



AHCCCS Update

Tribal Consultation

April 19, 2018



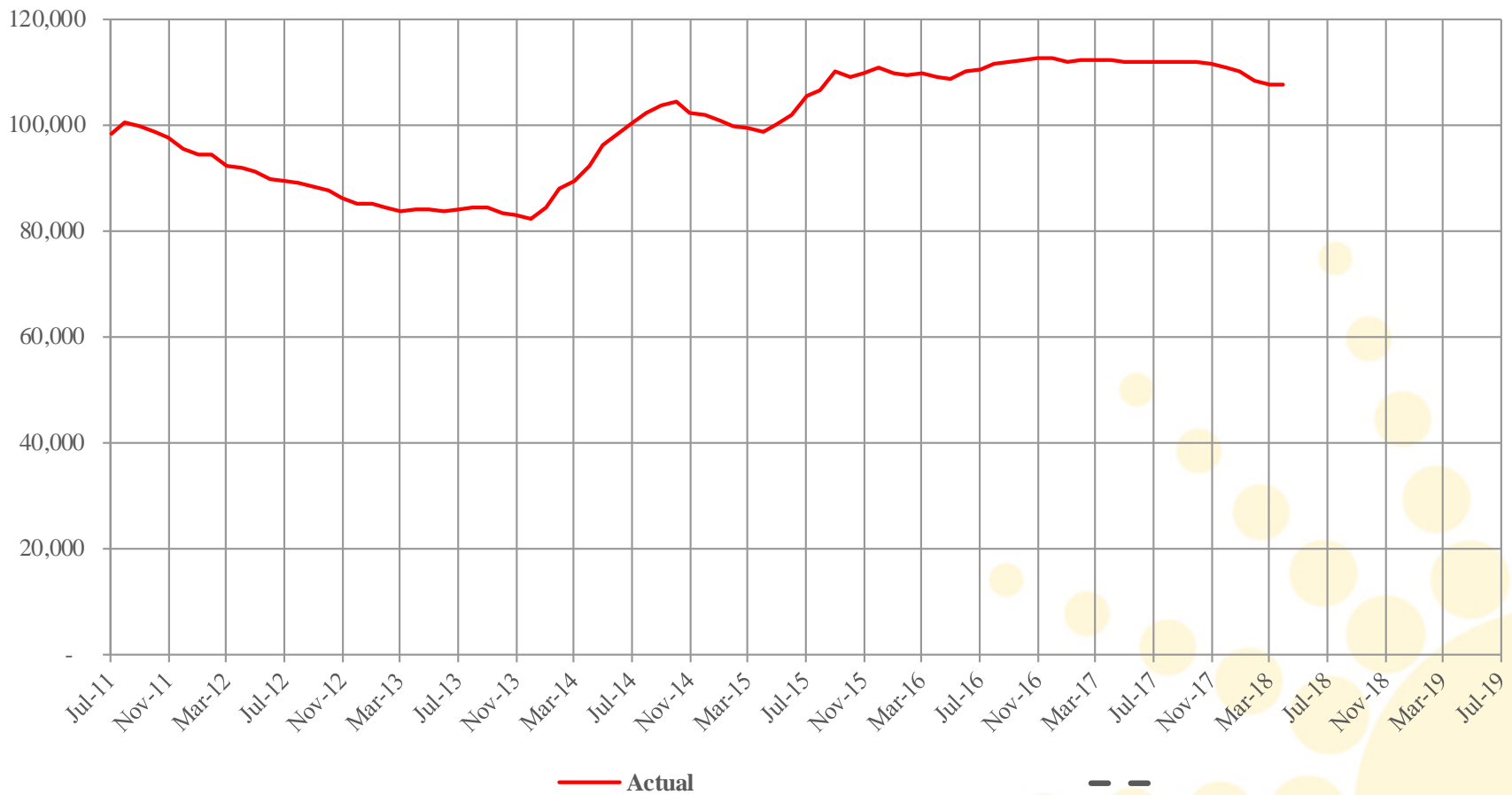
AHCCCS Update

- Budget and Legislative Update
- AHCCCS Complete Care Contracts
- American Indian Medical Home
- Arizona Management System

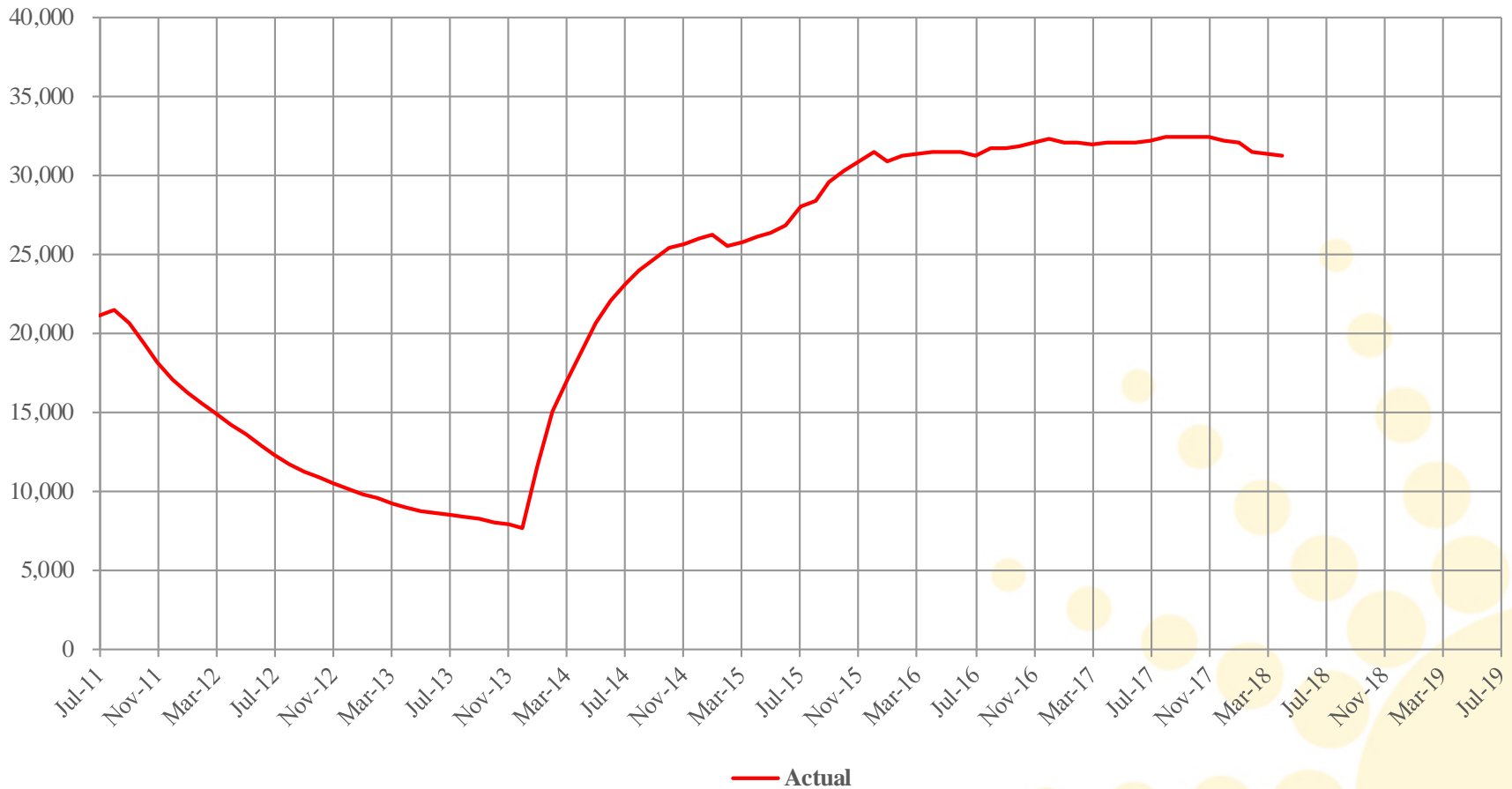
Budget and Legislative Update

- HB 2228 passed legislature – annual waiver – applicability – exempt tribal members
- Awaiting legislative action on budget
- AHCCCS overall enrollment down about 70,000 members over past 6 months
- K-12 issues important part of budget discussion

