



AHCCCS Update



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

2019 Accomplishments

- Increased the number of providers participating in Arizona's Health Information Exchange to 656
- 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

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
- Finalize and submit 1115 waiver to CMS
 - 10/1/20 submission

2020 Priorities

- 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
- Continue to explore opportunities to improve employee engagement
 - Ongoing

SFY 2021 Budget

- Appropriations hearings scheduled for 1/28 & 1/29
- 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)

SFY 2021 Budget

- Executive Recommendation, cont.
 - \$24.5M in supplemental funding for FY20
 - Caseload growth
 - FY20 appropriation assumed caseload growth of 0.2% (4300 members)
 - Caseload growth in the first 6 months of FY20 at 1% (17,500 members)
 - More than 300% the annual projected growth
 - Increased medical costs
 - Pharmacy cost and utilization growth exceeding 7%
 - Inpatient and outpatient hospital cost and utilization growth exceeding 4% and 4.5% respectively
 - FQHC cost and utilization growth nearing 4.5%

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 due to CMS 2/1/20
- AHCCCS will be submitting comments independently and via National Association of Medicaid Directors
- See “Summary of AHCCCS Response” on the AHCCCS website

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

Peer & Family Member Participation

- Contractor must have peer and family member representation on all Contractor committees (Section D, Program Requirements, Paragraph 5)
- Contractor deliverable illustrating non-compliance
- Community stakeholder concern regarding Contractor compliance with requirement
- What are the barriers to peer & family participation?

Questions

