

ALTCS EPD Community Forum

Summer 2024



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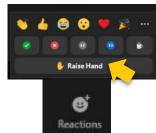


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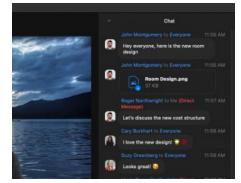
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ALTCS-EPD Health Plan Readiness and Member Transition Information



Overview of ALTCS-EPD

 ALTCS-EPD is an AHCCCS Long Term Care program that delivers long-term, physical health, behavioral health, and case management services as authorized by A.R.S. § 36-2931 et seq., to eligible members who are either elderly and/or have physical disabilities (EPD)



Overview of ALTCS-EPD

- Responsibility to coordinate and provide integrated care for members in ALTCS who are elderly and/or have a physical disability including:
 - Adults with General Mental Health/Substance Use (GMH/SU) needs
 - Adults with a Serious Mental Illness (SMI) designation
 - Children, including those with special health care needs
- Services include physical health, Long Term Services and Supports (LTSS), behavioral health, and case management services



Overview of ALTCS-EPD

- Long Term Services and Supports (LTSS)
 - Services and supports provided to members of all ages who have functional limitations and/or chronic illnesses that have the primary purpose of supporting the ability of the member to live or work in the setting of their choice, which may include the individual's home, a provider-owned or controlled residential setting, a nursing facility, or other institutional setting [42 CFR 438.2]



ALTCS Eligibility - Financial

- ALTCS eligibility consists of two elements: financial and medical
- Financial eligibility: gross income from all sources, assets, <u>certain types of trusts</u>, and transfers of resources. Some exclusions apply
- Income and resources have limits that cannot be exceeded
- Learn more about <u>ALTCS Eligibility</u>



ALTCS Eligibility - Medical

The Pre-Admission Screening (PAS) is an interview with the applicant and any caregivers:

- The PAS consists of functional and medical questions
 - Applicants who are receiving services through the Division of Developmental Disabilities (DDD) are assessed using the DD tool and those who are not eligible through DDD are assessed using the EPD tool
- If the applicant qualifies both financially and medically, they are approved
 - If assessed as an EPD customer, they are enrolled with one of the ALTCS-EPD Health Plans
 - If assessed as a DD customer, they are enrolled with an ALTCS-DD Health Plan



ALTCS-EPD Procurement

- State statute requires that AHCCCS issue a Request for Proposal and procure health care services for its members on a regular basis
- AHCCCS conducted a new procurement for health plans to operate the ALTCS-EPD program as required under A.R.S. § 36-2939
- The procurement was issued August 1, 2023 and awarded December 1, 2023
- The ALTCS-EPD contracts were awarded contracts to begin service provision October 1, 2024



ALTCS-EPD Procurement

- Only AHCCCS members in the ALTCS-Elderly and/or Physically Disabled (EPD) program and enrolled with a health plan through managed care will be affected by this contract change
- These changes do not apply to:
 - ALTCS-Developmentally Disabled (ALTCS-DD) program,
 - AHCCCS Complete Care (ACC),
 - ACC-Regional Behavioral Health Agreements (ACC-RBHAs),
 - DCS/Comprehensive Health Plan (CHP), or
 - Tribal ALTCS

