



# Community Quality Forum

May 19, 2022

# Community Quality Forum Agenda

- **Welcome**
- **Community Quality Forum Purpose**
- **Quality Improvement Update**
  - 2021 CAHPS Results
  - 2020 Performance Measure Results
  - 2023 Back to School Campaign
  - Reports Available
- **COVID-19 Pandemic**
  - Vaccination Rates
- **Crisis Updates**
  - 988 Implementation
  - Crisis Data Trends
  - 10/1/22 Statewide Crisis Contractor
- **Children with Specialized Healthcare Needs**
  - CALOCUS Implementation Update
- **CCE (Competitive Contract Expansion – ACC-RBHAs)**

# Community Quality Forum Purpose

Georgette Kubrussi Chukwuemeka  
Strategic Performance Administrator  
Division of Health Care Management

# Community Quality Forum

The AHCCCS Community Quality Forum evaluates physical and behavioral health system performance in alignment with our integrated care model in collaboration and consultation with community stakeholders to drive system improvement efforts.

# Quality Improvement Update

Georgette Kubrussi Chukwuemeka

# 2021 CAHPS Survey Results

# 2021 CAHPS Survey Results

- **Purpose:**
  - To inform the Community Quality Forum of recent CAHPS Survey Results
- **Background:**
  - AHCCCS conducted a CAHPS Survey for the following populations/Lines of Business:
    - ACC (Child and Adult, MCO specific, and Line of Business level reporting)
    - SMI (Adult, MCO specific, and Line of Business level reporting)
    - DCS CHP (Child)
    - KidsCare (Child, Program level reporting)
  - Performance compared to the National Committee for Quality Assurance's (NCQA's) 2020 Quality Compass® Benchmark and Compare Quality Data to derive star ratings
    - Note: 2021 data was not available while developing the draft report
  - Final reports and results are posted on the AHCCCS website - <https://www.azahcccs.gov/Resources/HPRC/>

# 2021 CAHPS Survey Results

## KidsCare - Child Survey Results

Child - General	Global Rating				Composite Measure				Individual Item Measure
	LOB/Contractor	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Customer Service
KidsCare 2021	★★ <sup>^</sup>	★ <sup>^</sup>	★	★★+	★★★	★★★	★★	★★★★+	★★+
2019	★★★★★	★★★★★	★★★★★	★★+	★	★★★	★★★★★	★★★★★+	★★+

\* Indicates fewer than 100 responses. Caution should be exercised when evaluation these results.

<sup>^</sup> Representative of a Statistically Significant Decline from previous survey conducted.

# 2021 CAHPS Survey Results

## DCS CHP - Child Survey Results

Child - General	Global Rating				Composite Measure				Individual Item Measure
	LOB/Contractor	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Customer Service
DCS CHP (3) 2021	★	★★	★★	★	★★★★	★★★	★★★	★★+	★

\* Indicates fewer than 100 responses. Caution should be exercised when evaluation these results.

# 2021 CAHPS Survey Results

## ACC - General Child Survey Results

Child - General	Global Rating				Composite Measure				Individual Item Measure
LOB/Contractor	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Customer Service	Coordination of Care
<b>ACC Program 2021</b>	★★★	★★	★★	★★★★★	★★	★★	★★★	★	★
AzCH-CCP	★★	★★★★★	★★★	★★★★★	★★★★★+	★★+	★★★	★+	★+
BUFC	★★★	★	★	★★★★★+	★★+	★★★+	★★	★★+	★+
Care 1 <sup>st</sup>	★★★	★★★	★★	★+	★★★★	★★	★★★	★+	★+
HCA	★★	★★★	★	★★★★★+	★+	★★+	★★★	★+	★+
MCC	★	★	★	★★+	★★+	★★★+	★★+	★+	★★★+
Mercy Care	★★★★★	★★★	★★★★★	★★★★★+	★★★+	★★+	★★★★★	★+	★★+
UHCCP	★★★	★	★★	★★+	★+	★+	★★★	★★+	★★+

\* Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

# 2021 CAHPS Survey Results

## ACC - Adult Survey Results

Adult LOB/Contractor	Global Rating				Composite Measure				Individual Item Measure			
	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Customer Service	Coordination of Care	Advising Smokers & Tobacco Users to Quit	Discussing Cessation Medications	Discussing Cessation Strategies
ACC Program 2021	★★★	★★	★★	★	★★	★★	★	★★	★	★	★	★
AzCH CCP	★★	★	★★	★	★	★★★	★★	★★	★	★+	★+	★+
BUFC	★★★★	★★	★★★★	★★	★★	★★	★★	★★★★	★	★+	★+	★+
Care 1 <sup>st</sup>	★★	★	★	★	★	★★	★	★★	★	★+	★+	★+
HCA	★	★	★★	★★	★	★★	★★	★★+	★+	★+	★+	★+
MCC	★	★	★	★	★	★+	★	★★+	★+	★+	★+	★+
Mercy Care	★★★	★★	★★★★	★	★★	★	★★★★	★+	★★+	★★+	★★+	★+
UHCCP	★★★	★★★	★★	★★	★★★	★★★	★	★	★	★★+	★+	★+

+ Indicates fewer than 100 responses. Caution should be exercised when evaluation these results.

# 2021 CAHPS Survey Results

## RBHA - Adult Survey Results

Adult	Global Rating				Composite Measure				Individual Item Measure			
LOB/Contractor	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Customer Service	Coordination of Care	Advising Smokers & Tobacco Users to Quit	Discussing Cessation Medications	Discussing Cessation Strategies
<b>SMI Program</b> 2021	★	★	★	★	★	★	★	★	★	★	★★	★★
AzCH-CCP	★	★	★	★	★	★	★	★★	★	★	★★	★★
HCA	★	★	★	★	★	★	★★	★★	★	★★	★★	★
Mercy Care	★★	★	★	★	★	★★	★	★	★	★	★★★★	★★★★

# 2021 CAHPS Survey Results

AHCCCS provided the 2021 CAHPS Survey results to the Contractors on February 4, 2022

- As part of the communication, AHCCCS requested the Contractors:
  - Conduct an analysis of its plan-specific findings, and
  - Provide a summary that includes interventions that will be implemented to address any noted area(s) of concern
- Summaries currently undergoing review by the AHCCCS QI Team
- Additional discussions related to survey results and next steps to be conducted via monthly AHCCCS MCO QI Workgroup meetings

AHCCCS considering conducting additional CAHPS Surveys for 2023.

# CY 2020 Performance Measure Overview - Statewide Rates

# CY 2020 Statewide Rates

## CYE 2018, CYE 2019, and CY 2020 Comparison\*

Measure Name	CYE 2018	CYE 2019	CY 2020	Difference
Diabetes Short-Term Complications Admission Rate per 100,000 Member Months—Total (Lower is Better)	13.8	14.0	11.8	-2.2
Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—Total	56.5%	54.2%	58.0%	3.8%
Follow-Up After Hospitalization for Mental Illness—30-Day Follow-Up—Total	73.8%	72.5%	74.4%	1.9%
Initiation and Engagement of AOD Abuse or Dependence Treatment—Total AOD Abuse or Dependence—Initiation of AOD Treatment—Total	44.8%	45.1%	45.5%	0.4%
Initiation and Engagement of AOD Abuse or Dependence Treatment—Total AOD Abuse or Dependence—Engagement of AOD Treatment—Total	13.9%	15.5%	15.8%	0.3%
Use of Opioids at High Dosage in Persons Without Cancer—Total (Lower is Better)	12.7%	11.1%	9.9%	-1.2%

\* CMS Scorecard measures for which CYE 2018, CYE 2019, and CY 2020 statewide rates were available

# CY 2020 Statewide Rates

## Well-Child/Well-Care Rates

The CMS Child Core Set no longer includes the following Performance Measures:

Measure Name	CYE 2018	CYE 2019	Difference
Adolescent Well-Care Visits	41.5%	42.9%	1.4%
Well-Child Visits in the First 15 Months of Life—6+ Visits	61.6%	63.6%	2.0%
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	61.8%	63.9%	2.1%

Beginning with the CY 2020 measurement year, these measures have been replaced with:

- Child and Adolescent Well-Care Visits
- Well-Child Visits in the First 30 Months of Life
  - Rate 1: 15 Months - 6+ Visits
  - Rate 2: 30 Months - 2+ Visits

# CY 2020 Statewide Rates

## Well-Child/Well-Care Rates

AHCCCS calculated rates for the new measures to serve as the CYE 2019 baseline reporting for the AHCCCS-mandated Back to Basics PIP.

- While these rates do not serve as AHCCCS Official Performance Measure rates, the CYE 2019 rates are provided below for comparison purposes to the CY 2020 statewide rates.

Measure Name	CYE 2019	CY 2020	Difference
Child and Adolescent Well-Care Visits	50.6%	43.0%	-7.6%
Well-Child Visits in the First 30 Months of Life (Rate 1: 15 Months - 6+ Visits)	63.6%	56.5%	-7.1%
Well-Child Visits in the First 30 Months of Life (Rate 2: 30 Months - 2+ Visits)	68.6%	67.1%	-1.5%

# CYE 2020 Statewide Rate Comparison Review

CMS Medicaid Median data is not yet available for comparison; as a result, the comparison review reflects changes in rates from CYE 2019 to CY 2020 reporting.