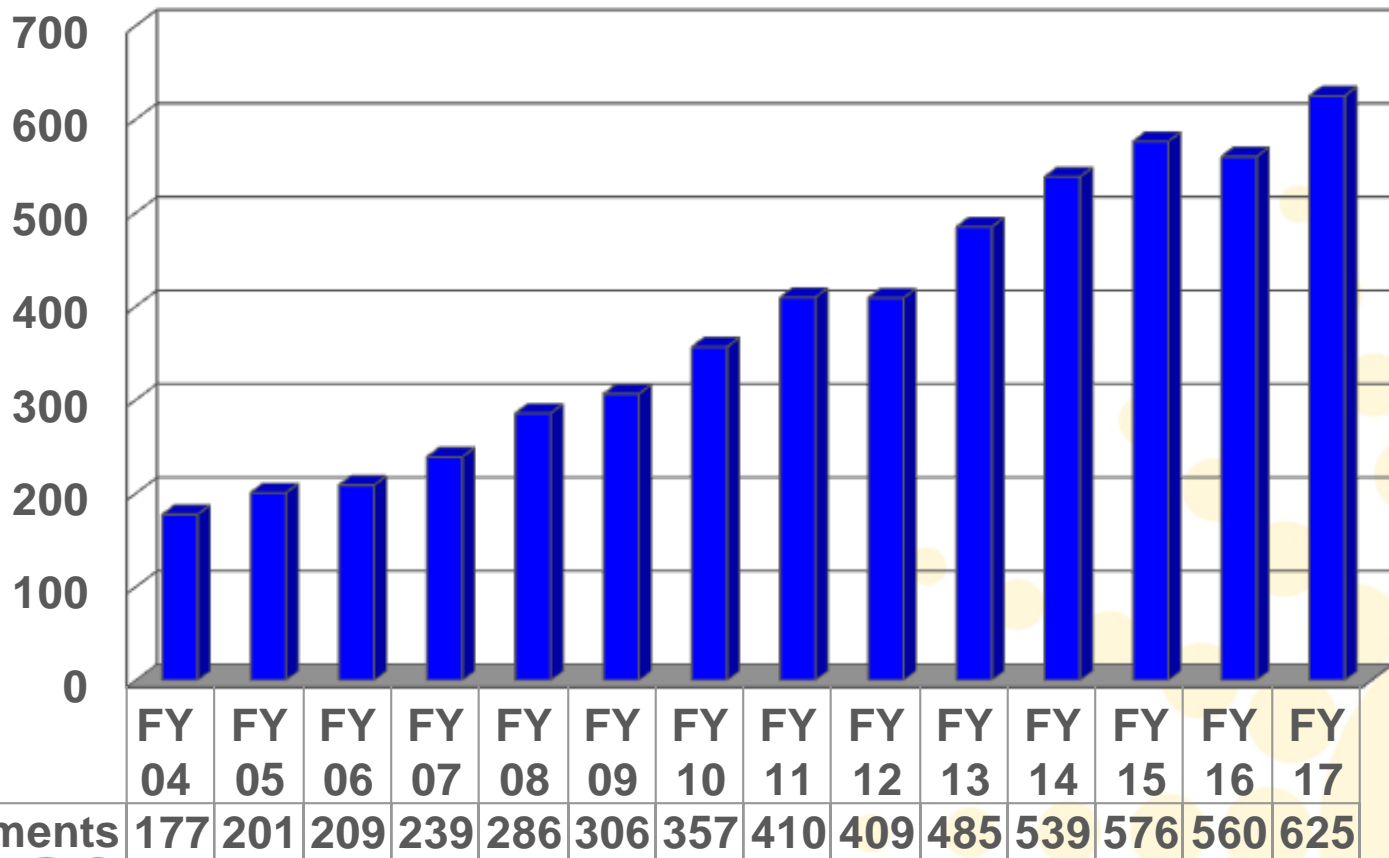
American Indian Health Program Enrollment



American Indian Health Program Adult Expansion enrollment



100% Federal Indian Health Services & Tribal Facility Payments (In Millions)



when?

who?

what?

where?

AHCCCS Complete Care (ACC)

What, Who and When?

