



# AHCCCS Update

Arizona Rural & Public Health Policy Forum

February 4, 2020

# 2019 Accomplishments

- **34,000 members with intellectual and developmental disabilities were transitioned to an integrated health plan for physical and behavioral health services**
- **Transportation advances**
  - **Helicopter and equine transport were added to the non-emergency transportation (NEMT) benefit**
  - **Rideshare companies became eligible to provide NEMT**
- **3 new American Indian Medical Homes were added, bringing the total to 6**
- **14,000+ students received behavioral health services on school campuses**
- **41,000 underinsured and uninsured individuals with Opioid Use Disorder received critical recovery and support services**
- **Increased the number of providers participating in Arizona's Health Information Exchange to 656**

# 2019 Accomplishments

- Expanded the telehealth benefit
- 4,727 fraud investigations were completed (Office of Inspector General)
- 86% of Arizona Long Term Care System applications are now processed within 45 days
- 90% of eligibility renewals processed automatically
- Reduced provider enrollment inventory from over 7500 records to 155 records, resulting in an average processing time of 13 days for new and reactivating applications
- Maintained quality incentive payment program (aka Differential Adjusted Payment) program for hospitals, nursing facilities, integrated clinics, behavioral health outpatient clinics, physicians, PAs, RNs, dentists and HCBS providers
  - 20% increase for critical access hospitals with Level I-IV trauma center, located less than five miles from Interstate 10
  - 3% increase for clinics in a difficult to access location that cannot be accessed by ground transportation due to the nature and extent of surrounding Grand Canyon terrain

# 2020 Priorities

- **Release RFP and award eligibility system vendor contract**
  - **1/17/20 release, 10/1/20 go live**
- **Launch Arizona Provider Enrollment Portal**
  - **6/1/20 go live**
- **Implement a statewide electronic visit verification system**
  - **6/20 go live**
- **Release RFP and award RBHA competitive contract expansion agreements**
  - **8/4/20 release, 9/28/20 proposals due, 11/12/20 award, 10/1/21 go live**

# 2020 Priorities

- **Finalize and submit 1115 waiver to CMS**
  - **10/1/20 submission**
- **In partnership with DCS, transition members served by the CMDP program into an integrated product**
  - **10/1/20 transition**
- **Implement an enhanced school based claiming program**
  - **10/1/20 go live**
- **Development of MMIS system roadmap**
  - **Finalize in fall 2021**

# Whole Person Care Initiative

- Officially launched the Whole Person Health Initiative in November 2019
- Focused on role social risk factors play in influencing individual health outcomes
- Three areas of need identified by stakeholders
  - Transitional housing, particularly for individuals leaving a correctional facility; those being discharged from a behavioral health inpatient stay; and individuals experiencing chronic homelessness
  - Non-medical transportation with a focus on access to healthy food and employment navigation services
  - Social isolation that can impact individuals who receive Arizona Long Term Care System (ALTC) services in their own homes including, but not limited to, peer support programs
- Partnership with Health Current to explore technology that will facilitate screening for social risk factors and seamless referral to community resources

