



ARIZONA

HEALTH CARE COST CONTAINMENT SYSTEM

AHCCCS MCO Update Meeting

January 29, 2025

Director Update

Carmen Heredia
AHCCCS Director



2025 Strategic Plan



2025-2029 Strategic Plan

Access to Care

Advance Whole
Person Care



Lower the
Uninsured Rate



Maintain a Strong
Provider Network



ARIZONA
HEALTH CARE COST
CONTAINMENT SYSTEM
**2025-2029
Strategic Plan**

Quality of Care



Support
Preventive Care



Maintain High Member
Satisfaction



Strengthen Program
Integrity

Federal Update

Max Seifer
DPPSP Federal Relations Chief



1115 Waiver Updates

Reentry Services Overview

- On December 27, 2024, CMS granted approval to provide limited coverage for services furnished to a subset of incarcerated individuals for up to 90 days immediately prior to their expected dates of release.



1115 Waiver Updates

Reentry Services (Cont'd)

- Demonstration Initiative Goals
 - Increase coverage, continuity of coverage, and appropriate service uptake
 - Improve access to services
 - Improve coordination and communication
 - Increase additional investments in health care and related services
 - Improve connections between carceral settings and community services
 - Reduce all-cause deaths and reduce number of ED visits and inpatient hospitalizations
 - Provide intervention for certain behavioral health conditions

1115 Waiver Updates

Reentry Services (Cont'd)

- Eligibility
 - To qualify for services covered under this demonstration approval, individuals residing in a correctional facility must have been determined eligible for Medicaid or the Children's Health Insurance Program (CHIP) (or be eligible for CHIP except for their incarceration status) pursuant to an application filed before or during incarceration, and have an expected release date within 90 days.



1115 Waiver Updates

Reentry Services (Cont'd)

- Participating Facilities
 - Jails
 - Prisons
 - Youth Correctional Facilities
 - Tribal Correctional Facilities



1115 Waiver Updates

Reentry Services (Cont'd)

- Covered Services
 - Case Management
 - Medication Assisted Treatment (MAT) Services
 - 30-day Supply of Prescription Medications
 - Practitioner Office Visit
 - Peer Support Services



1115 Waiver Updates

Reentry Services (Cont'd)

- Next Steps
 - AHCCCS will establish a timeline for implementation with a proposed effective go-live date of October 1, 2026.
 - AHCCCS will begin the demonstration with prison facilities administered by the Arizona Department of Corrections Rehabilitation and Reentry (ADCRR), these facilities will make up the first phase of the program.



State Plan Amendment (SPA) Updates

Consolidated Appropriations Act (CAA 2023)

As part of the Consolidated Appropriations Act, 2023, section 5121 adds requirements for a certain set of services for Medicaid and CHIP juvenile beneficiaries who are incarcerated. This includes:

- A Medicaid eligible individual who is under 21 years of age, and individuals between the ages of 18 and 26 who is eligible for Medicaid under the former foster care children group.

State Plan Amendment (SPA) Updates

Consolidated Appropriations Act (CAA 2023) cont.

- Under section 5121, state Medicaid and CHIP programs are required to offer the following:
 - Screening and diagnostic services: In the 30-days prior to release, or within one week or as soon as practicable after release, juveniles must receive screening and diagnostic services (including behavioral health screenings) in accordance with EPSDT requirements.
 - Targeted Case Management: In the 30-days prior to release and for at least 30-days following release

State Plan Amendment (SPA) Updates

Consolidated Appropriations Act (CAA 2023) cont.

- States are required to have in place an internal operational plan detailing how the State will reach compliance by 1/1/25.
- This internal operational plan will be partnered with a SPA holding a 1/1/25 effective date. The SPA will:
 - Attest to meeting the above requirements
 - Authorize coverage of Targeted Case Management for this population

State Plan Amendment (SPA) Updates

Consolidated Appropriations Act (CAA 2023) cont.

- AHCCCS is planning for a phased implementation dependent on the setting/facilities readiness.
- Phase 1 will begin 10/1/2025 with Arizona Dept. of Juvenile Corrections (ADJC). Additional facilities will be phased-in over the next two years with full implementation targeted to be complete 10/1/2027.
- Full capitation model will be implemented 10/1/2027.

H2O Updates

Completed Provider Registrations:

- H2O Shelter Providers- **2**
- H2O Pretenancy/Tenancy providers- **8**

Applications Pending:

- Total # of pending H2O provider applications: **25**
 - As noted by Solari, the AHCCCS Provider registration team has not seen these in APEP as of today.



H2O Members Identified/Served

- Total # Members who have received H2O services - **244**
 - Services include shelter, pre-tenancy and tenancy services.
- Total # of Members confirmed eligible or eligibility/connection to H2O services in progress - **442**
- Total # Housed: **2** (move in Dec 17th and Jan 6!!!)
- Solari's H2O dashboard is online and elements are continuing to be added.

Exception to the “Four Walls” Requirement

- On November 1, 2024, CMS finalized the “Medicare Outpatient Prospective Payment Final Rule” (CMS 1809-FC)
- Historically, Medicaid Clinic Services were required to be provided within the physical “four walls” of the clinic.
- This rule includes new mandatory and optional exceptions to allow for Medicaid coverage of clinic services outside of the “four walls”
 - Mandatory exception for IHS and Tribal Clinics,
 - Optional exceptions for behavioral health clinics, and
 - Optional exceptions for services provided by personnel of clinics that are located in rural areas.
- This rule will permanently extend the existing grace period that was issued during the PHE.

