



AHCCCS COMPLETE CARE

# AHCCCS Complete Care

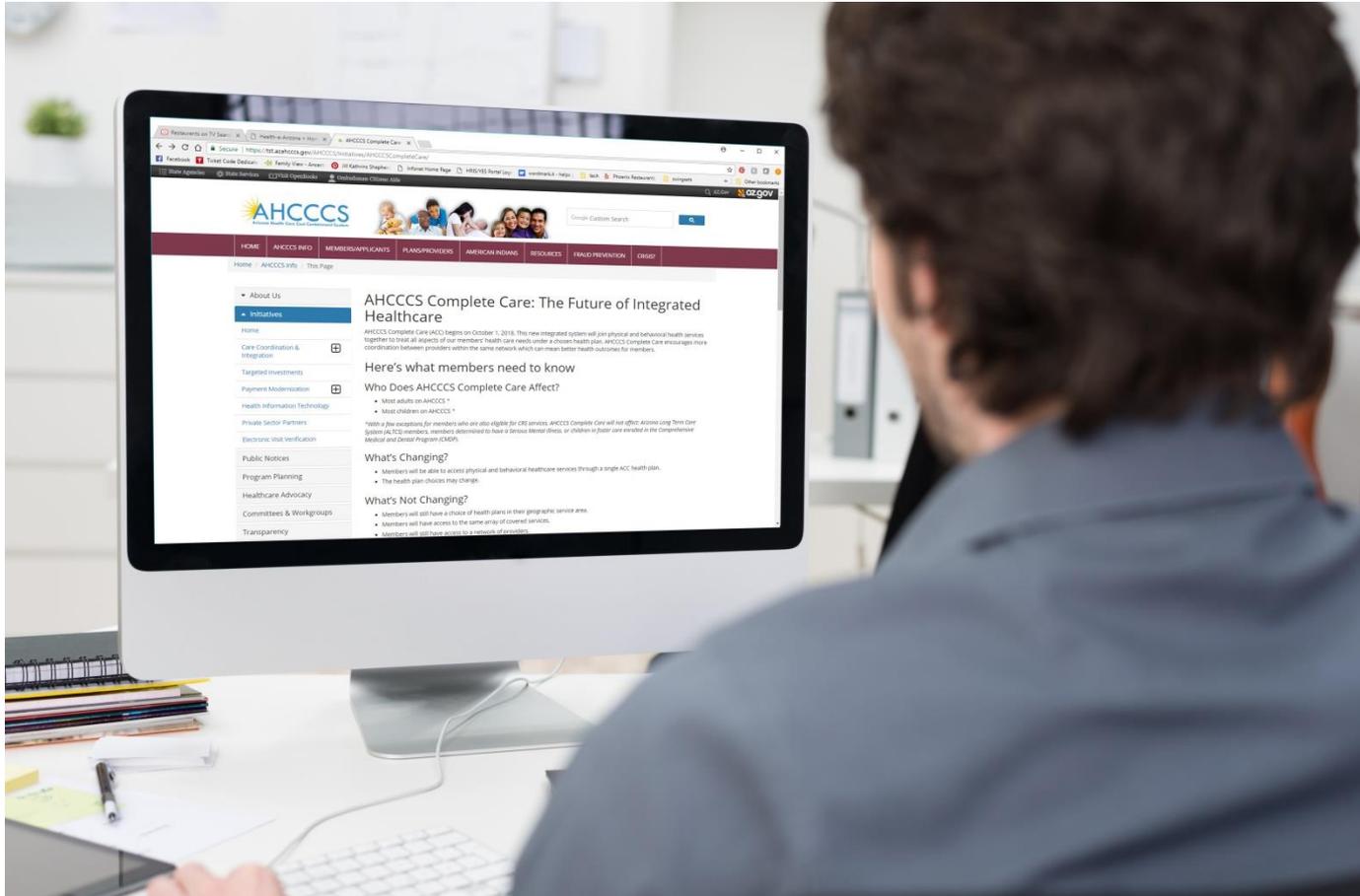
Coming October 1, 2018

# Today's Presentation

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- AHCCCS Complete Care
  - What is AHCCCS Complete Care?
  - Who is affected?
  - When is it effective?
- New ACC Health Plans
  - Who are the new and exiting ACC Health Plans?

This presentation and more is available at:  
[www.azahcccs.gov/ACC](http://www.azahcccs.gov/ACC)





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- AHCCCS Complete Care
- Care Coordination & Integration +
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- 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.

when?

