



# DCAIR Community Activity

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# Work Groups

- **Continuum of Care**

- Fifth meeting is 9/16; over 90 participants
- Now in subgroups based on population (SMI, Kids, GMHSU)
- Ideally will present gap SOLUTIONS to AHCCCS leaders in October after final September “working session”

SMI	Children	GMHSU
Family Support Crisis, COE/COT System Requirements Treatment & Discharge Limitations ***	Specialty Care Crisis Services Respite	Crisis Focus/Detox Intensive Case Management Options Assessment Requirements

# Full timeline for Continuum Work

- May 3: Presentations on the national landscape and brainstorming about the components of Arizona's continuum of care. A survey at the end of the meeting helped identify a wide array of issues and themes.
- June 13: Review of opportunities, policies, processes, and trends (PowerPoint attached). Discussion drilled down on high level themes (flip chart notes attached) and decided that three populations would be considered in breakout workgroups: SMI, Children, and GMHSU.
- July 15—At each of three meetings focusing on a specific population, participants self-organized into subgroups (listed above).
- August 16 – working session in subgroups
- September 16 – working session in subgroups
- FUTURE: On October 21, each population group will make a presentation to AHCCCS based on their three working sessions.

# How do we want the solution?

- Please be *specific* about the following components. It is important to move beyond general issues and identify specific gaps/barriers and proposed solutions.
- Define the existing gap/barrier
- Description of the gap/barrier
- Considerations that impact the gap/barrier and proposed solution
- **Proposed Solution**
- Impact of Proposed Solution:
  - F (potential fiscal impact)
  - S (potential statutory/policy impact)
  - L (potential regulatory/licensing impact)
  - R (research or system assessment required)
- Rating of ease to implementation of proposed solution on a 1-5 scale:
  - 5 = most difficult
  - 1 = greatest ease

# Credentialing Workgroup

- Credentialing
  - Last meeting was 7/31. After three meetings we have a path forward and are now going into subgroup with plans to implement path forward on proposed changes.
  - WE ARE MOVING FOR CHANGE!
- Two paths:
- Allow the AHCCCS registration process and credentialing with the health plans to run concurrently
- Require in the AHCCCS credentialing policy that health plans must process claims back to the date the final/completed credentialing packet was received by the plan and to the date the AHCCCS registration was effective, whichever date is later.

# A look into credentialing feedback

<b>PROVIDER SPECIFIC NEW</b> <non-delegated> <non-dental>	<b>Hiring</b> Background OIG etc. (e.g. MIHS credentialing committee)	AHCCCS ID Prov Reg App	Get ID (get letter) Submit to plans with uniform form (some tweaks) <b>NO</b> *3rd party verify for weeks <b>NO</b>	Are they approved? May not find out *notify within 30 days *lack of local credentialing contact
	Can check AHCCCS website -immediately 32 measured wkly/mo.	No indic packet received (some lost)	letter @ 100+ days confirming approved. generic P.L.	
<b>PROVIDER LOCATION &lt;MOVE&gt;</b> <non-delegated> <non-dental> 2 week admin 2 week license 1 week actual (5 weeks)	<b>L I C E N S I N G</b>	AHCCCS ID Application	Get ID (get letter) Submit to plans with uniform form (some tweaks) <b>NO</b> *3rd party verify for weeks <b>NO</b>	Are they approved? May not find out *notify within 30 days *lack of local credentialing contact
		Can check AHCCCS website -immediately 32 measured wkly/mo.	No indic packet received (some lost)	letter @ 100+ days confirming approved. generic P.L.

# Other work groups:

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- NEMT “working session”
  - Occurred August 8<sup>th</sup> with a level set of policy changes and fed/state parameters
    - Clarified that exhibit A added options for EBPs
    - Plan to clarify POS school is allowed even if not a registered provider
    - Will look to further options to address SDOH in upcoming waiver
- Community Engagement
  - Two meetings to date – awaiting feedback on our implementation plan from CMS
  - Website reflects no sooner than Summer 2020
- TC Policy Work Group
  - Met one time and have adjusted the policy for review at next TC

# Roadshow

- 6 General Public Forums
- 6 Tribal Forums (only one more to go)
- SMI RFI focused forums in July/August/September Central/South/North
- Lunch and Learns for Marina Justice





# Topics in Roadshow

- Integration
- Integration Evaluation Findings
- Next steps in contracts
- Waiver
- Social determinants



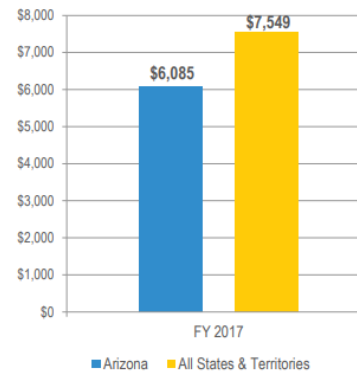
# AHCCCS At A Glance (A3G)

- Governor's Office uses for talking points
- Posted 10<sup>th</sup> of the month on [azahcccs.gov/AHCCCS/About Us](http://azahcccs.gov/AHCCCS/AboutUs) web page.
- Some info will change month to month as it's relevant/revised.

## AHCCCS @ A GLANCE

June 2019

Per Member Per Year Cost



**98%**  
of AHCCCS members are enrolled in  
*integrated health care plans*  
(Goal=98%)

Claims Processed

Medical Claims Processed Within 30 Days (or Contracted Deadline)		
Goal = 95% within 30 Days		
Feb-19	Mar-19	Apr-19
95.0%	94.5%	96.6%

Long Term Care (ALTCs) Medical Claims Processed Within 30 Days (or Contracted Deadline)		
Goal = 95% within 30 Days		
Feb-19	Mar-19	Apr-19
99.5%	99.5%	99.9%

Enrollment

Quarterly Enrollment by Age				
	Jul-18	Oct-18	Jan-19	Apr-19
Child 0-17 (includes KidsCare)	755,765	762,557	759,466	758,756
Adult	1,045,744	1,053,575	1,059,495	1,060,810
<b>TOTAL</b>	<b>1,801,509</b>	<b>1,816,132</b>	<b>1,818,961</b>	<b>1,819,574</b>

Quarterly Long Term Care (ALTCs) Enrollment				
	Jul-18	Oct-18	Jan-19	Apr-19
<b>TOTAL</b>	<b>61,121</b>	<b>63,236</b>	<b>63,983</b>	<b>64,179</b>

**Home and Community Based Services**

**87%**  
of ALTCs members receive services in their own home or community, saving an average of **\$13,939** per member in FY18.

**#5**  
in nation by spending for using home & community based services over institutional settings.



In SFY18, the **Justice Reach-In program** helped approximately

**10.711 incarcerated**