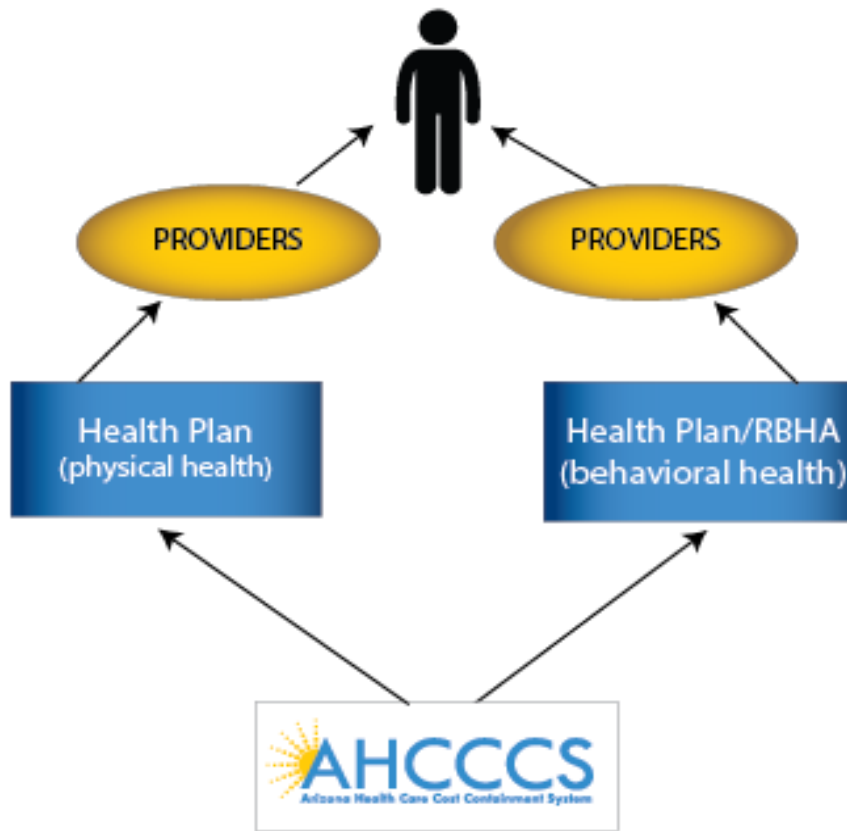


Tribal Members

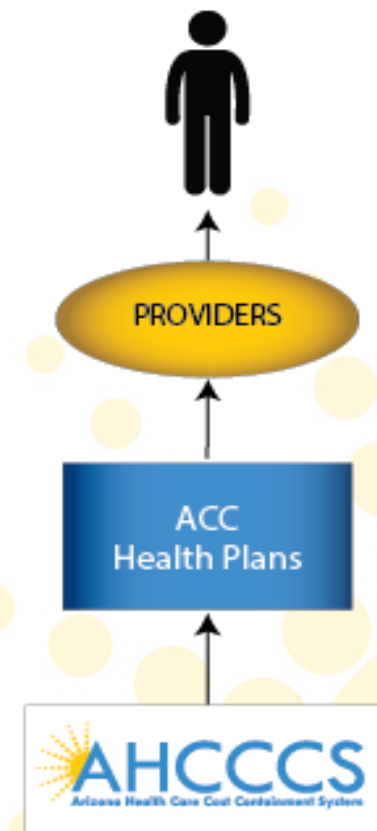
- Retain choice of ACC managed care plan or fee for service
- AI members enrolled in AIHP/FFS can seek services from any AHCCCS registered provider at anytime if the provider accepts FFS; services are **not limited** to IHS/638 providers for AIHP enrolled members
- AI members enrolled in a managed care plan **can** access services from an IHS/638 facility at anytime; services are **not limited** to providers outside of IHS/638 facilities
- ACC does not impact
 1. ALTCS members
 2. Individuals with SMI

Vision - Integration at all 3 Levels

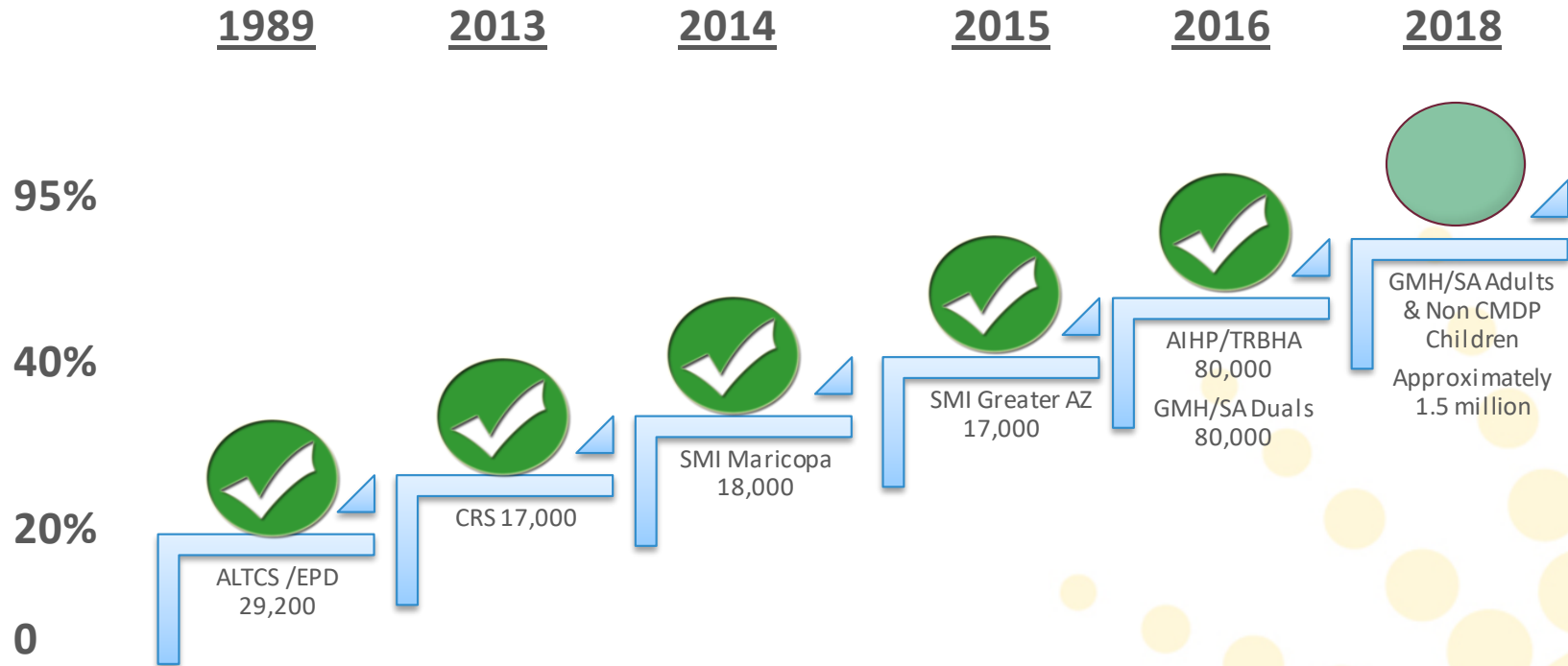
CURRENT DELIVERY SYSTEM



AHCCCS COMPLETE CARE (ACC) DELIVERY SYSTEM



Integration Progress To Date



Who Is Affected and When?

Starting on October 1, 2018!

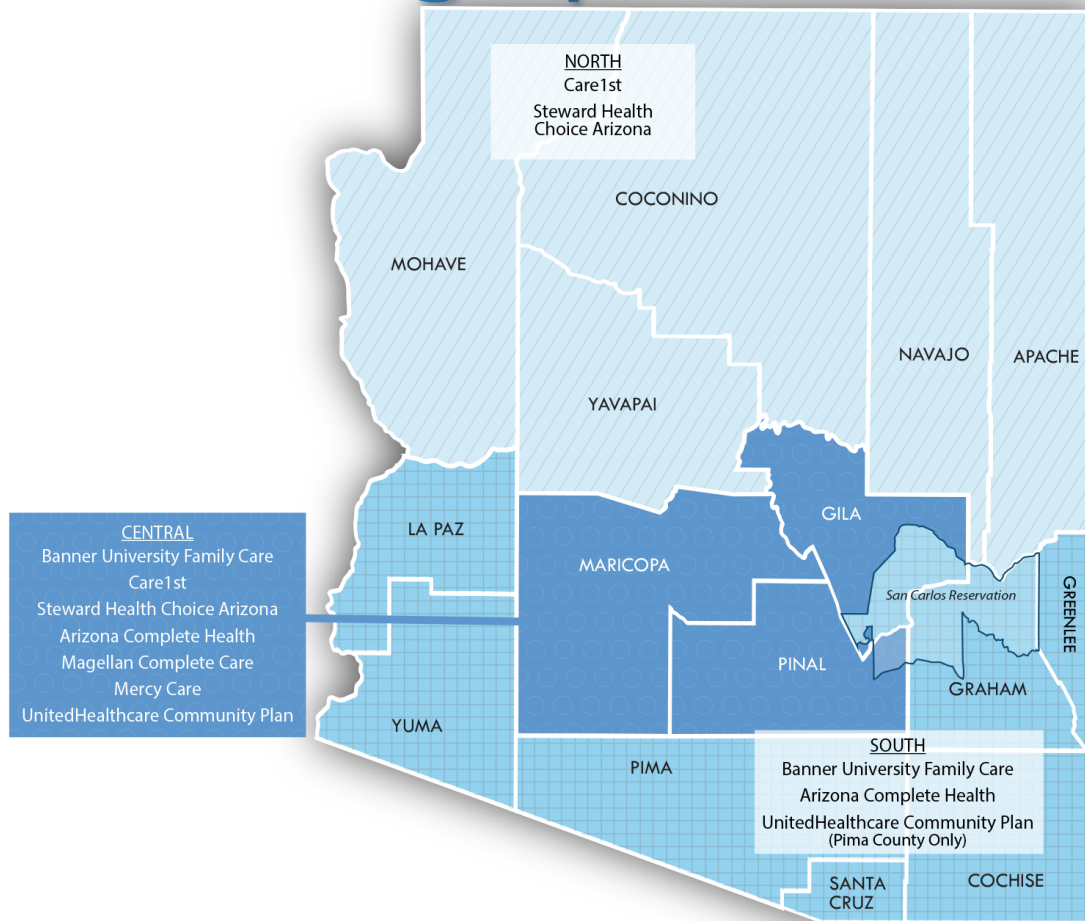
- Affects most adults and children on AHCCCS through integration and choice
- Members enrolled in Children's Rehabilitative Services (CRS)