CYE 2019 Strongest Performing Measures (≥10% Above the NCQA Medicaid Mean)	Domain	CYE 2019 Rate	CY 2020 Rate	Difference
Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up	Behavioral Health Care	54.2%	58.0%	3.8%
Follow-Up Care for Children Prescribed Attention Deficit/Hyperactivity Disorder (ADHD) Medication—Initiation Phase	Behavioral Health Care	59.6%	61.7%	2.0%
Follow-Up After Hospitalization for Mental Illness—30-Day Follow-Up	Behavioral Health Care	72.5%	74.4%	1.9%
Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase	Behavioral Health Care	66.9%	71.1%	4.2%
Follow-Up After ED Visit for Mental Illness—7-Day Follow-Up	Behavioral Health Care	51.9%	53.2%	1.3%

# CYE 2020 Statewide Rate Comparison Review

Of the top 5 measures in CYE 2019 with the greatest opportunity for improvement, two were retired and the remaining three demonstrated improved performance from the previous year's reporting.

CYE 2019 Measures with Greatest Opportunity for Improvement (≥10% Below the NCQA Medicaid Mean)	Domain	CYE 2019 Rate	CY 2020 Rate	Difference
Asthma Medication Ratio	Care of Acute and Chronic Conditions	61.0%	66.0%	5.0%
Antidepressant Medication Management—Effective Continuation Phase Treatment	Behavioral Health Care	23.5%	26.1%	2.6%
Antidepressant Medication Management—Effective Acute Phase Treatment	Behavioral Health Care	42.5%	45.0%	2.6%

# CYE 2020 Statewide Rate Comparison Review

Measures demonstrating the greatest improvement in performance when compared to the previous year's reporting included the following:

CY 2020 Measures Demonstrating Greatest Improvement in Performance	Domain	CYE 2019 Rate	CY 2020 Rate	Difference
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	Behavioral Health Care	52.4%	57.7%	5.3%
Asthma Medication Ratio	Care of Acute and Chronic Conditions	61.0%	66.0%	5.0%
Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase	Behavioral Health Care	66.9%	71.1%	4.2%

# CYE 2020 Statewide Rate Comparison Review

Whereas, measures demonstrating the greatest declines in performance when compared to the previous year's reporting included:

CY 2020 Measures Demonstrating Greatest Declines in Performance	Domain	CYE 2019 Rate	CY 2020 Rate	Difference
Breast Cancer Screening	Primary Care Access and Preventive Care	52.1%	47.6%	-4.5%
Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose and Cholesterol Testing	Behavioral Health Care	40.0%	33.7%	-6.3%
Annual Dental Visit	Not Applicable	60.4%	50.0%	-10.4%

# CYE 2020 Statewide Rate Comparison Review

- Two of the three measures demonstrating the greatest declines in performance when compared to the previous year's reporting are part of an active Performance Improvement Project (PIP):
  - Breast Cancer Screening - ALTCS EPD and RBHA
  - Annual Dental Visit - ACC, DCS CHP, and DDD
- AHCCCS currently evaluating the introduction of an additional PIP specific to Metabolic Monitoring for Children and Adolescents on Antipsychotics for the ACC, DCS CHP, and DDD populations.
- The AHCCCS QI Team will be updating the Performance Measure Dashboard to include Calendar Year 2020 rates.

# 2023 Back-to-School Campaign

# 2023 Back-to-School Campaign

- Joint AHCCCS and MCO Back-to-School Campaign to launch Summer 2023 to improve well-care visit rates statewide. Key components of the campaign include:
  - Member incentives (i.e. backpacks, school supplies)
  - Provider partnerships
- Campaign related questions and concerns will be discussed during the monthly AHCCCS MCO QI Workgroup meetings
- AHCCCS is continuing discussions related to provider-level tracking tool requirements and capitation rate considerations
- AHCCCS to develop member and provider communication materials in collaboration with its MCOs

# Reports Available

# Reports Available

Over the past several months, AHCCCS has finalized and posted several reports and resources on its website:

- External Quality Review Annual Technical Reports
  - Available for each line of business on the [Health Plan Report Card](#) webpage
  - Includes: Quality improvement activities completed in Calendar Year 2021, and performance measure results for Measurement Year 2020 (January 1, 2020 - December 31, 2020)
- Performance Measure Data Dashboard
  - Available on the [Dashboards](#) webpage
  - Updated to include CYE 2019 data
- Childhood Immunization Completion Rates
  - Available on the [AHCCCS Reports to Arizona Legislature](#) webpage
  - Includes: Performance measure results for Measurement Year 2020

# COVID-19 Vaccination Rates

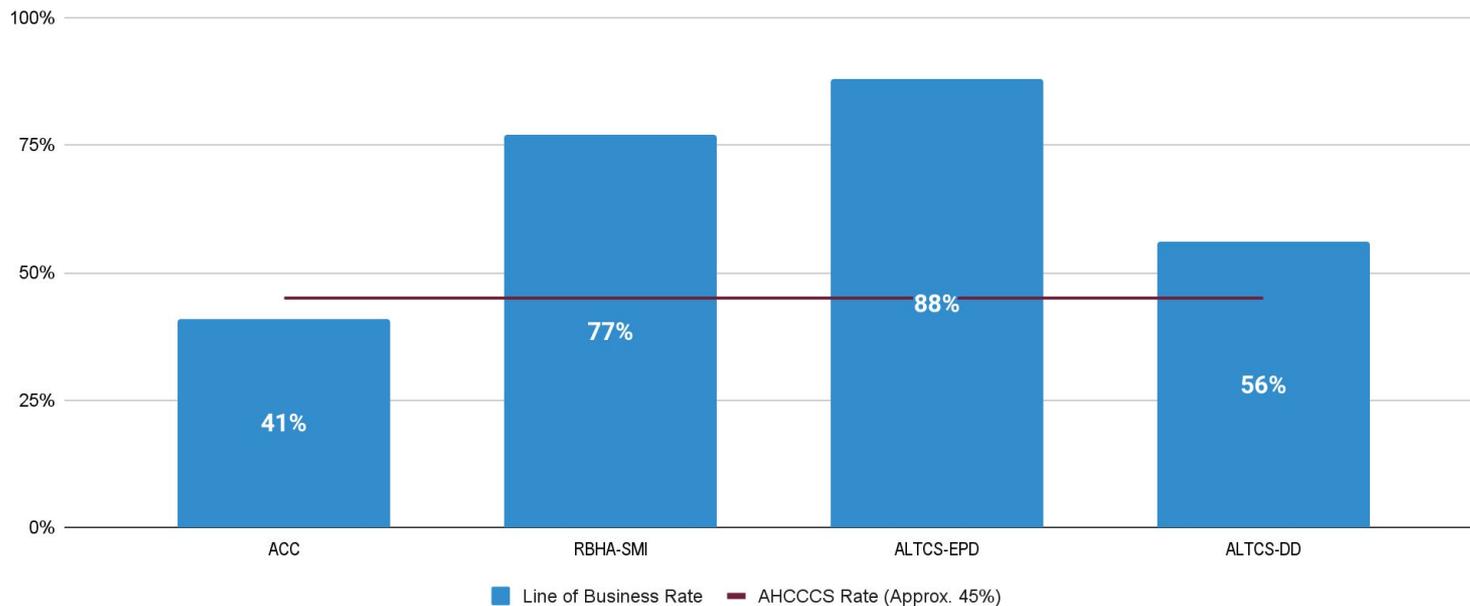
Eric Tack MD JD MPH

Deputy Assistant Director for Managed Care Clinical  
Compliance

Division of Health Care Management

# AHCCCS Beneficiary COVID-19 Vaccination Rates 5 years and up\*

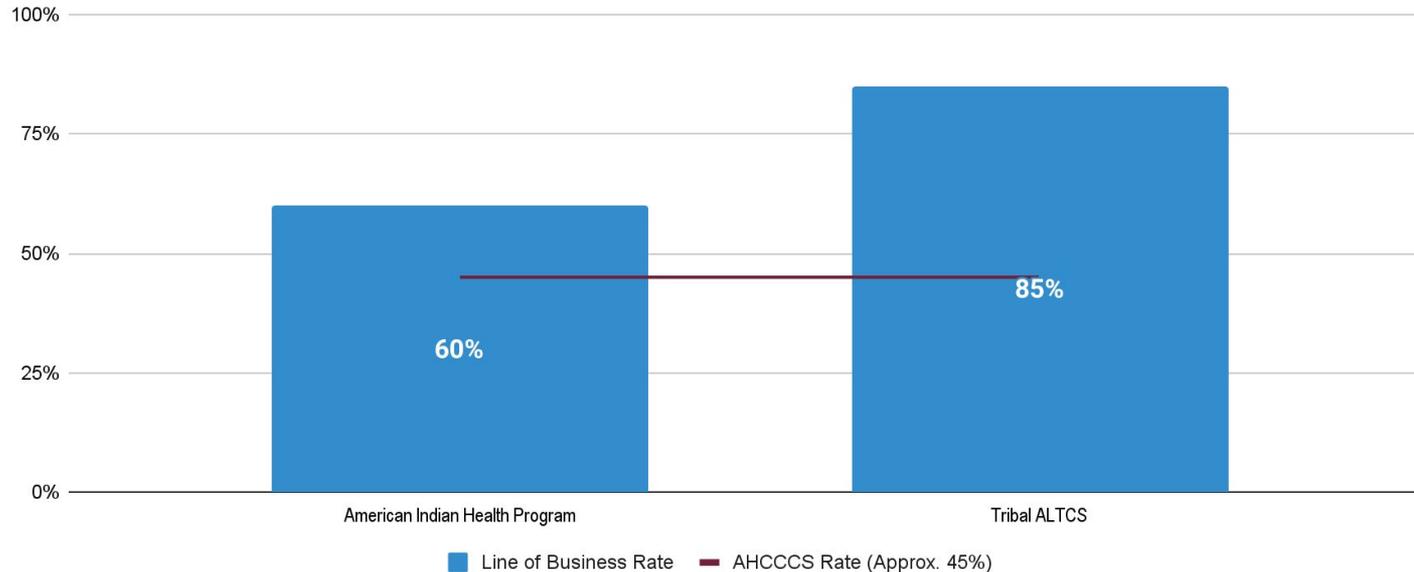
COVID-19 Vaccination Rates by Line of Business  
Percentage of Individuals Ages 5+ Who Received at Least One Dose as of April 14, 2022



\*AHCCCS estimated rate calculated using AHCCCS paid claims and encounters and data from the Arizona State Immunization Information System (ASIS) courtesy of the Arizona Department of Health Services (ADHS). Data limitations include member cross-match limitations with ASIS as well as claim and encounter lag time.

