ASD 9/2/15 – Reducing System Complexity

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Data Obtained & Needed

For AHCCCS data requests, it can take up to 24 hours or more to compile, so work groups should be selective in making requests – be clear about how data will be used to make decisions about recommendations.

Data provided by Sharon was compiled by DDD (ALTCS/non-ALTCS) – is it possible to get similar data from other AHCCCS populations? Data will be beneficial for policy considerations.

Understanding How Things Work

System complexity needs to be addressed from the perspectives of both the providers and the members/families.

Generally speaking, the system is set up around trial and error, where parents call and get advice on trying to navigate the system one way or another until they are successful, rather than getting clear guidance on how to immediately receive services.

Need to identify all available resources throughout the entire program, so that individuals with ASD will be served appropriately.

System complexity across the many programs (ALTCS, DDD, CRS, Acute, Behavioral Health) results in a complex system for the member to navigate.

There is no number or resource for members/families/providers to call in order to clarify the complexities of the system.

It's a laborious/frustrating task when a member is identified as potentially being at risk for ASD and there is a need to connect them to appropriate services.

When discussing the system, many believe they operate how they are supposed to – from diagnosis to treatment - but this is not the case.

> Anecdote: A new AHCCCS member has an ASD diagnosis that was made by a physician in England. DDD/ALTCS is not recognizing the diagnosis. Family is experiencing delays in receiving appropriate services because of the delay in getting an "official" diagnosis.

At an agency level, many have identified that how systems are set to function is not how systems are actually functioning.

System fragmentation and navigating the system has caused frustration for members and families.

Discuss what support coordinators do, and potentially include their functions in any recommendations.

System complexity and the manner in which the systems are set to operate have been identified as an issue in multiple workgroups.

Creating relationships throughout the entire system and providing periodic training may benefit service delivery.

Habilitative therapies, in DDD-ALTCS or not, there needs to be clarification from AHCCCS to the Health Plans as to what services are available to members. When it comes to ASD, clarifying EPSDT services is vital to reducing system complexity.

Eligibility

Clarity regarding eligibility is key – available services, programs, health plans, etc. Complexity stems from not having information readily available. If there is no oversight regarding communication, or care coordination, members/families will continue to fall through the cracks or give up.

Producing very concise handouts for member/family communication will be very beneficial.

Network Issues

In dealing with distinct provider networks, those networks will probably not change substantially and the system will more than likely be addressing what is already established and available.

There is a definite provider shortage in the state of Arizona that can serve members diagnosed with ASD.

Providers need to better understand the contracts associated with providing services to members with ASD as there may be confusion with what is required on their part. Educations and outreach may need to be provided on contractual obligations and billing instructions.

Scarcity of providers has resulted in the denial of claims/services – PCH feeding clinic used as an example. Feeding therapy will need to be used as a specific example as to a service that needs to be covered.

Carve Outs

Simplifying the entire system would help – the amount of carve outs adds to system complexity. But, with carve outs, they serve a purpose in that it provides choice for the consumer.

Eliminating carve outs may reduce consumer choice – but health plans could also pursue further integration of services to expand provider networks.

Care Coordination

Who coordinates the care coordinators? – CMS liaison, DDD liaison, case managers, etc. People who are not as knowledge with the system eventually fall through and never receive services.

Care coordination at the facility level may provide a better experience at the member level – this could also alleviate the need to eliminate or substantially alter the current system or specific carve out programs.

Appeals

Member/Family appeals process also needs to be streamlined – took two years for specific issue to be addressed at agency level.

DDD Senior Leaders

When high-level employees, such as medical directors at DDD, leave the system and there is no notification, it creates further complexity and delays the ability to provide and receive appropriate and timely care.

One thing to identify for all "players" is the go-to person (name, contact information, position, etc.) when there is dissatisfaction within the system, regardless of being a provider or member/family. The point of entry to get all questions answered will reduce complexity.

Integrated System?

Most of these complexities are a result of a multi-payer system – identifying and thinking through if a two payor or single payor system would reduce complexity. Should this be included as a recommendation? Would potentially be applicable to those members who are not ALTCS eligible, but have ASD and other healthcare needs.

Dr. Salek would then be relying on CMOs of all health plans to create specific diagnosing materials/practices, which will continue system complexity.

With one pool of money being paid to multiple organizations, competition and approving any and all services is prevalent.

Coding

Coding difficulties and complexities has added to system complexity.

Therapy codes are some of the most complicated, but it may be difficult for providers to always know what system the member is trying to navigate. There may not be a solution to resolve this particular piece of system complexity.

Prescribing Authority

Current AHCCCS rules regarding medication prescribing also contributing to system complexity in that one provider, who is qualified to prescribe drugs, cannot prescribe because of the system they are a part of. For example, a pediatric physician is unable to prescribe psychological medications because they are not part of the RBHA. But, behavioral health providers are not diagnosing or understanding the reason why children are punching themselves in the stomach (constipation) or face (tooth ache), or have enlarged livers because of the side effects associated with the prescribed medication.

What the group would like to see moving forward:

1. Need to be able to identify what the problem is with the child – quick diagnosis and immediate availability of service delivery. Waiting upwards of 9 months or more is too long.
2. Dedicated coordinators of care
3. A cocoon of service delivery across multiple systems
4. Need a cadre of individuals at health plans who are able to be the ombudsmen and make service delivery and navigation possible.
5. An integrated system where the whole health of the child is considered, rather than the current system of fragmentation.
6. A system that is flexible enough that if services that are not available, members can receive services outside of the system.
7. Requests for therapies need to be eliminated so that children are able to receive all services necessary – increase care coordination.
8. Provider care coordination and integration in order to identify and handle all the needs of members, including follow-up care.
9. A person-centered approach and providing choice to the member.
10. Costs should not be a factor in approving necessary care
11. Creating a resource for members/families/providers to go to in order to get all the necessary information on navigating the system – without this resource, understanding every system of care will be necessary
12. Physical/Behavioral Health would be integrated
13. Arizona needs only one Medicaid system for members diagnosed with ASD, rather than various carve-out programs
14. One integrated plan
15. Under ALTCS, no aging out of certain therapies such as ABA
16. Encouraging providers to participate in the networks
17. Consider implementing aspects of approaches in other states such as New Jersey
18. ALTCS screening process is missing the core of autism