

AHCCCS Update



Reaching Across Arizona to Provide Comprehensive, Quality Health Care for Those in Need

Pursue and implement long term strategies that bend the cost curve while improving member health outcomes.

Reduce fragmentation driving towards an integrated sustainable healthcare system

Pursue continuous quality improvement

Maintain core organizational capacity, infrastructure and workforce planning that effectively serves AHCCCS operations

Pursue and implement long term strategies that bend the cost curve while improving member health outcomes.

Percent of health plan spend in alternative payment models

Percent of Medicaid-enrolled students receiving a BH service on campus

Number of enrollees housed through the Healthcare and Housing program

Notes

- Removed regulatory flexibilities objective
- Added objective related to housing for individuals experiencing chronic homelessness

Pursue continuous quality improvement.

Number of performance measures, among 5 identified measures, that meet or exceed the national median

Number of facilities achieving medical home status

Percent of opioids prescribed

Number of individuals who die by suicide annually

Notes

- Modified performance measure objective to target select measure set
- Added objective related to number of individuals who die by suicide

Reduce fragmentation driving towards an integrated sustainable healthcare system

Retention rate among Targeted Investment (TI) participants

Number of provider organizations participating in the HIE

Percent of pre-release inmates who receive a service within 3 months of release

Percent of CMDP enrollees accessing behavioral health services

Note

Removed objective related to enrollees served in a fully integrated health plan

Maintain core organizational capacity, infrastructure and workforce planning that effectively serves AHCCCS operations

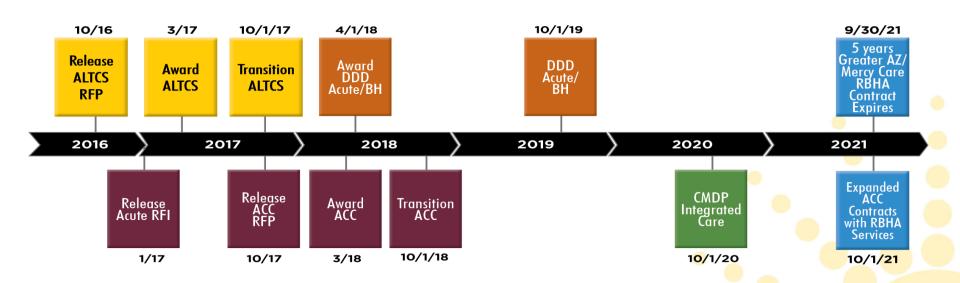
Employee engagement ratio

Number of staff that complete mental health awareness training

Notes

- Removed objective related to AHCCCS' security score
- > Added objective related to staff completion of mental health awareness training

Integration Timeline





DDD Integrated Care Implementation

- DDD Transition
 - Effective 10/1/2019 DDD will be responsible for the provision of integrated physical and behavioral health services.
 - DDD Subcontracted Health Plans will provide integrated physical health services, including CRS services, behavioral health services, and select LTC services
 - 2 statewide subcontracted plans- United and Mercy Care
 - DDD AIHP will provide integrated physical health, including CRS, and behavioral health services for members in DDD AIHP
 - As of the end of August, both United and Mercy Care had completed over 90% of the required readiness assessment items



CMDP Integrated Care Solicitation

- Effective 10/1/2020 CMDP will be responsible for the provision of integrated physical and behavioral health services to children in foster care
- CMDP is procuring a contract with an Administrative Service Organization (ASO)
- The ASO will support critical business operations, including:
 - Network development
 - Credentialing
 - Claims and encounter processing
 - Provider claim dispute process
- CMDP will retain clinical management of the program (prior authorization, utilization management, care management, care coordination, member services grievance & appeals system, QM/PI functions with participation from the ASO)



RBHA Model Post 10/1/21

- Released RFI in February 2019
- 21 respondents
- Currently conducting series of community forums
- Decision points under consideration
 - Choice of health plan, centralization of non-TXIX services, centralization of crisis services, single 211 number for crisis services, centralization of housing administration, etc.
- Will post next round of decision points by the end of September at the following link: https://www.azahcccs.gov/AHCCCS/Initiatives/CareCoordination/behavioralhealth.html



Integration At the Point of Service <u>Targeted Investments Program</u>

- Currently in Year 3
- Year 2 Incentive Payments made in May/June 2019: \$66.5 million
- Most Challenging Year 2 Milestone: SDOH community connections
- Year 3 Focus
 - Implementation of systems and protocols established in Year 2 such as:
 - Care manager responsibilities including use of high risk registry
 - Integrated care planning
 - Bi-directional HIE capability
- Years 4 & 5
 - Incentive funding tied to performance on identified metrics



CYE20 Differential Adjusted Payments

- Distinguish providers that take designated actions for improving care and/or reducing costs
- Positive adjustment to the AHCCCS Fee-For-Service (FFS) rates
- Federally approved and time-limited
- MCOs required to pass-through DAP increases
- Projected \$100 M in payments in CYE 20



CYE20 Differential Adjusted Payments

- Providers Include:
 - Hospitals (up to 4% rate increase 10/1/19)
 - Critical Access Hospitals (up to 28.5%)
 - Nursing Facilities (up to 2%)
 - Integrated Clinics (10%)
 - Behavioral Health Outpatient Clinics (includes clinics in a difficult to access location that cannot be accessed by ground transportation due to the nature and extent of surrounding Grand Canyon terrain; up to 7%)
 - Physicians, PAs, RNs, Dentists (1%)
 - HCBS Providers (1%)
- Link to final public notice:

https://www.azahcccs.gov/AHCCCS/Downloads/PublicNotices/rates/FinalNoticeOfPublicInformationDifferentialAdjustedPaymentsEffectiveOctober 1 2019-September 30 2020 DatesOfService.pdf



Opioid Treatment Program Reporting (SB 1535)

- Currently working with policymakers and community stakeholders to develop a community engagement reporting protocol for OTPs
 - o OTPs required to submit 5 plans: Security Plan, Neighborhood Engagement Plan, Comprehensive Patient Care Plan, Community Relations and Education Plan, Diversion Control Plan
 - New OTPs will be required to obtain AHCCCS approval for each plan prior to provision of Medicaid reimbursable services
 - Existing OTPs will be required to submit mandated plans by 11/15/19 and annually thereafter
 - AHCCCS will post submissions on its website will provide opportunity for public comment
- Legislation mandates the establishment of an Opioid Use Disorder Review Council (report due December 15th of each year)
- Legislation mandates the establishment of standards for Centers of Excellence (24/7 Access Points)
- Agency report due on or before January 15th of each year

