



# Community Presentation

April 3, 2019

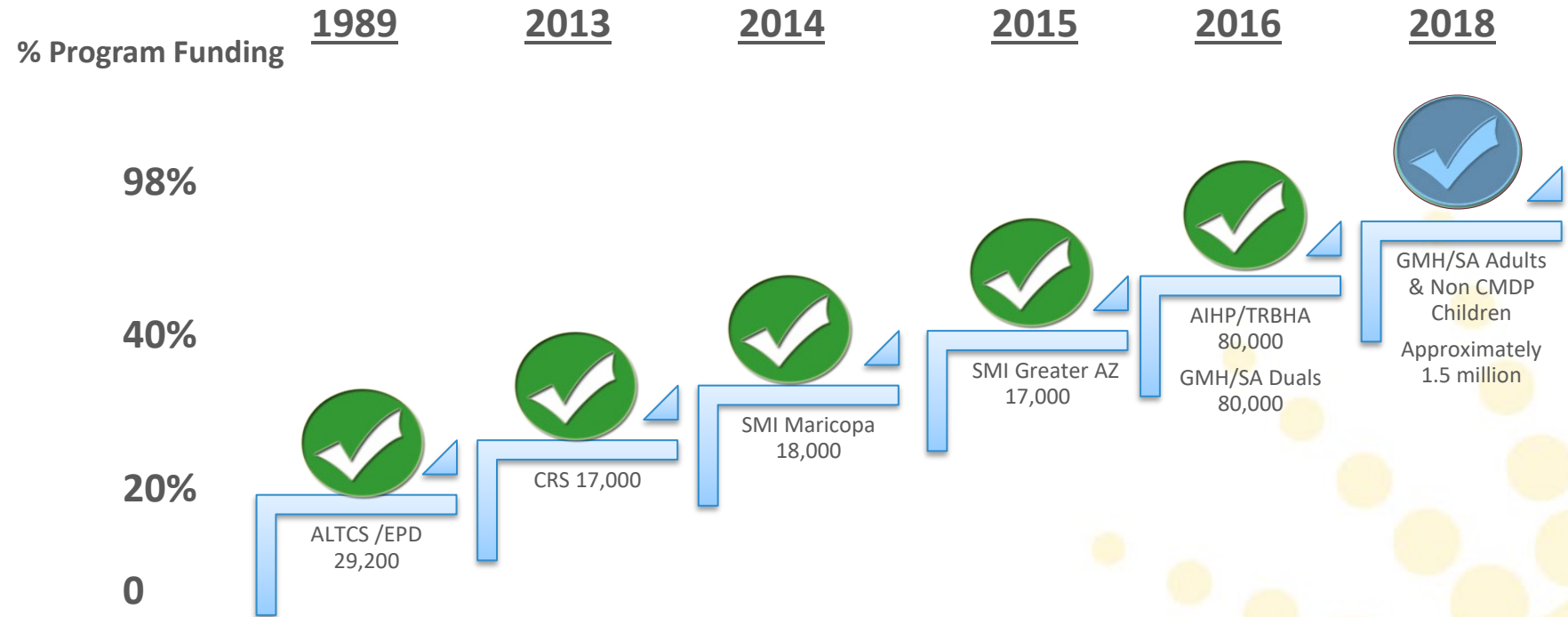
Phoenix



# Recent Integration Efforts



# MCO Integration Progress To Date



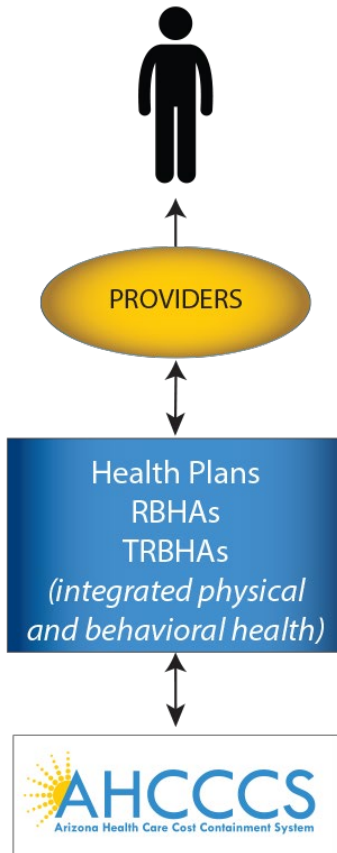
# AHCCCS Complete Care

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A HUGE step to integrate healthcare in a single ACC Health Plan that:

- Includes physical and behavioral healthcare service providers (including CRS – 18k)
- Manages the provider network for all healthcare services
- Provides comprehensive managed care for the whole person

# Integration at all 3 Levels



- New provider type - Integrated Clinics
- Licensure changes
- Provider payment incentives
- Targeted Investment - \$300M

- ALTCS – EPD
- Individuals with SMI
- Non-SMI Dual Eligible Members
- Children’s Rehabilitative Services (one plan)
- **Oct 2018 – ACC/AIHP - 1.5M Children/Adults**
- **ALTCS DD – 2019/2020**
- **Foster Children - 2020**

- Administrative Simplification – ADHS/BHS joins AHCCCS Administration
- Grant/Housing Funding into Medicaid System

Reaching across Arizona to provide comprehensive quality health care for those in need