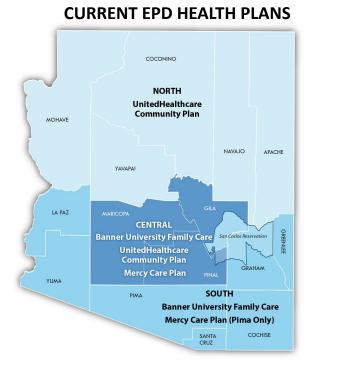


Current/Future State - ALTCS EPD Health Plans

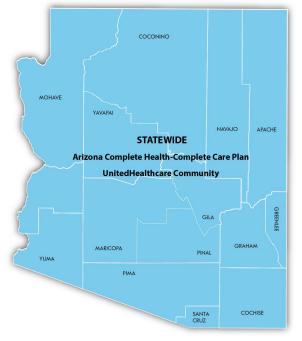
- The current ALTCS EPD Health Plans are the following plans until October 1, 2024:
 - o United Healthcare Community Plan (UHCCP) in the Central GSA (Maricopa, Gila, Pinal) and North GSA (Mohave, Apache, Coconino, Navajo, and Yavapai)
 - o **Banner-University Family Care** in the Central GSA (Maricopa, Gila, Pinal) and South GSA (Cochise, Graham, Greenlee, La Paz, Pima, Santa Cruz, and Yuma)
 - o Mercy Care Plan in the Central GSA (Maricopa, Gila, Pinal) and Pima County Only
- The ALTCS EPD Health Plans starting October 1, 2024 are:
 - O United Healthcare Community Plan (UHCCP) Statewide (North, Central, and South GSAs)
 - o Arizona Complete Health (AzCH) Statewide (North, Central, and South GSAs)



Geographic Maps of ALTCS EPD Health Plans



OCTOBER 2024 EPD HEALTH PLANS



Excludes the Tribal ALTCS Program. Refer to the following link for information about Tribal ALTCS - azahcccs.gov/AmericanIndians/LongTermCareCaseManagement/



ALTCS-EPD Health Plan Readiness Information

- AHCCCS conducts a comprehensive series of activities to assess the health plans' readiness to ensure the health plans are adequately prepared:
 - To meet the needs of the population served, and
 - To meet requirements and processes of the newly awarded Contract
- Readiness activities are an ongoing process which will continue beyond October 1, 2024 to ensure health plans meet contract requirements



ALTCS-EPD Health Plan Readiness Information

- AHCCCS began meeting with the awarded health plans in the Spring 2024 and is regularly reviewing member transitions and health plan readiness to ensure that the health plans are prepared to begin offering services October 1, 2024
- Each health plan with transitioning members has designated a transition coordinator as the main point of contact for the health plans. (see Contact Information Slide)



ALTCS-EPD Health Plan Readiness Information

- Critical areas reviewed during readiness include:
 - Service delivery (for example, case management and utilization review)
 - Provider network capacity
 - \circ $\,$ Health care operations and administration $\,$
 - Financial management
 - Member and provider communication
 - Continuity of member care



ALTCS-EPD Health Plan Readiness - Network

- AHCCCS has provided utilization data files to the awarded health plans. The awarded health plans will use these files to support their efforts in provider contracting.
 - Data includes a list of the top 100 providers based on ALTCS member utilization of services related to physical health, behavioral health, ALTCS facilities, and in-home HCBS services in each county
- Each health plan has designated a point of contact for provider network inquiries (see Contact Information Slide)



ALTCS-EPD Health Plan Readiness - Network

- Using information about the health plan's provider network is one piece of information members can use to choose a health plan
 - Are my current provider(s) in the health plan's network?
 - Are there any providers I was thinking about switching to in the health plan's network?
- AHCCCS is using information on some of members' key service providers to assign you to a health plan:
 - o In-home providers
 - Residential providers
 - Nursing facility providers
- Members can choose a different health plan than the one assigned



ALTCS-EPD Health Plan Readiness - Network

- Using information about the health plan's provider network:
 - Supports health plans to achieve network sufficiency by identifying providers who are actively serving members
 - Provides the health plans and providers an opportunity to explore contracting opportunities



ALTCS-EPD Health Plan Readiness - Network (as of 07/19/2024)

County	# of Unique Top Providers	% Contracting Completed		% Contracting In Process	
		AzCH	UHCCP	AzCH	UHCCP
Apache	34	73.5%	76.5%	8.8%	2.9%
Coconino	52	76.9%	90.4%	13.5%	3.8%
Mohave	56	80.4%	91.1%	12.5%	7.1%
Navajo	42	88.1%	92.9%	9.5%	4.8%
Yavapai	40	70.0%	95.0%	17.5%	0.0%
Gila	36	61.1%	91.7%	33.3%	2.8%
Pinal	60	78.3%	76.7%	15.0%	8.3%
Maricopa	90	77.8%	92.2%	16.7%	2.2%



