ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

Arizona's Section 1115 Waiver Demonstration

Annual Report

Federal Fiscal Year (FFY) 2024
October 1, 2023 – September 30, 2024

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I. Introduction

Since its inception, the Arizona Health Care Cost Containment System (AHCCCS), Arizona's 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 40 years of operation, the program has proven to effectively deliver high-quality and cost-effective health care services to Arizonans in need. 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 October 14, 2022, the Centers for Medicare and Medicaid Services (CMS) approved an extension of Arizona's 1115 Waiver for a five-year period from October 14, 2022 to September 30, 2027. Under the five-year Waiver Demonstration, programs such as the Housing and Health Opportunities (H2O), Targeted Investments (TI) 2.0 program, and Indian Health Services (IHS)/638 Tribal dental services were approved for implementation. Arizona continues to make new Waiver program proposals to better serve low-income populations.

Pursuant to the Special Terms and Conditions (STCs), paragraph 85, AHCCCS is required to submit an annual progress report to CMS. The below sections document Arizona's 1115 Waiver updates, operational and policy updates, evaluation activities and findings, consumer issues, Waiver renewal public forum updates, outreach and innovation activities, accomplishments, and performance metrics utilizing quantitative reports and case study findings.

II. Waiver Update

Waiver Renewal

All documents, including the original and amended Waiver applications and the approval letter from CMS, are posted on the AHCCCS 1115 Waiver web page. This 1115 Waiver approval continues the long-standing authorities and programs that have made Arizona's Medicaid program innovative, effective, and efficient, including integrated managed care for AHCCCS populations through:

- AHCCCS Complete Care (ACC),
- The Arizona Long Term Care System (ALTCS),
- The Department of Child Safety Comprehensive Health Plan (DCS/CHP) for children in foster care,
- AHCCCS Complete Care Regional Behavioral Health Agreements (ACC-RBHAs) to provide integrated care for individuals with a Serious Mental Illness (SMI) designation, and
- The Waiver of Retroactive eligibility, which authorizes AHCCCS to limit retroactive coverage to the first day of the month of application for all Medicaid members, except for pregnant women, women who are 60 days or less postpartum, and children under 19 years of age.

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

- Mandatory managed care,
- Home and Community Based Services (HCBS) for individuals in the ALTCS program,
- CHP for children in foster care,
- ACC-RBHAs,
- Continued payments to providers participating in the TI Program, and
- Waiver of Prior Quarter Coverage for specific populations.

New Waiver Program Implementation Updates

Housing and Health Opportunities (H2O)

CMS approved the new H2O Demonstration on October 14, 2022, to further address health-related social needs for vulnerable populations and ensure their access to health care.

For many years, Arizona has prioritized housing and used State General Fund dollars to support rental subsidies for as many people as possible. If AHCCCS were a housing authority, it would be the third largest in the State of Arizona with an annual budget of $29 million in non-Medicaid, state-only funds to provide rent subsidies for almost 2,500 AHCCCS members living with an SMI designation. AHCCCS and its contracted health plans have successfully leveraged this experience to expand the reach of housing opportunities, improve member health outcomes, and reduce overall health care costs.

Recognizing that stable housing is an important component of overall health, CMS approved the H2O Demonstration to strengthen outreach to vulnerable Medicaid members, including those experiencing homelessness, those living with an SMI designation, and young adults transitioning out of the foster care system. AHCCCS will be able to reimburse for up to six months of medically necessary transitional housing specifically for individuals transitioning out of institutional care or congregate settings such as nursing facilities, large group homes, congregate residential settings, Institutions for Mental Diseases (IMDs), correctional facilities, and hospitals; individuals who are homeless, at risk of homelessness, or transitioning out of an emergency shelter as defined by 24 CFR 91.5; and enhance those services that support a member's success in housing (i.e., tenant rights education, eviction prevention, housing transition navigation services, and medically necessary home modifications).

In accordance with STCs, AHCCCS has submitted numerous H2O related deliverables to CMS which have further detailed progress made on implementing the new H2O Demonstration. These deliverables include:

- Received CMS approval of the Designated State Health Programs (DSHP) list on October 11, 2023,
- Submitted the New Initiatives Implementation Plan to CMS on October 26, 2023,
- Submitted the 1115 State Annual Report to CMS on December 21, 2023,
- Replied to CMS questions regarding the New Initiatives Implementation Plan and Protocol for Assessment of Beneficiary Eligibility and Needs, Infrastructure Planning, and Provider Qualifications for H2O services,

- Revised versions of the New Initiatives Implementation Plan and Protocol for Assessment of Beneficiary Eligibility and Needs, and Provider Qualifications for H2O services, and Implementation Plan was submitted to CMS on April 10, 2024,
- Collaborated internally to develop a Request for Proposal (RFP) for the third party administrator, now known as the H2O Program Administrator (H2O-PA), posted the solicitation with responses due May 1, 2024,
- Received CMS approval of the New Initiatives Implementation Plan on May 9, 2024,
- Revised H20 Evaluation Design was submitted to CMS on May 28, 2024, incorporating CMS' recommendations,
- Strategized with CMS about accessing H2O Infrastructure funds prior to receiving approval on H2O Protocol; subsequently received CMS approval to access and began the recruiting process for key H2O Administrative personnel,
- Developed an internal team of SMEs to score proposals for the H2O-Program Administrator, selected a vendor and provided notification of the selection on June 28, 2024,
- Finalized the procurement process to select an H2O Program Administrator and awarded the contract on June 28, 2024,
- Received CMS approval of the Protocol for Infrastructure Planning for H2O Services on July, 11 2024,
- Received CMS approval of the Protocol for Assessment of Beneficiary Eligibility and Needs, and Provider Qualifications for H2O services on August 2, 2024,
- Received CMS approval of the attestation table and information regarding provider rates and required rate increases under STC 60 through 72,
- Continued workgroup meetings with internal AHCCCS subject matter experts to to develop items related to the 1115 waiver and support the implementation of the H2O Program such as eligible chronic conditions, establishing rates and payment methodologies, determining HRSN grievance and appeal processes, establishing internal and external communication strategies, developing housing related billing guidance,
- Actively participated in the Housing Accelerator program, continued participation in regular TA sessions with other states with HRSN waivers and receive TA from SMEs, including an in person convening in DC where AHCCCS staff discussed implementation strategies with federal partners,
- Held community stakeholder sessions to inform shelter providers of the proposed rate for the Enhanced Shelter intervention, receiving feedback to inform the rate methodology, and
- Received CMS approval of the health-related social needs (HRSN) payment methodology on October 31, 2024.

On October 1, 2024, AHCCCS began implementation with the most acute member populations, inclusive of members who are experiencing homelessness, are living with an SMI designation, and are living with an active chronic health condition or are currently in a correctional facility with a release date scheduled within 90 days, or released from a correctional facility within the last 90 days.

Target Investments (TI) 2.0

On January 18, 2017, CMS approved an amendment to Arizona's 1115 Research and Demonstration Waiver authorizing the 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, and
- Adults transitioning from incarceration.

A summary of the implementation activities AHCCCS conducted for the renewal program (TI 2.0) in FFY 2024 include:

- Received and processed hundreds of applications for the TI 2.0 program,
- Coordinated review of 70 justice clinic applications with justice stakeholders to rank and award the best applicants,
- Hosted live TI 2.0 Kickoff meeting on February 5, 2024 with nearly 300 stakeholders,
- Created a prototype customer relationship management (CRM) tool to organize and track participation in the program,
- Continued revisions to draft documentation requirements that participants will need to submit to AHCCCS to meet annual requirements,
- Collaborated with Contexture (Arizona Health Information Exchange [HIE]) and Arizona State University (ASU), Arizona Department of Health Services (ADHS), Arizona Department of Housing (ADOH), and other data sources to explore future demographic data enrichment strategies and electronic clinical quality measurement (eCQM) opportunities,
- Collaborated with National Committee for Quality Assurance (NCQA), contracted managed care organizations, their sub-contracted accountable care organizations, provider organizations, and other key stakeholders to operationalize simultaneous Health Equity Accreditation for each layer of Arizona's health care system,
- Collaborated with Contexture, state agencies, and counties to explore ways to complement programs with mutual initiatives such as the closed-loop referral system (CommunityCares), housing support, Community Health Worker/Representative reimbursement, and Tobacco Cessation,
- Facilitated open-registration TI 2.0 Information Sessions as well as individualized presentations to various networks, provider organizations, and justice partners to broadcast awareness of the TI 2.0 program and provide technical support with the application,
- Hosted kickoff event with 350 representatives from participating organizations, health plans, Accountable Care Organizations (ACOs) and Clinically Integrated Networks (CINs),
- Published milestones reflecting targets and deliverables for the next two years of the program,
- Hosted more than 20 webinars related to the milestones, NCQA Health Equity Accreditation, and general "office hours,"
- Pilot CRM system and continued development of core features,
- Drafted content for computer based training modules and design of project deliverables,
- Pilot HIE report to identify race and ethnicity of AHCCCS members based on EMR,
- Confirmed TI 1.0 Y6 aggregate funding as a result of failing an STC measure and drafted payments and incorporated into payment calculations,

- Continued validating TI 2.0 application data with address, licensing, and other statuses maintained by CMS (NPPES), AHCCCS (provider enrollment), and Arizona Department of Health Services (ADHS-licensure),
- Began drafting document validation criteria that will be used to identify minimum elements Y2-Y3 processes must include,
- Explored interest in the NCQA Health Equity Accreditation program and established contract to assist more than 30 organizations in seeking the seal,
- Explored data sharing opportunities with other state agencies (e.g., ADHS, ASU) and ACOs/CINs,
- Submitted request to CMS to consider substitute measure for TI 1.0 Year 6 STC measures
- Submitted TI 2.0 Waiver Evaluation Design plan to CMS, received feedback from CMS, and began revising the document as recommended,
- Resumed Office Hours encouraging all participants and partners to ask questions as needed,
- Completed Milestone-Specific Information Session webinars to provide additional guidance and answer questions specific to the milestone,
- Updated AHCCCS policy to prepare for TI 2.0 Year 3,
- Continued drafting requirements for the Year 2 application portal,
- Enhanced Salesforce and trained the ASU and AHCCCS Team,
- Formed a workgroup to begin coordinating ADCRR Reach-In for TIP Justice participants in Maricopa County,
- Finalized Milestone Documents, including annual weighting to determine the amount of payment associated with each milestone and Document Validation criteria that specifies requirement elements each policy/procedure must contain to satisfy the milestone,
- Began coordination with participants to identify staff working at TI clinics, which is a prerequisite to launching dashboards,
- Finalized interest in 27 provider organizations to pursue NCQA Health Equity Accreditation, initiated with kickoff meeting, and drafted the contract with NCQA,
- ASU began Targeted Investments Program Quality Improvement Collaborative (TIPQIC) activities, including holding the first virtual quality improvement collaborative with TI participants and stakeholders initiating online projects, and creating support documents for participants,
- Coordinated with several stakeholders and subject matter experts, such as: Postpartum Support International for the postpartum BH screening milestones, the Behavioral Health and Wellness Program and ADHS for the tobacco cessation milestones, health plans and ACOs for the use of G and Z codes, health plans cultural competency coalition for CLAS standards milestones, NCQA related to Health Equity Accreditation and the Health Equity milestones, and the Contexture and the CommunityCares teams for the HIE requirement and CLRS milestones, and
- Engaged stakeholders and participants in the community, including: in-person tour of a new Valleywise clinic that will support their TI 2.0 Justice clinic, in-person tour of Community43 as an exemplar of culturally sensitive services when engaging and treating members released from hospital psychiatric wards, and leading a panel regarding Health Equity at the State of Reform Conference.

IHS/638 Tribal Dental Services

Effective October 14, 2022, the $1,000 emergency dental services limit for American Indian or Alaska Native (AI/AN) members over 21 years of age, and the $1,000 limit for AI/AN ALTCS members receiving services for medically necessary diagnostic, therapeutic, and preventative dental services at IHS/638 facilities were eliminated. This flexibility applies to medically necessary diagnostic, therapeutic, and preventative dental services for beneficiaries who are AI/AN as long as the services are received at participating IHS facilities and/or Tribal 638 facilities.

The $1,000 limit on emergency services and the $1,000 dental limit for ALTCS beneficiaries age 21 or older still applies when performed outside of the IHS/638 Tribal facilities**.**

Parents as Paid Caregivers (PPCG)

The COVID-19 Public Health Emergency (PHE) necessitated innovative service delivery models to ensure members could continue to receive services while mitigating their risk of COVID exposure. To address concerns raised by families and PHE impacts to the direct care workforce, AHCCCS received temporary approval to implement a COVID-19 Appendix K PHE flexibility waiver allowing parents to be reimbursed for the provision of the "extraordinary care" to ensure their child's needs were met throughout the course of the pandemic. On March 22, 2023, CMS approved a six-month extension of this waiver flexibility, allowing AHCCCS to continue the program until November 11, 2023 under the existing Appendix K authority.

Participating families and DCW agencies expressed enthusiastic support for this waiver flexibility, and urged AHCCCS to make the program permanent. On September 27, 2023, AHCCCS submitted a section 1115 demonstration waiver amendment for the Parents as Paid Caregivers (PPCG) service delivery model requesting authority to reimburse parents for the provision of certain direct care services to their minor-aged children beyond the November 11, 2023 expiration date. The request maintained most of the parameters of the original PHE waiver. Only legally responsible parents of children enrolled in the Arizona Long Term Care System (ALTCS) program qualify to participate in PPPG, and only provision of medically necessary "extraordinary" care, including attendant care and habilitation services, would qualify for reimbursement.

The section 1115 waiver demonstration amendment also established additional guardrails, which align with a similar long-standing service delivery model that the state has in place allowing spouses to receive reimbursement for services rendered. These included new parameters for PPCG participation, including a 40-hour (per child) per week cap on reimbursement for services provided by a parent. The waiver demonstration amendment also established a Family Support Service as part of the home and community-based services (HCBS) benefit package to better support primary caregivers, including parents, and improve access to timely, effective care.

This proposal was informed by a robust public input process. In total, AHCCCS engaged 1,765 stakeholders, generated 849 pieces of written and verbal input through public forums and other community events, and resulted in 739 comments submitted through a public input email dedicated to the PPCG waiver. To enable negotiations to continue beyond the November 11, 2023 expiration date, CMS granted AHCCCS a second temporary extension of the State's existing COVID-19 Appendix K authority through March 29, 2024 or proposal's approval (whichever came first). AHCCCS received approval from CMS on February 16, 2024 for the PPCG demonstration including the new family support service benefit. As part of the Waiver negotiation

process, CMS asked AHCCCS to submit the state's plan and timeline, for the 40 hour weekly reimbursement cap, for final approval prior to execution.

During the reporting period, AHCCCS continued implementation planning with the multi-stakeholder workgroup composed of family members, providers, MCOs, and AHCCCS personnel. The workgroup continued discussions and deliberations on the development of tools necessary to support operationalization of the waiver requirements, including incorporating an extraordinary care test to the service assessment and considerations for the selection of the service model. The workgroup has leveraged national research and experience from other states that have implemented similar models.

