

March 31, 2023

The Honorable Katie Hobbs
Governor of Arizona
1700 W. Washington
Phoenix, AZ 85007

Dear Governor Hobbs:

Pursuant to Laws 2018, Chapter 152, Section 1, beginning April 1, 2019, the Arizona Health Care Cost Containment System Administration shall prepare and issue a semi-annual financial and program accountability trends report using the following accountability factors by geographic service areas for children enrolled in the Department of Child Safety Comprehensive Health Plan (DCS CHP).

1. The number and percentage of children in DCS CHP who have received behavioral health services, excluding the original assessment, through a Regional Behavioral Health Authority as of the end of each month;
2. The number of new behavioral health cases opened each month, the total number of cases that remain open from the current and previous months and the total number of cases that have been closed each month;
3. The type of behavioral health services the children received and the costs of each of those services;
4. The number of notices of action received and for what reason and the outcome of those notices; and
5. The number of notice of appeals filed and for what reason, the outcome of those appeals by the administrative law judge and the final decisions reached by the director of the Arizona Health Care Cost Containment System.

If you have any questions regarding the attached report please feel free to contact me at (602) 417-4711.

Sincerely,



Carmen Heredia
Director

Cc: The Honorable Steve Montenegro, Chair, House Health & Human Committee
The Honorable T.J. Shope, Chair, Senate Health & Human Services Committee
Sarah Brown, Director, Governor's Office of Strategic Planning and Budgeting
Richard Stavneak, Director, Joint Legislative Budget Committee
Zaida Dedolph Picoro, Health Policy Advisor, Office of the Governor



**Financial and Program Accountability
Trends Report for Children Enrolled in the Department of Child
Safety – Comprehensive Health Plan (DCS CHP)**

**For the Period:
Federal Fiscal Year (FFY) 2022
(October 1, 2021 – March 31, 2022)**

**April 2023
Carmen Heredia, Director**

Financial and Program Accountability Trends Report for Children Enrolled in the Department of Child Safety – Comprehensive Health Plan (DCS CHP): FFY 2022

Background

Pursuant to Laws 2018, Chapter 152, Section 1, beginning on April 1, 2019, the Arizona Health Care Cost Containment System (AHCCCS) shall prepare and issue a semi-annual financial and program accountability trends report using the following accountability factors by geographic service areas (GSAs) for children enrolled in the Arizona Department of Child Safety – Comprehensive Health Plan (DCS CHP)¹:

1. The number and percentage of children in the comprehensive medical dental program who have received behavioral health services, excluding the original assessment, through a regional behavioral health authority as of the end of each month.
2. The number of new behavioral health cases opened each month, the total number of cases that remain open from the current and previous months and the total number of cases that have been closed each month.
3. The type of behavioral health services the children received and the costs of each of those services.
4. The number of notices of action received and for what reason and the outcome of those notices.
5. The number of notice of appeals filed and for what reason, the outcomes of those appeals by the administrative law judge and the final decisions reached by the director of the Arizona health care cost containment system of behavioral health services the children received and the costs of each of those services.

The data included in the semi-annual Financial and Program Accountability Trends Report for Children Enrolled in DCS CHP (referred to hereafter as the DCS CHP Report) is presented by quarter with data provided by month for each quarter. Starting in April 2021, Mercy Care DCS CHP succeeded the RBHAs as the sole integrated sub-contractor for DCS CHP and began reporting both physical health and behavioral health utilization and expenditures for enrolled members. As such, the methodology utilized by AHCCCS to report behavioral health utilization and costs required modification. AHCCCS requires the completion of at least a six-month data lag before reporting statistics to provide sufficient time for claims to work through the system from provider to the Mercy Care DCS CHP, and from the Mercy Care DCS CHP to AHCCCS (when an adjudicated claim is submitted to AHCCCS it is then called an encounter. Encounter data is required to provide service utilization information), as it is important to provide complete information to stakeholders. As such, AHCCCS presents this report for quarters one and two of the 2022 contract year (October 1, 2021 through March 31, 2022) by month.

