

AHCCCS issued a 2018 Integrated Contractors RFI for the YH19-0001 RFP on January 24, 2017 and all comments submitted by stakeholders in regards to the RFI have been reviewed by AHCCCS. It is the responsibility of interested parties to review all pertinent information provided below and previously posted as Major Decisions may differ from the RFI issued by AHCCCS.

MAJOR DECISIONS FOR YH19-0001 REQUEST FOR PROPOSAL	
➤	<p><b>AHCCCS Complete Care</b></p> <ul style="list-style-type: none"><li>o AHCCCS conducted internal and external market research with stakeholders and AHCCCS members to brand the new integrated managed care program. Participants chose the words “care” and “complete” as most descriptive of the integrated physical and behavioral health care service delivery. Other considerations included how easy the name is to pronounce and how well it translates into Spanish. Informed by this research, AHCCCS announces the name of the new integrated product: <b>AHCCCS Complete Care (ACC)</b>.</li></ul>
➤	<p><b>Affiliated Organization Contracts</b></p> <ul style="list-style-type: none"><li>o For October 1, 2018, AHCCCS intends to review contracts assigned to a single legal entity to identify redundant and/or inconsistent terms and requirements for Affiliated Organization AHCCCS Complete Care Contractors and their Affiliated RBHA Organizations. AHCCCS’ goal is to improve operational efficiencies for Contractors and possibly consolidate contracts. AHCCCS intends to deem the Affiliated Organization AHCCCS Complete Care Contractor as one line of business and therefore specific requirements to be considered for amendment include, but are not limited to, staffing, performance measures, performance bonds, deliverables, reconciliations, and financial requirements.</li></ul>
➤	<p><b>AHCCCS Complete Care Contractor Provider Transition Requirements for CRS and BH Services</b></p> <ul style="list-style-type: none"><li>o In addition to other transition requirements for all populations to be posted with the RFP, for members with CRS conditions and members receiving BH services transitioning on October 1, 2018, AHCCCS Complete Care Contractors will be required to:<ul style="list-style-type: none"><li>• Allow members receiving behavioral health treatment at the time of transition continued access to the specific providers identified in the member’s service plan (if agreed to by the provider), regardless of whether or not the provider participates in the Contractor’s provider network. The provider may continue providing the service for the duration of the treatment or six months; whichever occurs first. Cases with extenuating circumstances will be addressed on a case by case basis.</li><li>• Allow members with CRS qualifying conditions receiving an active course of treatment, identified in the service plan, to treat a serious and chronic physical, developmental or behavioral health condition, to receive the services from their established provider (if agreed to by the provider) for the duration of their treatment or six months; whichever occurs first, regardless of whether or not the provider participates in the Contractor’s provider network. Cases with extenuating circumstances will be resolved on a case by case basis.</li></ul></li></ul>

**MAJOR DECISIONS FOR YH19-0001 REQUEST FOR PROPOSAL**

➤ **Medicare Advantage Organization (MAO) D-SNP Application Timeline (Subject to Change)**

- o As noted in a previous Major Decisions posting, AHCCCS will require the newly awarded AHCCCS Complete Care Contractor, or its corporate affiliate, to be a Medicare Advantage Dual Eligible Special Needs Plan (D-SNP) in all GSAs in which it holds a Medicaid Contract. The D-SNP shall be appropriately affiliated to meet CMS requirements and approval for Seamless Conversion Enrollment.

**(NOTE: For Medicare Implementation Date of January 1, 2019)**

**For more details visit:**

<https://www.cms.gov/Medicare/MedicareAdvantage/MedicareAdvantageApps/>

Activity	Estimated Due Date
Submit non-binding CMS Notice of Intent to Apply (NOIA) for new entrants into Medicare market to CMS (use Medicare entity name)	Mid-November 2017
CMS User ID form due to CMS	First Friday in December 2017 (December 1, 2017)
Final 2019 MAO Application posted by CMS	Early January 2018
Deadline for CMS NOIA form submission	Late January 2018
2019 MAO and Dual Eligible Special Needs Plan (D-SNP) Applications due to CMS	Mid-February 2018
Plan Creation module, Plan Benefit Package (PBP) and Bid Pricing Tool (BPT) available on HPMS	April 2018
Health Plan Management System (HPMS) Formulary submission window	Mid- to End of May 2018
PBP/BPT Upload Module Available on HPMS	May 2018
Bids due to CMS	First Monday in June 2018 (June 4, 2018)
CMS completes review and approval of bid data	Late August 2018
State-executed MIPPA contract submissions to CMS	July 1, 2018
CMS executes Medicare Advantage contracts with organizations whose bids are approved and who otherwise meet CMS requirements	September 2018
Annual Coordinated Election Period begins for CY 2019 MAOs Offering D-SNPs	Mid-October 2018

