



AHCCCS Update

September 12, 2018



AHCCCS Complete Care



ACC Transition

18 days and counting

Duals Passive Enrollment

AHCCCS 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

Strategic Plan & Budget Update



AHCCCS Strategic Plan

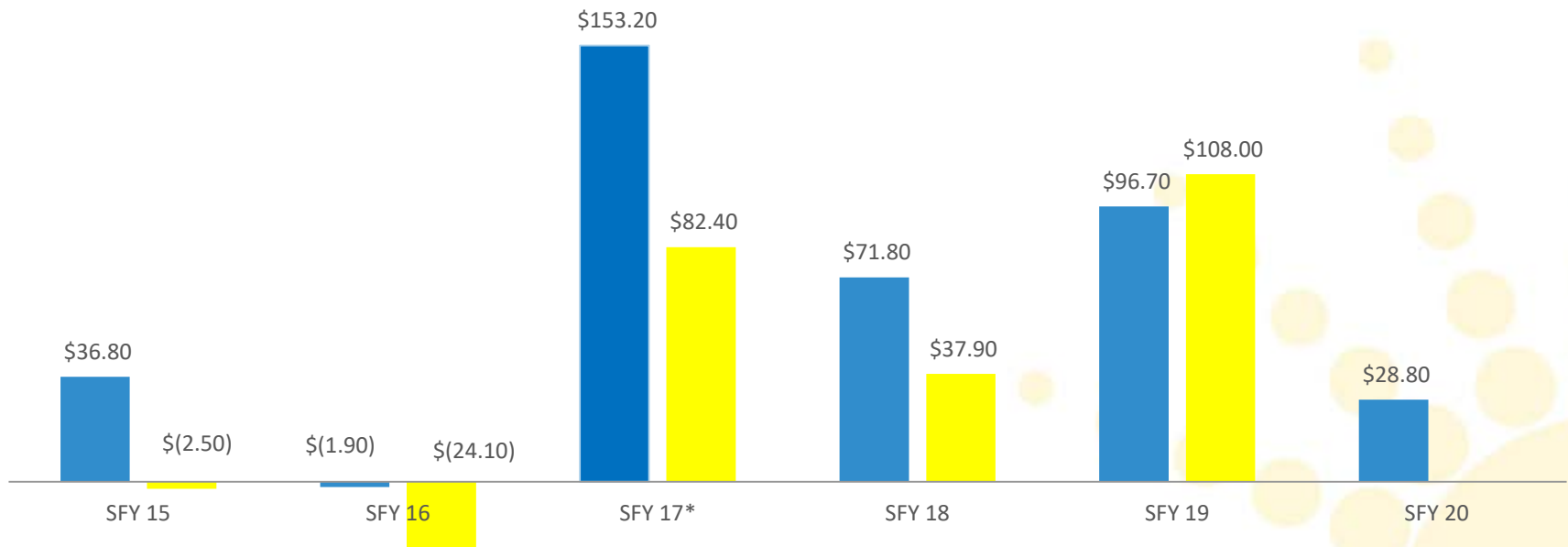
Goals	Goal Performance Indicator(s)	Objectives FY 2019
1: AHCCCS must pursue and implement long term strategies that bend the cost curve while improving member health outcomes.	Percentage of Health Plan spend in alternative payment models	a) 47% of Health Plan spend in alternative payment models
	Number of regulatory flexibilities approved	b) 3 regulatory flexibilities approved
	Number of members receiving a Medicaid behavioral health service in schools	c) Increase the number of members receiving a Medicaid behavioral health service in a school by 10%
2: AHCCCS must pursue continuous quality improvement	Percent of measures which exceed the National Committee for Quality Assurance (NCQA) mean	a) 50% of measures exceed the NCQA mean
	Number of facilities achieving medical home status	b) 8 facilities achieve medical home status
	Overall number of prescribed opioids	c) 13% reduction in overall number of opioids prescribed
3: AHCCCS must reduce fragmentation driving towards an integrated sustainable healthcare system	Percent of AHCCCS enrollees served in a fully integrated health plan	a) 98% of AHCCCS enrollees served in a fully integrated health plan by October 1, 2018
	Percent of Targeted Investment (TI) participants retained	b) Retain 95% of TI participants
	Number of provider organizations participating in the Health Information Exchange (HIE)	c) Increase number of provider organizations participating in the HIE to 580
	Percent of members who receive at least one BH service per month during their first six months of CMDP enrollment	d) Increase percent of members who receive at least one service per month during their first six months of CMDP enrollment from 76% to 80%
	Percent of pre-release inmates who receive a service within 3 months of release from incarceration	e) Increase percent of pre-release inmates who receive a service within 3 months of release from 43% to 50%
4: AHCCCS must maintain core organizational capacity, infrastructure and workforce planning that effectively serves AHCCCS operations	AHCCCS Overall Employee Engagement Score	a) Increase engagement score to 9
	ADOA system security evaluation score	b) Increase ranking on the ADOA system security evaluation score to 725

