Arizona's Section 1115 Waiver Demonstration Annual Report

Federal Fiscal Year 2021
October 1, 2020 – September 30, 2021

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I. Introduction

Since its inception, the Arizona Health Care Cost Containment System (AHCCCS), Arizona's single state Medicaid agency, has had the unique distinction of operating a statewide managed care program under the Section 1115 Research and Demonstration Waiver. During its 39 years of operation, the program has proven to effectively deliver high-quality and cost-effective health care services to low-income populations. With a model based on competition and member choice, AHCCCS has been a pioneer in testing health care policies and financing strategies, continuously seeking to improve health care outcomes while containing costs.

On September 30, 2016, the Centers for Medicare and Medicaid Services (CMS) approved an extension of Arizona's 1115 Waiver for a five-year period from October 1, 2016, to September 30, 2021. On September 30, 2021, CMS approved a one-year extension of the previous period's waiver while it continues to review the agency's 2022-2027 waiver application. Under the now-six-year waiver demonstration, Arizona continues many of the existing authorities that allow AHCCCS to maintain its unique and successful managed care model, using home and community-based services for members with long term care needs, and other innovations that make AHCCCS one of the most cost-effective Medicaid programs in the nation.

Pursuant to the Special Terms and Conditions (STCs), paragraph 41, AHCCCS is required to submit an annual progress report to CMS documenting accomplishments, project implementation status, quantitative and case study findings, utilization data, and policy and administrative updates related to Arizona's 1115 Waiver demonstration.

II. Waiver Demonstration Changes

On March 17 and March 24, 2020, AHCCCS submitted requests to the CMS administrator to waive certain Medicaid and CHIP requirements in order to combat the continued spread of 2019 novel coronavirus (COVID-19). AHCCCS sought a broad range of emergency authorities to:

- Strengthen the provider workforce and remove barriers to care for AHCCCS members,
- Enhance Medicaid services and supports for vulnerable members for the duration of the emergency period, and
- Remove cost sharing and other administrative requirements to support continued access to services.

CMS approved components of Arizona's requests under the 1135 Waiver, Appendix K, and the State Plan. Information regarding the status of AHCCCS Emergency Authority Requests (for the federally declared COVID-19 emergency) can be found on the AHCCCS COVID-19 Federal Emergency Authorities Request web page.

Waiver Renewal:

Arizona's 1115 Waiver demonstration was set to expire on September 30, 2021. However, on September 30, 2021, CMS approved a one-year extension of the previous period's waiver while it continues to review the agency's 2021-2026 waiver application. Because of the extension, it now becomes the 2022-2027 waiver application. AHCCCS is requesting a five-year renewal of Arizona's demonstration project under Section 1115 of the Social Security Act. Arizona's existing demonstration project is currently approved through September 30, 2022, and the application is therefore seeking a renewal period from October 1, 2022, through September 30, 2027. AHCCCS submitted a Waiver application to CMS to renew its 1115 Waiver demonstration on December 22, 2020.

The current demonstration exempts Arizona from particular provisions of the Social Security Act and also includes expenditure authority permitting federal financial participation (FFP) for state expenditures that would not otherwise qualify for federal participation. Moreover, demonstration projects, including Arizona's, must establish budget neutrality where Medicaid costs to the federal government are not expected to exceed costs to the federal government in the absence of the demonstration.

CMS's approval of Arizona's demonstration renewal application will continue the success of Arizona's unique Medicaid program and statewide managed care model, extending the authority for Arizona to implement programs including, but not limited to:

- Mandatory managed care,
- Home and community-based services for individuals in the Arizona Long Term Care System (ALTCS) program,
- Administrative simplifications that reduce inefficiencies in eligibility determination,
- Integrated health plans for AHCCCS members,
- Payments to providers participating in the Targeted Investments Program, and
- Waiver of Prior Quarter Coverage for specific populations.

In addition to renewing current waiver and expenditure authorities, AHCCCS is seeking to implement the following:

- Authority to enhance and expand housing services and interventions for AHCCCS members who are homeless or at risk of becoming homeless through the Housing and Health Opportunities (H2O) program,
- Authority to allow for verbal consent in lieu of written signature for up to 30 days for all care and treatment documentation for ALTCS members when included in the member's record and when identity can be reliably established,
- Authority to reimburse traditional healing services provided in, at, or as part of services offered by facilities and clinics operated by the Indian Health Service (IHS), a tribe or tribal organization, or an Urban Indian health program, and
- Authority to reimburse Indian Health Services and Tribal 638 facilities to cover the cost of adult dental services that are eligible for 100 percent FFP, that are in excess of the $1,000 emergency

dental limit for adult members in Arizona's State Plan and $1,000 dental limit for individuals aged 21 or older enrolled in the ALTCS program.

More details on Arizona's section 1115 Waiver renewal request (2022-2027), along with the proposal and supplemental documentation can be found on the AHCCCS Section 1115 Waiver Renewal Request (2021-2026) web page.

III. 1115 Waiver Renewal Public Forum

AHCCCS hosted various community meetings across the state to provide the public with information about its 1115 Waiver demonstration renewal process.

Updates on the current 1115 Waiver demonstration were provided at all quarterly Tribal consultations as well as Special Tribal consultations held in FFY 2021. Additionally, waiver updates were added to agendas for AZ Advisory Council on Indian Health Care (AACIHC), IHS area directors, and CMO meetings on a quarterly basis.

On October 2, 2020, public notice of Arizona's waiver renewal request was published in the Arizona Administrative Register. The notice included a summary description of the demonstration request, the locations, dates and times of the public hearings, instructions on how to submit comments, and a link to where copies of the demonstration application are available for public review and comments.

Stakeholder Meetings on 1115 Waiver Renewal/Amendment:

AHCCCS presented the details about Arizona's demonstration renewal proposal to the public and solicited feedback at several agency meetings: two demonstration renewal public forum meetings held online and attended by a variety of community stakeholders; other public meetings such as the State Medicaid Advisory Committee (SMAC); Tribal consultations; Office of Individual and Family Affairs (OIFA) Advisory Council; and AHCCCS Managed Care Organization (MCO) Update meetings.

All public forum meetings were held via webinar and telephone to promote social distancing and mitigate the spread of COVID-19. The public had the opportunity to review and submit comments on the proposal at the public meetings and in writing via e-mail to waiverpublicinput@azahcccs.gov or by mail to AHCCCS, c/o Division of Community Advocacy and Intergovernmental Relations, 801 E. Jefferson Street, MD 4200, Phoenix, AZ 85034. Details regarding the public forum meetings can be found in **Appendix A**.

IV. Outreach and Innovation Activities

AHCCCS conducts numerous outreach activities across Arizona to educate the community about its programs, partnerships, and policy changes. Below is a summary of the agency's outreach activities in FFY 2021.

The Division of Community Advocacy and Intergovernmental Relations (DCAIR)

DCAIR interfaces with Medicaid beneficiaries and their family members, community members, tribal leaders, and federal and state stakeholders to ensure that all perspectives and voices are considered in

the health care policy and service delivery decision-making process. DCAIR's three distinct departments advocate on behalf of members and oversee federal policy relations.

The Office of Human Rights (OHR)

OHR provides a variety of advocacy services to individuals with a Serious Mental Illness (SMI) designation to help them understand, protect, and exercise their rights; facilitate self-advocacy through education; and obtain access to health services in the Arizona Medicaid delivery system. Community engagement and advocacy activities are now done virtually for community safety due to the public health emergency (PHE) but still include, and are not limited to, special assistance home visits, hospital visits, service planning meetings, provider coordination, navigating the grievance and appeals processes, Individual Service Planning (ISP) meetings, jail visits, intake appointments, general outreach, and education. OHR currently provides assistance to the largest number of individuals in the history of this office: 3,427 individuals in Arizona are identified as Special Assistance in accordance with the Arizona Administrative Code (A.A.C) R9-21-101, and, as of October 2021, 763 members are assigned to a state OHR advocate to receive direct advocacy. The OHR has increased efforts to educate and engage with stakeholders to reinforce the importance of identifying members that meet criteria for special assistance in accordance with (A.A.C) R9-21-101 and AHCCCS policy.

The total number of Arizona individuals living with a SMI increased by 11 percent since 2020 and special assistance members increased by 35 percent.

SMI and Special Assistance Population Analysis				
	Total SMI Population	Special Assistance Members	Percent served by OHR Advocates	% Served by Guardians/Natural Supports
2020	46,898	2,537	784	2,509
2021	52,129	3,427	763	2,664

The Community Affairs Liaison (CAL) position was transitioned to the Division of Health Care Management during FY 2021. This transition was to be in alignment with the duties performed in the Quality Management Unit. The CAL continues to assist the statutorily required Independent Oversight Committees for the Mentally Ill and monitors all required deliverables. These Oversight Committees are composed of community volunteers who have various educational expertise and personal experiences, as specified in Arizona Revised Statute 41-3803 and 3804. The committees review reports, make regular site visits, and hold open meetings to provide advocacy to individuals who have an SMI designation. The committees also make recommendations to agency administration and the Legislature to improve the public behavioral health system.

The Office of Individuals and Family Affairs (OIFA)

OIFA promotes recovery, resiliency, and wellness for individuals with mental health and substance use challenges. OIFA creates partnerships with individuals, biological and chosen families, youth, communities, and advocacy organizations. OIFA works to ensure AHCCCS members, and their families, have direct and meaningful input into the behavioral health system policies, programs, and practices that affect their experiences. OIFA does this through a variety of channels and venues, such as:

- Being a member of the AHCCCS Leadership Team,

- Participating in AHCCCS administrative and operational initiatives,
- Hosting a monthly OIFA Advisory Council meeting to allow members, families, and stakeholders to discuss system issues and advocacy opportunities,
- Connecting one-on-one with members to address system barriers and develop strategies that improve access to Medicaid services, through an online portal,
- Creating and distributing empowerment tools to help members and families better understand how to access services,
- Providing regular Jacob's Law training sessions for families and stakeholders to ensure that families of foster and adoptive children understand the law and that their children are able to access behavioral health care, and
- Holding a monthly community policy meeting for members and family members to review AHCCCS policies and participate in the public comment process.

AHCCCS health plans are contractually required to have their own Office of Individual and Family Affairs to better connect with their own members. The MCOs' OIFAs and AHCCCS' OIFA regularly engage stakeholders in community conversations throughout the year.

Federal Relations and Communications (FRAC)

The Office of Federal Relations and Communications oversees federal policy relations and external communications. The team includes:

- State Plan and Health Policy Manager,
- Waiver Manager,
- 2 Health Policy Interns,
- Tribal Liaison,
- Public Information Officers, and
- Graphic Designer.

In these roles, FRAC staff serve as the liaison and point of contact with the CMS on Title XIX and XXI policy issues; maintain regular communication with the Office of the Governor and the State's Health Policy Advisor; coordinate quarterly and ad hoc Tribal Consultation meetings with Arizona tribal communities, Indian Health Services, including Urban Indian Organizations, and tribally-owned, and/or operated 638 programs and facilities; advise the Director and Governor's Office on issues related to health care policy. The team provides communication and graphic design services including print and digital marketing, media relations, public records requests, and social media management to meet all internal and external needs.

With the onset of the COVID-19 pandemic and the declaration of the public health emergency (PHE), the AHCCCS FRAC team guided AHCCCS leadership through the federal process of requesting waivers of Medicaid and Children's Health Insurance Program (CHIP) requirements in order to combat the continued spread of COVID-19. The agency identified more than 50 different programmatic changes that, if approved by CMS, would strengthen the provider workforce, remove barriers to care for AHCCCS members, enhance Medicaid services and supports for vulnerable members, and remove cost sharing and other administrative requirements for the duration of the emergency period.

On March 11, 2021, the American Rescue Plan Act of 2021 (ARPA) was enacted into law. Section 9817 of the ARPA provides an opportunity for states to infuse additional dollars into Home and Community Based Services (HCBS) programs through reinvestment funds generated by an enhanced Federal Medical Assistance Percentage (FMAP) on qualifying services. On May 13, 2021, CMS released SMDL #21-003,

which further detailed parameters and state responsibilities related to the opportunity afforded under Section 9817. Since that date, the FRAC team has been constantly engaged in soliciting stakeholder feedback, aggregating this feedback and system needs, and compiling a comprehensive spending plan for the utilization of these funds to sustainably improve the HCBS system in Arizona. AHCCCS continues its work with CMS towards full approval of the spending plan and looks forward to implementing the activities detailed therein.

Communication and Engagement

In March 2021, AHCCCS added Facebook to its list of official social media accounts and is now reaching more than 6,000 screens each month on that platform. Engagements across other platforms such as Twitter, LinkedIn, and YouTube continue to increase month over month.

To standardize the language in all agency reports and publications, FRAC created and published an Agency Editorial Guide and proofreading process, ensuring consistency and accuracy in all materials. The communication team presents regular webinars to train employees.

DCAIR coordinates efforts with a variety of committees, councils, and stakeholders, ensuring a bi-directional relationship with all stakeholders, including, but not limited to:

- **ALTCS Advisory Council** meets quarterly to assist the ALTCS program to develop and monitor a work plan that addresses opportunities for new service innovations or systemic issues impacting ALTCS members. The Advisory Council consists of ALTCS members and their family/representatives, Managed Care Organizations (MCOs), AHCCCS, providers, and advocacy agencies.
- **Behavioral Health Planning Council** advises AHCCCS in planning and implementing a comprehensive community-based system of behavioral health and mental health services. The Council reviews the State of Arizona's plans and suggests additions and modifications. An OIFA representative attends these meetings.
- **The State Medicaid Advisory Committee (SMAC)** provides guidance on the strategic direction of Arizona's Medicaid program and input on agency planning efforts and operational protocols that may impact the services and support offered to Medicaid beneficiaries. SMAC advises the AHCCCS Director, providing insight on a variety of topics including the 1115 Waiver, system transformation efforts, and the prioritization of initiatives aimed at enhancing and/or maintaining the ongoing stability of Arizona's health care delivery system. The SMAC meets quarterly unless more frequent meetings are deemed necessary by the AHCCCS Director. SMAC is composed of 10 professional members, 10 members of the public, and three ex-officio members. The AHCCCS Director attends these meetings.
- **Autism Advisory Committee** is charged with making recommendations to the state that strengthen the health care system's ability to respond to the needs of AHCCCS members with, or at risk for, autism spectrum disorder (ASD), including those with comorbid diagnoses. The committee focuses on individuals with varying levels of needs across the spectrum and addresses both the early identification of ASD and the development of person-centered care plans. DCAIR representatives attend these meetings.
- **Arizona Council of Human Services Providers** provides a collective voice for members to influence local, state, and federal public policy decisions, both legislatively and administratively.

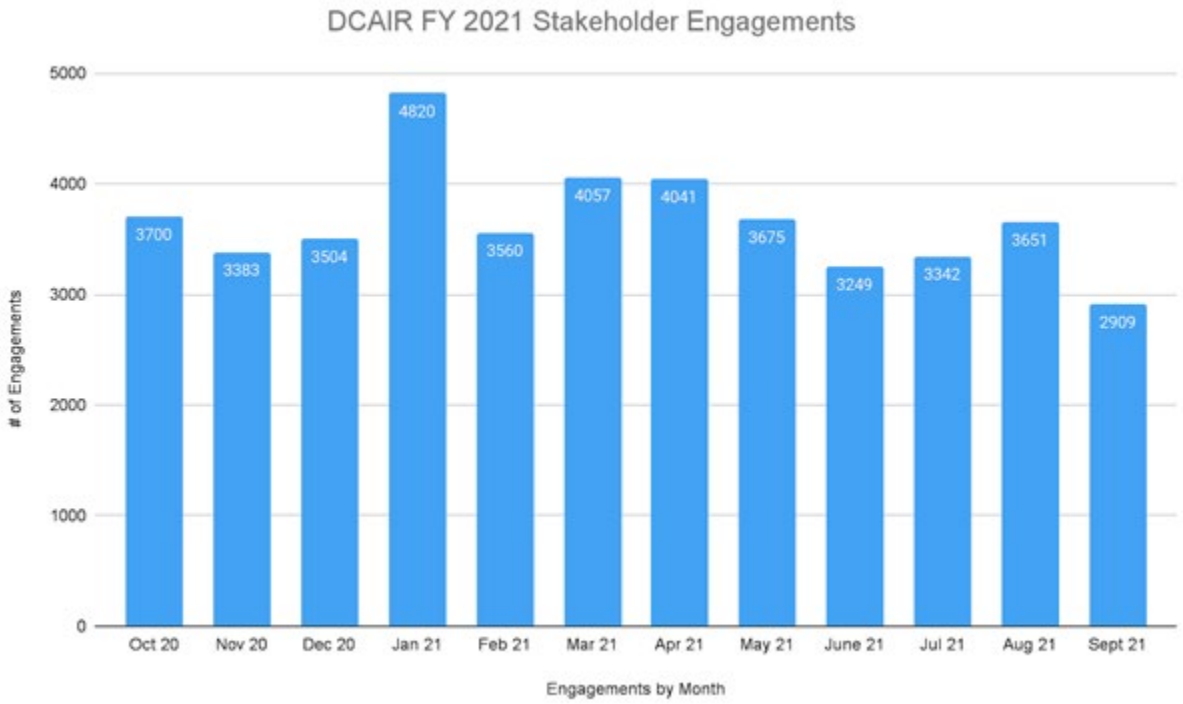
The ability of member agencies to provide high quality, evidence-based programs is dependent on ensuring that adequate funding is available to those who serve our most vulnerable citizens. Council staff establish and maintain strong relationships with elected officials, their staff, and state department staff (Department of Economic Security, Department of Health Services, Administrative Office of the Courts, etc.), and encourage member program staff to do the same on a local level. DCAIR facilitates this meeting.

- **Arizona Advisory Council on Indian Health Care (AACIHC),** composed of tribal leaders and representatives from each federally recognized tribe with land bases in Arizona, works to advocate for increased access to high-quality health care programs that meet the needs of all American Indians in Arizona. As such, the council advises the AHCCCS administration on Title XIX and XXI programs, services, policies, and funding options impacting American Indian and Alaska Native (AI/AN) members.
- **The OIFA Advisory Council** is a monthly meeting of peers, family members, stakeholders, and other strategic partners throughout the behavioral health system. This provides an opportunity for the community to address systemic issues directly to the AHCCCS DCAIR/OIFA leadership team. The advisory council is also updated on various AHCCCS OIFA initiatives and other long-term projects. It also provides an opportunity for educating the community about the more nuanced aspects of the AHCCCS programs.

DCAIR often hosts educational forums to inform the community of the latest efforts of the state's Medicaid system. Forum topics over the past year have included, but are not limited to:

- The future of integration,
- Arizona's 1115 Waiver,
- The response to the COVID-19 pandemic,
- Unwinding from the COVID-19 Public Health Emergency (PHE),
- Grants,
- Behavioral health initiatives,
- Arizona's crisis system,
- The American Rescue Plan Act (ARPA),
- Health equity, and
- System oversight and evaluation.

Lastly, DCAIR hosts forums and member listening sessions to receive feedback about continuous improvement, as well as recommendations for system evolution (e.g., policy changes, ways of enhancing integration, and/or methods to simplify system navigation). In FFY 2021, DCAIR engaged with approximately 44,000 stakeholders. This engagement included 13 quarterly and ad hoc Tribal Consultation meetings.



The Division of Member and Provider Services (DMPS)

The Division of Member and Provider Services (DMPS) is responsible for AHCCCS eligibility, for the enrollment of members into health plans, and provider registration. DMPS is also responsible for the accuracy of eligibility determinations, including oversight of Medicaid eligibility completed at the Department of Economic Security (DES). DMPS participated in a variety of outreach activities including:

- **Ask an Expert meetings:** On a monthly basis, AHCCCS holds a one and a half hour-long meeting, Ask an Expert, open to all assistors. This consists of an open Q&A session for assistors to ask questions of any type directly to a panel of agency subject matter experts. On average, meeting participation is greater than 200 assistors.
- **Quarterly Information Exchange meetings**: AHCCCS provides an update to Community Partner-Assistor organizations on changes to the Health E- Arizona Plus (HEAplus) system and other policies or procedures over the preceding quarter. In addition to a question-and-answer session about the changes, these meetings also include an Ask the Expert segment where assistors can ask questions directly to a panel of agency subject matter experts. This meeting is two hours long with an average participation of more than 300 assistors.
- **Annual Security Training 2021**: In 2021, AHCCCS provided a Community Partner- New Assistor Training to refresh understanding of roles and responsibilities and educate assistors about HEAplus features and navigation and how to obtain technical assistance.
- **Joint Eligibility Appeals meetings.** This joint meeting of staff involved in the eligibility appeal process from AHCCCS, and DES was held to improve coordination, discuss policy issues, and share best practices.

- Provided seven presentations on general eligibility requirements, renewal policies and processes, enrollment choice and changes, and Achieving a Better Life Experience (ABLE) Act accounts and Trusts in FFY 2021. The presentations were provided to the National Academy of Elder Law Attorneys (NAELA), Centers for Medicare and Medicaid Services, Indian Health Service, Tribal, and Urban Indian health programs (CMS ITU) Regional Training event attendees, the Arizona Department of Health Services, the Intertribal Council of Arizona-Area Agency on Aging (ITCA-AAA), and a monthly community forum hosted by the Department of Economic Security for legal assistance advocates and an AHCCCS Eligibility Overview presentation was provided to Maricopa County Public Health on 3/29/21. Average audience size was 30-40 attendees.

V. Enrollment Information

Table 1 contains a summary of the number of unduplicated enrollees for FFY 2021 (October 1, 2020—September 30, 2021), by population categories. The table also includes the number of voluntarily and involuntarily disenrolled members during this period.

Table 1

Population Groups[1]	Number of Enrollees	Number Voluntarily Disenrolled	Number Involuntarily Disenrolled[2]
Acute AFDC/SOBRA	1,294,210	12,859	20,651
Acute SSI	226,974	782	13,069
Prop 204 Restoration	467,040	5,360	16,412
Adult Expansion	197,250	2,247	3,190
LTC DD	38,049	191	634
LTC EPD	36,705	168	7,674
Non-Waiver	127,796	907	6,094
Total	**2,388,024**	**22,514**	**67,694**

Table 2 is a snapshot of the number of current enrollees (as of October 1, 2021) by funding categories as requested by CMS.

[1] Data is loaded and reported 45 days after the end of the quarter. This report differs from previous reports in that data is unduplicated and is updated quarterly. Data that contains no Medicaid funding (state only) is excluded from this report. State only Regional Behavioral Health Authority (RBHA) Plans have no Medicaid funding and are excluded from this CMS report

[2] Number of involuntary disenrollment are impacted (reduced) due to maintenance of effort requirements in place related to the Families First Coronavirus Response Act

Table 2

State Reported Enrollment in the Demonstration (as requested)	Current Enrollees
Title XIX funded State Plan [3]	**1,505,909**
Title XXI funded State Plan [4]	**58,446**
Title XIX funded Expansion[5]	**603,520**
• **Prop 204 Restoration (0-100% FPL)**	**451,961**
• **Adult Expansion (100% - 133% FPL)**	**151,559**
Enrollment Current as of	10/1/2021

VI. Consumer Issues

Table 3 is a summary of advocacy issues received by the Office of Client Advocacy (OCA) in FFY 2021.

Table 3

Advocacy Issues[6]	Quarter 1 10/1/20-12/31/20	Quarter 2 1/1/21-3/31/21	Quarter 3 4/1/21-6/30/21	Quarter 4 7/1/21-9/30/21	Total
Billing Issues • Member reimbursements • Unpaid bills	31	26	28	23	**108**
Cost Sharing • Co-pays • Share of Cost (ALTCS) • Premiums (KidsCare, Medicare)	2	8	1	5	**16**
Covered Services	37	31	36	32	**136**
ALTCS • Resources • Income • Medical	13	19	16	16	**64**

[3] SSI Cash and Related, 1931 Families and Children, 1931 Related, TMA, SOBRA child and pregnant, ALTCS, FTW, QMB, BCCP, SLMB, QI-1

[4] KidsCare

[5] Prop 204 Restoration & Adult Expansion

[6] Categories of good customer service, bad customer service, documentation, policy, and process are captured under the category to which it may relate.

DES ● Income ● Incorrect determination ● Improper referrals	73	28	58	43	**202**
KidsCare ● Income ● Incorrect determination	3	0	1	6	**10**
SSI/Medical Assistance Only ● Income ● Not categorically linked	16	9	13	7	**45**
Information ● Status of application ● Eligibility criteria ● Community resources ● Notification (Did not receive or didn't understand)	113	109	96	116	**434**
Medicare ● Medicare coverage ● Medicare Savings Program ● Medicare Part D	11	12	5	6	**34**
Prescriptions ● Prescription coverage ● Prescription denial	23	22	15	10	**70**
Fraud-Referred to Office of Inspector General (OIG)	0	3	2	4	**9**
Quality of Care-Referred to Division of Health Care Management (DHCM)	27	36	36	36	**135**
Total	**349**	**303**	**307**	**304**	**1263**

Table 4

Issue Originator[7]	Quarter 1 10/1/20-12/31/20	Quarter 2 1/1/21-3/31/21	Quarter 3 4/1/21-6/30/21	Quarter 4 7/1/21-9/30/21	Total
Applicant, Member or Representative	296	249	253	251	**1049**
CMS	5	8	0	3	**16**
Governor's Office	33	23	29	35	**120**
Ombudsmen/Advocates/Other Agencies	10	12	19	9	**50**
Senate & House	5	11	6	6	**28**
Total	**349**	**303**	**307**	**304**	**1263**

[7] This data was compiled from the OCA logs by the OCA Client Advocate and the Member Liaison.