The requirements for the DCS CHP Report are further explained below:

¹ As of April 1, 2021 the Arizona Department of Child Safety Comprehensive Medical and Dental Program (CMDP) became known as the Arizona Department of Child Safety Comprehensive Health Plan (DCS CHP).

Financial and Program Accountability Trends Report for Children Enrolled in the Department of Child Safety – Comprehensive Health Plan (DCS CHP): FFY 2022

1. *The number and percentage of children in the comprehensive medical and dental program who have received behavioral health services, excluding the original assessment, through a regional behavioral health authority as of the end of each month.*

Table I, Unique DCS CHP Members Enrolled and Served, provides the data requested in item one. With this quarterly report submission, AHCCCS continues the modification of the methodology used beginning with the April 2018 report. This change ensures that only children who received services in the stated month are counted in the calculation.

2. *The number of new behavioral health cases opened each month, the total number of cases that remain open from the current and previous months and the total number of cases that have been closed each month.*

Table II, Newly Enrolled DCS CHP Members by Geographical Service Area (GSA) and Statewide, provides an equivalent proxy for the data requested in item two regarding the number of new behavioral health cases opened each month by presenting the number of new DCS CHP enrollees each month.

All enrolled DCS CHP children are expected to receive an initial behavioral health assessment and all AHCCCS members have access to medically necessary behavioral health services at any time during their eligibility and enrollment.

To help illustrate this, AHCCCS has added Table II-A Number of Disenrolled DCS CHP Members. This table provides data as to how many DCS CHP members disenrolled from DCS CHP; and of those who disenrolled from DCS CHP, the percentage of these members who transitioned directly into other AHCCCS health plans. The transition to another plan, while remaining on AHCCCS, emphasizes that behavioral health services continue to be available when needed.

3. *The type of behavioral health services the children received and the costs of each of those services.*

Table III, Monthly Utilization of DCS CHP Members by Service Category, provides the data requested in item three with no change from the historical methodology.

4. *The number of notices of action received and for what reason and the outcome of those notices.*

Regarding item four, the language related to Notice of Action was changed to Notice of Adverse Benefit Determination². The number and reasons for notices of adverse benefit determination for quarters one and two are presented in tables IV and V. When members elect to appeal these notices of adverse benefit determination, the outcomes would be demonstrated in item five.

Table IV, Reported Notices of Adverse Benefit Determination , provides the number of notices of adverse benefit determination for denials, suspensions, terminations reported by the Mercy Care DCS CHP for item four.

² AHCCCS changed the terminology related to notice of action in policy and contract as a result of the amended Medicaid managed care rules and to reduce confusion for members, RBHAs and Managed Care Organizations.

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Table V, Reported Reasons for Notices of Adverse Benefit Determination, provides the reasons for notices of adverse benefit determination reported by the Mercy Care DCS CHP for item four.

5. *The number of notice of appeals filed and for what reason, the outcomes of those appeals by the administrative law judge and the final decisions reached by the director of the Arizona health care cost containment system of behavioral health services the children received, and the costs of each of those services.*

Data presented for item five represents the number of appeals received in a month, the outcomes of those appeals and the final decisions on those appeals. AHCCCS does not collect or have a current equivalent proxy for the cost of each service appealed.

Table VI, Reported Number of Appeals, provides data for item five related to the number of appeals filed as reported by the Mercy Care DCS CHP. The number of appeals received in a month will not correspond to the number of notices of adverse benefit determination received in a month; members do not choose to appeal all notices of adverse benefit determination and are provided with a window of time to choose to appeal determinations as part of the appeals process.

Tables VII and VIII, Reported Number of Standard and Expedited Appeal Outcomes, provide data for item five related to the outcomes of appeals reported by the Mercy Care DCS CHP.

Table IX, Final Decisions Reached by the AHCCCS Director, provides data for item five related to final decisions reached by the AHCCCS Director.

Tables I through IX begin on the following page.