MAJOR DECISIONS FOR YH19-0001 REQUEST FOR PROPOSAL

➤ CRS

○ **Effective October 1, 2018:**

- Members with CRS qualifying conditions will continue to be identified and designated by AHCCCS for care management by the AHCCCS Complete Care Contractors.
- Families of children with CRS qualifying conditions will have a choice of AHCCCS Complete Care Contractors available in their respective geographic service areas.
- Foster care children with CRS qualifying conditions who are enrolled with the Comprehensive Medical and Dental Program (CMDP) will continue to be enrolled with CMDP for physical health services which will include physical health services for the CRS condition. However, these CMDP-enrolled members will be transitioned to the RBHA for behavioral health services. As noted in a previous posting, AHCCCS is partnering with DCS to implement integrated services for foster-care children effective October 1, 2019.
- Members with CRS qualifying conditions will receive services from the AHCCCS Complete Care Contractor through the EPSDT delivery system for children ages 0-20 or as an adult (ages 21+) with special health care needs. The AHCCCS Complete Care Contractor will be responsible for the provision of all medically necessary covered services for persons with CRS qualifying conditions.
- Although members with CRS conditions will continue to be identified, unique CRS identification numbers that have been used historically will no longer be maintained. AHCCCS Complete Care Contractors will be required to maintain previously assigned CRS identification numbers for claims processing and other reference.
- Families of CRS children with commercial insurance will have the choice of utilizing the commercial network for services related to the CRS condition in addition to the AHCCCS Complete Care network.
  - When the CRS member receives services from providers within the AHCCCS Complete Care network, the AHCCCS Complete Care Contractor is responsible for payment of covered services, although AHCCCS is the payor of last resort.
  - Families wishing to obtain services from commercial providers (outside of the AHCCCS network) for treatment of their children's CRS condition will be required to utilize their available private insurance coverage or Medicare to cover treatment for CRS covered conditions. In these circumstances, the AHCCCS Complete Care Contractor shall be the secondary payer responsible for payment in accordance with AHCCCS Contractor Operations Manual Policy 201 and 203.
  - The AHCCCS Complete Care Contractor shall be responsible for all medically necessary covered CRS services provided through the AHCCCS Complete Care Contractor's network when the member's Medicare or private insurance expires, is exhausted, certain annual or lifetime limits are reached, or the member's private insurance/Medicare does not cover the CRS condition. Unless the AHCCCS Complete Care Contractor refers the member out of network the AHCCCS Complete Care Contractor will have no payment responsibility for services received *outside* of network when the member's Medicare or private insurance expires, is exhausted, certain annual or lifetime limits are reached, or the member's private insurance/Medicare does not cover the CRS condition.

**MAJOR DECISIONS FOR YH19-0001 REQUEST FOR PROPOSAL**

➤ **DDD and CRS/BH**

- On October 1, 2018, members with a CRS designation who are also eligible for the Arizona Long Term Care Program (ALTCS) for Persons with Developmental Disabilities will continue to receive physical and behavioral health services related to their CRS condition through United Healthcare under a contract with DES/DDD. These members will continue to receive non-CRS related physical health services from their assigned DDD Acute plan. Additional information regarding integration for the ALTCS/DDD program can be found at the following link:  
[https://des.az.gov/sites/default/files/media/DDD\\_Integrated\\_Health\\_Timeline.pdf](https://des.az.gov/sites/default/files/media/DDD_Integrated_Health_Timeline.pdf)

➤ **MMIC Term of Contract**

- AHCCCS intends to extend the current Term of Contract for Mercy Maricopa Integrated Care RBHA through September 30<sup>th</sup>, 2020.