VII. Individuals with Serious Mental Illness (SMI) Opt-Out for Cause Report

Tables 5 through 9 below illustrate the number of opt-out requests filed by individuals with an SMI designation in Maricopa County and greater Arizona, broken down by months, health plans, counties, reasons for opt-out requests, opt-out outcome, and post-appeal opt-out outcomes.

Opt Out Rollup for 2021

Table 5

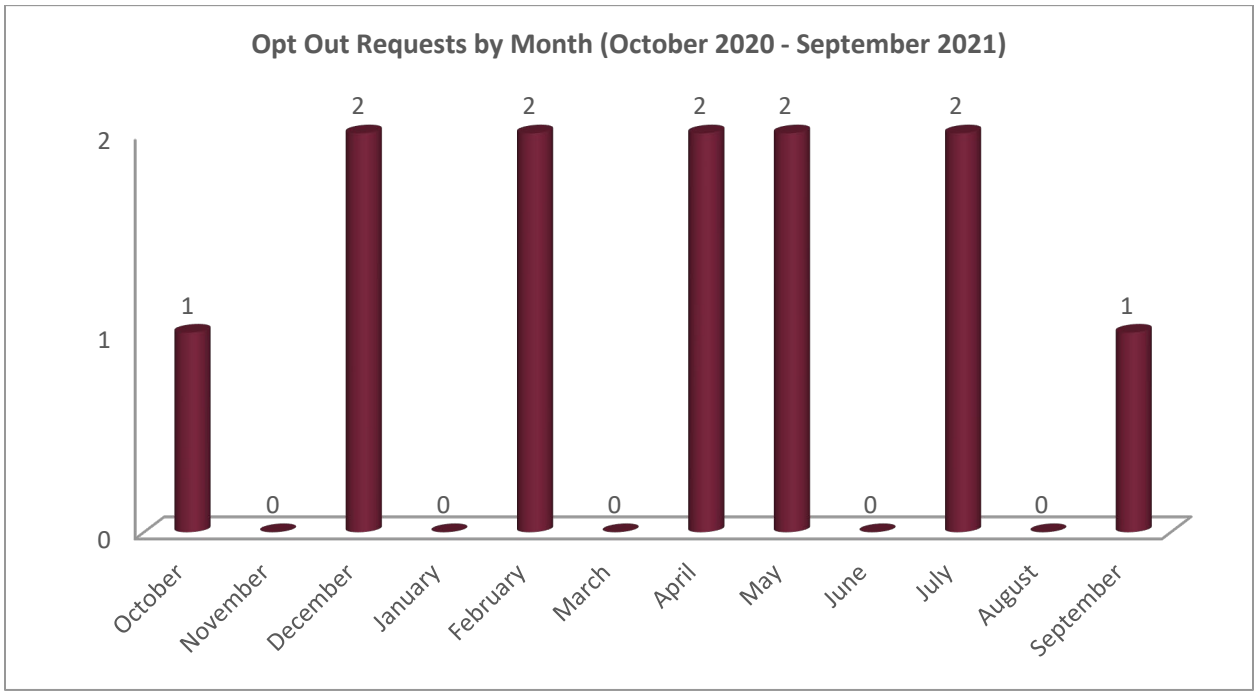


Table 6

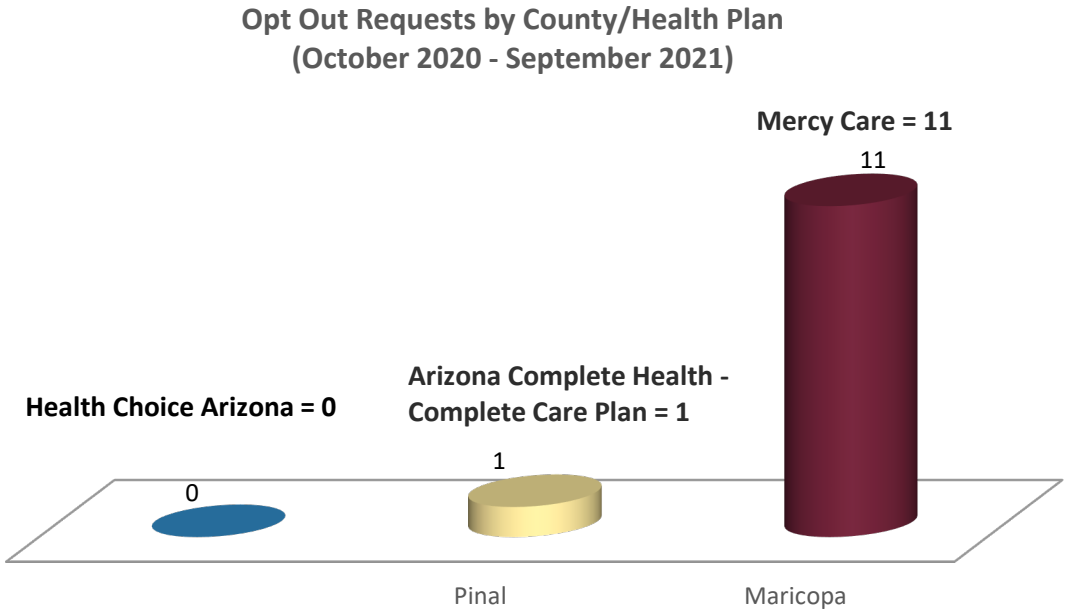
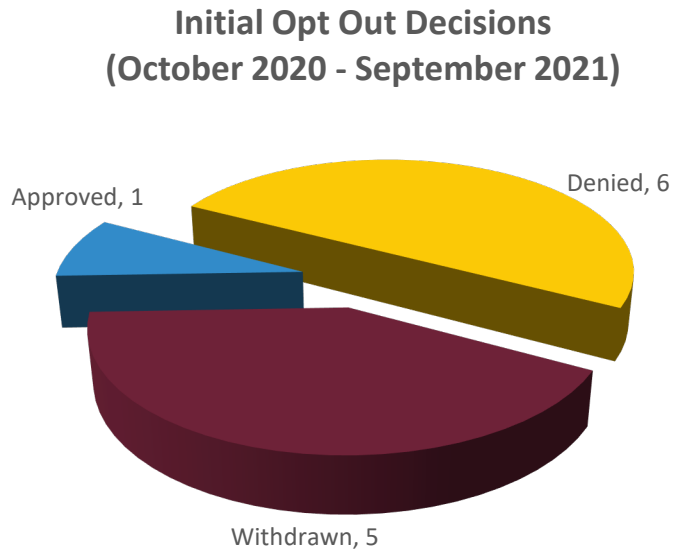


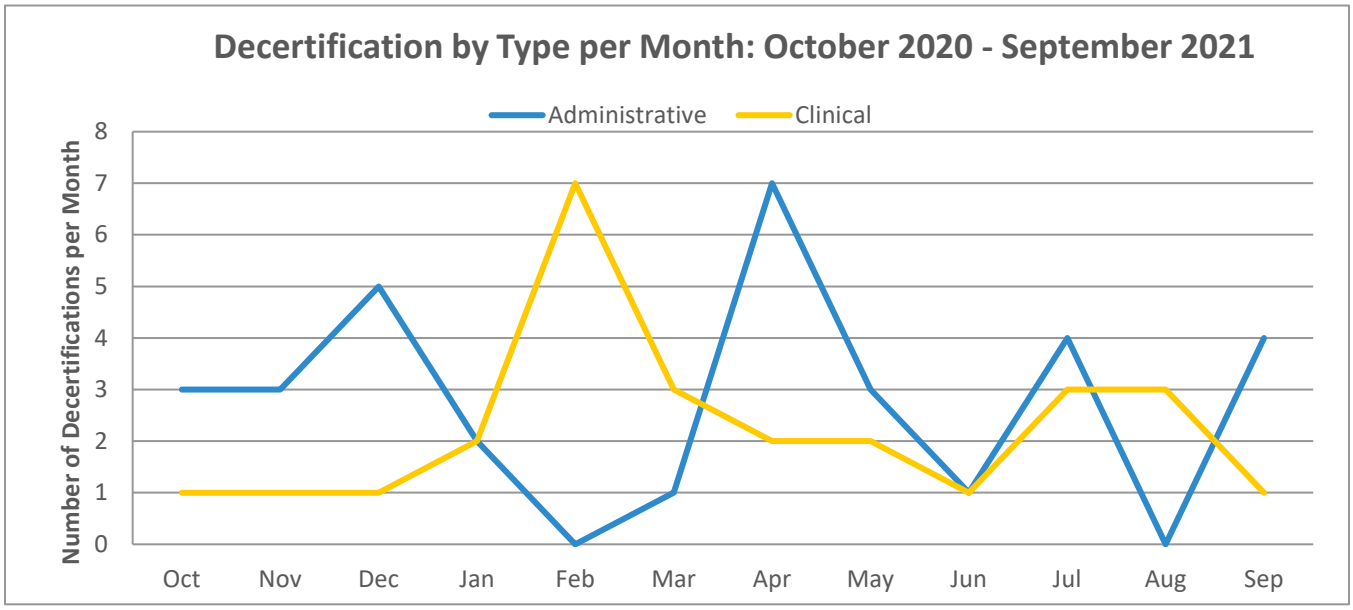
Table 7

Table 8



Appeal Outcomes (October 2020 - September 2021)			
Approved	**Withdrawn**	**Denied**	**Pending**
0	0	0	0

Table 8



The following are the two established mechanisms for changing an individual's designation and service eligibility:

- Clinical decertification: Eligibility for SMI services is based upon a clinical determination as to whether a person meets a designated set of qualifying diagnostic and functional criteria. If criteria are no longer met, the individual's SMI eligibility is removed, and the individual will be eligible for behavioral health services under the General Mental Health (GMH) program category. AHCCCS' contracted vendor, Solari Crisis Response Network, makes these determinations.
- Administrative decertification: This administrative option, facilitated by AHCCCS, is a process that allows an individual with an SMI designation to elect to change their behavioral health category from SMI to GMH if they have not received behavioral health services for two or more years.

VIII. Demonstration Operations and Policies

Legal Update

The Office of Administrative Legal Services (OALS), now renamed to the Office of the General Counsel, under the authority of the AHCCCS General Counsel (also referred to as the Assistant Director), provides legal counsel to the AHCCCS Administration and oversees the Agency's rulemaking and Grievance and Appeals System. Major components of the Grievance and Appeals System include scheduling State Fair Hearings for disputed matters, the informal adjudication of member appeals and provider claim disputes, and the issuance of AHCCCS Hearing Decisions (also referred to as Director's Decisions).

AHCCCS Hearing Decisions represent the Agency's final administrative decisions and are issued subsequent to review of the Recommended Decisions made by Administrative Law Judges employed by the State Office of Administrative Hearings, an independent office of state government. Oversight of privacy and confidentiality matters, including HIPAA and Part II compliance issues, is another key responsibility of OALS and is performed by the AHCCCS Privacy Officer.

From October 1, 2020, through September 30, 2021, OALS received 19,016 matters, including member appeals, provider claim disputes, ALTCS trust reviews, and eligibility appeals. Of the 19,016 total cases received during this time period, 260 were member appeals, 17,279 were provider claim disputes, 184 were ALTCS trust reviews, and 1,293 were eligibility appeals. OALS issued 529 Director's Decisions after State Fair hearings were held. In addition, OALS issued 17,404 informal dispositions of disputes filed with the AHCCCS Administration. In excess of 97 percent of these disputes were resolved at the informal level, thus obviating the need for State Fair Hearings in these cases.

Litigation Activity

The following is a summary of major litigation involving legal challenges to the AHCCCS program during this federal fiscal year (FFY). Major litigation activity during FFY 2021 concerned the following six cases, and historical details for the first four matters were outlined, and are available, in previous annual reports at https://azahcccs.gov/Resources/Reports/federal.html

1. B.K. et. al v Faust (Formerly B.K. et. al v McKay et. al; Tinsley v McKay),
2. CMS Disallowance of Medicaid School-Based Administrative Claims,
3. Arizona Alliance of Community Health Centers et al. v AHCCCS,
4. John Doe v Snyder (Formerly D.H. and John Doe v Snyder),
5. CMS Disallowance of Medicaid School-Based Direct Service Claims, and
6. The Center to Promote Healthcare Access (d/b/a Alluma) v AHCCCS.

For these six matters, major litigation developments during this FFY are summarized below.

1. B.K. et. al v Faust (Formerly B.K. et. al v McKay et. al; Tinsley v McKay) Lawsuit Alleging Violations of Constitutional and Statutory Rights of Foster Care Children

(Refer to previous annual reports for earlier legal activity)

The judge issued final approval of the settlement on February 12, 2021 and dismissed the case. In addition, the court retained jurisdiction over any problems affecting the settlement agreement.

2. CMS Disallowance of Medicaid School-Based Administrative Claims

(Refer to previous annual reports for earlier legal activity)

Oral argument took place on March 5, 2021, and the court sent the case to mediation on March 8, 2021. CMS agreed to settle the case by returning $4,450,000 to AHCCCS, and it executed the settlement agreement on July 8, 2021. The Ninth Circuit dismissed the case on July 18, 2021.

3. Arizona Alliance of Community Health Centers et al. v AHCCCS-Lawsuit regarding FQHC Reimbursement

(Refer to previous annual reports for earlier legal activity)

In November 2019, shortly after the Complaint was filed, the plaintiffs filed a Motion for Preliminary Injunction, and AHCCCS filed a Motion to Dismiss the Complaint. The District Court granted AHCCCS a Motion to Dismiss the plaintiffs' main claim (AHCCCS' alleged failure to provide "mandatory" FQHC physician services). In March 2021, the District Court also denied the plaintiffs' Motion for Preliminary Injunction but permitted the plaintiffs to amend the Complaint with respect to their main claim. The plaintiffs filed an Amended Complaint, deleting their second claim challenging AHCCCS' $1,000 cap for adult emergency dental benefits. Plaintiffs appealed the District Court Order to the Ninth Circuit Court of Appeals in April 2021. Briefing is underway. The plaintiffs filed their Opening Brief in September 2021.

4. John Doe v Snyder-Lawsuit Challenging Denial of Male Chest Reconstruction Surgery (Formerly D.H. and John Doe v Snyder- Originally Filed as a Lawsuit Alleging Violations of Civil Rights on behalf of Transgender Individuals Seeking Male Chest Reconstruction Surgery under 21 Years of Age)

(Refer to previous annual report for earlier legal activity)

On March 30, 2021, the District Court judge denied the plaintiffs' August 2020 Motion for Preliminary Injunction. The plaintiffs appealed the District Court's denial of the preliminary injunction to the Ninth Circuit Court of Appeals. Oral argument took place on November 19, 2021; the Court has not yet issued a ruling. In a significant change to the posture of the case, the plaintiffs filed an Unopposed Motion to Withdraw Class Certification on August 25, 2021, which was granted. Also of significance, the plaintiffs asked the court to voluntarily dismiss the plaintiff "DH" from the lawsuit. The District Court granted the motion on September 30, 2021. Therefore, John Doe is the sole plaintiff in this litigation, and no class action status will be sought.

5. CMS Disallowance of Medicaid School-Based Direct Service Claims

In June 2018, CMS adopted the March 2010 report of the HHS Office of Inspector General (OIG) and issued its final disallowance of school-based direct service claims in the amount of $19,923.489. The disallowed claims are claims that AHCCCS submitted for the period of January 1, 2004 - June 30, 2006. AHCCCS asked Region IX to reconsider its disallowance in August 2018. CMS denied the request in October 2018. AHCCCS then appealed the disallowance to the Departmental Appeals Board (DAB) in December 2018. DAB issued a decision upholding the CMS disallowance in December 2019. Neither AHCCCS counsel nor opposing counsel received a copy of the December 2019 decision at the time. AHCCCS did not learn of the decision until May 8, 2021.

AHCCCS filed an Independent Action in federal District Court in June 2021 under federal rule of civil procedure (FRCP) 60(d)(1) ("Other Powers to Grant Relief") seeking relief from the DAB decision and permitting AHCCCS to appeal. FRCP 60(d)(1) allows the court to "entertain an independent action to relieve a party from a judgment, order, or proceeding." The Independent Action asks the court to

exercise its discretion to vacate the DAB decision, set aside the disallowance, and remand the matter to the DAB to determine whether the disallowance was statistically valid. It is AHCCCS' position that the sampling and statistical extrapolation used by CMS in auditing state Medicaid programs was flawed, overstating AHCCCS' disallowance by approximately $10,000,000. In August 2021, CMS filed a motion to dismiss for lack of subject matter jurisdiction and failure to state a claim, arguing that there is no subject matter jurisdiction because the deadline for an appeal has passed and cannot be equitably tolled, that FRCP Rule 60(d)(1) does not apply, and that "the complaint fails to allege a plausible independent action." AHCCCS filed its response in September 2021, and CMS filed its reply later that month.

6. The Center to Promote Healthcare Access (d/b/a Alluma) v AHCCCS-HEAplus Procurement Dispute

Alluma filed a procurement protest in July 2020, contesting AHCCCS' award of a contract to Accenture for maintenance and operations services of the health-e Arizona Plus (HEAplus) online eligibility system. AHCCCS received four proposals in response to the RFP. Three of the four proposals were submitted from nationally recognized, qualified bidders with bids in the range of $36,592,728, to $49,959,499. The fourth proposal, from Alluma, offered to meet the RFP's requirements for $138,863,613. The AHCCCS Chief Procurement Officer (CPO) rejected the Alluma proposal as not susceptible for award and not in the best interest of the State. Alluma disputes the award to Accenture, contending that it was unfairly treated when the CPO determined its proposal was not susceptible for award. Alluma requests that it be awarded the contract or that the RFP be reissued.

The CPO denied the Alluma protest, and Alluma appealed the CPO decision in July 2021. After a three-day administrative hearing, the ALJ affirmed the denial of Alluma's protest. Both the ALJ and AHCCCS' Final Decision concluded that Alluma failed to sustain its burden of proof. In December 2020, Alluma sought judicial review of AHCCCS' administrative decision. In January 2021, Alluma filed a motion to stay contract implementation and transition activities to Accenture until the contract award dispute is decided. In February 2021, the Superior Court denied Alluma's request for a stay of the contract award and its request to supplement the administrative record. The matter was fully briefed, and a hearing in Superior Court was held on October 21, 2021. The parties are awaiting a decision.

Legislative Update

The legislature passed a number of bills in the 2021 Legislative session that will have impacts on the Agency including:

- **HB 2392** (AHCCCS; graduate medical education; reimbursement) establishes a community health center Graduate Medical Education (GME) program.
- **HB 2521** (long-term care; health aides) creates a licensed health aide program to allow relatives to provide care to their family members with complex health conditions.
- **SB 1505** (health information; disclosures; prohibition) allows state, county or local health departments to disclose communicable disease and immunization related information to the state's Health Information Exchange (HIE).

- **SB 1824/ SB 1823** (budget bills) contain appropriations for state agencies and programs. Specific to the AHCCCS Administration, the budget included the following items:
    - Secured authorization to spend federal funds tied to approval of the AHCCCS Housing and Health Opportunities (H2O) waiver proposal,
    - Funding for critical IT projects, and
    - Additional funding for providers for the elderly and physically disabled.

The Arizona Legislature adjourned Sine Die on June 30th, 2021; the general effective date for legislation is September 29, 2021.

Program Integrity Update

The Office of Inspector General (OIG) is responsible for and must coordinate activities that promote accountability, integrity, and the detection of fraud, mismanagement, abuse, and waste within the Medicaid program. The AHCCCS OIG is a criminal justice agency as defined by Arizona state law.

AHCCCS continues to increase its commitment of resources and the development of programs to implement internal controls throughout the Medicaid system to detect, prevent, and investigate cases of suspected fraud, waste, and abuse (FWA). In FFY 2021, OIG achieved a total of $48,792,136 in recoveries and savings for all programs.

The OIG includes five sections that accomplish different, but interrelated, functions:

Member Compliance Section (MCS)

MCS is divided in two subsections: the Member Criminal Investigations Unit (MCIU) and the Fraud Prevention Unit (FPU). Each unit plays a distinctive role in fraud cases involving applicants and enrolled Medicaid members.

Program Integrity Team (PIT)

The PIT performs data mining, audits payment data, three Program Integrity data audits, and conducts periodic utilization reviews of target providers to identify trends, determine potential fraudulent billing practices, and to use the data to drive case development.

Performance Improvement and Audits Section (PIAS)

PIAS oversees the Corporate Compliance Program as required by federal law and as established in the AHCCCS contracts with MCOs and has four units: an Audit unit, a Post Pay Interoperability unit, Collections unit, and a Referral Administrative team. PIAS conducts performance improvement projects and independent provider audits.

Provider Compliance Section (PCS)

PCS conducts investigations of external referrals and internally detected cases using data mining (Program Integrity audits) activities. PCS has three components: Provider Compliance Unit (PCU), Pharmacy Fraud Investigative team, and a Fee-for-Service (FFS) team (newly created).

Forensic Accountant Unit (FAU)

FAU provides financial fraud assistance in cases related to Complex Health Care Frauds, Health Care Corporate Compliance Fraud, and Health Care Financial Frauds. FAU makes independent referrals to the State Medicaid Fraud Control Unit (MFCU) and other city, state, and federal law enforcement authorities.

The OIG works to continually increase its partnerships among federal, state, and local law enforcement. To support this effort, the OIG has developed relationships with several county prosecutors who successfully prosecuted cases involving health care theft, fraudulent schemes, and/or elder abuse prosecutions. OIG's primary goal is to increase associations with county prosecutors to create joint casework and initiatives between agencies. The secondary goal is to identify the subjects who accept plea deals, are convicted, and are sentenced, and to report those individuals to the U.S. Department of Health and Human Services' (HHS) OIG, for potential exclusions. The OIG has submitted county prosecutions to HHS OIG for review of potential exclusions.

This year, the OIG has developed successful partnerships with law enforcement to bolster its ongoing program integrity efforts, including, but not limited to, the following:

- Small Business Administration (SBA), Office of the Inspector General.
  Every year, the OIG obtains multiple convictions of borrowers and loan agents that have committed fraud in the SBA business loan programs. The OIG's concerns about potential fraud have increased considering the recent passage of the American Recovery and Reinvestment Act, which implements new lending programs and is intended to significantly expand SBA loan volume. AHCCCS OIG has utilized a partnership with the SBA OIG on the investigation of a common provider. Through this collaboration, AHCCCS' OIG was able to present and incorporate this partnership into its criminal case presentation to the Arizona Attorney General's Office (AGO), Medicaid Fraud Control Unit (MFCU).

- Arizona State University (ASU), Edson College of Nursing and Health Innovation
  OIG continues to be an active member in a new, undergraduate ASU Health Care Compliance and Regulations degree program as a member of the Advisory Board Committee, and as a faculty member. The degree program strives to develop health care compliance professionals with competencies that providers, regulators, investigators, government programs, and enforcement agencies would find relevant to their work, and graduates will have job-ready skills, knowledge, and abilities. This year the OIG has brought on four interns to collaborate and work with various projects in the OIG.

- Division of Fee for Service Management (DFSM), Quality of Care Team (QOC)
  While this is an internal AHCCCS Division, there have been many new partnerships and collaborations with this team as OIG has identified a targeted population that falls under the care and purview of the DFSM teams. The OIG and DFSM have partnered to ensure there are no access to care issues, member safety is achieved and care coordination across many levels is constantly occurring. DFSM's Audit Unit provides many FWA referrals to OIG.

- Adult Protective Services (APS) and Law Enforcement Collaboration Meetings

The OIG has successfully partnered in the joint monthly law enforcement meetings where APS presents cases to determine if there is overlap, criminal liability and other items worthy of sharing. This collaboration meeting is also staffed with several county prosecutors, AGO, City of Phoenix Police Department, and the APS investigators. This collaboration has identified new leads and to also refer items that are not FWA but are quality of concern matters to the appropriate AHCCCS sections.

The OIG Self Disclosure Program incorporates both Title XIX and Non-TXIX program violations. Once an inappropriate payment is discovered by a provider that warrants Self-Disclosure, providers are encouraged to contact the OIG as early in the process as possible to maximize the potential benefits of Self-Disclosure. In FFY 2021, the OIG realized a total of $1,530,868.95 of combined recoveries and program savings for both Title XIX and Non-Title XIX Self Disclosures.

- Accepted 28 Self-Disclosure cases
  - 23 Title XIX cases
  - 5 Non-TXIX cases
- Achieved $815,591.27 in total recoveries
  - $796,301.07 Title XIX recoveries
  - $19,290.20 Non-TXIX recoveries
- Accomplished $715,277.68 in program savings
  - $687,745.36 Title XIX program savings
  - $27,532.32 Non-TXIX program savings

The OIG is not interested in fundamentally altering the day-to-day business processes of provider organizations for minor or insignificant matters. OIG recognizes that many improper payments are discovered during a provider's internal review or audit process. While providers who identify that they have received improper payments from the AHCCCS program are required to return the overpayments, the OIG desires to develop and maintain a fair, rational process that will be mutually beneficial for both the State of Arizona and the concerned provider. The OIG Self-Disclosure process is a proven success and will continue to be so.