Access to Care Rules

- AHCCCS has contracted with Myers & Stauffer for PM and implementation support.
- This has included focus groups and the creation of an implementation timeline.
- Key Changes for 2025 and 2026 Implementation include:
 - Establishment of MAC/BAC
 - Incentive Payment Updates in MCO contracts
 - Payment Analysis Claims Data
 - Publishment of FFS Rates and Comparative Analysis

HIPAA Privacy Rule - Reproductive Health

- Finalized by HHS April 2024 following the Dobbs Supreme Court Decision. Intended to protect access to and privacy of reproductive health care.
- The rule prohibits a regulated entity from using or disclosing an individual's PHI for for the purpose of initiating an investigation or proceeding against the individual, a health care provider, or other person in connection with reproductive health care.
- Requires entities to obtain an attestation for the disclosure of PHI to non-covered entities for any of the following purposes: 1) Health oversight activities, (2) Judicial/administrative proceedings, (3) Law enforcement purposes, or (4) Disclosures to coroners and medical examiners

Proposed HIPAA Security Rule

- This proposed rule was issued by HHS on December 27, 2024, and makes many changes to strengthen cybersecurity protections for PHI.
 - Requires the development and revision of a technology asset inventory and a network map that illustrates the movement of ePHI throughout the regulated entity's electronic information system,
 - Requires greater specificity for conducting a risk analysis,
 - Strengthen requirements for planning for contingencies and responding to security incidents,
 - Requires annual compliance audits and annual verification of technical safeguards,
 - Requires encryption of ePHI at rest and in transit, and more.
- HHS accepting comments on this rule until March 7, 2025.

Change in Federal Administration

- Trump Administration set to return to office on January 20, 2025
 - Ronald F. Kennedy Jr. selected* to lead Health and Human Services
 - Dr. Mehmet Oz selected* to lead Centers for Medicare & Medicaid Services
 - Drew Snyder* to lead Center for Medicaid and CHIP Services
- It's largely uncertain what changes may come to Medicaid. Key topics we are closely monitoring include:
 - Potential new Waiver priorities such as Medicaid work requirements
 - Potential changes to 2024 CMS final rules (Access Rule, Staffing Rule)
 - Potential changes to Medicaid Financing

*Pending Senate Confirmation/ Appointment

Legislative Update

Kyle Sawyer

Assistant Director, Public Policy and Strategic
Planning



2025 Legislative Session Timeline

Mon. January 13th– 2024 Legislative Session begins

Thurs. January 16th– House Member 7 Bill Limit

Fri. January 17th- Executive Budget Proposal released.

- AHCCCS-specific agency details: [FY2026 Executive Budget](#)
- [FY2026 Executive Budget Presentation](#)
- [FY 2026 Executive Budget Summary.pdf](#)

Mon. February 3rd– Last day for Senate members to introduce bills

Mon. February 10th– Last day for House members to introduce bills

Fri. February 21st– Last day for House consideration of House Bills/Senate consideration of Senate bills

Mon. February 24th– Crossover week

Fri. March 28th– Last day for House consideration of Senate Bills/Senate consideration of House bills

April - June- Budget discussions and proposals



Legislative Forecast

AHCCCS Agency Bills/Initiatives: 2025

- Director Confirmation
- Traditional Healing Bill (being led by Arizona Advisory Council on Indian Health Care)



Unauthorized Plan Switch

Alisa Randall, AHCCCS Assistant Deputy Director,
Clinical and MCO Operations



ACA Marketplace Unauthorized Plan Switch (UPS)

- There is increasing awareness of the practice by some agents and brokers of switching consumer's health coverage to a Marketplace Plan without the consumer's awareness.
- This is a nationwide issue which is much larger than Medicaid.
- CMS/HHS have taken forceful actions against agents and brokers who have engaged in UPS.
 - July 2024-CMS changed Marketplace to limit agent/broker access to unaffiliated consumers.
 - January 2025-CMS issued new rules to enhance enforcement authority.

Unauthorized Plan Switch

- Enrollment in a Marketplace Plan doesn't disqualify an AHCCCS Member. It will require AHCCCS to coordinate benefits with the Marketplace plan as AHCCCS is the payor of last resort.
- There is unlikely any benefit for an AHCCCS Member to also have Marketplace coverage. A Medicaid member cannot receive the Advanced Premium Tax Credit.
- Unauthorized enrollment of Medicaid members into a Marketplace plan can cause confusion, issues in accessing care, delays in receiving medical services.

Unauthorized Plan Switch

- Member Education—Members should beware of:
 - Offers of cash, gifts, or other perks to enroll in Marketplace or “Obamacare”
 - Unsolicited requests for personal info
 - Threats of legal action if you do not sign up for a plan
 - Sham websites with any of the above
- Consumers who believe they may have been the victim of unauthorized FFM agent or broker activity should call the Marketplace Call Center at 1.800.318.2596 (TTY: 1.855.889.4325) to resolve any coverage issues promptly.



Resources

- CMS Guide for Members (English/Spanish): <https://www.cms.gov/files/document/agent-broker-infographic-2024-final.pdf>
- CMS Website: <https://www.cms.gov/newsroom/press-releases/cms-update-actions-prevent-unauthorized-agent-and-broker-marketplace-activity>
- HHS Website: <https://oig.hhs.gov/fraud/consumer-alerts/consumer-fraud-health-insurance-marketplace/>
- Health Insurance Marketplace: www.Healthcare.gov

! Alert: Unauthorized Agent and Broker Activity on ACA Marketplace

The Health Insurance Marketplace is seeing an increase in suspicious activity by some agents and brokers selling Marketplace coverage. This may include signing you up for coverage without your knowledge or switching you out of a plan you already have and into a new one.