# Integration Effort Outcomes



# Methodology: SMI Evaluation Timeframe

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## Pre-Integration Baseline

October 1, 2012 –  
March 31, 2014

## Post-Integration Period 1

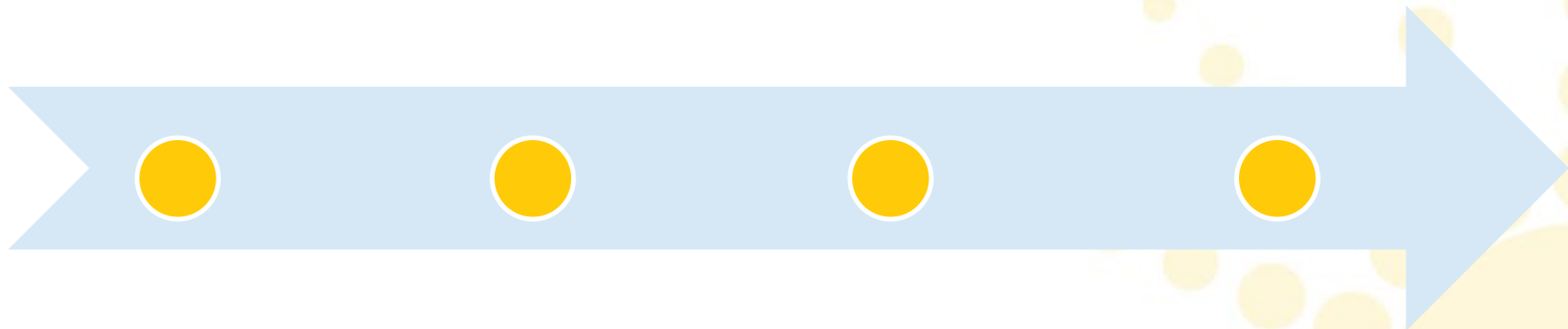
April 1, 2014 –  
March 31, 2015

## Post-Integration Period 2

April 1, 2015 –  
March 31, 2016

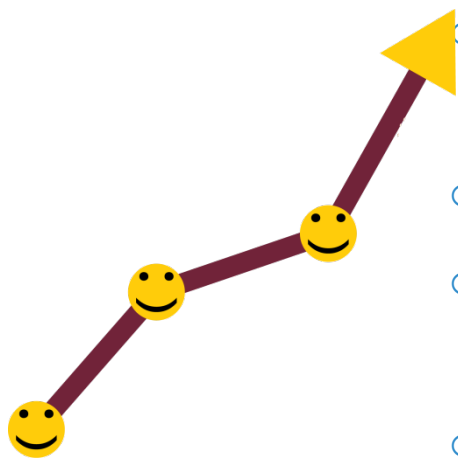
## Post-integration Period 3

April 1, 2016 –  
March 31, 2017



# SMI Integration Evaluation Findings

- All measures of ambulatory care, preventive care, and chronic disease management demonstrated improvement

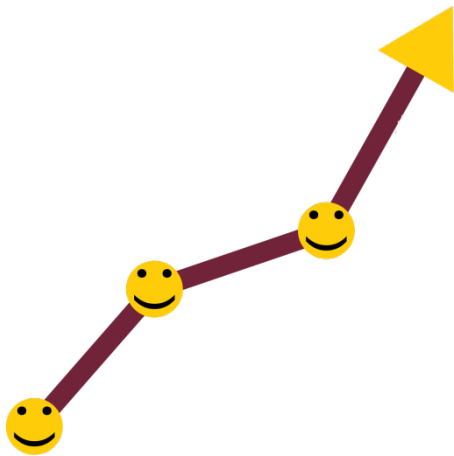


- Adult access to preventive/ambulatory health services: **+2%**
- Comprehensive Diabetes Care - HbA1c: **+ 4%**
- Medication management for people with Asthma (50% compliance): **+ 32%**
- Medication management for people with Asthma (75% compliance): **+ 35%**



# SMI Integration Evaluation Findings

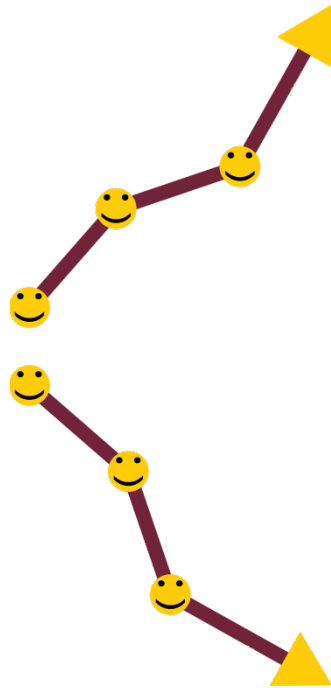
- All indicators of patient experience improved, with 5 of the 11 measures exhibiting double digit increases



- Rating of Health Plan: + **16%**
- Rating of All Health Care: + **12%**
- Rating of Personal Doctor: + **10%**
- Shared Decision Making: + **61%**
- Coordination of Care: + **14%**

# SMI Integration Evaluation Findings

- Of the 8 hospital-related measures:
  - 5 measures showed improvement

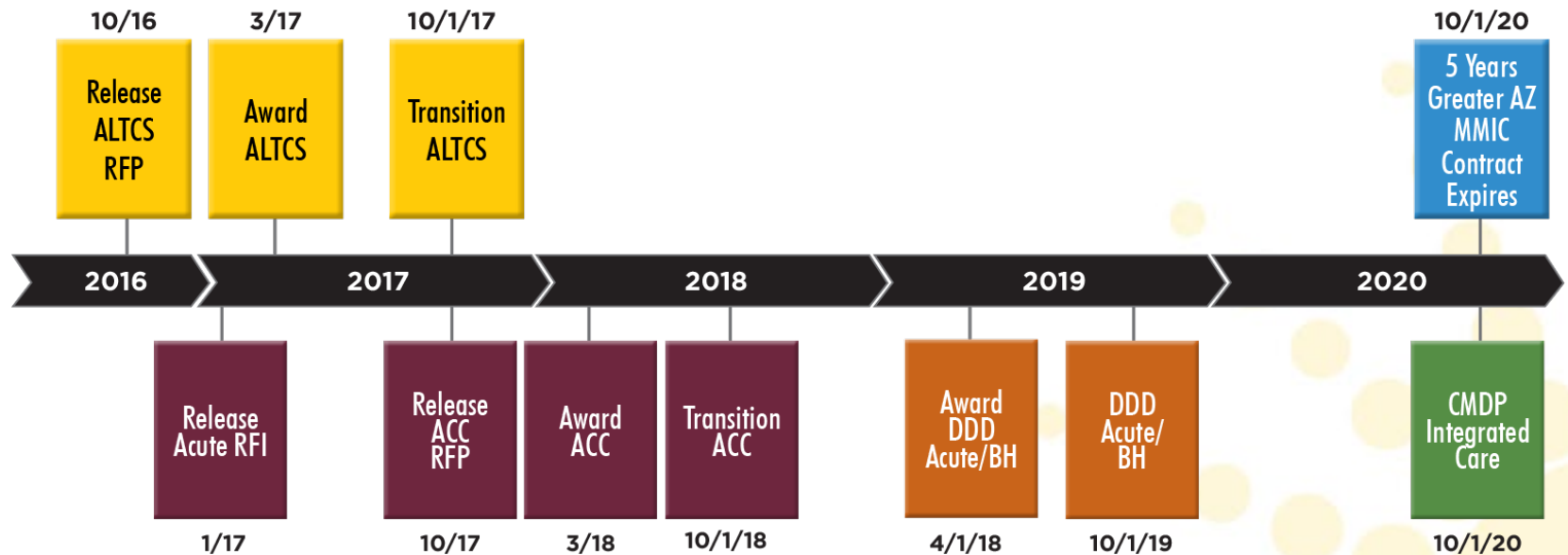


- Emergency Department Utilization rate **decreased by 10%**
- Readmission rate **declined by 13%**
- Admissions for short term complications for diabetes **decreased by 6%**
- Admissions for COPD/Asthma **decreased by 25%**
- 30-day post hospitalization for mental illness follow up rate **increased by 10%**

