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
  o Helicopter and equine transport were added to the non-emergency transportation (NEMT) benefit
  o 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
  o 10/1/20 transition
• Implement an enhanced school based claiming program
  o 10/1/20 go live
• Development of MMIS system roadmap
  o Finalize in fall 2021
• Continue to explore opportunities to improve employee engagement
  o Ongoing
SFY 2021 Budget

• Appropriations hearings scheduled for 1/28 & 1/29

• Executive Recommendation
  o $195M additional GF funding
  o $6M ongoing funding for the Substance Use Disorder Fund
  o Shift of GME funding - $3M to FY21, $6M to FY22 and $9M to FY23
  o $78k for a consultant to create an MMIS replacement roadmap
  o $3M for ongoing operating costs for 3 federally required IT systems (AVS, EVV, APEP)
• Executive Recommendation, cont.
  o $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