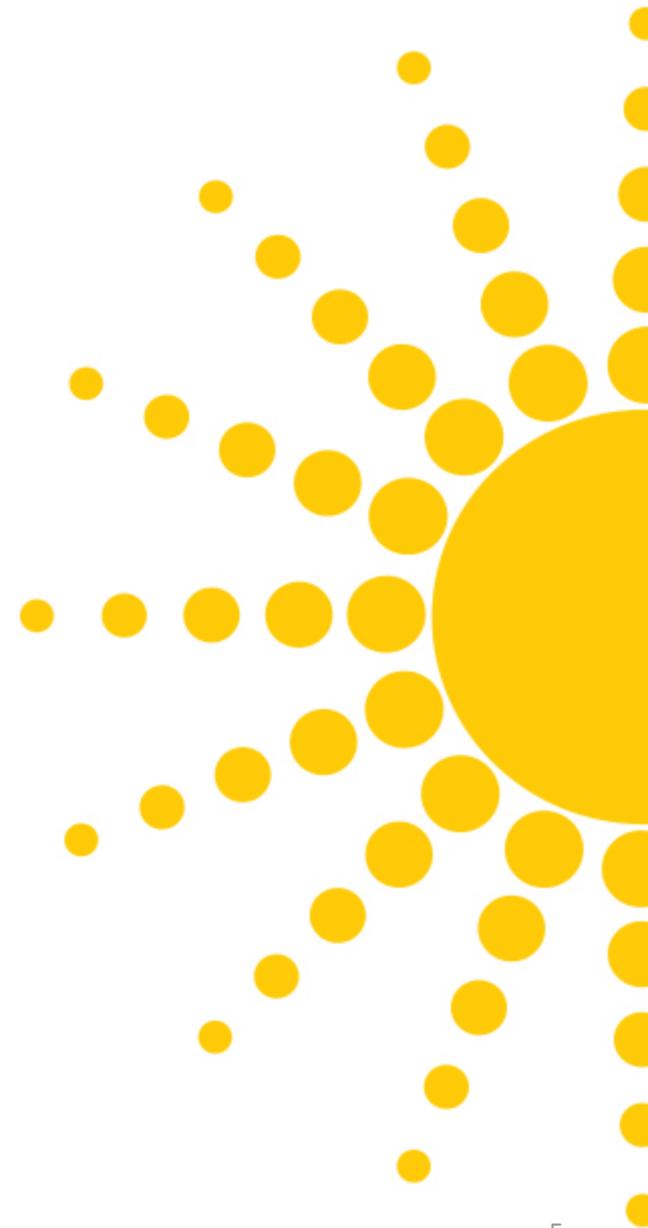
who?

what?

where?

# AHCCCS Complete Care (ACC)

## What, Who and When?



# The Benefits of Integration

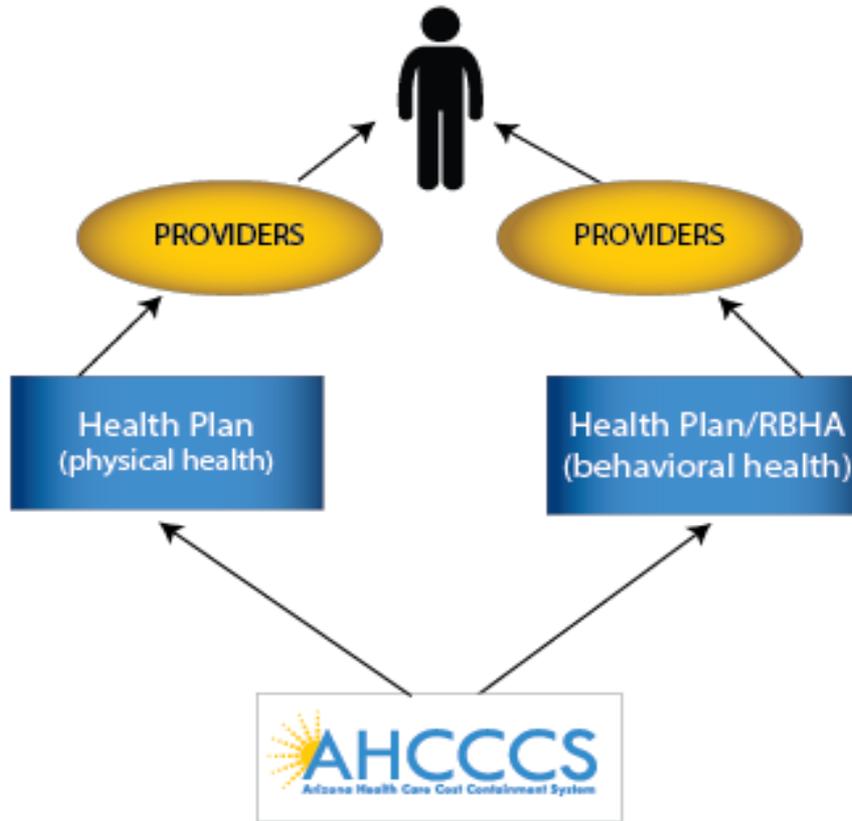
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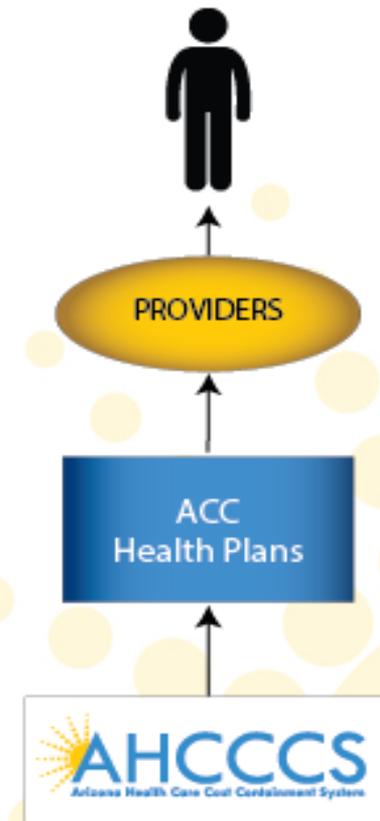
- One Plan
- One Payer
- One Provider Network
- Easier to Navigate
- Streamline care coordination to get better outcomes
- Improve a person's whole health