# AHCCCS Beneficiary COVID-19 Vaccination Rates 5 years and up\*

COVID-19 Vaccination Rates by Line of Business  
Percentage of Individuals Ages 5+ Who Received at Least One Dose as of April 14, 2022



*\*Information for Fee for Service Programs, including the American Indian Health Program and Tribal Arizona Long Term Care System, is only an estimate and may be understated due to Indian Health Service and tribally owned/operated facilities being able to report vaccination administration information via the State of Arizona or via other federal mechanisms.*

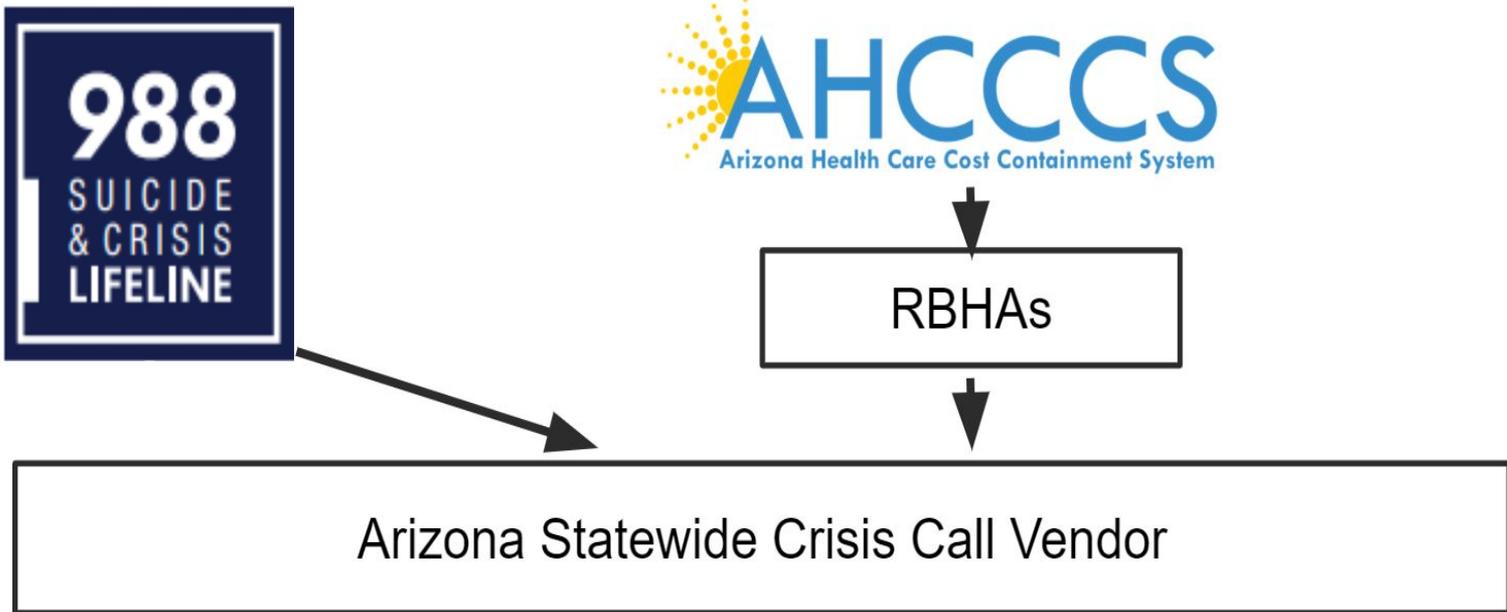
# 9-8-8/Crisis Update

CJ Loiselle

Crisis Administrator

Division of Grants Administration

# 10/1/2022 9-8-8 and Arizona Crisis Lines



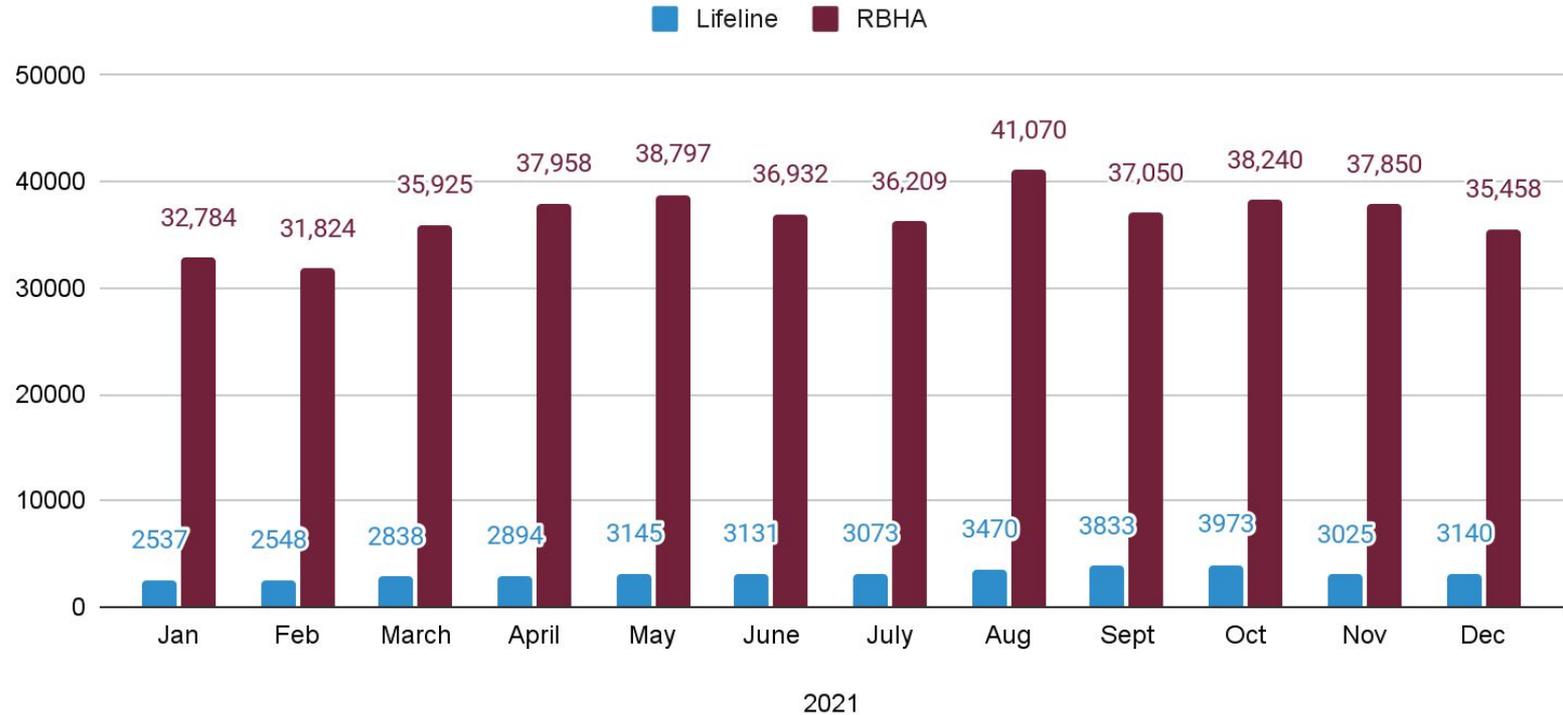
# Crisis Phone Line Vendor

- Currently each RBHA is responsible for operating Crisis Phone services in their assigned GSA.
- The awarded ACC-RBHA Contractors are responsible for selecting a single statewide crisis phone line vendor.
- The new statewide phone line vendor has been selected and all three RBHA's are in the process of executing a contract with Solari, Inc. for all crisis call center services beginning 10/1/2022.
- Existing statewide crisis telephone numbers will remain for at least one year post transition.