Aside from the Self-Disclosure Program, the OIG Provider Compliance Section created a completely brand-new team. This team is the Fee for Service Investigative Unit (FIU). This team was developed to ensure better FWA recoveries concerning the AHCCCS $2 billion-dollar annual expenditure in the Fee-For-Service (FFS) AHCCCS Program under DFSM. American Indian Health Program (AIHP), American Indian Medical Home (AIMH), Tribal Regional Behavioral Health Authority (TRBHA), Tribal Arizona Long Term Care System (ALTCS), Federal Emergency Services, FFS Regular, FFS Temporary, FFS Prior Quarter, Hospital Presumptive Eligibility, School Based Claiming, Pharmacy Benefit Manager, and Arizona Department of Corrections (DOC) are the programs and populations served that all under the Fee-For-Service umbrella. The OIG's team currently consists of a supervisor and six investigators with in-depth knowledge of the Fee-For-Service and Tribal program delivery system. This team was established during December 2020.

Provider Compliance Section

In FFY 2021, AHCCCS' OIG:

- Accepted 1,014 cases for investigation,
- Achieved a total of 14 convictions[8]
- A total of $34,586,408.92 was recovered and saved with the Provider Compliance Program.

Wrongful billing under an incorrect provider ID is a consistent error found across several provider types. OIG actively pursues recoupments of overpayments related to wrongful billing. Case examples include, but are not limited to, the following:

- The PCS initiated a high-profile case involving a conspiracy ring involving Behavioral Health Residential Facilities (BHRFs), in collusion with Behavioral Health Outpatient Clinics, Integrated Clinics, and Behavioral Health Professionals fraudulently billing the state Medicaid program. This investigation was a joint effort with the AGO and MFCU.
    - A total of 27 entities and/or individuals were indicted
        - https://mailchi.mp/azag/13-people-and-14-related-businesses-indicted-in-alleged-massive-health-care-fraud-billing-scheme?e=0d1e67f618
        - https://mcusercontent.com/cc1fad182b6d6f8b1e352e206/files/c6b43786-adec-7f4a-a8ba-a2db67bc142a/PHX_9842071_v1_P_2020_0158_SUN_VALLEY_SERVICES_TRUE_BILL_.pdf
        - Chandler Couple Accused of Pandemic Loan and AHCCCS Fraud: https://www.fox10phoenix.com/news/chandler-couple-accused-of-pandemic-loan-and-ahcccs-fraud
        - In addition, AGO established probable cause and performed a seizure warrant for forfeiture and forfeiture of property of the subjects having a value not less than $12,020,399.28, to include substitute assets.

PCS has also instituted several credible allegations of fraud payment suspensions this year:

- Twenty-six payment suspensions of behavioral health providers for providing services to AHCCCS members through unlicensed/unqualified personnel, billing for services not provided, failing to adhere to the requirements of AHCCCS provider agreements, creating false documentation, failing to adhere to medical documentation requirements, etc.
- Two payment suspensions of Non-Emergency Medical Transportation (NEMT) companies who billed for services the company knew and/or should have known could not have been provided as claimed.
- One payment suspension for a company which exposed AHCCCS members to services rendered by an impersonator.

[8] The Public Health Emergency [PHE] had a significant impact upon grand jury and administrative court proceedings during FFY 2021 and the OIG experienced several delays

- One payment suspension for a provider who utilized out of country assistant therapists who were not registered or qualified to perform services and billed as though the services were provided by the registered provider.

OIG also reviewed and performed 19 terminations either in conjunction with or in lieu of the Credible Allegation of Fraud Payment Suspensions.

PCS incorporates coding algorithms and flags data to identify cases. Recent examples include:

- A high prescribing pill mill was identified through a referral that only identified a Registered Nurse Practitioner (RNP) using another prescriber's pad to write scripts. That referral led to research on the members the scripts were written for, running significant amounts of data, and CSPMP information to figure out who was prescribing. Ultimately, it was found that White Cranes Medical Center was responsible for the facilitation of massive opioid fraud.
    - DEA arrests mother and daughter in raid of Tempe pain management facility | Opioid Crisis (AZ Family article)
    - This case led to $600,000 in restitution and two providers sentenced to prison. Data Mining on the BHRF fraud ring case led to the formulation of strong data algorithms that encompass the currently known fraud scheme of billing for services that are duplicative, overlapped, unbundled, ghost billing, and impossible days. To bolster the qualified data output, the OIG included definitive policy guidelines into the data algorithm. Items clearly defined in policy covered in per diem code and payment were utilized to qualify unbundled services by other providers billed for the same member and same dates of service. Likewise, unbundled services billed by more than one provider for the same member and same dates were flagged. Lessons learned and applied to the qualified data from this fraud ring investigation have now included:
        - Incorporating data on specific provider types to show impossible days,
        - Incorporating data from the justice system such as booking, incarceration, and release dates, and
        - Incorporating all denied claims to show the patterns of the providers beyond just looking at paid claims data.

The OIG Non-Emergency Medical Transportation (NEMT) project has continued to yield the following:

Forty referrals specific to NEMT were received with $2,711,474.37 in recoveries and $2,362,708.56 in program savings. To date, the OIG has several cases staffed with the Federal Bureau of Investigation (FBI) and looks forward to the continued case development and partnerships with the Bureau.

Pharmacy Fraud Investigative Team (PFIT)

In FFY 2021,the PFIT, as part of PCS, continues its Pharmacy Intelligence Project to drive casework. PFIT investigates matters related to opioid and prescription fraud, waste, and abuse. The PFIT consists of four investigators with provider and member fraud experience. The PFIT also has three pharmacists on the team. The PFIT continues to work closely with local police departments, MFCU, and federal agencies in working joint investigations.

FFY 2021 activity for the PFIT includes:

- 49 referrals received,
- 6 outbound referrals,
- 66 cases opened,
- 3 new joint case with MFCU,
- 2 lock-down requests,
- 2 approved lockdowns,
- 7 case management requests,
- 4 case management requests granted,
- 1 search warrants issued,
- Zero indictments,
- 7 convictions, and
- $873,001.12 in funds recovered and saved

Member Compliance Section (MCS)

- The MCS includes two units: the Criminal Investigative Unit (CIU) and the Fraud Prevention Unit (FPU). Combined, these units handled 6,050 cases in FFY 2021 with total recovery and savings of $13,011,712.

- With units in Tucson and Phoenix, FPU closed a total of 5,829 cases with a total savings of $11,695,330 in FFY 2021.

- With units in Tucson and Phoenix, CIU closed a total of 221 cases, with total savings and recoveries of $1,316,382 in FFY 2021.

- The MCS investigated a member who used his father's identity for employment and concealed his earnings to receive AHCCCS and Social Security Administration (SSA) benefits. Had the member reported his income, he would not have received AHCCCS medical benefits. The member pled guilty and was sentenced to 4 years' probation under the supervision of Mohave County Adult probation and was ordered to pay AHCCCS $41.402.42. As a condition of probation, the member will be incarcerated in the Mohave County Jail for a period of 30 days.

- The MCS investigated Paul Petersen the ex-Maricopa County Assessor. Through a proxy, Mr. Petersen improperly obtained AHCCCS medical benefits for 28 pregnant women from the Marshall Islands who were not Arizona residents. The women were enrolled with AHCCCS to cover their babies' births; the babies were then placed with adoptive families outside the state of Arizona through Mr. Petersen's adoption agency. Mr. Petersen was prosecuted and, as part of his plea agreement, agreed to pay restitution to AHCCCS in the amount of $650,000 and was ordered to serve 5 years imprisonment.

- As part of the Petersen case, co-conspirator Lynwood Jennet assisted the Marshallese birth mothers to obtain benefits as part of Ms. Jennet's employment with Mr. Petersen. Ms. Jennet reported to AHCCCS that she financially supported several women who received AHCCCS medical benefits, despite receiving AHCCCS medical benefits herself and claiming no income on her own AHCCCS applications. It was revealed that Ms. Jennet failed to inform AHCCCS of income she received from her employment with the Law Office of Paul D. Petersen, PLLC. She

was prosecuted and ordered to serve 1-year imprisonment and pay restitution in the amount of $28,001.97 to AHCCCS and $6,591 to the Department of Revenue.

Program Integrity Team (PIT)

- The PIT handles high-volume data requests from internal and external customers. In FFY 2021, the PIT received 40 data requests per month and maintained an average two-day turnaround time. The National Association of Medicaid Fraud Control Units (NAMFCU) data requests are invariably more complex and require more time to process, but PIT rarely requires a deadline extension. PIT received $1,950,824 in global settlements from ten cases in FFY 2021. PIT currently has 86 pending global settlement cases.
- In addition to fulfilling data requests, PIT analysts conducted investigations resulting in $507,293 in recoveries and $1,147,260 in program savings.
- Program Integrity Audits and Provider Self-Audits produced $180,494 in recoveries and $1,970,814 in program savings.
- The PIT created a comprehensive set of reports that identify fraudulent behavioral health billing. The reports are created for specific providers listed in a request. A set of ranking reports were also created to highlight the scope of the fraud and the most egregious providers involved.
- The PIT tracks provider board terminations, which totaled 34 providers and $2,171,459 in program savings in the reporting period.
- The PIT continues to work closely with LexisNexis to enhance data analytic activities and identify quality investigation leads. Recent developments include Modifier Opportunity reports (excess modifier use by providers to increase payment) and Like-to-Like reports (identifying providers with similar billing attributes to those with an investigation history).

Performance Improvement and Audit Section (PIAS)

PIAS maintains monthly charts and graphs that track OIG key performance indicators and creates new charts for OIG as needed. At the end of FFY 2021, OIG monthly metrics included a 141-page report of Fraud Prevention, Member Criminal Investigations, Program Integrity, Provider Compliance, Forensic Accounting, Pharmacy Fraud Intelligence, Collections, Audits, Referrals, and more.

In FFY 2021, the Collections team focused on the 1,451 cases that were 60 days or more past due, an increase of 17 percent from FFY 2020.

Additional statistical accomplishments include:

- $12,278,269.86 total collections (on-time & past-due),
- 1,680 payments received (on-time & past-due),
- 1,451 60 days+ past-due cases identified, and

- 218 60 days+ past-due cases collected.

In FFY 2021, the OIG Audit Team completed the following audits:

- 4 Operational Reviews,
- 14 Deficit Reduction Act (DRA) audits,
- 116 MCO deliverable reviews,
- 1 FQHC audit pending,
- 139 Housing Audits, and
- 348 HMS Audits Reviewed.

The EHR Post Pay Audit Team completed the following EHR post pay audits in FFY 2021:

- 39 Eligible Hospitals (EH) meaningful use (MU) audits,
- 92 Eligible Providers (EP) Meaningful Use (MU) audits completed,
- 31 Targeted Investments (TI) Audits,
- $229,363.29 in recoupments from EH, EP, and TI providers collected,
- $617,060.29 in recoupments from EH, EP, and TI providers determined, and
- 99 Housing Audits.

Forensic Accountant Unit

The Forensic Accounting Unit (FAU) staffing was increased by three investigators in FFY 2021. All three are Certified Fraud Examiners (CFE); and two out of three are Certified Public Accountants (CPA).

During the current reporting period, FAU recorded recoveries totaling $11,395,648.25, which is the highest amount since its creation in 2016. In addition, FAU generated program savings of $2,179,129.65. These amounts resulted from the multi-year investigation and successful prosecution of a complex accounting fraud perpetrated by the Chief Executive Officer (CEO) and Chief Financial Officer (CFO) of a Phoenix-based Intermediate Care Facility (ICF), identified as Hacienda Immediate Care Facility for the Intellectually Disabled. The FAU was instrumental in collecting evidence, analyzing documentation, identifying the scheme, conducting interviews, and calculating the loss.

FAU provided ancillary support to all OIG investigative sections and units through the utilization of a computer application called BankScan. Using BankScan in conjunction with Optical Character Recognition (OCR) software, FAU processed approximately 50,000 individual bank transactions received by the OIG in paper or image-only format. These transactions were converted into Microsoft Excel, provided to the investigators for further analysis, and resulted in multiple recoveries, savings, and convictions. By using BankScan, FAU saved the OIG 825 investigative hours, approximately 34 days, that would have been required to manually enter the bank transactions into Excel.

State Plan Update

During the reporting period, the following State Plan Amendments (SPAs) were filed and/or approved:

SPA #	Description	Filed	Approved	Eff. Date
19-009 GME 2020	Updates GME Program for FY 2020	*9/30/2019*	*11/23/2020*	*9/30/2019*
20-013 IHS/638 DAP	Updates the IHS/638 DAP Program	*8/18/2020*	*10/6/2020*	*10/1/2020*
20-015 DSH Budget	Updates the DSH Budget for FY 2021	*9/30/2020*	*5/17/2021*	*9/30/2020*
SPA 20-020 Vaccination Rate Increase	Updates the State Plan to reflect a rate increase for vaccination and vaccination administration codes, and to change the Vaccines for Children administration rate.	*9/30/2020*	*12/16/2020*	*9/1/2020*
SPA 20-021 Pharmacy Techs/Interns	Updates the State Plan to allow Pharmacy Technicians and Pharmacy Interns to administer the influenza vaccine and the COVID-19 vaccine	*12/2/2020*	*3/2/2021*	*9/1/2020*
SPA 20-022 EMS Rates	Updates the State Plan Emergency Medical Services rates	*12/17/2020*	*NA*	*10/1/2020*
SPA 20-023 LTC and Rehab Rates	Updates the State Plan long-term care and rehabilitation rates	*12/17/2020*	*3/12/2021*	*10/1/2020*
SPA 20-024 January NF Rates	Updates the State Plan Nursing Facility (NF) rates	*12/17/2020*	*3/12/2021*	*1/1/2021*
SPA 20-025 OP Hospital Rates	Revises the State Plan to update the Outpatient Hospital rates	*12/17/2020*	*3/11/2021*	*10/1/2020*
SPA 20-026 Other Provider Rates	Updates the State Plan Other Provider rates	*12/17/2020*	*3/11/2021*	*10/1/2020*
SPA 20-027 DRG	Updates the State Plan Diagnostic Related Group rates	*12/17/2020*	*3/12/2021*	*10/1/2020*
SPA 20-028 NF DAP	Updates the State Plan to update the NF Differential Adjusted Payment (DAP) program	*12/17/2020*	*3/12/2021*	*10/1/2020*
SPA 20-029 IP DAP	Updates the State Plan to update the Inpatient DAP program	*12/17/2020*	*6/23/2021*	*10/1/2020*
SPA 20-030 OP DAP	Updates the State Plan to update the Outpatient DAP program	*12/17/2020*	*9/7/2021*	*10/1/2020*
SPA 20-031 COVID Vaccine Medicare Rate	Updates the State Plan to allow the state to establish Medicare rates for the administration of COVID-19 vaccines	*12/23/2020*	*3/16/2021*	*12/1/2020*

SPA 21-001 IHS/638 RN AIR	Updates the State Plan to allow the Administration to reimburse IHS/638 facilities at the outpatient all-inclusive rate (AIR) for COVID-19 vaccine administration by registered nurses under an individual or standing order for the duration of the PHE, effective December 1, 2020	*1/27/2021*	*4/20/2021*	*12/1/2020*
21-002 NF COVID Payment 2	Updates the State Plan to allow the Administration to issue a second COVID-19 related direct payment program for nursing facilities (NFs), identical to the original one approved in the State Plan	*1/27/2021*	*3/25/2021*	*1/1/2021*
21-003 MAT Services	Attests to the State's compliance with MAT Services Standards	*2/12/2021*	*NA*	*10/1/2020*
21-004 COVID Vaccination NEMT	Updates the disaster State Plan pages to identify an updated NEMT rate for drive-through vaccination sites, effective February 22, 2021	*2/23/2021*	*4/20/2021*	*2/22/2021*
21-005 School Based Claiming Services	Describes Medicaid-reimbursable school-based claiming services	*4/26/2021*	*7/20/2021*	*10/1/2021*
21-006 School Based Claiming Reimbursement	Describes methods and standards for school-based claiming reimbursement	*4/26/2021*	*10/25/2021*	*10/1/2021*
21-007 COVID Vaccination Admin Rate	Updates the COVID-19 Vaccination Administration rate to $83 per dose	*8/5/2021*	*9/10/2021*	*8/9/2021*
21-008 ET3	Adds Emergency Triage, Treat and Transport services to the state plan	*9/7/2021*	*NA*	*10/1/2021*
21-009 GF GME	Describes the amounts and methodology for GME GF dollars for FY 2022	*9/27/2021*	*NA*	*9/30/2021*
21-010 DSH Pool 4 Reallocation	Updates the State Plan to detail the reallocation of excess DSH Pool 4 funding	*9/27/2021*	*NA*	*9/30/2021*
21-011 DSH Pool 5	Updates the State Plan to reflect DSH Pool 5 funding and participating hospitals for FY 2022	*9/27/2021*	*NA*	*9/30/2021*
21-012 DSH Budget	Updates the State Plan to reflect DSH funding for SPY 2021	*9/27/2021*	*NA*	*9/30/2021*
21-013 Clinical Nurse Specialist	Adds Clinical Nurse Specialist (CNS) as a new provider type in alignment with A.R.S. 32-1651	*9/28/2021*	*NA*	*10/1/2021*

21-014 GME 2022	This SPA updates the State Plan to continue the GME program for FY 2022	*9/29/2021*	*NA*	*9/30/2021*
21-015 FQHC/RHC GME	Describes the FQHC/RHC GME Program in the State Plan	*9/30/2021*	*NA*	*9/30/2021*

IX. Quality Assurance/Monitoring Activities

AHCCCS is committed to the development of a thoughtful, data-informed delivery system that incorporates Centers for Medicare & Medicaid Services' (CMS) priorities and AHCCCS' business needs and promotes optimal health outcomes for all members. AHCCCS has undertaken extensive efforts related to the Quality Strategy and other quality improvement activities over the past year. With the Chief Medical Officer's (CMO) leadership, the Quality Improvement team conducted extensive research and review of performance measure related language found in AHCCCS contracts and policies. The team established a workgroup with its External Quality Review Organization (EQRO) and MCOs to augment communication about efforts to operationalize the agency's performance measure strategy. These efforts continued into contract year ending (CYE) 2021 (October 1, 2020, through September 30, 2021, the same period as FFY 2021) and AHCCCS has outlined a clear vision that promotes alignment with National Medicaid Quality Performance and Scorecard Measures, as well as enhanced engagement of contracted MCOs and the EQRO.

a) PERFORMANCE MEASURES

During CYE 2021, AHCCCS further advanced its Quality Steering Committee by maintaining an AHCCCS & MCO Quality Performance Measure Workgroup aimed at operationalizing the agency's performance measure transitions. AHCCCS worked to strategically align its statewide performance measures with the CMS Child and Adult Core Sets prior to implementation of mandatory child and behavioral health measure reporting. As a result, substantial updates were made to the performance measure sets found within the MCO contracts starting with CYE 2020.

AHCCCS will continue to prioritize meaningful measures that align with high priority agency initiatives. For example, beginning with its CYE 2021 contract amendments, AHCCCS included a requirement for its MCOs to achieve National Committee for Quality Assurance (NCQA) First Accreditation [inclusive of the NCQA Medicaid Module and specific to its Medicaid Line(s) of Business] by October 1, 2023. In addition, AHCCCS transitioned from its use of internally established Minimum Performance Standards (MPS) to the use of national benchmark data (i.e., CMS Medicaid Median and NCQA HEDIS® Medicaid Mean) in evaluating performance. AHCCCS also intends to utilize historical performance data to evaluate MCO, Line of Business, and agency performance.

AHCCCS conducted an analysis of the CYE 2019 (October 1, 2018, to September 30, 2019) * performance measure rates for the following Lines of Business:

1. AHCCCS Complete Care (ACC)/Acute Care Program,
2. KidsCare (CHIP) Program,
3. Department of Child Safety Comprehensive Health Plan (DCS CHP) - *formerly known as the Comprehensive Medical and Dental Program (CMDP) prior to April 1, 2021,*

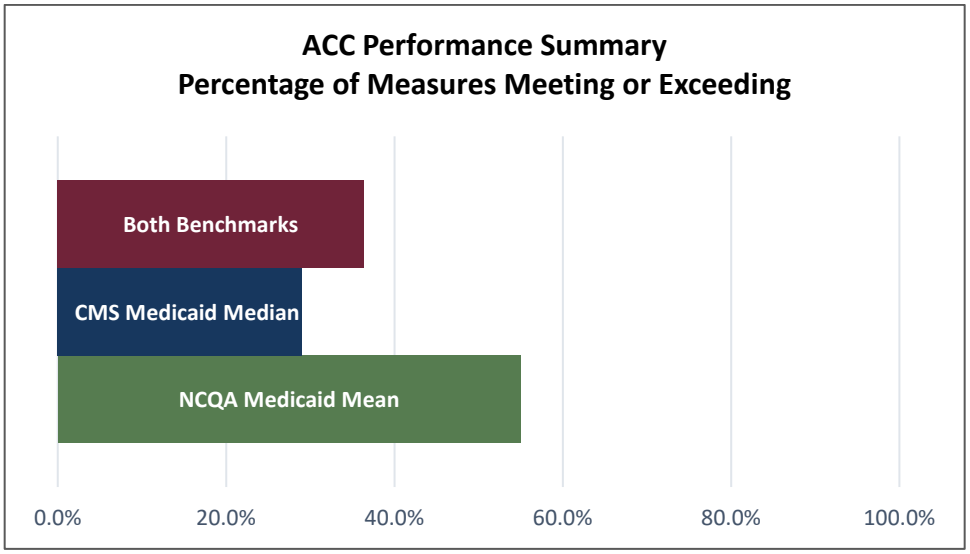
4. Arizona Long Term Care System, Elderly and Physical Disabilities (ALTCS-EPD),
5. Arizona Long Term Care System, Developmental Disabilities (ALTCS-DD), and
6. Serious Mental Illness (SMI).

**In 2020, AHCCCS transitioned to computing and reporting performance measures on a calendar Year (CY) basis. CY 2020 performance measure rates anticipated to be available in March 2022.*

ACC/Acute Care

ACC/Acute Care Performance Summary

AHCCCS conducted an analysis of the ACC/Acute Care performance based on CYE 2019 performance measure data. This analysis compared the ACC performance measure rates with the associated NCQA Medicaid Mean and/or CMS Medicaid Median, as appropriate. Of the 20 ACC performance measures compared to the *NCQA State of Health Care Quality Report*, 55 percent of the performance measures reported met or exceeded the 2019 NCQA Medicaid Mean; whereas 29 percent of the 31 performance measures compared with the *2020 Child and Adult Health Care Quality Measures Quality* data met or exceeded the CMS Medicaid Median. For the 11 performance measures compared to both the NCQA Medicaid Mean and the CMS Medicaid Median based on measure specification alignment, 36.4 percent met or exceeded both associated benchmarks. Please refer to **Appendix B** for additional details related to rate reporting.



Overall, the ACC/Acute Care program demonstrated improvement (and/or strength) for the following performance measures:

- Developmental Screening in the First Three Years of Life (Total),
- Use of Opioids at High Dosage in Persons Without Cancer, and
- Concurrent Use of Opioids and Benzodiazepines.

These measures were associated with various agency initiatives and demonstrated a statistically significant improvement in performance when compared to the previous year's reporting, with Concurrent Use of Opioids and Benzodiazepines exceeding the CMS Medicaid Median. As a note, the CMS Medicaid Median and associated methodologies allow for reporting based on either administrative or hybrid methodologies; the ACC/Acute Care Developmental Screening in the First Three Years of Life measure was calculated utilizing administrative methodologies.

Noted areas of opportunity include the following performance measures:

- Breast Cancer Screening, and
- Antidepressant Medication Management - Effective Acute and Continuation Phase Treatment.

Performance for the Antidepressant Medication Management (Effective Acute and Continuation Phase Treatment) and the Breast Cancer Screening measures did not meet either the NCQA Medicaid Mean or the CMS Medicaid Median, with the Breast Cancer Screening performance measure demonstrating a statistically significant decline when compared to the previous year's reporting.

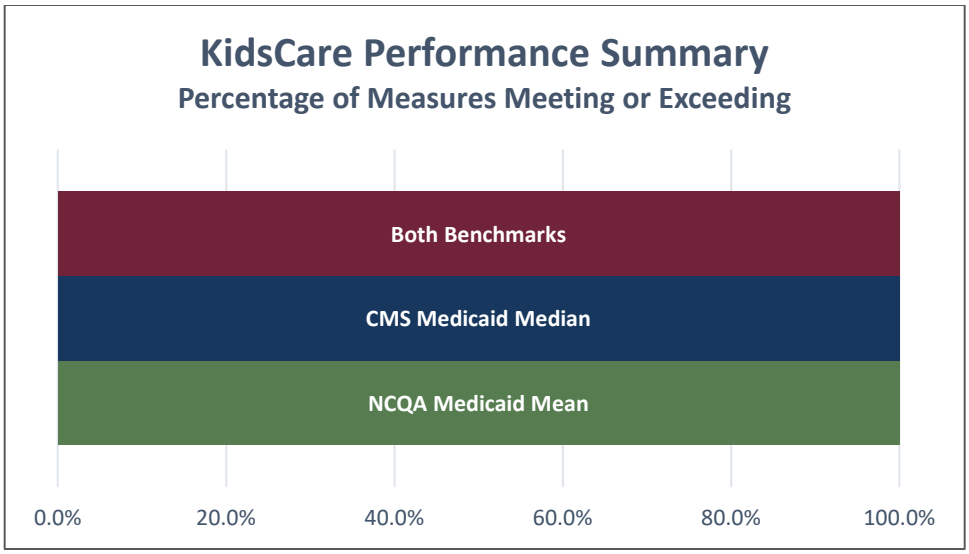
In addition, AHCCCS identified an opportunity for improvement in well-child, adolescent well-care, and dental visit rates for contractors providing care and services to children. As such, AHCCCS implemented a "Back to Basics" Performance Improvement Project (PIP) in CYE 2019 which aims to improve the overall well-being of children and adolescents. This PIP focuses on improving the rates of Well-Child Visits in the First 30 Months of Life (W30): Rate 1 (15 Months); Child and Adolescent Well-Care Visits (WCV); and Annual Dental Visits (ADV). Increasing the rates for these measures impacts other measures and focus areas including, but not limited to, childhood and adolescent immunizations, dental sealants for children at elevated caries risk, and developmental screenings.