# Vision - Integration at all 3 Levels

CURRENT DELIVERY SYSTEM



AHCCCS COMPLETE CARE (ACC) DELIVERY SYSTEM



# Who Is Affected and When?

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- Affects most adults and children on AHCCCS
- 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)
- Most Comprehensive Medical Dental Plan (CMDP)

**Starts on October 1, 2018!**

# 2018-2019 AHCCCS COMPLETE CARE (ACC) INTEGRATION



This represents a change only for SMI/CRS members.

**KEY**

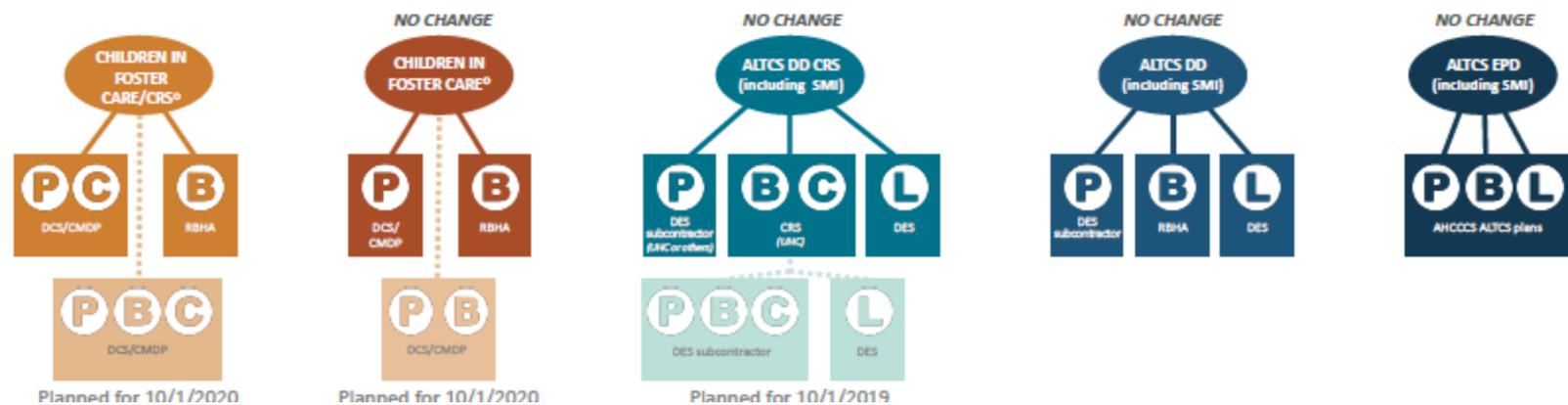
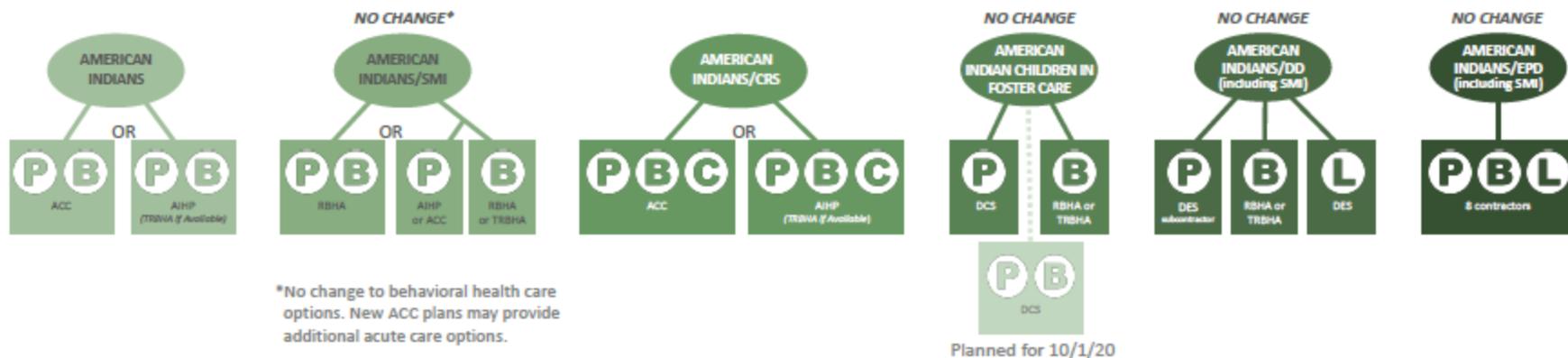
- P** PHYSICAL SERVICES
- B** BEHAVIORAL SERVICES
- C** CHILDREN'S REHABILITATIVE SERVICES (if applicable)
- L** LONG TERM CARE SERVICES

