

**AHCCCS ASD Advisory Committee
October 10, 2018 Meeting Notes**

Notes compiled by Sharon Flanagan-Hyde, Facilitator—sharon@flanagan-hyde.com

Participants

1. Alexis Boglio, MA, BCBA, Southwest Autism Research & Resource Center (SARRC)
2. Beth Pfile, LCSW, Children's Behavioral Health Senior Manager, Banner University Family Care
3. Brian Kociszewski, M.Ed., BCBA, Interim Director, Specialized Needs Unit, Aurora Behavioral Health System
4. Brian van Meerten, MEd, BCBA, LBA, Director of Behavioral Health Services, Behavioral Consultation Services of Northern, Arizona, LLC (BCSNA)
5. Bryan Davey, PhD, BCBA-D, CEO, Touchstone Health Services
6. Carey Beranek, MS, LBA, BCBA, Clinical Director, Behavior Consultation Services, Arizona Autism United
7. Cody Conklin-Aguilera, MD, FAAP, Chief Medical Officer, Office of Chief Medical Officers, Arizona Department of Economic Security/Division of Developmental Disabilities (DES/DDD)
8. Cynthia Macluskie, Vice President, Board of Directors, Autism Society of Greater Phoenix, Parent
9. Dana Hearn, Assistant Director, AHCCCS Division of Healthcare Advocacy and Advancement (DHCAA)
10. Daniel Openden, PhD, BCBA-D, President and CEO, Southwest Autism Research & Resource Center (SARRC)
11. Danny Kessler, MD, FAAP, Retired Developmental Pediatrician, Consultant
12. Dennis Friedman, DO, Physician, Parent
13. Diana Davis-Wilson, DBH, BCBA, LBA, Arizona Association for Behavior Analysis (AZABA)
14. Diedra Freedman, JD, Board Secretary/Treasurer, Arizona Autism Coalition
15. Dominic Miller, Vice President, Southwest Behavioral Health Services
16. Eric Tack, MD, MCH EPSDT Program Manager, Arizona Health Care Cost Containment System (AHCCCS)
17. George Jacobson, Project Manager Payment Modernization, Arizona Health Care Cost Containment System (AHCCCS)
18. Janna Murrell, Assistant Executive Director, Raising Special Kids
19. Jared Perkins, MPA, CEO, Children's Clinics; President, Autism Society of Southern Arizona
20. Jeff Skibitsky, M.A., BCBA, LBA, CEO, Alternative Behavior Strategies
21. Jennifer Drown, Insurance Billing and Coding Supervisor, HOPE Group
22. Joe Schaller, CFO, Arizona Autism United
23. Joyce Millard Hoie, MPA, Consultant, Parent

24. Judith (Judie) Walker, Program Support Administrator, Office of Grants & Project Management, Division of Health Care Management, Arizona Health Care Cost Containment System (AHCCCS)
25. Karla Birkholz, MD, Arizona Academy of Family Physicians
26. Kellie Bynum, Program Director, Southwest Autism Center of Excellence (SACE), Southwest Behavioral & Health Services
27. Kelly Lalan, Steward Health Choice Arizona (RBHA)
28. Lauren Prole, Clinical Project Manager, Arizona Health Care Cost Containment System (AHCCCS)
29. Leslie Paulus, MD, PhD, FACP, Medical Director, UnitedHealthcare Community Plan
30. Linda G. Flores, MSPC, LAC, DDD Behavioral Health Services Coordinator.
31. Lindsey Zieder, Children's Special Projects Lead, Mercy Care
32. Michelle Katona, Chief Program Officer, First Things First
33. Monica Coury, Vice President of Legislative and Government Affairs, Centene
34. Paulina Tiffany, Outreach Director, Arizona Autism United
35. Ramiro Guillen, MD, Chief Medical Officer, Southwest Behavioral & Health Services
36. Robin K. Blitz, MD, FAAP, UnitedHealthcare Special Needs Initiative, Phoenix Indian Medical Center
37. Sandra Stein, MD, Child & Adolescent Psychiatry, Banner-University Medical Center
38. Sara Salek, MD, Chief Medical Officer, Arizona Health Care Cost Containment System (AHCCCS)
39. Tressure Phillips, Children's Behavioral Health Care Manager, Banner University Family Care

Crisis Response Work Group: Update and discussion about next steps

The objective of the Crisis Response Work Group, which met from October 2017-May 2018, was to identify problems and generate concrete recommendations for the improving system of care for individuals with ASD experiencing a crisis and their families. The 10 recommendations are intended to address the most urgent priorities, and be specific and able to be operationalized:

1. AHCCCS should increase training for PCPs and behavioral health providers to identify individuals as soon as they begin to show signs of aggressive behavior and connect families to appropriate services. The 10-15 year-old male population is the group most likely to experience crisis situations, including aggression toward others, self-injury, and suicide. DDD should continue to fund peer-to-peer parent support programs.
2. DDD should continue to improve staff training and processes to identify children at risk for crisis, assess needs, and connect families to services early in the child's life (before adolescence). Approaches to identifying children at risk for crisis include:
 - a. The tool that DDD is developing to assess complex needs and identify and provide services to children and families at high risk for a crisis.
 - b. Children with high scores (e.g., a 6) on the Child and Adolescent Service Intensity Instrument (CASII) because this may indicate higher levels of family stress. All

AHCCCS behavioral health providers are required to do a CASII starting at age 6. AHCCCS should ensure that providers are actually doing this assessment.

