of Expenditures of Federal Awards

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

NOTES TO THE SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

Year Ended June 30, 2021

(1) Basis of presentation

The accompanying Schedule of Expenditures of Federal Awards (the “Schedule”) includes the federal grant activity of the ***Arizona Health Care Cost Containment System*** (“AHCCCS”) under programs of the federal government for the year ended June 30, 2021. The information in this Schedule is presented in accordance with the requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (“Uniform Guidance”). Because the Schedule presents only a selected portion of the operations of AHCCCS, it is not intended and does not present the financial position, changes in net position or cash flows of AHCCCS.

Additionally, our audit of ***Arizona Health Care Cost Containment System’s*** major federal programs was conducted as part of the State of Arizona’s Single Audit for the year ended June 30, 2021. The State of Arizona’s major federal programs were determined by the Office of the Auditor General by applying the risk-based approach for determining major federal programs in accordance with the Uniform Guidance. Our Report on Compliance for Each Major Federal Program relates only to the portion of the programs that were administered by ***Arizona Health Care Cost Containment System*** and does not purport to, and does not, report on compliance over other portions, if any, of the major federal programs or any other major federal programs of the State of Arizona.

(2) Summary of significant accounting policies

Expenditures reported on the Schedule of Expenditures of Federal Awards are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance, wherein certain types of expenditures are not allowable or are limited as to reimbursement. ***Arizona Health Care Cost Containment System*** has elected not to use the 10-percent de minimis indirect cost rate allowed under the Uniform Guidance.

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INDEPENDENT AUDITORS' REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS*

To the Director of the

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
(AHCCCS, an agency of the state of Arizona)

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the governmental activities, the general fund, and the aggregate remaining fund information of ***Arizona Health Care Cost Containment System,*** as of and for the year ended June 30, 2021, and the related notes to the financial statements which collectively comprise ***Arizona Health Care Cost Containment System's*** basic financial statements, and have issued our report thereon dated August 9, 2022.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered ***Arizona Health Care Cost Containment System's*** internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of ***Arizona Health Care Cost Containment System's*** internal control. Accordingly, we do not express an opinion on the effectiveness of ***Arizona Health Care Cost Containment System's*** internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

<u>Compliance and Other Matters</u>

As part of obtaining reasonable assurance about whether ***Arizona Health Care Cost Containment System's*** financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards.*

<u>Purpose of this Report</u>

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Mayer Hoffman McCann P.C.

August 9, 2022

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INDEPENDENT AUDITORS' REPORT ON COMPLIANCE FOR EACH MAJOR FEDERAL PROGRAM AND REPORT ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE

To the Director of the

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
(AHCCCS, an agency of the state of Arizona)

Report on Compliance for Each Major Federal Program

We have audited ***Arizona Health Care Cost Containment System's*** compliance with the types of compliance requirements described in the U.S. Office of Management and Budget ("OMB") Compliance Supplement that could have a direct and material effect on ***Arizona Health Care Cost Containment System's*** major federal programs for the year ended June 30, 2021. ***Arizona Health Care Cost Containment System's*** major federal programs are identified in the summary of auditors' results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

Management is responsible for compliance with federal statutes, regulations, and the terms and conditions of its federal awards applicable to its federal programs.

Auditors' Responsibility

Our responsibility is to express an opinion on compliance for ***Arizona Health Care Cost Containment System's*** major federal programs based on our audit of the types of compliance requirements referred to above. Except as noted in the following paragraph, we conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (the "Uniform Guidance"). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about ***Arizona Health Care Cost Containment System's*** compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

Our audit of ***Arizona Health Care Cost Containment System's*** major federal programs was conducted as part of the State of Arizona's Single Audit for the year ended June 30, 2021. The State of Arizona's major federal programs were determined by the Office of the Auditor General applying the risk-based approach for determining major federal programs in accordance with the Uniform Guidance. Our Report on Compliance for Each Major Federal Program relates only to the portion of the programs that were administered by ***Arizona Health Care Cost Containment System*** and does not purport to, and does not, report on compliance over other portions, if any, of the major federal programs or any other major federal programs of the State of Arizona.

We believe that our audit provides a reasonable basis for our opinion on ***Arizona Health Care Cost Containment System's*** compliance for its major federal programs. However, our audit does not provide a legal determination of ***Arizona Health Care Cost Containment System's*** compliance.

Opinion on Each Major Federal Program

In our opinion, ***Arizona Health Care Cost Containment System's*** complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on its major federal programs for the year ended June 30, 2021.

Report on Internal Control Over Compliance

Management of ***Arizona Health Care Cost Containment System's*** is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered ***Arizona Health Care Cost Containment System's*** internal control over compliance with the types of requirements that could have a direct and material effect on the major federal programs to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for the major federal programs and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of ***Arizona Health Care Cost Containment System's*** internal control over compliance.

A *deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Mayer Hoffman McCann P.C.

August 9, 2022

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

SCHEDULE OF FINDINGS AND QUESTIONED COSTS

Year Ended June 30, 2021

Section I – Summary of Auditors' Results

Financial Statements

Type of report the auditor issued on whether the financial statements audited were prepared in accordance with GAAP:		Unmodified
Internal control over financial reporting:		
• Material weakness(es) identified?	____ Yes	X No
• Significant deficiency(ies) identified?	____ Yes	X None reported
Noncompliance material to financial statements noted?	____ Yes	X No

Federal Awards

Internal control over major federal programs:		
• Material weakness(es) identified?	____ Yes	X No
• Significant deficiency(ies) identified?	____ Yes	X None reported
Type of Auditors' Report issued on compliance for major federal program:		Unmodified
Any audit findings disclosed that are required to be reported in accordance with 2 CFR Section 200.516(a)?	____ Yes	X No

Identification of major federal programs:

Assistance Listing Number	Name of Federal Program or Cluster
93.778	Medical Assistance Program (Title XIX)
93.767	Children's Health Insurance Program

Dollar threshold used to distinguish between type A and type B programs (State of Arizona Level): $48,069,080

Section II – Financial Statement Findings

None Noted

Section III – Federal Award Findings

None Noted