SFY20 Budget Request

Historical AHCCCS GF Requests

(in Millions)

■ Fall Revision ■ September Submission



*Does not include \$517M BHS Base Mod

SFY20 Budget Request

- Hospital Assessment
 - Increase of \$21.5M over FY19 due to reduction in FMAP from 93% to 90% on 1/1/20
- KidsCare
 - \$7.9M GF due to reduction in FMAP from 100% to 90.14% on 10/1/19
- Capitation Rates
 - Projecting overall weighted capitation increase of 2.5%
- Other Considerations
 - Comp adjustments, Asset Verification System, Provider Management System upgrade, Electronic Visit Verification

Pending Waiver Requests



AHCCCS Works

- AHCCCS submitted a request to CMS to implement AHCCCS Works on 12/19/17
- Requirement applies to able-bodied adults 19-49 who do not qualify for an exemption
- 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
- Operational workgroups defining policy parameters and system requirements in preparation for waiver approval
- Four states' waivers approved to date: Kentucky, Indiana, Arkansas, New Hampshire
- Negotiations with CMS ongoing

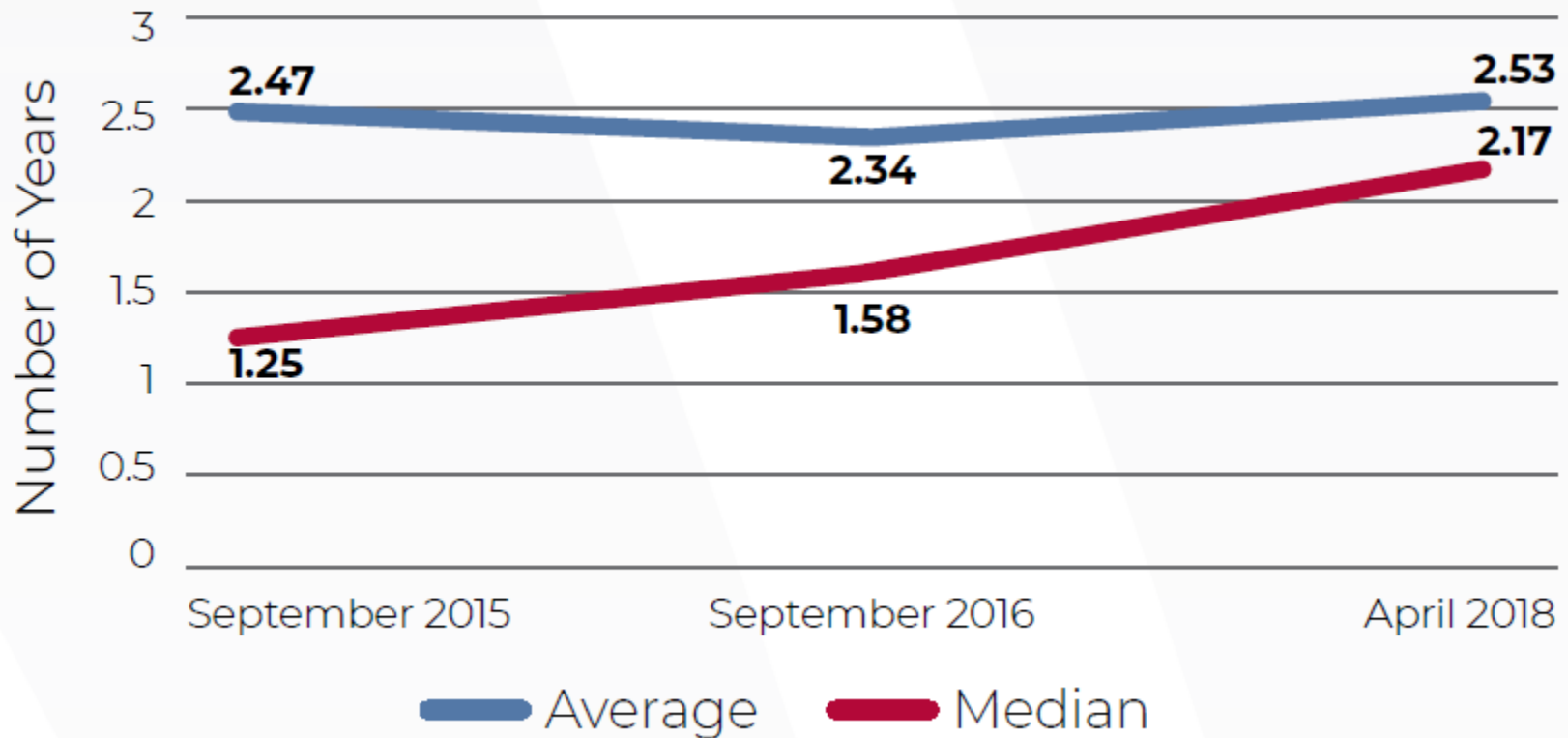
Prior Quarter Coverage

- 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
- Amendment submitted on April 6, 2018 proposes to limit retroactive coverage to the month of application, consistent with AHCCCS policy prior to 2014
- CMS requiring exemptions for pregnant women, women 60 days or less postpartum and children under age 19
- Anticipate approval this month