UHC UnitedHealthcare  
 + Including CRS members  
 # Excluding SMI & CMDP  
 O Excluding ALTCS

**Population Group**

**Plan**

Future Integration

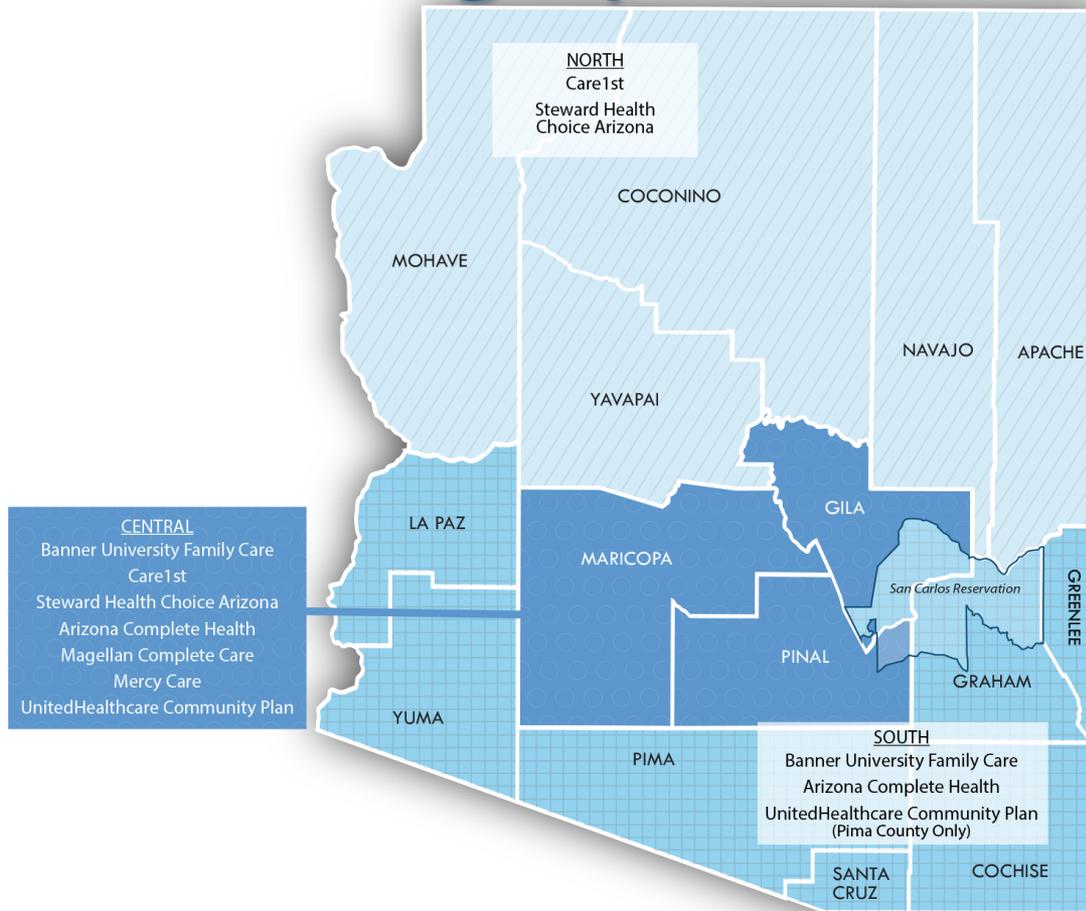


# AHCCCS Complete Care Health Plans (ACC Plans)

Who and Where?