The state plans to implement the waiver proposal in two distinct stages to comply with the STCs and administration of safeguards/guardrails outlined. The first stage includes a timeline for caregivers to come into compliance with the 40 hour weekly reimbursement cap limit on parent-provided services. The second stage will entail full-scale implementation of administrative policies and procedures related to this service delivery model.

Internal data shows significant growth in the number of parent providers being reimbursed for more than 40 hours per week of caregiving services. When AHCCCS submitted the permanent waiver proposal, 277 members were receiving over 40 hours of paid care from a parent with a total of 3,500 parents utilizing the model. By June of 2024, approximately 6,100 parents are utilizing the model in total with a steady increase to over 750 parents consistently providing 40 or more hours of paid care in any given week. In total, there are roughly 1,800 parents who have provided more than 40 hours of paid care since the beginning of PPCG, most of whom have provided that level of paid care on an intermittent basis. The state plans to impose the 40 hour limit reimbursement cap for parent caregivers beginning 07/01/25. To support the transition to alternate caregivers, AHCCCS (with input from the workgroup) will conduct extensive member, family, stakeholder, and case management engagement, notification, and education prior to the 07/01/25 effective date.

Implementation of the second phase of the proposal (administrative policies and procedures) is slated for the fourth quarter of Calendar Year 2025. This large-scale effort will include: enhancing the service assessment process to incorporate the addition of the extraordinary care test and service model selection tool; developing strategies to maximize member-driven decision making and community integration as part of the person-centered service planning process, and updating caregiver oversight requirements for provider agency supervisory visits. This timeline takes into account opportunities for community engagement and public comment periods, provision of technical assistance for workforce development to provider agencies, and case manager training to support consistent and equitable use of these new tools and evaluation criteria.

AHCCCS will prioritize the development of the family support service after both phases of the PPCG implementation workplan have been fully implemented.

KidsCare Expansion

On February 16, 2024, AHCCCS received approval from CMS on the KidsCare Expansion Section 1115 demonstration Amendment Proposal to raise the CHIP, KidsCare in Arizona, eligibility thresholds from 200% of the FPL to 225% FPL with the flexibility for KidsCare coverage to go up to and include 300% FPL, subject to approval by the state legislature. The KidsCare Expansion demonstration is in alignment with Arizona Senate Bill (SB) 1726. The expanded income limit was implemented effective 3/1/2024. Since KidsCare eligibility is

prospective, the earliest effective date of eligibility for the expansion was 4/1/2024. The number of kids eligible under the expanded income limit is reported monthly in the AHCCCS Population Highlights report found on the population reports page.

Negotiations Continue on Traditional Healing and In-Reach Services

In partnership with leaders of Tribal nations, AHCCCS received approval from CMS on October 16, 2024, to cover traditional healing services provided through Indian Health Service (IHS) and Tribally-operated health facilities. This action is the culmination of nearly a decade of work and partnership. AHCCCS submitted the nation's first-ever request for traditional healing reimbursement through Medicaid in 2015 and again in 2020. Throughout this process, AHCCCS has engaged with traditional healers representing Tribal nations throughout the state.

The CMS approval will allow AHCCCS to establish processes and policies for reimbursement of services provided by traditional healers employed by or contracted with an IHS or Tribally-operated health center (commonly known as a "638 facility"). Additionally, traditional healers employed by or contracted with an Urban Indian Organization (UIO) may provide services through a care coordination agreement with an IHS/638 facility.

Once AHCCCS receives the necessary approval from the Arizona legislature, the agency will establish a timeline for implementation and notify members and providers of the effective date.

On November 22, 2024, AHCCCS re-submitted the updated 1115 Waiver Reentry Demonstration Initiative application in the CMS Pre-Print Format along with the state's Budget Neutrality workbook to CMS. Negotiations on the approval of this demonstration are underway between AHCCCS and CMS.

New Demonstration Waiver Amendment Proposals

Former Foster Youth Annual Automatic Renewal

On March 28, 2023, AHCCCS submitted the Former Foster Youth Annual Automatic Renewal Demonstration Waiver proposal in alignment with House Bill 2622 passed by Arizona's 55th Legislature. This proposal seeks authority to waive the condition of eligibility in 42 CFR 435.608 requiring Medicaid beneficiaries to apply for other cash benefits for the Former Foster Youth (FFY) population. AHCCCS currently offers transitional medical care for children leaving foster care that are between the ages 18 to 26. AHCCCS refers to this group as the Young Adult Transitional Insurance (YATI) population.

On December 3, 2024, AHCCCS submitted an amendment to this existing waiver application where the agency intends to extend eligibility for full Medicaid state plan benefits to FFY who are under age 26, who turned 18 on or before December 31, 2022, who were in foster care under the responsibility of another state or tribe on the date of attaining 18 years of age, were enrolled in Medicaid on the date of aging out of foster care, and are now applying for Medicaid in Arizona. The public comment period on the latest amendment request concluded on October 10, 2024. If approved, the amendment will run concurrently with AHCCCS' requested renewal period through September 30, 2027.

III. Operational and Policy Updates

Legal Update

The Office of the General Counsel (OGC) provides legal counsel to the agency, is responsible for the rulemaking process, ensures compliance with privacy and public records requirements, and oversees the TXIX Grievance System for the AHCCCS Program. 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 OGC and is performed by the AHCCCS Privacy Officer.

From October 1, 2023 through September 30, 2024, OGC received 26,625 matters, including member appeals, provider claim disputes, ALTCS trust reviews, and eligibility appeals. Of the 22,907 total cases received during this time period, 315 were member appeals, 19,367 were provider claim disputes, 344 were ALTCS trust reviews, and 2,210 were eligibility appeals. OGC issued 914 Director's Decisions after State Fair hearings were held. In addition, OGC issued 21,038 informal dispositions of disputes filed with the agency. More than 98% 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 2024 concerned the following four cases:

A.) A number of claims were filed against AHCCCS and/or the state of Arizona in the last year regarding alleged negligence regarding a fraudulent scheme involving behavioral health providers and sober living homes and resulting in harm or a wrongful death.

1.) Largo, et al. v. State of Arizona, et al.
The Plaintiffs, Native American members, filed their notice of claim on October 27, 2023, in which the State of Arizona, AHCCCS, and the Arizona Department of Health Services were alleged to have committed negligence, negligent misrepresentation and committed consumer fraud in connection with a fraudulent scheme involving sober living homes and which resulted in a wrongful death. On May 5, 2024, the complaint was amended to only list the State of Arizona as the sole defendant. On May 28, 2024 The State of Arizona filed their answer. On July 30, 2024 the Plaintiffs filed a motion to stay for 90 days, the Superior Court granted this motion on September 26, 2024.

2.) Leslie, et al. v. State of Arizona, et al.
The Plaintiffs, Native American members, filed their notice of claim on November 1, 2023, alleging the State of Arizona, AHCCCS, and the Arizona Department of Health Services were alleged to have

committed negligence, negligent misrepresentation and committed consumer fraud in connection with a fraudulent scheme involving sober living homes and which resulted in a wrongful death. On May 8, 2024, the complaint was amended to only list the State of Arizona as the sole defendant. On May 26, 2024, The State of Arizona filed their answer. On July 30, 2024, the Plaintiffs filed a motion to stay for 90 days, the Superior Court granted this motion on September 4, 2024.

3.) Russell, v. State of Arizona, et al.
The Plaintiffs, Native American members, filed their notice of claim on February 9, 2024, alleging the State of Arizona, AHCCCS, and the Arizona Department of Health Services were alleged to have committed negligence, negligent misrepresentation and committed consumer fraud in connection with a fraudulent scheme involving sober living homes and which resulted in a wrongful death. On May 8, 2024, the complaint was amended to only list the State of Arizona as the sole defendant. On May 28, 2024, The State of Arizona filed their answer. On July 30, 2024, the Plaintiffs filed a motion to stay for 90 days, the Superior Court granted this motion on August 21, 2024.

4.) Truax, et al. v. State of Arizona, et al.
The Plaintiffs, Native American members, filed their notice of claim on November 3, 2023, alleging the State of Arizona, AHCCCS, and the Arizona Department of Health Services were alleged to have committed negligence, negligent misrepresentation and committed consumer fraud in connection with a fraudulent scheme involving sober living homes and which resulted in a wrongful death. On September 18, 2024 the complaint was served.

5.) Estate of Emery Johnson v. Carmen Heredia
On February 8, 2024, a Complaint alleging wrongful death and gross negligence was filed alleging AHCCCS' failure to regulate its contractors and prevent fraud led to the death of Mr. Johnson, an AHCCCS Native American member. An Order of Dismissal was issued by the Superior Court of Arizona in May 2024.

6.) Davis v. State
In June 2023, a Complaint was filed alleging wrongful death of an AHCCCS member alleging negligent supervision and training causing the death of the decedent. In July 2024 the Superior Court of Arizona issued an Order of Dismissal with Prejudice.

7.) Keith and Notah v. State of Arizona
In April 2024, a Complaint was filed by Plaintiffs, Native American members, alleging gross negligence and other tortious acts causing injuries and/or death. In July 2024, the Superior Court of Arizona issued an Order of Dismissal.

B.) Arizona Alliance of Community Health Centers et al. v. AHCCCS et al.

The parties engaged in settlement discussions but have not reached settlement. In November 2023, the parties filed a Joint Settlement Status Report. Plaintiffs filed their Motion for Summary Judgment in June 2024. AHCCCS filed its Cross Motion for Summary Judgment in July 2024. In August 2024, the Court granted

Plaintiffs' request to extend the deadline for their Reply and Response to the AHCCCS Cross Motion on September 12, 2024. AHCCCS' Reply Brief in Support of its Cross Motion for Summary Judgment was filed October 2, 2024.

C.) Mercy Care, Banner-University Family Care, Blue Cross Blue Shield of Arizona v AHCCCS, Health Net Access and United Health Care

On September 23, 2024, Appellants, ALTCS Health Plans who submitted bids for the ALTCS Elderly and Physically Disabled (EPD) procurement, filed an appeal challenging the final administrative decision upholding the EPD awards to United and Health Net Access to become effective October 1, 2024 and rejecting the Appellants' arguments that the procurement was flawed and must be re-procured.

Legislative Update

The 56th Arizona Legislature, Second Regular Session, adjourned Sine Die on June 16, 2024. The General Effective Date (GED) is September 13, 2024. The Arizona Legislature passed a number of bills in the 2024 legislative session that impacted the agency, including:

HB 2764 ("long-term care; enforcement; memory care") contains a number of provisions including, but not limited to: the establishment of additional enforcement, licensure and penalty authorities to the Arizona Department of Health Services (ADHS) for oversight of health care institutions/facilities; relating to Adult Protective Services (APS), provides additional oversight and penalty provisions related to abuse and neglect of vulnerable adults; and establishes rules for a licensure subclass for assisted living facilities that provide memory care services.

HB 2520 ("community health centers; graduate education") contingent on the approval of the Centers for Medicare and Medicaid Services (CMS), directs AHCCCS to distribute monies appropriated for primary care graduate medical education (GME) services to qualifying community health centers and rural health clinics for direct and indirect costs.

SB 1250 ("AHCCCS; claims") updates Arizona Statute to comply with new federal requirements relating to state laws pertaining to Medicaid Third Party Liability.

HB 2897/ HB 2903 (Budget Bills)
Continues state funding for AHCCCS' multi-year Medicaid Enterprise System (MES) Modernization, to come into compliance with federal interoperability regulations.

Provides ongoing funding for 101 AHCCCS Full Time Employees (FTEs) to reduce Fraud, Waste, and Abuse.

Provides 1 million dollars in one time State funding for AHCCCS to distribute to entities that provide case management for persons with serious mental illness (SMI).

The next legislative session will begin in mid-January of 2025.

Program Integrity Update

The AHCCCS 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. 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 2024, AHCCCS OIG achieved a total of $379,792,078.70 in recoveries and savings for all programs.

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

- AHCCCS, MFCU, and Federal Law Enforcement continue to discuss the large number of behavioral health referrals received by the agency. This continued collaboration and communication led to a focused effort on behavioral health fraud throughout the past years. In addition to strong commitments for agency to agency interactions, AHCCCS OIG and AGO MFCU presented together at the 2024 NAMPI Conference on Operation HCFA: Patient Brokering & Selling Patients for Financial Profit. This conference is a national conference where program integrity is a shared conversation with all states and territories, federal partners, and leaders.
- Aside from the joint investigations, AHCCCS OIG and AZ AGO HCFA have partnered to train CMS on how the fraud schemes are identified in the Arizona claims and encounter data for items such as ghost billing, duplicative and unbundled services, impossible service scenarios, and other highly suspected fraud patterns so that these items can be nationally identified. Arizona has also proactively shared knowledge of the behavioral health fraud schemes on national platforms, such as a joint presentation, by AHCCCS OIG and AZ AGO HCFA titled A Comprehensive Approach to Stopping Behavioral Health Medicaid Fraud and, an IRS presentation on, The Role of IRS:CI in Healthcare Fraud Investigations at the National Association of Medicaid Program Integrity (NAMPI). NAMPI reaches an audience of all 50 states, U.S. territories, several federal audiences such as CMS, HHS OIG, and the Veterans Administration, MFCUs from different states, and a variety of national health plans.
- Arizona has, and continues to have, an active footprint in sharing information via this national platform since 2022 to ensure other states have awareness about the behavioral fraud schemes, patient impacts, and how they can partner with the different levels of law enforcement in their state structures. All of these agencies, AHCCCS OIG, AZ AGO HCFA, FBI, HHS OIG, and IRS have continually offered and participated in discussions with other states and groups about the behavioral health fraud schemes.
- AHCCCS OIG has many joint cases open with the MFCU:
    - Fraudster who made millions from Arizona's sober living scheme, sentenced to probation (1)
    - Rita Anagho charged with conspiracy and consideration for referral of patient, client or customer (1, 2)
    - Attorney General Mayes Announces Fraud Charges Against Owners and Biller of Behavioral Health Facility. Attorney General Kris Mayes today announced that the State

Grand Jury has indicted 30-year-old Shawnjerria Lucas, 50-year-old Defendant #2, and 40-year-old Lavita Verser on 19 felony fraud-related counts each (1)

- Attorney General Kris Mayes today announced the conviction and, to date, the first prison sentence in a case related to the ongoing Medicaid fraud scandal. Ariell Dix, 37, pleaded guilty to two felony charges of illegal control of an enterprise. She was sentenced yesterday to three and a half years in prison for her role in the scheme. (1)
- Valley man accused of posing as fake psychologist indicted on more charges. Scott Keeling, along with co-conspirators Elio Geagea and John Luther Blaylock Jr, were involved in an alleged illegal scheme to defraud money from the Arizona Health Care Cost Containment System (AHCCCS), the state's Medicaid system. (1)
- Corey Beckhum was indicted for conspiracy and unlawful consideration for the referral of patients. The indictment alleges that Beckhum offered to provide patients to an AHCCCS-funded behavioral health facility in exchange for his receiving per-person, per-day payments while housing them in four unlicensed sober living homes around the Valley. (1)
- An undercover operation has led to the indictment of 21 people authorities say ran unlicensed sober or transitional living homes and violated Arizona law that prevents payment in exchange for patient referrals. (1)