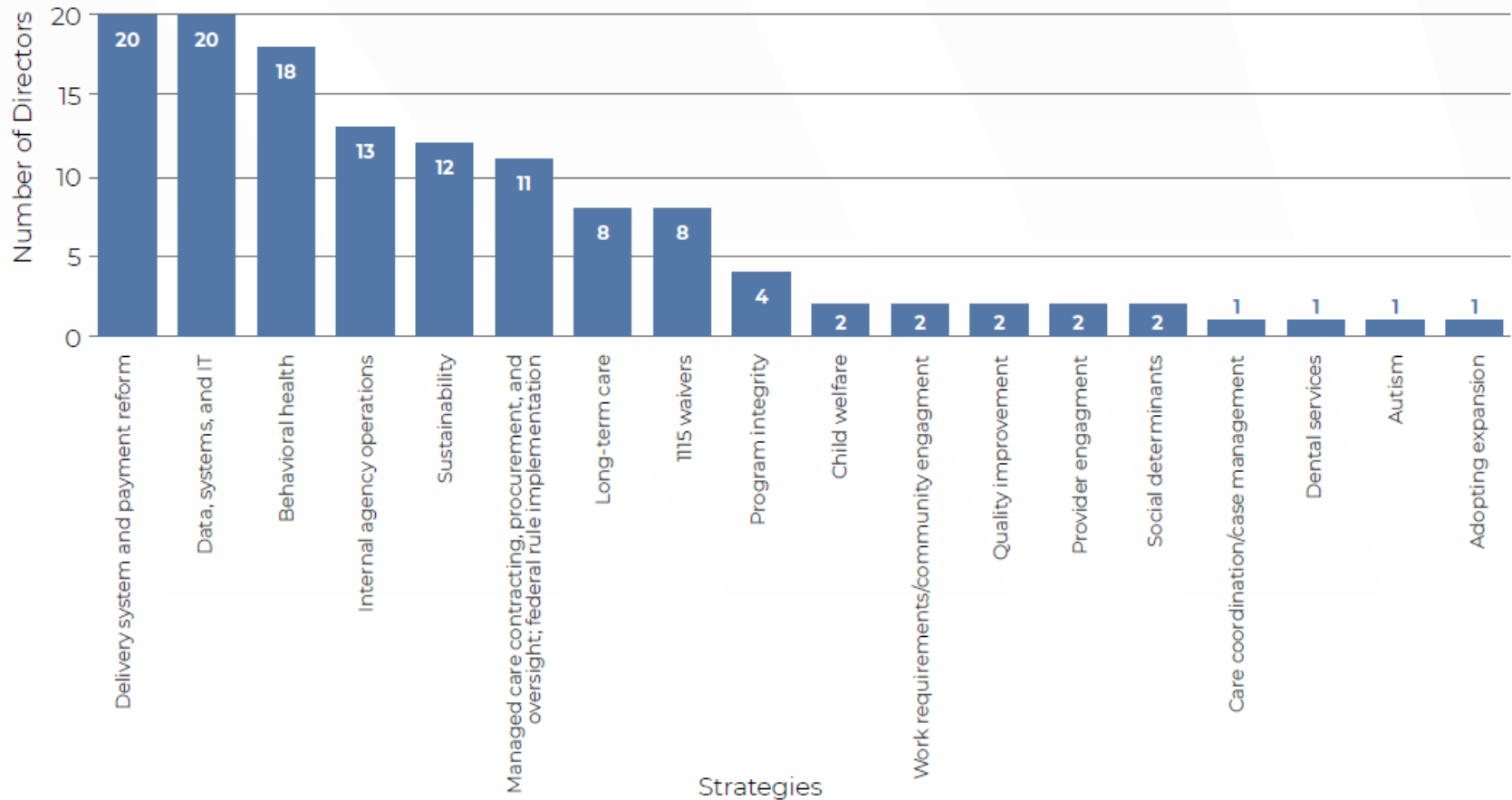
National Landscape



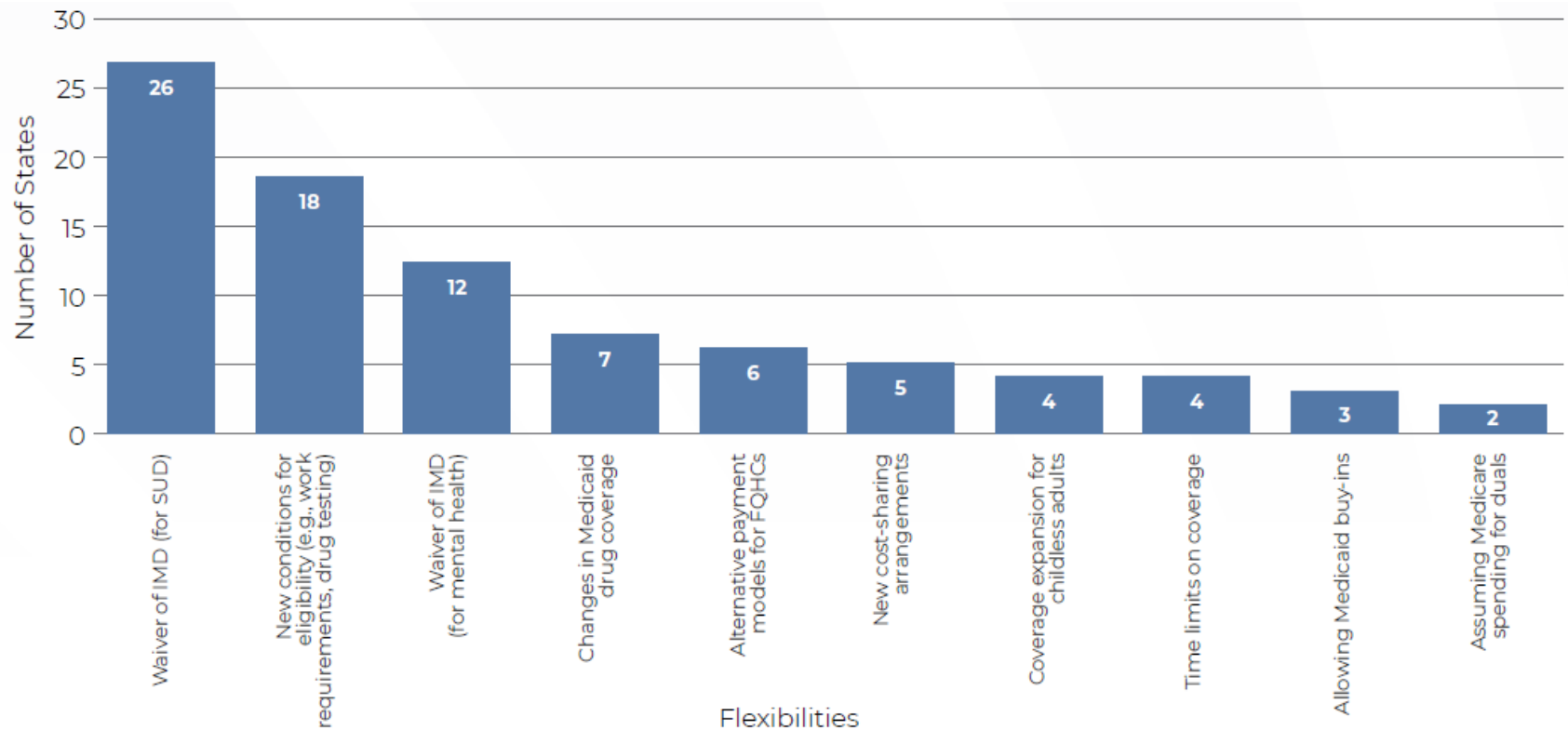
Median Medicaid Director Tenure: Comparisons to Past Years



Strategic Priorities Reported by Directors in FY 2017 for Coming Year



What waivers are Medicaid agencies pursuing now?



NAMD Regulatory Priorities

1. Managed Care Requirements – QRS – contracts
2. MH and SUD – IMD flexibility and CBO scoring
3. HCBS – EVV and HCBS heightened scrutiny
4. Prescription drugs – strengthen Medicaid negotiation authority
5. SPA Waiver and APD Reviews and Timeliness
6. Duals – continued support of alignment efforts
7. Delivery System and Payment Reform – resource to assist states on federal authority

AHCCCS Efforts to Address the Opioid Epidemic



Opioid State Targeted Response (STR)

- **Funding Period:** 5/1/17 to 4/30/19 (2 Years)
- **Amount:** \$12 million per year
- **Submitted:** 2/17/17
- **Status:** Award Granted
- **Area served:** All Regions
- **Population of focus:** At minimum; individuals with an OUD living in rural and underserved urban areas; individuals with OUD being released from correctional settings; pregnant and parenting women with OUDs; young adults ages 18-25 years; and older adults ages 55 years and older.