# ACC Plan Geographic Service Areas



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

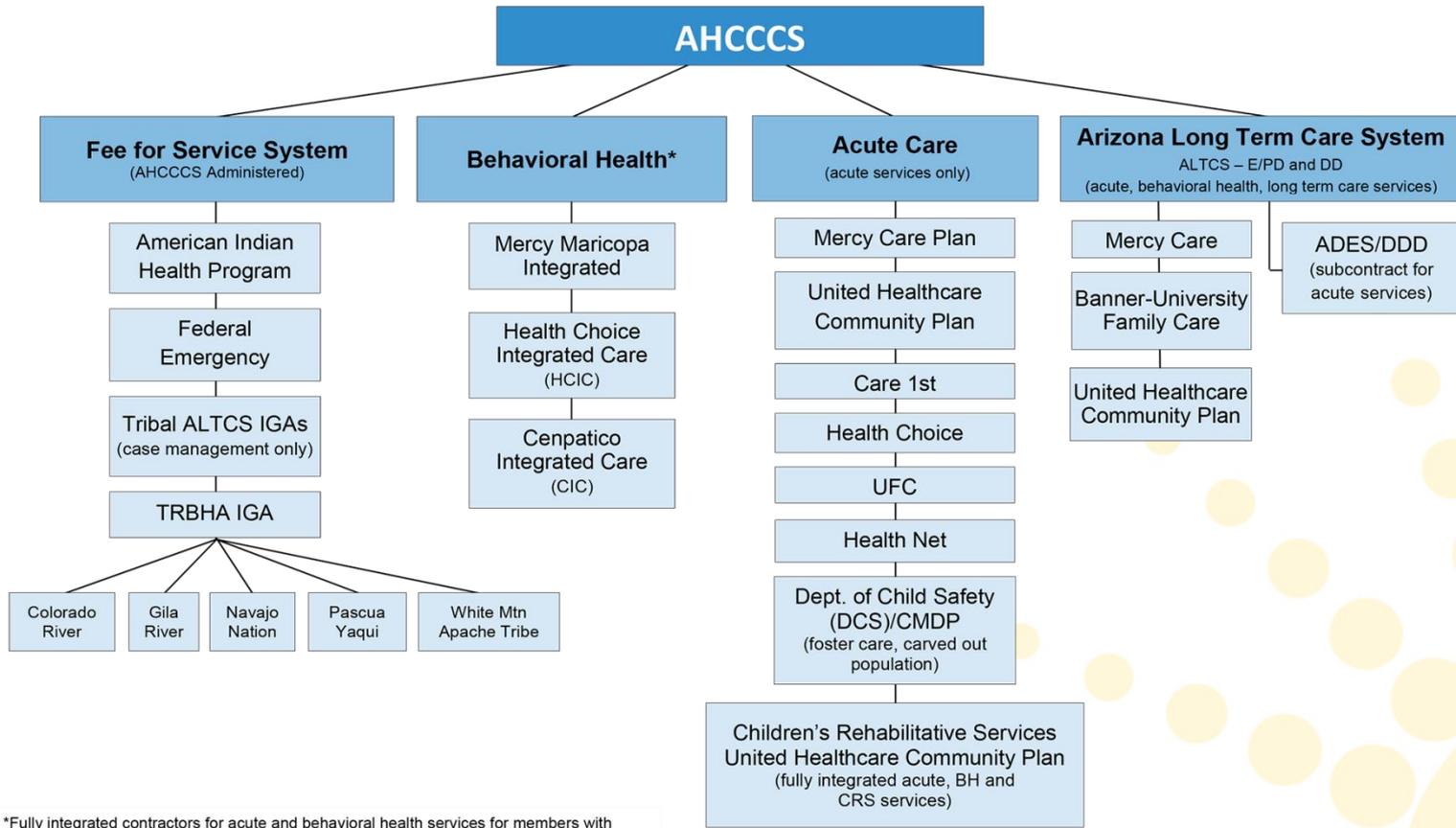
# AHCCCS Complete Care (ACC) Plans

as of Oct. 1, 2018

Central GSA	South GSA	North GSA
Banner University Family Care	Banner University Family Care	
Care1st		Care1st
Steward Health Choice Arizona		Steward Health Choice Arizona
Arizona Complete Health	Arizona Complete Health	
Magellan Complete Care		
Mercy Care		
UnitedHealthcare Community Plan	UnitedHealthcare Community Plan (Pima County Only)	