- During the year, the Internal Revenue Service (IRS) has connected with AHCCCS OIG to jointly investigate providers of interest. As part of the IRS Task Force, other law enforcement agencies are actively working AHCCCS cases. These agencies include the U.S. Immigration and Customs Enforcement (ICE), Mesa Police Department, and the Gilbert Police Department. Because of this involvement with the IRS's Task Force, several new leads have resulted from this collaboration. AHCCCS OIG currently has several joint cases open with the IRS.
  - Mesa Business Owner Who Exploited the American Indian Health Plan Sentenced to Over 5 Years for AHCCCS Fraud (1)
  - New River Couple Arrested in Riverside, California for Fraud Targeting AHCCCS (1)
- The Federal Bureau of Investigation (FBI) continues to be a strong partner for combatting Medicaid fraud in Arizona. The FBI, in conjunction with other law enforcement agencies, is part of the response for the highlighted Medicaid fraud occurring in Arizona. AHCCCS OIG currently has many joint cases open with the FBI.
  - Two Indicted for $9.4 Million Fraud Against AHCCCS's Insurance Program for Native Americans (1, 2)
  - Rita Anagho, 52, of San Tan Valley, was charged by indictment with conspiracy to commit health care fraud, health care fraud, money laundering, and obstruction of justice in connection with an alleged $69 million scheme involving a substance abuse treatment clinic in Arizona. (1, 2)

  - Daud Koleosho and Adam Mutwol, acting primarily through their company, Community Hope Wellness Center LLC ("CHWC"), fraudulently billed AHCCCS approximately $57.7 million for behavioral health care services. (1, 2)

- Adult Protective Services (APS) and Law Enforcement Collaboration Meetings: AHCCCS 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. New leads and other items unrelated to FWA were identified through this collaboration. All quality of concern issues were given to AHCCCS OIG and sent to the appropriate AHCCCS teams.
- AHCCCS OIG continues to be an active member in a new, undergraduate Health Care Compliance and Regulations degree program as a member of the Advisory Board Committee, and as a faculty member, for Arizona State University (ASU), Edson College of Nursing and Health Innovation. 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.
- Arizona Department of Health Services (ADHS) and AHCCCS OIG have collaborated to work jointly to remove providers from the AHCCCS system who are no longer licensed and have closed their facilities. ADHS has begun proactively sending AHCCCS OIG Closure notices so that AHCCCS OIG can, in turn, terminate the Provider Participation Agreements (PPA) for these providers. ADHS and AHCCCS OIG have increased communications between their respective divisions. A signed Memorandum of Understanding (MOU) was obtained that led to the furtherance of the critical information sharing.
- In addition to looking externally for additional partnerships and collaboration, AHCCCS OIG has also looked internally. AHCCCS now has standing weekly FWA meetings with every division of the agency participating in the ongoing discussions of program integrity. AHCCCS has multiple provider review meetings, claim analysis and metrics meetings, cross collaborative divisional reviews, and AHCCCS OIG has actively participated in these joint endeavors.

Provider Compliance Section

In FFY 2024, AHCCCS' OIG Provider Compliance Section:

- Accepted 1423 cases for investigation,
- Referred 31 cases to the Arizona Attorney General's Office (MFCU),
- Achieved a total of 24 cases completed with various prosecution results,
  - 3 Federal Cases with cumulative totals of:
    - $22,409,814.94 recoveries
    - $10,865,337.00 savings
    - Probation: 8 years
    - Incarceration: 5 years and 6 months

        - Community Service: 200 hours
    - 1 Local case with cumulative totals of:
        - $14,506.29 Recoveries
        - Probation: 1 year
    - 20 State Cases with Cumulative totals of:
        - $55,240,246.40 Recoveries
        - $116,092,604.30 Savings
        - Incarceration: 9 years and 9 months
        - Probation: 33 years
        - Community Service Hours: 100
- A total of $186,183,360.01 was recovered and saved with the Provider Compliance Program.

PCS utilized the Credible Allegation of Fraud payment suspension for providers who met the reliable indicia of fraud as defined by 42 CFR 455.23 during the year:

- 52 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.
- AHCCCS OIG also reviewed and performed 36 terminations either in conjunction with, or in lieu of, the Credible Allegation of Fraud Payment Suspensions.

Wrongful billing under an incorrect provider ID is a consistent error found across several provider types. AHCCCS OIG actively pursues recoupments of overpayments related to wrongful billing and if intentional, AHCCCS OIG will refer to MFCU for criminal investigation. Billing under the wrong provider ID is a violation of the Provider Participation Agreement, AHCCCS policies, and is viewed as filing a false claim and potentially a violation of State law. Case examples include, but are not limited to, the following:

- PCS investigated an interventional cardiologist and found the provider was incorrectly billing under the wrong provider ID. This investigation revealed services rendered by mid level practitioners as the physician incorrectly believed he could bill using locum tenens billing for their services, which resulted in a higher reimbursement. This resulted in a preliminary extrapolated loss amount of $163,539.75.
- PCS investigated a pediatric physician and found the provider was incorrectly billing under the wrong provider ID. This investigation revealed services rendered by mid level practitioners with chart notes stating the physician discussed with PA, in order to bill under the higher licensed provider; thereby, resulting in a higher reimbursement. This resulted in a preliminary extrapolated loss amount of $606,620.14.PCS incorporates coding algorithms and flags data to identify cases. Recent examples include:
    - Billing for services for a member by one provider while the member is in an inpatient facility, incarcerated, deceased or being treated by a different provider at a completely different location.

- Utilizing a data analytic system to identify providers who bill for certain CPT codes in patterns and in excessive amounts, and unbundled CPT codes such as H0015, H0004, T1016, H2016, and H0038.
- Reviewing data outputs to better define potential overlap flags. Redefined identification includes ensuring providers flagged within potential data analytics are also identified as having an open AHCCCS OIG case.

Fee for Service Investigations Unit (FIU)

In FFY 2024, FIU, as part of PCS, continues to drive casework. FIU investigates matters related to AHCCCS' Fee-for-Service program as it relates to fraud, waste, and abuse. However, it should be noted that referrals are received from multiple avenues and not just limited to the AHCCCS Division of Fee for Service Management (DFSM) as a referral source. Currently FIU consists of six investigators, one of our positions is vacant. Three of our investigators have extensive, in-depth Fee-for-Service knowledge. FIU works closely with local police departments, MFCU, and federal agencies in working joint investigations and for FFY24 has been intimately involved in assisting with actively investigating behavioral health fraud. In addition to the data listed above for PCS, which is inclusive of FIU, the numbers below reflect FIU specific activity as it pertains to their NEMT (Non-Emergency Transportation) cases; however it should be noted that FIU has had an active role in the behavioral health investigations and the teams recoveries/program savings have been captured in the PCS stats listed above.

FFY 2024 activity for FIU not inclusive of PCS includes:

- 194 referrals received and cases opened from AHCCCS DFSM Audit Team,
  - 48 resulted in new cases and the remaining 146 referrals were combined with existing cases for the corresponding providers.
- 308 total active cases,
- 23 finished cases, and
- 1 suspended cases (referred to and accepted by law enforcement).

Forensic Accountant Unit

The Forensic Accounting Unit (FAU) staffing consisted of three investigators and one working manager in FFY 2024. Two of the investigators are Certified Public Accountants (CPA) and Certified Fraud Examiners (CFE). During the current reporting period, FAU recorded recoveries totaling $810,646.72 and generated program savings of $9,497,892.82. Recoveries increased 120% over last year.

FAU provided ancillary support to all AHCCCS 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 10,825 individual bank transactions received by the AHCCCS OIG in paper or image-only format. These transactions were converted into a spreadsheet, provided to the investigators for further analysis, and resulted in multiple recoveries, savings, and convictions. By using BankScan, FAU saved the AHCCCS OIG over 180 investigative hours that would have been required to manually enter the bank transactions into a spreadsheet.

FAU has established connections with the Financial Crimes Enforcement Network (FinCEN), a bureau within the U.S. Department of the Treasury, to further enhance AHCCCS OIG's financial intelligence. There is

currently an MOU in development. This MOU will allow AHCCCS OIG access to Bank Secrecy Act (BSA) Information which will enhance financial investigations.

FAU has 135 total cases:

- 85 active cases
- 32 suspended cases (referred to and accepted by law enforcement)
- 18 internal cases

As FAU works complex Provider investigations, a case outcome this FFY included a provider who ultimately pled guilty to Fraudulent Schemes and Artifices (Class 2 Felony) and Illegal Control of an Enterprise (Class 3 Felony) for duplicative billing, unbundling services, ghost billing of patients, and unnecessary or inappropriate services. Additionally, this provider was excluded from both the federal healthcare programs, including the Arizona Health Care Cost Containment System.

Program Integrity Team (PIT)

One of the many strengths of PIT is the interdisciplinary and eclectic makeup of its team. This mixture, led by a Data Manager, allows PIT to handle high-volume data requests from internal and external customers. In FFY 2024, PIT averaged 39 data requests per month with a two-day turnaround time. The National Association of Medicaid Fraud Control Units (NAMFCU) data requests, for instance, are invariably more complex and extensive data requests requiring additional research and coding to construct the specific parameters required for the solicited responses. These NAMFCU data requests, in conjunction with investigative analysis and review from the Inspector General, are often referred to as global settlements. PIT received $169,336.43 in global settlements from 5 cases in FFY 2024. PIT currently has 65 pending global settlement cases which are awaiting further development from NAMFCU.

- In addition to fulfilling data requests, PIT analysts conducted investigations resulting in $3,309,698.03 in recoveries and $5,845,862.40 in program savings from disenrolled members.
- Pulselight, the FWA analytic vendor, continues to provide training when requested for new users or for more advanced topics, such as Event StoryBoard and managing Alerts.
- The Quality Assurance Investigative Nurse position was added during FFY 2024 to provide direct clinical subject matter expertise to the PIT and other AHCCCS OIG staff. This position assists by utilizing clinical knowledge and judgment to support and conduct medically-complex investigations and audits by performing clinical documentation and evidentiary review of fraud, waste and abuse allegations. This position brings with it a strong nursing background which helps in evaluating the clinical picture for cases involving medical necessity and professional standards of care.
- The Special Investigator Coder Position provides technical expertise to AHCCCS OIG investigations by interpreting specific coding regulations and requirements across AHCCCS, AAPC, ARS, and CMS. This expertise allows AHCCCS OIG to determine program losses for procedure code unbundling, upcoding, and potentially abused modifiers based on data analytics and with medical record reviews. Additionally, the Special Investigator Coder can use these identified procedure and diagnosis code trends to assist in creating edits resulting in AHCCCS program savings.

Performance Improvement and Audit Section (PIAS)

In FFY 2024, the Administrative Team processed 8,177 incoming referrals, an increase of 33% from FFY 2023. In FFY 2024, the Collections Unit focused on 1,556 cases that were 60 days or more past due, an increase of 2% from FFY 2023. The AHCCCS OIG Collections Unit efforts, shown below, truly highlight their work towards ensuring the 18% of accounts that fall into payments outstanding as of 60 days, come back into good standing, through their outreach.

Additional Collections Unit FFY 2024 accomplishments include:

- $6,901,542.71 total collections (on-time & past-due),
- 1,608 payments received (on-time & past-due),
- 1,556 60 days+ past-due cases identified,
- 239 60 days+ past-due cases collected, and
- $1,244,599.73 collected on 60+ past-due cases.

In FFY 2024, the AHCCCS OIG Compliance and Audit Unit completed the following:

- 3 Operational Reviews (OR),
    - While DHCM has the primary responsibility for monitoring contract compliance of the MCOs, other areas within AHCCCS also receive deliverables and have additional monitoring responsibilities of MCOE compliance. AHCCCS contracts provide the criteria for how the MCO will conduct their Corporate Compliance Programs. AHCCCS does not subcontract the Program Integrity work to the MCOs. AHCCCS OIG reviews, as part of the OR, the Corporate Compliance section of the MCO contracts.
- 21 Deficit Reduction Act (DRA) audits,
    - AHCCCS OIG conducts audits on any provider who receives Medicaid payments under the State Plan from AHCCCS or its contractors of at least $5 million dollars must establish written policies that provide detailed information and ongoing training and education regarding the provisions under the Federal False Claims Acts and FERA to their employees to certify its compliance with the Public Law (PL) 109-171 Section 6032 of the 2005 Deficit Reduction Act (DRA) [42 U.S.C. §1396a(a)(68)].
- 97 MCO deliverable reviews,
    - In accordance with ACOM 103, the Contractors submit written corporate compliance plans to AHCCCS OIG as specified in Contract, program integrity audit review programs, external audit schedules and other MCO deliverables for review.
- 1 FQHC audit completed and 1 pending,
    - AHCCCS OIG has reviewed some Federally Qualified Health Centers (FQHC) as part of its audit program. The completed FQHC audit recovered $30,596.08 for missing records and for records without any signatures showing who performed the services.
- 121 Date of Death audits complete with 55 pending, and
    - This is an annual audit that AHCCCS OIG performs and refreshes its data each year. This audit invites providers to review our preliminary data findings and provide a response.
- 142 Credit Balance audits reviewed.
    - In their role as our Recovery Audit Contractor (RAC), HMS works with AHCCCS OIG and AHCCCS Third Party Liability (TPL) to identify and recoup improper payments. The Credit

Balance Audit program reaches out to providers to review their accounting practices around credit balances on Medicaid payments. Primarily the reviews are instituted to identify overpayments and administer recoveries on behalf of AHCCCS and any applicable Acute or Long-Term Care (LTC) Managed Care Organization (MCO) that is similarly contracted. These reviews are conducted either on site (at the provider's physical location) or as a desk or self-audit (documents are submitted directly to HMS via HIPAA compliant means).In accordance with § 1902 (a) of the Social Security Act, 42 C.F.R. 433.138, the State of Arizona has defined a process to identify third party liability and to recover medical payments made on behalf of an AHCCCS member.

The Post Pay Audit Unit completed the following in FFY 2024:

- 54 Inpatient audits,
    - This is an annual audit that AHCCCS OIG performs and refreshes its data each year. This audit focuses on members who have providers submitting claims for outpatient services while the member also has an inpatient admission claim.
- 5 American Rescue Plan (ARP) audits,
    - These audits focus on ARP Directed Payments. These one-time payments to providers are meant to build provider capacity and enhance workforce development. Eligible providers are required to distribute at least 80% of the payment amount to Direct Service Provider staff in the form of a temporary increase in salary, wages, and/or stipends, bonuses, hiring/retention incentives, and/or over-time including employee related expense costs. The remaining 20% of the payment amount may be expended on costs associated with enhancing, expanding, and/or strengthening HCBS workforce needs.
- 336 Provider Enrollment 2nd Level Non-Criminal Med reviews,
    - AHCCCS OIG partnered with AHCCCS DMPS to review high risk providers as part of an agency joint process.
- 71 Targeted Investments Audits, and
    - The Targeted Investments (TI) 1.0 Program was AHCCCS' strategy to provide financial incentives to eligible AHCCCS providers to develop systems for integrated care. In accordance with 42 CFR 438.6(c) and the 1115 Waiver, managed care plans were provided financial incentives to eligible Medicaid providers who met certain benchmarks for integrating and coordinating physical and behavioral health care for Medicaid beneficiaries.
- 1 Post-Pay audit of the Promoting Interoperability (PI) incentive program.
    - The Arizona Medicaid Electronic Health Record (EHR) Incentive Program (now called Promoting Interoperability Program) will provide incentive payments to eligible professionals and eligible hospitals as they demonstrate adoption, implementation, upgrading, or meaningful use of certified EHR technology. This incentive program is designed to support providers in this period of Health IT transition and instill the use of EHRs in meaningful ways to help our nation to improve the quality, safety, and efficiency of patient health care.