- c. Members who are elevated to the clinical resolution team.
- d. Children who come to the attention of advocacy organizations.
3. The Autism Centers of Excellence and DDD should collaboratively formulate and share questions that network providers, DDD support coordinators, and behavioral health case managers and social workers can ask parents in order to identify the triggers that send families into crisis. (One example of a question: Have parents considered out-of-home placement?)
4. To assess risk of caregiver burnout, AHCCCS should educate providers about the use of instruments such as Autism Parenting Stress Index (APSI), Questionnaire on Resources and Stress (QRS-F), Parent Motivation Inventory (PMI), and Child Outcome Rating Scale (assuming low ratings over time correlates with caregiver stress and burnout).
5. AHCCCS should partner with community advocacy groups and conduct a survey and focus groups with parents who have gone through a crisis to find out what interventions and support worked and what didn't.
6. Develop a mechanism for stakeholders (DDD, AHCCCS, the Autism Centers of Excellence, RBHAs, and community agencies) to identify the types of data that could help to identify patterns in the problems experienced by families in getting needed services. Once data types are identified, stakeholders should collect and periodically review these data in order to develop solutions across payors and providers.
7. All providers should ensure that appropriate policies and crisis plans are in place and staff have proper training to respond appropriately when parents bring up a child's aggressive behavior. DCS should never be used as a threat in an attempt to de-escalate situations or to coerce compliance. Retaliation against families should never be tolerated. All professionals have a responsibility to take steps in order to protect the child, siblings, and other family members from harm, and also have a responsibility to connect families with needed services that can decrease aggressive behavior and prevent a crisis without escalating to the need for DCS involvement. Appropriate training should be provided in what it means to be a mandated reporter and how to talk with families before a call is made to DCS.
8. DDD and other agencies should educate families about happens during a typical police response, police Crisis Intervention Team (CIT) training, and asking for a CIT-trained officer when calling for assistance. Multiple funders should collaborate to increase use of the BE SAFE Program.
9. Develop a one-page information sheet and give to families as part of intake and the ISP—a flow chart with clear instructions about what to do in a crisis: who to call and in what order given the nature of the emergency (e.g., case manager, RBHA crisis line, 911 asking for a CIT-trained officer, etc.). Families should ensure that the child's emergency crisis plan is included in the crisis line's electronic health record.
10. Building on the successful training conducted by some municipalities, the AHCCCS ASD Advisory Committee should encourage training for all law enforcement, fire, and EMT personnel throughout the state about the special needs of individuals with ASD.

Comments from ASD Advisory Committee members at the October 10, 2018 meeting included:

- Recommendation 5: it is important to partner with community advocacy/support organizations that are trusted by families to conduct research. Families are likely to trust community organizations more than they would state agencies and would be less fearful of retaliation and more candid in their input. Families continue to report through online support groups that they are threatened with a potential call to DCS when they file a quality of care complaint. Recommendation: conduct an anonymous online survey and one or more facilitated focus groups. Janna Murrell said that Raising Special Kids is willing to assist with research.
- Recommendation 10: Dr. Robin Blitz conducted training with EMTs and is willing to adapt the presentation so that others can offer it to first responders.
- Question: as the system moves to integrated care, what data can be tracked on the effectiveness of care coordination? Dr. Sara Salek said that ADHS (Arizona Department of Health Services) has a hospital and emergency department database. AHCCCS can put in data requests to track individuals with a developmental disability who are held in an emergency department for an excessive amount of time pre- and post-October 2018. A dashboard displaying key data elements could be developed and reviewed over time by the Committee. Other data points might include the number of individuals served in Arizona compared to those sent out of state.
- Question: Are crisis services included in telemedicine? Crisis services outside of the Phoenix metro area are a concern. Dr. Salek said that there are specific crisis codes. The RBHAs can provide information on how they are partnering with crisis services.

Update and Input: Aurora Behavioral Health System's Specialized Needs Unit

Brian Kociszewski, M.Ed., BCBA, Interim Director, Specialized Needs Unit, Aurora Behavioral Health System

The special needs unit in Tempe treats children ages 8-17 with developmental disabilities. The only exclusion is sexually maladaptive behavior. The maximum number of beds is 14; the number depends on whether rooms are blocked. Children can be treated for up to 60 days. Services include primary care, OT, PT, speech, and child psychology.

Brian said they are working on improving credentialing so that outpatient providers, including BCBAs, could work with children on site. They are aware of the need for improved care coordination, especially to support the transition from inpatient back to the community. They want to improve data-driven decisions and are tracking readmission rates.

Dr. Salek said that AHCCCS wants to help providers make transitions to community settings successful.

There was discussion about the larger issue of providers using exclusionary criteria, both too much aggression and sexually maladaptive behavior. At the level of an individual provider, there are concerns about "cherry picking" and the reduction in the number of available beds at a facility if a child requires a separate room. At the system level, AHCCCS and DDD want to push past barriers to create systems of care for all members. Those at highest risk are often the ones who are subject to exclusionary criteria. This issue needs additional discussion to reach workable solutions so that children with the most complex

behavioral health needs can receive appropriate treatment at in-state facilities. There is a commitment to family- and community-centered care.

One concern is the shortage of specialists with the competency to address high levels of aggression and sexually maladaptive behavior. A potential solution is leveraging network capacity through the use of telehealth. However, there are challenges around credentialing for out-of-state providers. Although there are companies that offer telepsychiatry, the costs are high compared to the cost of an agency hiring a therapist. Dr. Salek will follow up with the Governors' Office on efforts to put in place reciprocity agreements for providers credentialed in other states.