Financial and Program Accountability Trends Report for Children Enrolled in the Department of Child Safety – Comprehensive Health Plan (DCS CHP): FFY 2022

Table I: Unique DCS CHP Members Enrolled and Served in FFY 2022

GSA	Month	Number Foster Care Eligible Members Enrolled	Number Foster Care Eligible Members Served ³	Percent of Foster Care Eligible Members Served
Central	Oct-21	8,270	5,034	60.9%
	Nov-21	8,253	5,017	60.8%
	Dec-21	8,227	4,995	60.7%
	Jan-22	8,222	5,022	61.1%
	Feb-22	8,150	4,845	59.4%
	Mar-22	8,155	4,861	59.6%
North	Oct-21	1,438	1,031	71.7%
	Nov-21	1,456	1,011	69.4%
	Dec-21	1,434	1,012	70.6%
	Jan-22	1,433	1,011	70.6%
	Feb-22	1,451	1,022	70.4%
	Mar-22	1,447	1,021	70.6%
South	Oct-21	4,396	3,171	72.1%
	Nov-21	4,475	3,195	71.4%
	Dec-21	4,416	3,008	68.1%
	Jan-22	4,369	3,091	70.7%
	Feb-22	4,383	2,997	68.4%
	Mar-22	4,410	3,139	71.2%
STATEWIDE	Oct-21	14,104	9,231	65.4%
	Nov-21	14,184	9,215	65.0%
	Dec-21	14,077	9,012	64.0%
	Jan-22	14,024	9,117	65.0%
	Feb-22	13,984	8,860	63.4%
	Mar-22	14,012	9,016	64.3%

³ The statewide total will not equal the summation of the three GSAs due to a limited number of members moving between Geographic Service Areas during the year.

Financial and Program Accountability Trends Report for Children Enrolled in the Department of Child Safety – Comprehensive Health Plan (DCS CHP): FFY 2022

Table II: Newly Enrolled DCS CHP Members by Geographical Service Area (GSA) and Statewide for FFY 2022

Month-Year	Central	North	South	STATEWIDE
Oct-21	328	53	149	530
Nov-21	328	61	205	594
Dec-21	353	47	150	550
Jan-22	320	67	125	512
Feb-22	275	88	189	552
Mar-22	316	64	187	567

Table II-A: Number of Disenrolled DCS CHP Members for FFY 2022⁴

		Number of Unique DCS CHP Members	Percent of Unique DCS CHP Members
Members Immediately Enrolled in another AHCCCS Health Plan.			
Quarter 1 (10/1/21 – 12/31/21)	Oct-21	523	99.4%
	Nov-21	665	98.8%
	Dec-21	565	98.6%
Quarter 2 (1/1/22 – 3/31/22)	Jan-22	594	98.5%
	Feb-22	548	99.5%
	Mar-22	911	99.7%
Members Not Immediately Enrolled in another AHCCCS Health Plan.			
Quarter 1 (10/1/21 – 12/31/21)	Oct-21	3	0.6%
	Nov-21	8	1.2%
	Dec-21	8	1.6%
Quarter 2 (1/1/22 – 3/31/22)	Jan-22	9	1.5%
	Feb-22	3	0.5%
	Mar-22	3	0.3%

⁴ During the COVID-19 public health emergency, members only lose their Medicaid eligibility when they voluntarily withdrawal or are deceased.

Financial and Program Accountability Trends Report for Children Enrolled in the Department of Child Safety – Comprehensive Health Plan (DCS CHP): FFY 2022

Table III: Monthly Utilization of DCS CHP Members by Service Category⁵ for FFY 2022