Member Compliance Section (MCS)

The MCS includes two units: the Fraud Investigative Unit (FIU) and the Fraud Prevention Unit (FPU). Combined, these units handled 3,967 cases in FFY 2024 with total recovery and savings of $13,489,351.26.

- FPU closed a total of 2079 cases with a total savings of $12,145,776.76 in FFY 2024.
- FIU closed a total of 1888 cases, with total savings and recoveries of $1,343,574.50 in FFY 2024.

FPU and FIU investigate and review allegations of beneficiary fraud, waste, and abuse for AHCCCS members. Case examples for FFY24 include:

- The MCS received a referral alleging that a member failed to report income in order to obtain Supplemental Nutrition Assistance Program (SNAP) and AHCCCS medical benefits. During the initial application for SNAP and medical assistance, she stated she was a victim of identity theft and it was not her who was employed. When questioned by DES and AHCCCS investigators, she confessed that she was employed and not a victim of identity theft. As a result the member's benefits were discontinued saving AHCCCS $10,383.48.
- The MCS received a referral alleging that a member was seen driving a Maserati car worth $100,000.00 while receiving AHCCCS medical benefits. The AHCCCS investigators subpoenaed bank records. The investigation discovered the member and her family were self-employed and over the income limit for medical benefits. As a result, the member and her family voluntarily withdrew from benefits, saving AHCCCS $13,778.28 and agreed to repay AHCCCS a lump sum payment for their loss to the AHCCCS program of $74,960.56.
- The MCS received a referral alleging that the member failed to report her spouse and his income when applying for medical benefits. After being interviewed by an AHCCCS Investigator, the member voluntarily withdrew from benefits, saving AHCCCS $30,412.90.
- The MCS received a referral that alleged the member was involved in criminal enterprise and not reporting her income to AHCCCS. AHCCCS investigators reviewed the members' bank statements and discovered that the family was over the income limit. This case was submitted for prosecution. As a result, the member was charged with Class 3 Felony, Attempted Fraudulent Schemes and Artifices. The member received 5 years probation and was ordered to pay AHCCCS for our loss of $99,174.81.

The AHCCCS 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 AHCCCS OIG as early in the process as possible to maximize the potential benefits of Self-Disclosure. In FFY 2024, AHCCCS OIG realized a total of $1,221,021.63 of combined recoveries and program savings for both Title XIX and Non-Title XIX Self Disclosures.

- Accepted 2 Self-Disclosures
  - 2 Title XIX cases
  - No Non-Title XIX cases
- Achieved $909,021.26 in total recoveries
  - $908,987.60 Title XIX recoveries
  - $33.66 Non-TXIX recoveries
- Accomplished $312,000.37 in program savings
  - $311,798.41 Title XIX program savings
  - $201.96 Non-TXIX program savings

AHCCCS OIG is not interested in fundamentally altering the day-to-day business processes of provider organizations for minor or insignificant matters. AHCCCS 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, AHCCCS 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 AHCCCS OIG Self-disclosure process is a proven success and will continue to be successful.

Self-disclosures include the following two case examples:

- Self-disclosure totaling $652,228.27 from a hospital for sports physical therapists incorrectly documenting total patient time thus exceeding total hours in a typical day.
    - CPT codes used were 97010, 97012, 97014, 97016, 97035, 97039, 97110, 97112, 97116, 97530 and 97533.
    - The following CPT codes are always performed by the PT, were appropriate for billing, and were therefore not included in this review: 20560, 20561, 97033, 97124, 97140, 97161, 97162, 97163, 97164, 97535, 97750 and G0283.
    - The review consisted of 1192 patient accounts for 107 dates of service 1/1/18 through 12/22/22.
- Provider discovered that it had been billing and collecting medication fees for services provided with 340B purchased medication to AHCCCS for dates of service 5/12/17 through 9/19/22. Provider submitted a self disclosure identifying 1585 prohibited claims and returned the overpayment within 60 days of identification.

New Webpage Additions this FFY to the AHCCCS OIG webpage include postings of various lists and resources to encapsulate statewide fraud prevention efforts and information aspects for a multitude of audiences.

- Current Provider Suspensions
    - Under 42 C.F.R. § 455.23 and the terms of the Provider Participation Agreement, AHCCCS may suspend payments to a provider if a Credible Allegation of Fraud (CAF) has been identified. Providers are informed of the reason for their suspension in a Notice of CAF Suspension. CAF suspensions are based on preliminary findings of reliable indicia of fraud and may be lifted if AHCCCS determines there is no fraud occurring and/or good cause has been established under 42 C.F.R. § 455.23. Upon the conclusion of an investigation, AHCCCS may terminate a provider and/or lift their suspension at that time.
    - Provider Process Due Flier
        - In addition to the information providers receive in their letters from AHCCCS, AHCCCS OIG has also linked a flier with due process procedures and information for all appealable agency actions including, but not limited to, terminations, suspensions, provider enrollment denials, exclusions, and claims disputes.
    - Provider Listings search tool to determine whether a provider is an active AHCCCS provider. This search engine pulls information from the AHCCCS database.
- State Exclusion List
    - Under A.R.S. § 36-2930.05, AHCCCS may exclude providers pursuant to rules adopted by AHCCCS, which are outlined in Arizona Administrative Code (A.A.C.) Title 9, Chapter 22,

Article 18. AHCCCS, in its sole discretion, may exclude entities and individuals for any of the reasons outlined in A.A.C. R9-22-1802. A.R.S. Sec. 36-2930.05(E) defines "exclude" as: "items and services furnished, ordered or prescribed by a specified individual or entity will not be reimbursed by the administration, a contractor or any agent of the administration or a contractor. "Exclude" includes the termination of a provider agreement or the administration's refusal to enter into a provider agreement."

- Reinstatement of excluded entities and individuals is not automatic. Excluded entities and individuals may apply for reinstatement following the expiration of their exclusion as required under A.A.C. R9-22-1805. Providers are also notified of the earliest date they may apply to be removed from the exclusion list.

- Sober Living Fraud Response
  - This webpage provides a wealth of information on Credible Allegations of Fraud, Rescinding a Credible Allegation of Fraud one-pager flier, and several humanitarian resources.

State Plan Update

During the reporting period, the following SPAs were filed and/or approved:

Table 1

SPA #	Description	Filed	Approved	Eff. Date
21-0011 Disproportionate Share Hospital (DSH) Pool 5	This SPA updates the State Plan to reflect DSH funding for FFY 2022	*9/27/21*	*1/25/24*	*10/1/21*
23-0003 Long Acting Reversible Contraceptives (LARC)	Updates the reimbursement methodology for LARC.	*3/16/23*	*10/9/24*	*1/1/23*
23-0009 State Agency Roles	Identifies the role of state agencies in determining eligibility and conducting hearings.	*4/18/23*	*12/15/23*	*4/1/23*
13-0016 DSH Budget	Updates the Disproportionate Share Hospital (DSH) Budget in the State Plan.	*9/28/23*	*5/24/24*	*10/1/23*
23-0014 General Fund (GF) GME	Details amounts and methodology related to the General Fund GME Program.	*9/28/23*	*9/5/24*	*9/30/23*
23-0018 Rapid Whole Genome Sequencing	Establishes a payment methodology for rapid whole genome sequencing (RWGS).	*10/13/23*	*11/21/23*	*10/30/23*
23-0019 Inpatient Differential Adjusted Payment (DAP)	Establishes an Inpatient Differential Adjustment Payment (DAP) for FFY 2024.	*10/30/23*	*1/25/24*	*10/1/23*

SPA #	Description	Filed	Approved	Eff. Date
23-0020 Nursing Facility Differential Adjusted Payment (DAP)	Establishes a Nursing Facility Differential Adjustment Payment (DAP) for FFY 2024.	*10/30/23*	*2/25/24*	*10/1/23*
23-0021 Outpatient Differential Adjusted Payment (DAP)	Establishes an Outpatient Differential Adjustment Payment (DAP) for FFY 2024.	*10/30/23*	*1/25/24*	*10/1/23*
23-0022 EMT Rates	Updates the state plan Emergency Medical Transportation Rates for FFY 2024.	*12/19/23*	*1/24/24*	*10/1/23*
23-0023 LTC/Rehab Rates	Updates the state plan Long Term Care and Rehab Rates for FFY 2024.	*12/19/23*	*2/5/24*	*10/1/23*
23-0024 Outpatient Hospital Rates	Updates the state plan Outpatient Hospital Rates for FFY 2024.	*12/19/23*	*1/24/24*	*10/1/23*
23-0025 Other Provider Rates	Updates the state plan Other Provider Rates for FFY 2024.	*12/19/23*	*1/24/24*	*10/1/23*
23-0026 APR-DRG Rates	Updates the state plan APR-DRG Rates for FFY 2024.	*12/19/23*	*2/5/24*	*10/1/23*
24-0002 Physician Administered Drugs	Updates the state plan Physician Administered Drug (PAD) Rates.	*3/21/24*	*10/29/24*	*1/1/24*
24-0001 January Nursing Facility Rates	Updates the state plan January Nursing Facility Rates.	*3/22/24*	*4/2/24*	*1/1/24*
24-0003 CHIP Vaccine Coverage	Attests to the State's coverage of age-appropriate vaccines and their administration without cost sharing.	*3/25/24*	*5/13/24*	*1/1/24*
24-0004 Medicaid Children's Continuous Eligibility	Attests to the State's compliance with federal requirements to provide 12 months of continuous eligibility for children in Medicaid and CHIP.	*3/27/24*	*4/30/24*	*1/1/24*
24-0005 Supplemental Payment SPA	This SPA allows the state to issue an American Rescue Plan (ARP) supplemental payment to select providers, effective May 1, 2024.	*6/26/24*	*N/A*	*5/1/24*
24-0006 Doula Services	This SPA will add coverage and payment for doula services.	*7/11/24*	*9/23/24*	*10/1/24*
24-0007 IGA GME	Details amounts and methodology related to the Intergovernmental Agreement (IGA) GME Program.	*9/20/24*	*N/A*	*9/30/24*

SPA #	Description	Filed	Approved	Eff. Date
24-0008 GF GME	Details amounts and methodology related to the General Fund GME Program.	*9/20/24*	*N/A*	*9/30/24*
24-0009 DSH Budget	Updates the Disproportionate Share Hospital (DSH) Budget in the State Plan.	*9/20/24*	*N/A*	*10/1/24*
24-0010 DSH Pool 5	Updates the DSH Pool 5 funding and participating hospitals in the State Plan.	*9/20/24*	*N/A*	*10/1/24*
24-0011 DSH Pool 4 Reallocation	Updates the State Plan to detail the reallocation of excess Pool 4 funding	*9/25/24*	*N/A*	*9/30/24*
24-0012 Physician Administered Drugs	Updates the Physician Administered Drug (PAD) rate methodology	*9/27/24*	*N/A*	*7/1/24*
24-0013 Prescribed Drug Shortage	Authorizes coverage of certain drugs when the FDA allows temporary importation of non-FDA approved drug	*9/27/24*	*N/A*	*9/27/24*
24-0014 Third-Party Liability	Attests to the Third Party Liability requirements outlined in Section 1902(a)(25)(I) of the Social Security Act.	*9/27/24*	*10/16/24*	*9/14/24*

IV. Evaluation Activities and Findings

Waiver Evaluation Update

CMS has approved the Evaluation Design for the legacy Section 1115 Waiver Demonstration Projects. In addition, AHCCCS received CMS approval on August 30, 2024, for the H2O Evaluation Design which contains evaluation components specific to the new H2O Program. A separate 1115 Waiver Evaluation Design was also created for the TI Program 2.0 and was submitted and received approval from CMS on October 3, 2024. Additionally, the Evaluation Design plans for the two newly approved Waiver initiatives (i.e., Parents as Paid Caregivers Program and the expansion of KidsCare eligibility) were submitted and approved by CMS on September 17, 2024.

V. Consumer Issues

Table 2 is a summary of advocacy issues received by AHCCCS' Office of Client Advocacy (OCA) in FFY 2024.

Table 2

Advocacy Issues[1]	Quarter 1 10/1/23-12/31/23	Quarter 2 1/1/24-3/31/24	Quarter 3 4/1/24-6/30/24	Quarter 4 7/1/24-9/30/24	Total
Billing Issues Member reimbursements Unpaid bills	4	5	0	2	**11**
Cost Sharing Co-pays Share of Cost (ALTCS) Premiums (KidsCare, Medicare)	0	1	0	0	**1**
Covered Services	0	0	0	0	**0**
ALTCS Resources Income Medical	15	3	6	10	**34**
DES Income Incorrect determination Improper referrals	68	76	85	86	**315**
KidsCare Income Incorrect determination	1	0	0	1	**2**
SSI/Medical Assistance Only Income Not categorically linked	13	6	3	15	**37**
Information Status of application Eligibility criteria Community resources Notification (Did not receive or didn't understand)	101	104	61	130	**396**
Medicare Medicare coverage Medicare Savings Program Medicare Part D	20	10	4	3	**37**
Prescriptions Prescription coverage Prescription denial	0	1	1	2	**4**

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

Advocacy Issues[1]	Quarter 1 10/1/23-12/31/23	Quarter 2 1/1/24-3/31/24	Quarter 3 4/1/24-6/30/24	Quarter 4 7/1/24-9/30/24	Total
Fraud-Referred to Office of Inspector General (OIG)	0	0	0	0	**0**
Quality of Care-Referred to Division of Health Care Management (DHCM)	0	0	1	1	**2**
Total	**222**	**206**	**161**	**250**	**839**

Table 3

Issue Originator[2]	Quarter 1 10/1/23-12/31/23	Quarter 2 1/1/24-3/31/24	Quarter 3 4/1/24-6/30/24	Quarter 4 7/1/24-9/30/24	Total
Applicant, Member or Representative	14	37	7	65	**123**
CMS	4	6	3	2	**15**
Governor's Office	43	25	16	24	**108**
Ombudsmen/Advocates/Other Agencies	150	130	128	151	**559**
Senate & House	11	8	7	8	**34**
Total	**222**	**206**	**161**	**250**	**839**

VI. 1115 Waiver Renewal Public Forums

Post Award Forum

AHCCCS hosted various community meetings across the state to provide the public with information about its 1115 Waiver Demonstration Amendment and renewal process. This included the new Waiver Amendment Proposal Former Foster Youth- Eligibility and Enrollment, and the recently approved Traditional Health Care Practices Amendment.

Updates on the current 1115 Waiver Demonstration and upcoming proposals were provided at all quarterly Tribal consultations in FFY 2024. Additionally, Waiver updates were added to agendas for the State Medicaid Advisory Committee (SMAC), The Office of Individual and Family Affairs (OIFA) Hot Topics, Arizona Advisory

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

Council on Indian Health Care (AACIHC), IHS area directors, and Chief Medical Officer (CMO) meetings on a quarterly basis. AHCCCS also attended a specific Traditional Healing workgroup meeting on October 22, 2024, to provide a general overview of Traditional Health Care Practices amendment, eligibility, covered services, and next steps of implementation.