# Integration... still to go...









# AHCCCS Contract Timeline



# RBHA Services Transfer RFI

## Requests for Information (RFIs)

### YH19-0084 RBHA Services Transfer

- **Due Date:** March 14, 2019, 3:00 P.M. Arizona Time
- **Deadline for Questions:** February 21, 2019 5:00 P.M. Arizona Time
- Notice of Request for Information 
  - Questions and Answers Form 
  - Solicitation Amendment 1 
  - Appendix 
  - Revised Appendix 3/8/19 
  - Solicitation Amendment 2 



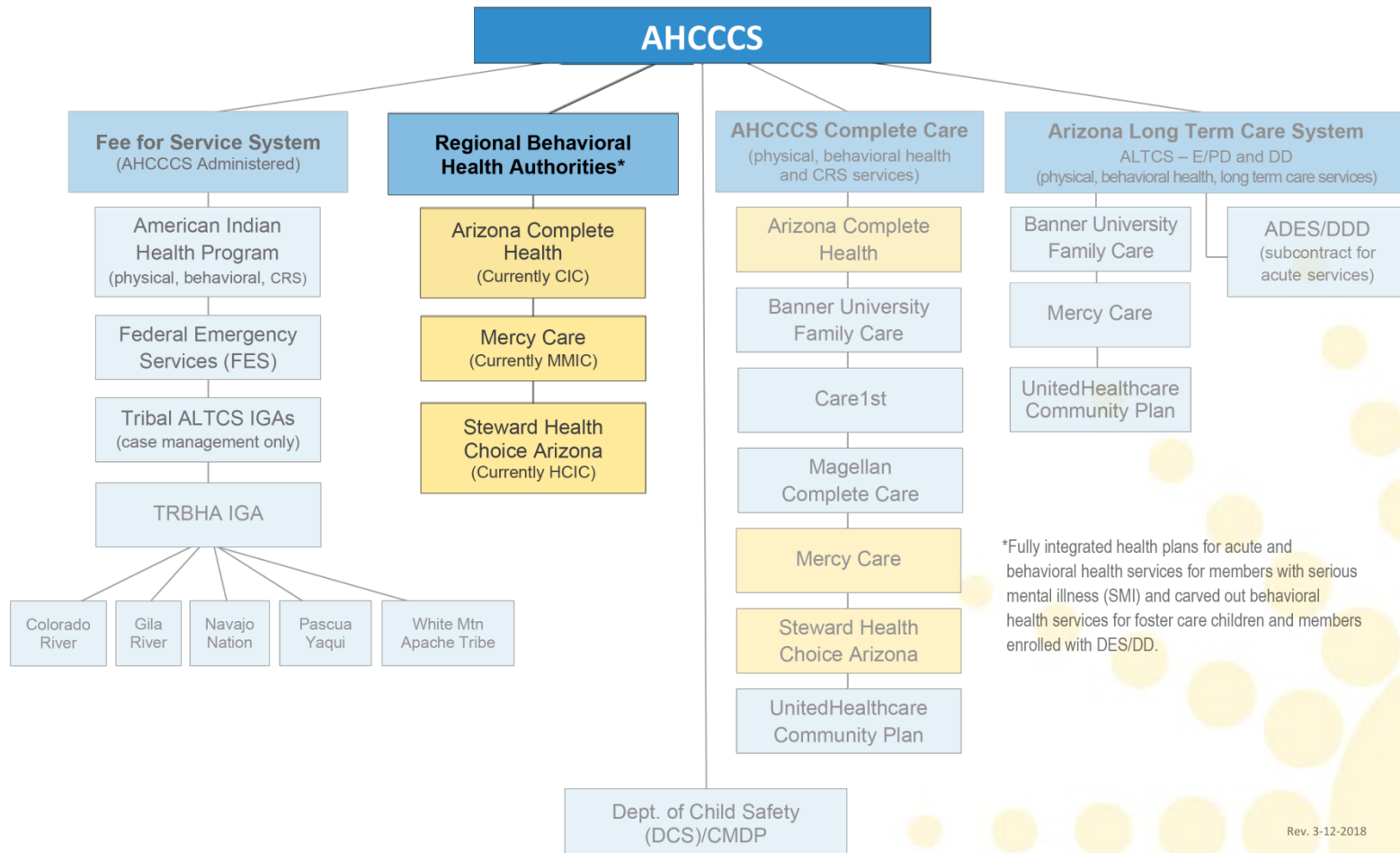
# What is an RFI?

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- A request for information allows AHCCCS to engage stakeholders and gain feedback on a path forward continuing the journey of integrated health care in Arizona.
- Responding to an RFI allows you the chance to inform AHCCCS of opinions and matters to be considered in next steps.

# AHCCCS Care Delivery System

October 1, 2018



\*Fully integrated health plans for acute and behavioral health services for members with serious mental illness (SMI) and carved out behavioral health services for foster care children and members enrolled with DES/DD.