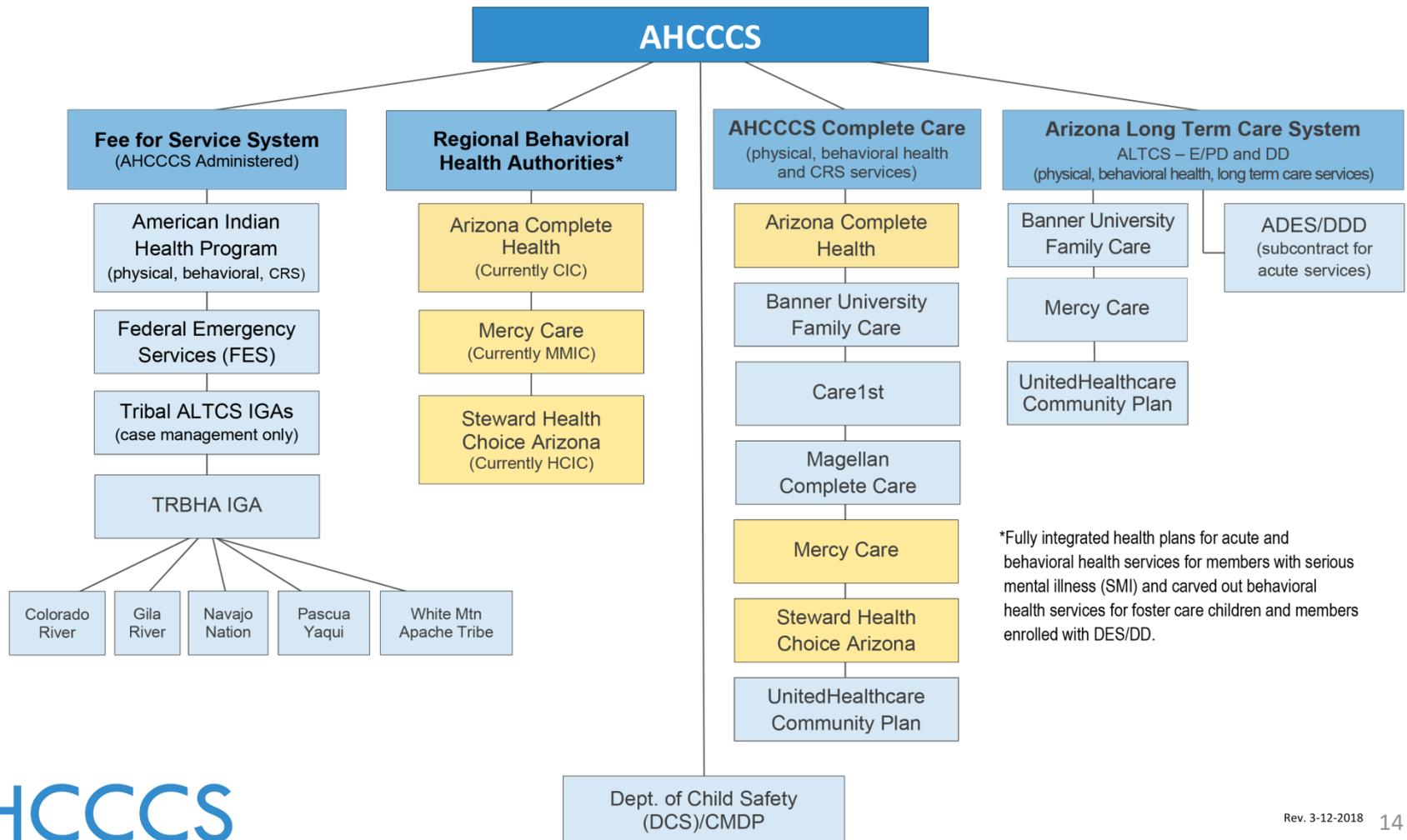
# Current Care Delivery System

Pre 10/1



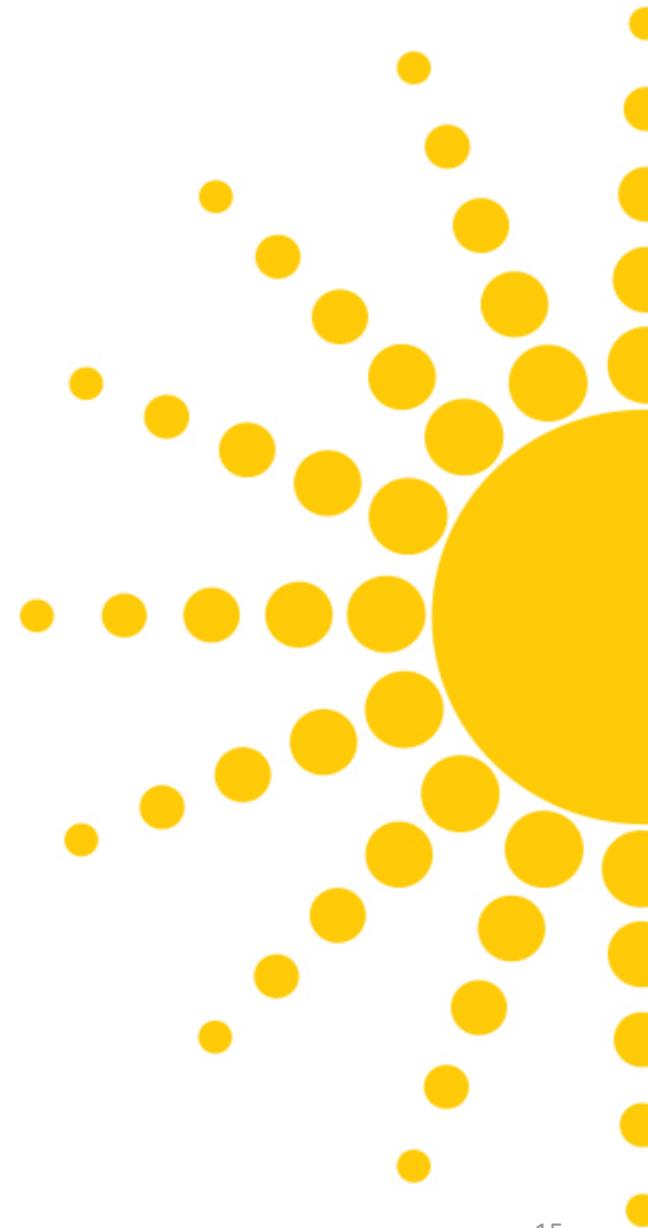
\*Fully integrated contractors for acute and behavioral health services for members with serious mental illness (SMI) and carved out behavioral health services for Acute Care/DD adults with general mental health and substance abuse needs (GMH/SA) and children.