VII. Outreach and Innovation Activities

The Office of Individual and Family Affairs (OIFA)

OIFA promotes recovery, resiliency, and wellness for individuals with mental health and substance use challenges. OIFA builds partnerships with individuals, families of choice, communities, and organizations. OIFA works to ensure AHCCCS members, and their families, have direct and meaningful input into behavioral health system policies, programs, and practices that affect their experiences. OIFA utilizes various methods to provide opportunities for community input, including:

- Reached an average of 1500 community members through monthly community engagement opportunities to share AHCCCS initiatives, and gather input, and
- Published ACOM 409 outlining contract requirements for establishing and maintaining an OIFA department and outlining collaboration with the statewide OIFA Alliance, and
- Hosted bi-monthly two hour Committee Forums to inform the community and gather feedback on upcoming AHCCCS initiatives, and
- Hosted monthly System Navigation meetings for members, family and community stakeholders to learn about topics related to navigating the Medicaid System and providing a live platform to ask questions regarding member services from an AHCCCS subject matter expert, and
- Provided monthly Jacob's Law training sessions for families and stakeholders, and
- Collaborated with statewide community coalitions to share and gather member input on AHCCCS initiatives, policy and program changes, and
- Developed and launched an OIFA Quality Management Portal to streamline process for the required provider deliverable data that tracks and monitors Peer Recovery Support Specialist and Credentialed Family Support Partners involvement in service delivery, and the newly credentialed workforce, and
- Coordinated external workgroup of community members to ensure new legislative requirements for Peer Recovery Support Specialist receive required training(s)

Through the OIFA Alliance, a collaborative relationship between the OIFA departments at the contracted health plans and AHCCCS, the Alliance gathered and met with over 350 members and family members to gather input to form the OIFA Strategic Plan for 2024. This collaboration has proven to be a critical mechanism for making systemic changes and effective transformative improvements. Results since the inception of the OIFA Alliance include:

- Developed and conducted Provider Quality Management (QM) Portal Training provider pilot to test the QM Portal prior to launching to the statewide provider network this allowed for portal real-time testing ensuring accuracy and efficiency at launch, and
- Collaborated on statewide Provider QM Portal training schedule to ensure provider network is compliant with the Provider QM Portal requirements per AMPM 963 and AMPM 964 policy, and

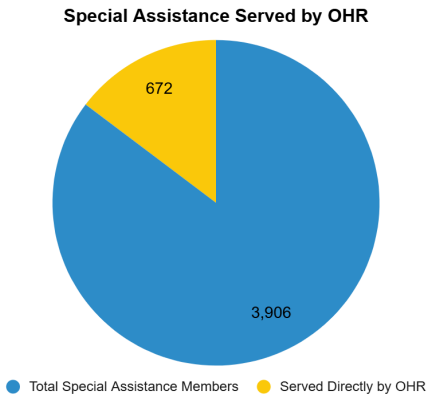
- Developed process for reviewing Peer Support Employment Training Program applicants. Process involves vetting applicants through Office of Inspector General and Division of Fee Service Management prior to responding,

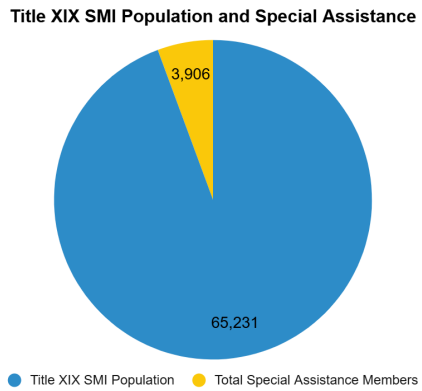
The Office of Human Rights (OHR)

The Office of Human Rights (OHR), established under Arizona Administrative Code (A.A.C.) R9-21-104, is responsible for assisting AHCCCS members living with an SMI designation, promoting their rights, and ensuring access to entitled Medicaid services. OHR promptly identifies and assigns designated representatives to assist members in participating in treatment planning, discharge planning, and the SMI appeal, grievance, and investigation processes. OHR is available to provide technical assistance to all members with an SMI designation and offers a variety of advocacy services 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.

As of September 30, 2024, 6% (3,906) of AHCCCS members living with an SMI designation met the criteria for Special Assistance. Of those qualifying for Special Assistance, OHR serves as the designated representative to 17% (672), while the remainder are supported by court-appointed guardians and/or natural supports who also receive ongoing support from OHR as needed. The OHR advocates work with the members and natural support to promote self-advocacy and behavioral health education. Each advocate strives to empower members and their natural supports to navigate the behavioral health system independently when possible.

Fig.1: Statewide SMI Population/Members Designated to Need Special Assistance as of September 30, 2024





OHR tracks all field encounters which can include: an individual's home, community, jail, or hospital visit to a Special Assistance member; clinical staffing for Special Assistance member; meetings and coordination with behavioral health and other providers (such as Arizona Department of Economic Security/Division of Developmental Disabilities (DES/DDD)); grievance and appeal investigations, interviews, informal conferences, and hearings; discharge planning and Individual Service Plan meetings, Adult Recovery Team meetings, intakes and/or transfer meetings with Special Assistance members, meeting for temporary short-term technical assistance (for members with an SMI designation who do not require Special Assistance), and training conducted or received directly related to behavioral health. OHR tracked 14,428 various encounters.

OHR maintained the education and engagement efforts 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. There were eight training sessions, specific to individuals living with a SMI designation, to members, families, natural supports, guardians, and professional stakeholders, totaling education to 683 attendees for the following topics:

- The Power of Collaboration and Advocacy,
- Why Assess for Special Assistance,
- Rights for Individuals with a SMI,
- Provider Case Management,
- The ISP and Why it Matters,
- The Role of the Office of Human Rights,
- The Grievance and Appeals Process,
- Inpatient Treatment and Discharge Planning.

OHR was transitioned to the Division of Behavioral Health and Housing (DBHH) to promote cohesiveness and the transition enabled OHR to review deliverables received and analyzed by the Adult System of Care and Housing within DBHH to identify systemics and share data to advocate for change.

Federal Relations

The Federal Relations team develops and manages AHCCCS state and federal legislative initiatives and policies while engaging with community members, Medicaid members, federal partners, and other stakeholders via Tribal Consultation, OHR training, State Medicaid Advisory Committee meetings, and other stakeholder engagement sessions.

The team includes:

- Division of Public Policy and Strategic Planning Assistant Director,
- Federal Relations Chief,
- State Plan Manager and Health Policy Consultant,
- Federal Waiver and Evaluation Administrator (vacant),
- Project Manager and State Medicaid Advisory Committee (SMAC) Liaison, and
- Data Coordinator.

In these roles, the Federal Relations staff serve as the liaison and point of contact with 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 (IHS), including Urban Indian Organizations, and tribally-owned, and/or operated 638 programs and facilities; coordinate quarterly State Medicaid Advisory Committee meetings; and advise the Director and Governor's Office on issues related to health care policy.

In FFY 2024, AHCCCS submitted several SPAs to implement program changes intended to improve access to and quality of care received by Medicaid and CHIP members. Notable SPAs include the addition of coverage for doula services, 12-month continuous eligibility for children in Medicaid and CHIP, coverage of certain prescribed drugs during drug shortages, and more.

The Division of Member and Provider Services (DMPS)

The Division of Member and Provider Services (DMPS) is responsible for AHCCCS eligibility, 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 by the Department of Economic Security (DES). DMPS participated in a variety of outreach activities including:

- Ask an Expert meetings: 3 meetings were held and are open to all community assistors. This consists of an open Q&A session for community assistors to ask questions of any type directly to a panel of agency subject matter experts. On average, meeting participation was greater than 300.
- Annual security training 2024- AHCCCS updated training with specific modules created for Site Administrators, Community Assistors, Justice Site Administrators and Justice Assistors focusing on their responsibilities, role expectations and confidentiality.
- Joint Eligibility Appeals meetings. This joint meeting of staff involved in the eligibility appeal process from AHCCCS and DES met and ensured there was tracking and prioritization of appellants with no continued benefits and submitted timely reporting to CMS
- Provided 18 presentations on general eligibility requirements including new policies, and renewal policies and processes topics in FFY 2024. The presentations were provided to Indian Health Service, Tribal, and Urban Indian health programs (CMS ITU) Regional Training event attendees, the Veterans Administration, Arizona Housing Coalition, Foundation for Blind Children, Northern Arizona Caregiver Summit and community forums hosted by the Division of Developmental Disabilities Average attendee size was 50. ALTCS Eligibility Overview presentations were provided to an average audience size of 20 attendees.

VIII. Notable Achievements

AHCCCS Awarded the 2024 National Association of Medicaid Directors (NAMD) Spotlight Award

AHCCCS was awarded the 2024 National Association of Medicaid Directors (NAMD) Spotlight Award for its outstanding achievement in member communication strategies during the post-pandemic enrollment redetermination period, also known as the continuous coverage unwinding.

AHCCCS demonstrated exceptional success in keeping qualified members enrolled in the program, highlighted by consistently high average auto-renewal rates in the 70th percentile. This achievement significantly reduced

paperwork burden for both members and staff while ensuring continuous coverage for Arizona's most vulnerable populations.

AHCCCS Receives ISM Award of Excellence in the Best Use of Technology-External

AHCCCS was recognized by the Information Technology Solutions Management for Human Services (ISM) with their ISM Award of Excellence in the Best Use of Technology-External focus category on October 9, 2024, for a thoughtful approach to address a number of challenges brought on by the pandemic.

AHCCCS encountered significant challenges as the COVID-19 pandemic unfolded. Medicaid enrollment in Arizona surged by more than 30%, placing unprecedented stress on an already overburdened infrastructure. The influx of new members combined with the ongoing needs of existing members created an urgent need for cohesive, dependable solutions that could maintain service continuity while enhancing the overall customer experience.

This multifaceted approach included solutions such as a Surge Call Center, Robotic Process Automation (RPA), SAM the Virtual Agent, AHCCCS Connect, QR codes, and Social Awareness, which helped with timely communications, address urgent needs, provide assistance, and offer awareness/educational outreach to our members.

AHCCCS Launches Outreach Campaign to Support Tribal Communities Following Sober Living Fraud

AHCCCS launched a social outreach campaign to help rebuild trust and strengthen its commitment to Arizona's Tribal communities statewide. The campaign, which includes physical, digital, and social media messages that inform members of the warning signs of fraud and guides them to a list of AHCCCS-approved health resources, follows the agency's year-long initiative to combat provider fraud that disproportionately impacted members of the American Indian Health Program (AIHP).

AHCCCS worked with Indian Health Services Leadership, the Arizona Advisory Council on American Indian Healthcare, and Native Health as well as representatives from several Tribes to design the campaign. Additional support was provided by the Governor's Office of Tribal Affairs.

AHCCCS Allocates $2.5 Million to Expand Maternity Care in Rural Communities

AHCCCS distributed $2.5 million to four community health centers (Mariposa Community Health Center, San Luis Walk-In Clinic, Little Colorado Medical Center, and Canyonlands Healthcare) for on-call maternity care services in rural communities which often have little to no maternity care available.

According to the 2023 March of Dimes Report Card for Arizona[3]18.3 percent of birthing people in Arizona received inadequate prenatal care, defined as care beginning in the fifth month of pregnancy or later, or less than 50 percent of the appropriate number of visits for the infant's gestational age, compared to the U.S. national average of 15.5 percent. Some of these individuals received no prenatal care at all. While there are a number of reasons why this occurs, limited or no access to maternity care is one of the contributing factors.

AHCCCS has implemented several initiatives to improve maternal health for members, including a focus on perinatal mental health conditions – the number one underlying cause of maternal mortality. Building on the success of expanding postpartum eligibility from 60 days to 12 months after the end of a pregnancy, additional upcoming benefits in both physical and mental health include coverage of doula services and group

[3] March of Dimes

prenatal care, to be implemented before the end of the year. AHCCCS is also working toward new quality and community initiatives to address health disparities, such as this expansion of obstetrics and gynecology care in rural areas.

AHCCCS Releases Monthly Interactive Eligibility Dashboard

AHCCCS launched an interactive dashboard to share monthly member eligibility data in a visual and interactive way. The Eligibility Dashboard[4] reports on Arizona's Medicaid and CHIP application activity and contains detailed information including demographics and application types (initial applications, changes, and renewals). AHCCCS publishes this dashboard monthly to provide details on eligibility outcomes, outreach information, and other data related to the eligibility application process.

AHCCCS to Reimburse for Doula Services, Boosting Maternal and Infant Health Support

AHCCCS will begin reimbursing for Medicaid members who use doula services, marking a crucial step toward improving maternal and infant health in Arizona. More than half of Arizona's births are covered by AHCCCS. Doula reimbursement is available to any doula certified through the Arizona Department of Health Services' voluntary doula certification program and registered with AHCCCS as a provider.

Beneficiary Advisory Council (BAC) Learning Collaborative

AHCCCS was selected to join the *Building State Capacity for Community-Informed Policymaking Learning and Action Series* through the Center for Health Care Strategies (CHCS) on July 17, 2024. This learning collaborative is an innovative initiative to assist states in creating or enhancing Medicaid member advisory groups. This project will support participants in developing approaches that align with the Centers for Medicare & Medicaid Services' (CMS) final regulations on Medicaid Advisory Committees (MAC) and Beneficiary Advisory Councils (BAC) to support more equitable, effective, and community-informed Medicaid programs and policies. Selected states will learn from their peers and national experts on promising practices to ultimately implement a successful BAC. Throughout the project, participating states will also partner with a community entity to ensure that Medicaid member lived experience is reflected in the design and implementation of BAC to help shape more equitable, effective, and community-centered programs. In addition to contributing expertise with community engagement, community entities will help connect Medicaid members to the appropriate AHCCCS staff so that members' critical input informs this work.

Key activities will include:

1. **Conducting a landscape assessment.** State teams will catalog existing Medicaid member engagement strategies and mechanisms in their states and identify opportunities to improve alignment across various Medicaid member engagement activities, including the BAC.

2. **Formalizing a partnership with a community entity or entities**. Community entities can offer insights into Medicaid members' needs, preferences, and challenges, grounding the advisory group in real-life experiences while also highlighting key opportunities. Their expertise and local knowledge will help shape an informed, empathetic, and member-responsive group. Additionally, they act as a bridge — building trust and communication channels between Medicaid, community members, and the state. Participating state teams will be expected to partner with a community entity or entities to

[4] AHCCCS Eligibility Dashboard

bring lived experience to the creation of the BAC action plan and its implementation. CHCS will make regrants of up to $25,000 available to the community entity to support action plan coordinating efforts, including compensating community members for their time and expertise.

3. **Developing a BAC action plan.** The BAC action plan will identify the steps necessary to implement or strengthen the member advisory group, in accordance with final CMS rules. The plan, developed in partnership with Medicaid members, will include advisory group goals, timelines, and accountability structures, and will articulate early milestones for launching or strengthening the advisory group with related measures of success. These could include outreach and enrollment of advisory board members, developing a compensation policy, formalizing accountability mechanisms to ensure member input is integrated into decision-making, and the co-development of a group charter.
4. **Implementing the BAC.** State participants will be expected to implement or strengthen a BAC in partnership with the community entity and Medicaid members. The group should align with the final CMS rules and include structures and processes to ensure that member feedback is meaningfully integrated into program and policymaking.