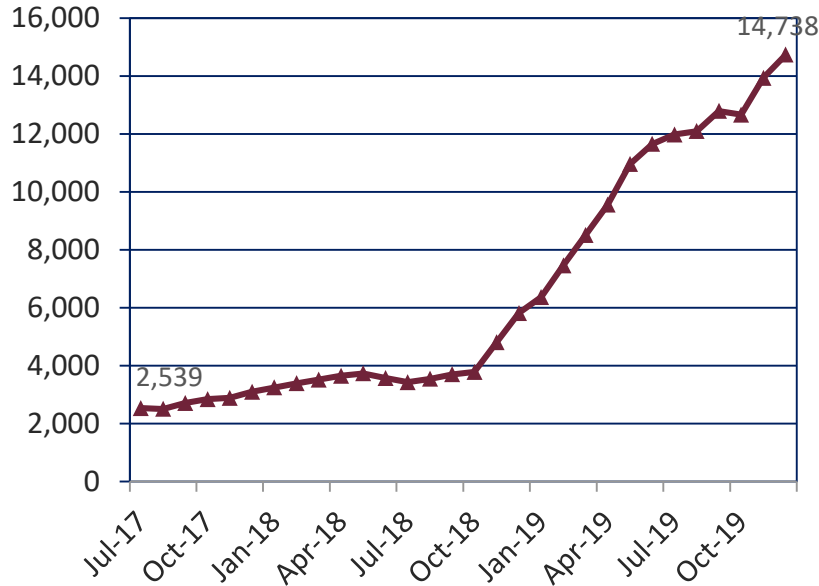
# RBHA Services - Post 10/1/21

## Competitive Contract Expansion

- **Naming convention: AHCCCS Complete Care Plan with a Regional Behavioral Health Agreement (ACC-RBHA); TRBHA will remain as Tribal Regional Behavioral Health Authority**
- **Will expand the provision of services for one ACC plan in each GSA (only ACC Plans currently serving in a given GSA eligible to compete)**
- **Members determined to have an SMI will have the option to opt-out of receiving physical health services through their single ACC Plan**
- **Effective 7/1/21, AHCCCS will directly administer SABG funding used for prevention services**
- **ACC-RBHAs will provide the full continuum of crisis services to all individuals within their awarded GSA, including mobile crisis teams and crisis stabilization services**
- **ACC-RBHAs will be required to jointly select, contract with, and oversee a single, statewide crisis phone vendor**
- **Members currently served by AIHP and RBHA will be transitioned to AIHP and will continue to have ongoing choice**

# School-Based Services

Students Receiving Behavioral Health Services  
in Schools through Co-Location Model



## Medicaid School Based Claiming Program

- Limited to students with an Individualized Education Plan currently
- Considering opportunities for enhancing program
  - Extending program to broader student population
  - Exploring additional provider types



# SFY 2021 Budget

- **Executive Recommendation**
  - **\$195M additional GF funding**
  - **\$6M ongoing funding for the Substance Use Disorder Fund**
  - **Shift of GME funding - \$3M to FY21, \$6M to FY22 and \$9M to FY23**
  - **\$78k for a consultant to create an MMIS replacement roadmap**
  - **\$3M for ongoing operating costs for 3 federally required IT systems (AVS, EVV, APEP)**
  - **24.5M in supplemental funding for FY20**

# AHCCCS Legislation

- **SB 1163 substance abuse treatment; AHCCCS**
  - **Arizona's Family First program is a cooperative program between DCS and AHCCCS to help parents address substance abuse issues that are affecting their ability to care appropriately for their children**
  - **Language was not transitioned during the DBHS transition**
  - **SB 1163 updates the statutory language to reflect the current/historic structure of the AFF program**

# Medicaid Fiscal Accountability Regulation

- CMS published proposed rule published 11/18/2019
- Rule addresses various fiscal issues which, as proposed, has significant implications for the ways in which states finance their Medicaid programs and pay for Medicaid services
- Comments submitted to CMS on 01/31/2020
- See “Summary of AHCCCS Response” on the AHCCCS website:  
<https://www.azahcccs.gov/shared/News/GeneralNews/MFAR.html>

# Medicaid Fiscal Accountability Regulation

- **Certified Public Expenditures (CPEs)**
  - Proposed regulation is inconsistent with AHCCCS' historical experience with CPE funding accepted by CMS
- **Permissible Sources of Non-Federal Share**
  - Appears to limit sources of non-federal share to State or local taxes
- **“Net Effect” Test**
  - Provider payments that could be construed as holding a provider harmless from a provider tax could be restricted
- **“Undue Burden” for Health Care Related Taxes**
  - Could be interpreted to permit CMS to exercise broad discretion to prohibit provider exceptions to health care related taxes



# Questions