



AHCCCS MCO Update Meeting

April 26, 2022



AHCCCS Update

Jami Snyder, Director

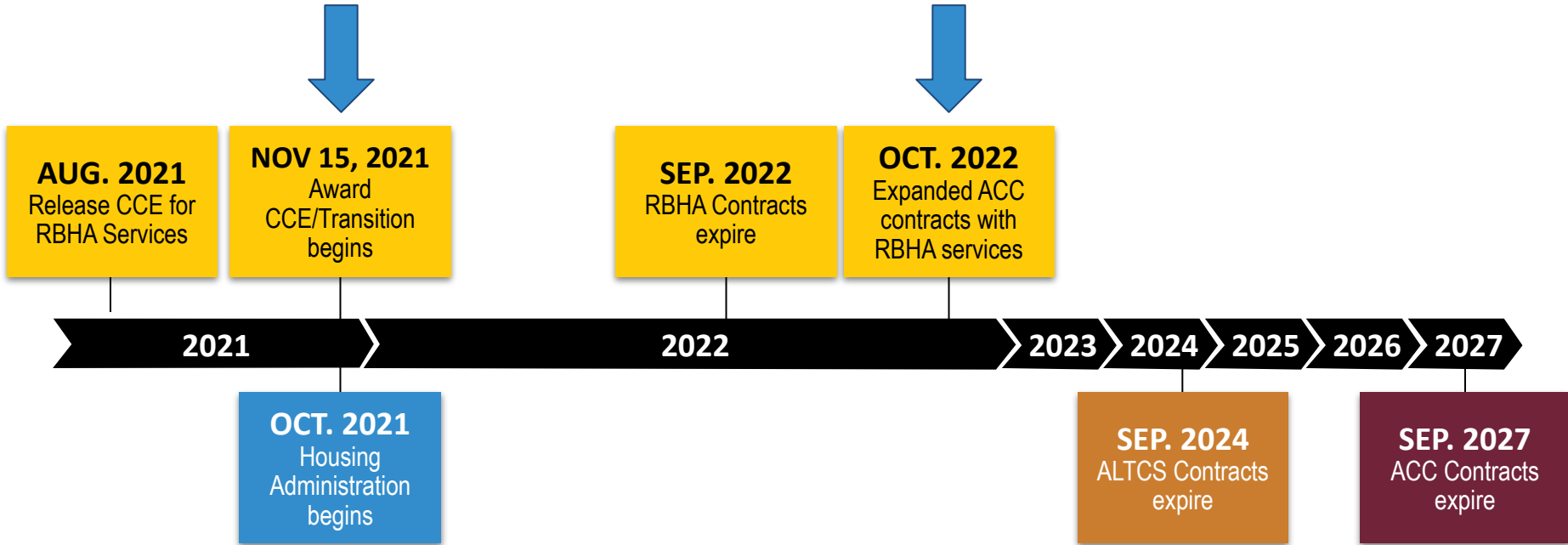
Shelli Silver, Deputy Director - Health Plan Operations

On the Horizon

- **Unwinding from the Public Health Emergency (PHE)**
- **1115 Waiver Negotiations for 10/1/2022**
 - Targeted Investments 2.0
 - Housing and Health Opportunities Demonstration (H20)
 - Reimbursement for traditional healing services
 - Reimbursement for adult dental services provided by IHS and Tribal 638 facilities
- **ARPA HCBS Implementation**
 - \$500 million in provider payments to be disseminated in May 2022
- **Readiness and launch of ACC/RBHAs on 10/1/2022**
 - Includes statewide crisis line & 988 readiness and launch
- **Integration of DDD Tribal Health Program members to AHCCCS Division of Fee for Service Management (DFSM) on 4/1/22**
- **Transition of American Indian/Alaska Native members designated with a SMI to integrated options on 10/1/22**
- **Continued roll out of Closed-Loop Referral System**
- **Promotion of expanded [Medicaid School Based Claiming program](#), allowing all Medicaid-enrolled children to access health care services on school campuses**
- **Continued support for the [Opioid Services Locator](#) tool**
- **Initial preparations for ALTCS bid (contracts term on 9/30/24)**



AHCCCS Contracts Timeline



ACC Contracts Expire

RBHA

Housing

ALTCS

AHCCCS Strategic Plan

State Fiscal Years 2023 - 2025

Proposed Goals and Strategies

SFY 2023 - 2025

Provide Equitable Access to High Quality, Whole-Person Care

- Address existing and ongoing provider workforce challenges
- Promote the use of models that seek to advance quality and lower cost
 - ◆ Alternative payment models, American Indian Medical Home, IHS/638 care coordination agreements, etc.
- Reduce provider administrative burden
 - ◆ Expanded use of CommunityCares, alignment of quality metrics, etc.
- Address deficiencies in the continuum of care to ensure access to services in the most appropriate setting
- Implement enhanced housing services/supports
- Pursue population health programming for individuals with special health care needs
 - ◆ Individuals with I/DD & behavioral health needs, individuals leaving correctional settings, pregnant women with substance use disorder, aging populations, etc.

Proposed Goals and Strategies

SFY 2023 - 2025

Implement solutions that ensure optimal member and provider experience, promote member engagement and independence, and offer transparency into system performance

- Develop comprehensive information technology strategy plan**
 - ◆ Modernize AHCCCS' Medicaid Enterprise System (MES), leverage state designated HIE, etc.**
- Develop system performance dashboards**
- Accelerate agency-wide program integrity efforts**
- Support technological advancements that foster member engagement in care planning and advance member independence**
 - ◆ Remote monitoring (wearable devices), member clinical record access, telehealth**
- Optimize federal block and discretionary grants to advance Medicaid programming and systems**

Proposed Goals and Strategies

SFY 2023 - 2025

Maintain core organizational capacity, infrastructure and workforce planning that effectively serves AHCCCS operations

