Vision: Shaping tomorrow's managed health care…from today's experience, quality, and innovation.

Mission: Reaching across Arizona to provide comprehensive, quality health care for those in need.

Agency Description: The Arizona Health Care Cost Containment System (AHCCCS), the State's Medicaid Agency, uses federal, state, and county funds to provide health care coverage to eligible enrollees. Since 1982, when it became the first statewide Medicaid managed care system in the nation, AHCCCS has operated under a federal Research and Demonstration 1115 Waiver authority that allows for the operation of a statewide managed care model.

Executive Summary: As a delivery system that serves nearly 2.5 million Arizonans with a budget of slightly more than $21 billion, it is critical that AHCCCS pursue a broad array of strategies that are focused on maintaining a sustainable program and promoting continual quality improvement. It is within this context that the state fiscal year (SFY) 2023 – SFY 2027 strategic plan is being developed. The plan will work toward three overarching strategies which will guide the direction AHCCCS will take over the course of the new fiscal year. These three strategies build on previous accomplishments and represent the collaborative efforts of the AHCCCS leadership team.

*These priorities were initially implemented in the AHCCCS SFY 2017 – SFY 2022 strategic plan. They will remain in the updated strategic plan that will commence on July 1, 2022.

Summary of Multi-Year Strategic Priorities

#	Five Year Strategy	Start Year	Progress / Successes
1	Provide equitable access to high quality, whole person care.	2017*	• Received approval of the 1115 waiver. • AHCCCS was awarded the 2022 Medicaid Innovation Award from the Robert Wood Johnson Foundation (RWJF) and the National Academy for State Health Policy (NASHP) for our efforts to improve Social Determinants of Health (SDOH) for members, which includes the adoption of the statewide Closed-Loop Referral System (CLRS).
2	Implement solutions that ensure optimal member and provider experience.	2017*	• Completed the roadmap for the modernization of AHCCCS' Medicaid Enterprise System (MES) and posted it online. • Published one Covid-19 Immunizations dashboard on the AHCCCS website showcasing vaccination rates of Arizona's Medicaid population and providing new opportunities for external consumers to enhance personal and organizational decision making through exploration and interaction with the data.
3	Maintain core organizational capacity, infrastructure and workforce planning that effectively serve AHCCCS operations.	2017*	• Divisions implemented a variety of engagement strategies that included division newsletters, more flexible schedules, biweekly leader focused discussions, coffee chats with individual staff, and quarterly healthy living activities • Streamlined and standardized the recruitment process; centralized portions of the process in HRD.

Strategy #	FY24 Annual Objectives	Objective Metrics	Annual Initiatives
#1	Increase the amount of funding to direct care workers (DCWs) providing home and community-based services (HCBS).	Amount of supplemental funding disseminated from the American Rescue Plan Act, Section 9817, to HCBS providers before 6/30/24.	Partner with Managed Care Organizations (MCOs) to disseminate funding to HCBS provider organizations, requiring that provider organizations pass a minimum of 80% of provider payments on to DCWs.
#1	Reduce health disparities.	1. Number of referrals made through the Closed Loop Referral System (CLRS). 2. Percentage of referrals resulting in member receiving the resources and/or services needed.	Partner with Targeted Investments (TI) 2.0 providers to address health equity/disparity gaps within the state's delivery system.
#1	Obtain CMS approval of all Housing and Health Opportunities (H2O) waiver implementation plan deliverables.	Percent of deliverables completed on time per quarter.	Build a framework of policies, eligibility criteria, billing structure, and provider network for statewide implementation of H2O.
#1	Increase AHCCCS member connectivity to critical social services.	Number of organizations participating in the social determinants of health (SDOH) closed-loop referral system (CLRS), CommunityCares.	Partner with Contexture to promote availability of CLRS, and integrate it into existing workflows; offer differential adjusted payment incentive funding to providers.
#1	Determine what will be needed to transform the Fee-For-Service Program.	Percent of study project plan milestones on time per quarter.	Partner with a local university to conduct a feasibility study of transforming the Fee-For-Service Program.
#2	Implement a system integrator environment that will connect multiple components of the AHCCCS Medicaid Enterprise System (MES).	Percent of System Integrator milestones on time per quarter.	Work with procurement at the state and agency levels and with Centers for Medicare & Medicaid Services (CMS) to finalize the system integrator contract.
#2	Increase transparency into delivery system performance.	Number of hits to system level dashboards posted on the agency website on or before 6/30/24.	Partner with Contexture to develop, implement, and publish multiple delivery system performance dashboards to the agency website.
#3	Increase employee engagement.	Percent of engaged employees as determined by the state employee engagement survey.	1. Develop and implement 1 or 2 agency-wide initiatives based on survey results 2. Develop and implement 1 to 2 division-specific initiatives based on survey results
#3	Reduce employee turnover.	Agency turnover rate.	Develop an agency exit interview process to determine the primary reasons for turnover.
#3	Reduce the occurrence of unauthorized software subscriptions.	Unauthorized software subscriptions as a percent of all software subscriptions (Agency breakthrough).	Develop a process to safeguard against unauthorized software downloads and unintended subscriptions.