AHCCCS Complete Care

Reaching across Arizona to provide comprehensive quality health care for those in need
Care Delivery System as of Oct. 1, 2018

AHCCCS

Fee for Service System (AHCCCS Administered)
- American Indian Health Program (physical, behavioral, CRS)
- Federal Emergency Services (FES)
- Tribal ALTCS IGAs (case management only)
  - TRBHA IGA

Regional Behavioral Health Authorities*
- Arizona Complete Health (Currently CIC)
- Mercy Care (Currently MMIC)
- Steward Health Choice Arizona (Currently HCIC)

AHCCCS Complete Care (physical, behavioral health and CRS services)
- Arizona Complete Health
- BFD
- Care1st
- Magellan Complete Care
- Mercy Care
- Steward Health Choice Arizona
- UnitedHealthcare Community Plan

Arizona Long Term Care System
- ALTCS – E/PD and DD
  - Arizona Complete Health
  - Banner University Family Care
  - Care1st
  - Magellan Complete Care
  - Mercy Care
  - Steward Health Choice Arizona
  - UnitedHealthcare Community Plan

*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.
ACC Plan Geographic Service Areas

Note: Zip codes 85542, 85192, 85550 representing San Carlos Tribal area are included in the South GSA.
Integrated Health Care
AHCCCS Complete Care Timeline

What Happens Next?

- **March 5, 2018**
  - Seven ACC health plan contracts awarded

- **Spring 2018**
  - AHCCCS holds public forums to explain ACC changes and choices (schedule announced in March)

- **June 2018**
  - AHCCCS sends letters to members with assigned health plan information and choices

- **July 2018**
  - AHCCCS members make health plan choices by July 31.

- **October 1, 2018**
  - AHCCCS members begin service with integrated ACC health plans
ACC Transition: Frequently Asked Questions

• **Member Assignment**
  - Plans will receive potential new member information beginning in August
  - Member assignment information will be available for providers via standard verification mechanisms in the end of September (AHCCCS Online, 270/271, etc.)

• **Open service authorizations**
  - ACC plans will honor previously approved authorizations for a minimum of 30 days
ACC Transition: Frequently Asked Questions

• **Provider forums - ACC plan requirement**
  - Provider forums no less than semi-annually
  - Behavioral health provider meetings no less than quarterly in 1st year and semi-annually thereafter

• **Grant and housing funds**
  - Responsibility will remain with the RBHAs
  - ACC plans charged with assisting members in accessing services/coordinating care, as appropriate
ACC Transition: Frequently Asked Questions

• Court Ordered Evaluation/ Court Ordered Treatment
  o ACC plans required to develop collaborative process with counties to ensure coordination of care and information sharing
  o Cost of pre-petition screening and COE remains a county responsibility
  o ACC plan is responsible for medically necessary, covered behavioral health treatment that is court ordered but not including services associated with pre-petition screening and COE
  o Services separate from COE and medically necessary physical health services are responsibility of ACC plan during COE time period
AHCCCS Contract Timeline

2016
- Release Acute RFI
- 1/17

2017
- Release ACC RFP
- 10/17
- Award ACC
- 3/18

2018
- Transition ACC
- 10/1/18 Fall

2019
- Award DDD Acute/BH
- 10/1/19
- DDD Acute/BH
- 10/1/19

2020
- CMDP Integrated Care
- 10/1/20
- 5 Years Greater AZ MMIC Contract Expires
- 10/1/20
Pending and Future Waiver Requests
Active Waiver Requests

• AHCCCS Works
  o AHCCCS submitted a request to CMS to implement AHCCCS Works on 12/19/17
  o Requirement applies to able-bodied adults 19-49 who do not qualify for an exemption
  o Must be employed or actively seeking employment, attending school or participating in an employment support and development activity for at least 80 hours per month
  o Negotiations with CMS ongoing
  o Operational workgroups defining policy parameters and system requirements in preparation for waiver approval
  o Four states’ waivers approved to date: Kentucky, Indiana, Arkansas, New Hampshire
Active Waiver Requests

• Prior Quarter Coverage
  o Currently, Arizona covers enrollees three months prior to the month of application if the enrollee would have been eligible at any point during those months
  o Amendment submitted on April 6, 2018 proposes to limit retroactive coverage to the month of application, consistent with AHCCCS policy prior to 2014
Waiver Requests Under Consideration

- Non-Emergency Medical Transportation
  - Exploring limitation on NEMT for those who meet the following criteria:
    - Adults aged 19-49 above 100% FPL
    - Subject to mandatory managed care
    - Do not have a disability or medical frailty
    - Live in an urban area with adequate public transportation
  - Also actively considering policy modifications aimed at ensuring appropriate utilization of NEMT
Waiver Requests Under Consideration

• Pharmacy
  o Developing waiver proposal to obtain more leverage on prescription drugs
    ▪ Exclude drugs until market prices are reasonable and cost effectiveness data exists
    ▪ Establish formulary with at least 2 drugs per class/category (with exceptions)
  o Working with consultant to evaluate current management of pharmacy benefit and assist in development of waiver proposal
General Updates

Reaching across Arizona to provide comprehensive quality health care for those in need
Targeted Investments Program
Year Two Highlights

- Year 2 Incentive: $66.5 available
- Over 600 sites participating
- 1st completed milestone: IPAT Score Results
- Increased Primary Care HIE participation
- 9 co-located justice integrated clinics in first round and 5 additional in round two
Targeted Investments Program
Current Focus

- Complementary to AHCCCS Complete Care
  - ACC policy development alignment
  - ACC MCOs engaged with TI requirements
- Attestation and document upload portal now open
- TI Participant forums, webinars and surveys ongoing
Differential Adjusted Payments
Integrated Clinics

- AHCCCS Registration as an Integrated Clinic, 10% DAP
  - Registration as an Integrated Clinic with claims for behavioral health services accounting for at least 40% of total AHCCCS claims, together with participation in the HIE, qualifies the provider for a DAP
    - AHCCCS computed claims and encounters for behavioral health services as a percentage of total claims and encounters as of 5/1/18
    - Executed agreement with the HIE (by 5/1/18) and electronically transfer information, including both a registration event as well as an encounter summary, to the HIE
  - Of 104 Integrated Clinics, 15 qualified for differential adjusted payment

Reaching across Arizona to provide comprehensive quality health care for those in need
For CYE 2020, effective with dates of service on 10/1/19, AHCCCS will consider implementing a differential adjusted payment for providers meeting the following criteria:

- Effective for dates of service on and after 10/1/18, provider must accept and provide services to American Indian Health Program enrolled members

Contracts in place with ACC Contractors as of 5/1/19:

- North GSA – 100% of Contractors
- South GSA (excluding Pima) – 100% of Contractors
- Pima County – 2 of 3 Contractors
- Central GSA – 5 of 7 Contractors
• Public Notice for 10/1/18 fee-for-service rates posted
  o https://www.azahcccs.gov/AHCCCS/Downloads/PublicNotices/rates/NOP\_RateChangesFor20181001_Final.pdf
• Behavioral Health Residential Facility rates will increase by 3%
• All other behavioral health rates will remain unchanged
• AHCCCS will engage an external consultant to conduct a review of inpatient and outpatient behavioral health rates during State Fiscal Year 2019
• Note: AHCCCS ACC MCOs have been provided market rates for the majority of covered services to assist with provider contracting, including both behavioral health and physical health services
Questions