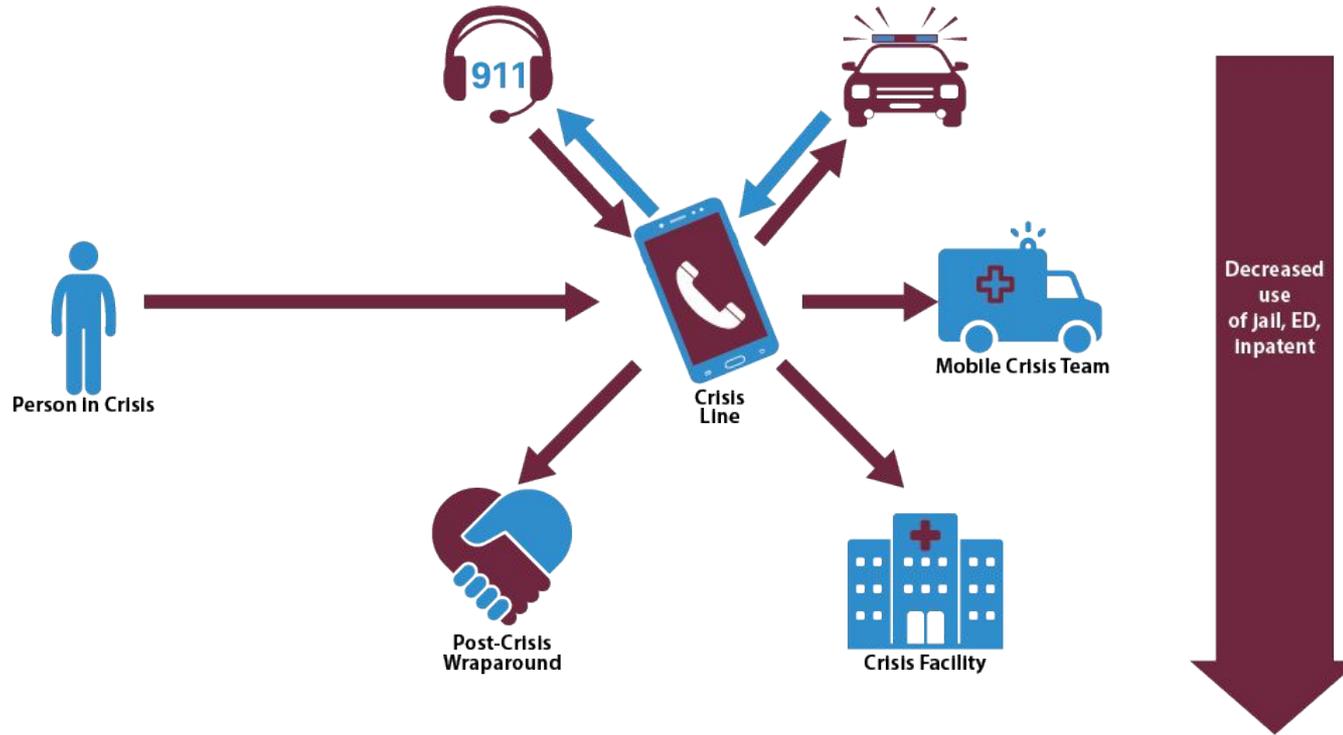
# Arizona 988 State and Territory Cooperative Agreements Grant

- **Awarded:** 04/15/2022
- **Funding Period:** 04/30/2022 - 04/29/2024 (2 years)
- **Amount:** \$1,953,661
- **Area served:** All Regions
- **Focus:** The purpose of this grant is to improve state and territory response to 988 contacts (including calls, chats, and texts) originating in the state/territory by:
  - o Recruiting, hiring and training behavioral health workforce to staff local 988/Lifeline centers to respond, intervene, and provide follow-up to individuals experiencing a behavioral health crisis;
  - o Engaging Lifeline crisis centers to unify 988 response across states/territories; and
  - o Expanding the crisis center staffing and response structure needed for the successful implementation of 988.

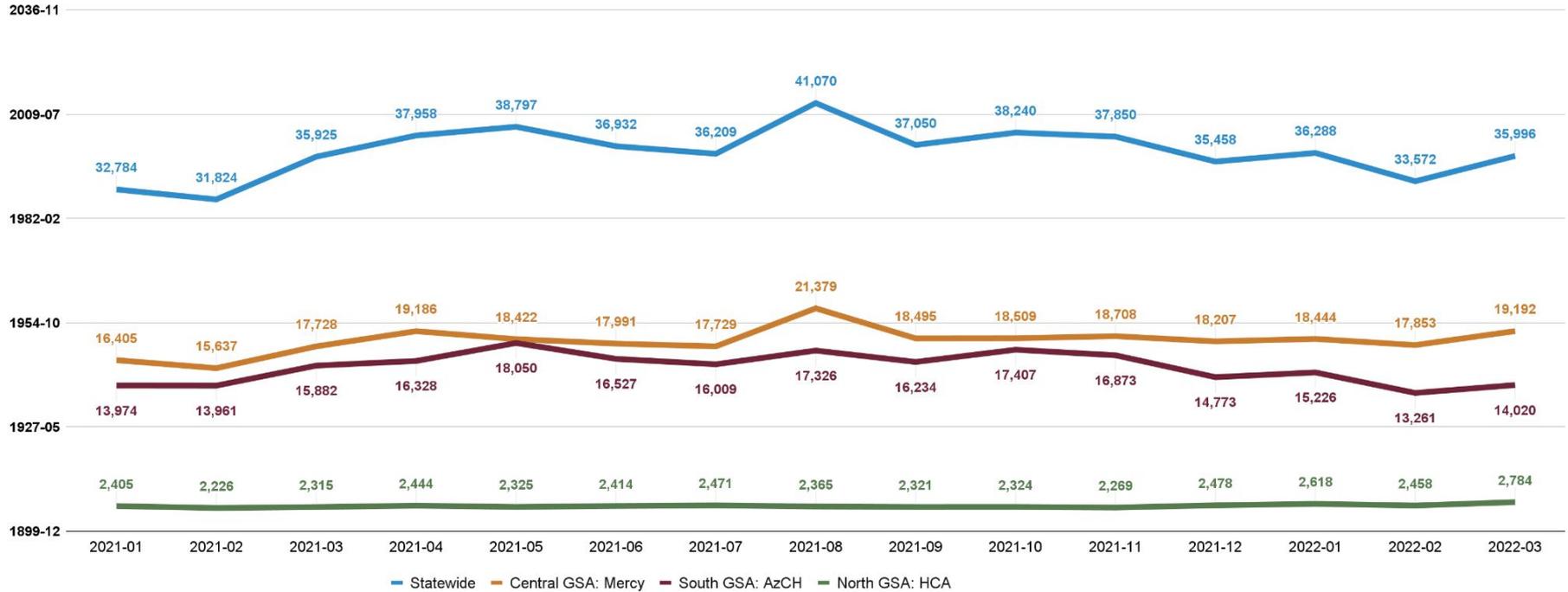
# 2021 Lifeline Center Calls vs. RBHA Call Center Calls