What you need to know to protect yourself

- Agents and brokers **must get your permission** when signing you up or making changes to your insurance plan.
- Health Insurance ads on social media or elsewhere that offer you cash, gifts, or other perks, could be a scam. Don't give out personal information that might be used without your consent.
- Use trusted, official sources to find legitimate help comparing and enrolling in Marketplace insurance. Go to "find local help" on HealthCare.gov or call the **Marketplace Call Center at 1-800-318-2596** to find help in your area.



What to do if you suspect changes were made on your account

- You may discover a potential problem with your coverage when you get mail or a call, or visit the doctor and try to use your insurance.
- If you believe you were enrolled in or switched to a plan without your knowledge, call the **Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325)** so our official Marketplace representatives can resolve any coverage issues. Wait times are low and a representative will be able to help answer your questions.



How the Marketplace can help

If the Marketplace representatives determine you have been enrolled or had your plan switched without your knowledge, our representatives can work with your insurer and the Internal Revenue Service (IRS) to:

- Make sure the unauthorized plan is cancelled
- Make sure you're reenrolled in a plan that you choose
- Have inaccurate costs repaid to you
- Get corrected tax forms

Health Insurance Marketplace

This product was produced at U.S. taxpayer expense.
Health Insurance Marketplace® is a registered service mark of the U.S. Department of Health & Human Services.

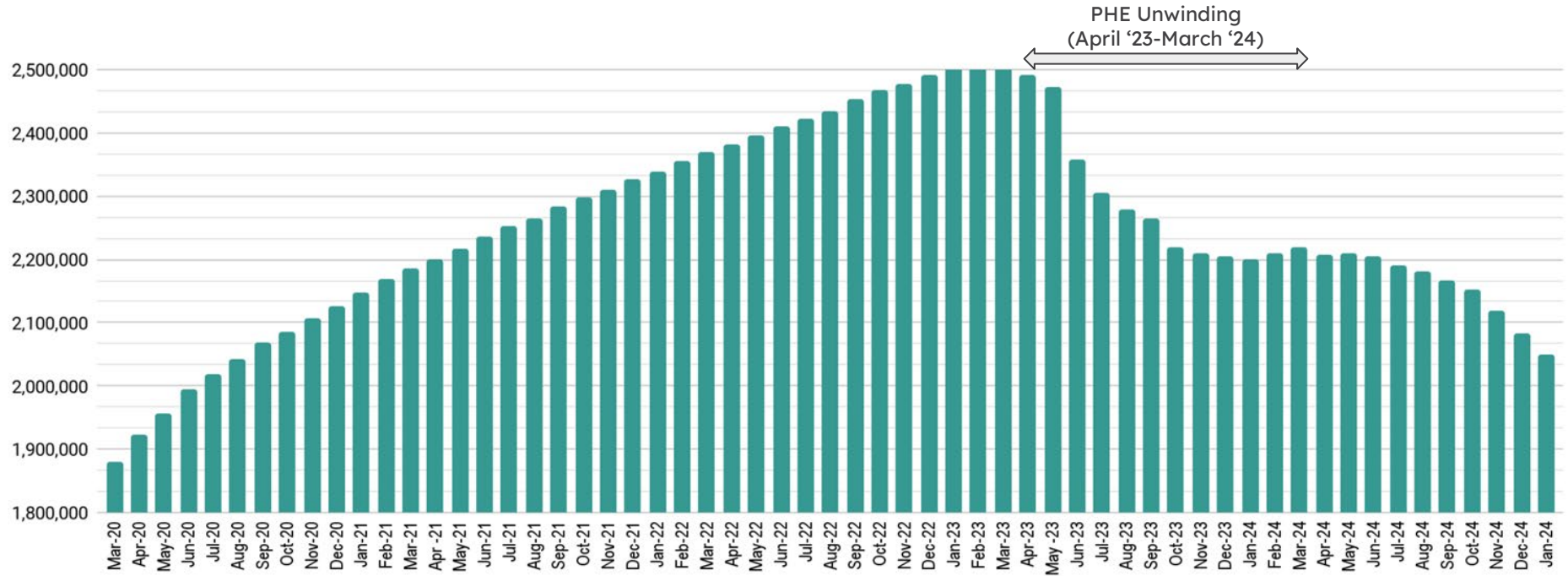


Enrollment Updates

Patty Dennis, DMPS Assistant Director



AHCCCS Population: March 2020 - January 2025



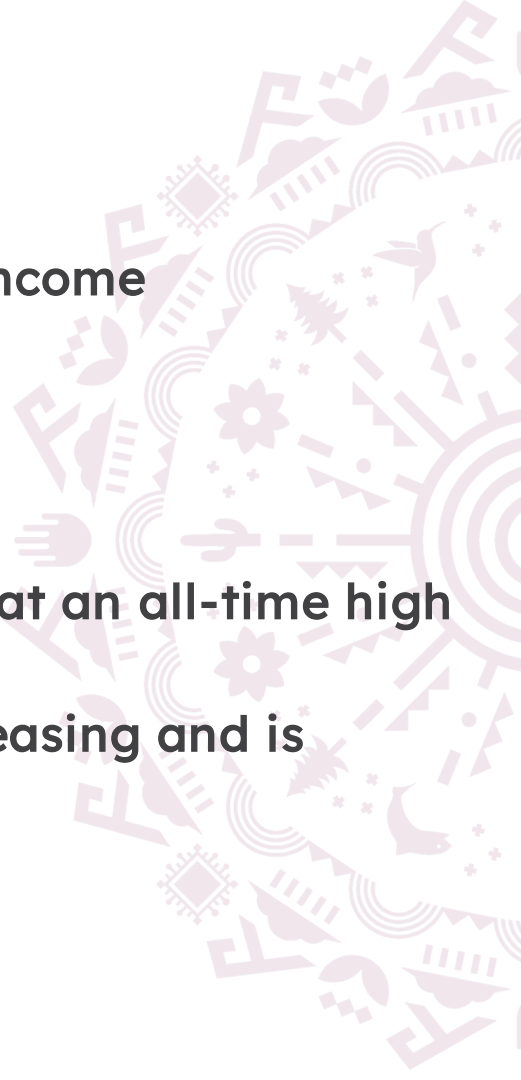
Likely Rationale for Enrollment Trends

AHCCCS' overall enrollment is decreasing, while certain populations (e.g., Prop 204 Childless Adults) remain significantly above pre-pandemic levels. This is likely due to multiple factors:

