AHCCCS Update Meeting

January 27, 2021
Public Health Emergency (PHE)

- HHS letter to Governors on 1/22/21
- PHE will likely remain in place for the entirety of 2021
- When a decision is made to terminate the declaration or let it expire, HHS will provide 60 days’ notice

**NAMD Statement**

*Providing states assurance that the PHE will extend through 2021 removes a significant source of uncertainty which materially impacts state budgeting and planning for Medicaid programs and state budgets writ large. It also ensures states and Medicaid providers can continue employing important flexibilities in the program, such as rapidly enrolling new providers to administer COVID-19 vaccines and providing behavioral health services remotely via audio/video technology or over the phone. With these tools, states can continue ensuring that Medicaid members are able to access care, providers remain viable and services are as robust as possible.*
State Fiscal Year 2022 Budget Executive Recommendation

- $131M additional GF funding
- $6M in funding for the Substance Use Disorder Fund (transfer from Prescription Drug Rebate Fund)
- Funding for federally mandated information technology initiatives
  - $250k - vendor support to comply with Interoperability Rule
  - $78k - consultant to create an MMIS replacement roadmap
  - $3M - ongoing operating costs for Asset Verification system, Electronic Visit Verification system, AHCCCS Provider Enrollment Portal
- 4.2% cap rate growth
- Expected reversion of $141M due to FMAP savings
# State Fiscal Year 2022 Budget Executive Recommendation

## Caseload Growth

<table>
<thead>
<tr>
<th>Program</th>
<th>FY21 Percentage</th>
<th>FY22 Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traditional</td>
<td>5.6%</td>
<td>(5.1%)</td>
</tr>
<tr>
<td>Prop 204</td>
<td>9.5%</td>
<td>(4.0%)</td>
</tr>
<tr>
<td>ACA NEA</td>
<td>42.2%</td>
<td>(24.4%)</td>
</tr>
<tr>
<td>ALTCS - EPD</td>
<td>(5.0%)</td>
<td>3.4%</td>
</tr>
<tr>
<td>KidsCare</td>
<td>20.2%</td>
<td>4.5%</td>
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</tbody>
</table>
Legislative Session

• Session began on 1/11/21
  – Governor Ducey delivered State of the State remotely
  – Executive Budget published 1/15/21
• Covid-19 protocols in place including hybrid committees, limited access to committee rooms and House and Senate buildings, and mandatory masking
• Last day for Senate Bills to be introduced 2/1/21
• Last day for House Bills to be introduced 2/8/21
• 100th day of session 4/24/21
Legislative Forecast

• By this time last year, 1243 bills had been posted; this year is about 10% below that pace with 1155 bills posted

• Return of bills from last session that didn’t go to a vote due to the COVID-19 pandemic; some non controversial returning bills are being fast tracked through both chambers
  o Pregnant dental, chiropractic, newborn screening, maternal mental health committee

• Telehealth

• Expanding housing for individuals living with a serious mental illness

• State of emergency-related bills may affect some of AHCCCS’ COVID flexibilities
Opioid Treatment Programs

- ARS §36-2907.14 requires all Opioid Treatment Programs (OTPs) receiving Medicaid funding submit reports, documenting that they have a: 1) security plan; 2) neighborhood engagement plan; 3) comprehensive patient care plan; 4) community relations and education plan; and, 5) diversion control plan
- Each of the 45 OTPs submitted the required reports on or before 11/15/2020
- The submissions required no technical assistance from AHCCCS
- All submissions were approved and OTPs were notified on 12/23/2020
- Community Medical Services (CMS) 24/7 Access Point officially moved its 24/7 operations to its new location off of the I-17 and Cactus
2020 Year In Review - COVID-19 PHE Response

• Obtained permission to pursue more than 47 programmatic flexibilities from the Centers for Medicare and Medicaid Services. Key flexibilities implemented include:
  o Expanding the program’s telehealth benefit to allow for a broader range of services to be provided electronically
  o Expediting the provider enrollment process
  o Reimbursing parents for care offered to their minor children and allowing spouses offering paid care to be paid beyond the standard 40 hours per week limit
  o Reimbursing for services offered by hospitals and clinics owned or operated by the Indian Health Service, tribes or tribal organizations with a 638 agreement in Alternate Care Sites (ACS) during the public health emergency
2020 Year In Review - COVID-19 PHE Response

• Offered provider financial relief:
  o Made over $59 million in additional payments to nursing facilities, assisted living facilities, home and community based service providers and critical access hospitals
  o Advanced or accelerated more than $90 million in funding to hospitals, primary care providers, behavioral health outpatient providers, and justice clinic providers who participate in the agency’s Targeted Investments Program and hospitals participating in the graduate medical education program
2020 - Year in Review

• Successfully transitioned more than 60 percent of AHCCCS employees to a virtual work environment, allowing the agency to consolidate two main campus buildings into one
• Supported the work of the Governor’s Abuse and Neglect Prevention Task Force through the Oct. 1, 2020 implementation of minimum subcontract provisions aimed at preventing abuse, neglect, and exploitation
• Launched the AHCCCS Provider Enrollment Portal (AEP), allowing providers to enroll with AHCCCS electronically any time of day
• Implemented an Electronic Visit Verification system to verify member receipt of critical in-home services
• Improved the timely processing of Medicaid applications to 94 percent for non-ALTCS applications and to 91 percent for ALTCS applications
2020 - Year in Review

• **Increased influenza vaccine rates by 10 percent** to incentivize provider administration of the vaccine and partnered with health plans to offer managed care members a $10 gift card for receiving a flu shot
• Added **more than 3,000 members to American Indian Medical Homes**, improving care coordination for members served in IHS and 638 facilities
• Created a **Health Equity Committee** to examine and understand health disparities that exist within the program and to develop strategies to ensure health equity for all AHCCCS members
• Partnered with policy makers and hospitals to develop a new assessment, **increasing payments to eligible hospitals by $800 million annually**
• Increased rates by an estimated **$380 million for dental providers and practitioners**
• Secured more than **$37 million in grant funding** to address the opioid epidemic, expand the state’s suicide prevention work, and meet emergent needs related to the COVID-19 pandemic
On the Horizon

- Continued roll out of Electronic Visit Verification
- Implementation of integrated care product for children served by the foster care system on 4/1/21
- Transfer of HEAplus maintenance and operations to Accenture
- Implementation of closed-loop referral system
- Implementation of housing administrator contract
- Release of RFP and award of competitive contract expansion contracts
- Renewal of 1115 waiver on or before 10/1/21
Questions?