It does not affect:

- Members on ALTCS (EPD and DES/DD);
- Adult members with a serious mental illness (SMI); and

- Most CMDP

ACC Plan Geographic Service Areas



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

GSA

Awarded AHCCCS Complete Care (ACC) Plans

	Banner University Family Care	Care1st	Steward Health Choice Arizona	Arizona Complete Health	Magellan Complete Care	Mercy Care	UnitedHealth care Community Plan
Central	A**	A***	A	A***	A/N	A***	A***
South	A	E	E	A/N		E	A*
North	E	A/N	A				E

A = Awarded N = New E = Exiting

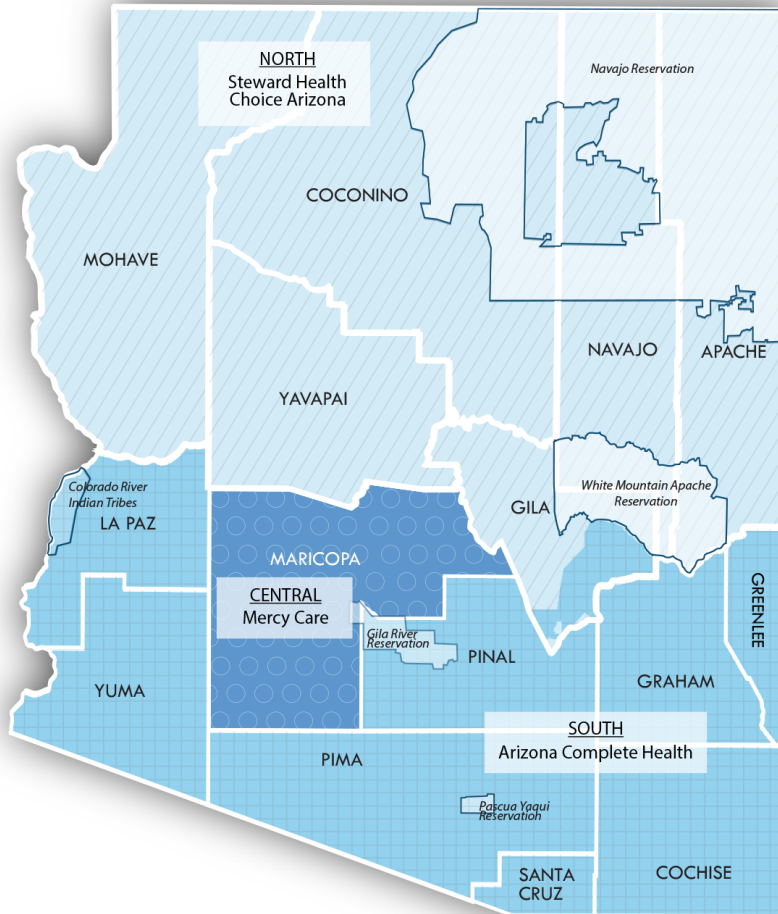
*Pima county award only
 **New in Maricopa county only
 ***Only new Pinal/Gila counties

Projected Membership Transition

GSA	Estimated Members
Central	10,400
South	199,575
North	83,445
Total	293,420

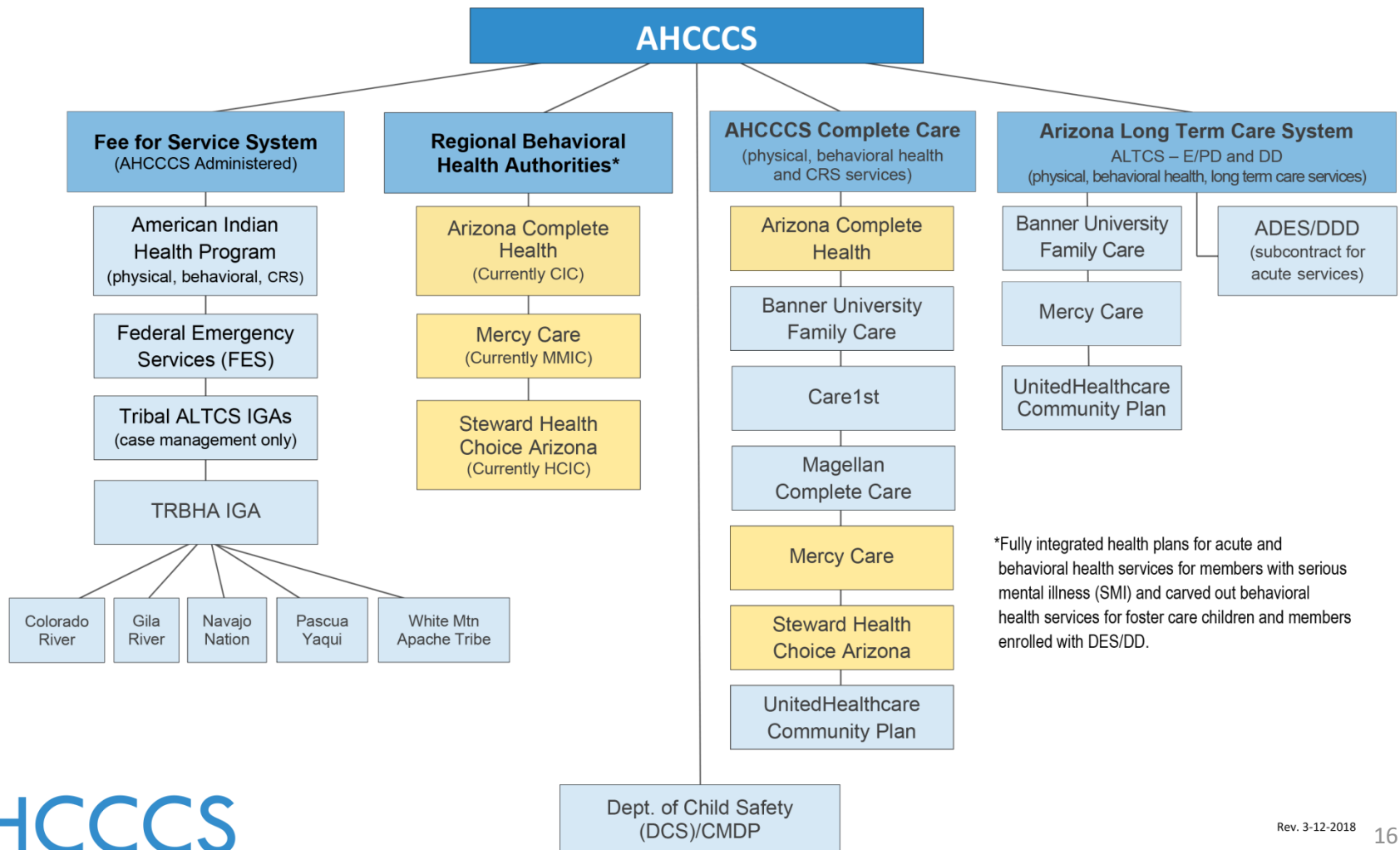
Based on February 2018 enrollment.
Pima county projection – 105,200