GSA	Service Category	October 2021				November 2021			
		Unique Members Enrolled	Unique Members Served	Percent Received Service Category	Total Encounter Value	Unique Members Enrolled	Unique Members Served	Percent Received Service Category	Total Encounter Value
Central	A-Treatment Services		2,309	45.9%	\$836,857		2,228	44.4%	\$805,507
	B-Rehabilitation Services		554	11.0%	\$457,505		540	10.8%	\$381,184
	C-Medical Services		615	12.2%	\$90,267		589	11.7%	\$88,071
	D-Support Services		4,562	90.6%	\$1,322,812		4,580	91.3%	\$1,267,441
	E-Crisis Intervention Services		150	3.0%	\$97,890		149	3.0%	\$88,701
	F-Inpatient Services		193	3.8%	\$1,530,336		172	3.4%	\$1,521,432
	G-Residential Services		66	1.3%	\$404,601		54	1.1%	\$364,450
	H-Behavioral Health Day Programs		15	0.3%	\$2,375		17	0.3%	\$1,949
	J-Outpatient Services (UB92)		58	1.2%	\$44,072		63	1.3%	\$34,505
	P-Pharmacy		846	16.8%	\$133,628		812	16.2%	\$121,261
	Other		546	10.8%	\$268,349		539	10.7%	\$291,572
		All Services	8,270	5,034		\$5,188,693	8,253	5,017	
North	A-Treatment Services		535	51.9%	\$171,684		478	47.3%	\$146,207
	B-Rehabilitation Services		206	20.0%	\$68,792		157	15.5%	\$48,041
	C-Medical Services		100	9.7%	\$14,930		100	9.9%	\$13,445
	D-Support Services		960	93.1%	\$338,888		941	93.1%	\$287,613
	E-Crisis Intervention Services		29	2.8%	\$12,256		25	2.5%	\$9,880
	F-Inpatient Services		35	3.4%	\$147,542		34	3.4%	\$135,970
	G-Residential Services		13	1.3%	\$112,957		14	1.4%	\$113,723
	H-Behavioral Health Day Programs		1	0.1%	\$117		2	0.2%	\$189
	J-Outpatient Services (UB92)		18	1.7%	\$14,681		13	1.3%	\$9,543
	P-Pharmacy		126	12.2%	\$15,123		144	14.2%	\$15,996
	Other		122	11.8%	\$173,683		118	11.7%	\$157,689
		All Services	1,438	1,031		\$1,070,653	1,456	1,011	

⁵ Support Services include case management, which historically has been the largest volume service among behavioral health services delivered to members.

Financial and Program Accountability Trends Report for Children Enrolled in the Department of Child Safety – Comprehensive Health Plan (DCS CHP): FFY 2022

Table III: Monthly Utilization of DCS CHP Members by Service Category for FFY 2022

GSA	Service Category	October 2021				November 2021			
		Unique Members Enrolled	Unique Members Served	Percent Received Service Category	Total Encounter Value	Unique Members Enrolled	Unique Members Served	Percent Received Service Category	Total Encounter Value
South	A-Treatment Services	4,396	1,378	43.5%	\$433,813	4,475	1,255	39.3%	\$391,793
	B-Rehabilitation Services		228	7.2%	\$143,947		225	7.0%	\$126,353
	C-Medical Services		295	9.3%	\$39,905		295	9.2%	\$39,739
	D-Support Services		3,014	95.0%	\$698,361		3,021	94.6%	\$654,068
	E-Crisis Intervention Services		68	2.1%	\$49,614		52	1.6%	\$30,618
	F-Inpatient Services		95	3.0%	\$787,756		90	2.8%	\$442,136
	G-Residential Services		32	1.0%	\$304,702		32	1.0%	\$223,123
	H-Behavioral Health Day Programs		2	0.1%	\$431		3	0.1%	\$899
	J-Outpatient Services (UB92)		47	1.5%	\$27,256		42	1.3%	\$21,908
	P-Pharmacy		422	13.3%	\$61,336		418	13.1%	\$65,372
	Other		316	10.0%	\$334,165		312	9.8%	\$327,130
	All Services		4,396	3,171			\$2,881,285	4,475	3,195
STATEWIDE	A-Treatment Services	14,104	4,222	45.7%	\$1,442,354	14,184	3,961	43.0%	\$1,343,506
	B-Rehabilitation Services		988	10.7%	\$670,244		922	10.0%	\$555,579
	C-Medical Services		1,010	10.9%	\$145,103		984	10.7%	\$141,254
	D-Support Services		8,534	92.4%	\$2,360,061		8,535	92.6%	\$2,209,122
	E-Crisis Intervention Services		247	2.7%	\$159,759		226	2.5%	\$129,200
	F-Inpatient Services		322	3.5%	\$2,465,634		296	3.2%	\$2,099,539
	G-Residential Services		111	1.2%	\$822,260		99	1.1%	\$701,296
	H-Behavioral Health Day Programs		18	0.2%	\$2,923		22	0.2%	\$3,036
	J-Outpatient Services (UB92)		123	1.3%	\$86,009		118	1.3%	\$65,956
	P-Pharmacy		1,394	15.1%	\$210,088		1,372	14.9%	\$202,630
	Other		983	10.6%	\$776,197		969	10.5%	\$776,391
	All Services		14,104	9,231			\$9,140,631	14,184	9,215