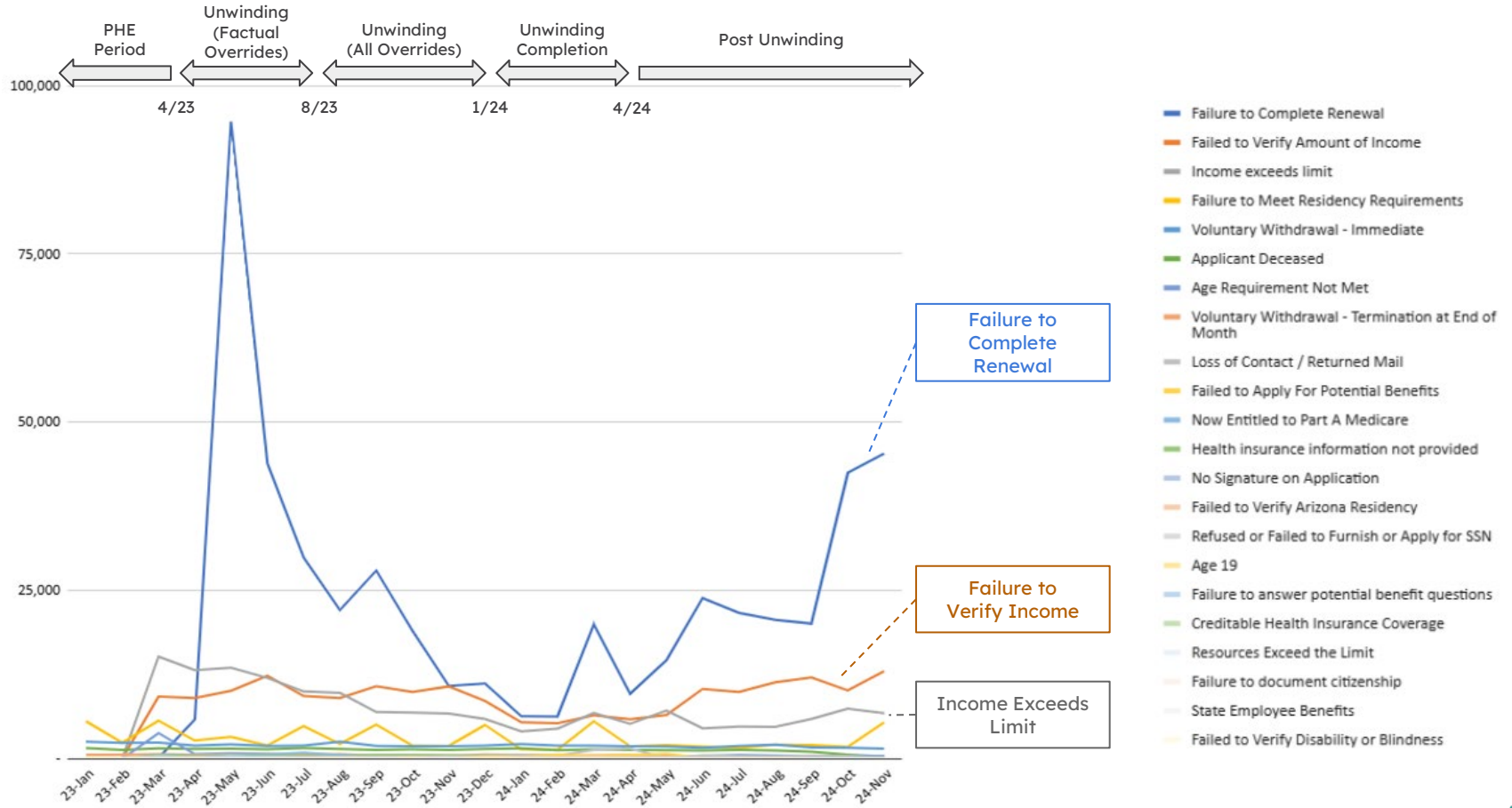
- **Increased Awareness of Medicaid** - The Public Health Emergency and enhanced outreach by AHCCCS and stakeholders led to an all-time high in enrollment and improved methods to engage members.
- **Tight Labor Market/Low Unemployment** - Unemployment is lower today than it was prior to the pandemic, leading to more Arizonans being over income for Medicaid. A tight labor market also affords more employment options for members to stay within Medicaid income limits, should they choose to do so.