KidsCare

In 2016, the enrollment freeze on the Arizona CHIP program (KidsCare) ended, allowing children up to age 19 to be enrolled in the KidsCare program.

KidsCare Performance Summary

AHCCCS conducted an analysis of the KidsCare program performance based on CYE 2019 performance measure data. This analysis compared the KidsCare program performance measure rates with the associated NCQA Medicaid Mean and/or CMS Medicaid Median, as appropriate. Of the three KidsCare program performance measures compared to the *NCQA State of Health Care Quality Report*, 100 percent of the performance measures reported met or exceeded the 2019 NCQA Medicaid Mean; furthermore, 100 percent of the four performance measures compared to the *2020 Child and Adult Health Care Quality Measures Quality* data met or exceeded the CMS Medicaid Median. For the two performance measures compared to both the NCQA Medicaid Mean and the CMS Medicaid Median based on measure specification alignment, 100 percent met or exceeded both associated benchmarks. Please refer to **Appendix B** for additional details related to rate reporting.



Overall, the KidsCare program demonstrated improvement (and/or strength) for the Developmental Screening in the First Three Years of Life (Total) measure. While below the CMS Medicaid Median, this measure was associated with an agency initiative and demonstrated a statistically significant improvement in performance when compared to the previous year's reporting. As a note, the CMS Medicaid Median and associated methodologies allow for reporting based on either administrative or hybrid methodologies; the KidsCare Program Developmental Screening in the First Three Years of Life measure was calculated utilizing administrative methodologies.

The KidsCare population is included within the Back-to-Basics PIP which aims to improve the rates of Well-Child Visits in the First 30 Months of Life (W30): Rate 1 (15 Months); Child and Adolescent Well-Care Visits (WCV); and Annual Dental Visits (ADV).

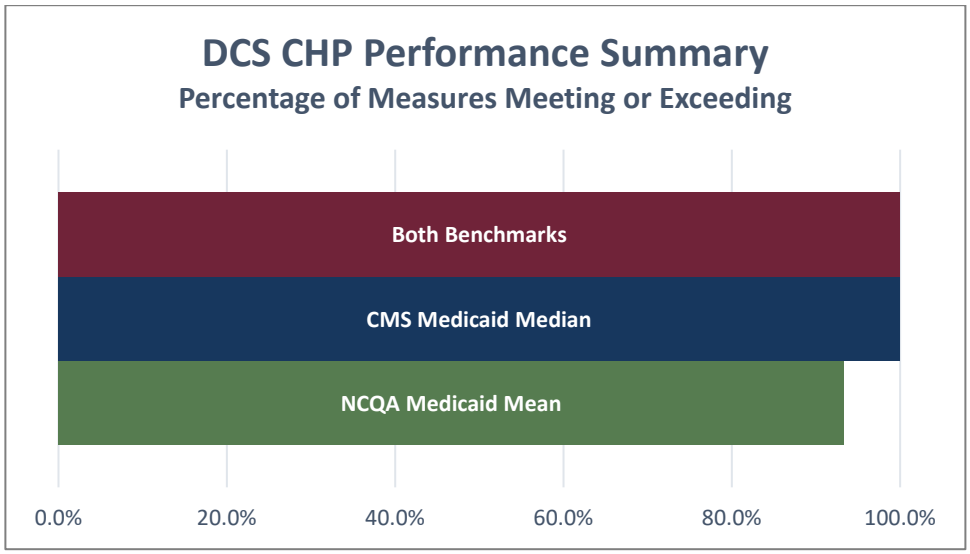
DCS CHP

Children in foster care began receiving care and services through an integrated delivery model beginning April 1, 2021. Prior to this date, Arizona children involved in the foster care system received physical health care services through the DCS CHP (formerly known as CMDP) and received behavioral health care through the Regional Behavioral Health Authorities (RBHAs). Please refer to Appendix B for additional details related to rate reporting.

DCS CHP Performance Summary

AHCCCS conducted an analysis of the DCS CHP performance based on CYE 2019 performance measure data. This analysis compared the DCS CHP performance measure rates with the associated NCQA Medicaid Mean and/or CMS Medicaid Median, as appropriate. Of the 15 DCS CHP performance measures compared to the *NCQA State of Health Care Quality Report*, 93.3 percent of the performance measures reported met or exceeded the 2019 NCQA Medicaid Mean; whereas 100 percent of the eight performance measures compared to *the 2020 Child and Adult Health Care Quality Measures Quality* data met or exceeded the CMS Medicaid Median. For the six performance measures

compared to both the NCQA Medicaid Mean and the CMS Medicaid Median based on measure specification alignment, 100 percent met or exceeded both associated benchmarks. Please refer to Appendix B for additional details related to rate reporting.



Overall, the DCS CHP demonstrated strength when compared to the ACC program performance as 88.2 percent of the performance measure rates met or exceeded the ACC program aggregate. The DCS CHP demonstrated strength for the Developmental Screening in the First Three Years of Life (Total) measure. While below the CMS Medicaid Median, this measure was associated with an agency initiative and demonstrated a statistically significant improvement in performance when compared to the previous year's reporting. As a note, the CMS Medicaid Median and associated methodologies allow for reporting based on either administrative or hybrid methodologies; the DCS CHP Developmental Screening in the First Three Years of Life measure was calculated utilizing administrative methodologies. In addition, the DCS CHP behavioral health services provided through the RBHAs exceeded the NCQA Medicaid Mean for all behavioral health measures, at times exceeding the NCQA Medicaid Mean by more than 25 percent.

The DCS CHP population is included in the Back-to-Basics PIP which aims to improve the rates of Well-Child Visits in the First 30 Months of Life (W30): Rate 1 (15 Months); Child and Adolescent Well-Care Visits (WCV); and Annual Dental Visits (ADV).

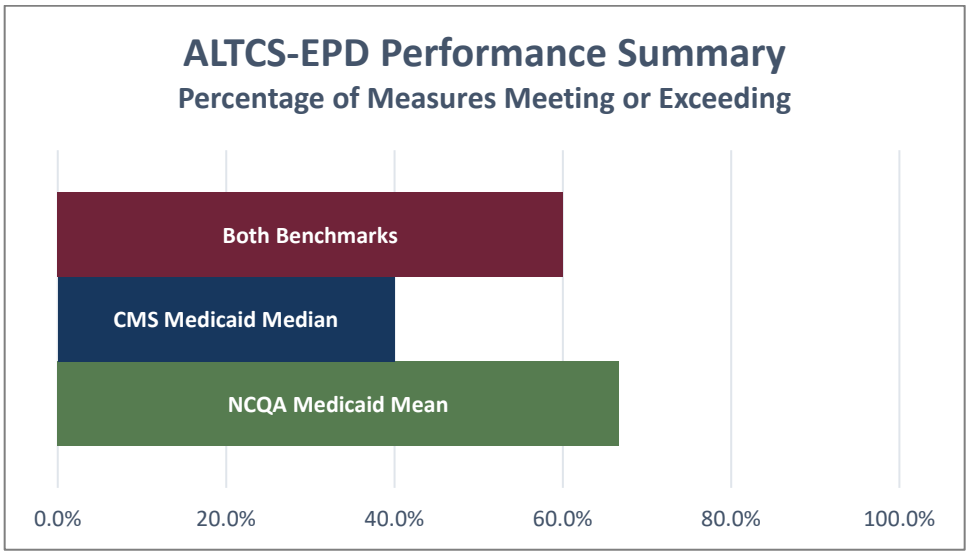
ALTCS-EPD

The ALTCS-EPD program delivers long-term, acute, behavioral health, and case management services to eligible members who are elderly and/or who have physical disabilities.

ALTCS-EPD Performance Summary

AHCCCS conducted an analysis of the ALTCS-EPD program performance based on CYE 2019 performance measure data. This analysis compared the ALTCS-EPD performance measure rates with the associated NCQA Medicaid Mean and/or CMS Medicaid Median, as appropriate. Of the 12 ALTCS-

EPD performance measures compared to the *NCQA State of Health Care Quality Report*, 66.7 percent of the performance measures reported met or exceeded the 2019 NCQA Medicaid Mean; whereas 40 percent of the 10 performance measures compared to the *2020 Child and Adult Health Care Quality Measures Quality* data met or exceeded the CMS Medicaid Median. For the five performance measures compared to both the NCQA Medicaid Mean and the CMS Medicaid Median based on measure specification alignment, 60 percent met or exceeded both associated benchmarks.



Overall, the ALTCS-EPD program demonstrated improvement for the following measures:

- Breast Cancer Screening,
- Concurrent Use of Opioids and Benzodiazepines, and
- Follow-Up After Hospitalization for Mental Illness - 30 Day.

These measures demonstrated a statistically significant improvement in performance when compared to the previous year's reporting, with the Follow-Up After Hospitalization for Mental Illness - 30 Day rate exceeding the NCQA Medicaid Mean.

Noted areas of opportunity include the following performance measures:

- Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment - Engagement (Total), and
- Use of Opioids at High Dosage in Persons Without Cancer.

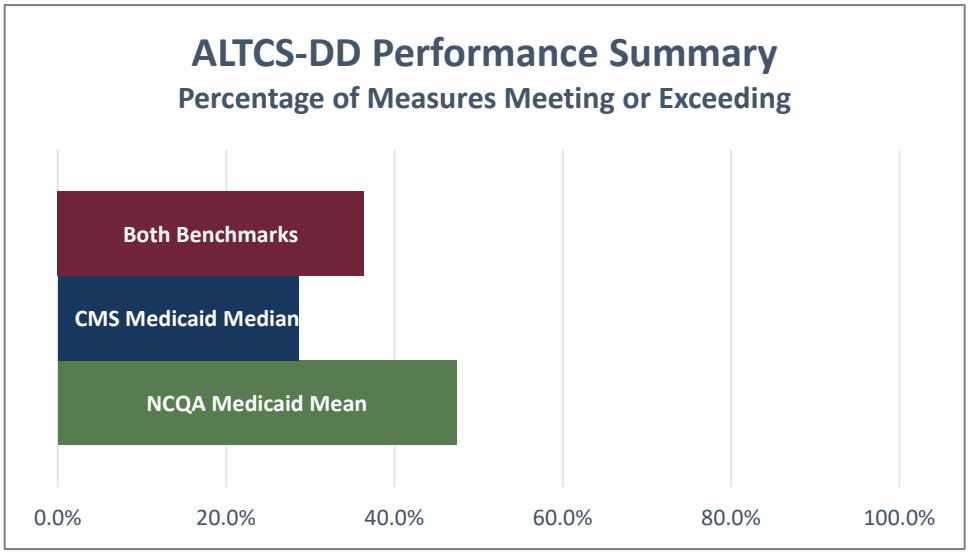
In addition, AHCCCS identified an opportunity for improvement in the Breast Cancer Screening performance measure rates. As a result, AHCCCS implemented a Breast Cancer Screening PIP for the ALTCS-EPD program aimed at improving the rates of breast cancer screening in women.

ALTCS-DD

The ALTCS-DD program delivers long-term, acute, behavioral health, and case management services to eligible members with developmental disabilities. ALTCS-DD members historically received acute care services through the Department of Economic Security (DES)/Division of Developmental Disabilities (DDD)-subcontracted health plans and behavioral health care through the Regional Behavioral Health Authorities (RBHAs); this continued through CYE 2019. As of October 1, 2019 (CYE 2020), ALTCS-DD members receive integrated care and services through the DES/DDD-subcontracted health plans which are responsible for physical and behavioral health care. DES/DDD has maintained responsibility for case management, Home and Community Based Services (HCBS), and therapy services (for members under the age of 21).

ALTCS-DD Performance Summary

AHCCCS conducted an analysis of the ALTCS-DD program performance based on CYE 2019 performance measure data. This analysis compared the ALTCS-DD performance measure rates with the associated NCQA Medicaid Mean and/or CMS Medicaid Median, as appropriate. Of the 19 ALTCS-DD performance measures compared to the *NCQA State of Health Care Quality Report*, 47.4 percent of the performance measures reported met or exceeded the 2019 NCQA Medicaid Mean; whereas 28.6 percent of the 14 performance measures compared to the *2020 Child and Adult Health Care Quality Measures Quality* data met or exceeded the CMS Medicaid Median. For the 11 performance measures compared to both the NCQA Medicaid Mean and the CMS Medicaid Median based on measure specification alignment, 36.4 percent met or exceeded both associated benchmarks.



Overall, the ALTCS-DD program demonstrated strength for the Asthma Medication Ratio performance measure which exceeded the NCQA Medicaid Mean.

A noted area of opportunity included the Breast Cancer Screening measure which did not meet either the NCQA Medicaid Mean or the CMS Medicaid Median.

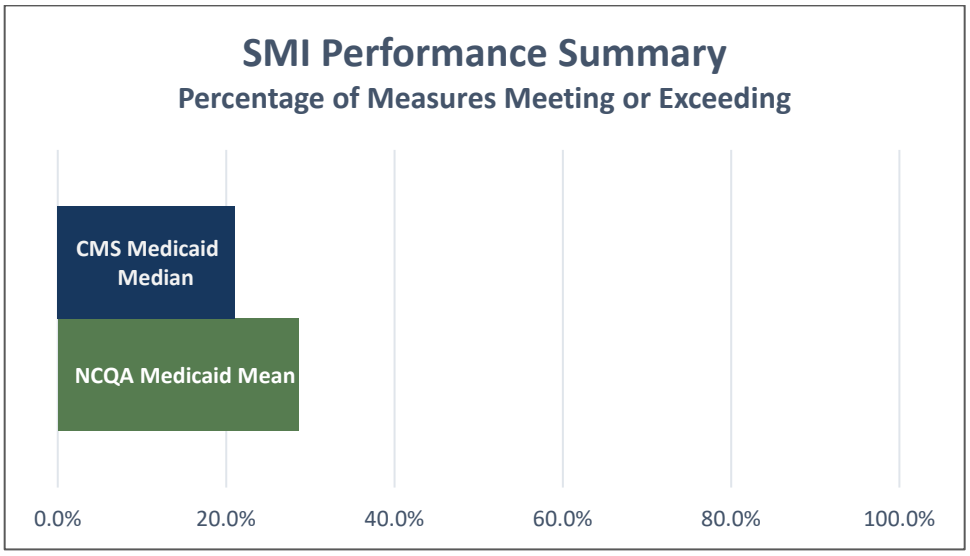
In addition, AHCCCS identified an opportunity for improvement in well-child and dental visit rates for contractors providing care and services to children. As such, the ALTCS-DD population is included within the Back-to-Basics Performance Improvement Project (PIP) which aims to improve the rates of Well-Child Visits in the First 30 Months of Life (W30): Rate 1 (15 Months); Child and Adolescent Well-Care Visits (WCV); and Annual Dental Visits (ADV). As with other Lines of Business, increasing the rates for these measures also impacts other measures and focus areas including, but not limited to, childhood and adolescent immunizations, dental sealants for children at elevated caries risk, and developmental screenings.

Serious Mental Illness

Members with an SMI designation receive integrated physical and behavioral health services through the RBHAs.

Serious Mental Illness Performance Summary

AHCCCS conducted an analysis of the SMI program performance based on CYE 2019 performance measure data. This analysis compared the SMI program performance measure rates with the associated NCQA Medicaid Mean and/or CMS Medicaid Median, as appropriate. Of the 14 SMI program performance measures compared to the *NCQA State of Health Care Quality Report*, 28.6 percent of the performance measures reported met or exceeded the 2019 NCQA Medicaid Mean; whereas 21.1 percent of the 19 performance measures compared to the *2020 Child and Adult Health Care Quality Measures Quality* data based on measure specification alignment met or exceeded the CMS Medicaid Median. For the six performance measures compared to both the NCQA Medicaid Mean and the CMS Medicaid Median, none met or exceeded both associated benchmarks.



Overall, the SMI program demonstrated improvement (and/or strength) for the following performance measures:

- Concurrent Use of Opioids and Benzodiazepines, and

- Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications.

These measures demonstrated a statistically significant improvement in performance when compared to the previous year's reporting, with the Concurrent Use of Opioids and Benzodiazepines rate exceeding the CMS Medicaid Median and the Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications rate exceeding both the NCQA Medicaid Mean and CMS Medicaid Median.

Noted areas of opportunity include the following performance measures:

- Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment – Initiation of AOD (Total), and
- Antidepressant Medication Management - Effective Acute and Continuation Phase Treatment.

In addition, AHCCCS identified an opportunity for improvement in the Breast Cancer Screening and Cervical Cancer Screening performance measure rates. As such, AHCCCS implemented a Preventive Screening Performance Improvement Project for the SMI Integrated population which aims to improve the rates of breast cancer and cervical cancer screenings.

b) FORM CMS-416

AHCCCS Medicaid and KidsCare rates for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Participation, Total Eligibles Receiving Preventive Dental Services, and Total Eligibles Receiving Any Dental Services are included in table below. This data is reflective of CYE 2020 (October 1, 2019 to September 30, 2020) and is inclusive of the information reported to CMS on the annual Form CMS-416 Report. Please note that although KidsCare is not formally reported to CMS via the CMS-416 Report, AHCCCS monitors this population using the same methodology as the Form CMS-416 Report for comparison purposes.

	CYE 2019	CYE 2020
Acute Care CMS-416 Rates		
EPSDT Participation (%)	51.0%	43.2%
Total Eligibles Receiving Preventive Dental Services (%)	48.6%	42.0%
Total Eligibles Receiving Any Dental Services (%)	49.5%	43.6%
KidsCare CMS-416 Rates		
EPSDT Participation (%)	66.5%	52.4%
Total Eligibles Receiving Preventive Dental Services (%)	53.8%	45.6%
Total Eligibles Receiving Any Dental Services (%)	56.4%	48.5%

March 2020 marked the beginning of the COVID-19 PHE. Based on analysis of the CYE 2020 data, the COVID-19 PHE negatively impacted the Form CMS-416 rates, most notably for EPSDT Participation.

c) PERFORMANCE IMPROVEMENT PROJECTS (PIPS)

AHCCCS had the following Performance Improvement Projects in place during CYE 2020:

Back to Basics PIP

Population: ACC, DCS CHP, KidsCare, and ALTCS-DD

The purpose of this PIP is to increase the number of well-child visits (15-month rate), child and adolescent well-care visits, and annual dental visits. The goal is to demonstrate a statistically significant increase in the number and percentage of child and adolescent well-child/well-care visits, as well as a statistically significant increase in the number and percentage of children and adolescents receiving an annual dental visit, followed by sustained improvement for one consecutive year.

Back to Basics	CYE 2019 Rate	CYE 2022 Rate	CYE 2023 Rate	Year to Year Change
ACC/KidsCare				
Well-Child Visits: 15 Month Rate	64.1%	Rate Pending	Rate Pending	Not Available
Child and Adolescent Well-Care Visits	49.9%	Rate Pending	Rate Pending	Not Available
Annual Dental Visits	60.1%	Rate Pending	Rate Pending	Not Available
DCS CHP				
Well-Child Visits: 15 Month Rate	N/A	Rate Pending	Rate Pending	Not Available
Child and Adolescent Well-Care Visits	72.6%	Rate Pending	Rate Pending	Not Available
Annual Dental Visits	74.7%	Rate Pending	Rate Pending	Not Available
ALTCS-DD				
Well-Child Visits: 15 Month Rate	N/A	Rate Pending	Rate Pending	Not Available
Child and Adolescent Well-Care Visits	50.7%	Rate Pending	Rate Pending	Not Available
Annual Dental Visits	52.7%	Rate Pending	Rate Pending	Not Available

Breast Cancer Screening PIP

Population: ALTCS-EPD

The purpose of this PIP is to increase the number and percentage of breast cancer screenings. The goal is to demonstrate a statistically significant increase, followed by sustained improvement for one consecutive year, for breast cancer screenings.

Breast Cancer Screening	CYE 2019 Rate	CYE 2022 Rate	CYE 2023 Rate	Year to Year Change
ALTCS-EPD				
Breast Cancer Screening	36.5%	Rate Pending	Rate Pending	Not Available

Preventive Screening PIP

Population: SMI

The purpose of this PIP is to increase the number and percentage of breast cancer and cervical cancer screenings. The goal is to demonstrate a statistically significant increase, followed by sustained improvement for one consecutive year, for breast cancer and cervical cancer screenings.

Preventive Screening	CYE 2019 Rate	CYE 2022 Rate	CYE 2023 Rate	Year to Year Change
SMI				
Breast Cancer Screening	36.9%	Rate Pending	Rate Pending	Not Available
Cervical Cancer Screening	43.2%	Rate Pending	Rate Pending	Not Available

Additionally, AHCCCS closed out the following Performance Improvement Project:

Developmental Screening (DEV) PIP

Population(s): ACC/Acute, DCS CHP, and ALTCS-DD

The purpose of this PIP was to increase the number of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding their first, second, or third birthday. The goal was to demonstrate a statistically significant increase in the number and percent of children receiving a developmental screening followed by sustained improvement for one consecutive year.

Developmental Screening	CYE 2016 Rate	CYE 2018 Rate	CYE 2019 Rate	Year to Year Change[1]	Statistical Significance[2]
ACC/Acute					
Percentage of Members Screened in the Twelve Months Preceding their First Birthday	21.1%	27.1%	29.8%	41.2%	**P<0.001**
Percentage of Members Screened in the Twelve Months Preceding their Second Birthday	27.5%	34.1%	40.1%	45.8%	**P<0.001**

Percentage of Members Screened in the Twelve Months Preceding their Third Birthday	23.1%	29.3%	34.6%	49.8%	**P<0.001**
Percentage of Members Screened in the Twelve Months Preceding their First, Second, and Third Birthday	23.6%	29.9%	34.4%	45.8%	**P<0.001**
DCS CHP					
Percentage of Members Screened in the Twelve Months Preceding their First Birthday	23.8%	31.1%	39.5%	66.0%	**P<0.001**
Percentage of Members Screened in the Twelve Months Preceding their Second Birthday	36.2%	48.6%	51.7%	42.8%	**P<0.001**
Percentage of Members Screened in the Twelve Months Preceding their Third Birthday	29.0%	33.5%	43.0%	48.3%	**P<0.001**
Percentage of Members Screened in the Twelve Months Preceding their First, Second, and Third Birthday	30.0%	37.7%	44.5%	48.3%	**P<0.001**
ALTCS-DD					
Percentage of Members Screened in the Twelve Months Preceding their First Birthday[3]	N/A	N/A	N/A	N/A	N/A
Percentage of Members Screened in the Twelve Months Preceding their Second Birthday	24.4%	31.3%	29.9%	22.5%	P=0.320
Percentage of Members Screened in the Twelve Months Preceding their Third Birthday	25.1%	22.3%	23.8%	-5.2%	P=0.742
Percentage of Members Screened in the Twelve Months Preceding their First, Second, and Third Birthday	24.9%	25.1%	25.8%	3.6%	P=0.768

The CYE 2016 and CYE 2018 ACC/Acute Aggregate rates are inclusive of the DCS CHP population.

CYE 2017 was reflective of the intervention year; as such, rates have not been included.

[1] Year to Year Change is reflective of the change in rate between CYE 2016 and CYE 2019.

[2] Significance levels (p values) noted in the table demonstrate whether the differences in performance between CYE 2016 and CYE 2019 were statistically significant. The threshold for a result being considered statistically significant is traditionally reached when the p value is ≤0.05. Significance levels (p values) in bold font indicate statistically significant values.

[3] Rates are not reported for the ALTCS-DD population.

X. Demonstration Implementation Update

AHCCCS Acute Care Program Demonstration

AHCCCS has operated under an 1115 Research and Demonstration Waiver since 1982, when it became the first statewide Medicaid managed care system in the nation. The AHCCCS Acute Care program is a statewide, managed care system that delivers acute care services through prepaid, capitated health plans, known as Managed Care Organizations (MCOs).

The Acute Care program includes services for children and pregnant women, who qualify for the federal Medicaid Program (Title XIX), as well as childless adults and families. Although most AHCCCS members are required to enroll in MCOs, American Indians and Alaska Natives (AI/AN) in the Acute Care program may choose to receive services through either the MCOs or the fee-for-service American Indian Health Program (AIHP). The Acute Care program also includes behavioral health benefits. All AHCCCS acute MCOs must also be Dual Eligible Special Needs Plans (D-SNPs) to serve members who are eligible for both Medicare and Medicaid.

In March 2018, AHCCCS awarded contracts for the AHCCCS Complete Care (ACC) program, which integrates physical and behavioral health care services under MCOs for the majority of members in the Acute Care program. The ACC Contractors serve the following Title XIX/XXI populations:

- Adults, who do not have a Serious Mental Illness (SMI) designation, are covered for integrated physical and behavioral health services, and
- All children, except for foster children enrolled with the Comprehensive Health Plan (CHP), are covered for integrated physical and behavioral health services.

The ACC Contracts were awarded by GSAs, as outlined in the table below. ACC Contracts were effective October 1, 2018, for a period of up to seven years.