Alternative Behavior Strategies Model

Diana Davis-Wilson, DBH, BCBA, LBA, introduced Jeff Skibitsky, M.A., BCBA, LBA, the CEO of Alternative Behavior Strategies (ABS). Jeff will offer a presentation at the January 2019 ASD Advisory Committee meeting about the integrative approach of Alternative Behavior Strategies. They are committed to integrating acute care and medical co-morbidities into ABA programs and provide data back to physicians and other providers.

Questions about the use of electronic medical records by ABS led to a discussion about the Arizona Health Information Exchange (HIE), which connects the electronic health record (EHR) systems of providers and clinicians, allowing them to securely share patient information and better coordinate care. Health Current, Arizona's health information exchange, connects more than 500 Arizona organizations, including first responders, hospitals, labs, and providers of community behavioral health, physical health, post-acute care, and hospice providers. The link to the AHCCCS web page about the HIE is <https://www.azahcccs.gov/AHCCCS/Initiatives/HIT/HIE.html>. Participation in the HIE is voluntary, but there are incentives for providers to share data. DDD is part of the HIE. A future goal is for care coordinators to have access to the HIE.

At the request of meeting participants, we will arrange for a presentation on the Arizona HIE at the January meeting on the scope and functionality of the exchange.

It was also noted that encouraging families to allow records to be released to the health exchange is important.

Update: AHCCCS Complete Care implementation

Dana Hearn, Assistant Director, AHCCCS Division of Healthcare Advocacy and Advancement (DHCAA), provided an update on AHCCCS Complete Care (ACC). Her slides are attached to the e-mail distribution list for these notes.

In response to a question: AHCCCS is working on updating the list on the website of ACC-contracted providers who diagnose ASD. It was suggested that there be a simple link to help families find information on what different plans and providers offer. Although information may already be on the site, families typically want to be able to find what they are looking for with minimal "clicks."

In response to a question about choosing to receive care through the AHCCCS American Indian Health Program (AIHP) or an ACC, Dr. Salek explained that AIHP is traditional fee-for-service Medicaid. There was interest in a presentation about AIHP at a future meeting. Crisis services remain with the RBHAs, and there is a Q&A available.

Detailed information is available at www.azahcccs.gov/ACC.

Targeted Investments Update on ASD-Related Requirements

George Jacobson, AHCCCS Project Manager, Payment Modernization, reported that AHCCCS has just finished year two of the Targeted Investment (TI) program.

The information that he presented is included in a document attached to the e-mail dissemination of these notes. Please scroll to Pediatric Behavioral Health #9, 10, 11 on pages 6-7.

The TI program supports partnerships with providers and advocacy organizations.

Update on new ABA codes recently published by AMA

Bryan Davey, PhD, BCBA-D, the CEO of Touchstone Health Services, reported the CPT Editorial Panel approved the following:

Accepted addition of codes 97151-97158 for adaptive behavior treatment; revision of guidelines in the Adaptive Behavior Services section; revision of codes 0362T, 0373T; and deletion of Category III codes 0359T - 0361T, 0363T - 0372T & 0374T. The updated codes are currently published in the 2019 CPT Code e-book, which Bryan highly recommends purchasing; it explains what codes can and cannot be used for.

The Category 1 CPT codes will go live in January 2019, but it is up to plans to make decisions about roll-out dates and executing code and rate addendums to existing contracts. An updated code crosswalk table will be released in the next few weeks. Also forthcoming are a CPT Assistance article, a payor packet to share with national insurance companies, additional provider education, and more communication about implementation issues.

It was noted that AHCCCS has been proactive in covering medically necessary ABA services.

Status Update: AHCCCS ABA policy and ABA balance billing when private insurance is primary payer

The COB/TPL (Coordination of Benefits/Third Party Liability) Work Group met to discuss common scenarios, including issues related to ABA and the concept of “pay and chase.” The document is in the final stages of review. Participants at the October 10 meeting said they would like the COB/TPL Work Group to meet again to review the scenarios document before it is brought to the full Advisory Committee and posted.

One issue raised by the Work Group Next would require an AHCCCS policy update. Currently, when private insurance authorizes a service, it still needs to go through a second authorization process with the Medicaid health plan. The Work Group recommended that the Medicaid plans accept the medical necessity determination of the private insurance plan. Such a change would require a fiscal assessment and policy change. AHCCCS is considering the recommendation.

In response to a question, Dr. Salek said that AHCCCS is also looking at network sufficiency for prescribed ABA services.

AHCCCS received extensive public comments regarding its ABA policy. The Work Group raised issues related to a 2-tiered versus 3-tiered model. DDD has 3-tiered approach. Comments included concerns about fidelity to the model and the capacity limitations of a 2-tiered model. The team is still working through reviews and updates. If AHCCCS makes substantial changes, they will then have to determine if the policy must go back through

any of the standard processes, including fiscal review. Dr. Salek does not yet have an effective date. In the interim, AHCCCS health plans will continue to utilize their standard processes, including evidence-based prior authorization criteria, for medically necessary ABA services that they chose to prior authorize.

A question was raised about whether AHCCCS needs a policy specific to ABA. If such a policy is determined to be needed, AHCCCS will reach out for input.

Transparency and accountability for EPSDT services through health plans

Cynthia Macluskie, Vice President of the Autism Society of Greater Phoenix, talked about the success of the CMS star rating system in driving Medicare plans to be transparent about goals and compete to provide excellent member engagement and services. She suggested that a similar approach be used by Medicaid plans to help families assess plans.

Dr. Salek said that such a rating system will be part of the managed care updated rule set. AHCCCS is waiting for CMS to finalize the methodology. AHCCCS will be able to provide input to CMS, but CMS will make the final decisions about metrics and methodology. In the interest of fiscal responsibility, it does not make sense to develop a system for the state that uses a different methodology than the one CMS will eventually require.