- **Improve employee engagement**
 - ◆ **Enhanced communication strategies, professional development opportunities, cutting edge technological tools**
- **Increase retention rates**
 - ◆ **Continued exploration of workplace flexibilities, continued education on need for competitive compensation strategy**
- **Increase Arizona Management System self-assessment scores**
- **Develop a comprehensive, agency-wide knowledge management system**



ACC-RBHA Readiness and 10/1/22 Transition

ACC-RBHA Readiness

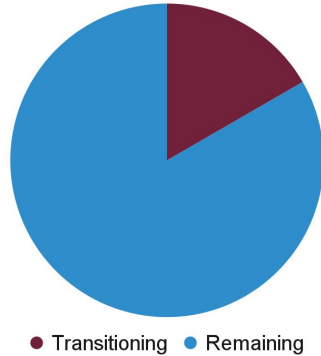
- First round of Readiness Assessment Tools (RAT) under review by AHCCCS.
- Responses due back to ACC-RBHAs by May 2nd.
- Readiness Update meetings begin week of May 9th



Member Transitions

8,046 members transitioning to new health plans

County	Members*	New Plan
Apache	229	Care1st
Coconino	794	Care1st
Mohave	2,220	Care1st
Navajo	963	Care1st
Yavapai	1,940	Care1st
Gila	452	Mercy Care
Pinal	1,448	Mercy Care



40,226 members remaining on current health plans

County	Members*	Current Plan
Maricopa	27,210	Mercy Care
Cochise	869	AzCH-CCP
Graham/ Greenlee	223	AzCH-CCP
La Paz	71	AzCH-CCP
Pima	10,591	AzCH-CCP
Santa Cruz	232	AzCH-CCP
Yuma	1,030	AzCH-CCP

*Enrollment as of December 1, 2021

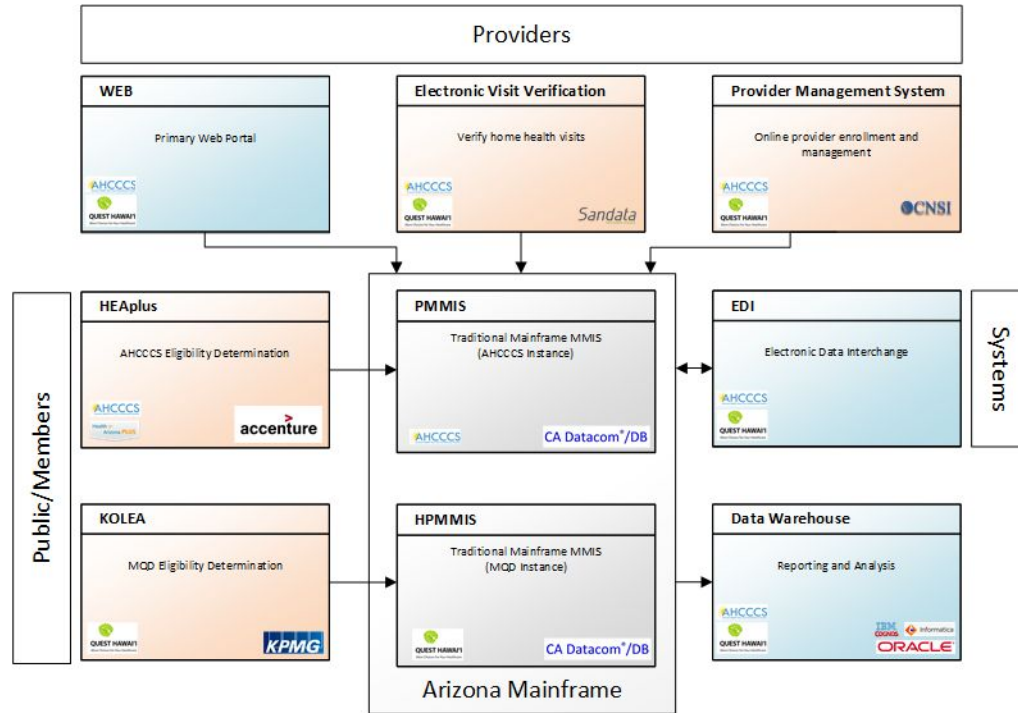
Member Transitions



- AHCCCS will send out enrollment notices to all members transitioning to a new health plan late August
 - RBHA to ACC-RBHA
 - AIHP/RBHA to AIHP
 - ACC/TRBHA to AIHP/TRBHA
- Discussions with all involved health plans to begin in May regarding transition of members.

MES Roadmap

Medicaid Enterprise System (MES)



MES Roadmap Project Overview

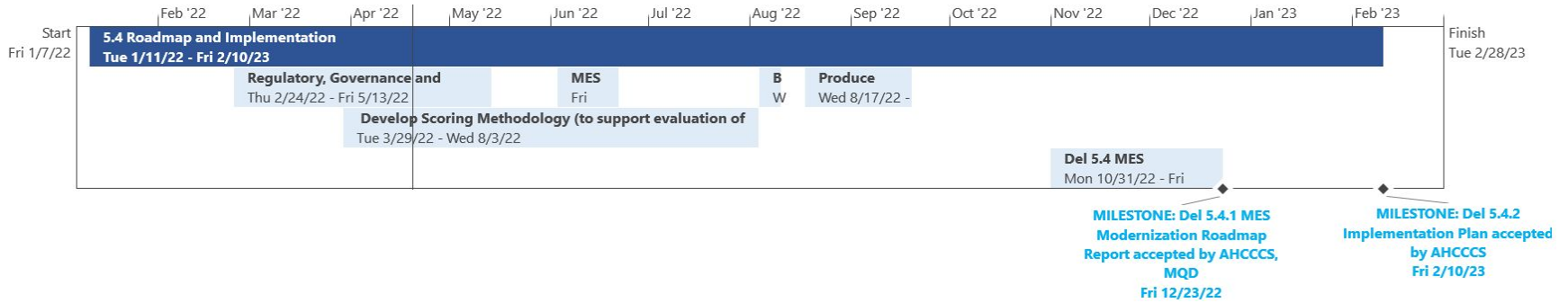
Objectives

- Evaluate and document **current state** business processes, data and supporting technologies to identify opportunities for improvement
- Develop a Roadmap that will serve as the **future plan** for modernization of AHCCCS' and MQD's technology and business processes
- Evaluate and recommend **options** to support the MES modernization with modular offerings rather than custom development
- Lay the foundation for a **strategic architecture** roadmap as part of the Medicaid Information Technology Architecture State Self-Assessment (MITA SS-A) report deliverable
- Establish the steps for **buildout and maturation** of the CMS modularity initiative in Arizona and Hawaii through the MES modernization program