Rev. 3-12-2018

# Current status with RBHA services

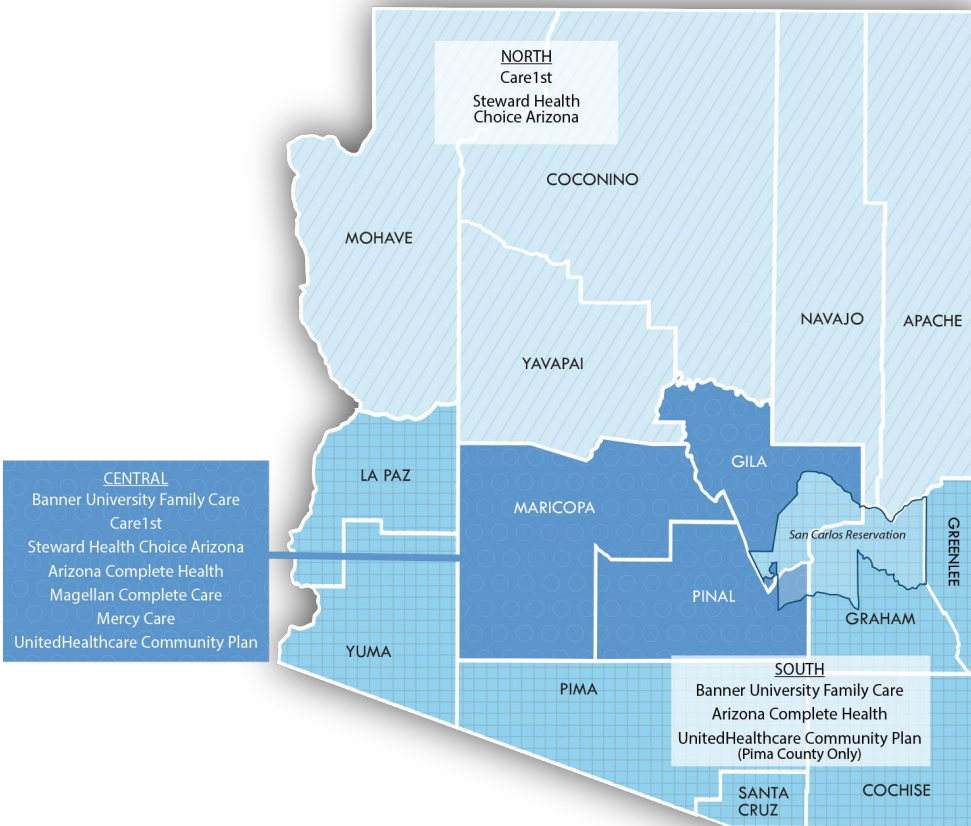
Regional Behavioral Health Authorities (RBHAs) currently continue to provide and serve:

- Foster children enrolled in CMDP
- Members enrolled with DES/DD;
- Individuals determined to have a serious mental illness (SMI)
- Crisis services, grant funded, and state-only funded services
  - Populations:
    - Northern GSA Enrollment 5,725
    - Central GSA Enrollment 21,597
    - South GSA Enrollment 13,352

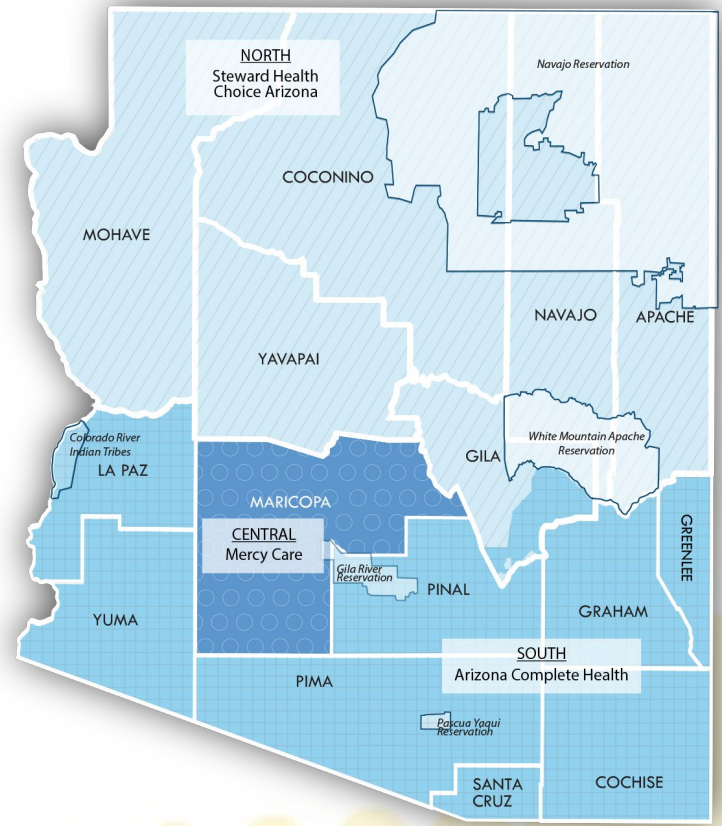


# Geographic Service Areas

AHCCCS Complete Care (ACC) Services Map



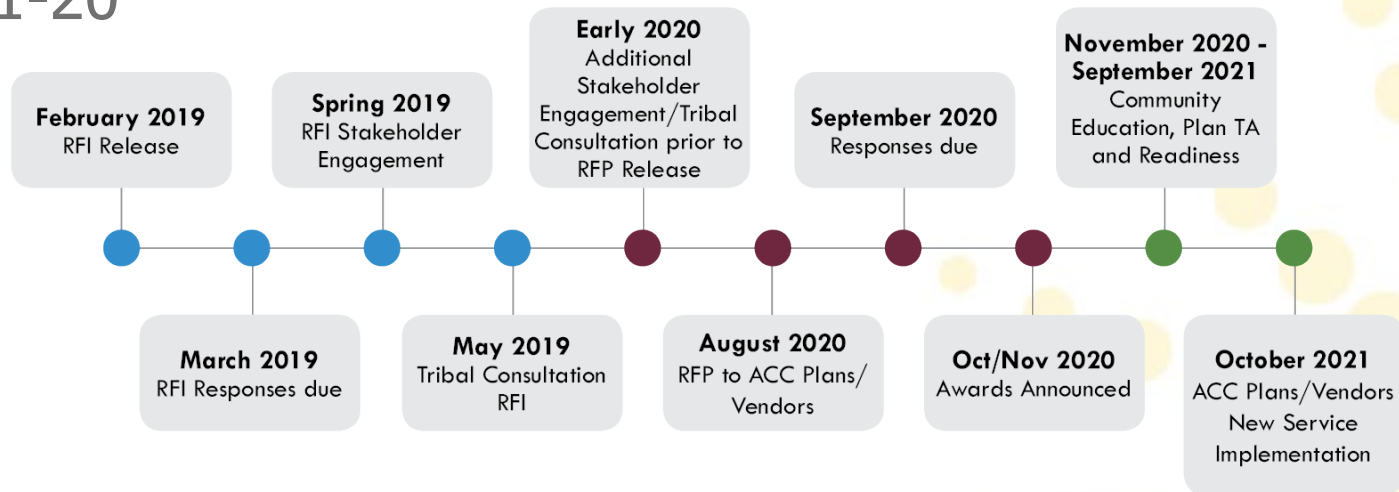
RBHA/TRBHA and Crisis Services Map



Note: Zip codes 85542, 85192, 85550 representing San Carlos Tribal area are included in the South GSA.