RBHA/TRBHA and Crisis Services



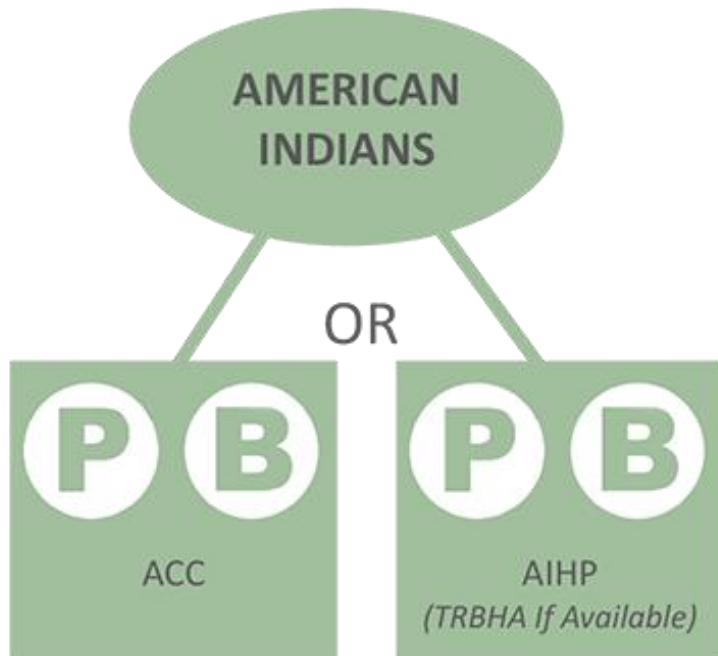
- The Crisis system responsibilities will remain with the RBHA (in their respective GSA areas)

Care Delivery System as of Oct. 1, 2018

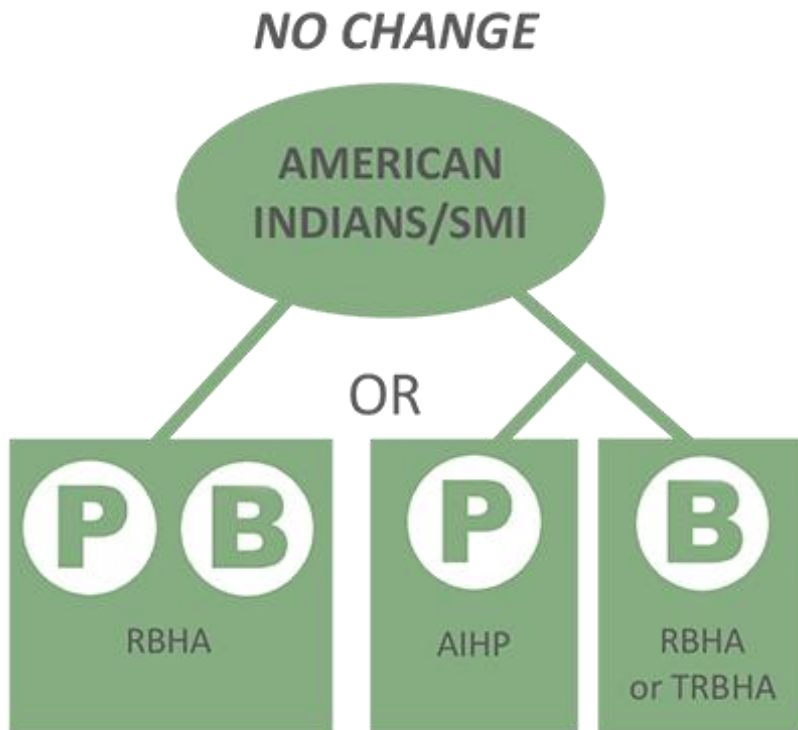


*Fully integrated health plans for acute and behavioral health services for members with serious mental illness (SMI) and carved out behavioral health services for foster care children and members enrolled with DES/DD.