ACC Managed Care Organization (MCO)	Geographical Service Area (GSA)			
	Central GSA *Maricopa, Gila, Pinal*	**North GSA** *Mohave, Coconino, Apache, Navajo, Yavapai*	**South GSA** *Cochise, Graham, Greenlee, La Paz, Santa Cruz, Yuma*	**South GSA** *Pima County*
Arizona Complete Health-Complete Care Plan	X		X	X
Banner University Family Care	X		X	X
Care1st Health Plan		X		
Molina Complete Care	X			
Mercy Care	X			
Health Choice Arizona	X	X		
UnitedHealthcare Community Plan	X			X

Three Regional Behavioral Health Authorities (RBHAs) retain contracts with AHCCCS for the provision of integrated physical and behavioral health services for members 18 years and older who have a Serious Mental Illness (SMI) designation.

Effective April 1, 2021, children in foster care enrolled with Comprehensive Health Plan (CHP) began receiving integrated physical and behavioral health services when management of behavioral health services moved from the RBHAs to this integrated plan.

Arizona Long Term Care System (ALTCS) Program Demonstration

In 1988, six years after the initial 1115 Waiver program implementation, the original demonstration waiver was substantially amended to allow Arizona to implement a capitated long term care program for the elderly and physically disabled and the developmentally disabled population – the Arizona Long Term Care System (ALTCS) program. The ALTCS program, administered as a distinct program from the AHCCCS ACC/Acute Care program, provides acute, long-term care, behavioral health, and Home and Community Based Settings (HCBS) services to Medicaid members who are at risk of institutionalization. ALTCS Program services are provided through contracted prepaid, capitated arrangements with MCOs. ALTCS members who are elderly and/or physically disabled (EPD) are served through one of three ALTCS-EPD contracted MCOs and those members who are developmentally disabled are served through the Department of Economic Security (DES), Division of Developmental Disabilities (DDD). Like the ACC program, American Indians and Alaska Natives (AI/AN) in the ALTCS program may choose to receive services through either the MCOs or a fee-for-service Tribal ALTCS program.

The priority of the ALTCS program is to ensure that members are living in the most integrated setting and actively engaged and participating in community life. Over the past 32years, the ALTCS program has achieved remarkable success increasing member placement in HCBS, resulting in significant program savings while also appropriately meeting the needs of members.

The ALTCS-EPD Contracts were awarded by GSAs, as outlined in the table below. ALTCS-EPD contracts were effective October 1, 2017, for a period of up to seven years.

ALTCS Managed Care Organization (MCO)	**Geographical Service Area (GSA)**			
	Central GSA *Maricopa, Gila, Pinal*	**North GSA** *Mohave, Coconino, Apache, Navajo, Yavapai*	**South GSA** *Cochise, Graham, Greenlee, La Paz, Santa Cruz, Yuma*	**South GSA** *Pima County*
Banner University Family Care	**X**		**X**	**X**
Mercy Care	**X**			**X**
UnitedHealthcare Community Plan	**X**	**X**		

Effective October 1, 2019, members served through DES/DDD began receiving integrated physical and behavioral health services, including services for Children's Rehabilitative Services (CRS) eligible conditions.

Targeted Investments (TI) Program Demonstration

On January 18, 2017, CMS approved an amendment to Arizona's 1115 Research and Demonstration Waiver authorizing the Targeted Investments (TI) program. The TI program funds time-limited, outcomes-based projects aimed at building the necessary infrastructure to create and sustain integrated, high-performing health care delivery systems that improve care coordination and drive better health and financial outcomes for some of the most complex and costly AHCCCS populations. The TI Program provides funding for providers who serve the following populations:

- Adults with behavioral health needs,
- Children with behavioral health needs, including children with or at risk for autism spectrum disorder (ASD), and children engaged in the child welfare system, and
- Individuals transitioning from incarceration.

Over five years, the program will make up to $300 million in directed incentive payments to AHCCCS providers who promote the integration of physical and behavioral health care, increase efficiencies in care delivery, and improve health outcomes. The TI program incentivizes providers to collaborate on the development of shared clinical and administrative protocols to enable patient care management across provider systems and networks. Incentive payments are distributed to participating providers through AHCCCS MCOs pursuant to 42 CFR 438.6(c). Providers are expected to meet performance improvement targets in order to receive payments. The table below displays the TI funding by FFY.

Estimated Annual Funding Distribution for the Targeted Investments Program

	Year 1	*Year 2*	*Year 3*	*Year 4*	*Year 5*	*Total*
Targeted Investments	*$19 M*	*$66.5 M*	*$85.5 M*	*$66.4 M*	*$47.5 M*	*$285 M*
Administrative Expenses	*$1 M*	*$3.5 M*	*$4.5 M*	*$3.5 M*	*$2.5 M*	*$15 M*
Totals	*$20 M*	*$70 M*	*$90 M*	*$70 M*	*$50 M*	*$300 M*

The newly added Year 6 due to the extension of the Waiver adds one more year of funding which matches the Year 5 total of $50 million, thus increasing the 6-year program to $350 million in total. In Demonstration Years 3 through 5, the state must meet performance measure targets to secure full TI program funding. If the state does not meet certain performance requirements in a given demonstration year, the TI program will lose the amount of Designated State Health Program (DSHP) funds specified as "at risk" for that year. Due to the impacts of the COVID-19 PHE impacting Year 3, the requirement for performance measure targets was limited to Years 4 and 5.

Total Computable DSHP at Risk for Each Demonstration Year

	Year 1	Year 2	Year 3	Year 4	Year 5
Total Computable DSHP	*$6,274,400*	*$21,137,600*	*$27,177,000*	*$21,137,600*	*$15,098,300*
Percentage at Risk	*0%*	*0%*	*10%*	*15%*	*20%*
Total Amount at Risk	*$0*	*$0*	*$2,717,700*	*$3,170,640*	*$3,019,660*

The newly added Year 6 due to the extension of the Waiver includes a DHSP computable which matches the Year 5 DSHP computable

TI Program Updates

Below is a summary of the TI program implementation activities conducted by AHCCCS in FFY 2021:

- Established Year 5 performance measure milestone targets for determining incentives for program participants that accounted for challenges resulting from the PHE,
- Collaborated with the Center for Health Information Research (CHiR) at ASU to assist with the administration of the performance measure milestones, including calculation of results and provision of technical assistance to program participants,
- Collaborated with CHiR to develop interactive dashboards that illustrate timely and actionable performance measure results and provided tutorials for program participants on the effective use of the data for improving performance,
- Partnered with ASU College of Health Solutions to facilitate monthly virtual Quality Improvement Collaboratives (QIC) for program participants to present measure calculation and attribution methodologies; performance management and process improvement strategies; performance measure trends, regional challenges and resources, and peers' best practices to enhance program participants' milestone achievement; and overcome challenges associated with the PHE impact to the healthcare delivery system,
- Enhanced the reporting system for TI program participants to submit attestations of milestone completion and to upload documents for validation,
- Collaborated with Health Current (now called Contexture), the statewide health information exchange (HIE), to assist program participants with establishing data exchange capabilities and guidance on how to utilize clinical data available most effectively through the HIE,
- Developed a "Best Practice Audit Guide" including best practice information and resources from QIC presentations and discussions to support and assist program participants performance improvement initiatives,
- Maintained ongoing dialogue between AHCCCS and its MCOs to facilitate alignment between the TI program guidance on enhanced provider level integration and the MCOs' provider network integration initiatives, established their representation in the QIC sessions, and solicited input regarding initiatives to support program sustainability,

- TI participants were engaged by AHCCCS through electronic and in-person forums, surveys, and webinars including: 1) monthly newsletters sent to all the participants which includes pertinent information, tips and reminders, program updates, and upcoming due dates; 2) the robust and up-to-date TI webpage with resources and communications; and 3) extensive individualized provider assistance by TI staff,
- Solicited diverse and extensive stakeholder input on the design and content of the Targeted Investments Program Renewal request submitted as part of the AHCCCS 1115 Waiver submittal. The input informed the TI 2.0 Renewal Concept Paper submitted to CMS.

Waiver Evaluation Update

In accordance with STC 59, AHCCCS must submit a draft Waiver Evaluation Design for its 1115 Waiver demonstration. In addition, AHCCCS is also required by CMS to submit an Interim Evaluation Report and a Summative Evaluation Report of the 1115 Waiver Demonstration by December 31, 2020, and March 30, 2023, respectively.

AHCCCS has contracted with the Health Services Advisory Group (HSAG) to serve as the independent evaluator for Arizona's 1115 Waiver Demonstration. In SFY 2019, AHCCCS worked with HSAG to develop Evaluation Design Plans for the following programs:

- AHCCCS Complete Care (ACC) Program,
- Arizona Long Term Care System (ALTCS) Program,
- Comprehensive Medical and Dental Program (now DCS CHP) ,
- Regional Behavioral Health Authorities (RBHAs),
- Targeted Investments (TI) Program,
- Retroactive Coverage Waiver, and
- AHCCCS Works program (not implemented).

On November 13, 2019, AHCCCS submitted an Evaluation Design Plan to CMS for Arizona's demonstration components noted above, with the exception of AHCCCS Works. Additionally, HSAG later developed, and AHCCCS submitted, a separate evaluation design plan to CMS for the AHCCCS Works program. Arizona's waiver evaluation design plan was approved by CMS on November 19, 2020.

As required by the STCs of Arizona's approved demonstration, an Interim Evaluation Report must be submitted and discuss the evaluation progress and findings-to-date, in conjunction with Arizona's demonstration renewal application. Arizona's interim evaluation report was submitted with the waiver renewal application on December 22, 2020.

Due to data limitations and operational constraints imposed by the COVID-19 pandemic, Arizona's previous interim evaluation report did not include data from all sources described in Arizona's evaluation design plan. Qualitative data based on key informant interviews and focus groups, as well as beneficiary survey data, were not collected.

For this reason, an updated interim evaluation report was developed and completed by August 30, 2021. HSAG's updated report contains results for additional years and includes findings-to-date from focus groups and qualitative interviews. In addition, the report used statistical techniques, where possible, to control for confounding factors and identify the impact of Arizona's demonstration initiatives on access

to care, quality of care, and member experience with care. Once approved by CMS, AHCCCS intends to post the updated interim evaluation report to its website.

Additionally, AHCCCS worked with HSAG on developing an Evaluation Design Plan for the COVID-19 section of Arizona's 1115 Waiver, in accordance with the guidance issued by CMS on COVID-19 Section 1115 Waiver Monitoring and Evaluation. AHCCCS submitted the design plan to CMS on July 31, 2021. On June 24, 2021, CMS withdrew the federal approval of the AHCCCS Works Community Engagement Program, which was impending implementation. The program is included in the 2021-2026 waiver renewal request and may be implemented in the future. Thus, the AHCCCS Works program will not be evaluated.

XI. Notable Achievements

Agency achievements, studies, and recognition during FFY 2021:

Building State Capacity to Address Behavioral Health Needs Through Crisis Services and Early Intervention *November 9, 2020, Millbank Memorial Fund*
To help ensure patients experiencing a behavioral health crisis are able to get the right care at the right time in the right place, states such as Arizona have developed behavioral health crisis models of care that provide early intervention and divert individuals in crisis from hospitals, jails, and prisons.

SAMHSA SSI/SSDI Outreach, Access, and Recovery *November 2020*
SSI/SSDI Outreach, Access, and Recovery (SOAR) helps states and communities increase access to Social Security disability benefits for eligible adults and children who are experiencing or at risk of homelessness and have a Serious Mental Illness, medical impairment, and/or a co-occurring substance use disorder. SOAR spotlighted AHCCCS for adding behavioral health support services to its policy manual, broadening access to community mental health programs.

2020 Year in Review *January 7, 2021*
The COVID-19 public health emergency (PHE) was an overarching priority in 2020 as AHCCCS worked to put measures in place to ensure provider viability and member access to care. Technology, policy, and member service innovations like AHCCCS Provider Enrollment Portal (APEP), Electronic Visit Verification, and American Indian Medical Homes will streamline business processes and improve care coordination.

OIFA Year in Review *February 18, 2021*
AHCCCS' Office of Individual and Family Affairs staff were hard at work in 2020, exceeding their goals and engaging the community and our stakeholders. They engaged with 9,792 community members and stakeholders, created 10 new empowerment tools, resolved members' issues, hosted community forums, provided Jacob's Law training, and so much more.

Medicaid Forward: Behavioral Health *February 26, 2021*
AHCCCS is highlighted for its crisis services in Medicaid Forward: Behavioral Health, a report published by the National Association of Medicaid Directors (NAMD) that provides examples of evidence-backed, sustainable policy and program solutions that states are implementing to improve Medicaid members' mental health and well-being.

Social Determinants of Health (SDOH) And Risk Adjustment: Arizona Medicaid Innovations *March 16, 2021*
The Arizona Health Care Cost Containment System (AHCCCS) has recently updated the methodology for risk adjustment capitation rates paid to ACC MCOs. With the recent recognition of the impact that socio-economic factors have on an individual's well-being, health outcomes, and health care costs, several state Medicaid programs have begun to incorporate a limited number of social risk factors (commonly referred to as social determinants of health [SDOH]) into their risk adjustment methodologies. Refer to the study by Wakely.

Spotlight on Member Engagement and Elevating the Consumer Voice *April 2021*
States and Medicaid Managed Care Organizations (MCOs) use member advisory councils to shape Medicaid strategy, service design, delivery, and program structure at the state and plan level. Elevating the consumer voice through advisory councils ensures that the experiences of Medicaid members inform program design and policy decisions and improves access to care. However, while advisory councils are a mechanism for elevating member voice and input on Medicaid and health plan service delivery, consumer engagement and retention within these advisory structures is often very challenging. This NORC study details how Banner Health and the Arizona Health Care Cost Containment System (AHCCCS) are working together to engage Medicaid members in advisory councils.

Arizona Paid Caregiver Survey Report *June 2021*
In Arizona, paid caregivers—including direct care workers, paid family caregivers, and direct support professionals, among others—provide critical daily support to thousands of older adults and people with disabilities. As the need for these essential workers escalates, the state faces a pressing question: what can be done to improve paid caregiving jobs and enhance the supports that these workers deliver? To help address this question, PHI partnered with four AHCCCS Managed Care Organizations (MCOs) to survey the paid caregiver workforce about their experiences and insights.

MACPAC June 15, 2021 Report to Congress *June 2021*
The Medicaid and CHIP Payment and Access Commission (MACPAC) highlighted Arizona's NEMT benefit, integrated benefit for dually eligible populations, and crisis system in its June 15, 2021, report to the U.S. Congress.

Promoting Access in Medicaid and CHIP Managed Care *July 2021*
Published by the Centers for Medicare and Medicaid Services (CMS), this June 2021 report highlights the agency's efforts to integrate physical and behavioral health services for Medicaid beneficiaries in Arizona.

APPENDIX A

AHCCCS
Arizona Health Care Cost Containment System

Welcome to the Public Forum

While you are waiting TEST YOUR AUDIO.

LISTEN FOR MUSIC.

You were automatically muted upon entry.

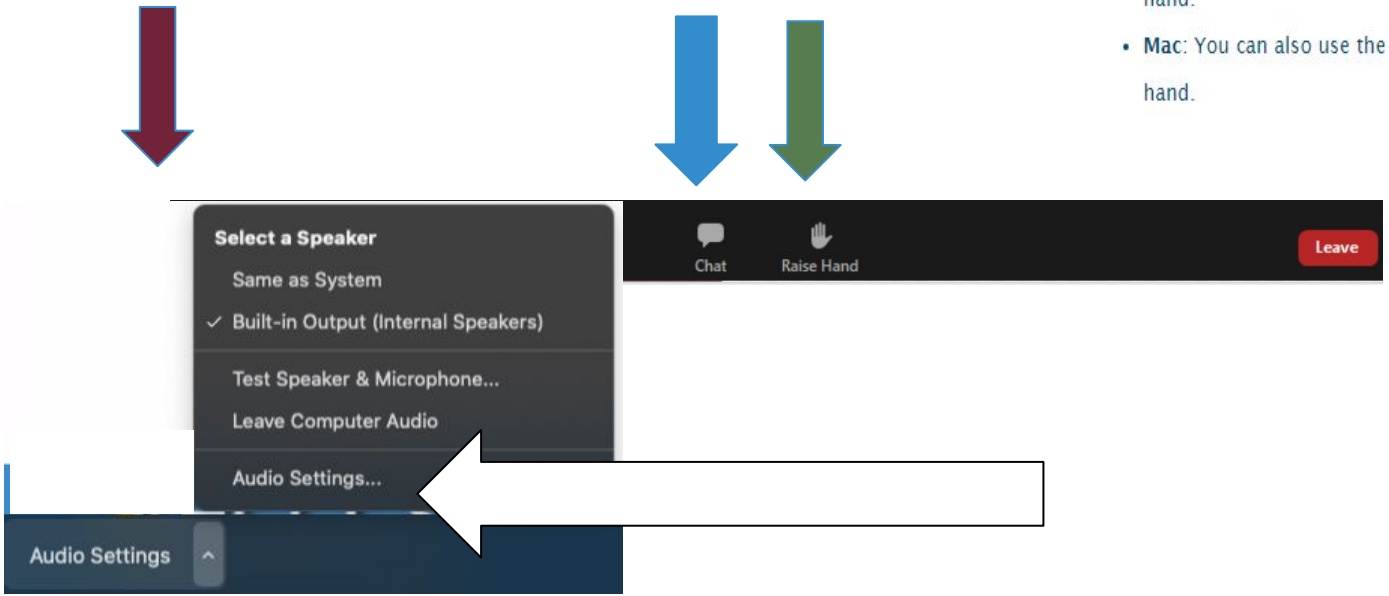
Please only join by phone or computer.

Please use the chat feature for questions or raise your hand.

Thank you.

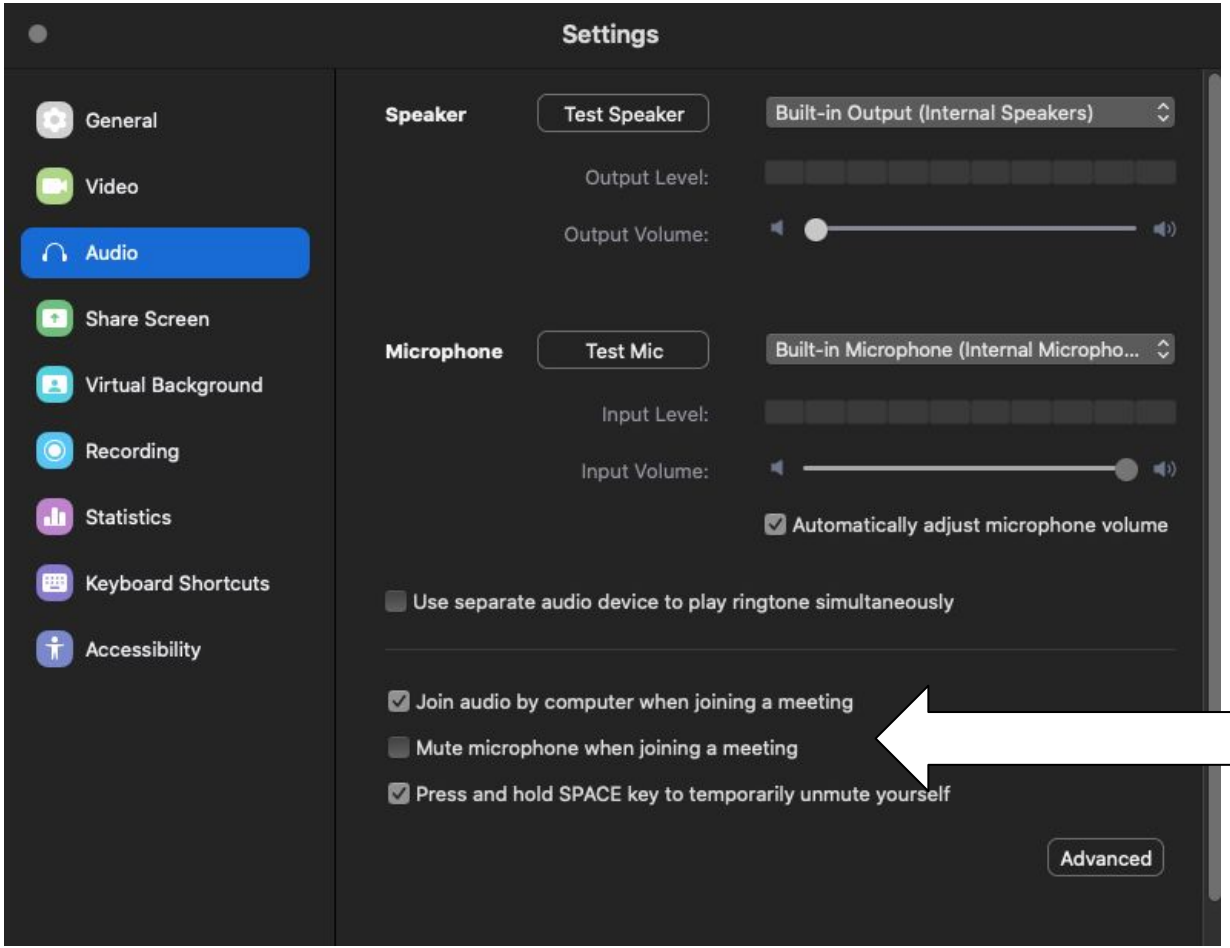
Zoom Webinar Controls

Navigating your bar on the bottom...



- **Windows**: You can also use the **Alt+Y** keyboard shortcut to raise or lower your hand.
- **Mac**: You can also use the **Option+Y** keyboard shortcut to raise or lower your hand.

Audio Settings



Tips for successful ZOOM PARTICIPATION

1. MUTE your mic when you're not speaking
2. BACKGROUND NOISE watch when turning on mic
3. Limit the DISTRACTIONS around you
4. Look at the CAMERA not your screen
5. PREPARE & queue docs or links that you plan to share
6. Stay FOCUSed by not texting or side conversations
7. Use GALLERY VIEW to see all participants
8. Use CHAT to ask questions or share resources






AHCCCS Housing Waiver Amendment Request & Targeted Investments (TI) Program 2.0 Concept Paper

AHCCCS
Arizona Health Care Cost Containment System

Today's Presentation

- Review content of AHCCCS Housing and Health Opportunities (H2O) Waiver Amendment Request
- Targeted Investments (TI) 2.0 Concept Paper
- Take public comment and questions via chat feature, raise hand feature, and at conclusion by telephone
  - All comments in the chat and by phone will be captured as public record; or
  - Submit comments in writing by email to: waiverpublicinput@azahcccs.gov; or
  - Submit comments via mail to:

    AHCCCS, c/o Division of Community Advocacy and Intergovernmental Relations, 801 E. Jefferson Street, MD 4200, Phoenix, AZ 85034

AHCCCS At A Glance

Largest insurer in AZ, covering over 2 million individuals and families...

...more than 50% of all births in AZ...

...and two-thirds of nursing facility days.

AHCCCS uses federal, state and county funds to provide health care coverage to the state's Medicaid population.

More than 99,500 health care providers are registered with AHCCCS.

Payments are made to 15 contracted health plans that are responsible for the delivery of care to members.

AHCCCS - National Leader in Innovation

Operated a waiver demonstration since **1982**

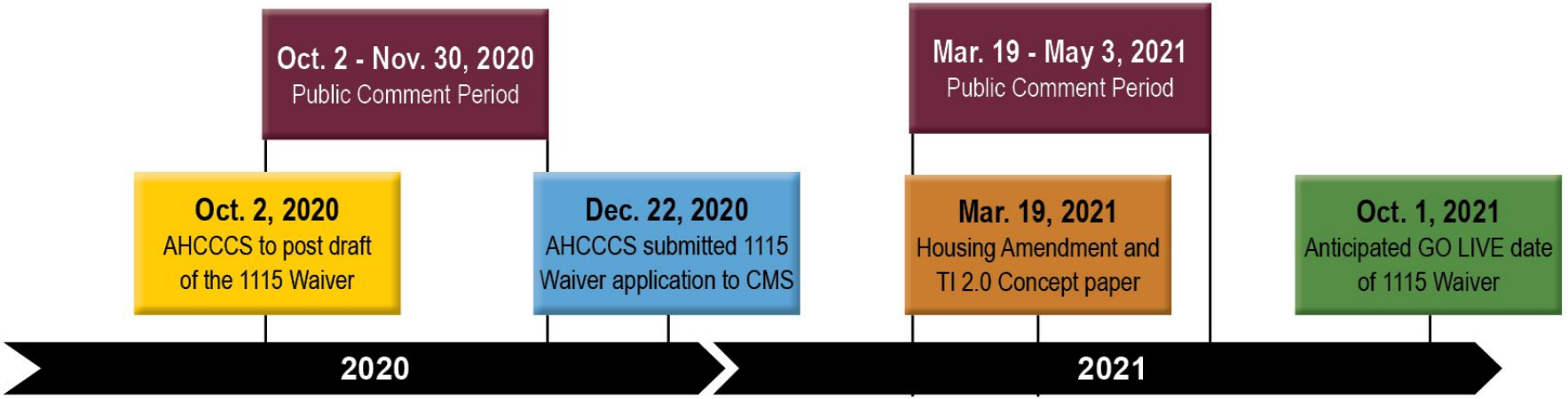
Has one of the **lowest per-enrollee costs** among states at only $7,008 per-enrollee vs. the national average of $8,057 per-enrollee.

First state to operate under a statewide managed care demonstration

The only state to have done so from the start of its Medicaid program.