# Next steps

- In ACC RFP it announced AHCCCS sole discretion to allow at least one ACC plan in each GSA to expand services to those served by a RBHA
- No sooner than 10-1-20



# Announcements

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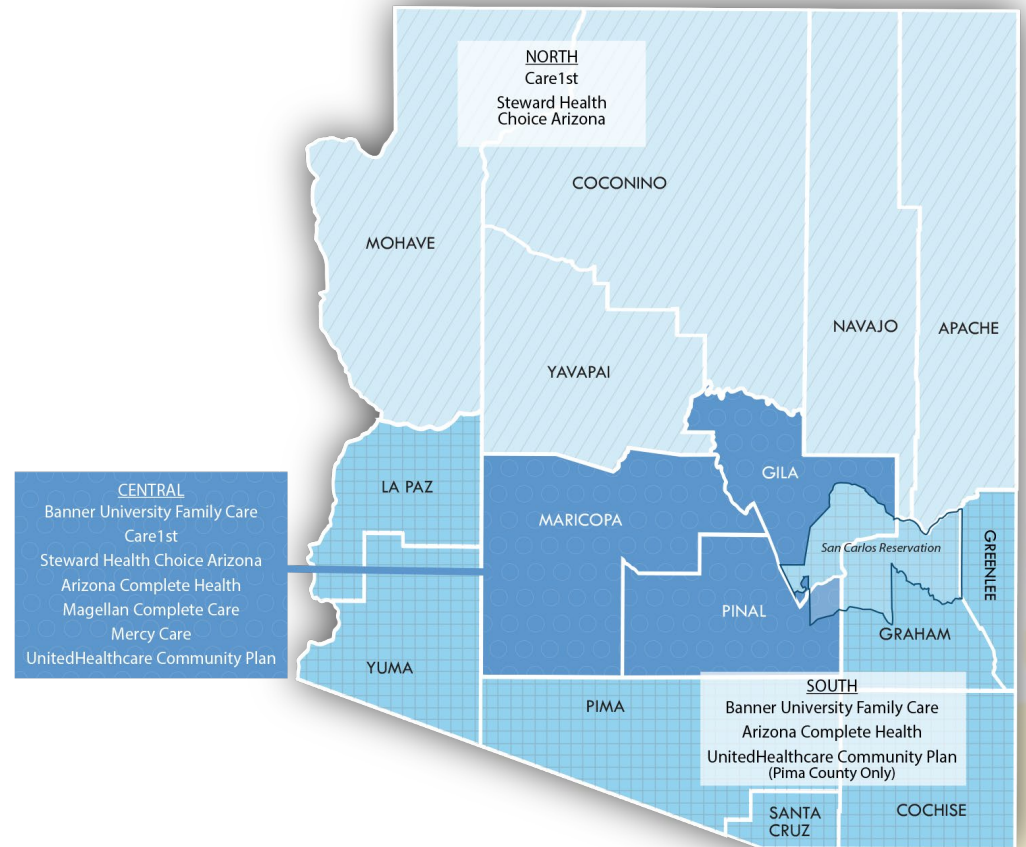
1. Mercy Care extended so all RBHA services will be transitioned at same time - Oct 2021



2. We will be limiting our RFP (or transfer of services) to the current ACC plans in each area - known contractors already with providers and members.

# Let's talk about our questions...

Should AHCCCS allow choice of plan by allowing more than one ACC plan to address unique RBHA services for Central and Pima?



Note: Zip codes 85542, 85192, 85550 representing San Carlos Tribal area are included in the South GSA.

# Should decertification remain?

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Individuals with an SMI who have not received behavioral health services in two years are allowed to decertify as SMI to receive services through another ACC Plan. Should this remain?

# What about Crisis Services?

- Should there be a single statewide vendor for crisis services? Single regional vendor?
- Should there be a single statewide number for crisis services?
- Other thoughts to improve the first 24 hours of crisis service delivery?
- For more info on crisis services now:  
[www.azahcccs.gov/AHCCCS/Downloads/ACC/View\\_Crisis\\_System\\_FAQs.pdf](http://www.azahcccs.gov/AHCCCS/Downloads/ACC/View_Crisis_System_FAQs.pdf)



# Crisis and NTXIX Services on Tribal Lands

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- What feedback do you have on AHCCCS coordinating crisis services with the 22 Tribes across Arizona?

# American Indian Members

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- AHCCCS is meeting with the 22 Tribes in Arizona to discuss:
  - Should AI members continue to have choice of enrollment with portions of their services delivered through managed care, AIHP, RBHAs and TRBHAs?
  - Should the change be consistent with ACC choice for members not determined to be SMI, allowing integrated options.





# OIFA

- AHCCCS, RBHAs and ACC Plans are required to have an Individual and Family Affairs (OIFA) Administrator and unit including a member liaison for adults and children. Any thoughts?



# SMI Specific Responsibilities

- What should AHCCCS consider to maintain focus on the needs of individuals with an SMI as the responsibilities are blended within one plan?

# Next Steps

What other feedback should AHCCCS consider during our next step of integration?



# Questions?



# AHCCCS Works & Prior Quarter Coverage Overview



# Section 1115 Waiver

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- Section 1115 of the Social Security Acts gives states authority to be waived from selected Medicaid requirements in federal law
- Centers for Medicare & Medicaid Services (CMS) is the federal agency responsible for the oversight of 1115 waivers
- States must obtain approval from CMS before implementing 1115 waivers

# The Waiver Allows Arizona to

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- Run its unique Medicaid model built around a statewide managed care system
- Serve members enrolled in the Arizona Long Term Care System (ALTCS) in the community rather than more costly institutions
- Provide health care to expanded populations
- Implement AHCCCS Works and Prior Quarter Coverage changes



# Timeline and Law Requirement

**2015**

AZ law amended to include work requirements & 5-year lifetime limit for AHCCCS members