Supportive Evidence of Rationale:

- Top 3 reasons for discontinuances are based on income
- AHCCCS referrals to the Marketplace trending up.
 - See [AHCCCS Eligibility Dashboard](#)
- Marketplace enrollment (Nationally and in AZ) is at an all-time high
- KidsCare Expansion group (200-225% FPL) is increasing and is nearly twice as large as originally anticipated



Reasons for AHCCCS Member Discontinuances



Contract and Policy Update

Sandi Borys
DMCO Contract and Policy Administrator



CONTRACT TIMELINE

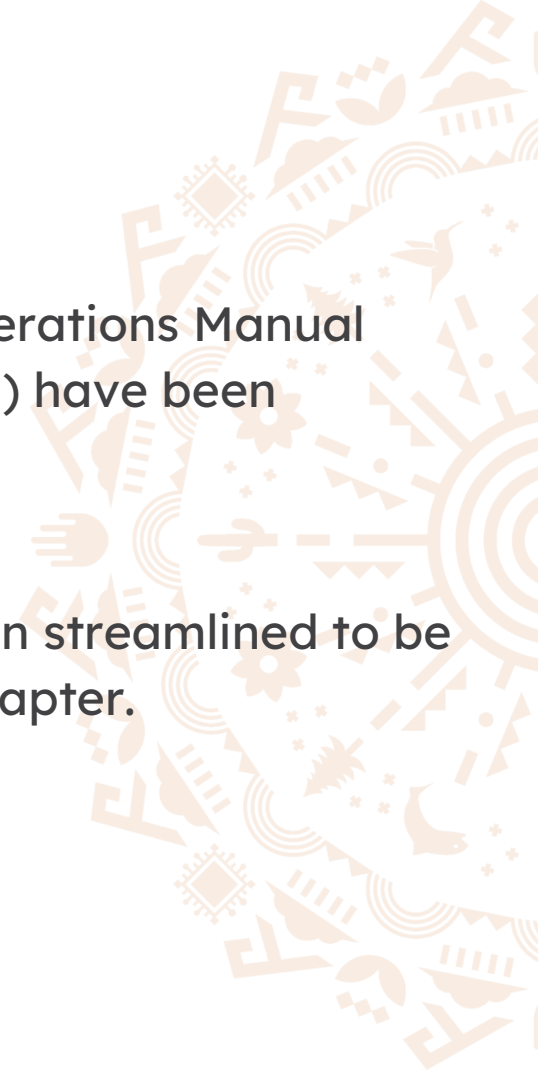
Centers for Medicare and Medicaid Services (CMS) has added new requirements starting 7/1/2025 they now want to receive fully executed base contract(s) or contract amendment(s), which means we need all contracts signed and dated by all parties to allow submission by August 15.

CONTRACT TIMELINE										
CONTRACTS OPEN	LOCK DOWN	Draft to MCOs	Comments Due FM MCOs	AHCCCS Responses Due	FINAL LOCK DOWN	Section B	Final Sent to MCOs	Signature pages due	Executed Contracts to	Contract Renewal
1/24/2025	5/16/2025	6/6/2025	6/27/2025	7/11/2025	7/18/2025	7/25/2025	7/29/2025	8/13/2025	8/15/2025	10/1/2025
										

POLICY UPDATES

The landing pages for both our AHCCCS Contractor Operations Manual (ACOM) and the AHCCCS Medical Policy Manual (AMPM) have been updated.


Some of the Chapter titles found in the AMPM have been streamlined to be more inclusive of the various policies included in the Chapter.



PUBLIC COMMENT OPPORTUNITIES

Exciting changes for Stakeholders surrounding
Public Comment Opportunities

▲ Public Comment Opportunity

Stakeholders, tribal members, and the general public are invited to provide feedback on policies [Currently Open](#)  and under review. Additionally, AHCCCS welcomes general comments on all policies with in the AHCCCS Contractor Operations Manual (ACOM) and the AHCCCS Medical Policy Manual (AMPM).

Your input is valued and appreciated, as it helps shape and improve these policies.

PUBLIC COMMENT FOR OPEN POLICIES

- Stakeholders will now be able to see and provide feedback on all policies that are currently open for revisions.
- Drop-down arrow within Type button
- Choose your option
- Apply Filter
- Complete list of policies you selected

AHCCCS Public Comment For AHCCCS Contractor Operations Manual (ACOM) And AHCCCS Medical Policy Manual (AMP) Policies

Type: Policies Currently Open Apply Filter

All Policies Currently Open Policies Posted for Public Comment

32 Results

General Policy Comments Comment Now

Type: Policies Currently Open County: Statewide Status: Open for Comment Division: AHCCCS Due: Jan 18, 2025 12:00 AM (US/Arizona)

ACOM POLICY 404 - CONTRACTOR WEBSITE AND MEMBER INFORMATION Comment Now

Type: Policies Currently Open County: Statewide Status: Open for Comment Division: AHCCCS Due: Jan 02, 2026 12:00 AM (US/Arizona)

ACOM POLICY 406 - MEMBER HANDBOOK AND PROVIDER DIRECTORY Comment Now

PUBLIC COMMENT OPPORTUNITIES

- The current link in red
- A brief overview of what can be found in the Policy
- The original reason that the policy has been opened.

Public Comment Form

1 Comment 2 Review 3 Your Copy

ACOM POLICY 404 - CONTRACTOR WEBSITE AND MEMBER INFORMATION

Click on the link: [ACOM POLICY 404 - CONTRACTOR WEBSITE AND MEMBER INFORMATION](#)

Purpose: Requirements for oral and written communication disseminated to the Contractor's enrolled members and content of the Contractor's website.

Opening Reason: Alignment with annual Contract requirements for Contractor website and member information.

Contact Information

*Indicates Required Fields

Submitted by *

Please Select

First Name *

Enter First Name

Last Name *

Enter Last Name

Address

Enter Address

City

Enter City or Town

State

Alaska

ZIP

Enter ZIP

Email (required)

Enter Email

Phone

Your Comment

Insert comments on ACOM POLICY 404 - CONTRACTOR WEBSITE AND MEMBER INFORMATION

Upload a File

Public Comment Form

1 Comment 2 Review 3 Your Copy

ACOM POLICY 404 - CONTRACTOR WEBSITE AND MEMBER INFORMATION

Click on the link: [ACOM POLICY 404 - CONTRACTOR WEBSITE AND MEMBER INFORMATION](#)

Purpose: Requirements for oral and written communication disseminated to the Contractor's enrolled members and content of the Contractor's website.