# Arizona's Crisis Care Continuum

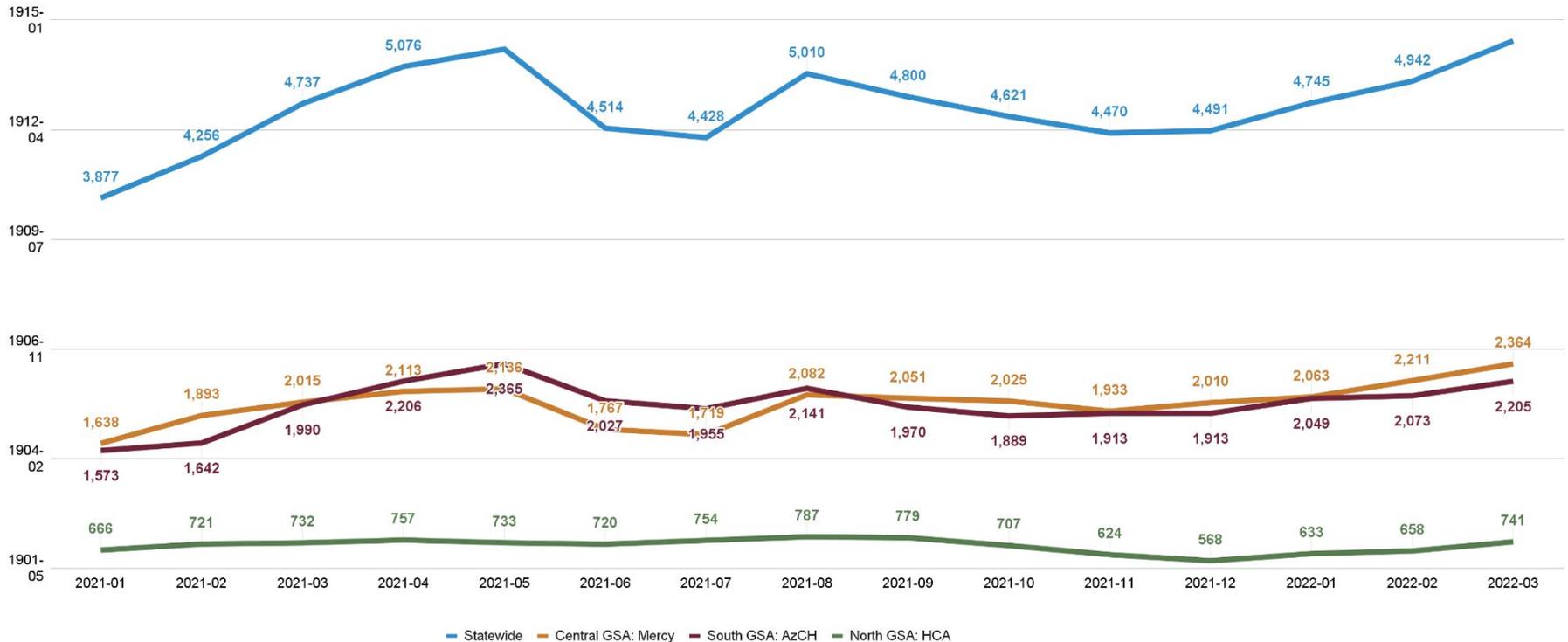


# RBHA Crisis Call Volume

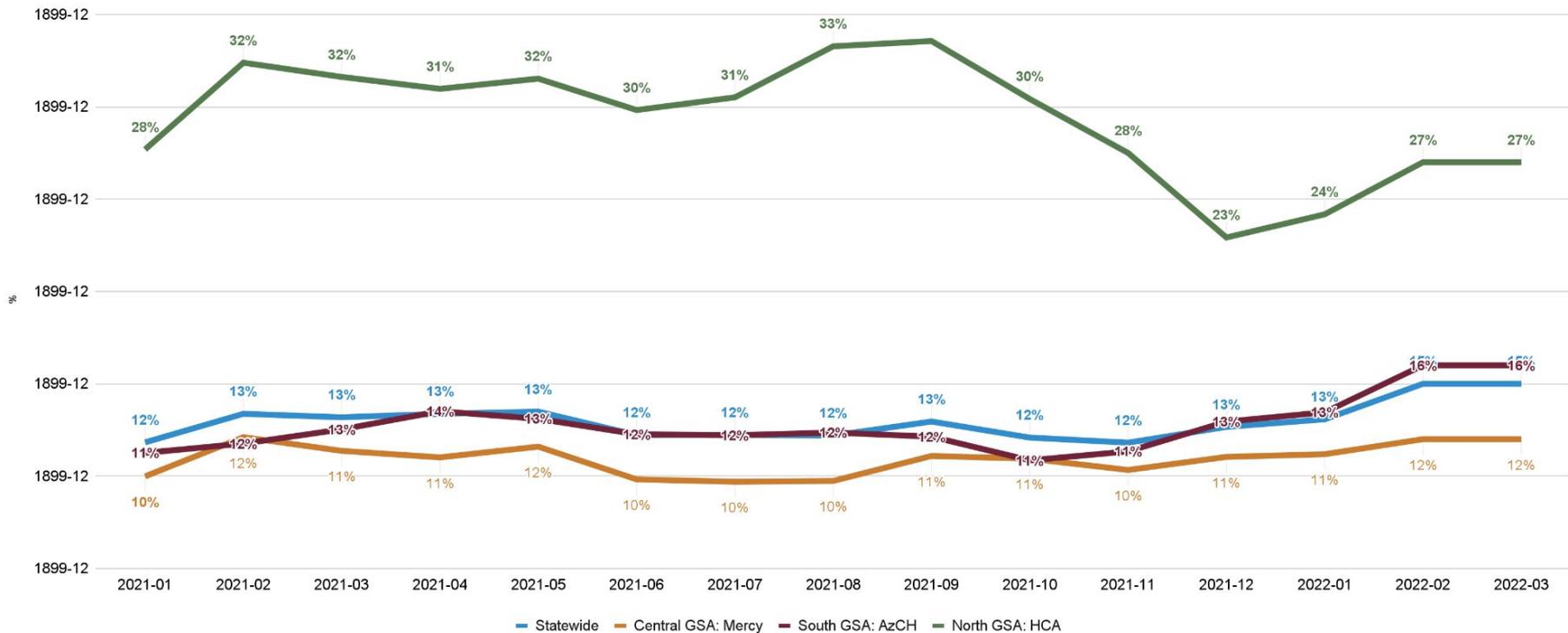


\* Crisis Call Volume represents all incoming calls into the local & toll-free RBHA Crisis Line numbers

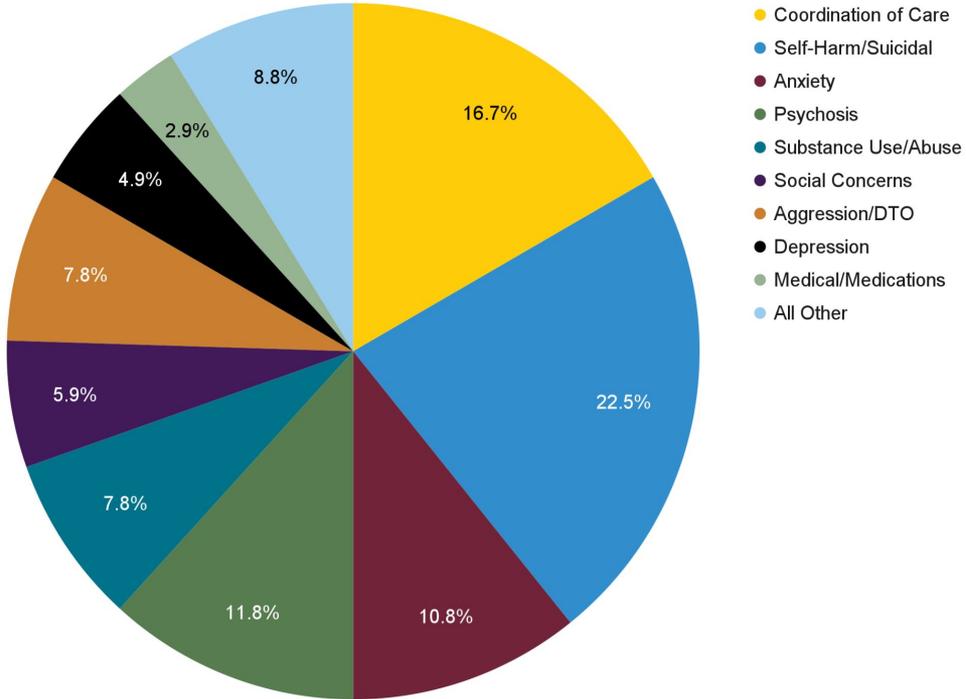
# RBHA Mobile Team Dispatch Distribution



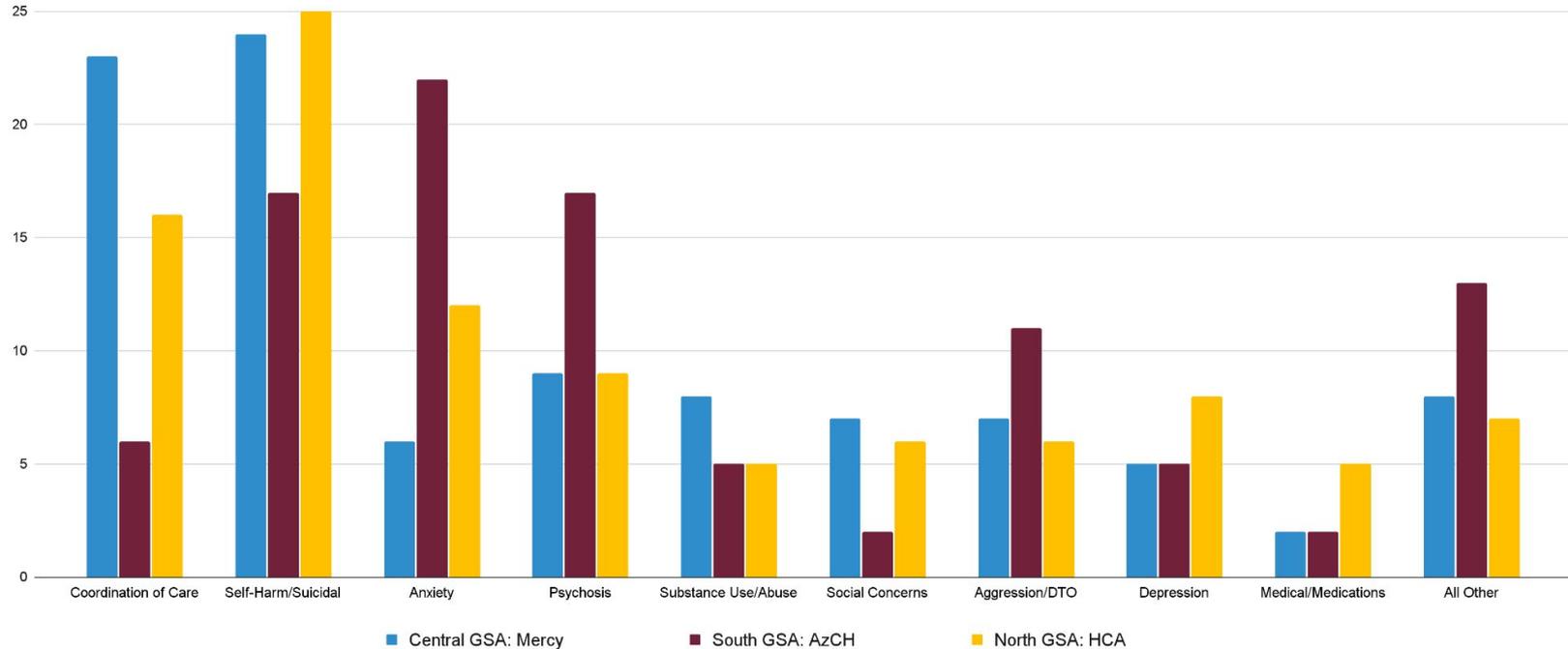
# RBHA Mobile Team Dispatch Distribution %