**January - March 2017**

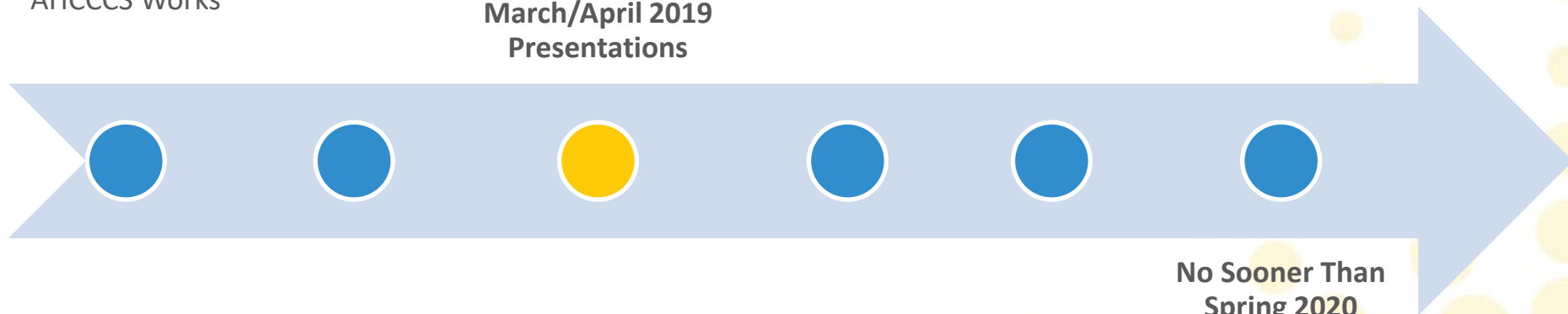
AHCCCS Works Public Comment Period

**December 19, 2017**  
AHCCCS Works Waiver submitted to CMS

# Timeline and Law Requirement (Cont.)

January 18,  
2019  
CMS approves  
AHCCCS Works

March/April 2019  
Presentations

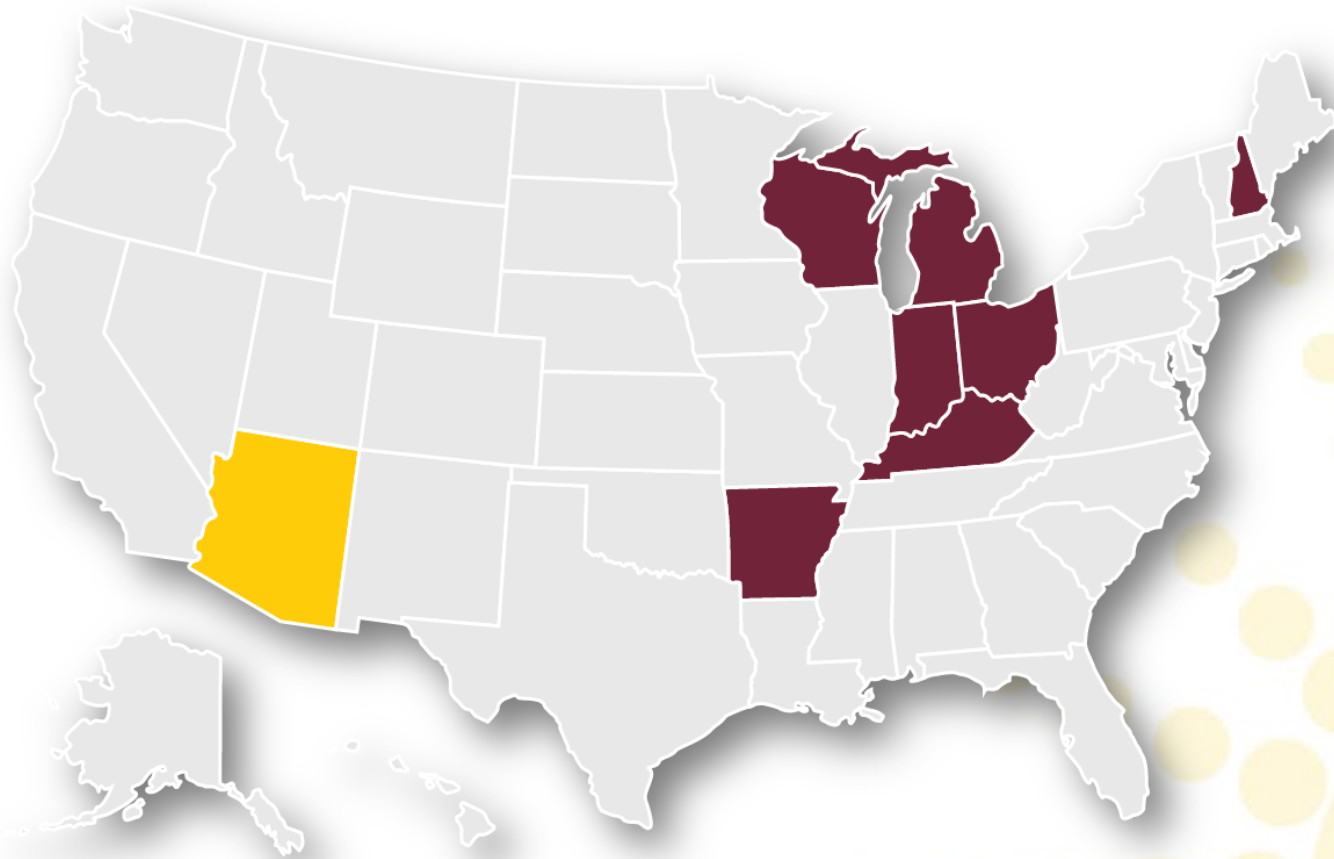


No Sooner Than  
Spring 2020  
Implementation

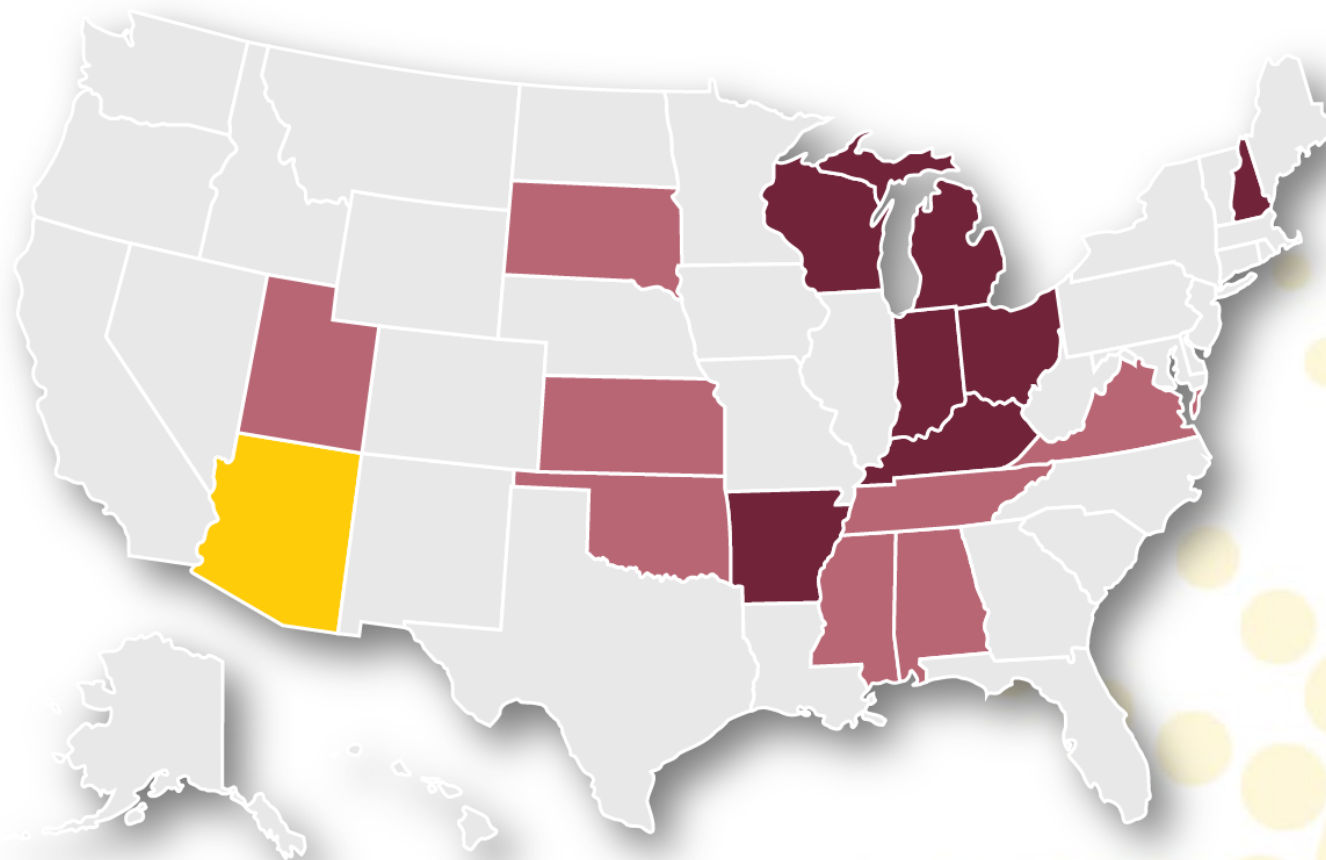
# Presentation Overview

- AHCCCS Works & Prior Quarter Coverage Background
- AHCCCS Works Requirements
- AHCCCS Works Exemptions
- Community Engagement Orientation Period
- Reporting Requirements, Suspensions, & Automatic Reinstatement
- Denied AHCCCS Works Waiver Provisions
- Waiver of Prior Quarter Coverage
- Populations Affected by Waiver of Prior Quarter Coverage
- Next Steps

# National Landscape: Community Engagement Waivers



# National Landscape: Community Engagement Waivers



# AHCCCS Works Unique Program Features

**1<sup>st</sup>**

- First in the nation to exempt members of federally recognized tribes
- First in the nation to allow members who are suspended to automatically re-enrolled at the expiration of the Suspension Period as long as they meet all other eligibility criteria

# AHCCCS Works Requirements

- No sooner than **January 1, 2020**, able-bodied adults\* 19-49 who do not qualify for an exemption must, for at least 80 hours per month:
  - Be employed (including self-employment);
  - Actively seek employment;
  - Attend school (less than full time);
  - Participate in other employment readiness activities, i.e., job skills training, life skills training & health education; or
  - Engage in Community Service.

\* Adults = SSA Group VIII expansion population, a.k.a, Adult group

# Who is Exempt

- ❑ Members of federally recognized tribes
- ❑ Former Arizona foster youth up to age 26
- ❑ Members determined to have a serious mental illness (SMI)
- ❑ Members with a disability recognized under federal law and individuals receiving long term disability benefits
- ❑ Individuals who are homeless
- ❑ Individuals who receive assistance through SNAP, Cash Assistance or Unemployment Insurance or who participate in another AHCCCS-approved work program
- ❑ Pregnant women up to the 60th day post-pregnancy
- ❑ Members who are medically frail
- ❑ Caregivers who are responsible for the care of an individual with a disability
- ❑ Members who are in active treatment for a substance use disorder
- ❑ Members who have an acute medical condition
- ❑ Survivors of domestic violence
- ❑ Full-time high school, college, or trade school students
- ❑ Designated caretakers of a child under age 18



In this example, January represents the first month any new AHCCCS member is required to comply



### JANUARY

AHCCCS sends an AHCCCS Works orientation packet. Her 3-month grace period begins February 1.

### FEBRUARY

Jane learns about the AHCCCS Works requirements and explores opportunities to engage in her community. In April, she receives a reminder notice that she must participate in at least 80 hours of community engagement activities per month beginning in May.