Purpose

Develop a long-term strategic MES Modernization Roadmap to achieve compliance with Centers for Medicare & Medicaid Services (CMS) requirements to improve interoperability and sustainability of technology solutions that support Medicaid service delivery. NTT DATA will also update the Arizona and Hawaii MITA SS-A as part of this effort.

Project Deliverable – Modernization Roadmap



- After some COVID-related delays during procurement, we awarded the contract to NTT Data in January 2022
- We've been working with NTT (Jan thru Mar) to establish our project governance, initiate all the information gathering that's needed, and get the MITA SS-A underway
- We will have a working roadmap that we can start managing towards accomplishing late 2022/early 2023



Legislative Update

Kyle Sawyer,
Chief Legislative Liaison and Policy Advisor, OOD

2022 Legislative Session Update

- **Timeline:**

- Session began on January 10th and is ongoing
- Over 1700 bills introduced this year (so far)
- Regular committees ended in late March
- Floor Votes
- Budget bills
 - Skinny Budget failed to pass
- Sine Die

- **Agency Bills:**

- HB 2157 (signed into law 3/1) AHCCCS' supplemental appropriation/exp. authority
- HB 2088 (signed into law 3/23) ALTCS; preadmission screening





PHE Unwinding

Joni Shipman, DMPS Assistant Director

Julie Swenson, DMPS Senior Policy Advisor

Jakenna Lebsock, DHCM Assistant Director, Clinical/ Operations

Member Unwinding Strategies

- Renewals continued through PHE
- Approximately 500,000 members “COVID override”
 - Did not complete renewal (failed to supply needed documentation)
 - Shown to be ineligible
- Estimate that it will take **9 months** to complete redeterminations
- Hybrid approach
 - Process “ineligible” before “noncompliant”
 - Within these groups process “oldest to newest”
- Distributing Added Workload
 - Adjust volume of post-PHE redetermination batches based on regular renewals due
 - Align redetermination and renewal actions at household level

Member Unwinding Strategies, continued

- MCOs assisting with member outreach to maintain coverage or connect individuals to alternate coverage options
 - AHCCCS supplying files
 - members with upcoming renewal dates
 - members who may be factually ineligible
 - members who failed to supply documentation to complete renewal
 - Files include homeless indicator, age, address, phone number, email address
 - Soon will also include language preference and race/ethnicity to help target outreach efforts

Provider Unwinding

- Effective April 24, flexibilities for providers will be discontinued
 - Additional screening requirements will resume when applicable
 - fingerprint/background screening
 - fee collection
 - site visits
- Approximately 57,000 providers did not complete the re-registration process since August 2020 and will need to be revalidated
 - revalidation process will begin in July/August
 - process will take place over several months
 - implementation plan will be posted to the website
 - if provider does not comply with revalidation, they may be disenrolled

Provider Unwinding, continued

- Moderate to high risk providers who completed re-registration will need to revalidate
 - approximately 4,000 impacted providers
 - 3 month implementation plan to revalidate and comply with additional screening requirements
 - fingerprint and background screening
 - site visit
 - fee collection
 - implementation plan will begin in July/August

Provider Unwinding, continued

- Expired license
 - Beginning April 24 system will begin generating letters
 - 180 days to update license
- Providers with sanctions
 - provider enrollment will review over a 60 day period

To determine Provider Type Risk level, refer to Provider Enrollment Screening Glossary

<https://azahcccs.gov/PlansProviders/Downloads/apep/ProviderEnrollmentScreeningGlossary.pdf>

For Provider Enrollment assistance contact Provider Assistance at (602) 417-7670, option 5

OR email:

APEPTrainingQuestions@azahcccs.gov

Clinical/Operational Impacts

- To date, no major concerns or barriers have been identified specific to clinical impacts
 - Ad hoc and/or targeted discussions in Case Management and Medical Director meetings occurring as needs are identified
- Many operational flexibilities have already gone through unwinding:
 - PASRR
 - In-person case management visits

Clinical/Operational Impacts, continued

- Some flexibilities have been requested for post-PHE continuation
 - Parents as Paid Caregivers
(https://azahcccs.gov/AHCCCS/Downloads/COVID19/FAQ_ParentsAsPaidCaregivers.pdf)
 - Verbal Consent for services with signatures within 30 days
 - Home Delivered Meals for DD members
 - Attendant care support in acute settings

Clinical/Operational Impacts, continued

- Major planning:
 - Resumption of acute-care and step down prior authorizations and concurrent review in alignment with AMPM
 - Return to 40-hour limit of services for Spouses as Paid Caregivers program
 - Return to in-person facility monitoring/oversight
 - Return to standard bed-hold days (12 vs. 30)
- For questions or concerns related to clinical or operational impacts/unwinding, please contact:

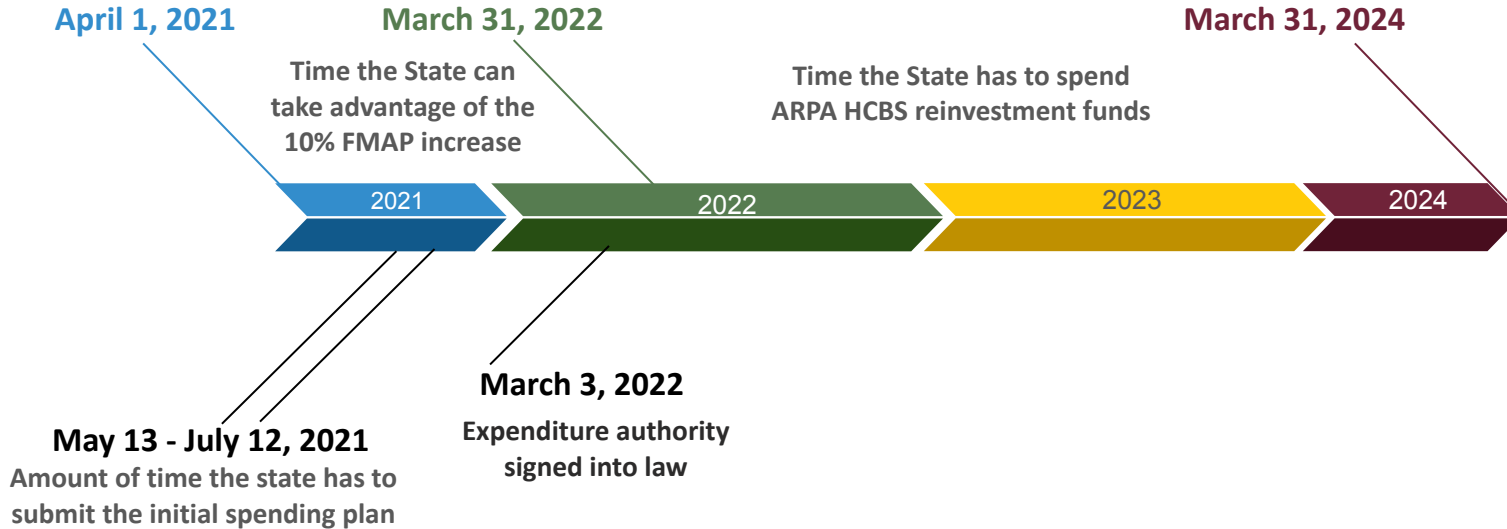
Jakenna.Lebsock@azahcccs.gov



ARPA HCBS Section 9817 10% HCBS FMAP Enhancement Update

Alex Demyan, Deputy Assistant Director, Division of Health
Care Advocacy and Intergovernmental Relations (DCAIR)

ARPA HCBS Funding Timeline



ARPA HCBS Spending Plan - Approval

- Arizona received conditional approval of the spending plan January 19, 2022:
 - Verification that Arizona qualifies for temporary 10 percentage point increase in FMAP for certain expenditures through March 31, 2022
 - Approval to claim increased FMAP for qualifying expenditures between April 1, 2021, and March 31, 2022
 - Approval to spend funding on activities detailed in the Spending Plan
- Find the [Spending Plan](#) on the AHCCCS Website

ARPA HCBS Provider Directed Payment

- Provider directed payment pre-print approved by CMS 3/1/22
- Directed payment will be computed as a flat 17.8% of eligible providers' prior Title XIX Medicaid approved and adjudicated encounters in the AHCCCS database for select ARPA qualifying codes for period October 1, 2020 through March 31, 2021
 - DES-DDD reimbursement to contracted providers will use a similar methodology
- Total amount across State Fiscal Years (SFY) 2022, 2023, and 2024 estimated to be almost \$900M between all lines of business
- Directed payments are subject to change if other ARPA spending plan initiatives impact funding available

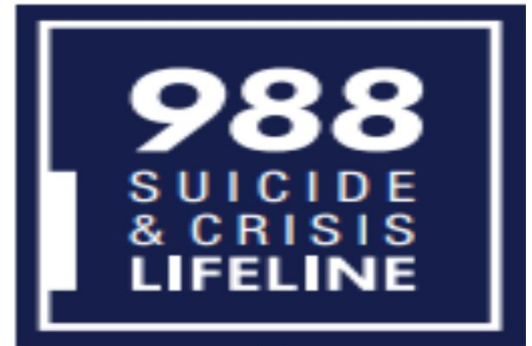
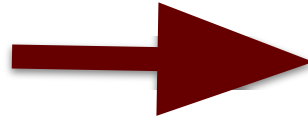
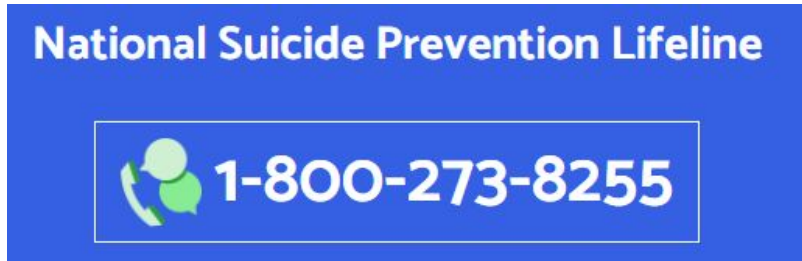
988 Update

CJ Loiselle, Crisis Administrator, AHCCCS/DGA

Nationwide 9-8-8

National Suicide Hotline Designation Act (S. 2661)

- Signed into law on October 17, 2020
 - Designates 988 as the dialing code for the Lifeline
 - Increased Lifeline federal appropriation
 - Cleared a path for states to deploy a local telecommunications fee to fund 988 (similar to how 911 is funded).



- Implementation on or before **July 16, 2022**

9-8-8 Implementation Guidance Playbooks

SAMHSA, in co-sponsorship with NASMHPD, worked with partners across critical working sectors involved with 988 to develop 988 Implementation Guidance Playbooks (e.g. “playbooks”) for States, Territories, and Tribes; Mental Health and Substance Use Disorder Providers; Lifeline Contact Centers; and Public Safety Answering Points (PSAPs). The following are the links to these playbooks:

- [State, Territories & Tribes](#)
- [Mental Health and Substance Use Disorder Providers](#)
- [Lifeline Contact Centers](#)
- [Public Safety Answering Points \(PSAPs\)](#)

The State, Territories & Tribes tool is not intended to be evaluative and no responses will be collected or aggregated. There is neither a perfect score nor a right answer. The intent is solely to help states, territories, and tribes determine where they might focus efforts both ahead of July 2022 and beyond as the country moves toward integrated crisis care.