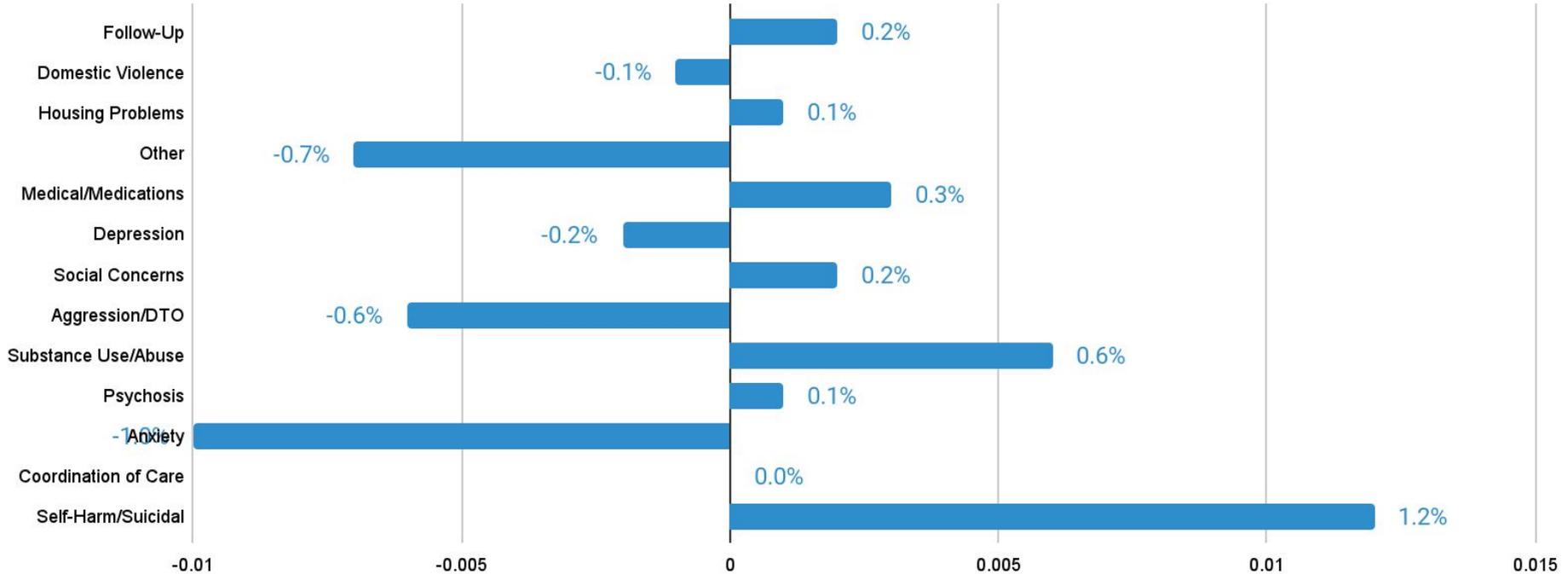
# RBHA Crisis Call Center - Top Reasons for Calls March 2022



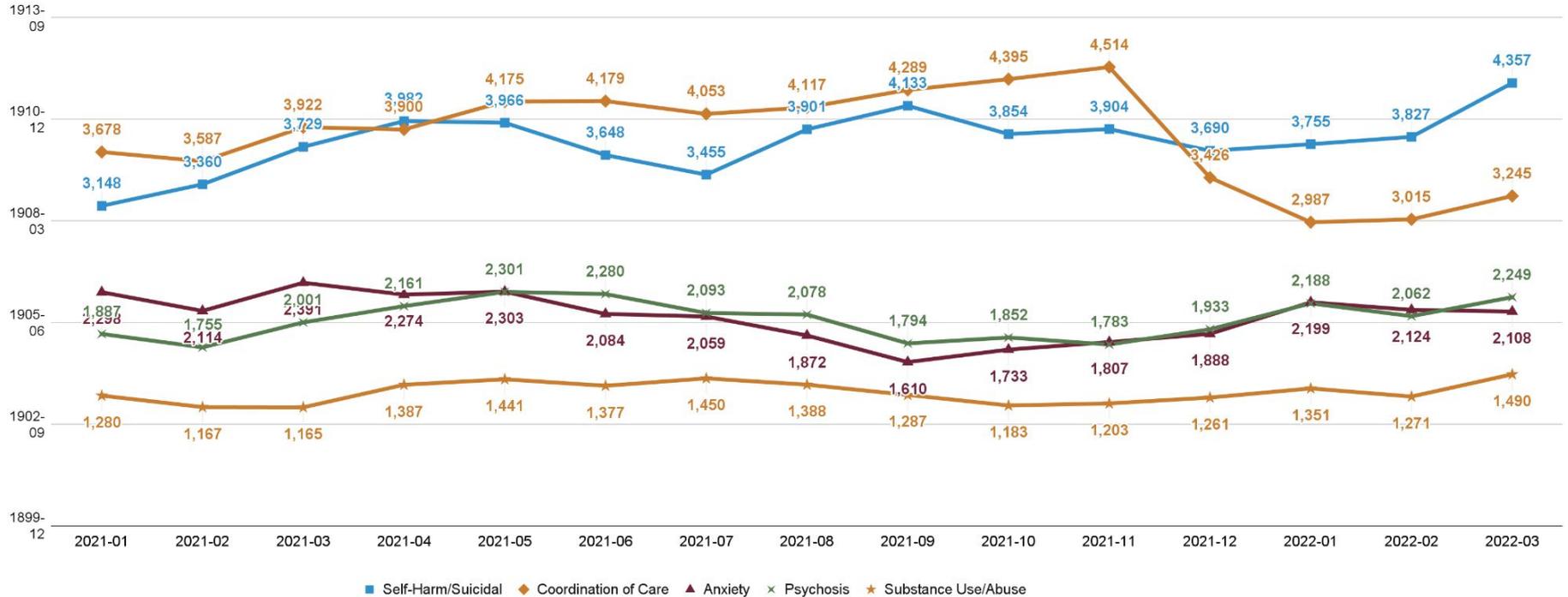
# RBHA Crisis Call Center - Top Reasons for Calls March 2022 (By RBHA/GSA, Rate Per 100 Calls)



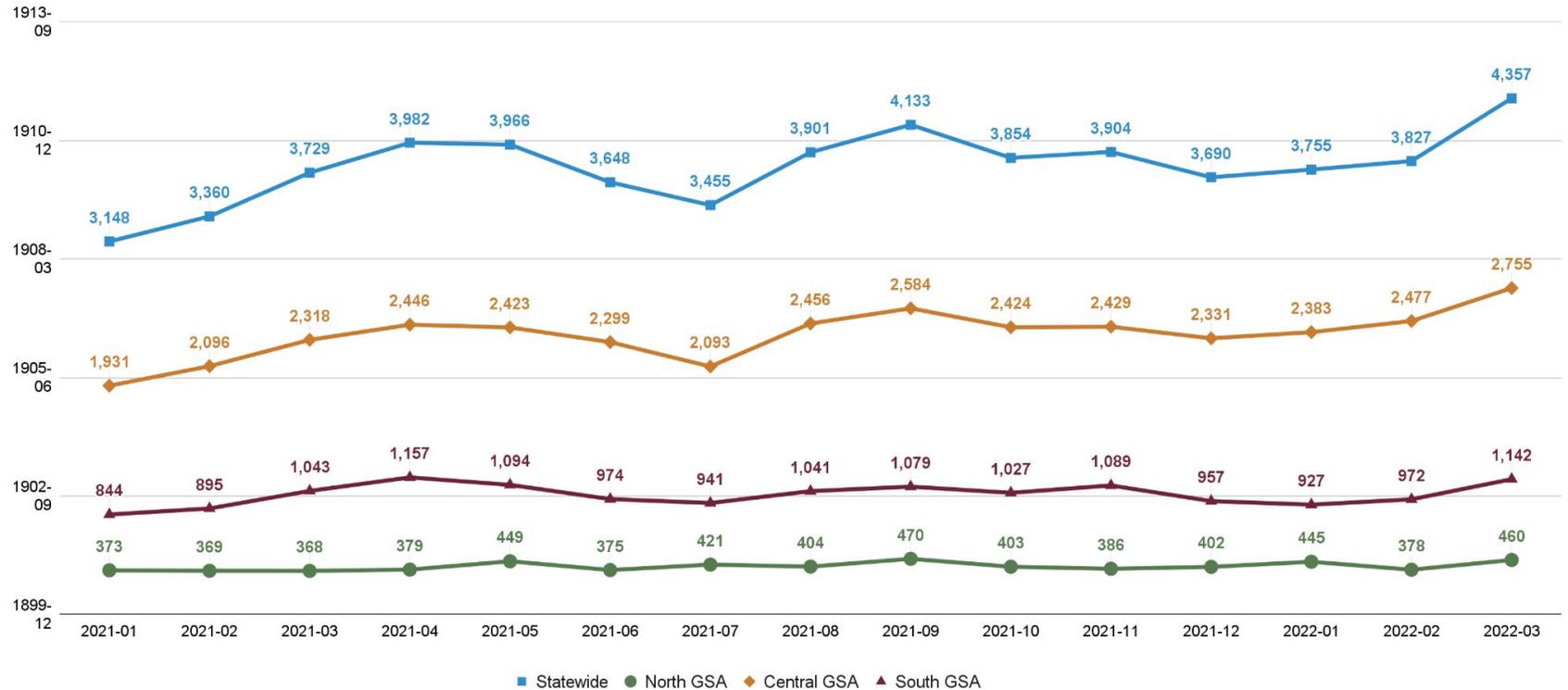
# Top Reasons- Change from 2/2022 to 3/2022



# Top Five Reasons For Crisis Calls (RBHA only)



# Self-Harm/Suicidal Call Volume (RBHA)



# 9-8-8 Fast Facts

- Like 1-800-273-Talk, 988 will be confidential, free, and available 24/7/365, connecting those experiencing a mental health, substance use, or suicidal crisis with trained crisis counselors.
- Access is available through every landline, cell phone, and voice-over internet device in the United States.
- The 988 dialing code will be available for call, text, and chat by July 16, 2022. **Until then, those in crisis should continue to use 1-800-273-8255, which will continue to function even after the transition.**
- SAMHSA 988 FAQ: <https://www.samhsa.gov/find-help/988/faqs#about-988>

# 9-8-8 Fast Facts

- 988 will be built with accessibility and inclusion in mind to ensure the service is available to all individuals, regardless of communications needs. As such, 988 will be available via text and chat to anyone interested in using those services, as well as Spanish support via the press 2 option and interpretation service in over 150 languages.
- The transition to 988 will not impact the availability of crisis services for our nation's Veterans and military Service Members. The same dedicated service Veterans know and trust in the VCL remains fully in place and ready. The [Veterans Crisis Line](#) (VCL) can be accessed by dialing 988 then pressing 1. Chat and text options can be accessed by visiting <https://www.veteranscrisisline.net/get-help-now/chat/> or by texting 838255.
- The 988 transition will not replace or change the current Arizona RBHA operated crisis call centers, numbers or services.