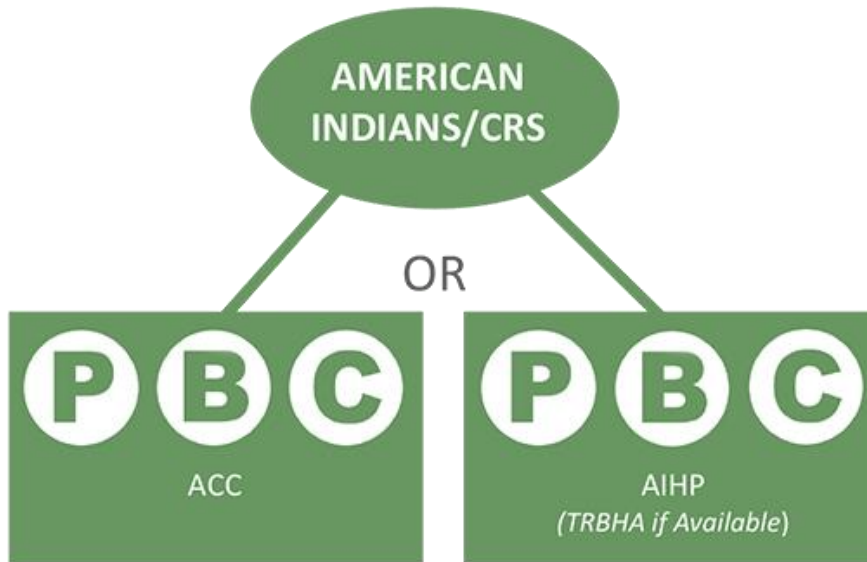
Members who are American Indians



Members who are American Indians with SMI determination

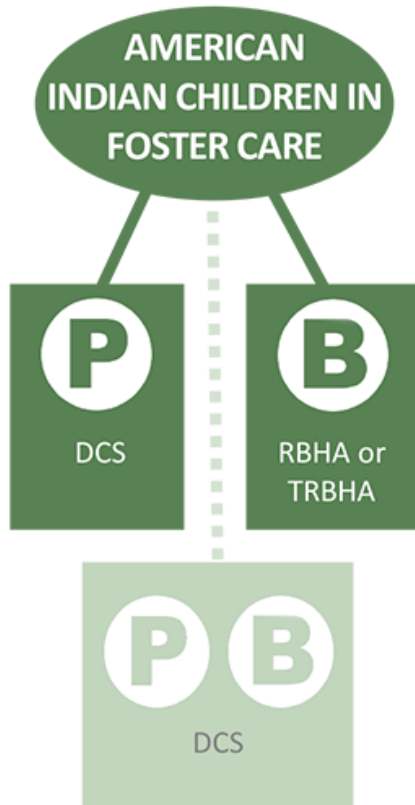


Members who are American Indians with CRS conditions



Members who are American Indian Children in (State) Foster Care

NO CHANGE



Planned for 2020

KEY

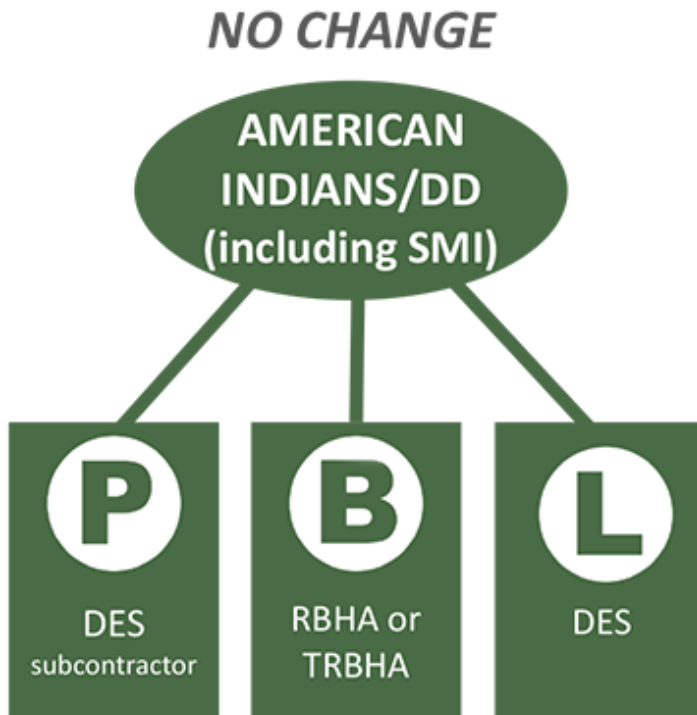
- P** PHYSICAL SERVICES
- B** BEHAVIORAL SERVICES

Population Group

Plan

Future Integration

Members who are American Indians with a Developmental Disability



Members who are American Indians in Tribal ALTCS (Elderly/physical disability program)



CRS Members

- CRS members will have choice of ACC Plan
- CRS members will continue to be identified and designated by AHCCCS.
- 10-1-18 CRS members in DDD program will have CRS services transitioned to DDD United contract - seamless
- Contract requires ACC plans to continue to have MSIC in network

What if I already get services with a RBHA and want to stay?

- Certain members previously receiving services with a RBHA will have a one time choice for 10/1/18 to elect to stay with the “RBHA-affiliated” ACC Contractor
 - Members given this choice must:
 - not already be enrolled in a RBHA-affiliated Plan that will be an ACC Plan; or
 - not already be getting choice of all ACC Plans (including RBHA-affiliated ACC Plan) due to current enrollment in exiting plan

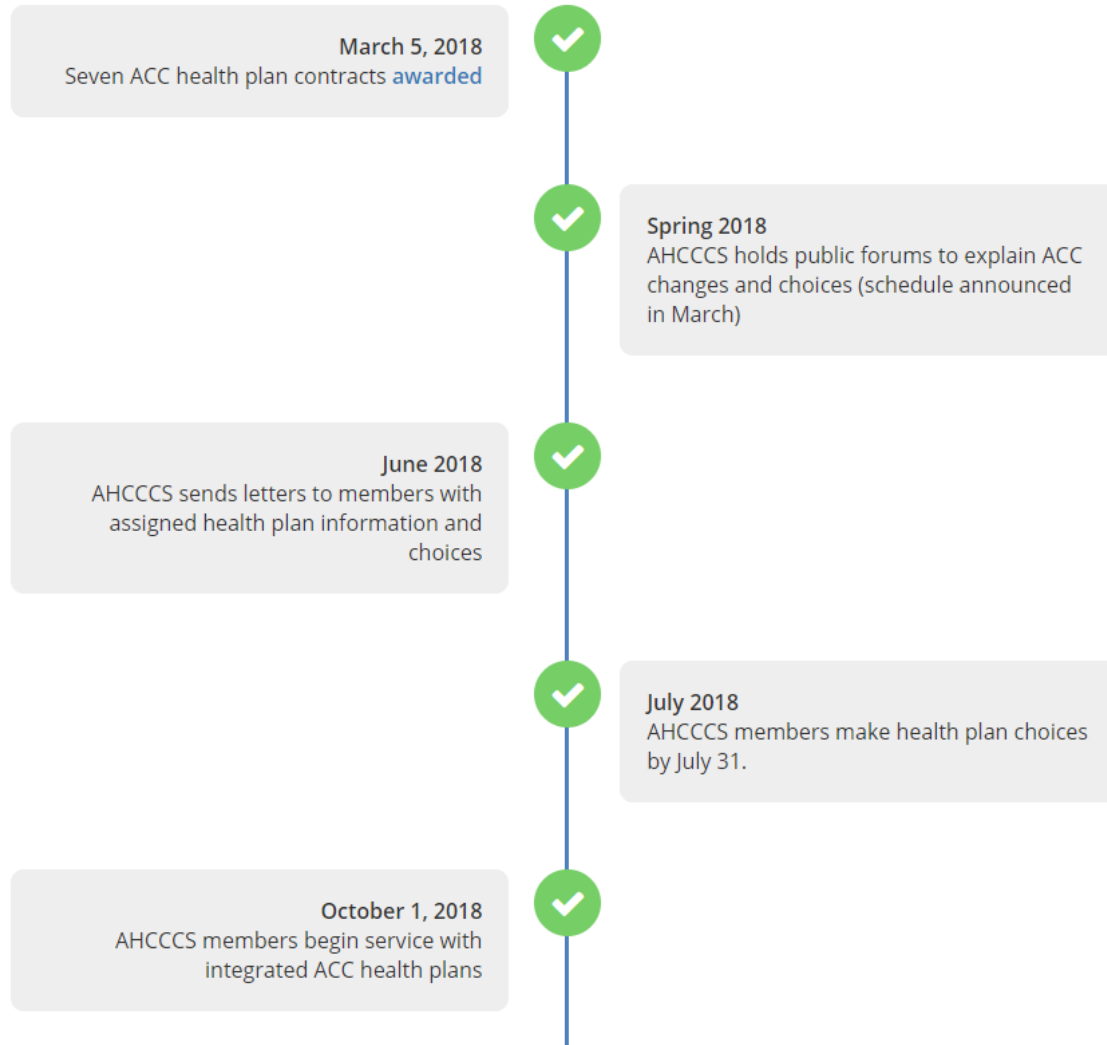
DETAILED

Specific Transitions for American Indian Populations

Current Health Plan Enrollment/Assignment	Assignment on 10/1/2018	
CRS (acute and CRS services), TRBHA	ACC Plan	Approx. 350
AIHP, CRS (CRS services only) and TRBHA	AIHP and TRBHA	Approx. 700
AIHP, CRS and RBHA	AIHP	Approx. 300
AIHP and TRBHA	AIHP and TRBHA – No Change	
AIHP and RBHA	AIHP	Approx. 41,000
Acute Plan and TRBHA	ACC Plan	Approx. 200
Acute Plan and RBHA	ACC Plan	Approx. 37,000
CMDP and TRBHA	CMDP and TRBHA- No Change	
<u>DDD and TRBHA</u>	DDD and TRBHA-No Change	

AHCCCS Complete Care Timeline

What Happens Next?