In the interim, AHCCCS is leveraging its relationship with the University of Arizona's medical clinical informatics professors, who are transitioning AHCCCS' current performance measures into a star rating system. This performance data is already being collected by AHCCCS, and there is no cost to AHCCCS associated with transitioning the data. The goal is to put key performance measures into a dashboard for members. AHCCCS already has health plan quality incentives in place.

The focus is on "Back to Basics"—prioritizing measures that are the most important. Providers and health plans are better able to improve performance when they are given a limited number of measures. Dr. Tack is leading efforts with providers.

There was interest in a presentation on this initiative at the January meeting. Meeting participants commented that members don't know about the quality data currently available.

Announcements and Future Agenda Topics

Dr. Robin Blitz shared this information: The 6th webinar on Autism Spectrum Disorder will be held on November 6 from 12- 1 CST (10 AM – 11 AM Arizona time). The presentation will focus on the Transition to Adult Care and will be presented by Tisa Johnson-Hooper, MD, Medical Director of the Center for Autism and Developmental Disabilities, Henry Ford Health System, in Detroit, Michigan. Register at: www.optumhealtheducation.com/autism-part-VI-2018-reg. The session is free and open to all. Free CMEs and CEUs are available. If you cannot listen to the webinar live, all of the webinars are recorded and you still get CEUs.

Future Meetings

All meeting are from 3:00-5:00 pm at AHCCCS:

- January 9, 2019
- April 10, 2019

ASD ADVISORY COMMITTEE MEETING

Wednesday, October 10, 2018 3:00 - 5:00 pm

AHCCCS - 801 E. Jefferson St., Phoenix, 4th Floor-Arizona Room

[Join WebEx meeting](#) - Meeting number (access code): 800 046 131

Joining online and then using the "Call Me" feature works best

Meeting password: Arizona By phone: 1-240-454-0879

Time	Topic	Presenter
3:00 pm	Welcome and introductions	Sharon Flanagan-Hyde, Facilitator
3:10 pm	Crisis Response Work Group: Update and discussion about next steps	Sharon Flanagan-Hyde
3:40 pm	Update and Input: Aurora Behavioral Health System's Specialized Needs Unit	Brian Kociszewski, M.Ed., BCBA, Board Certified Behavior Analyst, Specialized Needs Unit, Aurora Behavioral Health System
4:00 pm	Update: AHCCCS Complete Care implementation	Sara Salek, MD, Chief Medical Officer, AHCCCS
4:10 pm	Targeted Investments Update on ASD-Related Requirements	George Jacobson, Project Manager, Payment Modernization & Targeted Investments Program, AHCCCS
4:15 pm	Additional Updates	Sharon Flanagan-Hyde
4:20 pm	Update on new ABA codes recently published by AMA	Bryan Davey, PhD, BCBA-D, CEO, Touchstone Health Services
4:25 pm	Status Update: AHCCCS ABA policy and ABA balance billing when private insurance is primary payer	Sara Salek
4:30 pm	Transparency and accountability for EPSDT services through health plans	Cynthia Macluskie, Vice President, Board of Directors, Autism Society of Greater Phoenix
4:45 pm	Announcements and Future Agenda Topics	Sharon Flanagan-Hyde
5:00 pm	Meeting Adjourned	

Future Meeting Dates

All meeting are from 3:00-5:00 pm at AHCCCS:

- January 9, 2019
- April 10, 2019



Targeted
Investments

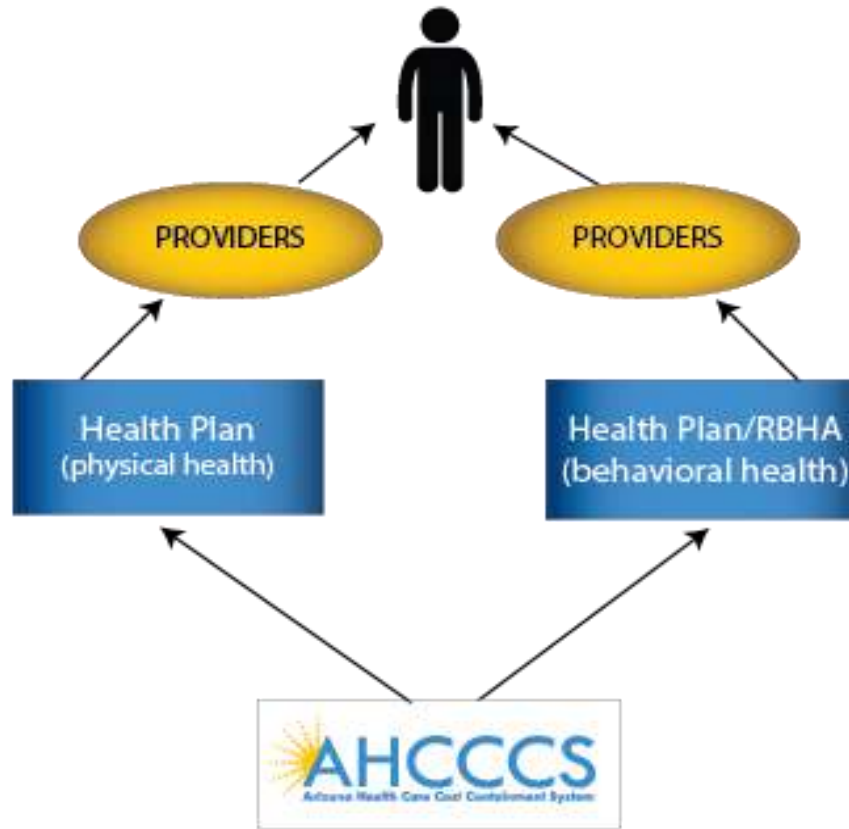
AHCCCS Complete Care Transition

10/10/18



Vision - Integration at all 3 Levels

CURRENT DELIVERY SYSTEM



AHCCCS COMPLETE CARE (ACC)
DELIVERY SYSTEM



AHCCCS Complete Care Health Plans (ACC Plan)

Furthering Integrated Healthcare in a single Health Plan that will:

- Include physical and behavioral healthcare service providers (including CRS);
- Manage the provider network for all of your healthcare services.
- Provide comprehensive managed care for the whole person.