# 9-8-8 and 9-1-1

## Relationship between 988 and 911

988 and 911 are designed to be complementary. 911 is currently used for all emergencies, including behavioral health emergencies. However, 911 dispatchers may not be trained on how to handle these types of calls. On the other hand, 988 is a behavioral health crisis number and 988 counselors are trained to assist people in emotional distress, suicidal crisis, or struggles with substance use. In many cases, 988 counselors can de-escalate a crisis over the phone and connect callers with community resources for ongoing support. Ongoing collaboration between 988 and 911 will help individuals in crisis get the appropriate support, potentially providing options like mobile crisis teams in place of police or emergency medical services (EMS) responders when needed and where available

# 988 Implementation Guidance Playbooks

SAMHSA, in co-sponsorship with NASMHPD, worked with partners across critical working sectors involved with 988 to develop 988 Implementation Guidance Playbooks (e.g. “playbooks”) for States, Territories, and Tribes; Mental Health and Substance Use Disorder Providers; Lifeline Contact Centers; and Public Safety Answering Points (PSAPs). The following are the links to these playbooks:

- [State, Territories & Tribes](#)
- [Mental Health and Substance Use Disorder Providers](#)
- [Lifeline Contact Centers](#)
- [Public Safety Answering Points \(PSAPs\)](#)

The State, Territories & Tribes tool is not intended to be evaluative and no responses will be collected or aggregated. There is neither a perfect score nor a right answer. The intent is solely to help states, territories, and tribes determine where they might focus efforts both ahead of July 2022 and beyond as the country moves toward integrated crisis care.

# Children with Specialized Health Care Needs

# CALOCUS Implementation Update

Megan Woods DBH, LBA, BCBA

Integrated Care Administrator

Division of Health Care Management

# CALOCUS Implementation

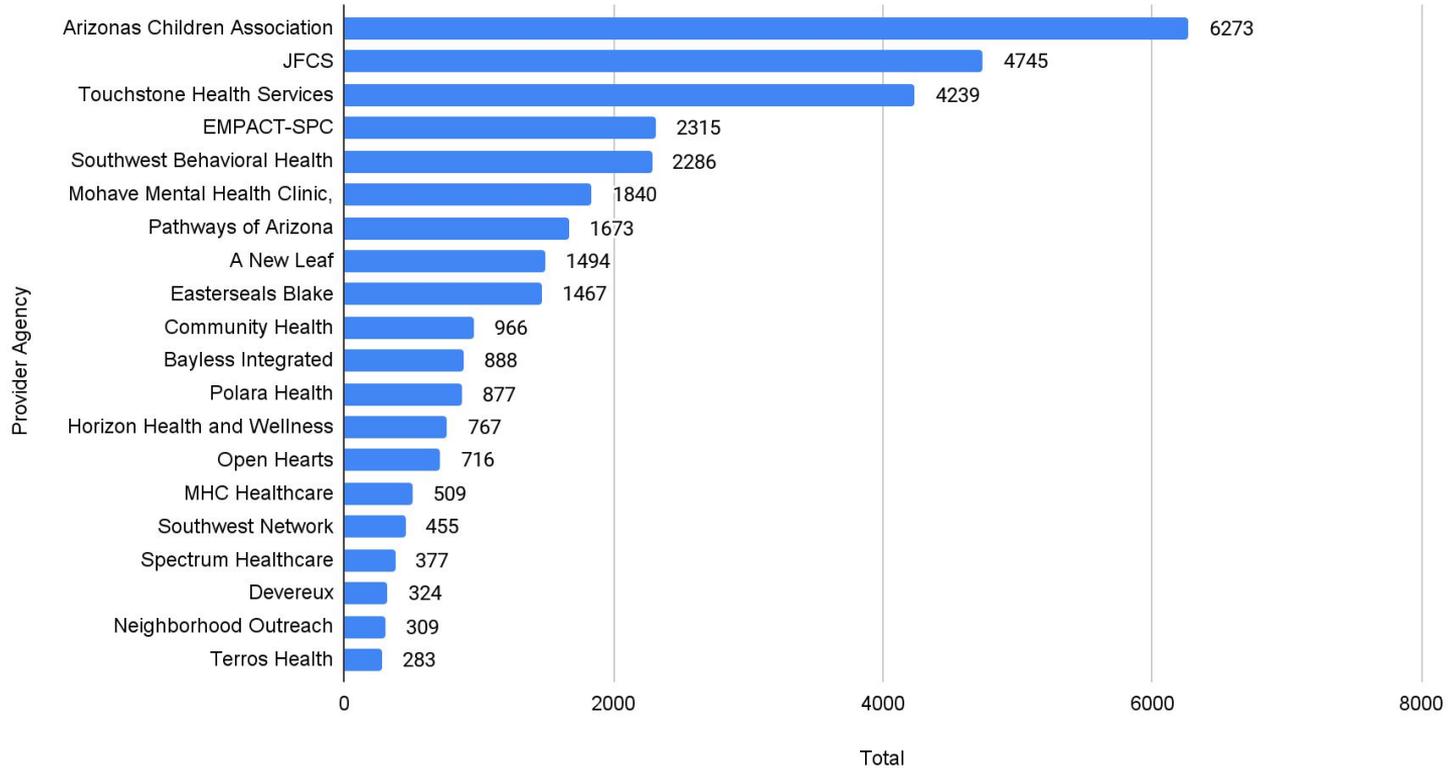
- Child and Adolescent Level of Care Utilization System (CALOCUS) is a tool used to determine the need for High Needs Case Management.
- Dashboard used for monitoring
  - Tracking: Total number of CALOCUS completed, Comparisons for Recommended Vs. Actual level of care, Level of Care by Health plan, CHP members, age and gender, provider agency utilization and accounts
  - Tracking Errors by providers to provide to health plans for TAs
  - Training Reporting

# CALOCUS<sup>1</sup>

- CALOCUS Volume
  - October 1, 2021-April 30, 2022: total number of CALOCUS completed: 35,663
  - January 1, 2022-April 30, 2022: 17,882 Unique TXIX Members
- CALOCUS Score and assessment of actual high needs case management (HNCM) assignment
  - October 1, 2021-April 30, 2022: Of the 4771 members identified through CALOCUS to be HN, 96% (4586 members) were identified to be assigned HNCM
- DCS/CHP members: 22% are HN