### MARCH

### APRIL

### MAY

Jane completes 80 hours of community engagement activities in May. She begins reporting these hours, and must complete May's reporting by June 10.

May participation

### AUGUST

Because Jane failed to comply in July, AHCCCS sends her a notice on August 11 that her AHCCCS coverage will be suspended for two months beginning September 1.

July reporting

### JULY

Jane reports her June hours by July 10, but does not complete 80 hours of community engagement activities in July. If Jane has good cause for not complying in July, she can tell AHCCCS anytime next month.

June reporting  
 July participation

### JUNE

By June 10, Jane reports the 80 hours of community engagement activities she completed in May. She also completes 80 hours of community engagement activities in June.

May reporting  
 June participation

### SEPTEMBER

Jane's coverage is suspended for two months. In October, AHCCCS reminds Jane that her enrollment in AHCCCS will be automatically reinstated on November 1.

### OCTOBER

### NOVEMBER

Jane's AHCCCS coverage is automatically reinstated as of November 1. She completes 80 hours of community engagement activities in November, and must report them by December 10.

November participation

### DECEMBER

By December 10, Jane reports November's hours and completes 80 hours of community engagement activities in December.

November reporting  
 December participation



# Reporting Requirement

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- Must complete at least 80 hours of qualifying activities each month and report these hours by the 10th day of the following month
- Members will be allowed report AW activities through several methods including in a state portal, by phone, and in person

# Reactivation of Eligibility During Suspension Period

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- Member is automatically reinstated immediately following the 2 month suspension period
- Member who is suspended will have eligibility reactivated immediately during the suspension period if:
  - Member is found eligible for another eligibility category
  - Verifies that he or she currently qualifies for an AW exemption

# Waiver of Prior Quarter Coverage

- CMS has approved Arizona's waiver request to limits retroactive coverage to the month application for all AHCCCS members except for children under the age of 19 and women who are pregnant (including post-partum) once they become eligible
- The waiver of Prior Quarter Coverage is **effective July 1, 2019**

# Next Steps: AHCCCS Works

**February 18, 2019**  
Waiver Acceptance  
Letter and Technical  
Corrections



**July 17, 2019**  
Waiver  
Evaluation  
Design Plan  
*(In Progress)*

**No sooner than  
January 1, 2020**  
AHCCCS Works  
program begins

**June 17, 2019**  
Implementation  
Plan  
*(In Progress)*

**August 16, 2019**  
Monitoring Protocol  
*(In Progress)*

# What's Next on the Horizon

Social Determinants of Health  
(SDOH)



# Who We Are

A managed care system that mainstreams recipients, allows members to select their providers, and encourages quality care and preventive services.