Who Is Affected October 1, 2018?

- Affects most adults and children on AHCCCS
- Members enrolled in Children's Rehabilitative Services (CRS)

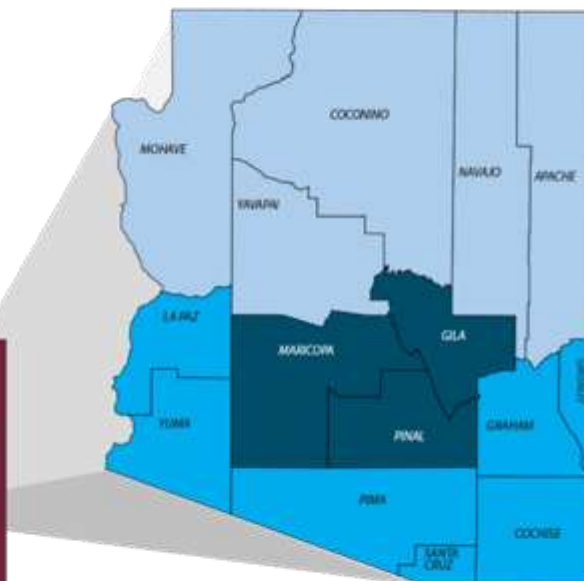
It does not affect:

- Members on ALTCS (EPD and DES/DD);
- Adult members with a serious mental illness (SMI); and
- Most foster children enrolled in CMDP

**MOST AHCCCS
MEMBERS⁺#***

P B C

AHCCCS Complete Care



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

* Excluding ALTCS

Population
Group

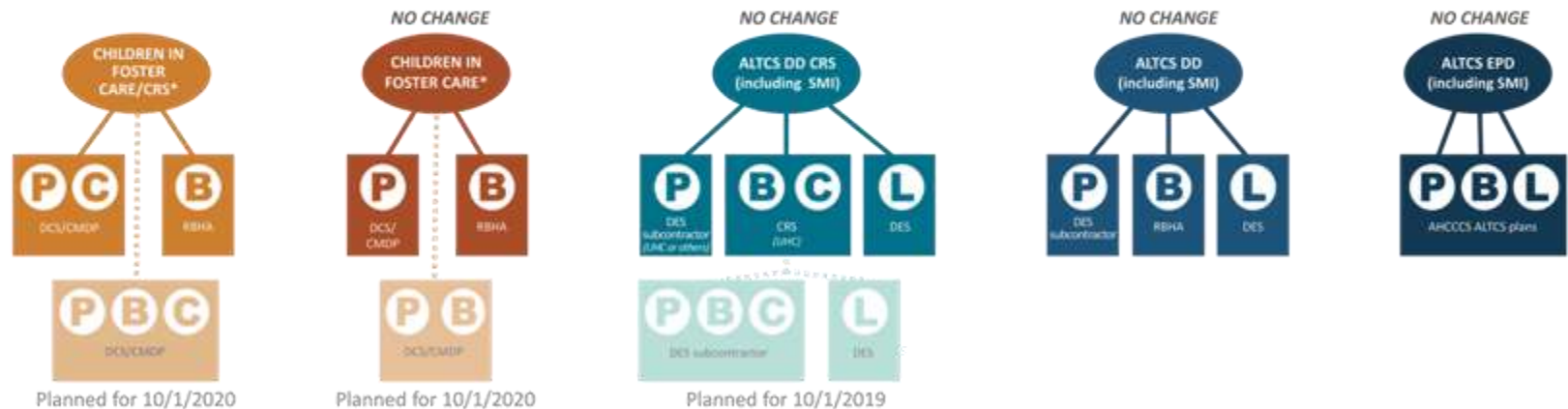
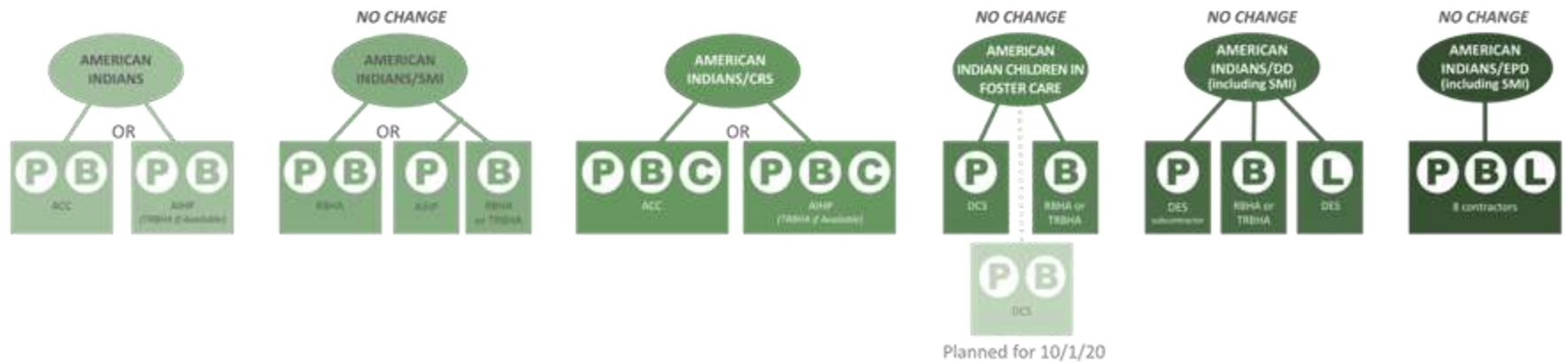
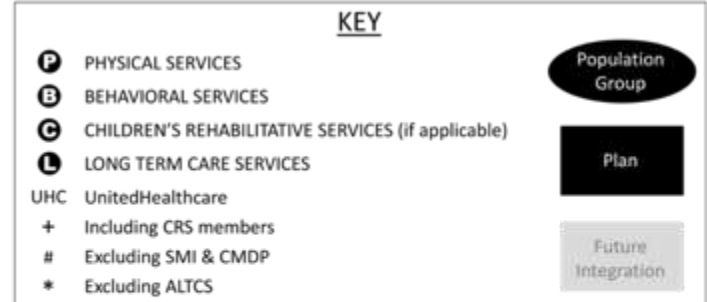
Plan