9-8-8 Fast Facts

- Like 1-800-273-Talk, 988 will be confidential, free, and available 24/7/365, connecting those experiencing a mental health, substance use, or suicidal crisis with trained crisis counselors.
- Access is available through every landline, cell phone, and voice-over internet device in the United States.
- The 988 dialing code will be available for call, text, and chat by July 16, 2022. **Until then, those in crisis should continue to use 1-800-273-8255, which will continue to function even after the transition.**
- SAMHSA 988 FAQ: <https://www.samhsa.gov/find-help/988/faqs#about-988>

9-8-8 Fast Facts

- 988 will be built with accessibility and inclusion in mind to ensure the service is available to all individuals, regardless of communications needs. As such, 988 will be available via text and chat to anyone interested in using those services, as well as Spanish support via the press 2 option and interpretation service in over 150 languages.
- The transition to 988 will not impact the availability of crisis services for our nation's Veterans and military Service Members. The same dedicated service Veterans know and trust in the VCL remains fully in place and ready. The [Veterans Crisis Line](#) (VCL) can be accessed by dialing 988 then pressing 1. Chat and text options can be accessed by visiting <https://www.veteranscrisisline.net/get-help-now/chat/> or by texting 838255.
- The 988 transition will not replace or change the current Arizona RBHA operated crisis call centers, numbers or services.

9-8-8 and 9-1-1

Relationship between 988 and 911

988 and 911 are designed to be complementary. 911 is currently used for all emergencies, including behavioral health emergencies. However, 911 dispatchers may not be trained on how to handle these types of calls. On the other hand, 988 is a behavioral health crisis number and 988 counselors are trained to assist people in emotional distress, suicidal crisis, or struggles with substance use. In many cases, 988 counselors can de-escalate a crisis over the phone and connect callers with community resources for ongoing support. Ongoing collaboration between 988 and 911 will help individuals in crisis get the appropriate support, potentially providing options like mobile crisis teams in place of police or emergency medical services (EMS) responders when needed and where available.