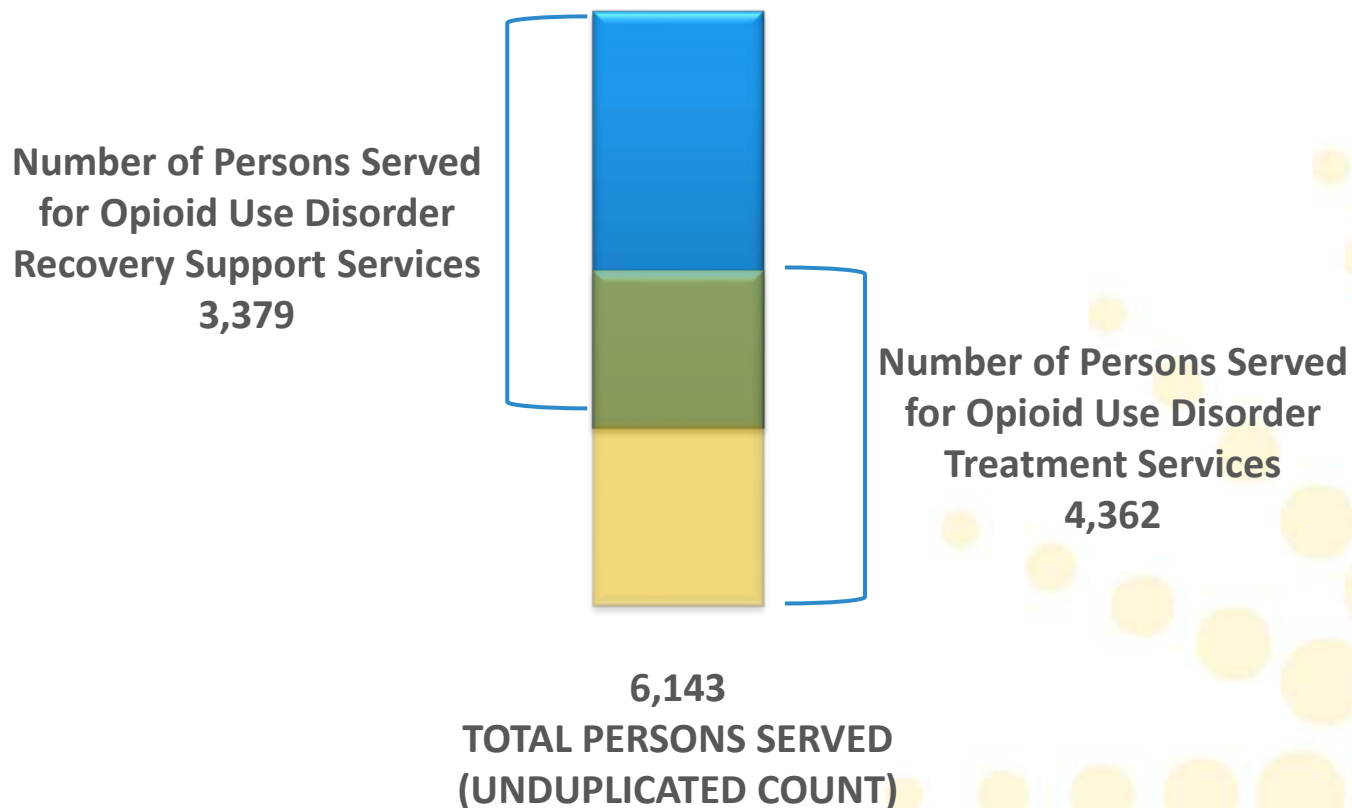
STR Highlight: Center of Excellence

- Arizona opened five 24/7 Centers of Excellence for Opioid Treatment on Demand during year one. The COE is an Opioid Treatment Program in a designated "hotspot" that expanded its hours to be open for intakes around the clock and warm handoff navigation care post intake.
- Arizona has also opened two Medication Units in rural Arizona.

