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
  o Helicopter and equine transport were added to the non-emergency transportation (NEMT) benefit
  o 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
  o 1/17/20 release, 10/1/20 go live

• Launch Arizona Provider Enrollment Portal
  o 6/1/20 go live

• Implement a statewide electronic visit verification system
  o 6/20 go live

• Release RFP and award RBHA competitive contract expansion agreements
  o 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
  o Transitional housing, particularly for individuals leaving a correctional facility; those being discharged from a behavioral health inpatient stay; and individuals experiencing chronic homelessness
  o Non-medical transportation with a focus on access to healthy food and employment navigation services
  o Social isolation that can impact individuals who receive Arizona Long Term Care System (ALTCS) 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
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

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