# 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.

# What's Next?



# RBHA Affiliated ACC Plans

GSA	RBHA (current)	RBHA Affiliated ACC
North	Health Choice Integrated Care	Steward Health Choice Arizona
Central	Mercy Maricopa Integrated Care	Mercy Care
South	Cenpatico Integrated Care	Arizona Complete Health

# Children's Rehabilitative Services (CRS) Changes



# CRS Members

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- CRS members will have choice of ACC Plan
- Members currently enrolled with CRS will receive all physical health and behavioral health services from an ACC Plan.
- CRS members will continue to be identified and designated by AHCCCS.

# American Indian Health Program (AIHP) Changes



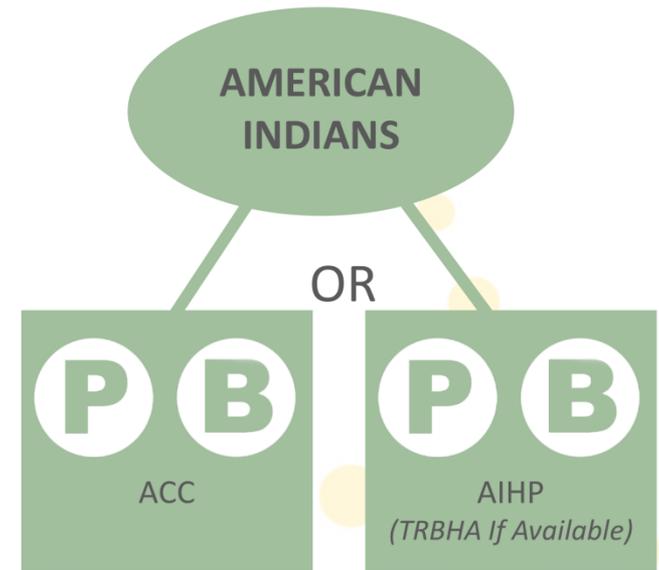
# Changes for American Indian Health Program (AIHP)

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- AIHP will:
  - Pay for and manage care for physical and behavioral health services
  - Pay for and manage care for CRS services
  - RBHA will only continue to serve American Indian members with SMI
  - Manage care with TRBHAs when available and member enrolled

# Supporting Choice for American Indian Members

- Integrated choices for the Non-SMI populations will be available within:
  - AIHP or AIHP and TRBHA; or
  - An ACC Plan
  - AI members can still access services from an IHS/638 facility at anytime regardless of enrollment



# Choice for American Indian Populations

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- Tribal members will continue same frequency of choice options
- Enrollment options continue
- American Indian members can still choose to change enrollment between AIHP or the AHCCCS Complete Care (ACC) Plan at any time. However, a member can still only change from one ACC Plan to another once a year.

# Provider Participation Agreement (PPA)

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- As stated in the PPA, with respect to Fee-For-Service eligible persons, the Provider agrees to bill and accept payment in accordance with the terms of this Agreement, state and federal rules and regulations, and all pertinent documents incorporated by reference.
- All AHCCCS registered providers, do not require a separate contract with AIHP.

