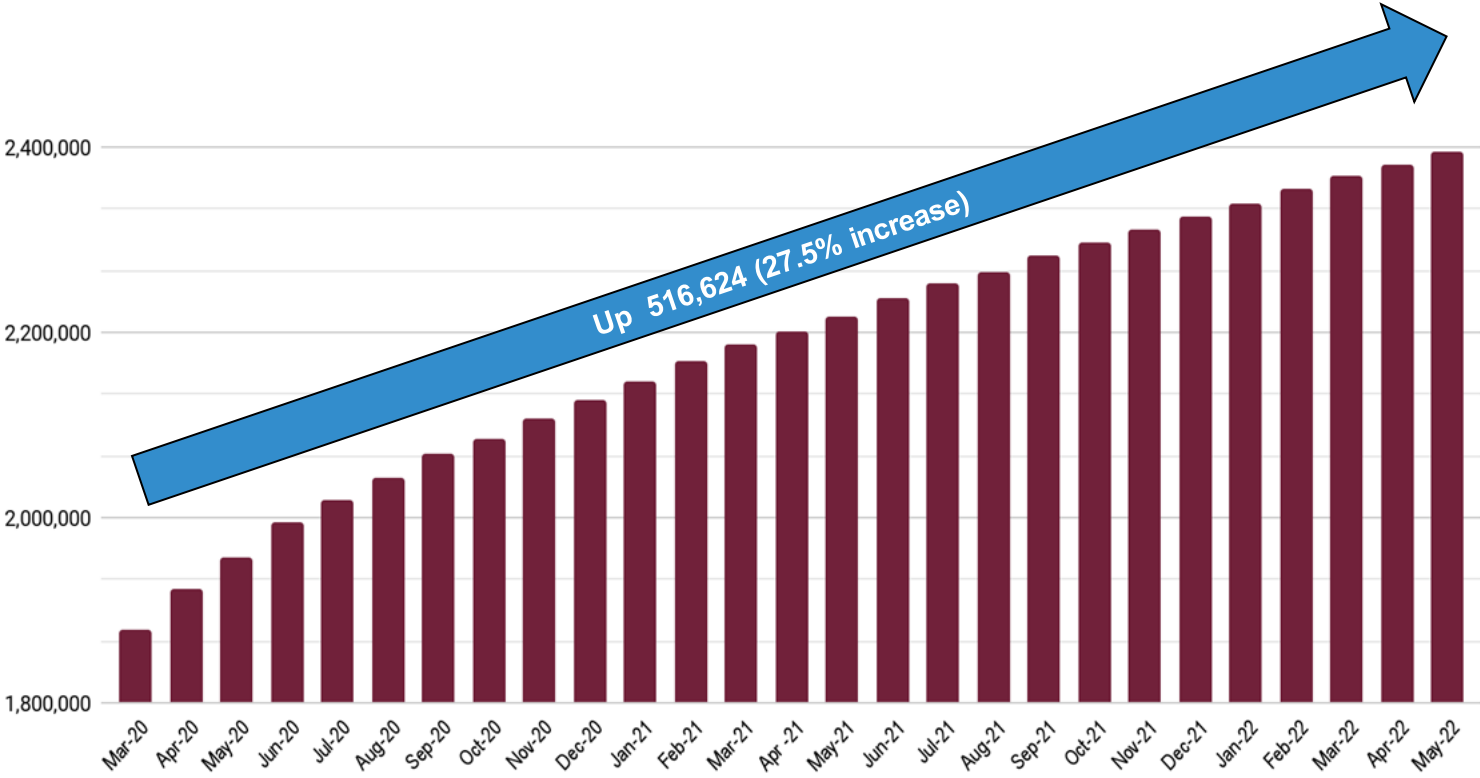


Unwinding from the Public Health Emergency (PHE)