Future
Integration

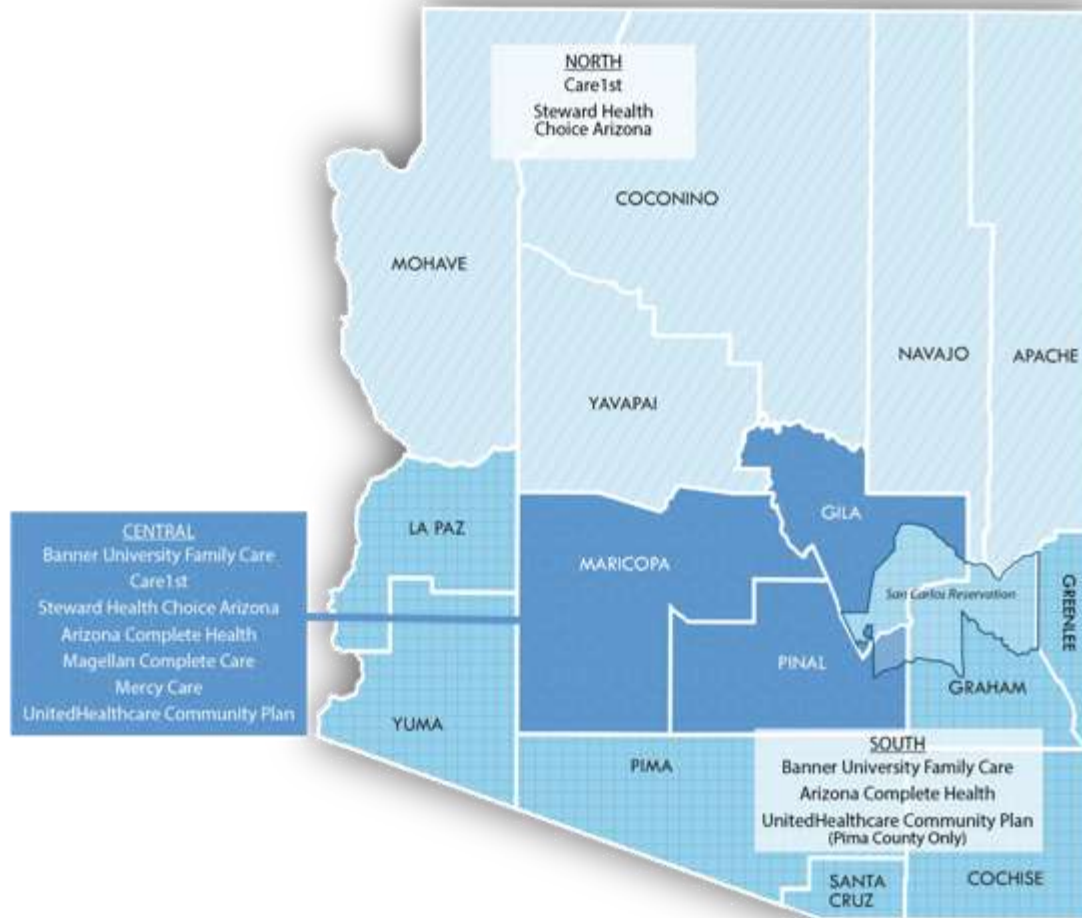
2018-2019 AHCCCS COMPLETE CARE (ACC) INTEGRATION



This represents a change only for SMI/CRS members.