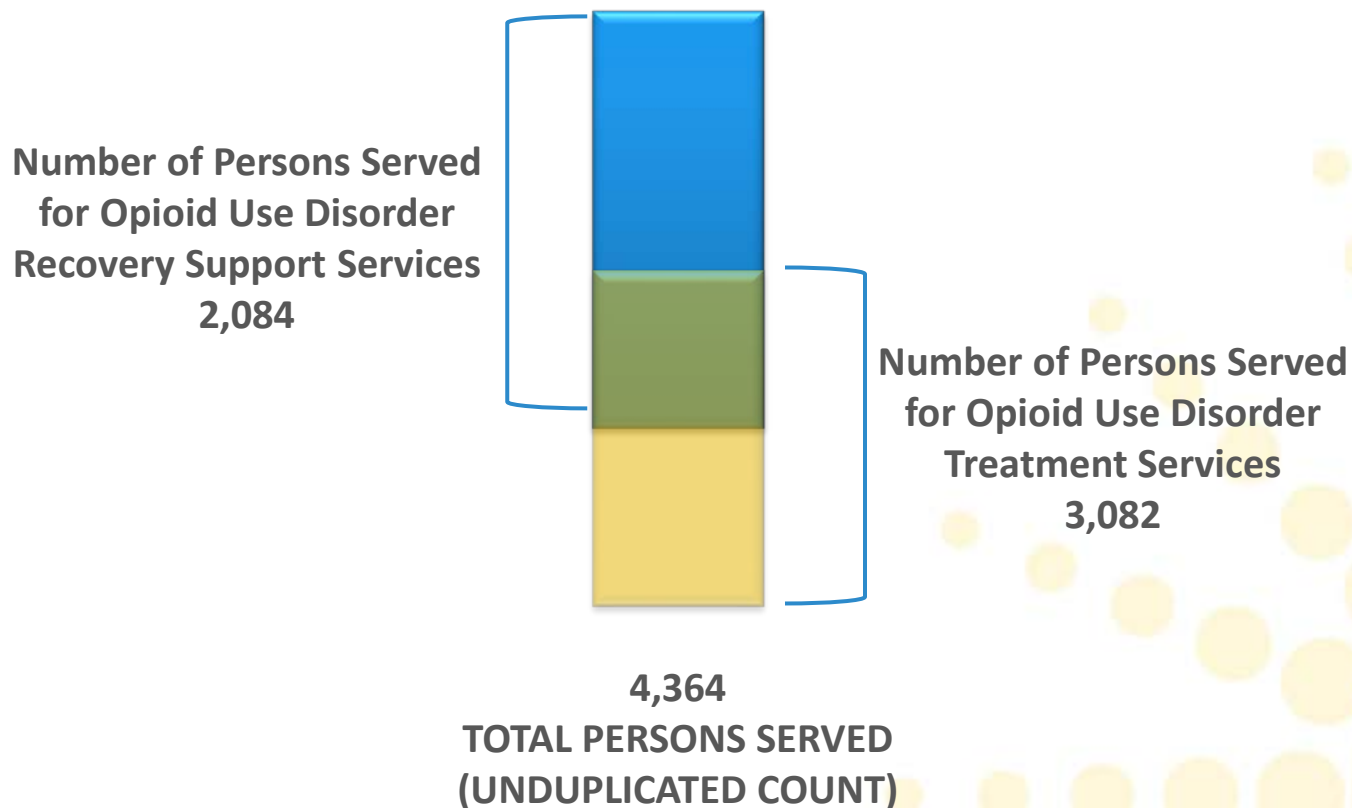
Opioid STR Carryover

- Carryover unobligated funds in the amount of \$6,863,983 from year 1 into year 2
- Submitted 7/31/2018
- **Carryover Initiatives**
 - Prescriber training reflecting opioid legislation
 - Community-based education and awareness through coalitions
 - Increasing accessibility of MAT (Med Units, COE support, Project ECHO for PPW)
 - Expansion and implementation of recovery supports – Oxford House Model for Pregnant and Post-Partum women and their children.

Total Number of Persons Served (Unduplicated Count), Arizona Opioid State Targeted Response (STR) Grant Year One



Total Number of Persons Served (Unduplicated Count), Arizona Opioid State Targeted Response (STR) Grant Year Two, May 1, 2018 – July 31, 2018



State Opioid Response (SOR)

- **Funding Period:** 9/30/18 – 9/29/20 (2 years)
- **Amount:** \$19,975,519 per year
- **Submitted:** 8/13/18
- **Status:** Pending Award (Formulary Grant)
- **Area served:** All Regions *Funding will go through T/RBHAS; additional projects will go to RFP*
- **Population of Focus:** Individuals re-entering the community from correctional settings; individuals in rural and isolated areas; individuals experiencing homelessness; tribal populations; veterans, military service members and military families; pregnant women and parents with OUD; and individuals who have experienced trauma, toxic stress or adverse childhood experiences (ACEs).