<sup>1</sup>All data was pulled 05/04/2022

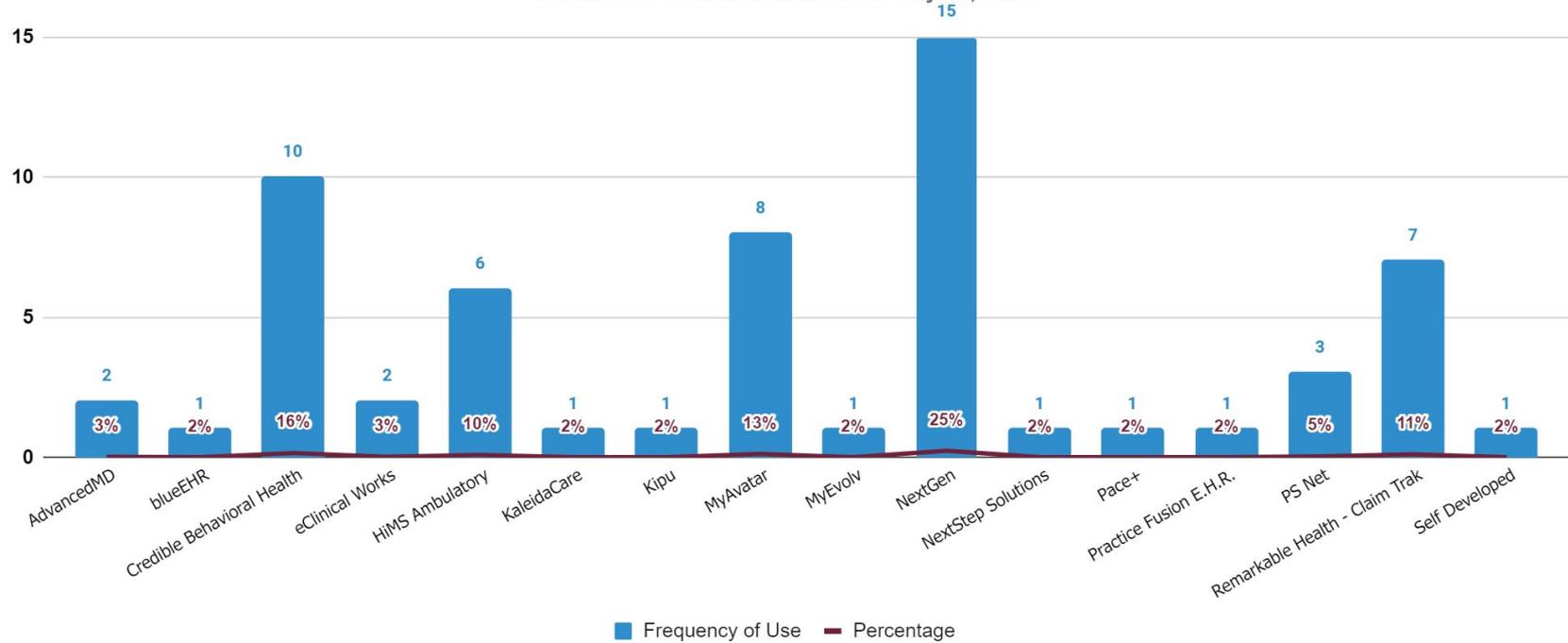
# Provider Utilization<sup>1</sup>



<sup>1</sup>data was pulled 05/04/2022, for the timeframe 10/1/2021 to 4/30/2022

# BH Provider & Identified EHR Utilization

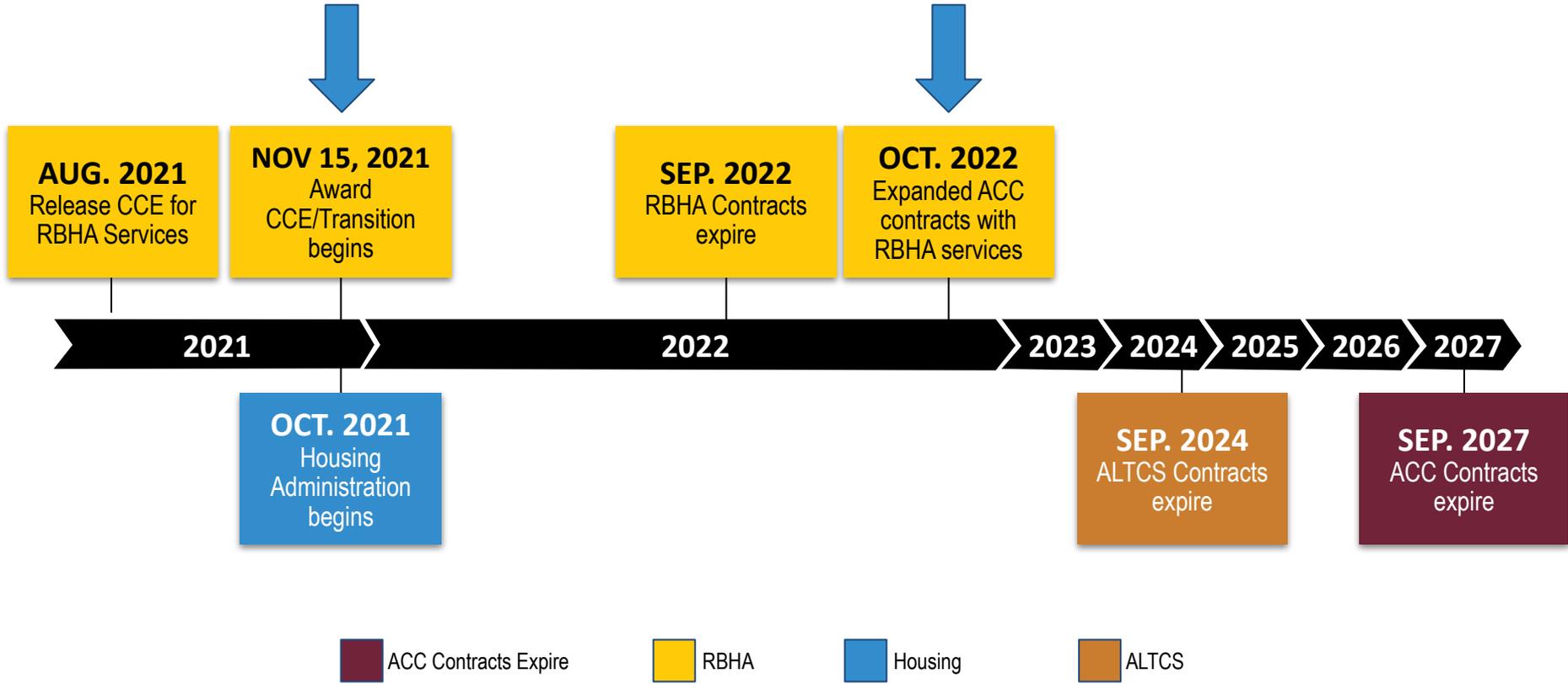
Contexture EHR Utilization as of May 10, 2022



# Preparing for ACC-RBHA Changes - Readiness

Christina Quast  
Deputy Assistant Director for Managed Care  
Operations  
Division of Health Care Management

# AHCCCS Contracts Timeline



# Transitions for Members

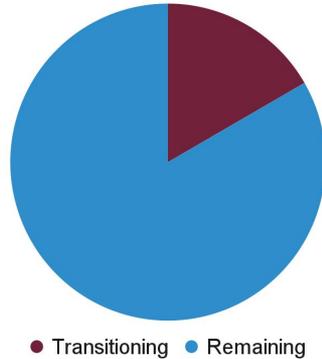
- Central GSA – ACC-RBHA will be Mercy Care effective 10/1/2022.
  - Members in Maricopa County will **continue** to receive services from Mercy Care.
  - Members in Gila County will **transition** from Health Choice to Mercy Care.
  - Members in Pinal County will **transition** from Arizona Complete Health-Complete Care Plan to Mercy Care.



# Member Transitions

8,046 members transitioning to new health plans

County	Members*	New Plan
Apache	229	Care1st
Coconino	794	Care1st
Mohave	2,220	Care1st
Navajo	963	Care1st
Yavapai	1,940	Care1st
Gila	452	Mercy Care
Pinal	1,448	Mercy Care



40,226 members remaining on current health plans

County	Members*	Current Plan
Maricopa	27,210	Mercy Care
Cochise	869	AzCH-CCP
Graham/ Greenlee	223	AzCH-CCP
La Paz	71	AzCH-CCP
Pima	10,591	AzCH-CCP
Santa Cruz	232	AzCH-CCP
Yuma	1,030	AzCH-CCP

\*Enrollment as of December 1, 2021

## Member Transitions (cont.)



- AHCCCS will send out enrollment notices to all members transitioning to a new health plan.
- Member notices will be sent out by AHCCCS at least 30 days prior to the 10/1/2022 transition date.
- AHCCCS will work with all involved health plans to transition important member information.

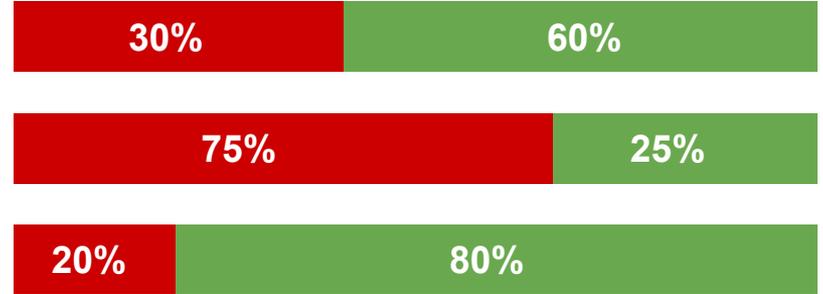
# Preparing for Transition

- From award to go-live, AHCCCS works with the plans to make sure they are ready before launching
- Ready for:
  - Operations
  - Service Delivery
  - Finance
  - Systems



# How Do We Measure “Ready”?

- We have a tool that has over 300 elements over 12 areas
- This tool requires health plans submit updates monthly:
  - progress in addressing each identified element,
  - including identified risks,
  - gaps in network, and
  - strategies for remediation.



# Readiness Review Areas

- Administration and Management
- Delivery Systems
- Medical Management
- **Behavioral Health**
- Quality Management and Quality Improvement
- Financial Reporting
- **Non-Title XIX/XXI**
- EPSDT and Maternal and Child Health
- Claims Processing and Provider Support
- Encounter and Reinsurance Reporting
- Management Information Systems
- **Member Services**

# Additional Readiness Activities

- Notices to members who will be changing plans are planned to be sent out mid/late August.
- Readiness Update Meetings (Next 5/9)
  - Health plans provide updates to AHCCCS Leadership on numerous topics, including:
    - Implementation activities, readiness progress, challenges that may arise, strategies for resolving challenges, strategies for conducting a seamless transition for members, and stakeholder communications/activities.
    - Member transition meetings with plans have already occurred.



# What About The Network?

- Network Assessment
  - Newly awarded health plans or health plans in a newly awarded service area provide ongoing updates regarding contracting efforts based upon top utilized provider data files.





# 10/1/2022 Member Transition American Indian Health Program (AIHP)

# AIHP Member Transitions

- Individuals with SMI currently enrolled with the American Indian Health Program (AIHP) for physical health services and receiving behavioral health services from a Regional Behavioral Health Authority (RBHA)
  - Physical health services will ***continue*** with AIHP
  - Behavioral Health services will ***transition*** to AIHP effective 10/1/2022
- This transition will impact roughly 300 members\*

\*Enrollment as of December 2021

# AIHP Member Transitions (cont.)

- Individuals with SMI currently enrolled with an AHCCCS Complete Care (ACC) plan for physical health services and receiving behavioral health services from a Tribal Regional Behavioral Health Authority (TRBHA)
  - Physical health services will **transition** to AIHP effective 10/1/2022
  - Behavioral health services will **continue** with TRBHA
- This transition will impact roughly 100 members\*

\*Enrollment as of December 2021

# Enrollment Options as of 10/1/2022

- As of 10/1/22, enrollment options for AI/AN individuals with SMI:
  - ACC-RBHA Contractor for integrated Physical and Behavioral Health services
  - AIHP for integrated Physical and Behavioral Health services
  - AIHP for Physical health services and TRBHA for Behavioral Health Services
- All AI/AN members may receive services from an IHS Facility, or Tribally-Operated 638 Health Program, or an Urban Indian Health Program regardless of plan enrollment.

## Next Meeting - November 17th

Visit AHCCCS Community Quality Forum web page at  
<https://www.azahcccs.gov/AHCCCS/CommitteesAndWorkgroups/CommunityQualityForum.html>

Thank You.