Current NSPL (9-8-8) and RBHA System Structure

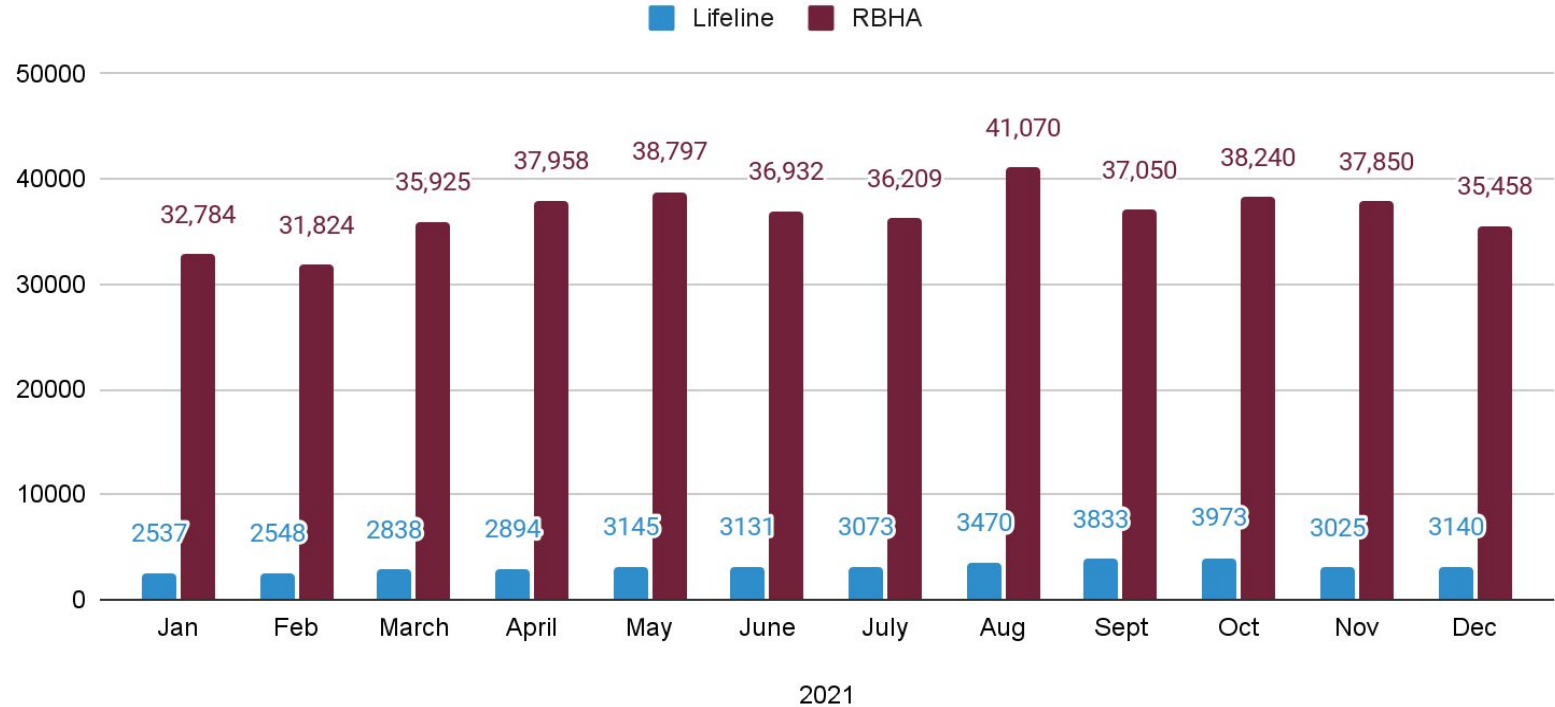
NSPL in Arizona



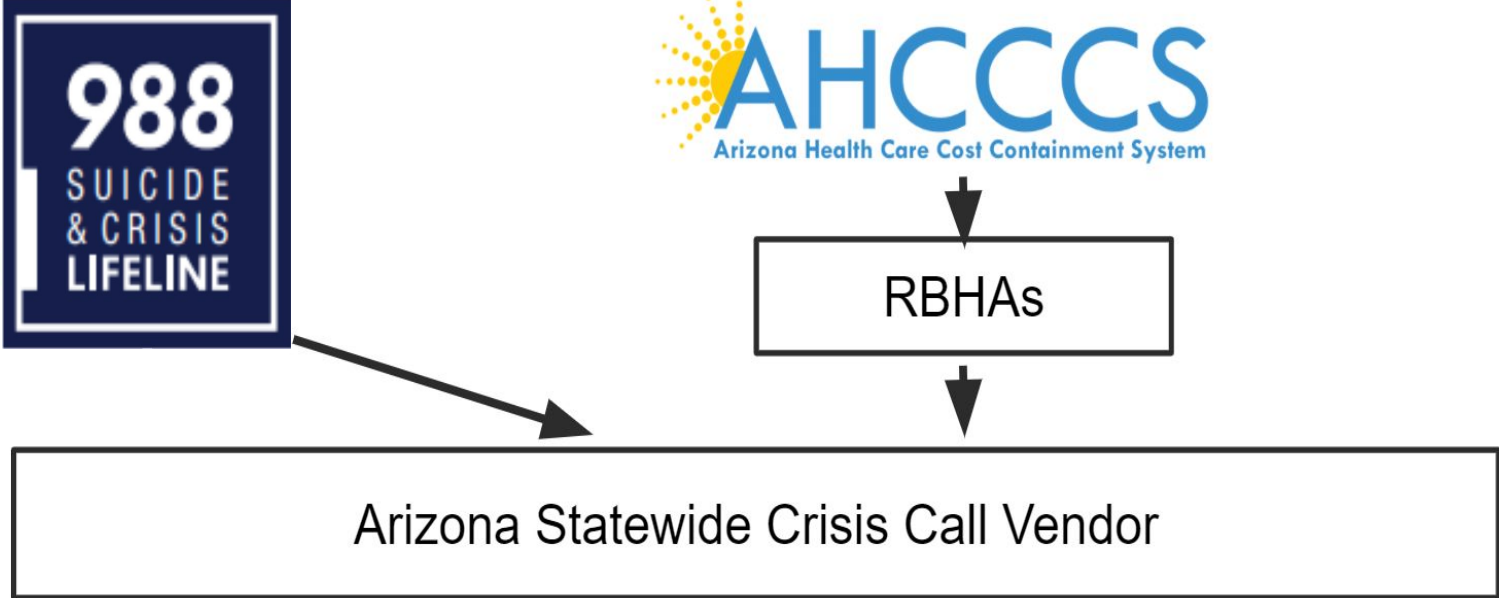
AHCCCS Crisis in Arizona



2021 Lifeline Center Calls vs. RBHA Call Center Calls



10/1/2022 9-8-8 and Arizona Crisis Lines



Arizona 988 State and Territory Cooperative Agreements Grant

- **Awarded:** 04/15/2022
- **Funding Period:** 04/30/2022 - 04/29/2024 (2 years)
- **Amount:** \$1,953,661
- **Area served:** All Regions
- **Focus:** The purpose of this grant is to improve state and territory response to 988 contacts (including calls, chats, and texts) originating in the state/territory by:
 - o Recruiting, hiring and training behavioral health workforce to staff local 988/Lifeline centers to respond, intervene, and provide follow-up to individuals experiencing a behavioral health crisis;
 - o Engaging Lifeline crisis centers to unify 988 response across states/territories; and
 - o Expanding the crisis center staffing and response structure needed for the successful implementation of 988.

Contact/Resources

- CJ Loiseau - Crisis Administrator cj.loiseau@azahcccs.gov, (602) 417-4409
- Action Alliance 988 Framework for Messaging: suicidepreventionmessaging.org/988messaging/framework
- SAMHSA 988: www.samhsa.gov/find-help/988
- 988 Fact Sheet: www.samhsa.gov/sites/default/files/988-factsheet.pdf
- AHCCCS Crisis Services Website: azahcccs.gov/BehavioralHealth/crisis.html
- AHCCCS Tribal Consultation and Public Comment Website: <https://ahcccs.commentinput.com/comment/search>

CAHPS Survey Results

Dr. Sara Salek, AHCCCS CMO

Georgette Chukwuemeka, Strategic Performance
Administrator, DHCM

CAHPS Survey Results

Background:

- AHCCCS conducted a CAHPS Survey for the following populations/Lines of Business in 2020-2021:
 - ACC (Child and Adult, MCO specific, and Line of Business level reporting)
 - SMI (Adult, MCO specific, and Line of Business level reporting)
 - DCS CHP (Child)
 - KidsCare (Child, Program level reporting)

CAHPS Survey Results

Background (continued):

- Performance compared to the National Committee for Quality Assurance's (NCQA's) 2020 Quality Compass® Benchmark and Compare Quality Data to derive star ratings as follows:

Stars	Percentiles
★★★★★ Excellent	At or above the 90th percentile
★★★★☆ Very Good	At or between the 75th and 89th percentiles
★★★☆☆ Good	At or between the 50th and 74th percentiles
★★☆☆☆ Fair	At or between the 25th and 49th percentiles
★☆☆☆☆ Poor	Below the 25th percentile

CAHPS Survey Results

Current State:

- AHCCCS has posted the CAHPS results reports and a summary of star ratings on the [Health Plan Report Card](#) webpage
- AHCCCS shared copies of the full CAHPS results reports with MCOs on 2/4/22 and requested an ad-hoc analysis of plan-specific findings and a summary of planned interventions to address noted area(s) of concern.
 - Note: Analyses have been received and the Quality Improvement team is in the process of reviewing submissions.