IX. Performance Metrics

Enrollment Information

Table 4

Population Groups	Number of Enrollees	Number Voluntarily Disenrolled	Number Involuntarily Disenrolled
Acute AFDC/SOBRA	1,311,646	14,994	160,941
Acute SSI	233,282	912	21,353
Prop 204 Restoration	612,739	8,067	118,673
Adult Expansion	165,927	1,725	40,236
LTC DD	43,159	258	727
LTC EPD	34,387	152	6,607
Non-Waiver	177,846	1,320	29,467
Total	**2,578,986**	**27,428**	**378,004**

Table 5 is a snapshot of the number of current enrollees (as of October 1, 2024) by funding categories as requested by CMS.

Table 5

State Reported Enrollment in the Demonstration (as requested)	Current Enrollees
Title XIX funded State Plan [5]	**1,396,595**
Title XXI funded State Plan [6]	**61,456**
Title XIX funded Expansion[7]	**558,895**
• Prop 204 Restoration (0-100% FPL)	**484,774**
• Adult Expansion (100% - 133% FPL)	**74,121**
Enrollment Current as of	10/1/2024

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

[6] KidsCare

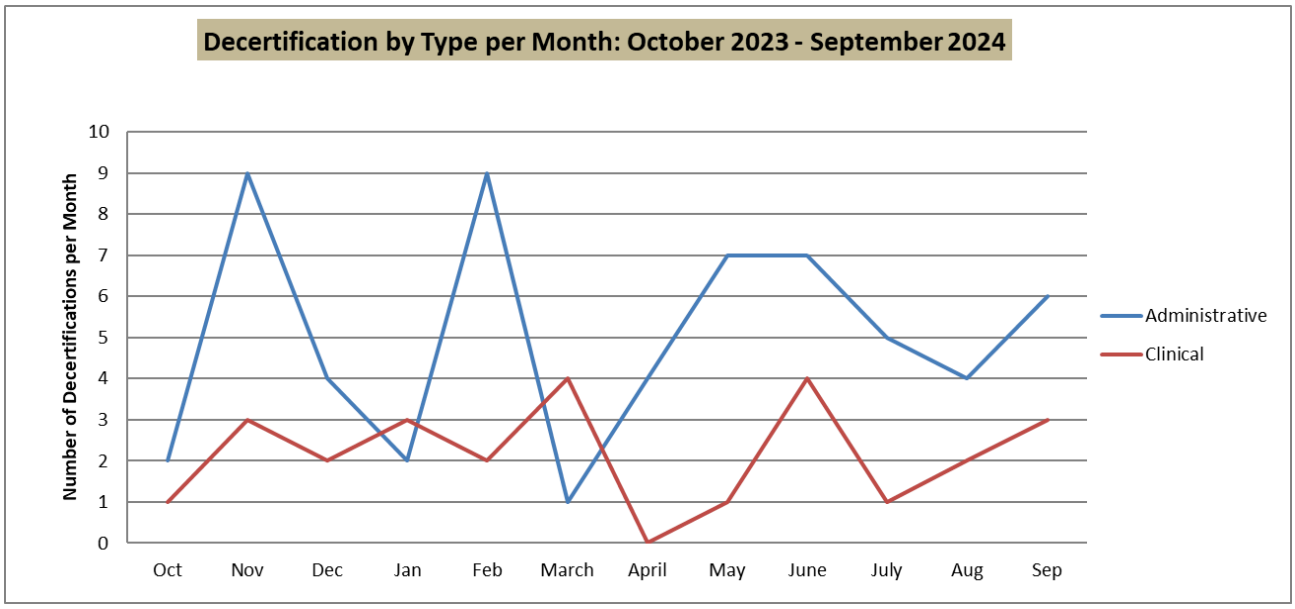
[7] Prop 204 Restoration & Adult Expansion

Individuals with SMI Opt-Out for Cause Report

Opt Out Charts for FY24
October 2023 – September 2024

Between October 2023 - September 2024, the number of requests made by a member with an SMI designation to Opt Out of the integrated RBHA for the delivery of physical health care services and receive these services from an ACC plan were zero.

Figure 1: Decertification by Type per Month: Opt Outs by Month: October 2023 - September 2024 - The decertifications pertain to a determination that an SMI member no longer meets the clinical criteria for eligibility as a person with SMI, or they have requested a review under the administrative process based upon no longer receiving behavioral health services for a period of 6 or more months, and the individual is seeking to have the SMI behavioral health category changed to reflect general mental health.



Between October 2023 - September 2024, the number of appeals made by a member with an SMI designation to Opt Out of the integrated RBHA for the delivery of physical health care services to receive these services from an ACC plan were zero.

Quality Assurance/Monitoring Activities

Introduction

This report describes AHCCCS' quality assurance and monitoring activities that occurred during the quarter, as required in Special Terms and Conditions of the Arizona Section 1115 Waiver. This report highlights activities related to delivery system initiatives, innovations, and improvements as well as Managed Care Organization (MCO) monitoring and compliance. The main report headers are indicated in blue with related sub-headers in maroon. The sections under the maroon sub-headers contain quarterly-specific updates. AHCCCS' Division of Health Care Services (DHCS) [formerly Division of Health Care Management] and Division of Grants and

Innovation (DGI) [formerly Division of Grants Administration] including Operations, Compliance, Quality Management (QM), Quality Improvement (QI), Medical Management (MM), Maternal, Child Health/Early and Periodic Screening, Diagnostic and Treatment (MCH/EPSDT), and Integrated System of Care (ISOC) oversee the reported activities.

Managed Care Programs

AHCCCS maintains overall objectives for its Managed Care Demonstration programs, AHCCCS Complete Care (ACC), ACC plans with Regional Behavioral Health Agreements (ACC-RBHAs), Arizona Long Term Care System (ALTCS) for the Elderly and/or Physically Disabled (EPD) and Developmentally Disabled (DD), and the Comprehensive Health Plan for children in the foster care system (CHP). These objectives include maintaining and improving care coordination among primary care and behavioral health providers; maintaining and enhancing access to care and quality of care; improving health outcomes and member satisfaction as well as quality of life for members; and continuing to operate as a cost-effective managed care delivery model. AHCCCS has engaged in a multi-year effort to reduce delivery system fragmentation at all levels through the transformational initiative of integrating physical and behavioral health services under the same MCO to enhance care management and quality of care across the entire continuum of care. AHCCCS' objectives are further supported by evidence of integration's benefits (including whole-person care, increased care coordination, simplifying a complex health care system for members and providers, and resulting in improved health outcomes). AHCCCS is continually reviewing opportunities to improve the effectiveness and efficiency of Arizona's health care delivery system, as well as the methods utilized to promote optimal health for members.

AHCCCS currently holds contracts with MCOs as outlined in the table below.

MANAGED CARE ORGANIZATION (MCO)	GEOGRAPHICAL SERVICE AREA (GSA)			
	LINE OF BUSINESS	CENTRAL *MARICOPA, GILA, PINAL EXCLUDING ZIP CODES 85542, 85192, AND 85550*	NORTH *MOHAVE, COCONINO, APACHE, NAVAJO, YAVAPAI*	SOUTH *COCHISE, GRAHAM, GREENLEE, LA PAZ, SANTA CRUZ, YUMA INCLUDING ZIP CODES 85542, 85192, AND 85550*
Arizona Complete Health-Complete Care Plan	ACC & ACC-RBHA	X*		X
Care1st Health Plan	ACC & ACC-RBHA		X	
Mercy Care	ACC & ACC-RBHA	X		
Banner University Family Care	ACC	X		X
Health Choice Arizona	ACC	X	X	
Molina Healthcare	ACC	X		

MANAGED CARE ORGANIZATION (MCO)	GEOGRAPHICAL SERVICE AREA (GSA)			
	LINE OF BUSINESS	CENTRAL *MARICOPA, GILA, PINAL EXCLUDING ZIP CODES 85542, 85192, AND 85550*	NORTH *MOHAVE, COCONINO, APACHE, NAVAJO, YAVAPAI*	SOUTH *COCHISE, GRAHAM, GREENLEE, LA PAZ, SANTA CRUZ, YUMA INCLUDING ZIP CODES 85542, 85192, AND 85550*
UnitedHealthcare Community Plan	ACC	X		
Banner University Family Care	ALTCS-EPD	X		X
Mercy Care	ALTCS-EPD	X		PIMA COUNTY ONLY
UnitedHealthcare Community Plan	ALTCS-EPD	X	X	
Department of Economic Security/Division of Developmental Disabilities	ALTCS/DDD	X	X	X
Department of Child Safety, Comprehensive Health Plan	DCS/CHP	X	X	X
**Arizona Complete Health-Complete Care Plan is only responsible for ACC contract requirements in this GSA.*				

Delivery System Initiatives, Innovations, and Improvements

AHCCCS is committed to the development of a thoughtful, data-informed delivery system that incorporates CMS priorities and AHCCCS' business needs and promotes optimal health outcomes for all members. Throughout AHCCCS, various teams undertake extensive efforts to promote delivery system innovation and improvement for internal and external processes.

Initiatives

American Rescue Plan (ARP) Act

In January 2022, CMS granted approval of Arizona's ARP Act of 2021 (Pub. L. 117-2) HCBS Spending Plan. This allowed the Agency to begin implementing activities outlined in the Spending Plan and to qualify for a temporary 10 percentage point increase to the federal medical assistance percentage (FMAP) for certain HCBS Medicaid expenditures, provided such funds are expended during the approved timeframe. AHCCCS had initially decided to continue HCBS Spending Plan activities until all enhanced FMAP savings are expended or until September 30, 2024, whichever is earlier. However, AHCCCS is now seeking to continue HCBS Spending Plan activities until March 30, 2025. AHCCCS anticipates that all of the activities in the HCBS Spending Plan will be complete by September 30, 2024, with the exception of the Parents as Paid Caregivers initiative.

Arizona has identified two critical priorities in its Spending Plan: (1) Strengthening and Enhancing Arizona's HCBS System of Care; and (2) Advancing Technology to Support Greater Independence and Community Connection). Each activity identified in the State's Spending Plan supports these priorities, resulting in

member-centric strategies that will serve as a roadmap for the State's use of these dollars. Further, the State's Spending Plan activities are designed to support transformational change of the delivery system, leading to enhancements in care delivery to individuals who are accessing general mental health and substance use disorder (SUD) services. Arizona has identified four key populations at the center of the efforts outlined in this spending plan, specifically seniors, individuals living with disabilities, individuals living with an SMI designation, and children with behavioral health needs.

AHCCCS has worked to implement and operationalize activities since the approval of the ARP HCBS Spending Plan. The following highlight major activities that AHCCCS has implemented as of September 30, 2024:

1. ***Release of One-Time Payments to Support the HCBS Workforce***

   AHCCCS obtained expenditure authority from the Arizona Legislature; upon approval, the Agency immediately released one-time directed payments to providers for the purposes of strengthening their workforce and enhancing HCBS. Based on stakeholder feedback, these funds provided immediate support for HCBS Direct Care Workers (DCWs) to ensure effective and efficient service delivery. AHCCCS dispersed directed payments for 2022 and 2023. Eligible providers receiving directed payments in 2023 had until the end of February 2024 to expend funds. AHCCCS has identified and dispersed CY 2024 directed payment to eligible providers. Payments were dispersed to the health plans on April 30, 2024, and to eligible providers by May 31, 2024. FFS payments were dispersed to eligible providers in mid-June 2024. Eligible providers receiving directed payments in 2024 have until the end of February 2025 to expend funds. In addition, AHCCCS has finalized processes that will support the conduct of audits of providers in receipt of directed payments. AHCCCS has begun audits of eligible providers who received payment in CY2022.

2. ***Implementation of Activities to Strengthen and Enhance the Workforce***

   AHCCCS partnered with Arizona's community colleges on two initiatives that are intended to improve the capability and commitment of the HCBS health care workforce. The first partnership; the Career, Education and Training (CET) initiative offers scholarships and tuition assistance for students in over 40 eligible healthcare degree and certificate programs throughout Arizona as well as an in-service training curriculum development component for the LTSS and Behavioral Health workforces. To coordinate the activities of all of the participating community college districts, AHCCCS has contracted with Maricopa County Community College District (MCCCD), who has partnered with five other community college districts in the state, to assist with disbursement of scholarship and tuition assistance funds as well as to lend their curriculum development and instructional design expertise to the development of the previously mentioned in-service training programs. The second partnership, referred to as the Behavioral Health Program Expansion initiative, is the result of legislation (HB2691) that required AHCCCS to partner with MCCCD and Northern Pioneer Community College in Navajo County (NPC) to bolster participation in behavioral health academic education and training programs.

   The Community Colleges began distributing funds starting September 2023 for students enrolled in eligible programs. The CET scholarship program will terminate on September 30, 2024, at the end of the contract period with MCCCD. If the legislature chooses, the HB2691 Behavioral Health Program Expansion Initiative can be extended until December 31, 2025. There are work requirements for

students participating in the CET and the HB 2691 scholarship and tuition assistance programs. The CET scholarship and tuition assistance program requires students to attest that they intend to serve as HCBS providers upon completing their education. HB2691 requires students participating in the Behavioral Health Expansion Project to commit to working for a minimum of two years or the length of their financially supported AHCCCS Scholarship, whichever is longer. As of September 30, 2024, AHCCCS via MCCCD has awarded all scholarships for the CET and HB 2691 programs.

AHCCCS worked on several initiatives related to workforce development. This includes implementation of a Differential Adjustment Payment (DAP) to providers for the development of a workforce plan. In addition, AHCCCS has been working with a third-party contractor to assess potential data sources for the development of a workforce database. AHCCCS conducted a preliminary review of the available data and conducted analysis of the State's workforce data.

AHCCCS partnered with several contractors to provide training and curriculum development support. These partners include Arizona State University (ASU), the University of New Hampshire's National Center of START Services, and the Association for Talent Development (ATD). As of September 30, 2024, AHCCCS has completed their training programs.

3. ***Support of Partnerships with Sister Agencies***

AHCCCS partnered with the Arizona Department of Economic Security (DES) for several ARP HCBS Spending Plan initiatives. These activities include enhancements to the Disability Benefits website, creation of a central employment repository, and support for the abuse and neglect awareness campaign.

AHCCCS also partnered with the Department of Economic Security, Division of Developmental Disabilities (ALTCS/DDD) for several key initiatives outlined in the Spending Plan. This includes development of training modules, such as positive behavior support and dual diagnosis support for ALTCS/DDD providers. ALTCS/DDD will begin to disperse incentive payments to providers who have successfully completed the trainings, with all payments dispersed by March 2025. AHCCCS will continue to provide oversight support to DES/DDD as they work to implement these initiatives.

4. ***Modification and Review of Systems***

AHCCCS partnered with NTT to do a review of the State's Client Assessment and Tracking System and Quality Improvement System. NTT conducted a review and has offered recommendations for the next steps. AHCCCS has begun to consider integration of their recommendations in their system. As a result, work on these initiatives is currently complete.