Opening Reason: Alignment with annual Contract requirements for Contractor website and member information.

- ❖ Stakeholders will be able to review the version of the policy currently posted on the AHCCCS website
- ❖ Review the purpose of the policy.
- ❖ Review the original reason the policy is currently open.

PUBLIC COMMENT OPPORTUNITIES

Stakeholders will also have the opportunity to provide feedback on any policy found in the ACOM and AMPM by utilizing the General Policy Comments.



AHCCCS Public Comment For AHCCCS Contractor Operations Manual (ACOM) And AHCCCS Medical Policy Manual (AMPM) Policies

Type: Policies Currently

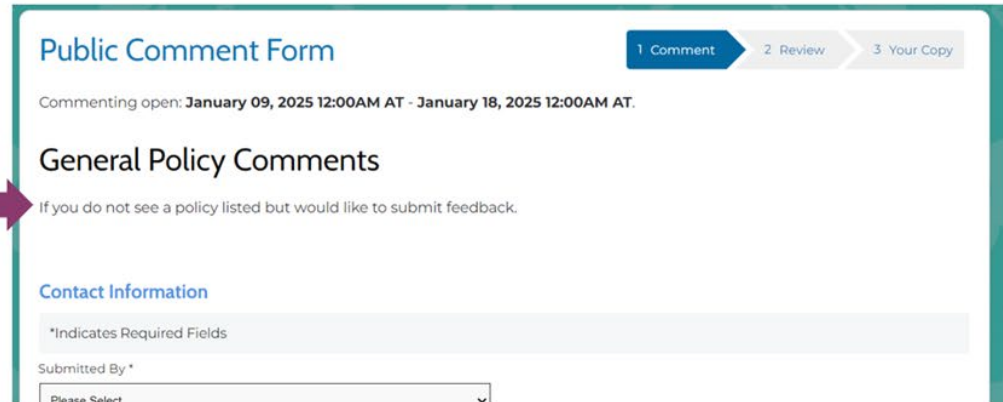
32 Results

General Policy Comments

Type: Policies Currently Open County: Statewide Status: Open for Comment Division: AHCCCS

Due: Jan 18, 2025 12:00 AM (US/Arizona)

A purple arrow points from the 'General Policy Comments' link to the right-hand form.



Public Comment Form

1 Comment 2 Review 3 Your Copy

Commenting open: January 09, 2025 12:00AM AT - January 18, 2025 12:00AM AT.

General Policy Comments

If you do not see a policy listed but would like to submit feedback.

Contact Information

*Indicates Required Fields

Submitted By *

Please Select

PUBLIC COMMENT FOR POLICIES POSTED FOR PUBLIC COMMENT

- Drop-down arrow within Type button
- Choose your option
- Apply Filter
- Complete list of policies you selected

The screenshot shows the AHCCCS Public Comment interface. At the top, the title is "AHCCCS Public Comment For AHCCCS Contractor Operations Manual (ACOM) And AHCCCS Medical Policy Manual (AMP) Policies". Below the title, there is a "Type:" section with a drop-down menu currently showing "Policies Posted for Public Comment". To the right of the drop-down is an "Apply Filter" button. A purple arrow points to the drop-down arrow, another points to the "Apply Filter" button, and a third points to the selected option in the menu. Below this, a blue bar indicates "2 Results". The first result is "AMP POLICY 570 - PROVIDER CASE MANAGEMENT". It has a "Review Documents" button and a "Comment Now" button. Below the title, it shows "Type: Policies Posted for Public Comment", "County: Statewide", "Status: Open for Comment", and "Division: AHCCCS". The due date is "Due: Jan 19, 2025 05:00 PM (US/Arizona)". The second result is "ACOM POLICY 325 - TARGETED INVESTMENTS 2.0 PROGRAM". It also has a "Review Documents" button and a "Comment Now" button. Below the title, it shows "Type: Policies Posted for Public Comment", "County: Statewide", "Status: Open for Comment", and "Division: AHCCCS". The due date is "Due: Feb 23, 2025 05:00 PM (US/Arizona)". A purple arrow points to the "AMP POLICY 570 - PROVIDER CASE MANAGEMENT" title.

AHCCCS Public Comment For AHCCCS Contractor Operations Manual (ACOM) And AHCCCS Medical Policy Manual (AMP) Policies

Type: Policies Posted for Public Comment Apply Filter

All Policies Currently Open Policies Posted for Public Comment

2 Results

AMP POLICY 570 - PROVIDER CASE MANAGEMENT Review Documents Comment Now

Type: Policies Posted for Public Comment County: Statewide Status: Open for Comment Division: AHCCCS

Due: Jan 19, 2025 05:00 PM (US/Arizona)

ACOM POLICY 325 - TARGETED INVESTMENTS 2.0 PROGRAM Review Documents Comment Now

Type: Policies Posted for Public Comment County: Statewide Status: Open for Comment Division: AHCCCS

Due: Feb 23, 2025 05:00 PM (US/Arizona)

PUBLIC COMMENT FOR POLICIES POSTED FOR PUBLIC COMMENT

- Stakeholders will continue to be able to see and provide feedback on all policies currently open for Public Comment
- Timeframe that the Policy is open for comments
- The Purpose of the Policy
- The Reason the policy was open

Public Comment Form

Commenting open: December 05, 2024 08:00AM AT - January 19, 2025 05:00PM AT

AMPM POLICY 570 - PROVIDER CASE MANAGEMENT

Purpose: Establish requirements for provider case management for behavioral health providers.
Opening Reason: Clarify Contractor caseload ratio expectations including monitoring and overseeing caseload ratios of providers in alignment with Contract reporting requirements.