- ▼ About Us
- ▲ Initiatives
- Home
- AHCCCS Complete Care
- Care Coordination & Integration +
- Targeted Investments
- Payment Modernization +
- Health Information Technology
- Private Sector Partners
- Electronic Visit Verification
- Public Notices
- Program Planning
- Healthcare Advocacy
- Committees & Workgroups
- Transparency

Frequently Asked Questions

- Q: Will covered services change?
- Q: Will CRS members have to change health plans?
- Q: What are the geographic service areas (GSA) to be served by ACC Plans?
- Q: What are the available ACC Plans in each geographic service area (GSA)?
- Q: Will my foster child's coverage with Comprehensive Medical Dental Program (CMDP) change?
- Q: If my child is enrolled in AIHP, how will she/he receive CRS services?
- Q: What will happen to members with CRS qualifying conditions that are being served through DES/DDD?
- Q: How will CRS members who are determined to have a serious mental illness (SMI) and who are not enrolled with DES/DDD receive services?
- Q: Will I be assigned to an ACC health plan or will I have choice of ACC Plan?
- Q: How will CRS conditions be determined and will members still have a CRS designation?
- Q: How will the plan ensure that members with CRS Special Health Care Needs get the comprehensive care they need?
- Q: Can members and families continue to access Multi-Specialty Interdisciplinary Clinics (MSICs)?
- Q: Can my child continue to receive services from current providers?
- Q: Will anything change at age 21 for a member with a CRS designation?
- Q: Will there be any changes to how other insurance coverage is handled?

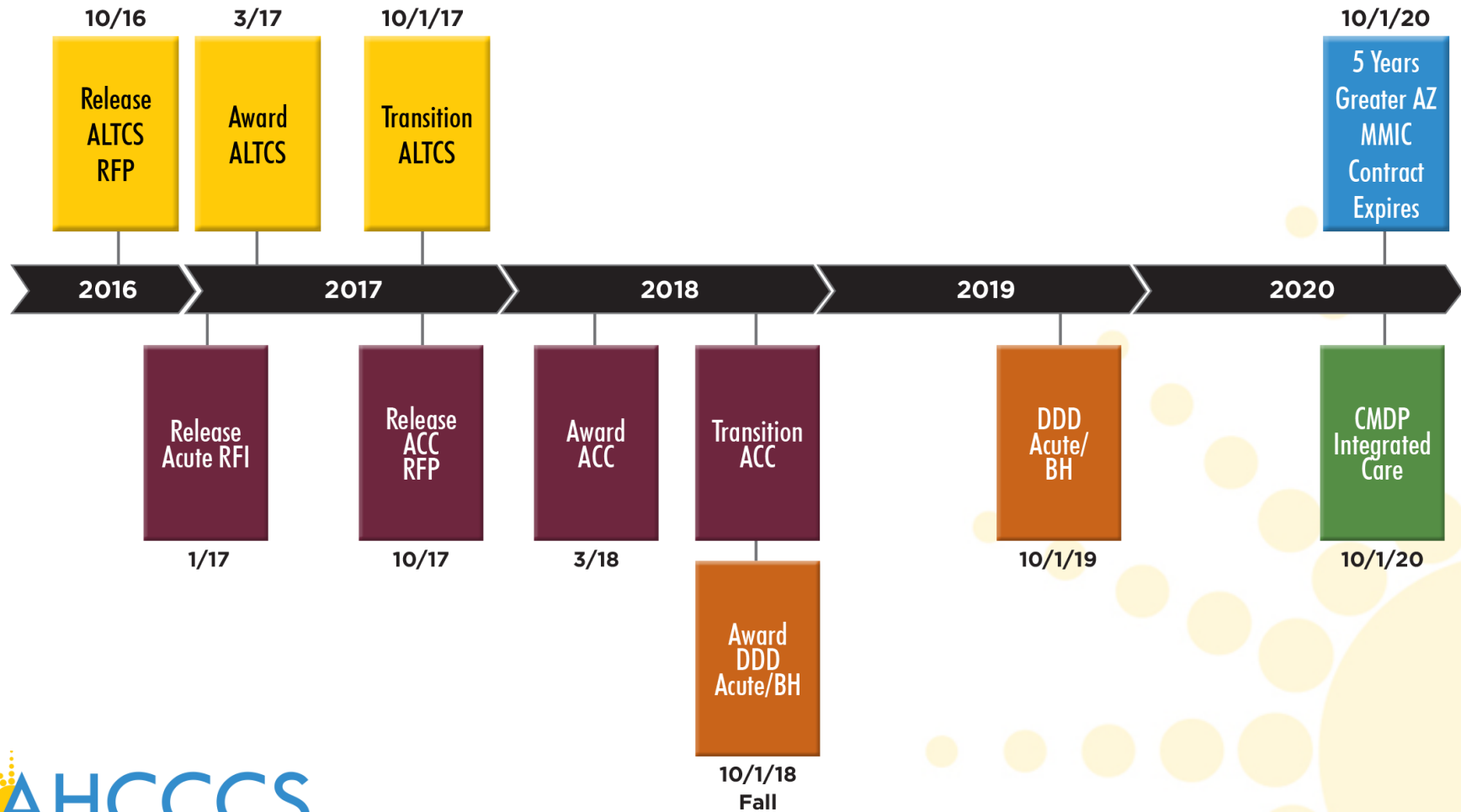
Q: Will covered services change?

A: Members will still have access to the same array of covered services with ACC Plans (and other plans as noted) as they do under a single statewide health plan.

Q: Will CRS members have to change health plans?

A: Currently most members with CRS conditions are enrolled with a single statewide health plan for all or a portion of their services. Effective October 1, 2018, CRS members receiving fully integrated services from the current AHCCCS Statewide CRS health plan (UnitedHealth Care Community Plan) will be enrolled with and have choice of AHCCCS Complete Care (ACC) plans for all services including CRS, other non-CRS physical health services, and all covered behavioral health services. The ACC plan will be responsible for providing all medically necessary covered services for persons with CRS qualifying conditions.

AHCCCS Contract Timeline





American Indian Medical Home (AIMH)



American Indian Medical Home

- AHCCCS State Plan Amendment (SPA) for the AIMH Program was approved by Centers for Medicare and Medicaid Services (CMS) June 2017
- Aims to help address health disparities between American Indians and other populations in Arizona by enhancing case management and care coordination
- Program for American Indians/Alaskan Natives (AI/AN) members enrolled in the American Indian Health Program (AIHP)

AIMH Eligible Provider Types

- As of October 1, 2017 IHS and Tribal 638 Facilities serving AHCCCS Members enrolled with the American Indian Health Program (AIHP) are able to submit the AIMH application.
- Phoenix Indian Medical Center (PIMC) and Chinle Hospital recently established as AHCCCS' first two American Indian Medical Homes.