Financial and Program Accountability Trends Report for Children Enrolled in the Department of Child Safety – Comprehensive Health Plan (DCS CHP): FFY 2022

Table III: Monthly Utilization of DCS CHP Members by Service Category for FFY 2022

BHS Site	Service Category	December 2021				January 2022			
		Unique Members Enrolled	Unique Members Served	Percent Received Service Category ¹	Total Encounter Value	Unique Members Enrolled	Unique Members Served	Percent Received Service Category	Total Encounter Value
Central	A-Treatment Services		2,214	44.3%	\$767,988		2,181	43.4%	\$744,164
	B-Rehabilitation Services		503	10.1%	\$367,200		482	9.6%	\$323,562
	C-Medical Services		635	12.7%	\$101,588		567	11.3%	\$94,163
	D-Support Services		4,555	91.2%	\$1,236,761		4,637	92.3%	\$1,221,013
	E-Crisis Intervention Services		121	2.4%	\$75,421		133	2.6%	\$99,104
	F-Inpatient Services		157	3.1%	\$1,508,071		173	3.4%	\$1,508,022
	G-Residential Services		51	1.0%	\$339,467		45	0.9%	\$310,804
	H-Behavioral Health Day Programs		10	0.2%	\$1,176		9	0.2%	\$1,248
	J-Outpatient Services (UB92)		37	0.7%	\$16,796		54	1.1%	\$37,469
	P-Pharmacy		837	16.8%	\$130,352		794	15.8%	\$131,627
	Other		508	10.2%	\$251,315		534	10.6%	\$294,315
	All Services	8,227	4,995		\$4,796,136	8,222	5,022		\$4,765,491
North	A-Treatment Services		524	51.8%	\$174,950		482	47.7%	\$152,943
	B-Rehabilitation Services		183	18.1%	\$56,231		193	19.1%	\$58,763
	C-Medical Services		105	10.4%	\$15,087		109	10.8%	\$15,249
	D-Support Services		937	92.6%	\$299,647		966	95.5%	\$317,726
	E-Crisis Intervention Services		16	1.6%	\$13,340		23	2.3%	\$22,214
	F-Inpatient Services		31	3.1%	\$147,077		28	2.8%	\$175,607
	G-Residential Services		14	1.4%	\$95,457		14	1.4%	\$86,193
	H-Behavioral Health Day Programs		1	0.1%	\$63		2	0.2%	\$341
	J-Outpatient Services (UB92)		15	1.5%	\$8,300		17	1.7%	\$9,758
	P-Pharmacy		140	13.8%	\$17,829		152	15.0%	\$18,168
	Other		117	11.6%	\$161,397		123	12.2%	\$161,795
	All Services	1,434	1,012		\$989,377	1,433	1,011		\$1,018,757

Financial and Program Accountability Trends Report for Children Enrolled in the Department of Child Safety – Comprehensive Health Plan (DCS CHP): FFY 2022

Table III: Monthly Utilization of DCS CHP Members by Service Category for FFY 2022