COVID-19 Response

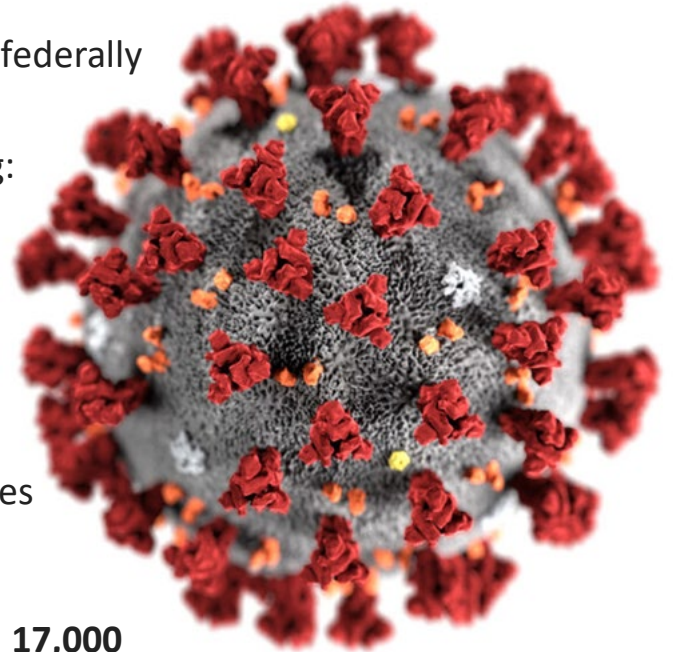
May 12, 2022

AHCCCS Enrollment: March 2020- May 2022



Response to the COVID-19 Public Health Emergency

- Maintained coverage for all beneficiaries enrolled during the federally declared public health emergency
- Maintained more than 47 programmatic flexibilities including: telehealth, parents as paid caregivers, expedited provider enrollment, etc.
- Distributed over \$126 million in additional pandemic relief funding to nursing facilities, HCBS providers, hospitals, etc.
- Implemented strategies to increase COVID-19 vaccination rates among vulnerable AHCCCS beneficiaries
 - Achieved ALTCS vaccination rates as high as 78 percent
- Maintained the [Crisis Counseling Program](#), serving more than **17,000 unique individuals** statewide with crisis counseling and group counseling/public education



PHE Renewed - Effective April 16, 2022

7/31/22-8/1/22
Expiration of the
Maintenance of Effort
Requirement/
Initiation of Processing
Redeterminations

Continuous Enrollment

6.2% FMAP

PHE

1/21/21
HHS PHE Renewed
Flexibilities, enhanced
match and MOE
continue

4/21/21
HHS PHE Renewed
Flexibilities, enhanced
match and MOE
continue

6/20/21
HHS PHE Renewed
Flexibilities, enhanced
match and MOE continue

10/18/21
HHS PHE Renewed
Flexibilities, enhanced
match and MOE
continue

1/16/22
HHS PHE
Renewed
Flexibilities,
enhanced match and
MOE continue

4/16/22
HHS PHE
Renewed
Flexibilities,
enhanced match
and MOE
continue

7/16/22
PHE Ends

9/30/22
Expiration of the
Enhanced Federal Match

**CMS has indicated that they will provide states with 60 days advance notice prior to ending the federally declared PHE.

Programmatic Changes Corresponding with the End of the Federal Public Health Emergency (PHE)

Flexibilities to **Expire** at End of PHE

The following flexibilities will be terminated upon the end of the PHE:

- Continuous eligibility, including continuous eligibility for KidsCare enrollees
 - Note: No eligibility action will be taken on any member until the beginning of the month following the end of the PHE
- Suspension of standard prior authorization (PA) requirements
- Allowing providers licensed in another state to offer emergency and non-emergency care to AHCCCS enrollees
- Waiver of home health service requirements, including face-to-face requirements in obtaining home health services and allowing other provider types to order home health services
- Modifications to standard tribal consultation processes

Flexibilities to **Expire** at End of PHE

The following flexibilities will be terminated upon the end of the PHE:

- Extension of state plan paid “bed hold” days to a maximum of 30 days
- IHS/638 facility reimbursement at the outpatient all-inclusive rate (AIR) for COVID-19 vaccine administration by registered nurses under an individual or standing order
- Payment for Non-Emergency Medical Transportation (NEMT) wait time services for trips associated with a COVID-19 drive-through vaccination site

