Agency Director: Strategic Planner: Last modified: Jami Snyder Gloria Diaz 06/24/2021

Vision: Shaping tomorrow's managed health care...from today's experience, quality, and innovation.

Mission: Reaching across Arizona to provide comprehensive, quality health care for those in need.

Agency Description: The Arizona Health Care Cost Containment System (AHCCCS), the State's Medicaid Agency, uses federal, state, and county funds to provide health care coverage to eligible enrollees. Since 1982, when it became the first statewide Medicaid managed care system in the nation, AHCCCS has operated under a federal Research and Demonstration 1115 Waiver authority that allows for the operation of a statewide managed care model.

Executive Summary: As a delivery system that serves more than 2 million Arizonans with a budget of slightly more than \$18 billion, it is critical that AHCCCS pursue a broad array of strategies that are focused on creating a sustainable program. It is within this context that this plan was developed. The plan continues to work toward four overarching strategies which will guide the overall direction AHCCCS will take over the course of the new fiscal year. These four strategies build on previous accomplishments and represent the collaborative efforts of the AHCCCS leadership team.

	Summary of Multi-Year Strategic Priorities				
	#	Five Year Strategy	Start Year	Progress / Successes	
	1	Pursue and implement long-term strategies that bend the cost curve while improving member health outcomes	2017	 Seventy-seven percent of AHCCCS health plan spend is in an alternative payment model (subject to change upon final submission of data in early 2022) From 12/19 to 12/20, utilization of telehealth services among AHCCCS beneficiaries increased by 172%. 	
	2	Pursue continuous quality improvement	2017	 AHCCCS' Electronic Visit Verification (EVV) system went live on 1/1/21. AHCCCS has offered extensive training to providers required to use the EVV system. The Arizona Provider Enrollment Portal went live on 8/31/20. Nearly 9,500 providers have created an account. AHCCCS has worked with tribal providers to establish 7 American Indian Medical Homes (AIMHs). Nearly 25% of American Indian Health Program (AIHP) members are empaneled with an AIMH. 	
	3	Reduce fragmentation driving toward an integrated sustainable healthcare system	2017	 All provider organizations participating in the Targeted Investment program (111 in total) are engaged with and receiving technical assistance from the Quality Improvement Collaborative with ASU. Contract for the closed-loop referral system (CLRS) awarded in March 2021. Approximately 150 organizations have formally expressed interest in the CLRS. Contract for the housing administrator awarded in January 2021. 	
	4	Maintain core organizational capacity, infrastructure and workforce planning that effectively serve AHCCCS operations	2017	 Contract for the maintenance and operations of HEAplus awarded in June 2020. On track for full transition to new contractor on 7/1/21. Achieved an employee engagement score of 85% for SFY21. Eighty-one percent of employees responded that they have the tools needed to do their jobs. Sixty-five percent of AHCCCS staff are now working in a virtual office setting, allowing for the consolidation into 1 of 2 AHCCCS main campus 	

buildings.

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Strategy #	FY22 Annual Objectives	Objective Metrics	Annual Initiatives				
1	Increase school safety	Percent growth in the number of Medicaid-enrolled students receiving a BH service on campus	Partner with MCOs and providers to co-locate services on campus and expand school-based claiming program				
1	Reduce health disparities	Percent of AIHP members empaneled with an American Indian Medical Home	Partner with IHS and Tribal leadership to onboard new AIMHs; offer outreach & technical assistance to increase members empaneled				
2	Increase use of AHCCCS'	Percent of new provider enrollment	Offer ongoing training and education to providers on how to				

use the automated platform

AHCCCS' enrollment system

continuum software

stakeholders

a remote work setting

Provide focused oversight of the new contractor, assuming

responsibility for the maintenance and operations of HEAplus.

Partner with MCOs and schools to develop statutorily required

referral policies and encourage use of the claims identifier and

uniform referral and reporting methodology; partner with ADE

to outreach to additional schools to participate in the program

Offer differential adjusted payment incentive funding to

providers who integrate their EHR system with the ASAM

Partner with Health Current to promote availability of CLRS,

Promote the availability of the treatment locator to interested

Maintain organizational policies that support remote work

options and offer ongoing training on how to work effectively in

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and integrate it into existing workflows; offer differential

adjusted payment incentive funding to providers

parties, including providers, families/members and

Develop a succession planning template and process

applications processed within 30 days

Percent of HEAPlus scheduled up-time

Number of referrals from educational

institutions for uninsured or

behavioral health services

underinsured children to receive

Number of providers that have

integrated the American Society of

software into their Electronic Health

Number of organizations participating

Percent of staff telecommuting >1 days

in the SDOH closed-loop referral

system, beginning on 10/1/21

Number of hits to the AHCCCS

established Treatment Locator

Number of Deputy Directors and

Assistant Directors that have a formalized succession plan

Addiction Medicine (ASAM) continuum

of receipt

Record (EHR)

per week

platform

benefits

services

options

2

2

2

3

automated provider enrollment

Ensure seamless experience for

individuals applying for AHCCCS

Address the behavioral health

Standardize treatment planning

and placement for individuals

with substance use disorders

Improve AHCCCS member connectivity to critical social

Provide a comprehensive

for opioid use disorder

resource for accessing treatment

Maximize use of remote work

Prepare for anticipated staff

Agency Strategic Plan developed in accordance with A.R.S. § 35-122

retirements/departures

needs of uninsured and

underinsured children