BHS Site	Service Category	December 2021				January 2022			
		Unique Members Enrolled	Unique Members Served	Percent Received Service Category	Total Encounter Value	Unique Members Enrolled	Unique Members Served	Percent Received Service Category	Total Encounter Value
South	A-Treatment Services		1,238	41.2%	\$384,291		1,270	41.1%	\$398,058
	B-Rehabilitation Services		228	7.6%	\$135,516		227	7.3%	\$125,549
	C-Medical Services		348	11.6%	\$52,308		288	9.3%	\$41,804
	D-Support Services		2,815	93.6%	\$610,984		2,925	94.6%	\$635,263
	E-Crisis Intervention Services		55	1.8%	\$37,733		51	1.6%	\$42,629
	F-Inpatient Services		87	2.9%	\$514,087		81	2.6%	\$442,252
	G-Residential Services		31	1.0%	\$208,108		27	0.9%	\$251,569
	H-Behavioral Health Day Programs		2	0.1%	\$1,741		3	0.1%	\$3,204
	J-Outpatient Services (UB92)		53	1.8%	\$40,607		41	1.3%	\$22,637
	P-Pharmacy		434	14.4%	\$68,994		419	13.6%	\$70,849
	Other		264	8.8%	\$287,256		304	9.8%	\$281,388
	All Services	4,416	3,008		\$2,341,626	4,369	3,091		\$2,315,202
STATEWIDE	A-Treatment Services		3,975	44.1%	\$1,327,229		3,930	43.1%	\$1,295,165
	B-Rehabilitation Services		914	10.1%	\$558,947		902	9.9%	\$507,873
	C-Medical Services		1,088	12.1%	\$168,982		964	10.6%	\$151,217
	D-Support Services		8,304	92.1%	\$2,147,392		8,524	93.5%	\$2,174,002
	E-Crisis Intervention Services		191	2.1%	\$126,494		207	2.3%	\$163,946
	F-Inpatient Services		275	3.1%	\$2,169,235		282	3.1%	\$2,125,881
	G-Residential Services		96	1.1%	\$643,032		86	0.9%	\$648,566
	H-Behavioral Health Day Programs		13	0.1%	\$2,980		14	0.2%	\$4,794
	J-Outpatient Services (UB92)		105	1.2%	\$65,703		112	1.2%	\$69,865
	P-Pharmacy		1,410	15.6%	\$217,176		1,365	15.0%	\$220,644
	Other		887	9.8%	\$699,968		961	10.5%	\$737,498
	All Services	14,077	9,012		\$8,127,138	14,024	9,117		\$8,099,450

Financial and Program Accountability Trends Report for Children Enrolled in the Department of Child Safety – Comprehensive Health Plan (DCS CHP): FFY 2022

Table III: Monthly Utilization of DCS CHP Members by Service Category for FFY 2022