**Largest Insurer in AZ**  
Covers 1.9 million individuals and families



**Covers 54%  
Of all Births**



**Covers 2/3 of nursing  
facility days**



**AHCCCS uses federal, state, and county funds to provide health care coverage to the State's Acute and Long-Term Care Medicaid populations.**

**\$14,000,000,000**  
Program

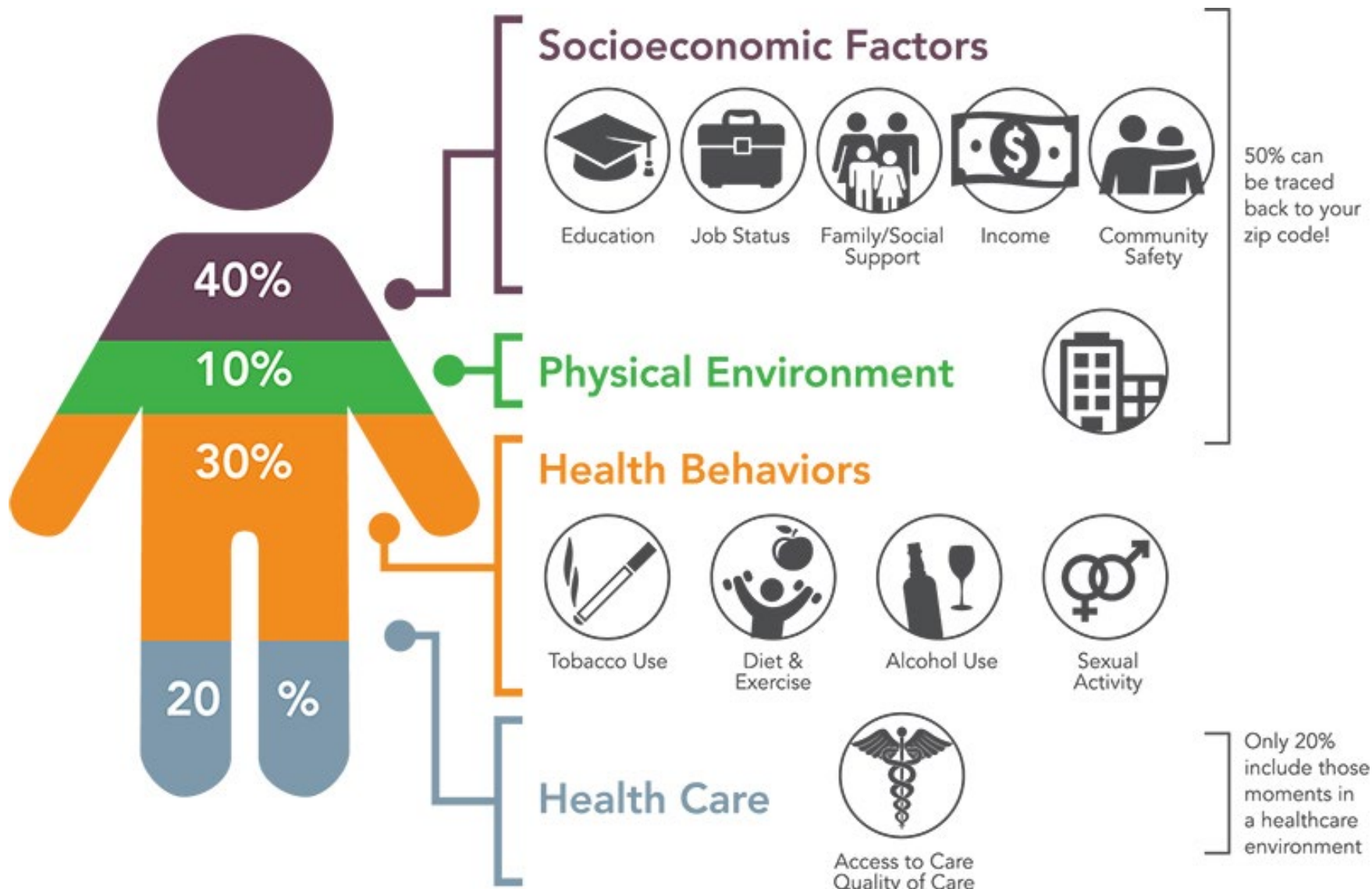


**Payments are made to 17 contracted health plans, known as Managed Care Organizations (MCOs), responsible for the delivery of care to members.**



**88,000+  
Registered  
Healthcare  
Providers**

Reaching across Arizona to provide comprehensive quality health care for those in need



Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)



# Social Determinate Diagnosis Codes

- Encouraging providers to routinely screen for and document the presence of social determinants (guidance disseminated to providers on 4/1/18)
- Pulling data to determine the level of adoption and use, by diagnosis, to assess the success of the strategy and identify any additional outreach needed
- Identifying a resource to assist providers with adoption and appropriate use of SDOH codes
- More information, including a list of SDOH Z-codes, can be found at <https://www.azahcccs.gov/PlansProviders/Downloads/Demographics/UseOfSocialDeterminantsOfHealthCodesForMemberOutcomes.pdf>

# Targeted Investments Program

- Incentive payments for SDOH screening and appropriate intervention & referral - Primary Care & Behavioral Health providers
- Incentive payments for establishing relationships with community-based resources - Primary Care & Behavioral Health providers
- Incentive payments for identifying SDOHs that impact the member's ability to transition from the hospital, including documentation in the EHR - Hospitals

# Housing

- AHCCCS funds approximately \$30 million in housing subsidies per year
- AHCCCS provides \$2 million in acquisition/rehab dollars per year
- All funds are non-federal/state dollars
- Housing programs are administered through partnership with RBHAs and TRBHAs
- If AHCCCS were a public housing authority, it would be the 3rd largest program in the state



# Measuring Success - Housing

- Scattered site voucher programs
  - Mercy Care - 1,477 units
    - 46% reduction in behavioral health facility costs
    - 24% decrease in overall healthcare costs
  - Arizona Complete Health -307 units
    - 253% increase in wellness visits
    - 131% decrease in hospital readmissions
    - 69% decrease in inpatient stays
    - 50% decrease in crisis services
    - 21% decrease in Medicaid spend

**THANK  
YOU**

**VERY MUCH !**