Flexibilities **Already** Terminated

The following flexibilities have already been terminated:

- Streamlined provider enrollment processes (4/24/22)
 - Waiver of enrollment fee
 - Waiver of site visit
 - Suspension of revalidation processes
- Suspension of pre-admission screening and annual resident review (PASRR) assessments
- Timely processing of KidsCare applications
- Delay in acting on certain changes in circumstances affecting KidsCare eligibility

Flexibilities to Be **Extended** Beyond the PHE

AHCCCS is seeking to continue the following flexibilities indefinitely:

- Verbal consent in lieu of written signature on plans of care for up to 30 days for ALTCS enrollees; *need CMS approval*
- Provision of home delivered meals to individuals served by the Department of Economic Security/Division of Developmental Disabilities; *need CMS approval*
- Provision of personal care services in an acute care setting when an individual requires such services for communication, behavioral stabilization, etc; *need CMS approval*
- 10 percent rate increase for in-office flu vaccination codes and administration
- Allowing pharmacists and pharmacy interns to administer the COVID-19 and flu vaccines

Flexibilities to Be **Extended** Beyond the PHE

AHCCCS will continue the following flexibility for an **additional 60 days** (through September 2022) following the end of the PHE:

- Waiver of premiums and other cost-sharing requirements

AHCCCS will continue the following flexibility through March 31, 2024 under Section 9817 of the American Rescue Plan Act:

- Allowance permitting parents to render paid care to their minor children.

Long Term Care Flexibilities

The following long term care flexibilities will **expire** at the **end of the quarter** in which the PHE ends (anticipated for 9/30/22):

- Removal of hourly service limitation (40 hours in 7-day period) for spouses who provide paid care
- Authority to make retainer payments to habilitation and personal care providers
- Authority to use an electronic method of service delivery: case management, personal care that requires only verbal cueing, in-home habilitation
- Ability to conduct evaluations, assessments, and person-centered service planning meeting virtually/remotely
- Allowance for electronic method of sign off on required documents such as the person-centered plan



After the PHE: Unwinding Changes and Preparing to Resume Normal Operations

Julie Swenson, Senior Policy Advisor



AHCCCS Eligibility and Enrollment During the PHE

- Renewals continued through PHE
- Approximately 600,000 “COVID override” members
 - Did not complete renewal or failed to supply needed documentation
 - Screened or determined to be ineligible
- Estimate that it will take **9 months** to complete redeterminations

Preparing to Return to Normal Operations

- Reminders to provide updates to contact information or household circumstances and to respond to letters.
- MCOs assisting with member outreach to maintain coverage or connect individuals to alternate coverage options.
- EVERYONE can help ensure member contact information is accurate and current.
- Working with Federal partners and States to identify best practices.



FFS-Specific Member Outreach

- DFSM is receiving and sharing COVID Override and Member Renewal Files
- TRBHAs and AIMHs are assisting with member outreach to maintain coverage
- Additional strategies for member outreach are being explored

What Can Members Do Today to Prepare?

Update contact info in HEAPlus

[See this flier](#) for more information on how to update contact info in HEAPlus

The screenshot shows the Health-Arizona PLUS website interface. The left sidebar contains a list of options under 'I Want To...'. The option 'Report a Change' is highlighted with a red box. Other options include 'Voluntarily Withdraw an Application or Stop Benefits', 'Finish Your Application', 'Begin a New Application', 'Reapply for Benefits', 'Change User Account Information', 'Enter Application Access Code to Access Existing Application', 'Lock My Account', 'Print Forms', 'Request Application Access Code to Access Existing Application', and 'View Messages'. The main content area shows 'My Account' information, including a verified ID, address (701 E Jefferson St, Phoenix, AZ, 85034-2215), and options to change user account information and frequently asked questions. Below this is a table for 'My Medical Assistance' with one entry: AHCCCS Medical Assistance, beginning on 09/01/2021. At the bottom, there is a section for 'My Applications' with a table showing one submitted application on 9/30/2021.