BHS Site	Service Category	February 2022				March 2022			
		Unique Members Enrolled	Unique Members Served	Percent Received Service Category	Total Encounter Value	Unique Members Enrolled	Unique Members Served	Percent Received Service Category	Total Encounter Value
Central	A-Treatment Services	8,150	2,309	47.7%	\$820,056	8,155	2,357	48.5%	\$945,299
	B-Rehabilitation Services		503	10.4%	\$340,811		500	10.3%	\$369,968
	C-Medical Services		549	11.3%	\$103,670		673	13.8%	\$127,693
	D-Support Services		4,414	91.1%	\$1,251,015		4,446	91.5%	\$1,404,095
	E-Crisis Intervention Services		156	3.2%	\$132,483		174	3.6%	\$180,088
	F-Inpatient Services		167	3.4%	\$1,323,030		177	3.6%	\$1,713,403
	G-Residential Services		48	1.0%	\$301,763		48	1.0%	\$314,260
	H-Behavioral Health Day Programs		7	0.1%	\$1,203		10	0.2%	\$1,175
	J-Outpatient Services (UB92)		48	1.0%	\$28,346		67	1.4%	\$34,839
	P-Pharmacy		775	16.0%	\$134,787		835	17.2%	\$145,769
	Other		528	10.9%	\$265,480		523	10.8%	\$308,527
All Services	8,150	4,845		\$4,702,645	8,155	4,861		\$5,545,117	
North	A-Treatment Services	1,451	501	49.0%	\$167,564	1,447	525	51.4%	\$180,985
	B-Rehabilitation Services		189	18.5%	\$54,989		187	18.3%	\$70,780
	C-Medical Services		116	11.4%	\$18,938		130	12.7%	\$24,281
	D-Support Services		936	91.6%	\$331,338		955	93.5%	\$361,305
	E-Crisis Intervention Services		34	3.3%	\$30,973		27	2.6%	\$37,014
	F-Inpatient Services		37	3.6%	\$174,163		45	4.4%	\$230,868
	G-Residential Services		12	1.2%	\$61,249		11	1.1%	\$66,516
	H-Behavioral Health Day Programs		3	0.3%	\$269		3	0.3%	\$301
	J-Outpatient Services (UB92)		16	1.6%	\$9,803		14	1.4%	\$6,634
	P-Pharmacy		160	15.7%	\$21,352		177	17.3%	\$24,755
	Other		132	12.9%	\$137,308		124	12.1%	\$188,929
All Services	1,451	1,022		\$1,007,946	1,447	1,021		\$1,192,368	

Financial and Program Accountability Trends Report for Children Enrolled in the Department of Child Safety – Comprehensive Health Plan (DCS CHP): FFY 2022

Table III: Monthly Utilization of DCS CHP Members by Service Category for FFY 2022

BHS Site	Service Category	February 2022				March 2022			
		Unique Members Enrolled	Unique Members Served	Percent Received Service Category	Total Encounter Value	Unique Members Enrolled	Unique Members Served	Percent Received Service Category	Total Encounter Value
South	A-Treatment Services	4,383	1,352	45.1%	\$436,646	4,410	1,500	47.8%	\$563,270
	B-Rehabilitation Services		228	7.6%	\$137,353		227	7.2%	\$155,170
	C-Medical Services		300	10.0%	\$55,275		348	11.1%	\$72,818
	D-Support Services		2,813	93.9%	\$589,465		2,946	93.9%	\$692,254
	E-Crisis Intervention Services		70	2.3%	\$56,005		84	2.7%	\$81,067
	F-Inpatient Services		87	2.9%	\$521,553		98	3.1%	\$507,445
	G-Residential Services		35	1.2%	\$195,684		25	0.8%	\$138,308
	H-Behavioral Health Day Programs		4	0.1%	\$3,030		5	0.2%	\$5,407
	J-Outpatient Services (UB92)		40	1.3%	\$26,597		47	1.5%	\$40,352
	P-Pharmacy		406	13.5%	\$74,646		444	14.1%	\$84,261
	Other		302	10.1%	\$268,428		292	9.3%	\$306,022
	All Services		4,383	2,997			\$2,364,682	4,410	3,139
STATEWIDE	A-Treatment Services	13,984	4,159	46.9%	\$1,424,266	14,012	4,378	48.6%	\$1,689,554
	B-Rehabilitation Services		919	10.4%	\$533,153		913	10.1%	\$595,918
	C-Medical Services		965	10.9%	\$177,883		1,151	12.8%	\$224,792
	D-Support Services		8,160	92.1%	\$2,171,817		8,343	92.5%	\$2,457,654
	E-Crisis Intervention Services		260	2.9%	\$219,460		285	3.2%	\$298,168
	F-Inpatient Services		291	3.3%	\$2,018,745		319	3.5%	\$2,451,716
	G-Residential Services		94	1.1%	\$558,697		84	0.9%	\$519,083
	H-Behavioral Health Day Programs		14	0.2%	\$4,503		18	0.2%	\$6,884
	J-Outpatient Services (UB92)		104	1.2%	\$64,746		128	1.4%	\$81,825
	P-Pharmacy		1,340	15.1%	\$230,786		1,455	16.1%	\$254,786
	Other		961	10.8%	\$671,216		939	10.4%	\$803,478
	All Services		13,984	8,860			\$8,075,273	14,012	9,016