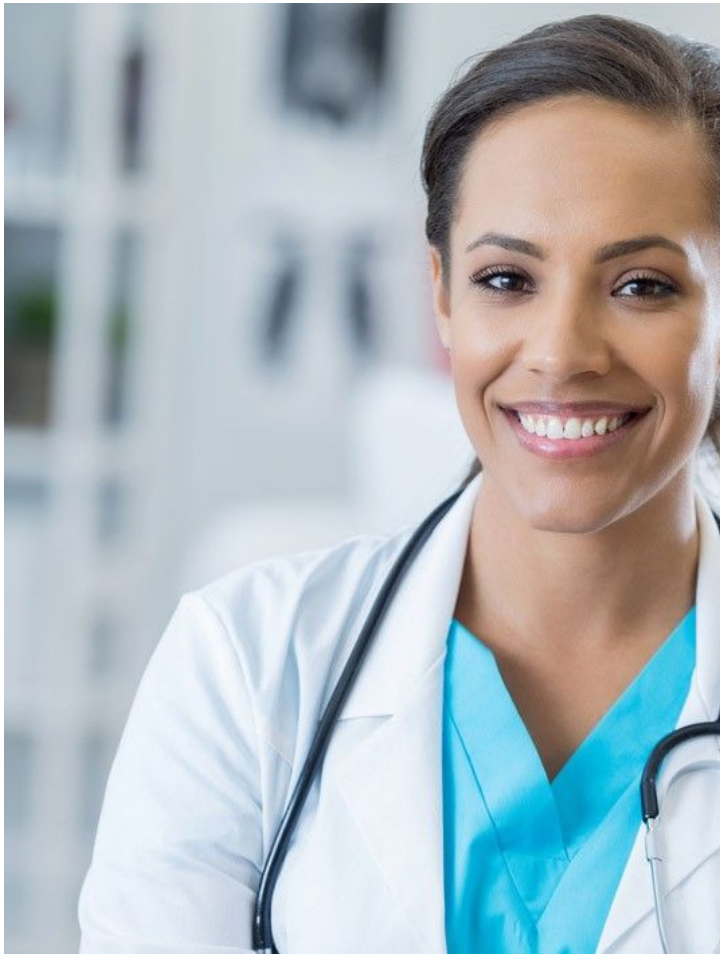

Welcome to the 2020
AHCCCS Waiver
Public Forum

Arizona's 1115 Waiver Renewal Timeline



1115 Demonstration Waiver Renewal

- **Initiatives to Be Continued**
  - Managed care
  - Home and community based services
  - Targeted Investments Program
  - AHCCCS Works
  - Waiver of prior quarter coverage for certain populations



1115 Demonstration Waiver Renewal

- **New Initiatives**
  - Verbal consent in lieu of written signature for up to 30 days for care and treatment documentation for ALTCS members
  - Reimbursement for traditional healing services (renewed request)
  - Reimbursement for adult dental services eligible for 100% federal financial participation provided by IHS and Tribal 638 facilities

TI Program 2.0 Public Comment Feedback

- Incentivize projects crucial to addressing social risk factors such as housing, food, employment, social isolation, and non-medical transportation for AHCCCS members
- Funding to support the participating community based organizations (CBOs) in building infrastructure and capacity to serve AHCCCS members
- Allow participation for IHS/638 providers and peer run organizations

Addressing Social Determinants of Health
Public Comment Feedback

- Request waiver authority to reimburse for whole person care services, such as housing & food
- Additional housing funding to support AHCCCS members who are experiencing homelessness
- Housing services recommended by stakeholders include permanent supportive housing, rapid rehousing, and utility support

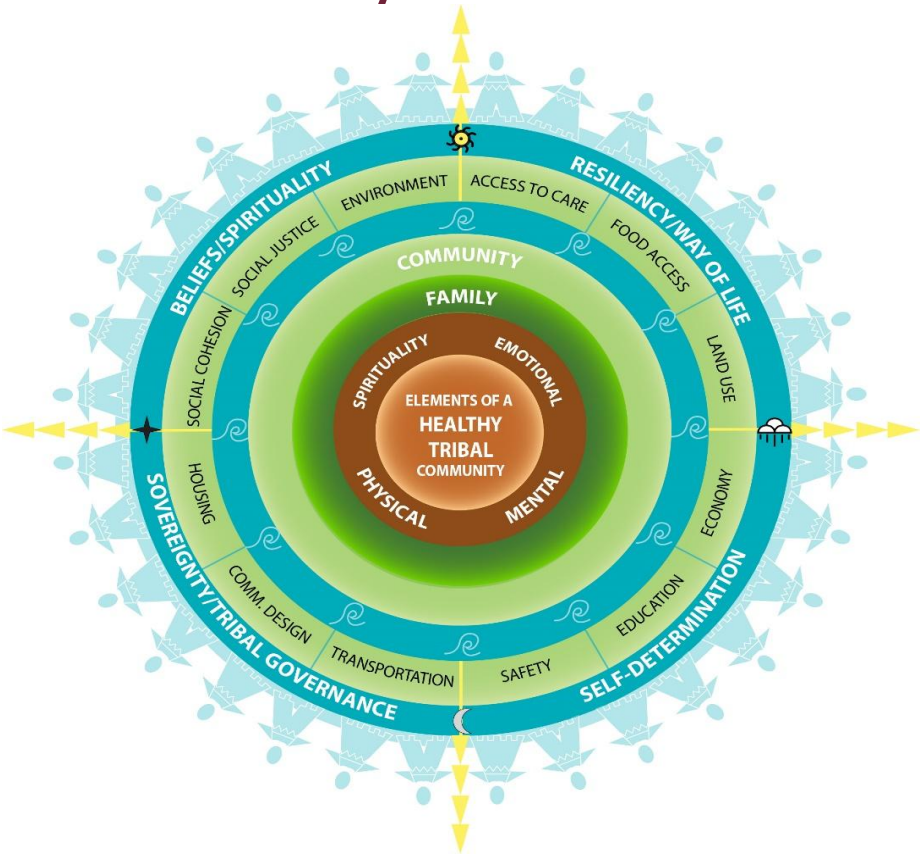
Tribal Housing Listening Session

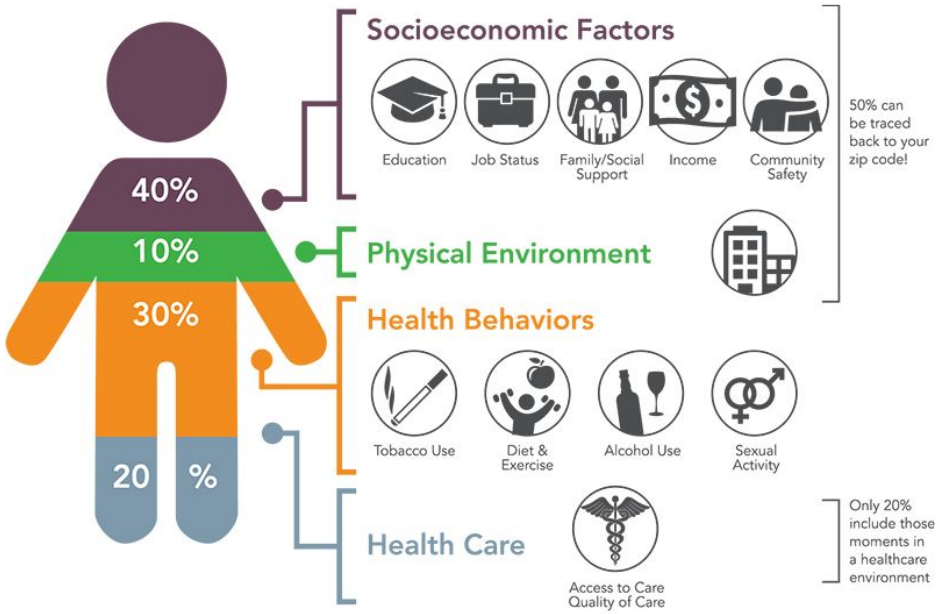
- AHCCCS hosted a listening session regarding tribal housing needs and resources on February 1, 2021.
- Audience focused specifically on individuals from tribal housing authorities and organizations serving tribal members in need of housing.
- **Goal**: Help identify possible barriers related to geography, cultural norms, service system coordination, tribal housing needs or shortages, and member service needs.

Tribal Housing Listening Session: Summary

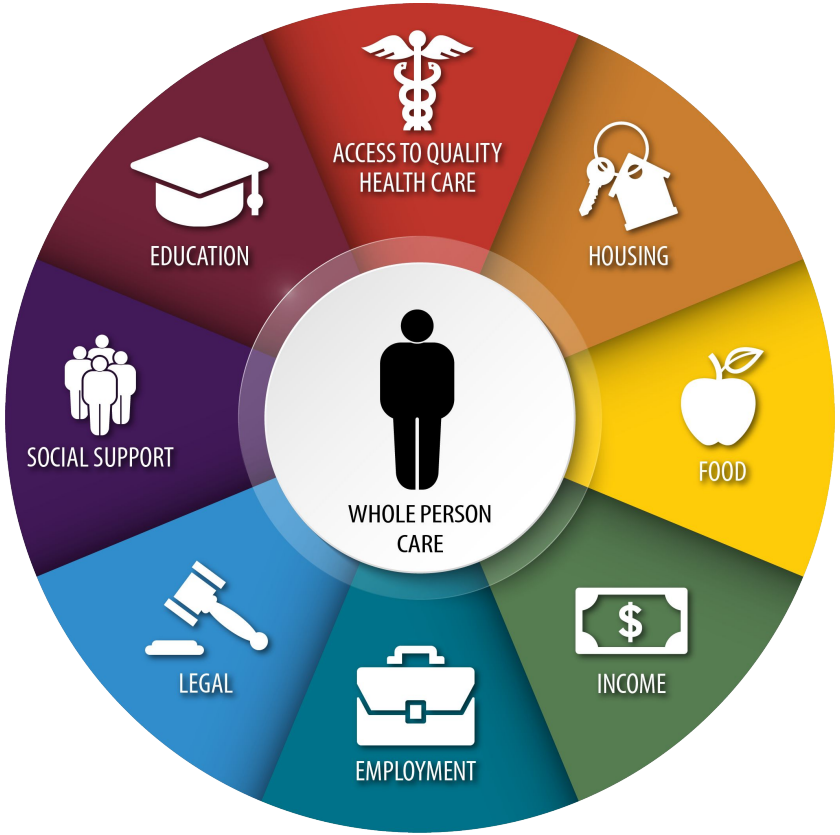
- Substandard housing
- Lack of housing available on tribal lands
  - Bureaucratic barriers related to land use on tribal lands
- High cost of housing for members when available
  - Often exceeds applicable funding sources/vouchers
- Housing directors may be used to working with federal dollars via HUD or IHS, but not so much state housing dollars
- Lack of culturally competent and responsive providers

Elements of a Healthy Tribal Community Wheel





Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)



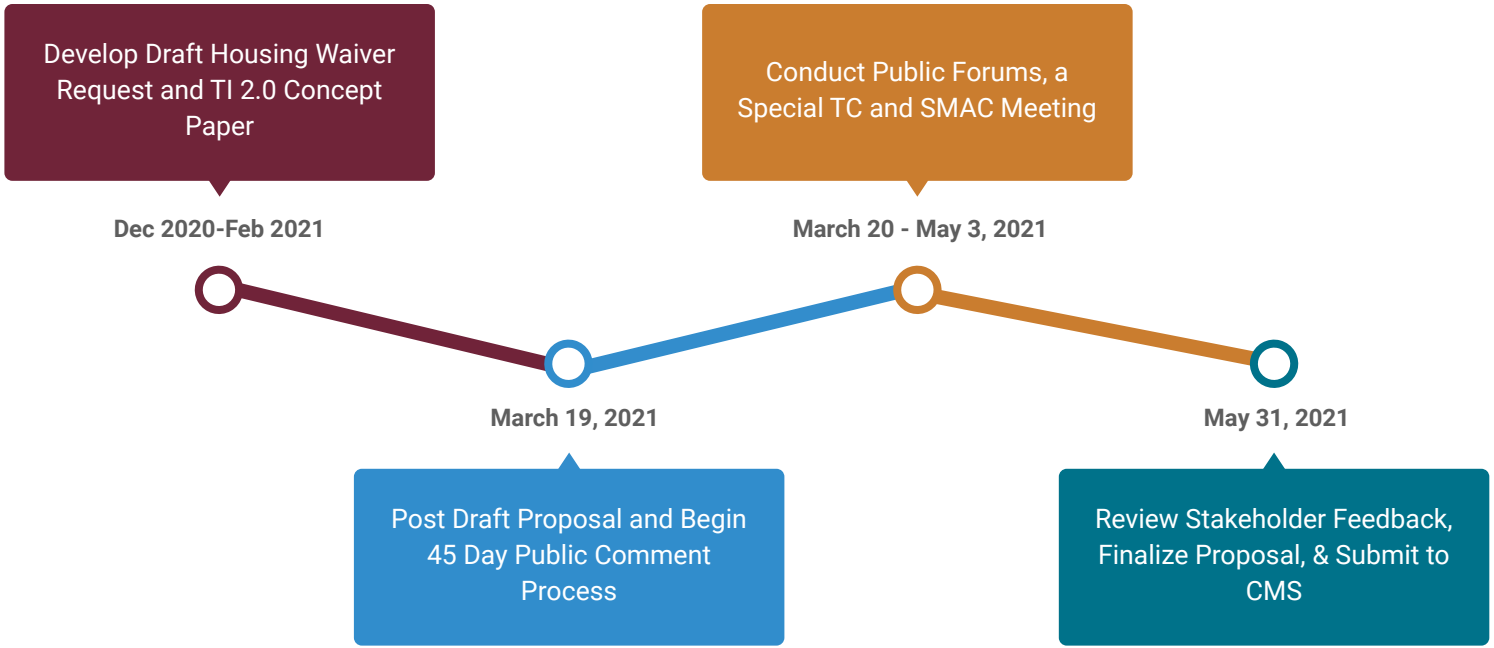
AHCCCS Whole Person Care Initiative (WPCI)

- Launched in November 2019
- Building off of existing programming and services to further address social risk factors of health including:
  - housing
  - employment
  - criminal justice
  - transportation
  - social isolation

Whole Person Care Initiative

- Housing Administrator contract begins 10/1/2021
- Closed Loop Referral System with Health Current
- MCOs focus on community reinvestment dollars on social determinants of health
- **Next Steps: Housing and Health Opportunities (H2O) Demonstration & Targeted Investments (TI) 2.0 - To be discussed today**

Housing Waiver Request/TI 2.0 Concept Paper Timeline



Public Forums, Special TC and SMAC Meeting

Meetings	Dates and Times
Public Forum #1	March 31, 2021 1:00 p.m. - 3:00 p.m. MST
Special Tribal Consultation	April 5, 2021 12:00 p.m. - 2:00 p.m. MST
Public Forum #2	April 8, 2021 2:00 p.m. - 4:00 p.m. MST
State Medicaid Advisory Committee (SMAC) Meeting	April 14, 2021 1:00 p.m. - 3:00 p.m. MST

Public Notice & Comment Period

- Arizona's draft amendment application will be available for public review and comment: **March 19, 2021** - **May 3, 2021**
- Submit written comments no later than **May 3, 2021**
- Housing Waiver amendment request & TI 2.0 concept paper are posted here:
  - azahcccs.gov/HousingWaiverRequest
  - azahcccs.gov/Resources/Federal/PendingWaivers/TI2.html

AHCCCS Housing & Health Opportunities (H2O) Demonstration Proposal

History

1989 –Arnold v. Sarn (Maricopa)

- Court Order Included Housing
  - Maricopa HUD CoC for SMI Housing
  - AZ Legislative Appropriations
    - Units purchased and rehabbed (e.g., SB2003)
  - Subsidies/Scattered Sites Programs

2016 Arnold v. Sarn Settlement/Exited

- Housing in Exit Stipulations
- AHCCCS/DBHS Integrated Care
- AHCCCS as funder/regulator; RBHAs as operators

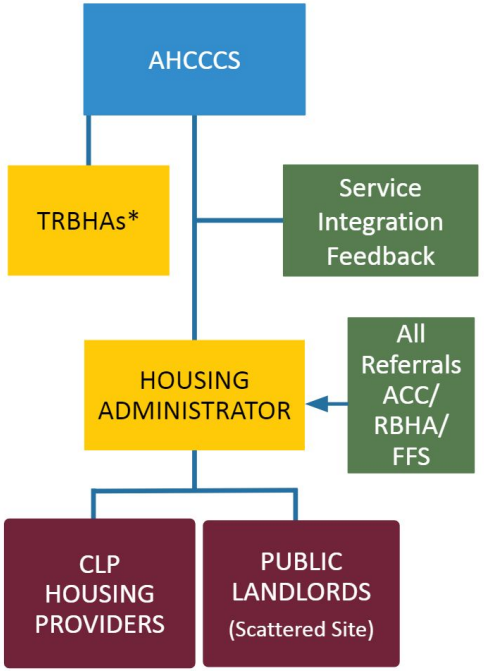
AHCCCS Medicaid Housing Delivery System

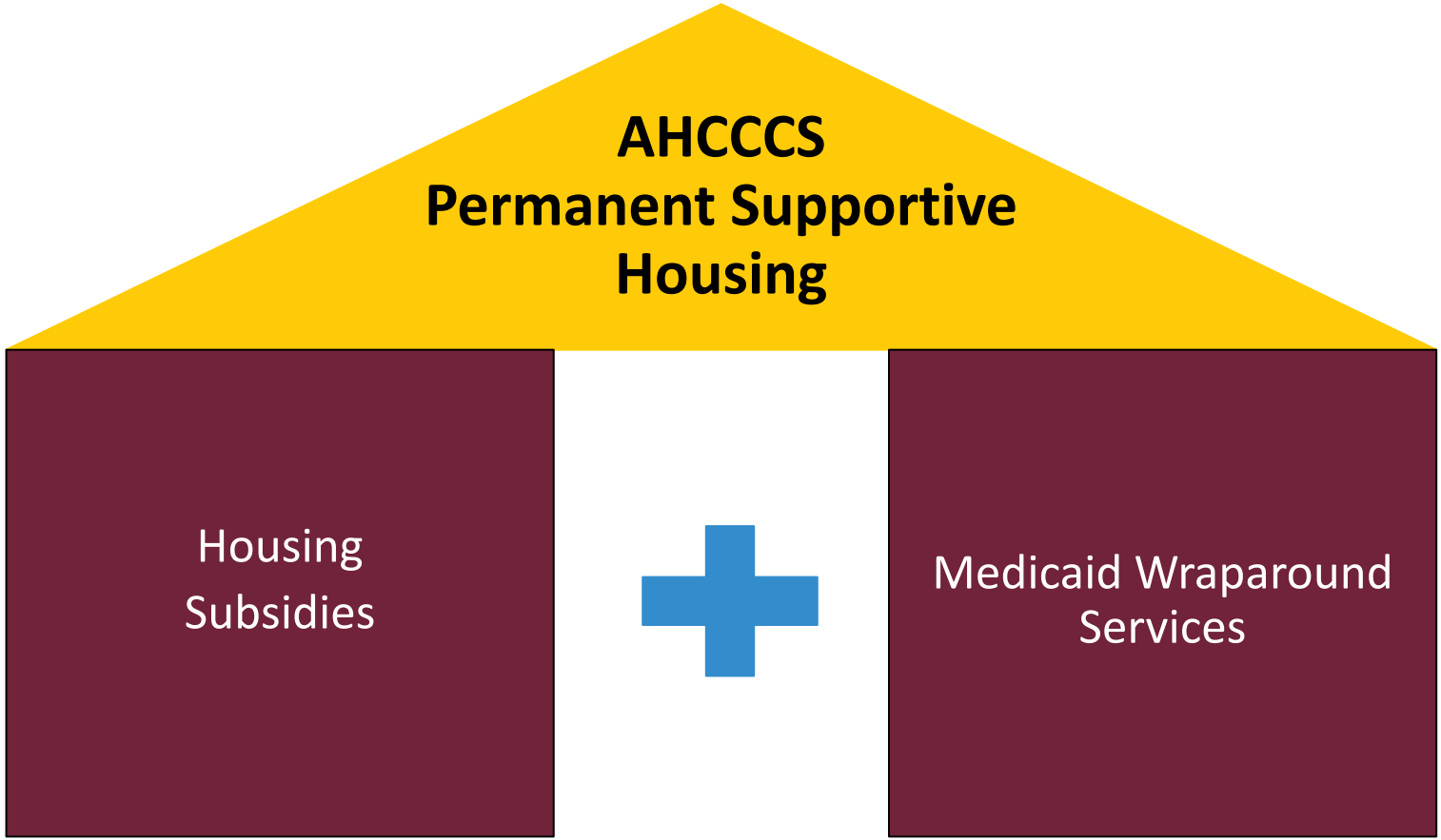
- Funding allocation to contractor
- Establish and implement standards, policies
- Oversight of contractor metrics, monitoring
- Oversight of referral process

- Coordination of clinical eligibility and referrals
- Client housing placement coordination
- Clinical coord. of post-housing wrap around services

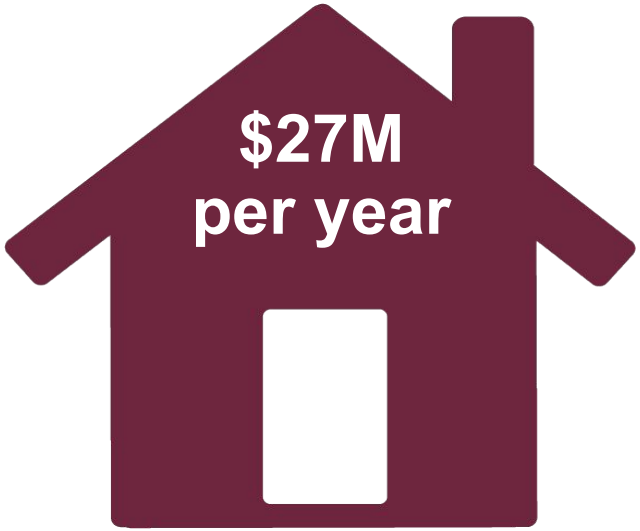
Housing Administration – waitlist management; inspections; client briefing/lease up; utilization; legal compliance (fair housing); landlord payment; housing outcome reporting and tracking; HUD unit management; renewals/re-certifications; fiscal reporting; notices.
*AHCCCS awards funding directly to the TRBHAs for housing activities

CLP Housing – AHCCCS purchased, fixed site, owned by provider/ non-profits, block leasing
Scattered Site (Vouchers) – Market affordable housing, community landlords.




AHCCCS
Permanent Supportive
Housing
Housing
Subsidies
Medicaid Wraparound
Services

AHCCCS Housing Delivery System

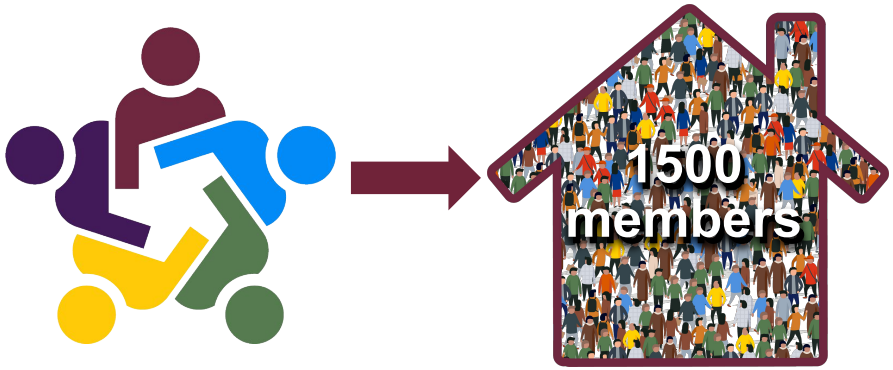


AHCCCS administers approximately $27 million per year to provide rent subsidies for almost 3,000 AHCCCS members with an SMI designation, and for a small number of high need individuals in need of behavioral health and/or substance use treatment.

AHCCCS Housing Delivery System

State SMI Housing Trust Fund

AHCCCS administers the State SMI Housing Trust Fund (SMI HTF) of approximately $2 million per year, to expand housing capacity for persons with an SMI designation

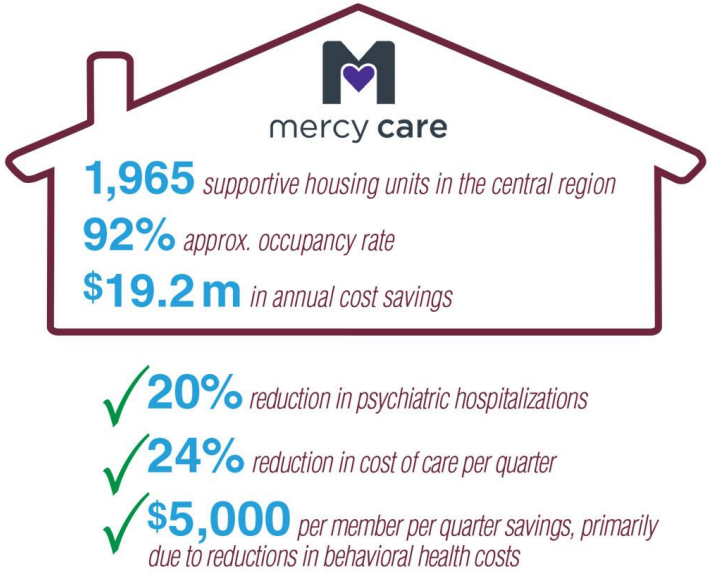


AHCCCS collaborates with local housing authorities, tax credit programs, and the HUD Continuum of Care (HUD CoC) to provide PSH capacity for an additional 1,500 members.