ACC Plan Geographic Service Areas

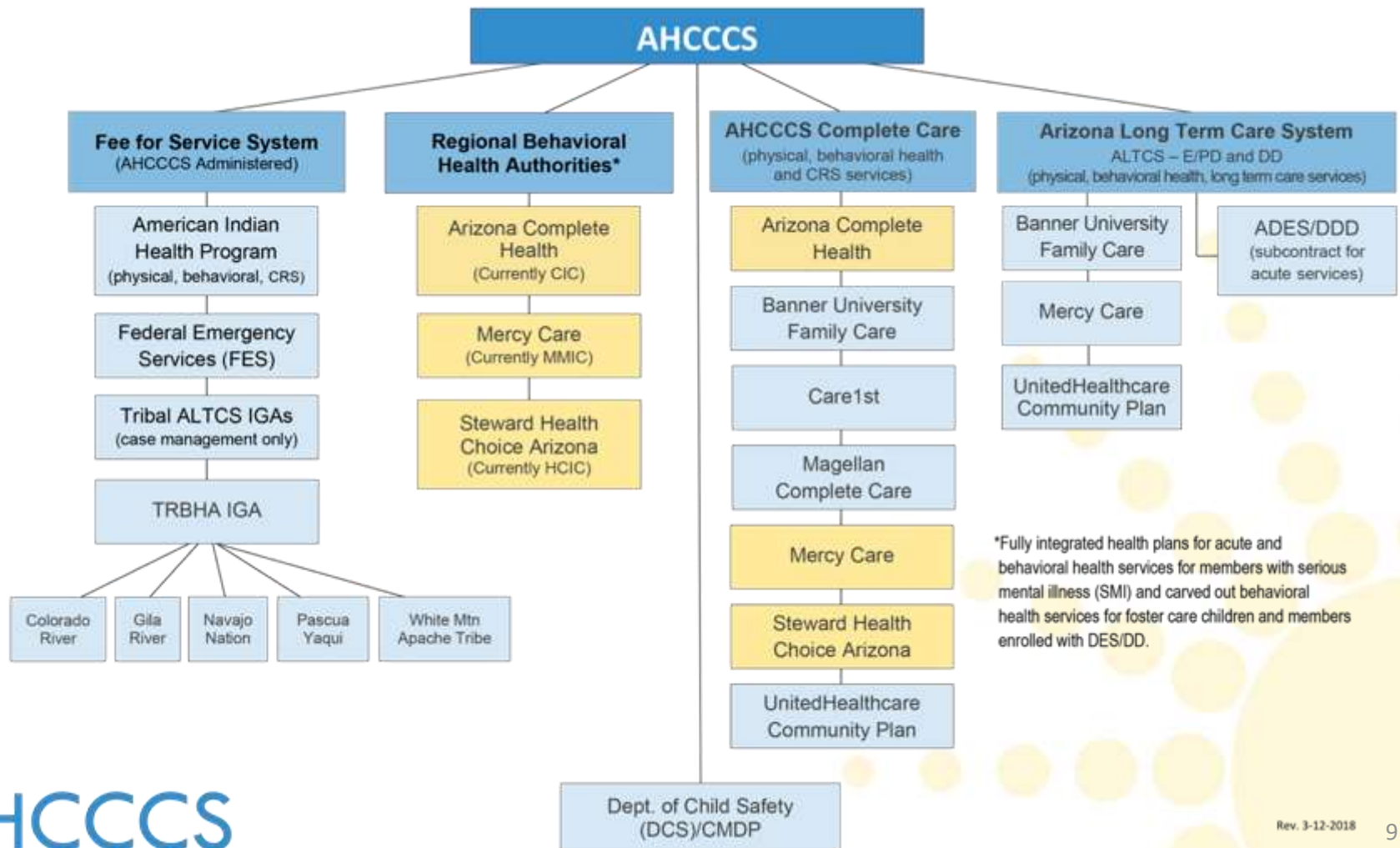


Note: Zip codes 85542, 85192, 85550 representing San Carlos Tribal area are included in the South GSA.

AHCCCS Complete Care Plans

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 - CCP	Arizona Complete Health - CCP	
Magellan Complete Care		
Mercy Care		
UnitedHealthcare Community Plan	UnitedHealthcare Community Plan (Pima County Only)	

Care Delivery System as of Oct. 1, 2018



Members Changing Health Plans

Geographic Service Area	Estimated Members
Central	10,400
South	199,575
North	83,445
Total	293,420

Chart reflects change of Physical Health Plan only – not RBHA
Pima county estimate – 105,200

Member Assignment and Choice

- Members stay in current plans becoming ACC Plans
 - Choice of other ACC Plans on their annual enrollment choice date.
- Members in exiting plans were assigned an ACC Plan and given choice of other ACC Plans
- Less than 3% of members chose a different plan than assigned
- American Indian members have ongoing choice of AIHP, AIHP/TRBHA or ACC Plan

Special Choice for Members getting services through a RBHA

- Certain members previously receiving services with a RBHA had a choice for 10/1/18 to elect to stay with the “RBHA-affiliated” ACC Contractor
 - Members given this choice must:
 - not already be enrolled in a RBHA-affiliated Plan that will be an ACC Plan; or
 - not already be getting choice of all ACC Plans (including RBHA-affiliated ACC Plan) due to current enrollment in exiting plan

Other things to be
aware of...



Changes with RBHA services

Regional Behavioral Health Authorities (RBHAs) will no longer serve most adults and children as of October 1, 2018 (with exceptions below).

RBHAs will continue to provide and serve:

- Foster children enrolled in CMDP
- Members enrolled with DES/DD;
- Individuals determined to have a serious mental illness (SMI)
- Crisis services, grant funded, and state-only funded services