AHCCCS partnered with Pipeline AZ to develop a Caregiver Career Development Pathway (Pathway) program. Pathway is designed to encourage individuals to begin a career as a DCW and guide them down their ideal career path through site tours, training, financial resources, etc. AHCCCS is continuing to work with Pipeline AZ to ensure that the Pathway program becomes a pivotal resource in expanding the HCBS workforce. AHCCCS has also dispersed DAP funds to providers who participated in Pipeline AZ.

Additionally, AHCCCS developed a standalone portal for the preadmission screening and resident review (PASRR) program. AHCCCS has partnered with a vendor to develop and integrate the portal

into existing AHCCCS systems. AHCCCS will continue internal trainings on this portal in preparation for implementation of the portal.

5. ***Implementation of ARP HCBS Initiatives Includes in the Spending Plan***

   AHCCCS partnered with ADvancing States to assist with timely implementation of Spending Plan initiatives. ADvancing States provided technical assistance and subject matter expertise to support diligent and thoughtful implementation of AHCCCS' Spending Plan in a manner that aligns with existing program goals and that supports long-term innovative growth for the State's HCBS populations. AHCCCS received final recommendations from ADvancing States in September 2024.

   AHCCCS has completed provider rate surveys for the HCBS, behavioral health, and developmentally disabled providers.

   AHCCCS partnered with Public Consulting Group (PCG) to administer their ARP Program Awards. These awards allow providers to make key program and infrastructure investments. AHCCCS granted 61 awards totaling approximately $17M in August 2023. AHCCCS is working with PCG to continually monitor Program Award activities and has developed a process to begin audits of recipients receiving Program Awards to ensure that ARP Program Awards were used appropriately.

   AHCCCS partnered with several vendors to support initiatives included in the Spending Plan. These activities include development of HCBS Settings Rules trainings, development of Case Manager trainings, implementation of an environmental scan to assess existing behavioral health services, continued research on remote technology options for the State's consideration, and review of a member's experience receiving HCBS services across various agencies in the State. AHCCCS received final deliverables from vendors responsible for each of these activities as of September 30, 2024. The State is currently reviewing recommendations from the vendors and determining how these recommendations can inform future activities in the States.

   Finally, AHCCCS has partnered with a vendor to conduct standalone assessments of current system activities. This includes a review of remote technology options for the HCBS population, a review of workforce data based on a survey conducted by AHCCCS health plans, a multi-agency review of HCBS member services across the State, and an evaluation to determine and identify opportunities to implement Program of All-Inclusive Care for the Elderly (PACE) in Arizona. AHCCCS received final deliverables from the vendors and are currently reviewing to determine potential impact to future activities in the State.

Behavioral Health Clinical Chart Audits (BHCCA)

During the fourth quarter, AHCCCS was in the process of updating the BHCCA Instruction Guide for the contract year beginning October 1, 2024. Audit results based on the Instruction Guide will be submitted as an annual deliverable to AHCCCS as of October 15, 2025. The revised Instruction Guide will include an additional section developed specifically for children served by the Arizona Department of Child Safety Comprehensive Health Plan (DCS CHP). Thirteen audit elements were established in collaboration with DCS CHP and their subcontracted MCO to meet the requirements set forth under the Foster Care Litigation Revised Settlement Agreement known as "B.K. ex rel. Tinsley, et al. v. Faust, et al., CV-15-00185-PHX-ROS (August 14, 2020)". These elements were designed to meet specific litigation requirements related to assessment, service

planning for children in the care and custody of DCS. These additional elements have also been updated within the BHCCA Portal that was previously developed to facilitate accurate audit entry and data analysis. Furthermore, efforts are underway to enhance data analytic options, based on MCO feedback.

Behavioral Health Residential (BHRF) Settings

Arizona's BHRFs are a level of care for individuals requiring twenty-four hours a day/seven days a week supervision and monitoring, while they stabilize and prepare to transition back into the community with treatment and support. While in a BHRF level of care, individuals receive all services identified on their Individualized Service Plans (ISP) and Treatment Plans specific to the BHRF level of care. AHCCCS' contracts with MCOs require the MCOs to regularly audit and oversee the BHRF providers with which they contract to provide BHRF level of care.

As reported in the third quarter, AHCCCS continues to address challenges and propose significant revisions to the existing BHRF policy. The ongoing review and revision of the BHRF Policy will enhance AHCCCS' ability to provide increased focus on monitoring and oversight of the AHCCCS MCOs, which in turn will require MCOs to conduct more targeted oversight and monitoring of their contracted BHRFs, and the services for which they are responsible. The focus of these continued revisions includes:

1. Development of minimum standards for discharge planning (i.e., outpatient care coordination, medication management, support services, housing, transportation, and safety planning).
2. Training requirements to cover naloxone administration, recognition of signs and symptoms of opioid overdose, and the need to ensure medical and physical examination requirements are met.
3. Language enhancements to identify the importance of engagement with family, community, and natural supports.

During this quarter, in conjunction with MCOs, AHCCCS has engaged in regular technical assistance meetings with BHRF providers to ensure effective and appropriate services are provided to AHCCCS members. AHCCCS continues to evaluate opportunities for enhanced services within BHRF settings. Examples of engagement to enhance BHRF services include ongoing collaboration with community partners, legislators, and MCOs to ensure sufficient BHRF network capacity for all members.

Last quarter, AHCCCS reported that the focus shifted to the development of BHRF settings that offer higher levels of security and protection. These efforts continue through data collection and analysis to identify what improvements may be necessary for the development of more robust, secured BHRF levels of care.

As necessary, AHCCCS has engaged with MCOs and members to address and resolve concerns that arise regarding service delivery or network accessibility that does not meet standards of existing BHRF policy, Contract requirements, and/or licensure standards for Behavioral Health Residential Facilities. AHCCCS also collaborates with the Arizona Department of Health Services as needed, to discuss potential licensure changes that promote enhanced licensure standards.

Child Adolescent Level of Care Service Intensity Utilization System (CALOCUS)

The CALOCUS is a standardized assessment tool that provides determination of the appropriate intensity of services needed by a child or adolescent and their family, and guides provision of ongoing service planning and treatment outcome monitoring in all clinical and community-based settings. Regarding CALOCUS

activities during the fourth quarter, the AHCCCS CALOCUS FAQs were updated to provide direct information that all children receiving behavioral health services are to have a CALOCUS conducted and to provide an update on training changes. AHCCCS and the Workforce Development (WFD) Alliance communicated to the provider network that the new training web-based, asynchronous training is available and providers began completing the new training on August 26, 2024. AHCCCS has received positive feedback regarding the new training as it is flexible and can be completed in between appointments, therefore reducing the amount of direct contact time lost to training.

Child and Family Team Practice

AHCCCS has continued its efforts to improve Child and Family Team (CFT) practice in quarter four. The Workforce Development Alliance collaborated with AHCCCS to develop the content for Child and Family Team stakeholder trainings designed to help families, child-serving agencies and others that may be included in a child and family team. The focus is to assist family members to increase understanding of their roles, as well as the role of the CFT facilitator within CFT practice. AHCCCS is working to have subject matter experts review the content prior to making these trainings available to the public. Training has been delayed and is scheduled to begin next quarter with dissemination of a communication plan to providers.

AHCCCS continues to work with the National Wraparound Implementation Center (NWIC), a nationally recognized evidenced based program, to implement high fidelity Wraparound for members that qualify for high needs case management. In quarter four, AHCCCS met with providers contracted to provide high needs case management to educate them on Wraparound and to encourage them to participate in upcoming trainings. AHCCCS plans to utilize the Wraparound model to increase the quality of CFT practice for members with the greatest needs, especially for those who are at risk for out-of-home placement. AHCCCS' work with NWIC also includes designing intentional care pathways that improve equitable access to care and improves the experience of children and families entering behavioral health services.

Additionally, AHCCCS is working to implement a preventative coordination of care model called FOCUS, which is another evidence-based model. The use of FOCUS will provide additional support and intervention to children and families with moderate needs, prior to children being identified as at risk for out-of-home placement. Utilization of both Wraparound and FOCUS will create a system that targets the intensity of care coordination based on the needs of the child and family, while also creating advancement opportunities for care coordination staff.

NWIC is providing a dual plan approach to identify fidelity measurement techniques and sustainability for both Wraparound and FOCUS.

Clinical and Operational Significant Policy Changes

In quarter four, AHCCCS completed the following significant policy changes:

AHCCCS Contractor Operations Manual (ACOM)

1. ACOM Policy 304, Premium Tax Reporting, was revised to identify Targeted Case Management payments as payments included for premium tax and to include Differential Adjustment Payments (DAP), Safety Net Services Initiative (SNSI), and Hospital Enhanced Access Leading to Health Improvements Initiative (HEALTHII) under State directed payments that are authorized under the

Medicaid Managed care rules. The Policy was also revised to specify that Pre-Admission Screening and Resident Review (PASRR) is not subject to premium tax.

2. ACOM Policy 305, Performance Bond and Equity Per Member Requirements, was revised to specify the requirement for the MCO to self-monitor compliance with the performance bond requirement amount every 30 days and to specify that the bond or bond substitute shall be increased within 30 days of falling below 100%.
3. ACOM Policy 306 CYE 25, Alternative Payment Model Initiative – Withhold and Quality Measure Performance Incentive, was revised to allow AHCCCS to pause performance measures as needed and request information and/or approval of a MCO's intended spending of any associated returned withhold amount.
4. ACOM Policy 311 CYE 25 and Forward, Program Tiered Reconciliation, is a new policy that specifies the process and MCO requirements regarding the ACC and ACC-RBHA Program Tiered Reconciliation for CYE 25 and forward. The reconciliation applies to dates of service effective on and after October 1, 2024.
5. ACOM Policy 402, Member Transition for Annual Enrollment Choice and Eligibility Changes, was revised to update the requirement for MCO transition coordinators to specify the key staff person must have appropriate training and experience to act as Transition Coordinator. The Policy was revised to specify that the individual appointed as the Transition Coordinator must be a health care professional or an individual who possesses the appropriate education and experience and is supported by a health care professional to effectively coordinate and oversee all transition issues, responsibilities, and activities. The Transition Coordinator shall ensure safe, timely, and orderly member transitions.
6. ACOM Policy 404, Contractor Website and Member Information, was revised to update the MCO Member Newsletter requirements to include that MCOs provide information in their Member Newsletters on the Housing and Health Opportunities (H2O) Program to support member communication and sharing of information.
7. ACOM Policy 405, Cultural Competency, Family/Member Centered Care, and Language Access Plan, was revised to update the definition of Cultural Competency to align with National Committee for Quality Assurance (NCQA) requirements. The Policy was also revised to specify that provisions of family-centered care are part of the Cultural Competency Plan Assessment.
8. ACOM Policy 416, Provider Manual and Required Notifications, was revised to add new requirements for the MCO to include information on the following in its provider manual: the Statewide Closed Loop Referral System (CLRS), Electronic Visit Verification (EVV), identification of demographic data, and Serious Emotional Disturbance (SED) eligibility determination processes.
9. ACOM Policy 438, Administrative Services Subcontractor Evaluation, was revised to specify requirements for what is to be identified in the MCO Pharmacy Benefit Manager (PBM) subcontracts.

AHCCCS Medical Policy Manual (AMPM)

1. AMPM Policy 310-BB, Transportation, was revised to add a new section regarding transporting members under the age of 18 who are not emancipated and to specify that these members must be accompanied by a legal guardian or an adult who is 18 years old or older and must be authorized by the legal guardian to accompany the member during the transport. These revisions resulted in the

development of a new authorization form (Attachment A of AMPM Policy 310-BB) regarding transportation of minors.

2. AMPM Policy 310-I, Home Health Services, was revised to specify that the MCO shall be responsible for monitoring and creating policy and procedure safeguards for gastrostomy tube feedings and the task may be delegated to the caregiver after the Home Health Nurse has completed training and attestation for the caregiver.
3. AMPM Policy 310-K, Hospital Inpatient General Services, was revised to reflect the new authority in the Arizona Section 1115 Waiver allowing the provision of Attendant Care/Personal Care services while the member is in a hospital inpatient or emergency room setting.
4. AMPM Policy 320-W, Therapeutic Foster Care for Children, was revised to update treatment expectations to specify: that the TFC Treatment Plan be developed in collaboration with the child and family team; the use of the CALOCUS/ECSII to establish functioning; to specify additional criteria for completion of treatment goals; to remove exclusionary criteria from medical necessity criteria; to update medical necessity criteria used for admission, continued stay and discharge; and to include training expectations for MCOs to establish an adequate network and training for TFC Family Providers, behavioral health staff and CFT facilitators working with children and youth.
5. AMPM Policy 560, Children's Rehabilitative Services Care Coordination and Service Plan Management, was revised to include a requirement for the MCO to educate members and health care decision makers about the value and benefits of receiving services at a Multi-Specialty Interdisciplinary Clinic (MSIC).
6. AMPM Policy 590, Behavioral Health Crisis Services and Care Coordination, was revised to clarify timeframe for follow up services for members. The Policy was also revised to specify that crisis services are also provided in the community or via telehealth inclusive of services provided via text, chat, and phone; and that all reported data shall be reported based upon the GSA in which the crisis originated, including call, text and chat metrics.
7. AMPM Policy 660, Opioid Treatment Program, was revised to align with 42 CFR Part 8.11 – Final Rule: Opioid Treatment Program Certification and 42 CFR Part 8.12 – Final Rule Opioid Use Disorder Treatment Standards.
8. AMPM Policy 820, Fee-For-Service Prior Authorization Requirements, was revised to specify Prior Authorization (PA) submission requirements for care coordination, behavioral health admission authorization requests for Behavioral Health Inpatient Facilities (BHIFs), Behavioral Health Residential Facilities (BHRFs), and Multi-Disciplinary Treatment Teams. The Policy was also revised to specify prior authorization requirements for chiropractic services, dental service limits at an Indian Health Services (IHS)/Tribal 638 Facility, Laboratory Services, and Augmentative Communication Devices (ACC); and added an exception that lodging and meals are covered when the member is unable to arrange and pay for these services and when the member requires a medically necessary overnight stay near a treating facility located outside of the GSA where the member resides.
9. AMPM Policy 910, Quality Management/Performance Improvement Program Scope, was revised to specify the process and requirements for MCO mortality reviews including developing of a Mortality Review Committee to include a multidisciplinary team with the purpose of reviewing member deaths and analyzing possible causes and developing improved processes.
10. AMPM Policy 930, Implementation and Fidelity Monitoring of SAMHSA Evidence-Based Practices, is a new policy which establishes program requirements, eligibility criteria, and ongoing expectations for

fidelity monitoring for providers engaged in the provision of evidence-based practices identified by the Substance Abuse and Mental Health Services Administration (SAMHSA). The Policy is in line with exit stipulations from class action suit, Arnold v. Sarn.