CAHPS Survey Results - ACC Program

Measure	Adult	General Child	CCC
Global Ratings			
<i>Rating of Health Plan</i>	★★★ 63.1%	★★★ 74.7%	★★ 68.5%
<i>Rating of All Health Care</i>	★★ 56.1%	★★ 72.2%	★ 62.0%
<i>Rating of Personal Doctor</i>	★★ 68.7%	★★ 78.4%	★★ 75.8%
<i>Rating of Specialist Seen Most Often</i>	★ 65.2%	★★★★★ 77.7%	★★★ 76.5%
Composite Measures			
<i>Getting Needed Care</i>	★★ 81.9%	★★ 85.8%	★ 85.8%
<i>Getting Care Quickly</i>	★★ 82.2%	★★ 90.7%	★ 90.6%
<i>How Well Doctors Communicate</i>	★ 91.5%	★★★ 96.2%	★ 93.9%
<i>Customer Service</i>	★★ 88.2%	★ 85.3%	★★ 88.2%

CAHPS Survey Results - KidsCare Program

Measure	Score	Star Rating
Global Ratings		
<i>Rating of Health Plan</i>	70.5%	★★
<i>Rating of All Health Care</i>	66.8%	★
<i>Rating of Personal Doctor</i>	74.0%	★
<i>Rating of Specialist Seen Most Often</i>	73.0% ⁺	★★
Composite Measures		
<i>Getting Needed Care</i>	87.2%	★★★★
<i>Getting Care Quickly</i>	88.2%	★
<i>How Well Doctors Communicate</i>	95.3%	★★
<i>Customer Service</i>	90.2% ⁺	★★★★
Individual Item Measure		
<i>Coordination of Care</i>	83.3% ⁺	★
<p><i>Star Assignments Based on Percentiles:</i> ★★★★★ 90th or Above ★★★★★ 75th-89th ★★★★ 50th-74th ★★ 25th-49th ★ Below 25th Please note: CAHPS scores with fewer than 100 respondents are denoted with a cross (+). If there are fewer than 100 respondents for a CAHPS measure, caution should be exercised when interpreting these results.</p>		

CAHPS Survey Results - DCS CHP Population

Measure	Score	Star Rating
Global Ratings		
<i>Rating of Health Plan</i>	61.6%	★
<i>Rating of All Health Care</i>	70.2%	★★
<i>Rating of Personal Doctor</i>	77.2%	★★
<i>Rating of Specialist Seen Most Often</i>	60.6%	★
Composite Measures		
<i>Getting Needed Care</i>	89.3%	★★★★★
<i>Getting Care Quickly</i>	91.9%	★★★★
<i>How Well Doctors Communicate</i>	96.6%	★★★★
<i>Customer Service</i>	85.7% ⁺	★
Individual Item Measure		
<i>Coordination of Care</i>	77.7%	★
<p><i>Star Assignments Based on Percentiles:</i> ★★★★★ 90th or Above ★★★★★ 75th-89th ★★★★ 50th-74th ★★ 25th-49th ★ Below 25th Please note: CAHPS scores with fewer than 100 respondents are denoted with a cross (+). If there are fewer than 100 respondents for a CAHPS measure, caution should be exercised when interpreting these results.</p>		

CAHPS Survey Results - RBHA Integrated SMI Population

Measure	NCQA Comparisons
Global Ratings	
<i>Rating of Health Plan</i>	★ 54.7%
<i>Rating of All Health Care</i>	★ 44.2%
<i>Rating of Personal Doctor</i>	★ 59.9%
<i>Rating of Specialist Seen Most Often</i>	★ 57.0%
Composite Measures	
<i>Getting Needed Care</i>	★ 77.6%
<i>Getting Care Quickly</i>	★ 78.8%
<i>How Well Doctors Communicate</i>	★ 89.0%
<i>Customer Service</i>	★ 86.4%

CAHPS Survey Results

Open Discussion:

- Understanding the surveys were administered with the COVID-19 Public Health Emergency in effect, what other factors are impacting results?
- Overall, were the results surprising?
- Which areas will MCOs focus on to drive improvement?
- Other general comments or feedback on results?

SMI Eligibility Determination RFP

Christina Quast
Deputy Assistant Director for Managed Care
Operations, DHCM

Purpose

- AHCCCS is conducting a new procurement for a statewide vendor to conduct
 - Eligibility determinations for Arizonans who may have a SMI for:
 - Individuals 18 or older who request or consent to a determination
 - Individuals 17.5 who are currently receiving behavioral health services in preparation for behavioral health services as an adult
 - Individuals ordered to undergo a determination by/through a Superior Court in Arizona
 - Clinical decertifications for individuals with an SMI designation
- The current vendor is Solari Crisis & Human Services, Inc. (previously called Crisis Response Network)
 - Contract January 1, 2019 - September 30, 2023

Purpose

- Maintain and improve the standardized processes in place to determine SMI eligibility to ensure that individuals who may be eligible for an SMI designation are promptly identified and enrolled for services
- Ensure SMI eligibility criteria obtained through a behavioral health referral is applied consistently



Current Contract Responsibilities

Overview of Current Responsibilities

- Vendor responsibilities include but are not limited to:
 - Maintaining a web-based application for health plan and provider use for submittal of evaluation packet information
 - Rendering SMI Eligibility Determinations within specified timeframes
 - Reviewing SMI Clinical Decertification requests and rendering a determination within timeframes
 - [AMPM Policy 320-P Serious Mental Illness Eligibility Determination](#)
 - Attachment A, Serious Mental Illness Eligibility Determination Form
 - Attachment B, Serious Mental Illness Qualifying Diagnosis
 - Attachment C, Administrative Serious Mental Illness Decertification Form
 - Reporting SMI Eligibility Determination information to the AHCCCS SMI Web Portal
 - Providing training and education to stakeholders and community members
 - Grievance resolution and SMI Eligibility Determination Appeals

Overview of Current Responsibilities

- Collaborating with AHCCCS and a qualifying Health Information Exchange (HIE) Organization to target efforts to specific areas where Health Information Technology (HIT) and HIE can bring significant change and progress as identified
 - The HIE connects the electronic health record (EHR) systems of providers and clinicians allowing them to securely share patient information and better coordinate care
 - In Arizona, Medicaid Health Plans and providers use Health Current, a health information exchange organization (HIO) to securely share patient information

Current SMI Eligibility Determination Process

- To be eligible for an SMI determination an individual must have a qualifying SMI diagnosis **and** functional impairment caused by the qualifying diagnosis
- Past Volume - Statewide:
 - Approximately 7,900 referral packets received in 2021
 - An average of 658 per month

SMI Eligibility Determination Process

Step 1: Call to ask for an SMI Eligibility Determination.