Contact Information

*Indicates required fields

Submitted by *

Please Select

First Name *

Enter First Name

Last Name *

Enter Last Name

Address

City

Enter Address

Enter City or Town

State

ZIP

Phone

Enter ZIP

Enter Phone

Enter Email

Enter Email

Your Comment

Please review the following policy and/or attachment(s) open for public comment. All comments are reviewed, however AHCCCS will not be providing responses. Refer to the revision memo for a description of changes when policies are published to our AHCCCS website.

Insert comments on AMPM POLICY 570 - PROVIDER CASE MANAGEMENT

Upload a File

Public Comment Form

1 Comment 2 Review 3 Your Copy

Commenting open: December 05, 2024 08:00AM AT - January 19, 2025 05:00PM AT.

AMPM POLICY 570 - PROVIDER CASE MANAGEMENT

Purpose: Establish requirements for provider case management for behavioral health providers.
Opening Reason: Clarify Contractor caseload ratio expectations including monitoring and overseeing caseload ratios of providers in alignment with Contract reporting requirements.

PUBLIC COMMENT FOR POLICIES POSTED FOR PUBLIC COMMENT

Toward the bottom of the Public Comment Form you will be able to Review all documents related to that policy.

Your Comment

Please review the following policy and/or attachment(s) open for public comment. All comments are reviewed, however AHCCCS will not be providing responses. Refer to the revision memo for a description of changes when policies are published to our AHCCCS website.

Insert comments on AMPM POLICY 570 - PROVIDER CASE MANAGEMENT

Upload a File

Uploading a file is optional

You may attach up to five 20 MB files to accompany your submission. Allowed formats are pdf, jpg, jpeg, png, txt, gif, doc, docx, xls, xlsx. If you experience technical difficulties submitting your comment please contact the person listed at the bottom of this page.

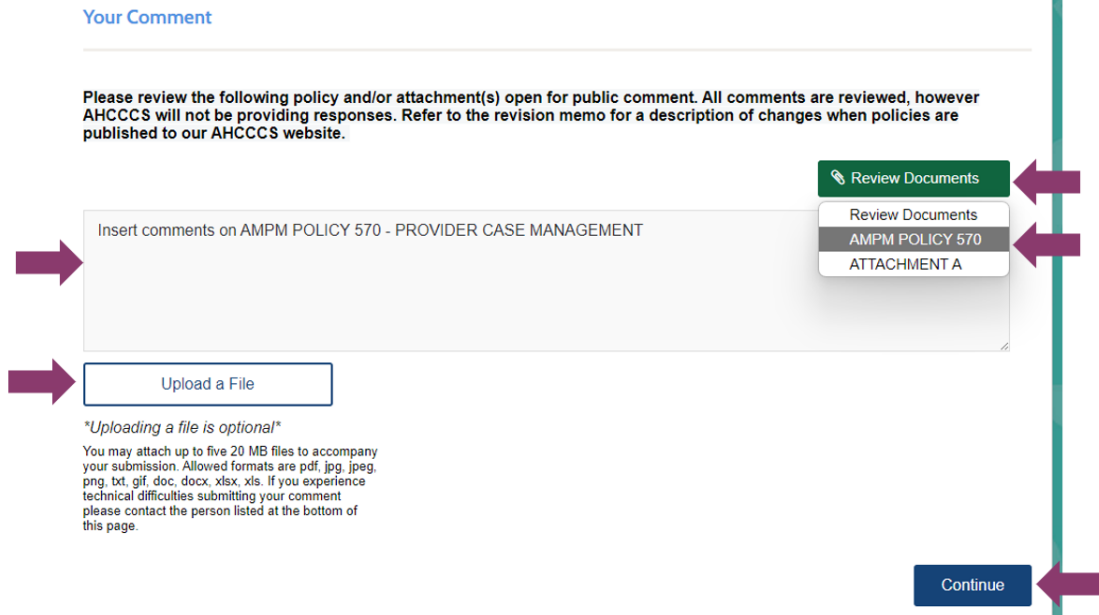
Review Documents

Review Documents

AMPM POLICY 570

ATTACHMENT A

Continue



PUBLIC COMMENT FOR POLICIES POSTED FOR PUBLIC COMMENT

570 – PROVIDER CASE MANAGEMENT

EFFECTIVE DATES: 10/01/21, 10/01/22, 02/12/24, UPON PUBLISHING¹

APPROVAL DATES: 07/13/21, 04/21/22, 08/17/23, 11/27/24²

I. PURPOSE

This Policy applies to ACC, ACC-RBHA, DCS CHP (CHP), and DES DDD (DDD) Contractors; and Fee-For-Service (FFS) Programs including: the American Indian Health Program (AIHP), DES DDD Tribal Health Program (DDD THP)³, TRBHA; and all FFS providers, excluding Federal Emergency Services Program (FES). (For FES, refer to AMPM Chapter 1100). This Policy establishes requirements for provider case management for behavioral health providers.

For FFS members, case management may be provided by a TRBHA case manager or through a behavioral health provider, as applicable. If case management is being provided by a behavioral health facility, case managers shall work with the TRBHAs on care coordination. Refer to the TRBHA Intergovernmental Agreement (IGA) for care management/care coordination requirements.⁴

For members who are enrolled with an ALTCS E/PD Contractor, members, all case management is provided by the Contractor, and A all activities and services outlined in this Policy are the responsibility of the ALTCS E/PD Contractor.⁵

For Tribal ALTCS members, case management is provided by the tribal case manager as specified in AMPM Chapter 1600.

