

AHCCCS Update



AIHP Integration- 10.01.18

- Approximately 37, 939 members
- Outreached to top BH and CRS providers
- Internal staff capacity- case management and PA/UR nurses
- Care coordination with ACC/RBHAs, UHS/CRS, MSICs



AIHP Integration- 10.01.18

- Coordination around COE/COT, NTXIX services, crisis
- FFS rates for BH
- CaseManagers@AZAHCCCS.gov



Post Go-Live Monitoring

- Closely monitoring plan activity: member calls, provider calls, transportation, pharmacy, care coordination, claims payment, etc.
- No major concerns related to gaps in care or failure to coordinate care
- Issues addressed to date
 - Education of pharmacies on member enrollment lookup
 - Transport of minors
 - Specific plan call center challenges



Points of Contact - ACC Transition

AHCCCS

Member Services

602-417-7100 (Maricopa County)

1-800-962-6690 (Outside of Maricopa County)

www.azahcccs.gov

American Indian Health Program

Prior authorization technical assistance: 602-417-4400

Claims customer service: 602-417-7670 option 4

azahcccs.gov/AmericanIndians/AIHP/

Banner University Family Care

1-800-582-8686

www.bannerufc.com/acc

Magellan Complete Care 1-800-424-5891

www.mccofaz.com

Steward Health Choice Arizona

1-800-322-8670

www.stewardhealthchoiceaz.com

Arizona Complete Health-Complete Care Plan

1-888-788-4408

www.azcompletehealth.com/

completecare

Care1st Health Plan

1-866-560-4042

www.care1staz.com

Mercy Care

1-800-624-3879

www.mercycareaz.org

UnitedHealthcare Community Plan

1-800-348-4058

www.uhccommunityplan.com



Strategic Plan & Budget Update



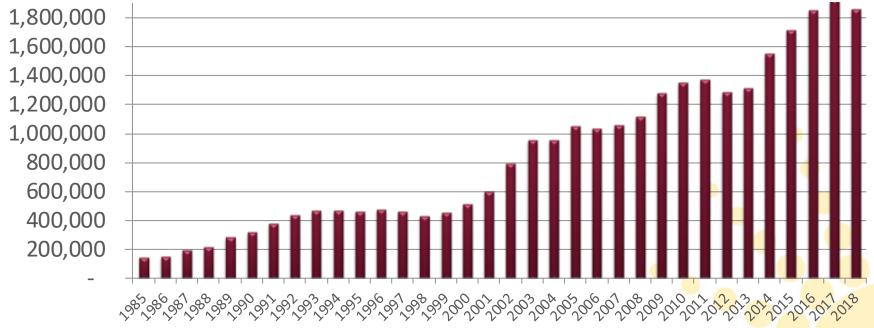


AHCCCS Strategic Plan

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 Number of regulatory flexibilities approved	a) 47% of Health Plan spend in alternative payment models
		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
		b) 8 facilities achieve medical home status
	Number of facilities achieving 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 $\mbox{\rm HIE}$ to 580
	Percent of members who receive at least one BH service per month during their first six months of CMDP enrollment Percent of pre-release inmates who receive a service within 3 months of release from incarceration	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%
		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 ADOA system security evaluation score	a) Increase engagement score to 9
		b) Increase ranking on the ADOA system security evaluation score to 725



AHCCCS Population as of July 1, 1985 – 2018

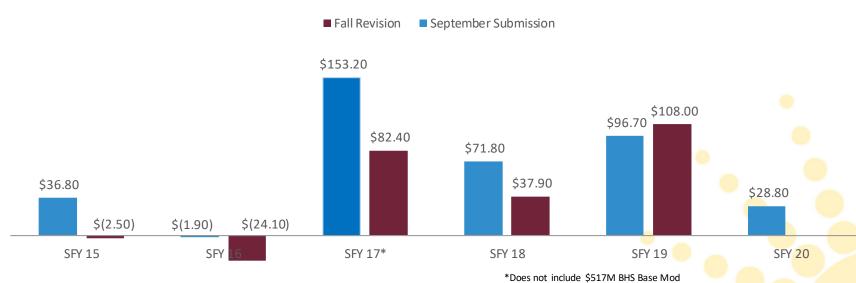




SFY20 Budget Request

Historical AHCCCS GF Requests

(in Millions)





FY 20 Request

- Population and cost growth \$58
- KidsCare \$8 m
- MCHIP \$12 m
- No Health Insurer Fee (\$18) m
- Transfer BH Funding DD (\$31) m
- Total Increase = \$29



Differential Adjusted Payment Program: Request for Information

- Seeking Stakeholder Input
- Have done adjustments for AIMH and working on high cost drugs
- Other Provider examples
 - Hospitals Subject to APR-DRG Reimbursement for HIE
 - Nursing Facilities Above average 2 quality measures
 - Integrated Clinics increase for Physical health seric
 - E-prescribe for select providers



AZ Opioid Dashboard

Real Time Opioid Data

For the first time, statewide opioid data is available in real time. Check out the details of the five categories of data we are now collecting.

1,176
suspect opioid deaths

7,437

suspect opioid overdoses

722

neonatal abstinence syndrome 13,994

naloxone doses dispensed 4,917

naloxone doses administered



- · The final rule for Opioid Reporting has been released and is now in effect. Review the final reporting rules
- Arizona Opioid Prescribing Guidelines 2018
- Learn about the new Arizona Opioid Epidemic Act | Español
- · The final rule for Opioid Prescribing and Treatment has been released and is now in effect.
- · Check out our latest progress on the opioid response.





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.



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).

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



Goals, Metrics, & Targets
Connecting the Organization

Business/Performance Reviews

Review of Quarterly & Strategic
Plans

Visual Management Boards

Tiered Huddles

Process Standardization & Standardized Work

Training

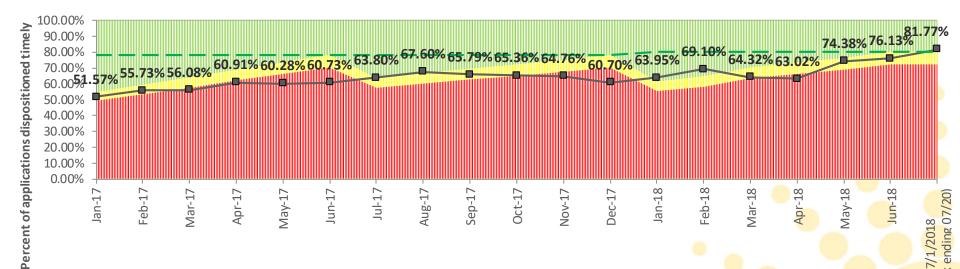
Huddle Board Management

Problem Solving



AMS Success! ALTCS Applications

Percent of ALTCS Applications Dispositioned in 45 Calendar Days or Less





Reducing Provider Burden

- Leverage Hawaii partnership for new Provider Registration System – 2019
- Demographic User streamline reporting for BH
- Evaluating some of the CMS proposals
- VBP streamlining



Member Streamlining

- Renewal Processing
 - Arizona is one of 7 states that currently process at least 75% of its Medicaid renewals automatically through the system with no action required by a State worker
 - 2016 75% Renewed Automatically
 - 2017 76% Renewed Automatically



Member Streamlining

- Arizona is one of 12 states where:
 - Consumers can start/stop an application and return later to complete
 - Consumers can scan and upload documents
 - Online portal available for application assistors
 - Can be used for seniors and individuals with disabilities
 - Can be used for at least one non-health program (such as SNAP or TANF)



HIE Participant Growth