Step 2: An evaluation is required to occur no later than seven (business) days after a request is made.

Step 3: The individual meets with a qualified assessor.

Step 4: The assessor sends the required paperwork (assessment) to vendor.

Step 5 - Vendor has three, 20, or 60 days to make a decision, depending on each individual case.

SMI Eligibility Determination Process

Step 6: Notice is sent to the individual with the results (determination) and information on how to receive services (where applicable).

Step 7: Each applicant has the right to appeal their SMI determination.

Step 8: Vendor will make the second decision within three, 20, or 60 days depending on the need for more information.

Step 9: The individual will get a notice in writing with the final decision.

Step 10: If the individual wishes to appeal the second decision, they have the right to ask for an administrative hearing.



RFP Information

Anticipated RFP Timeline

SMI ELIGIBILITY DETERMINATION RFP	
ISSUE RFP	October 5, 2022
RFP VENDOR QUESTIONS DUE from Prospective Offerors (by 5:00 p.m. MST)	October 14, 2022
VENDOR PROPOSALS DUE (by 3:00 p.m. MST)	December 6, 2022
AWARD	March 7, 2023
IMPLEMENTATION/EFFECTIVE DATE	October 1, 2023

How to Stay updated on the RFP

- RFP Bidders' Library
 - Visit to obtain RFP Information: [YH23-0001 – SMI Eligibility Determination RFP - BIDDERS' LIBRARY \(azahcccs.gov\)](https://www.azahcccs.gov/BIDDERS'LIBRARY/YH23-0001-SMI-Eligibility-Determination-RFP)
- Email notifications
 - Sign up to receive updates: [SMI Eligibility Determination RFP](https://www.azahcccs.gov/SMI-Eligibility-Determination-RFP)



Stakeholder Input

AHCCCS is Seeking Stakeholder Feedback

- How can the SMI eligibility determination process be improved for applicants and providers?
- How can the SMI eligibility determination process be improved through collaboration with other entities/organizations, such as Tribal Liaisons, IHS-638 facilities, and the Justice System?
- How can the SMI eligibility determination process be improved regarding exchange of behavioral health assessments with the vendor?
- How can AHCCCS utilize the Health Information Exchange (HIE) in the SMI eligibility determination process to reduce the burden on providers?

How to Submit Feedback

- Stakeholders may submit feedback via email to: SMIRFP-Feedback@azahcccs.gov
- Feedback will be accepted until **June 30, 2022, 5:00 p.m. MST**

Questions?

Rates Update

Maureen Sharp, DHCM Assistant Director - Finance,
Rate Development, and Data

DHCM Actuarial - CYE 23 Rates Timeline

#	Key Activity	Date
1	MCO Encounter Data Submission for CYE 23 Rate Setting (first cycle)	2/3/2022
2	MCO Encounter Data Submission for CYE 23 Rate Setting (final cycle)	2/17/2022
3	AHCCCS Send MCO Ground-Up Administrative Information Request	On or before 1/28/2022
4	MCO Ground-Up Administrative Information Request Responses Due	(4 weeks after sent)
5	MCO Identification of Items for Consideration by Actuaries via email or meeting	Jan. 31 - Mar. 4, 2022
6	AHCCCS Send MCO Data Request (non-exhaustive list: MMs, admin, encounters, anything noted during MCO meetings)	On or before 3/11/2022
7	MCO Data Request Responses Due	(2 weeks after sent)
8	AHCCCS Send Projected Trends to MCOs	On or before 5/31/2022
9	MCO Feedback to AHCCCS on Projected Trends	(2 weeks after sent)
10	AHCCCS Send Projected Admin, Case Management (CM), and HCBS Mix % (if applicable) to MCOs	On or before 6/30/2022
11	MCO Feedback to AHCCCS on Projected Admin, CM, and HCBS Mix % (if applicable) to MCOs	(2 weeks after sent)
12	AHCCCS Send Rates to MCOs with Summary of Key Items	Send on 7/15/2022
13	MCO Feedback to AHCCCS on Rates	(1 week after sent)
14	AHCCCS Submit Actuarial Certifications to CMS	Send on 8/12/2022

DHCM Actuarial - CYE 23 Risk Adjustment Timeline

#	Key Activity	Date
1	MCO Encounter Data Submission for CYE 23 Risk Adjustment (first cycle)	1/6/2022
2	MCO Encounter Data Submission for CYE 23 Risk Adjustment (final cycle)	1/20/2022
3	AHCCCS Send MCO Draft Exhibits and Member Level Detail Information	On or before 5/31/2022
4	MCO Feedback to AHCCCS on Risk Adjustment	(2 weeks after sent)

DHCM Actuarial - CYE 23 Rates Key Items

- Completion factors finalized
- Base data validated based on Q&A w/MCOs
- Working on trend development at the moment
- Actuarial team modeling the impact of the unwinding of the PHE (recently extended to July 15, 2022)

Systems Update

David Rudnick, Data Management and Oversight
Manager

System Updates

- Participating Providers for Provider Types 05, 77 and IC
 - Effective 10/1/22
- Drop Off and Pick Up for NEMT Providers
 - Updated to 6/1/22 at request of MCOs
- CCE Changes
- ROPA Update
 - No Longer Tied to the PHE Ending
 - New Streamlined Provider Type

Thank You.