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Table IV: Reported Notices of Adverse Benefit Determination

Mercy Care DCS CHP						
Total Number of A (denials, suspensions, terminations)	Quarter 1			Quarter 2		
	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
	116	115	103	79	102	113

Table V: Reported Reasons for Notices of Adverse Benefit Determination

Mercy Care DCS CHP						
Reasons for Notice of Adverse Benefit Determination	Quarter 1			Quarter 2		
	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Excluded Benefit/Benefit Exhausted	1	1	1	2	0	4
Not Medically Necessary	114	114	100	77	101	107
Out of Network Provider	1	0	2	0	1	0
Not Enough Information to Make a Decision	0	0	0	0	0	2
System/Program Issues, Including Coverage by Another Entity (ADHS/DBHS, CRSA, TPL)	0	0	0	0	0	0
Total Number of Adverse Benefit Determinations (denials, suspensions, terminations)	116	115	103	79	102	113

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Table VI: Reported Number of Appeals

Mercy Care DCS CHP						
Appeal Type	Quarter 1			Quarter 2		
	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Number of Member Standard Appeals Received	4	2	11	5	9	2
Number of Expedited Appeals Received	0	0	0	0	0	0
Total	4	2	11	5	9	2

Table VII: Reported Number of Standard Appeal Outcomes⁶

Mercy Care DCS CHP						
Standard Appeal Outcomes	Quarter 1			Quarter 2		
	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Upheld Appeals	3	1	4	4	3	6
Untimely Appeals	0	0	1	0	1	0
Extensions	1	4	1	4	5	3
Overturned Appeals Total	2	2	1	3	2	2
<i>a. Overturned due to secondary review</i>	0	0	0	0	0	0
<i>b. Overturned due to additional information submitted</i>	2	2	1	3	2	2
Partially Overturned Appeals Total	0	0	0	0	1	0
<i>a. Partially Overturned due to secondary review</i>	0	0	0	0	0	0
<i>b. Partially Overturned due to additional information submitted</i>	0	0	0	0	1	0
Total Standard Appeal Outcomes	6	7	7	11	12	11

⁶ The number of appeals outcomes in a month does not correspond to the number of appeals received in a month as the appeal process allows for timeframes for appeal resolution that may fall outside the month received.

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Table VIII: Reported Number of Expedited Appeal Outcomes⁷

Mercy Care DCS CHP						
Expedited Appeal Outcomes	Quarter 1			Quarter 2		
	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Upheld Expedited Appeals	0	0	0	0	0	0
Untimely Expedited Appeals	0	0	0	0	0	0
Extensions Requested	0	0	0	0	0	0
Expedited Appeals Changed to Standard Appeals	0	0	0	0	0	0
Overtured Expedited Appeals Total	0	0	0	0	0	0
<i>a. Overtured due to incorrect handling</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>
<i>b. Overtured due to additional information submitted</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>
Partially Overtured Expedited Appeals Total	0	0	0	0	0	0
<i>a. Partially Overtured due to secondary review</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>
<i>b. Partially Overtured due to additional information submitted</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>
Total Expedited Appeal Outcomes	0	0	0	0	0	0

Table IX: Final Decisions Reached by the AHCCCS Director

Mercy Care DCS CHP						
Decision	Quarter 1			Quarter 2		
	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Hearing Requests Received During Reporting Period	0	0	0	0	0	0
Director's Decisions Received in favor of the Member	0	0	0	0	0	0
Director's Decisions Received in favor of the Contractor	0	0	0	0	0	0
Total Decisions	0	0	0	0	0	0

⁷ The number of appeals outcomes in a month will not correspond to the number of appeals received in a month as the appeal process provides filing and resolution timeframes that can fall outside the month received.