# Resources

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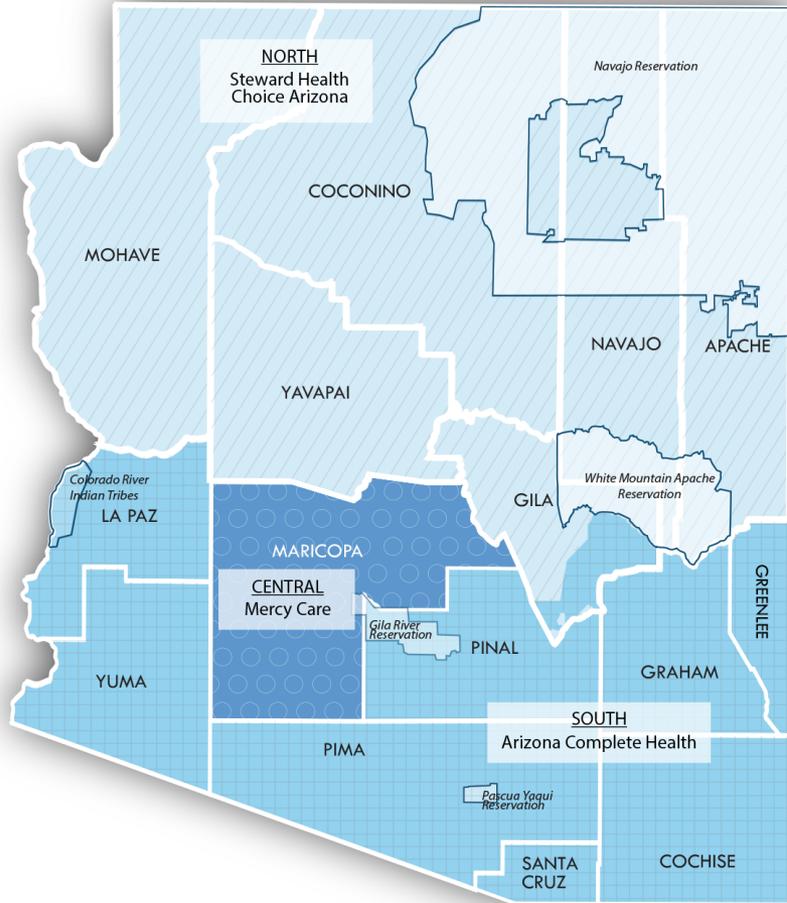
Policy changes and updates related to Integration are reflected in the following manuals:

- AHCCCS Medical Policy Manual (AMPM)
  - <https://www.azahcccs.gov/shared/MedicalPolicyManual/>
- AHCCCS FFS Provider Billing Manual
  - <https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/providermanual.html>
- AHCCCS IHS/Tribal Provider Billing Manual
  - <https://www.azahcccs.gov/PlansProviders/RatesAndBilling/ProviderManuals/IHStribalbillingManual.html>

# Other things to be aware of...



# RBHA/TRBHA and Crisis Services



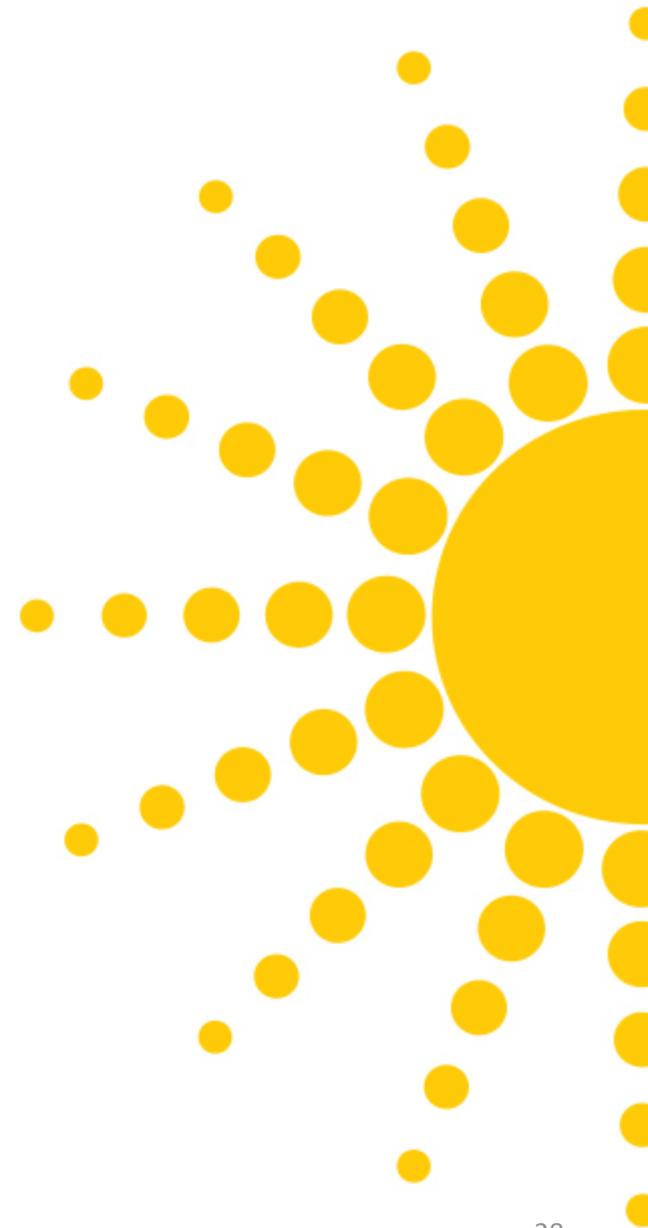
- The Crisis system responsibilities will remain with the RBHA (in their respective GSA areas)

# Continuity of Care – Plan Provider Transitions

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- For transitioning members, ACC Plans must:
  - Allow members receiving BH treatment continued access to specific providers as listed in treatment plan (if agreed by provider) for duration of treatment or 6 months; whichever occurs first
  - Allow members with CRS qualifying conditions in active course of treatment on plan (if agreed by provider) for duration of treatment or 6 months; whichever occurs first

# Questions?



Thank you!