RBHA Affiliated ACC Plans

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

RBHA/TRBHA and Crisis Services



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

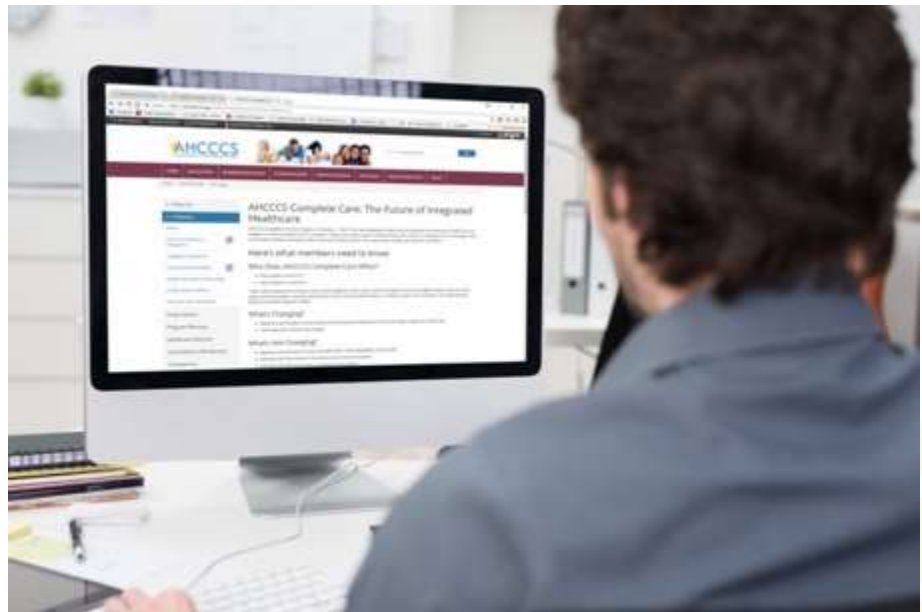
Transition Efforts

- Videos on AHCCCS and Plan websites
- Web Page/FAQs
- Statewide Public Meetings
- Stakeholder Organization meetings
- ACC Plan Meetings and Readiness Assessment
 - Staffing
 - Data/Systems – IT Demo
 - Care Transition
 - Network

ACC Web Pages

www.azahcccs.gov/ACC

- GSA map with plans
- Community meetings
- Videos in English, Spanish, and audio in Navajo
- FAQs
 - CRS
 - American Indians
 - Providers



71,000 unique hits in 2018

ACC Member Videos

3 member videos (general, CRS, American Indian)

English, Spanish and audio in Navajo

“We LOVED the ACC video uploaded onto the AHCCCS website yesterday..”

Phoenix CRS

“Thank you for everything you are doing for our patients to inform them and prepare them for the changes 10/1/18. We are excited to share the ACC videos in the waiting rooms and patient rooms..”

Phoenix CRS



General video: 8,465 views



CRS video: 789 views



American Indian video: 694 views

ACC American Indian Navajo Audio



ACC Navajo PSA 30



ACC Community Forums

70+ presentations
2000+ attendees



ACC Presentation video: 696 views

“...Your time and knowledge greatly helped put this parents fears at a little more ease.”
Flagstaff Parent Denise M.



“We appreciate you coming all the way to Sierra Vista to share this information with us.” NAMI Southeastern AZ

“Thank you for coming to our communities today and for providing us with valuable information that we can use when we speak with the new ACC plans coming into our area.”

Yuma CRS Practice Manager



“Thank you so much! The information you provided today was exactly what we needed to explain things to our members and our community.”
Regional Center for Border Health

ACC Social Media



AHCCCS @AHCCCSgov

Aug 16

AHCCCS health care providers with questions about the ACC #integratedhealthcare changes coming Oct. 1 can find FAQs and a flyer on our website: ow.ly/X8UE30IqV2W



5



AHCCCS @AHCCCSgov

Aug 7

Big thanks to the @Gilariverhealth marketing team who helped us test the #AHCCCSCompleteCare video for American Indian members. And you might even recognize one staffer who provided the voiceover! "All About ACC for American Indian members" youtube.com/watch?v=OotorkB...



3 6



Arizona Health Care Cost Containment System (AHCCCS)

2,421 followers
1mo

AHCCCS providers with questions about #integratedhealthcare changes coming Oct. 1 can find FAQs and a flyer here: <http://ow.ly/X8UE30IqV2W>

7 Likes

Like Comment Share

Likes



Edward J. Larkin

AHCCCS Financial Consultant Rates

Proud to be a part of the future for Arizona!

Like Reply



El Rio Health Retweeted Aug 17



National Center for Integrated Behavioral Health liked

Aug 17



8020 Healthcare

Jun 7

Solutions Retweeted

AHCCCS @AHCCCSgov

Jun 7

How can you prepare for AHCCCS Complete Care and changes coming to your health plan in October? Watch this video! youtube.com/watch?v=NBP7OE...



5 9



Arizona Medical Association (ArMA)

Jul 13

Association (ArMA) liked

AHCCCS @AHCCCSgov

Jul 13

Members in Northern Arizona are invited to our next AHCCCS Complete Care community meeting to learn about #integratedhealthcare health plan changes coming Oct. 1. See you at @HealthChoiceIC in Flagstaff, 10 a.m., July 27! ow.ly/2b4630kVNOU



4

ACC Transition Communication

1. Success depends on shared commitment that those that we serve remain at the center of all decision making
2. We have done a lot of planning but challenges will invariably surface – may need to resolve some issues after the fact
3. Number of member protections in place during transition

The AHCCCS Director shared an [important message](#) with the AHCCCS community that highlights the member protections during the transition to the ACC contracts.

Member Protections

- Provider Flyers/Director's Message
- AZ Association of Health Plan Letter to Providers
 - Don't turn transitioning members away
 - Allow sufficient time to establish a contract or transition the member
- AHCCCS contractually required ACC Plans to pay non-contracted providers

Member Protections

- ACC Plan to allow:
 - PCP transition – 90 days
 - Ongoing care from a specialists – 6 months
 - Behavioral health services – 6 months
 - Members with CRS conditions to continue access to Multispecialty Interdisciplinary Clinics
 - Pregnant women in the third trimester
 - Honor previously approved authorizations - 30 days

Thank You.