AIMH Provider Requirements

- Be an IHS or Tribal 638 facility
- Enter into an AIMH IGA
- Primary Care Case Management (PCCM) accreditation
 - National Committee for Quality Assurance (NCQA) or another appropriate accreditation body, OR
 - National IHS Improving Patient Care (IPC) program annual attestation
- Provide 24 hour telephonic access to the care team
- Dependent on selected tier level, provide diabetes education and/or participate in the State Health Information Exchange (HIE)

AIMH Service Tier Levels

First Tier Level AIMH

- PCCM services
- 24 hour telephonic access to the care team

Second Tier Level AIMH

- PCCM services
- 24 hour telephonic access to the care team
- Diabetes Education

Third Tier Level AIMH

- PCCM services
- 24 hour telephonic access to the care team
- Participates in State HIE

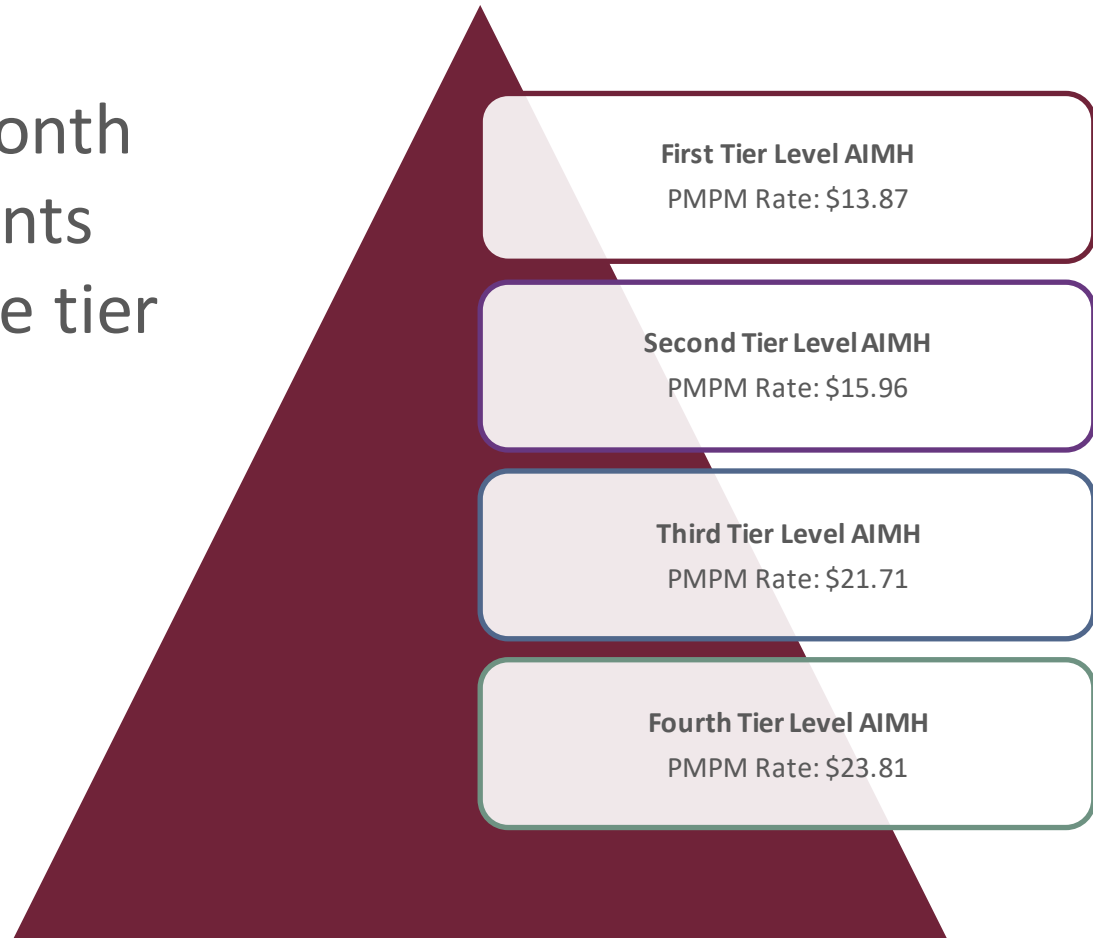
Fourth Tier Level AIMH

- PCCM services
- 24 hour telephonic access to the care team
- Diabetes Education
- Participates in State HIE

Note: There will be an annual renewal process every October at which time the medical home can select a new tier level. The medical home provider will be required to include the appropriate supporting documents with their application.

AIMH Reimbursement Per Tier Level Calendar Year 2018

- Prospective Per Member Per Month (PMPM) payments based on service tier level provided.



Services to Members

- Medicaid services are provided to AI/AN through the American Indian Health Program (AIHP) under the Fee for Service Program (FFS)
- The AIMH program is a voluntary program for AIHP members. Members who choose to participate may dis-enroll or change AIMH sites at any time.
- AIMH allows for improved coordination of services through the use of a Primary Care Case Manager (PCCM) who is able to assist members in coordinating the health care services they receive

AIMH Member Requirements

- Title XIX only; not for KidsCare (AZ's Children's Health Insurance Program)
- AIHP enrolled members only
- Tribal ALTCS not included
- Participation is voluntary
- Member may discontinue at any time
- Member may switch AIMHs at any time
- Facility must keep signed AIMH form on file

AIMH Web Page & AIMH email

- IHS/638 Providers can send questions to AIMH@azahcccs.gov
- Review AIMH information at <https://www.azahcccs.gov/AmericanIndians/AmericanIndianMedicalHome/>
- State Plan Amendment (SPA) <https://www.azahcccs.gov/Resources/StatePlans/StatePlanAmendments.html>

**Agency Business
Reviews**

Goals, Metrics, & Targets
Connecting the Organization

Business/Performance Reviews

Review of Quarterly & Strategic
Plans

**Visual
Management**

Visual Management Boards

Tiered Huddles

Process Standardization &
Standardized Work

**Employee Development
& Engagement**

Training

Huddle Board Management

Problem Solving

**Leader
Standard Work**

Performance Management

Gemba Walks

AMS Results

- DBF project to increase providers paid electronically by 5%. Division hit 9% and increased target to 15%.
- DFMS project to improve timeliness of authorizations for members needing level one facility admissions. The team reduced turnaround times by 75%
- The DHCAA project to reduce the number of members that are awaiting advocacy support. August 2015 162 members on a waitlist (up to 24 months) today there are 37 members (longest wait time 2.5 months).
- DMS and OALS project improve the Trust Review process. Time needed decreased from 44 days in January of 2016 to average of 10 days. Trusts taking 15 days or more has gone from 45% to 14%.
- OIG created a collections office project to collect 10% of the outstanding payments greater than 60 days. Today number is 18%.
- HRD projects to reduce agency turnover. December 2015 turnover was 21%. In November 2016 15%.