Provider case management is not a reimbursable service for ALTCS E/PD or Tribal ALTCS.

Any violation of this Policy may result in administrative action, including but not limited to, sanctions as specified in ACOM Policy 408.

¹ Date Policy is effective

² Date Policy is approved

³ Updated for programmatic changes reflecting AHCCCS/DFSM manages responsibilities for Prior Authorization (PA) and claims processing for acute physical, behavioral health, CRS services, and THP members with a Serious Mental Illness (SMI) designation.

⁴ Paragraph moved from below

⁵ Sentence added to reflect current contract expectations

⁶ Added to include administrative actions

- ❖ Revisions are done in track changes either providing what is being add or stricken. At the end of the revised language will indicate a footnote.
- ❖ The footnote is the reason for the revision.

CONSTANT CONTACT NOTIFICATION

The Constant Contact Notifications are also changing. Stakeholders that have signed up for Policy Notifications will now see a more information surrounding policies that are either posted for Public Comment or Published to the website. For policies posted for Public Comment...

Greetings!

The following AHCCCS Policies and related materials have been revised and are open for Public Comment. The general public may review and submit comments regarding changes that are being presented.

The comment deadline is listed for each policy. The instructions for reviewing and providing comments can be found following this [link](#). Please visit our AHCCCS Contractor Operations Manual and AHCCCS Medical Policy Manual web pages for more information.

➡ [\(Policies Open for Public Comment\)](#)

➡ Public comment deadline February 23, 2025

- ➡ • ACOM POLICY 325 - TARGETED INVESTMENTS 2.0 PROGRAM - Policy was opened to align with 42 CFR 438.6(c) to clarify payments of Targeted Investments and Contractor requirements.

Resource links:

[AHCCCS Contractor Operations Manual](#)

[AHCCCS Medical Policy Manual](#)

[Sign up to receive our ACOM/AMPM Policy notifications](#)

CONSTANT CONTACT NOTIFICATIONS

For Policies that are being Published to the website.

Updates to the [AHCCCS Medical Policy Manual \(AMPM\)](#) are now available on the [AHCCCS website](#).



AMPM POLICY 320-V – BEHAVIORAL HEALTH RESIDENTIAL FACILITIES

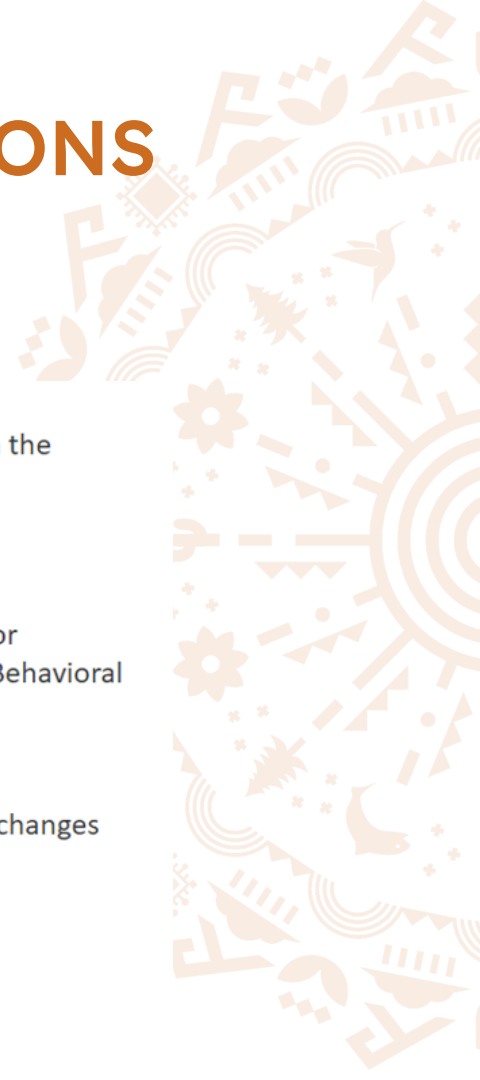


AMPM Policy 320-V was revised to clarify prior authorization requirements for medically necessary behavioral health services that are not provided by the Behavioral Health Residential Facility (BHRF), including strengthening expectations for documentation, admission assessment, and treatment planning.

Please reference the January 14, 2025, Revision Memo for a complete list of changes at the following link:



AMPM Revision Memo
[January 14, 2025](#)



Operational Review Update

Christina Quast
DMCO Assistant Director



Operational Review Process

- HSAG to conduct Operational Reviews (ORs) on behalf of AHCCCS starting 2025.
- The ORs will focus on compliance with the federal Medicaid managed care and CHIP regulations and related State contract requirements.
- Areas of review include the following:

Disenrollment: Requirements and Limitations	Coordination and Continuity of Care	Sub Contractual Relationships and Delegation
Member Rights and Member Information	Coverage and Authorization of Services	Practice Guidelines
Emergency and Poststabilization Services	Provider Selection	Health Information Systems
Availability of Services	Confidentiality	Quality Assessment and Performance Improvement Program
Assurances of Adequate Capacity of Services	Grievance and Appeal Systems	Program Integrity

Operational Review Process (cont.)

- HSAG's new process and OR Tool(s) will not include all components of AHCCCS' prior OR Tools
- HSAG's staff would not have the ability to appropriately assess all components previously included in AHCCCS' OR Tools (e.g. Grants, OIFA)
- AHCCCS staff is currently reviewing past OR Tools to determine a process for items that will not be included in HSAG's OR Tool(s)
 - This review includes an evaluation of other information received by AHCCCS through deliverables outlined in Contracts
- AHCCCS will continue to provide updates to MCOs



Thank you