ALTCS-EPD Health Plan Readiness - Network (as of 07/19/2024)

County	# of Unique Top Providers	% Contracting Completed		% Contracting In Process	
		AzCH	UHCCP	AzCH	UHCCP
Cochise	35	91.4%	91.4%	5.7%	2.9%
Graham	35	85.7%	82.9%	11.4%	5.7%
Greenlee	2	100.0%	100.0%	0.0%	0.0%
La Paz	15	100.0%	86.7%	0.0%	13.3%
Pima	67	83.6%	91.0%	7.5%	9.0%
Santa Cruz	19	78.9%	78.9%	5.3%	5.3%
Yuma	44	84.1%	84.1%	13.6%	11.4%



- AHCCCS completed selective assignment activities, which included a review of members' use of services in order to maintain provider continuity as much as possible based on specific providers currently serving the member
- Selective assignment was completed resulting in a match of 95% of members' primary ALTCS providers
 - Nursing Facilities, Assisted Living Facilities, primary HCBS in home provider, and other primary provider (e.g. BHRF)
- Members were assigned to either Arizona Complete Health or United for October 1, 2024
- Members will be given a time period to choose a different plan
- Members who do not choose a different health plan, will remain with the plan they were assigned to by AHCCCS



- Members will receive enrollment notices from AHCCCS outlining their newly assigned health plan and choice option
- The notice will also provide instructions for the member to choose a health plan within a 30 day time period
 - Members can make the choice themselves through the AHCCCS Choice Portal or call AHCCCS directly (see Contact Information Slide)



- Health plans are required to ensure a smooth transition for members by not discontinuing a member's service plan for 90 days after the member transition, regardless of the network status of a provider, unless mutually agreed to by the member or responsible party
- Additionally, detailed transition requirements are posted in the <u>Procurement requirements</u>
 - Including but not limited to hospitalizations, primary care, pharmacy, and laboratory services (refer to next slides for more information)



- Members hospitalized at the time of transition
 - The relinquishing health plan shall notify the hospital and attending physician of the pending transition prior to the date of the transition and instruct the providers to contact the receiving health plan for authorization of continued services.
 - If the relinquishing health plan fails to provide notification the relinquishing health plan is responsible for coverage of services rendered to the hospitalized member for up to 30 days
 - This includes, but is not limited to, elective surgeries for which the relinquishing health plan issued prior authorization



- Services provided by a primary care provider
 - The health plan shall provide, at a minimum, a 90-day transition period for members who have an established relationship with a PCP who does not participate in the health plan's provider network
 - During the 90-day transition the member may continue to seek care from their established PCP while the member and/or health plan finds an alternative PCP within the health plan's provider network



- Pharmacy services
 - The receiving health plan is required to extend previously approved prior authorizations for a period of 90 days from the date of the member's transition unless a different time period is mutually agreed to by the member or member's representative
- Laboratory Services
 - The receiving health plan is required to ensure members receiving mobile lab services at the time of transition are able to continue utilizing mobile lab services with providers who do not participate in the health plan's provider network



- AHCCCS encourages ongoing collaboration between the new health plans and current health plans to identify opportunities for the new health plans to hire current experienced ALTCS Case Managers
 - This will also help to assist with maintaining current ALTCS Case
 Manager/member assignments
- All health plans are held accountable to comply with the same standards including case manager qualifications, training, and caseload ratios



ALTCS-EPD Readiness and Transition Information

- More information on Readiness and Transition is available in the AHCCCS ALTCS-EPD Contract FAQ document:
 - o <u>https://azahcccs.gov/Members/Downloads/ALTCS_EPD_FAQ.pdf</u>
- More information regarding each health plan is available on their websites:
 - o <u>UnitedHealthcare Community Plan</u>
 - Provider directory lookup
 - o Arizona Complete Health-Complete Care Plan
 - Provider directory lookup