AHCCCS Wraparound Housing Services

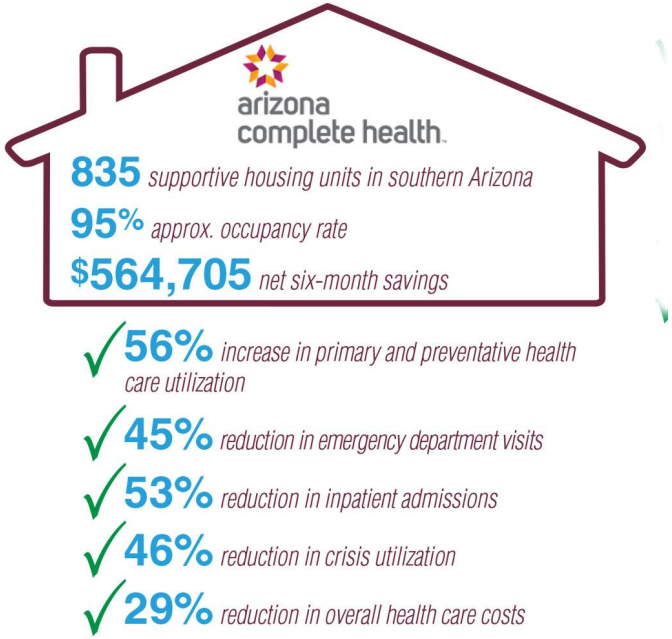
Medicaid Wraparound Housing Services		
Medicaid Covered Behavioral Health Services	**Related Pre-Housing Activities (Attain Housing)**	**Related Activities In Housing (Sustain Housing)**
• Case Management and Coordination of Care • Group Counseling • Pre-Employment Training • Supportive Employment • Individual & Family Peer Support • Group Peer Support • Health Promotion • Medication Assistance • Substance Use Counseling • Skills Training and Development	• Securing ID and Documents • Completing Housing Applications • Understanding Lease/Legal Notices • Housing Search • Disability Accommodation Requests • Move-In Coordination • Attending Housing Briefings • Budgeting and Financial Planning • Coaching for Interviews, Landlord Visits or Housing Negotiations	• Crisis/Conflict Management • Budgeting • Pre and Post Employment Supports • Benefit Applications • Life Skills • Connection to Family, Natural and Community Supports • Landlord and Neighbor Communication • Substance Use Disorder Treatment Supports • Lease Renewal

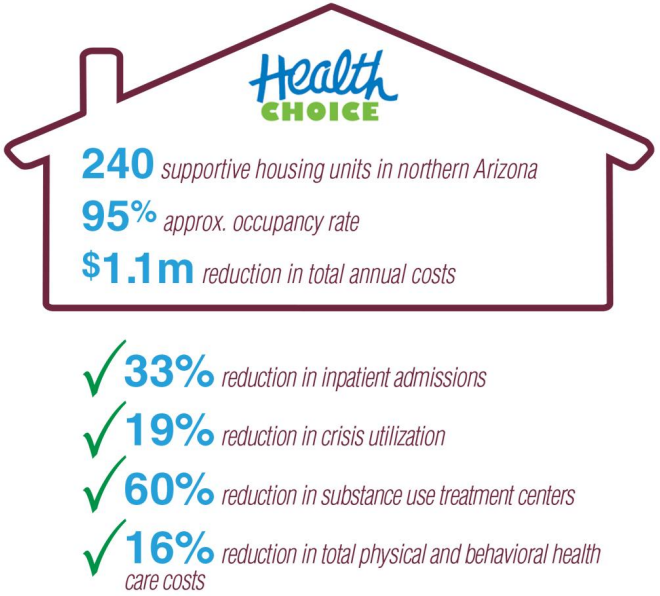
AHCCCS Housing Program Outcomes



In 2018, the University of Chicago's National Opinion Research Center (NORC) evaluated AHCCCS' Mercy Care RBHA PSH programs to verify reduced cost and improved outcomes for members with an SMI designation who reside in Maricopa County.

AHCCCS Housing Program Outcomes





AHCCCS Housing Program Outcomes (SFY 2020)

2,472 members in AHCCCS' PSH programs

31% reduction in ED visits

44% decrease in inpatient admissions

92% reduction in BHRF admissions

$5,563 in average cost savings per-member per-month

Gaps in the Housing Delivery System

- Over 10,000 individuals are experiencing homelessness in Arizona
- Almost 80% of members identified as homeless are non-SMI members
- HUD Fair Market Rent (FMR) rates have increased significantly in Arizona
- Arizona needs another 134,758 units to meet the needs of its existing population that fall into the category of “Extremely Low Income”
- Excessive strain on systems to avoid institutional discharges to homelessness due to this lack of viable shelter or housing settings

AHCCCS Housing & Health Opportunities (H2O) Demonstration Goals

Increase positive health and wellbeing outcomes for target populations

Reduce the cost of care for individuals successfully housed

Reduce homelessness and maintain housing stability

AHCCCS H2O Demonstration Strategies

Strategy 1: Strengthening Homeless Outreach and Service Engagement

Strategy 2: Securing Housing Funding for Members Who are Homeless or At-Risk of Homelessness

Strategy 3: Enhancing Medicaid Wraparound Services and Supports

Strategy 1: Strengthening Homeless Outreach & Service Engagement

- ➔ 1.1 Offer Outreach and Engagement Services
- ➔ 1.2 Enhance Screening and Discharge Coordination
- ➔ 1.3 Enhance and Support Data Collection

Strategy 1.1: Offer Outreach & Engagement Services

- AHCCCS seeks waiver authority to offer outreach services to connect all eligible or potentially eligible members experiencing homelessness to available services and supports
- Outreach is critical for members with acute behavioral health needs who may avoid congregate service sites or shelters due their mental health conditions

Strategy 1.2: Enhance Screening & Discharge Coordination

- AHCCCS seeks waiver authority to cover reentry services for Medicaid-eligible individuals with serious behavioral and physical health conditions who are at high risk of experiencing homelessness upon release from prison or jail
- Studies have shown that “in-reach” provided before release can be an effective strategy for ensuring continuity of care

Strategy 1.2: Enhance Screening & Discharge Coordination

- Reentry services will begin 30 days prior to the member's release and will include the following services:
  - Provision of one-to-one case management and/or educational services to prepare individuals for stable, long-term housing
  - Coordinating the individual's move into stable housing including assisting with housing applications, utility set-up, and reinstatement
  - Developing an integrated discharge and care plan that will identify the medical, behavioral health, and social needs necessary to support a stable and successful community life
  - Establishing linkage with physical and behavioral health providers, including peer supports, to facilitate continuity care upon release

Strategy 1.2: Enhance Screening & Discharge Coordination

- AHCCCS will continue to strengthen screening and discharge coordination within key entry and transition points in the health care system, including:
  - Emergency departments
  - Inpatient (acute and behavioral health) facilities
  - Other crisis facilities
- Goals is to give members a better chance of successfully navigating barriers, including finding appropriate shelter or housing

Strategy 1.3: Enhance & Support Data Collection

- AHCCCS will enhance and support data collection and improve informed care coordination and maximize available resource
- Data sharing is particularly useful in identifying high risk or high cost members
- AHCCCS has demonstrated the value of using appropriate intersystem data sharing strategies in Maricopa County

Strategy 2: Securing Housing Funding for Members Who are Homeless or At-Risk of Homelessness

- ➔ 2.1 Community Reintegration & Immediate Post Homeless Housing Services
- ➔ 2.2 Community Transitional Services
- ➔ 2.3 Eviction Prevention Services

Strategy 2.1: Community Reintegration & Immediate Post Homeless Housing Services

- AHCCCS seeks waiver authority to fund the provision of short-term, transitional housing (up to 18 months) for individuals leaving homelessness or an institutional setting
- Transitional housing may include temporary rent or voucher assistance to allow a discharge to housing with a goal of allowing the member to assume the rent and ongoing tenancy upon termination of the service transition

Strategy 2.2: Community Transitional Services

- AHCCCS seeks waiver authority to expand the provision of Community Transitional Services for the targeted populations
- Eligible expenses will include, but are not limited to:
  - Security deposits
  - Set-up fees for utilities or service access (including telephone, electricity, heating, and water)
  - Limited relocation expenses
  - Supplies needed to establish and maintain the household

Strategy 2.3: Eviction Prevention Services

- AHCCCS seeks waiver authority to provide eviction prevention services to assist members in maintaining tenancies
- Eviction prevention services include, but are not limited to:
  - Payment of back rent
  - Late fees or charges
  - Utility bills or restart costs
  - Limited damage reimbursement to landlords

Strategy 3: Enhancing Medicaid Wraparound Services and Supports

- ➔ 3.1 Home Modification Services
- ➔ 3.2 Pre-Tenancy and Tenancy Supportive Services

Strategy 3.1: Home Modification Services

- AHCCCS seeks waiver authority to expand the agency's ability to pay for home modification and remediation services to ensure habitability of housing
- Services include, but are not limited to installation of ramps and handrails to facilitate barrier-free access to members with physical disabilities or limitations, in addition to their behavioral health needs

Strategy 3.2: Pre-Tenancy & Tenancy Supportive Services

- AHCCCS seeks waiver authority to extend the provision of tenancy support services beyond the currently eligible population of individuals with an SMI designation or in need of behavioral health and/or substance use treatment
- Services will reduce the length of time a member experiences homelessness, increase the likelihood of securing and maintaining housing, reduce ongoing system costs related to homeless recidivism, and promote primary care and other preventative health care strategies

H2O Demonstration Target Population

Individuals who are experiencing homelessness or at risk of homelessness and who have at least one or more of the following conditions or circumstances:

- Serious Mental Illness (SMI) designation or in need of behavioral health and/or substance use treatment
- Determined high risk or high cost based on service utilization or health history
- Repeated avoidable emergency department visits or crisis utilization
- Pregnant/postpartum

H2O Demonstration Target Population (Cont.)

- Chronic health conditions and/or co-morbid conditions, including, but not limited to:
  - End-stage renal disease
  - Cirrhosis of the liver
  - HIV/AIDS
  - Co-occurring mental health conditions, physical health conditions, and/or substance use disorder
- Young adults (18 -24 years of age) who have aged out of the foster care system

H2O Demonstration Target Population (Cont.)

- High risk of experiencing homelessness upon release from an institutional setting, including, but not limited to:
  - Institutions for Mental Disease (IMDs)
  - Inpatient hospitals
  - Nursing facility
  - Correctional facility
- ALTCS members who are medically able to reside in their own home and require affordable housing in order to transition from an institutional setting

Important Considerations For Targeted Populations and Services

- H2O Demonstration services will be implemented statewide and will take into consideration the unique needs of Arizona's diverse urban and rural communities
- Special consideration will also be given to racial and ethnic populations who may be disparately impacted or have more limited access to housing and housing supports and services including American Indian/Alaska Native (AI/AN) members

American Indian/Alaska Native Member Needs

- AHCCCS recently began to determine whether housing utilization and access reflected the racial diversity of AHCCCS enrollees and the homeless population
- AI/AN members are disproportionately over-represented in both the general homeless population (9%) and in AHCCCS identified homeless SMI members (10%) compared to the state population (5%)

Questions?

Resources & Public Comment

AHCCCS H2O Demonstration and TI 2.0 Concept Paper

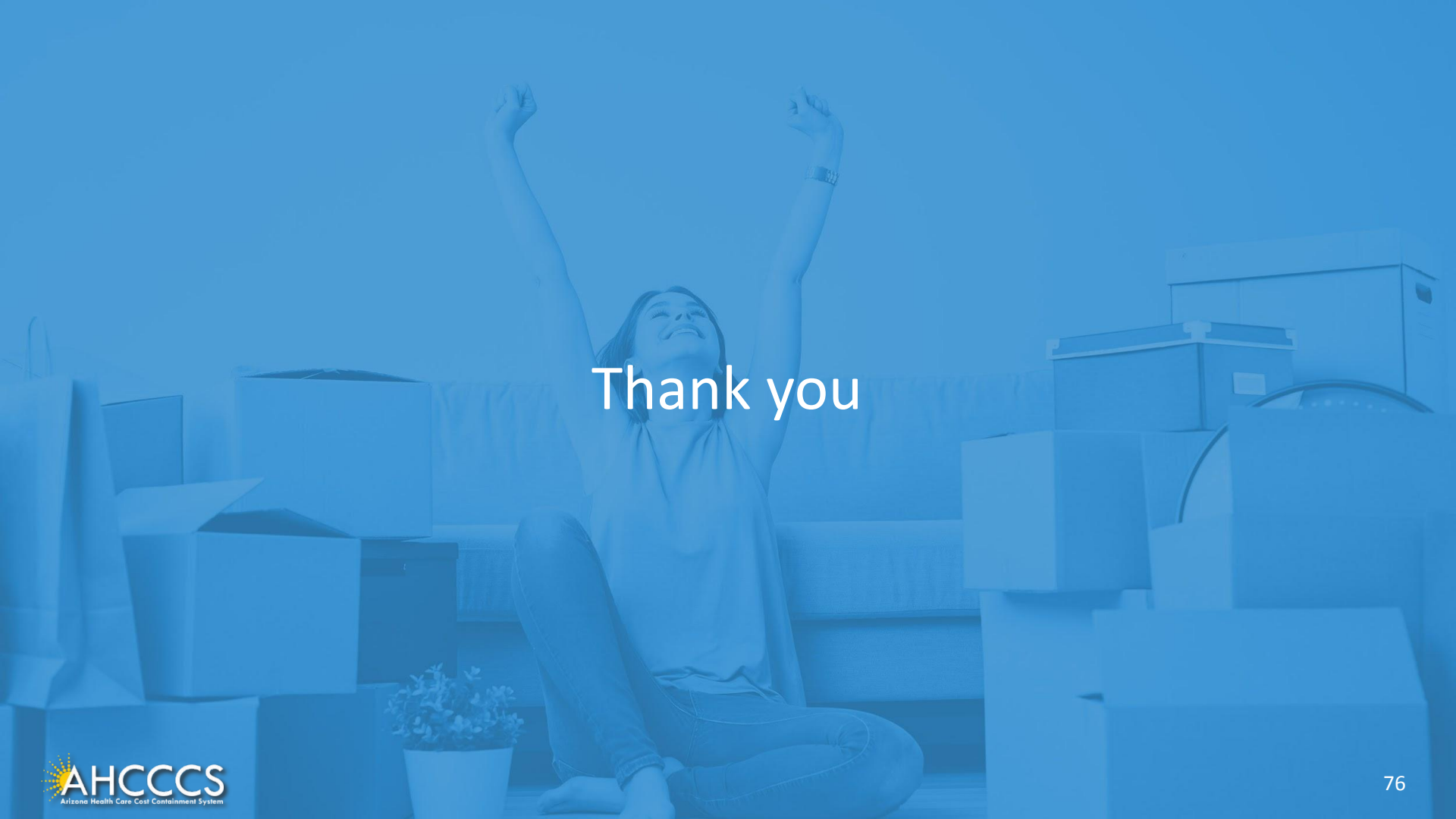
How do I submit public comment? Public comment can be:

Discussed at public forums

Emailed to waiverpublicinput@azahcccs.gov

Mailed to 801 E Jefferson, Phoenix, AZ 85034 Attn: Federal Relations

Public comments are accepted through **May 3, 2021**



AHCCCS
Arizona Health Care Cost Containment System

AHCCCS
Arizona Health Care Cost Containment System

AHCCCS seeks public input on two amendments to its 1115 Research and Demonstration Waiver

Housing Waiver Amendment:
With expenditure authority from CMS, AHCCCS will implement the Housing and Health Opportunities (H2O) demonstration, a project that strives to enhance and expand housing services and interventions for AHCCCS members who are homeless or at risk of becoming homeless.

Targeted Investments program 2.0:
AHCCCS also seeks waiver authority to extend the Targeted Investments (TI) Program from 2021 through 2026. Known as the TI Program 2.0, this program will sustain the integration efforts of current TI participants, expand integration opportunities to new providers, and improve the program requirements to provide whole person care more comprehensively.

Details of these proposals will be presented at the following public forums:

PUBLIC FORUMS	
Date/Time	**Zoom Links**
March 31, 2021 **Time: 1:00p.m. - 3:00 p.m.** **(AZ/Pacific time)**	**Meeting link:** bit.ly/AmendmentForum1 **Passcode:** AHCCCS2! **Call-in numbers:** 408-638-0968, 646-876-9923, 301-715-8592, 877-853-5257 (Toll Free), 888-475-4499 (Toll Free), 833-548-0276 (Toll Free) or 833-548-0282 (Toll Free) **Webinar ID:** 894 6996 7126 **Passcode:** 65647117
April 8, 2021 **Time: 2:00 p.m. -4:00 p.m.** **(AZ/Pacific time)**	**Meeting Link:** bit.ly/ AmendmentForum2 **Passcode:** AHCCCS2! **Call-in numbers:** 346-248-7799, 312-626-6799, 646-876-9923, 833-548-0282 (Toll Free), 877-853-5257 (Toll Free), 888-475-4499 (Toll Free) or 833-548-0276 (Toll Free) **Webinar ID:** 882 6307 0979 **Passcode:** 10613032

Public comments will be accepted from March 19 through May 3,2021 by email to waiverpublicinput@azahcccs.gov.

AHCCCS will host a Special Tribal Consultation meeting on the following topics to seek feedback from tribes, Indian Health Service, tribal health programs operated under P.L. 93-638, and urban Indian health programs in Arizona.

All meeting materials, including agendas and slide decks, related to this meeting can be found on the AHCCCS Tribal Consultation webpage prior to the meeting: www.azahcccs.gov/AmericanIndians/TribalConsultation/meetings.html.

The deadline for agenda item recommendations for this meeting is 5:00 pm MST on March 22, 2021.

Questions, concerns, or agenda item requests for this meeting may be sent to AHCCCS Tribal Liaison, Amanda Bahe: Amanda.Bahe@azahcccs.gov.

Housing Waiver Amendment:

With expenditure authority from CMS, AHCCCS will implement the Housing and Health Opportunities (H2O) demonstration, a project that strives to enhance and expand housing services and interventions for AHCCCS members who are homeless or at risk of becoming homeless.

Targeted Investments program 2.0:

AHCCCS also seeks waiver authority to extend the Targeted Investments (TI) Program from 2021 through 2026. Known as the TI Program 2.0, this program will sustain the integration efforts of current TI participants, expand integration opportunities to new providers, and improve the program requirements to provide whole person care more comprehensively.

Special Tribal Consulation	
Date/Time	Zoom Link
April 5, 2021 **Time: 12:00 p.m. - 2:00 p.m.** **(AZ/Pacific time)**	**Meeting Registration link:** bit.ly/April2021Tribal **Call-in numbers:** 346-248-7799, 408-638-0968, 669-900-6833, 253-215-8782, 833-548-0282 (Toll Free), 877-853-5257 (Toll Free), 888-475-4499 (Toll Free), 833-548-0276 (Toll Free) **Webinar ID:** 854 1196 6314 **Passcode:** 77045474

Written testimony from tribes and I/T/Us will be accepted during the public comment period of March 19 through May 3, 2021. Written comments may be submitted via email to waiverpublicinput@azahcccs.gov.

AHCCCS SPECIAL TRIBAL CONSULTATION MEETING AGENDA

With Tribal Leaders, Tribal Members, Indian Health Services, Tribal Health Programs Operated under P.L. 93-638 and Urban Indian Health Programs

Topic: 1115 Housing Waiver Amendment and Targeted Investments 2.0
Date and Time: April 05, 2021 from 12:00 p.m. to 2:00 p.m. (MST)
Location: VIRTUAL ONLY
Webinar Registration Link:
https://ahcccs.zoom.us/webinar/register/WN_NgCnjmcJQ2Wd01kHq0lsbA (You will receive call-in information after registering for this meeting)

TIME	TOPIC	Presenter
12:00 PM – 12:05 PM	**Welcome and Introductions**	**Amanda Bahe** *AHCCCS Tribal Liaison*
12:05 PM – 12:20 AM	**AHCCCS Housing Waiver Amendment Request & Targeted Investments (TI) Program 2.0 Concept Paper**	**Shreya Arakere** *AHCCCS Waiver Manager*
12:20 PM – 1:00 PM	**AHCCCS Housing & Health Opportunities (H2O) Demonstration Proposal**	**David Bridge** *AHCCCS Housing Program Director*
1:00 PM – 1:20 PM	***Open Discussion/Consultation on AHCCCS H2O Proposal***	
1:20 PM – 1:40 PM	**Targeted Investments (TI) Program Renewal Concept Paper (TI 2.0)**	**George Jacobson** *Medical Management Manager*
1:40 PM – 2:00 PM	***Open Discussion/Consultation on TI 2.0***	
2:00 PM	**Announcements & Adjourn**	**Amanda Bahe**

Next AHCCCS Tribal Consultation Meeting: April 13, 2021

Time: 10 a.m. MST | Location: Virtual Only
Please see AHCCCS Tribal Consultation Webpage for Information

AHCCCS SPECIAL TRIBAL CONSULTATION MEETING AGENDA

With Tribal Leaders, Tribal Members, Indian Health Services, Tribal Health Programs Operated under P.L. 93-638 and Urban Indian Health Programs

Topic: COVID-19 Touchbase and General AHCCCS Updates
Date and Time: April 13, 2021 from 10:00 a.m. to 11:00 a.m. (MST)
Location: VIRTUAL ONLY
Webinar Registration Link:
https://ahcccs.zoom.us/webinar/register/WN_fY71tANsSd-VIlR51dy4fg (You will receive call-in information after registering for this meeting)

TIME	TOPIC	Presenter
10:00 AM – 10:05 AM	**Welcome and Introductions**	**Amanda Bahe** *AHCCCS Tribal Liaison*
10:05 AM – 10:20 AM	**AHCCCS COVID-19 Public Health Emergency-Specific Information and Updates**	**Jami Snyder** *AHCCCS Director*
10:20 AM – 10:30 AM	***Open Discussion and Tribal Consultation on AHCCCS COVID-19 Updates***	
10:30 AM – 10:45 AM	**GENERAL AHCCCS UPDATES**	
	Follow-up: AHCCCS Housing Waiver Amendment and TI 2.0 Concept Paper	**Shreya Arakere** *AHCCCS Waiver Manager*
	Open Discussion/Consultation on AHCCCS Waiver Updates	
10:45 AM – 11:00 AM	**AHCCCS POLICIES**	
	New/Revised Policy Overview: • **AMPM 320-I**	**Dr. Sara Salek** *AHCCCS Chief Medical Officer* **Alison Lovell** *AHCCCS DFSM Education Manager*
	Open Discussion/Consultation on AMPM 320-I	
11:00 AM	**Announcements & Adjourn**	**Amanda Bahe**

Next AHCCCS Tribal Consultation Meeting: May 13, 2021

Time: 1 p.m. MST | Location: Virtual Only
Please see AHCCCS Tribal Consultation Webpage for Information

State Medicaid Advisory Committee (SMAC)

Quarterly Meeting
Wednesday, April 14, 2021
(VIRTUAL MEETING)
1:00 p.m. - 3:00 p.m.

(To Join by Web)
https://ahcccs.zoom.us/s/89849751173?pwd=b2xKVEN0elo4eVo0eHlFQU4yK1hMQT09
Webinar ID: 898 4975 1173
Password: SMAC2021!

(To Join by Phone)
1-877-853-5257 Meeting ID: 898 4975 1173 Passcode: 156227777

Agenda	
I. Welcome	**Director Jami Snyder**
II. Attendance and Quorum Confirmation	**ALL**
III. Guest Speaker: The Medicaid Project	**Kirin Goff** **Lecturer, Applied Health Policy Institute** **Professor of Practice in Law, James E. Rogers College of Law**
IV. AHCCCS Update	**Director Jami Snyder**
V. 1115 Waiver Proposals: Targeted Investments 2.0 and Housing and Health Opportunities Demonstration	**George Jacobson and David Bridge**
VI. Call to the Public	**Director Jami Snyder**
VII. Adjourn at 3:00 p.m.	**ALL**

2021 SMAC Meetings
Per SMAC Bylaws, meetings are to be held the 2nd Wednesday of January, April, July and October.
All meetings will be held from 1:00 p.m. - 3:00 p.m. unless otherwise deemed necessary by the Director.

ASL interpretation and CART captioning services are available upon request. If you require these or other types of accommodations pursuant to the Americans with Disabilities Act (ADA), please contact Brenda Morris at Brenda.Morris@azahcccs.gov or 602-419-4029 no later than April 9, 2021.

July 14, 2021
October 13, 2021

For information or assistance, please contact Brenda Morris at (602) 417-4029 or Brenda.Morris@azahcccs.gov.

, OFFICE OF INDIVIDUAL AND FAMILY AFFAIRS

OIFA Advisory Council Agenda

Tuesday, April 20th, 2021 10:30 AM - 12:00 PM

Join Zoom Meeting
https://ahcccs.zoom.us/j/92904855511?pwd=clVmWFo3UHJneEM4cGpYeG5KRDVRQT09

Meeting ID: 929 0485 5511
Passcode: AHCCCS1!