SOR Program Activities

1. Sustaining and Enhancing Naloxone Distribution;
2. Increasing Localized Community Opioid Prevention Efforts;
3. Expanding Trauma-Informed Care Prevention, Treatment and Recovery Efforts;
4. Expanding Navigation and Access to MAT through 24/7 access points (Medication Units, New OTPs and extending operating hours for OTPs);
5. Expanding access to recovery support services (i.e. housing, peer supports, job assistance and supportive recovery programming) and
6. Increasing public access to real-time prevention, treatment and recovery resources “no-wrong door”

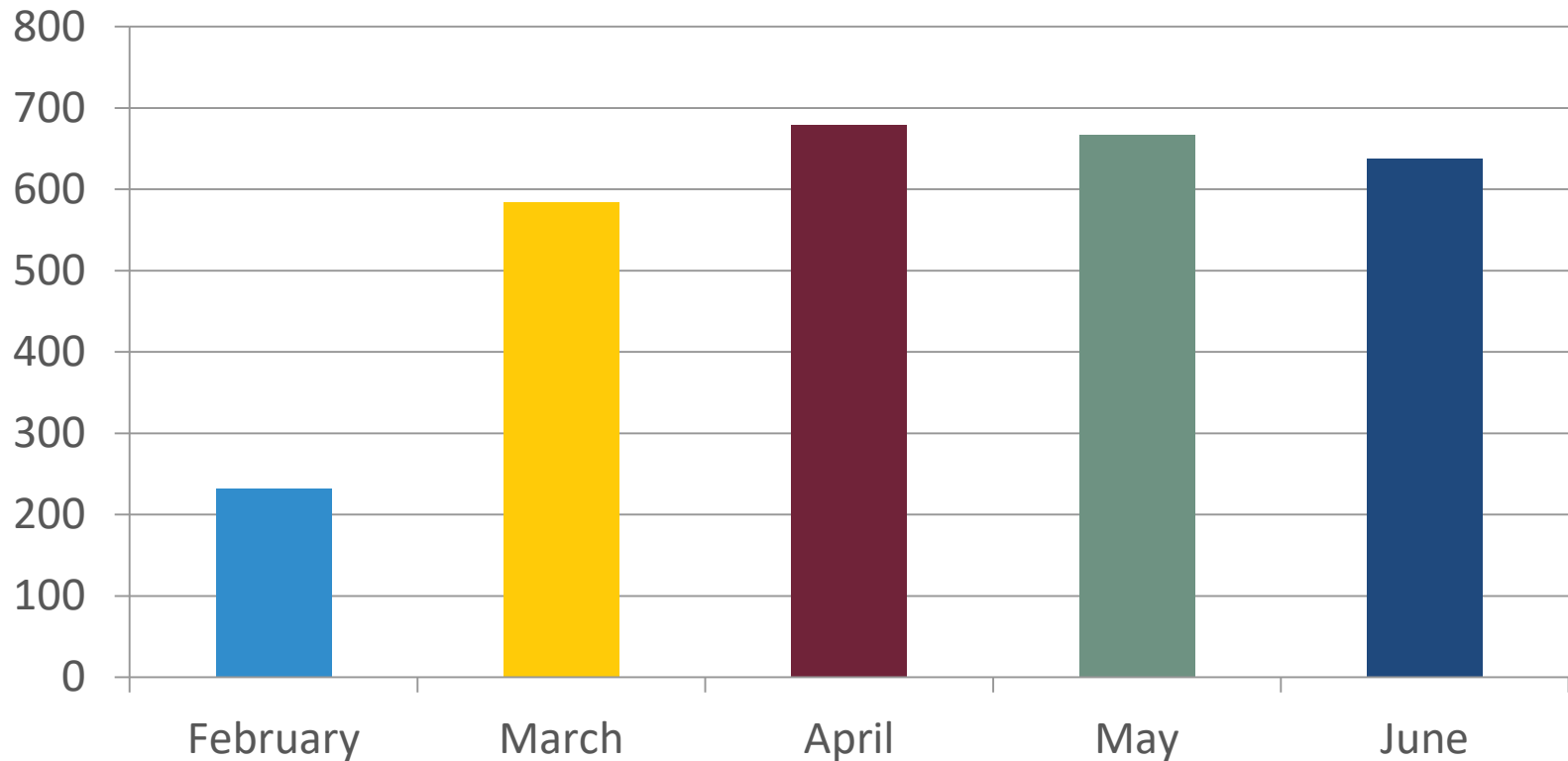
Substance Use Disorder Services Fund

\$10 m funding to be used for direct services

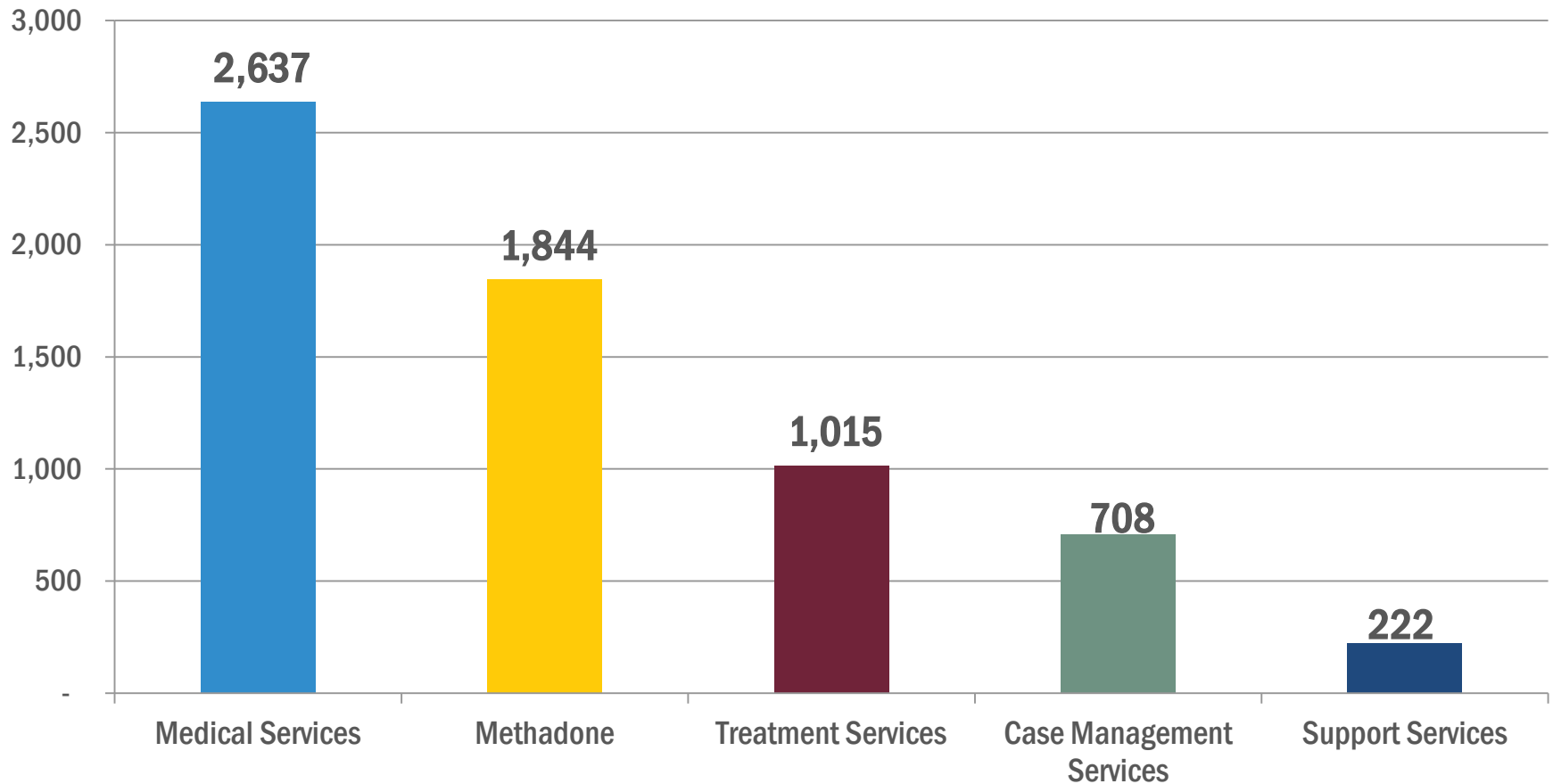
1. Increase outreach and identification of under and uninsured individuals with OUD
2. Increase navigation to OUD treatment
3. Increase utilization of OUD treatment services

Number of Individuals Served, Governor's Substance Use Disorder Services (GO SUDS) Fund, February 1, 2018 – June 31, 2018

2,800
TOTAL PERSONS SERVED



Top 5 Services, GO SUDS Fund, February 1, 2018 – June 31, 2018



Behavioral Health Services in Schools



Strategies in CYE19

- \$3M legislative appropriation
- \$10.4M in cap rates in CYE19 to enhance access to BH services on campus
 - Required implementation plan and quarterly deliverable, documenting efforts to offer behavioral health services on campus
- \$1M for targeted training in schools through interagency services agreement with ADE
- Exploring opportunities to enhance Medicaid School-Based Claiming (MSBC) program

Questions