ALTCS-EPD Readiness and Transition Contact Information

- AHCCCS Questions, Comments, Feedback: <u>MCOTransitions@azahcccs.gov</u>
- AHCCCS Customer Service Call Line: 1-602-417-7000 or 1-800-334-5283
- Health Plan Transition Coordinators
 - Arizona Complete Health-Long Term Care -
 - Caitlin Denning <u>caitlin.denning@azcompletehealth.com</u>
 - o UnitedHealthcare Community Plan -
 - Stephen Burroughs <u>stephen_burroughs@uhc.com</u>
- Health Plan Provider Network Inquiries
 - Arizona Complete Health-Long Term Care <u>azchnetdevaltcs@azcompletehealth.com</u>
 - UnitedHealthcare Community Plan Ishah Whipple <u>Ishah_whipple@uhc.com</u>
- Health Plan Customer Service Phone Numbers
 - o Arizona Complete Health-Long Term Care 1-833-236-7979
 - UnitedHealthcare Community Plan 1-800-293-3740





- Readiness preparation will be covered at various stakeholder meetings beginning in April 2024
- AHCCCS will also host member and provider information forums beginning in June 2024
- See the next slide for the schedule of upcoming forums



AHCCCS Community Forum Registration Information can also be found on the <u>AHCCCS Calendar</u>

AHCCCS Hot Topics	June 17, 2024 <u>Register</u>
Community Forum - Provider Directed	June 17, 2024RegisterJune 18, 2024Register
Community Forum - Member Directed	July 8, 2024RegisterJuly 11, 2024RegisterJuly 24, 2024RegisterSeptember 16, 2024RegisterSeptember 18, 2024Register
AHCCCS Community Forum	July 15, 2024 <u>Register</u>
AHCCCS Tribal Consultation	August 5, 2024 AHCCCS Tribal Consultation Information
AHCCCS	

HEALTH PLAN PROVIDER FORUMS

Arizona Complete Health https://www.azcompletehealth .com/	July 18, 2024 - Prescott August 8, 2024 - Yuma August 29, 2024 - Tucson September 10, 2024 - Tempe September 19, 2024 - Virtual
United Healthcare <u>https://www.uhc.com/commun</u> <u>ityplan</u>	August 14, 2024 - Targeted Audience: SNF providers August 20, 2024 - Targeted Audience: HCBS providers August 23, 2024 - Targeted Audience: BH & PH providers <i>All forums will be virtual</i>



Questions?



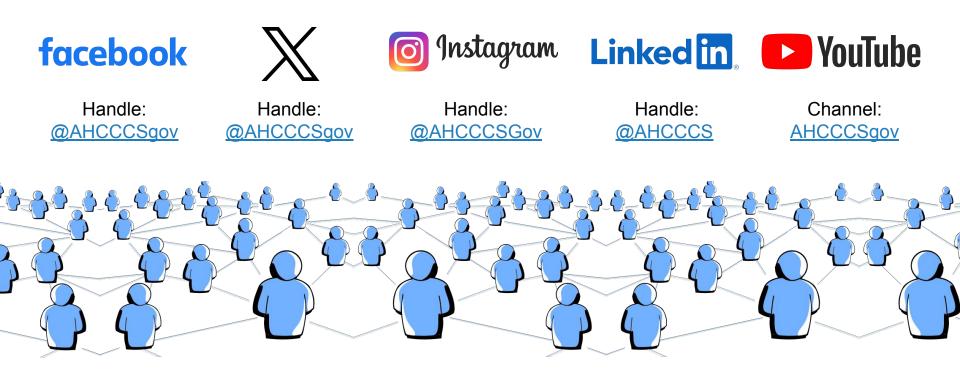
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YouTube

Watch our Playlist:

Meet Arizona's Innovative Medicaid Program



Other Resources - Quick Links

- AHCCCS <u>Waiver</u>
- AHCCCS <u>State Plan</u>
- AHCCCS Grants
- AHCCCS <u>Whole Person Care Initiative (WPCI)</u>
- AHCCCS Office of Human Rights
- AHCCCS Office of Individual and Family Affairs



Thank You.