Join via Phone
833 548 0276 US Toll-free
Meeting ID: 929 0485 5511
Passcode: 01043844

Introductions of first time attendees	10:30 - 10:35
Approve March Minutes	10:35 - 10:40
OIFA Updates	10:40 - 10:45
Community Updates	10:45 - 10:55
Housing	10:55 - 11:15
Waiver & TI II	11:15 - 11:50
CSA HIE Issue, Health Current	11:50 - 12:00

Next Meeting May 18th, 2021

AHCCCS MCO Update Meeting

April 21, 2021
9:30 AM - 12:20 PM
Virtual Only

	Topic	Presenter/Discussion Leader
9:30 am	Director Update	Jami Snyder
10:00 am	Waiver Update	Shreya Arakere David Bridge George Jacobson
10:30 am	Consolidation Act Grant	Alisa Randall
10:50 am	Legislative Session Update	Kyle Sawyer Willa Murphy
11:05 am	Systems Update APEP/HEAplus EVV	Joni Shipman Dara Johnson
11:25 am	Finance/Rates Update	Matthew Isiogu Colby Schaeffer
11:45 am	Quality Strategy Update	Jakenna Lebsock
11:55 am	Unwinding from PHE	Mohamed Arif Ruben Soliz
12:20 pm	**Meeting adjourned**	
	Next AHCCCS MCO Update Meeting: **July 21, 2021** **9:30 AM - 12:20 PM**	

APPENDIX B

The following tables in Appendix B include performance measure data for each line of business as well as the associated FFY 2020 CMS Median data as found in the *2020 Child and Adult Health Care Quality Measures Quality* data and 2019 NCQA Medicaid Mean data published and accessible through the *NCQA State of Health Care Quality Report*.

ACC/Acute Care Performance Measure Rates	CYE 2018 Rates	CYE 2019 Rates	Relative Percent Change	Statistically Significant	FFY 2020 CMS Median[1]	2019 Medicaid Mean
Adolescent Well-Care Visits	40.6%	41.5%	2.4%	**Yes**	53.2%	55.5%
Adults' Access to Preventive/Ambulatory Health Services	76.2%	75.6%	-0.8%	**Yes**	NA	NA
Ambulatory Care: ED Visits (HEDIS®) - Rate Per 1,000 Member Months	54.8	53.3	-2.7%	NA	NA	NA
Annual Dental Visits (HEDIS®)	61.1%	59.7%	-2.3%	**Yes**	NA	55.5%
Antidepressant Medication Management - Effective Acute Phase Treatment	—	42.2%	NA	NA	53.1%	55.0%
Antidepressant Medication Management - Effective Continuation Phase Treatment	—	23.1%	NA	NA	37.3%	39.3%
Asthma in Younger Adults Admission Rate - Reported Per 100,000 Member Months	7.1	7.1	0.6%	NA	6.5	NA
Asthma Medication Ratio (HEDIS®)	58.4%	59.9%	2.5%	**Yes**	NA	63.0%
Breast Cancer Screening	54.9%	54.4%	-1.1%	**Yes**	54.7%	58.4%
Cervical Cancer Screening[2]	50.8%	50.4%	-0.7%	**Yes**	56.7%	60.1%
Chlamydia Screening in Women (HEDIS®)	49.4%	51.0%	3.2%	**Yes**	NA	58.0%
Concurrent Use of Opioids and Benzodiazepines	11.2%	7.8%	-30.1%	**Yes**	16.3%	NA
Contraceptive Care - All Women LARC Ages 15-20	—	3.6%	NA	NA	4.3%	NA
Contraceptive Care - All Women LARC Ages 21-44	—	5.4%	NA	NA	5.1%	NA
Contraceptive Care - All Women MMEC Ages 15-20	—	21.1%	NA	NA	30.0%	NA
Contraceptive Care - All Women MMEC Ages 21-44	—	24.9%	NA	NA	24.5%	NA
Contraceptive Care - Postpartum Women LARC Ages 15-20 - 3 Day	1.1%	1.4%	26.1%	No	2.1%	NA
Contraceptive Care - Postpartum Women LARC Ages 15-20 - 60 Day	11.4%	12.9%	13.2%	No	16.4%	NA
Contraceptive Care - Postpartum Women LARC Ages 21-44 - 3 Day	0.5%	0.7%	25.4%	No	1.9%	NA
Contraceptive Care - Postpartum Women LARC Ages 21-44 - 60 Day	9.3%	9.8%	5.8%	**Yes**	12.6%	NA
Contraceptive Care - Postpartum Women MMEC Ages 15-20 - 3 Day	1.7%	2.7%	63.9%	**Yes**	5.0%	NA
Contraceptive Care - Postpartum Women MMEC Ages 15-20 - 60 Day	28.6%	35.0%	22.2%	**Yes**	43.9%	NA

ACC/Acute Care Performance Measure Rates	CYE 2018 Rates	CYE 2019 Rates	Relative Percent Change	Statistically Significant	FFY 2020 CMS Median[1]	2019 Medicaid Mean
Contraceptive Care - Postpartum Women MMEC Ages 21-44 - 3 Day	7.3%	8.1%	11.8%	**Yes**	11.9%	NA
Contraceptive Care - Postpartum Women MMEC Ages 21-44 - 60 Day	30.5%	35.5%	16.2%	**Yes**	41.6%	NA
COPD or Asthma in Older Adults Admission Rate - Per 100,000 Member Months	43.8	39.8	-9.1%	NA	56.4	NA
Dental Sealants for 6-9 Year Old Children at Elevated Caries Risk	22.7%	22.9%	1.0%	No	23.9%	NA
Developmental Screening in the First Three Years of Life (Total)	29.9%	34.4%	14.8%	**Yes**	35.6%	NA
Diabetes Short-Term Complications Admission Rate - Per 100,000 Member Months	13.0	13.5	3.6%	NA	20.1	NA
Follow-Up After ED Visit for AOD Abuse or Dependence (HEDIS®) - 30 Day	—	27.0%	NA	NA	NA	NA
Follow-Up After ED Visit for AOD Abuse or Dependence (HEDIS®) - 7 Day	—	19.7%	NA	NA	NA	NA
Follow-Up After ED Visit for Mental Illness (HEDIS®) - 30 Day	—	58.2%	NA	NA	NA	55.6%
Follow-Up After ED Visit for Mental Illness (HEDIS®) - 7 Day	—	47.9%	NA	NA	NA	41.4%
Follow-Up After Hospitalization for Mental Illness (HEDIS®) - 30 Day	—	64.0%	NA	NA	NA	56.9%
Follow-Up After Hospitalization for Mental Illness (HEDIS®) -7 Day	—	45.1%	NA	NA	NA	36.2%
Follow-Up Care for Children Prescribed ADHD Medication - Continuation and Maintenance Phase	—	66.0%	NA	NA	57.4%	53.1%
Follow-Up Care for Children Prescribed ADHD Medication - Initiation Phase	—	58.5%	NA	NA	46.6%	42.3%
Heart Failure Admission Rate - Per 100,000 Member Months	29.6	31.8	7.6%	NA	24.4	NA
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (HEDIS®) - Engagement of AOD (Total)	—	16.3%	NA	NA	NA	14.4%
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (HEDIS®) - Initiation of AOD (Total)	—	44.9%	NA	NA	NA	44.0%
Inpatient Utilization (HEDIS®): Total Inpatient - Days per 1,000 Member Months	32.8	34.3	4.8%	NA	NA	NA
Mental Health Utilization (HEDIS®) - Any Services (Total)	—	12.1%	NA	NA	NA	NA
Metabolic Monitoring for Children and Adolescents on Antipsychotics - Blood Glucose and Cholesterol Testing	—	40.9%	NA	NA	35.4%	37.8%

ACC/Acute Care Performance Measure Rates	CYE 2018 Rates	CYE 2019 Rates	Relative Percent Change	Statistically Significant	FFY 2020 CMS Median[1]	2019 Medicaid Mean
Plan All-Cause Readmissions (HEDIS®) - Observed Readmissions	—	9.3%	NA	NA	NA	NA
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	—	70.7%	NA	NA	65.0%	62.0%
Use of Opioids at High Dosage in Persons Without Cancer	12.4%	10.9%	-12.1%	**Yes**	6.5%	NA
Well-child Visits in the First 15 Months of Life	61.5%	64.1%	4.2%	**Yes**	65.6%	66.1%
Well-child Visits in the Third, Fourth, Fifth and Sixth Years of Life	61.4%	63.1%	2.8%	**Yes**	70.4%	74.1%

— Due to data availability or changes in calculation methodology and/or delivery system structure, CYE 2018 rates are not included for select measures

NA has been included for data that are not available

[1] Age ranges included within the CMS Medicaid Median may vary from the age ranges included within the CYE 2019 rate reported

[2] Due to technical specification changes, trending should be considered with caution

KidsCare Performance Measure Rates[1]	CYE 2018 Rates	CYE 2019 Rates	Relative Percent Change	Statistically Significant	FFY 2020 CMS Median	2019 Medicaid Mean
Adolescent Well-Care Visits	59.3%	61.8%	4.2%	**Yes**	53.2%	55.5%
Annual Dental Visits (HEDIS®)	74.1%	76.1%	2.8%	**Yes**	NA	55.5%
Dental Sealants for 6-9 Year Old Children at Elevated Caries Risk	28.0%	25.4%	-9.2%	**Yes**	23.9%	NA
Developmental Screening in the First Three Years of Life (Total)	34.2%	47.6%	39.0%	**Yes**	35.6%	NA
Well-child Visits in the First 15 Months of Life	28.9%	S	NA	NA	65.6%	66.1%
Well-child Visits in the Third, Fourth, Fifth and Sixth Years of Life	75.7%	78.0%	3.0%	No	70.4%	74.1%

Data that are suppressed due to an insufficient numerator are indicated by "S"

NA has been included for data that are not available

[1] Population includes members under 19 years of age

DCS CHP Performance Measure Rates	CYE 2018 Rates	CYE 2019 Rates	Relative Percent Change	Statistically Significant	FFY 2020 CMS Median	2019 Medicaid Mean
Adolescent Well-Care Visits	72.4%	73.0%	0.9%	No	53.2%	55.5%
Ambulatory Care: ED Visits (HEDIS®) - Rate Per 1,000 Member Months	43.1	47.6	10.5%	NA	NA	NA
Annual Dental Visits (HEDIS®)	75.4%	74.7%	-0.9%	No	NA	55.5%
Asthma Medication Ratio (HEDIS®)	76.6%	72.1%	-5.9%	No	NA	63.0%

DCS CHP Performance Measure Rates	CYE 2018 Rates	CYE 2019 Rates	Relative Percent Change	Statistically Significant	FFY 2020 CMS Median	2019 Medicaid Mean
Chlamydia Screening in Women (HEDIS®)	54.6%	57.6%	5.5%	No	NA	58.0%
Dental Sealants for 6-9 Year Old Children at Elevated Caries Risk	27.1%	27.8%	2.8%	No	23.9%	NA
Developmental Screening in the First Three Years of Life (Total)	37.7%	44.5%	18.1%	**Yes**	35.6%	NA
Inpatient Utilization (HEDIS®): Total Inpatient - Days per 1,000 Member Months	15.1	18.9	25.5%	NA	NA	NA
Well-child Visits in the Third, Fourth, Fifth and Sixth Years of Life	72.6%	75.4%	3.9%	No	70.4%	74.1%

DCS CHP General Mental Health Performance Measure Rates	CYE 2018 Rates	CYE 2019 Rates	Relative Percent Change	Statistically Significant	FFY 2020 CMS Median	2019 Medicaid Mean
Follow-Up After ED Visit for Mental Illness (HEDIS®) - 30 Day	95.7%	78.0%	-18.4%	**Yes**	NA	55.6%
Follow-Up After ED Visit for Mental Illness (HEDIS®) - 7 Day	97.8%	90.2%	-7.8%	No	NA	41.4%
Follow-Up After Hospitalization for Mental Illness (HEDIS®) - 30 Day	84.0%	83.4%	-0.7%	No	NA	56.9%
Follow-Up After Hospitalization for Mental Illness (HEDIS®) - 7 Day	66.5%	64.7%	-2.6%	No	NA	36.2%
Follow-Up Care for Children Prescribed ADHD Medication - Continuation and Maintenance Phase Cross LOB	—	90.2%	NA	NA	57.4%	53.1%
Follow-Up Care for Children Prescribed ADHD Medication - Initiation Phase Cross LOB	—	88.1%	NA	NA	46.6%	42.3%
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (HEDIS®) – Engagement of AOD (Total)	15.1%	15.8%	4.5%	No	NA	14.4%
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (HEDIS®) – Initiation of AOD (Total)	55.1%	44.1%	-20.1%	**Yes**	NA	44.0%
Mental Health Utilization (HEDIS®) - Any Service (Total)	64.1%	78.3%	22.1%	NA	NA	NA
Metabolic Monitoring for Children and Adolescents on Antipsychotics - Blood Glucose and Cholesterol Testing Cross LOB	—	48.0%	NA	NA	35.4%	37.8%
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics Cross LOB	—	87.6%	NA	NA	65.0%	62.0%

— Due to data availability or changes in calculation methodology and/or delivery system structure, CYE 2018 rates are not included for select measures

NA has been included for data that are not available

Cross LOB: Rates reported reflect services rendered through both physical and behavioral health plan enrollment

[1] Population primarily includes members under 18 years of age with some exceptions

ALTCS-EPD Performance Measure Rates	CYE 2018 Rates	CYE 2019 Rates	Relative Percent Change	Statistically Significant	FFY 2020 CMS Median[1]	2019 Medicaid Mean
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	—	79.6%	NA	NA	62.5%	60.8%
Adults' Access to Preventive/Ambulatory Health Services	91.8%	93.0%	1.4%	**Yes**	NA	NA
Ambulatory Care: ED Visits (HEDIS®) - Rate Per 1,000 Member Months	69.9	74.8	7.0%	NA	NA	NA
Antidepressant Medication Management - Effective Acute Phase Treatment	—	61.3%	NA	NA	53.1%	55.0%
Antidepressant Medication Management - Effective Continuation Phase Treatment	—	42.0%	NA	NA	37.3%	39.3%
Asthma Medication Ratio (HEDIS®)	—	60.0%	NA	NA	NA	63.0%
Breast Cancer Screening	34.0%	36.5%	7.5%	**Yes**	54.7%	58.4%
Cervical Cancer Screening[2]	—	24.9%	NA	NA	56.7%	60.1%
Concurrent Use of Opioids and Benzodiazepines	27.6%	22.1%	-20.0%	**Yes**	16.3%	NA
COPD or Asthma in Older Adults Admission Rate - Per 100,000 Member Months	95.2	106.7	12.0%	NA	56.4	NA
Diabetes Short-Term Complications Admission Rate - Per 100,000 Member Months	10.9	15.4	41.3%	NA	20.1	NA
Follow-Up After ED Visit for Alcohol and Other Drug Abuse or Dependence (HEDIS®) - 30 Day	—	11.8%	NA	NA	NA	NA
Follow-Up After ED Visit for Mental Illness (HEDIS®) - 30 Day	—	58.4%	NA	NA	NA	55.6%
Follow-Up After ED Visit for Mental Illness (HEDIS®) - 7 Day	—	41.6%	NA	NA	NA	41.4%
Follow-Up After Hospitalization for Mental Illness (HEDIS®) - 30 Day	52.4%	62.4%	19.3%	**Yes**	NA	56.9%
Follow-Up After Hospitalization for Mental Illness (HEDIS®) - 7 Day	34.6%	36.6%	5.9%	No	NA	36.2%
Heart Failure Admission Rate - Per 1,000 Member Months	175.1	228.9	30.7%	NA	24.4	NA
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (HEDIS®) - Engagement of AOD (Total)	—	7.0%	NA	NA	NA	14.4%
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (HEDIS®) - Initiation of AOD (Total)	—	57.9%	NA	NA	NA	44.0%

ALTCS-EPD Performance Measure Rates	CYE 2018 Rates	CYE 2019 Rates	Relative Percent Change	Statistically Significant	FFY 2020 CMS Median[1]	2019 Medicaid Mean
Inpatient Utilization (HEDIS®): Total Inpatient - Days per 1,000 Member Months	284.4	311.5	9.5%	NA	NA	NA
Mental Health Utilization (HEDIS®) - Any Service (Total)	22.9%	25.3%	10.6%	NA	NA	NA
Plan All-Cause Readmissions (HEDIS®) - Observed Readmissions	—	11.4%	NA	NA	NA	NA
Use of Opioids at High Dosage in Persons Without Cancer	21.3%	18.5%	-13.2%	No	6.5%	NA

— Due to data availability or changes in calculation methodology and/or delivery system structure, CYE 2018 rates are not included for select measures

NA has been included for data that are not available

1 Age ranges included within the CMS Medicaid Median may vary from the age ranges included within the CYE 2019 rate reported

2 Due to technical specification changes, trending should be considered with caution

ALTCS-DD Performance Measure Rates	CYE 2018 Rates	CYE 2019 Rates	Relative Percent Change	Statistically Significant	FFY 2020 CMS Median[1]	2019 Medicaid Mean
Adolescent Well-Care Visits	45.8%	47.7%	4.2%	**Yes**	53.2%	55.5%
Adults' Access to Preventive/ Ambulatory Health Services	87.3%	87.6%	0.3%	No	NA	NA
Ambulatory Care: ED Visits (HEDIS®) - Rate Per 1,000 Member Months	44.0	43.1	-2.1%	NA	NA	NA
Annual Dental Visits (HEDIS®)	56.9%	52.7%	-7.4%	**Yes**	NA	55.5%
Asthma Medication Ratio (HEDIS®)	76.5%	80.4%	5.0%	No	NA	63.0%
Breast Cancer Screening	45.1%	43.7%	-3.1%	No	54.7%	58.4%
Cervical Cancer Screening[2]	16.3%	15.9%	-2.2%	No	56.7%	60.1%
Chlamydia Screening in Women (HEDIS®)	12.1%	12.7%	5.2%	No	NA	58.0%
Dental Sealants for 6-9 Year Old Children at Elevated Caries Risk	15.3%	17.3%	13.1%	No	23.9%	NA
Developmental Screening in the First Three Years of Life (Total)	25.1%	25.8%	2.9%	No	35.6%	NA
Inpatient Utilization (HEDIS®): Total Inpatient - Days per 1,000 Member Months	61.5	60.8	-1.0%	NA	NA	NA
Plan All-Cause Readmissions (HEDIS®) - Observed Readmissions	—	7.4%	NA	NA	NA	NA
Well-child Visits in the Third, Fourth, Fifth and Sixth Years of Life	55.2%	57.6%	4.3%	No	70.4%	74.1%

ALTCS-DD General Mental Health Performance Measure Rates	CYE 2018 Rates	CYE 2019 Rates	Relative Percent Change	Statistically Significant	FFY 2020 CMS Median	2019 Medicaid Mean
Adherence to Antipsychotic Medications for Individuals With Schizophrenia Cross LOB	—	78.8%	NA	NA	62.5%	60.8%
Antidepressant Medication Management - Effective Acute Phase Treatment Cross LOB	—	57.7%	NA	NA	53.1%	55.0%
Antidepressant Medication Management - Effective Continuation Phase Treatment Cross LOB	—	44.2%	NA	NA	37.3%	39.3%
Concurrent Use of Opioids and Benzodiazepines Cross LOB	—	18.1%	NA	NA	16.3%	NA
Follow-Up After ED Visit for Mental Illness (HEDIS®) - 30 Day	92.1%	79.6%	-13.5%	No	NA	55.6%
Follow-Up After ED Visit for Mental Illness (HEDIS®) - 7 Day	71.4%	69.4%	-2.9%	No	NA	41.4%
Follow-Up After Hospitalization for Mental Illness (HEDIS®) - 30 Day	92.7%	87.4%	-5.7%	**Yes**	NA	56.9%
Follow-Up After Hospitalization for Mental Illness (HEDIS®) - 7 Day	73.5%	70.4%	-4.2%	No	NA	36.2%
Follow-Up Care for Children Prescribed ADHD Medication - Continuation and Maintenance Phase Cross LOB	—	50.0%	NA	NA	57.4%	53.1%
Follow-Up Care for Children Prescribed ADHD Medication - Initiation Phase Cross LOB	—	50.9%	NA	NA	46.6%	42.3%
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (HEDIS®) - Initiation of AOD (Total)	45.5%	37.9%	-16.7%	No	NA	44.0%
Mental Health Utilization (HEDIS®) - Any Service (Total)	34.9%	33.1%	-5.0%	NA	NA	NA
Metabolic Monitoring for Children and Adolescents on Antipsychotics - Blood Glucose and Cholesterol Testing Cross LOB	—	32.1%	NA	NA	35.4%	37.8%
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics Cross LOB	—	22.6%	NA	NA	65.0%	62.0%

— Due to data availability or changes in calculation methodology and/or delivery system structure, CYE 2018 rates are not included for select measures

NA has been included for data that are not available

Cross LOB: Rates reported reflect services rendered through both physical and behavioral health plan enrollment

[1] Age ranges included within the CMS Medicaid Median may vary from the age ranges included within the CYE 2019 rate reported

[2] Due to technical specification changes, trending should be considered with caution

SMI Performance Measure Rates[1]	CYE 2018 Rates	CYE 2019 Rates	Relative Percent Change	Statistically Significant	FFY 2020 CMS Median[2]	2019 Medicaid Mean
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	—	54.0%	NA	NA	62.5%	60.8%
Adults' Access to Preventive/ Ambulatory Health Services (HEDIS®)	91.2%	91.4%	0.2%	No	NA	NA
Ambulatory Care: ED Visits (HEDIS®) - Rate Per 1,000 Member Months	122.1	117.1	-4.1%	NA	NA	NA
Antidepressant Medication Management - Effective Acute Phase Treatment	—	40.3%	NA	NA	53.1%	55.0%
Antidepressant Medication Management - Effective Continuation Phase Treatment	—	21.4%	NA	NA	37.3%	39.3%
Asthma in Younger Adults Admission Rate - Per 100,000 Member Months	17.1	16.2	-4.9%	NA	6.5	NA
Asthma Medication Ratio (HEDIS®)	51.3%	52.9%	3.0%	No	NA	63.0%
Breast Cancer Screening	37.3%	36.9%	-1.0%	No	54.7%	58.4%
Cervical Cancer Screening[3]	44.8%	43.2%	-3.5%	**Yes**	56.7%	60.1%
Chlamydia Screening in Women (HEDIS®)	51.3%	55.0%	7.1%	No	NA	58.0%
Concurrent Use of Opioids and Benzodiazepines	20.6%	12.5%	-39.3%	**Yes**	16.3%	NA
Contraceptive Care - All Women LARC Ages 15-20	—	7.6%	NA	NA	4.3%	NA
Contraceptive Care - All Women LARC Ages 21-44	—	3.5%	NA	NA	5.1%	NA
Contraceptive Care - All Women MMEC Ages 15-20	—	38.0%	NA	NA	30.0%	NA
Contraceptive Care - All Women MMEC Ages 21-44	—	17.5%	NA	NA	24.5%	NA
Contraceptive Care - Postpartum Women LARC Ages 21-44 - 60 Day	5.4%	10.7%	97.4%	**Yes**	12.6%	NA
Contraceptive Care - Postpartum Women MMEC Ages 21-44 - 3 Day	11.2%	13.8%	22.8%	No	11.9%	NA
Contraceptive Care - Postpartum Women MMEC Ages 21-44 - 60 Day	29.7%	37.5%	26.4%	No	41.6%	NA
COPD or Asthma in Older Adults Admission Rate - Per 100,000 Member Months	63.7	76.4	20.0%	NA	56.4	NA
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	75.0%	78.0%	4.1%	**Yes**	80.3%	81.7%
Diabetes Short-Term Complications Admission Rate - Per 100,000 Member Months	35.2	29.1	-17.4%	NA	20.1	NA
Follow-Up After ED Visit for Alcohol and Other Drug Abuse or Dependence (HEDIS®) - 30 Day	28.7%	30.8%	7.4%	No	NA	NA
Follow-Up After ED Visit for Alcohol and Other Drug Abuse or Dependence (HEDIS®) - 7 Day	20.8%	19.4%	-6.3%	No	NA	NA
Follow-Up After ED Visit for Mental Illness (HEDIS®) - 30 Day	77.8%	78.7%	1.2%	No	NA	55.6%
Follow-Up After ED Visit for Mental Illness (HEDIS®) - 7 Day	61.1%	58.4%	-4.5%	No	NA	41.4%
Follow-Up After Hospitalization for Mental Illness (HEDIS®) - 7 Day	68.5%	68.6%	0.2%	No	NA	36.2%
Follow-Up After Hospitalization for Mental Illness (HEDIS®) - 30 Day	85.6%	85.4%	-0.2%	No	NA	56.9%

SMI Performance Measure Rates[1]	CYE 2018 Rates	CYE 2019 Rates	Relative Percent Change	Statistically Significant	FFY 2020 CMS Median[2]	2019 Medicaid Mean
Heart Failure Admission Rate - Per 1,000 Member Months	38.2	35.6	-6.8%	NA	24.4	NA
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (HEDIS®) - Engagement of AOD (Total)	10.8%	11.2%	3.7%	No	NA	14.4%
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (HEDIS®) - Initiation of AOD (Total)	44.5%	42.0%	-5.7%	**Yes**	NA	44.0%
Inpatient Utilization (HEDIS®): Total Inpatient - Days per 1,000 Member Months	76.6	76.1	-0.7%	NA	NA	NA
Mental Health Utilization (HEDIS®): Any Service (Total)	90.8%	90.6%	-0.2%	NA	NA	NA
Plan All-Cause Readmissions (HEDIS®) - Observed Readmissions	—	13.6%	NA	NA	NA	NA
Use of Opioids at High Dosage in Persons Without Cancer	13.0%	11.5%	-11.0%	No	6.5%	NA

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NA has been included for data that are not available

[1] Population includes members 18 years of age and older

[2] Age ranges included within the CMS Medicaid Median may vary from the age ranges included within the CYE 2019 rate reported

[3] Due to technical specification changes, trending should be considered with caution