Name	Program	Begin Date	End Date
	AHCCCS Medical Assistance	09/01/2021	

Application Number	Date Started	Date Sent	Status	View
2021272000237	9/30/2021	MA 9/30/2021	Submitted	Provide/View Documents View Application Summary

The graphic features a blue background with a laptop displaying the HEAPlus website. The text on the laptop screen reads: 'UPDATE YOUR INFORMATION TODAY! Make sure your contact information is up to date so AHCCCS can contact you, if needed.' Below the text is a section titled 'INDIVIDUAL AND FAMILY'. The AHCCCS logo is visible at the bottom left of the graphic.

Log in or create an account at www.healtharizonaplus.gov

Direct Member Outreach

AHCCCS and the health plans are attempting to reach members who've failed to respond to requests for additional information

- 233,000 members to receive robocalls from AHCCCS beginning April 8
- Text messages to AHCCCS opt-ins, plus new text outreach to all mobile numbers on file with AHCCCS
- 376,000 households sent a generic reminder letter in April
- Renewal requests from AHCCCS by US mail asking for information to confirm eligibility
- MCOs to help locate members whose mail has been returned as undeliverable

Returning to Normal Operations

- Full redetermination when eligibility was extended
- Will receive one of two letters - Renewal approval or request for more information
- If not eligible, customers will receive advance notice and appeal rights
- Align redetermination and renewal actions at household level
- Distribute all member renewals evenly over 12-month unwinding period



DFSM COVID Unwinding Updates

Ewaryst Jedrasik, RN, DFSM Deputy Assistant Director



DFSM COVID-19 Flexibilities

- Link to the current memo:
azahcccs.gov/AHCCCS/Downloads/COVID19/AHCCCSPriorAuthorization.pdf

Behavioral Health

- Anticipated effective date July 16, 2022(based on current last day of the PHE), current concurrent review prior authorization for Behavioral Health Inpatient Residential Treatment Center (RTC) will resume to a concurrent review frequency of every 30 days. Reviews for Behavioral Health Residential Facilities (BHRF) will continue at concurrent review intervals of up to 90 days.
- Providers should continue to work with the TRBHA and outpatient treatment teams for ongoing care coordination and discharge planning needs.

Pharmacy

- Prior authorization continues to be waived for compounded drugs at a cost of up to \$75.00 for children less than ten years of age.
- 42 CFR 456.705 and the Arizona State Board of Pharmacy requires that members receive counseling when prescriptions are dispensed. Effective July 16, 2022 AHCCCS FFS will reinstate the Arizona State Board of Pharmacy member signature requirement to confirm that counseling occurred.

Non-Emergency Medical Transportation (NEMT) Services

- Changes were implemented to the flexibilities related to the [COVID-19 DFSM memo](#). The following requirements will be reinstated.
 - Effective 8/1/2021, NEMT providers transporting a member over 100 miles must obtain prior authorization.
 - Effective July 1, 2022 AHCCCS NEMT drivers are required to collect a passenger's written or electronic signature on the FFS Trip Ticket.

Physical Health Services Update

- Anticipated 7/16/2022 the following changes will be implemented to the flexibilities related to the facility services:
- DFSM will reinstate prior authorization and concurrent review requirements for the following levels of care:
 - Acute Inpatient hospitalization;
 - Assisted Living Facilities/Centers;
 - Skilled Nursing Facilities (SNFs); and
 - Inpatient Rehabilitation Facilities (e.g., Long Term Acute Care Hospitals).
- Prior Authorization approvals for elective inpatient services will continue to be extended as medically appropriate.

Other Flexibilities

- It is anticipated that with the end of the COVID-19 Public Health Emergency, the use of Alternative Care Sites (ACS) established by Indian Health Service (IHS) or Tribally owned/operated 638 facilities will end on 07/16/2022.
- Separately and consistent with CMS Guidance issued on 10/4/21, AHCCCS DFSM does not intend to review claims related to the Four Walls provision until nine months after the end of the COVID-19 PHE. More information from CMS can be found here: [CIB Informational Bulletin - Four Walls](#)

Thank You.

Have a great day!