11. AMPM Policy 960, Quality of Care Concerns, was revised to add a new requirement for MCO Quality Management units to develop a means to receive referrals directly from members and the community and to specify that at all quality of care concerns are to be entered into the AHCCCS Quality Management Portal.
12. AMPM Policy 961, Incident, Accident, and Death Reporting, was revised to add a requirement for the MCO to document in the AHCCCS Quality Management Portal the date the MCO was made aware of the incident as well as reporting the source, to help improve the Inpatient Respite Care (IRF) processes; and to specify all providers shall register for an account in the AHCCCS Quality Management Portal within 30 days of becoming an AHCCCS registered provider.
13. AMPM Policy 1022, Justice System Reach-In Program, was revised to specify that justice system reach-in may take place independent of an anticipated release date, if the Justice System Liaison is actively coordinating with the jail/prison/detention facility transition planners to identify a release date as a member navigates the justice system.
14. AMPM Policy 1010, Medical Management Administrative Requirements, was revised to align with NCQA standards by updating the MM Committee membership to include a senior level physician and designated behavioral healthcare practitioner involvement in the implementation of the behavioral healthcare aspects of the MM program. Requirements also included for the MCO include annual evaluation and update of MM Program, written job descriptions with qualifications for qualified health care professionals who render decisions or review denials, requiring prior approval for delegating a portion of its Care Management functions to an Administrative Services Subcontractor, and disallowance of using artificial intelligence to make medical necessity denial decisions or any appeal decisions.
15. AMPM Policy 1240-A, Direct Care Services, was revised to reflect new authority in the Arizona Section 1115 Waiver allowing the provision of Attendant Care/Personal Care services while the member is in a hospital inpatient or emergency room setting.
16. AMPM Policy 1620-E, Service Plan Monitoring and Reassessment Standard, was revised to specify that the Case Manager's responsibility to educate the family and/or health care decision maker on reporting fraud, waste, abuse, exploitation, and other critical incidents and that a certified letter is to be sent to the member/health care decision maker if the ALTCS case manager is unable to contact the member to schedule a visit. The Policy was also revised to specify that Tribal ALTCS may report cases to the Arizona Department of Health Services (ADHS) if a hospice agency is unable or unwilling to provide medically necessary services.
17. AMPM Policy 1620-K, Skilled Nursing Need Standard, was revised to specify requirements for collaboration of Home Health Agencies (HHAs), Primary Care Providers (PCPs), and Licensed Health Aides (LHAs). The Policy was also revised to include a requirement for the ALTCS case manager to maintain a copy of the managed risk agreement documenting the reason for refusing recommended care.
18. AMPM Policy 1620-O, Abuse, Neglect, and Exploitation Reporting Standard, was revised to specify family members' and health care decision makers' role in reporting fraud, waste, abuse, exploitation, and other critical incidents.

19. AMPM Exhibit 1620-20, Prior Authorization of Services for ALTCS Members, was revised to identify prior authorization requirements for Home Delivered Meals, Personal Care in Acute Care Hospitals, and Private Duty Nursing.
20. AMPM Policy 1640, Targeted Case Management Standards, was revised to update expectations for frequency of case management contact and case management documentation.

Collaboration with Arizona Department of Education (ADE) and Arizona Department of Health Services (ADHS) for Accessing Behavioral Health Services in Schools

Project AWARE (Advancing Wellness and Resiliency in Education) is a federal initiative funded by Substance Abuse and Mental Health Services Administration (SAMHSA) and the US Department of Health and Human Services. The project aims to expand partnership between education and mental health systems at state and local levels through development of a sustainable infrastructure for school-based mental health programs and services. The Arizona Project AWARE team is a partnership between Arizona Department of Education (ADE), AHCCCS, and three Local Education Agencies (LEAs). Project AWARE consistently offers professional development and training for staff (including nurses, teachers, administrators, and counselors) and community members. Training focuses on mental health awareness, education, AHCCCS behavioral health funding resources for schools, and behavioral health interventions.

During the fourth quarter, AHCCCS collaborated with organizations, including the Arizona Association of School Psychologists and the Arizona School Boards Association, to focus on increasing use of the School Feedback form and Universal Referral form through three primary strategies:

1. Social Media Campaign to launch a series of posts to share content with a goal to increase engagement with schools regarding behavioral health awareness.
2. Outreach campaigns to multiple professional organizations aligned with behavioral health in schools programming.
3. Developing partnerships with school districts. Districts commit to utilizing the Universal Referral Form and submitting at least two School Feedback Forms during the academic year.

These campaign strategies resulted in 29 school districts expressing an interest in partnering with AHCCCS to utilize the School Feedback form and Universal Referral form. As of mid-August, there were weekly behavioral health-related social media posts being created by nine partner organizations.

Several other activities occurred during the fourth quarter, including:

1. Coordination with a Youth Advisory Council within Maricopa County to focus efforts on building the capacity of the focus group to increase awareness of mental health service availability within their schools.
2. The Youth Mental Health Steering Committee met to identify a future Train-the-Trainer topic to build Family Engagement.
3. Coordination with the Maricopa County Attorney's Office (MCAO) to arrange education presentations in Arizona high schools on Teen Violence/Bullying and Opioid and Fentanyl Awareness. Presentations will be conducted on-site.
4. An Open Care focus group was organized and 11 schools have expressed interest in being involved in the focus group to expand Medicaid School Based Claiming.

5. The Behavioral Health in Schools quarterly Meeting occurred, and a plan was created for MCOs to collaborate to collect statewide information on active school and provider partnerships. This will help identify gaps in services and resources to overcome barriers.
6. AHCCCS SOC collaborated with the Substance Use Block Grant team and PAXIS Institute related to the development of strategic management of the PAX Good Behavioral Game® in schools throughout the state.

Court Ordered Evaluation (COE) and Court Ordered Treatment (COT)

This quarter AHCCCS conducted several activities with MCOs and stakeholders, including courts and tribal governments. Activities included discussions to assess existing network capacity and address challenges facing the community in accessing COE and COT services. AHCCCS continues to support the Arizona Superior Court in navigating reported concerns related to changes in forms used to initiate the COE process based on new Arizona legislation. AHCCCS is also updating Arizona Administrative Code and AMPM Policy 320-U to address legislative changes and ensure AHCCCS is fully compliant with state and federal guidelines. AHCCCS continues to provide technical assistance and support to MCOs, providers, community partners, and individuals who require and need assistance navigating the COE/COT process.

National Committee for Quality Assurance (NCQA) MCO Accreditation

AHCCCS is continuing its efforts related to MCO accreditation and comparing the NCQA Health Plan Accreditation (HPA) standards, NCQA Medicaid Managed Care Toolkit, as well as current contractual and policy requirements, to ensure maximum alignment of regulatory oversight, increase opportunities for non-duplication as permitted by 42 CFR 438.360, and to leverage data validation tools. AHCCCS MCOs required to obtain NCQA Health Plan Accreditation by October 1, 2023, have obtained their initial Health Plan Accreditation with Medicaid Module and completed subsequent NCQA corrective action plans (CAPs) with resurveys, if applicable. Additionally, AHCCCS ALTCS EPD MCOs required to obtain NCQA LTSS Distinction by October 1, 2024, have obtained their initial Distinction status.

Targeted Investments Program(s)

On October 14th, 2022, CMS approved the five-year Targeted Investments 2.0 (TI 2.0) provider incentive program for the ACC and ACC-RBHA lines of business. Building upon the original program (TI 1.0), TI 2.0 aligns with AHCCCS' strategic plan and the Arizona Section 1115 Waiver to support and incentivize providers to develop and enhance comprehensive whole person care systems that effectively address the social risk factors that adversely affect health. Eligible Medicaid provider organizations that meet certain benchmarks will receive financial incentives through the MCOs for developing infrastructure and protocols to optimize coordination of services designed to meet the member's physical health, behavioral health, and Health-Related Social Needs (HRSN) and address identified health inequities among their member population. In closing out the TI 1.0 program and continuing to lay the foundation for future years of the TI 2.0 program during quarter four, the following quality assurance activities were established and conducted:

1. ACOM Policy 325, Targeted Investments 2.0 Program, was updated to delineate MCO requirements and incentives for the TI 2.0 Program. The Policy includes requirements for the MCOs to reconcile the member's assigned PCP with the provider that renders services to the member or, when there is

no utilization to inform the reconciliation, a PCP near the member's home residence. This promotes accountability and transparency into which PCP is responsible for managing the member's whole person care. The Policy requirements include direction for the MCOs to send AHCCCS a monthly PCP assignment file to validate policy compliance for all ACC and ACC-RBHA members. This file is also used to attribute members to providers and MCOs for NCQA HEDIS performance measures; data dashboards will be created to communicate ongoing performance on a monthly basis. The annual PCP assignment file deliverable was removed from the policy to accommodate CMS' request of a utilization-based proxy for payment. Additionally, ACOM Policy 325 requirements encourage MCOs to refer individuals to TI 2.0 justice clinics that partner with criminal justice agencies (e.g., probation, parole, jails, courts) to engage, screen, and coordinate treatment that assist individuals with reentering the community and reduce individual's interactions with the justice system. To validate compliance and attribute membership for MCO and TI 2.0 justice clinic performance measures, MCOs must send a list to AHCCCS of justice-involved members referred to participating justice clinics each month. Finally, ACOM Policy 325 requirements incentivize MCOs to participate in Quality Improvement Collaborative meetings with the TI 2.0 participants and stakeholders. MCO presence has enlightened the representatives and expedited research into providers' concerns and ideas.

2. Outpatient provider organizations applying for TI 2.0 must demonstrate readiness to embark on the rigorous program initiatives (e.g., health equity, addressing health related social needs). Providers must submit processes and protocols related to these initiatives to qualify for the TI 2.0 program. AHCCCS reviews these processes and protocols to ensure each contains required elements that foster accountability and efficacy. For a PCP organization to meet the whole-person care requirement, for example, an applicant's policy and procedures must identify the behavioral health and HRSN screening tools, including the individual conducting the screening, explain when screening is conducted and how results are communicated to the member and documented in the system, and delineate how referrals are made to a service provider that can best meet the member's identified needs. The deadline for all applications was September 30, 2024, and these required processes and protocols must be implemented by October 20, 2024.
3. Other deliverables driving the TI 2.0 program provider incentives have been defined, including: enhanced policies and protocols related to program initiatives, NCQA Health Equity Accreditation, and reports summarizing internal audit of process and protocol implementation. AHCCCS continues to refine the requirements to optimize feasibility, impact, and value.
4. AHCCCS continues to develop federally-required program metrics and monitoring protocols with CMS. As specified in the Arizona Section 1115 Waiver Special Terms and Conditions (STCs) this includes: TI 2.0 Incentivized Metrics and Funding Protocols (STC 51), the New Initiatives Implementation Plan (STC 73), DSHP Metrics and Monitoring Protocols and subsequent quarterly reports (STC 84-85), Arizona Section 1115 Waiver Program Evaluation Design and subsequent quarterly-until-annual reports (STC 97-98, 101-102), and Annual Pre-Prints as described in 42 CFR 438.6(c)(1)(i) through (c)(1)(ii) and (c)(1)(iii)(B) through (D).

Innovative Approaches and Continuous Quality Improvement

Data Dashboards

In alignment with strategic and Health Information Technology (HIT) planning goals for transparency into delivery system performance, AHCCCS continues its efforts with the state's Health Information Exchange (HIE), Contexture, to develop and publish public-facing delivery system utilization dashboards. To date, the partnership with Contexture resulted in three public-facing dashboards (COVID-19 Immunizations, Emergency Department Visits, and Hospital Inpatient Admissions) being published to the AHCCCS website in quarters one and three with a third dashboard (Telehealth Utilization) projected to be completed in the first quarter of 2025. Additionally, AHCCCS internally developed two additional dashboards, AHCCCS Eligibility Determinations and AHCCCS Demographics, with the former being published on the AHCCCS website in quarter four, and the latter anticipated to be published in the first quarter of 2025.

Whole Person Care

The AHCCCS Whole Person Care Initiative (WPCI) is AHCCCS' next step in integrated care and is focused on improving Health-Related Social Needs (HRSN) of members. WPCI includes the following areas of focus: improving member connection to services for housing/homelessness, food insecurity, transportation, employment, utility assistance, social isolation/social support, interpersonal and physical safety, justice/legal involvement, access to safe outdoor spaces, and screening and referring members to HRSN utilizing the Statewide Closed-Loop Referral System (CLRS). This quarter's updates for a few of these key areas are described below.

1. ***Whole Person Care - Employment***

   A fundamental area of focus in whole person care is to improve member access to pre- and post-employment and services, especially for members with an SMI designation as AHCCCS maintains an Interagency Service Agreement (ISA) with the Department of Economic Security/Rehabilitation Services Administration (RSA/VR) Vocational Rehabilitation (VR) program that provides specialty services and supports for members with SMI designations. This quarter, AHCCCS has updated the deliverable reporting requirements that the MCOs submit quarterly to include the following two new monitoring requirements: 1) Increasing referrals to RSA/VR, and 2) Decreasing the length-of-stay duration members are participating in Work Adjustment Training (WAT) to increase the opportunities to pursue competitive integrated employment. AHCCCS and ADES have decided to pause the exploration of collaborating with Arizona's 12 county workforce areas with regards to the use of the Statewide CLRS until DES has the capacity to support a potential roll out of the system statewide.

2. ***Whole Person Care - Food Insecurity***

   In quarter four, AHCCCS and DES worked together to begin testing a data exchange process that will allow AHCCCS to receive beneficiary information for individuals that are enrolled with Arizona's Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families Program (TANF) program, who are also eligible for AHCCCS H2O services. AHCCCS will use this information to ensure H2O members are enrolled in SNAP and TANF if they are eligible for those programs. AHCCCS is working to develop a parallel data exchange process with ADHS to obtain data on beneficiaries of the Women, Infants and Children (WIC) Program, who are also eligible for H2O services.; however, due to limited resources, obtaining the WIC beneficiary data will not begin until early 2025.

3. ***Whole Person Care - Housing/Homelessness***

In quarter four, the AHCCCS Housing team continued efforts to implement the Housing and Health Opportunities (H2O) Program. The state awarded the H2O Program Administrator contract to Solari and worked in partnership with Solari to complete operational readiness for October 1, 2024, the go live date of the H2O program. The AHCCCS Housing team in partnership with Solari held several community presentations to inform the community of the H2O program and plans for implementation. During quarter four, key H2O-related policies were finalized and posted for public comment. The AHCCCS Housing team also continued to meet with external stakeholders and federal partners to discuss partnership with Public Housing Authorities and the HUD Continuum of Care programs to establish long-term subsidies that H2O eligible members can transition to once the six months of short-term rental assistance under the H2O Program is coming to an end. A HUD round table discussion with federal partners is scheduled for December 17, 2024, to provide the space to deepen discussion and operationalize administrative procedures that will streamline members transition from the Medicaid short term rental assistance to a long-term subsidy available through a HUD program.

Additional activities this quarter include the following:

1. The AHCCCS Housing team continued progress with the Bower Park Transitional Housing project, which will provide 50 transitional housing beds to members with an SMI designation. Construction began and the AHCCCS Housing team worked with the provider to update their project plan, which included recommendations for policies to be created prior to opening.
2. The AHCCCS Housing team continued progress supporting the Data Warehouse Enterprise for Linkage Arizona (DWEL-AZ) initiative. This project seeks to combine relevant data sources to coordinate efforts and resources supporting members who are experiencing homelessness. The AHCCCS team helped facilitate connections with Contexture, the state designated HIE, in order to identify data sharing capabilities for the HIE and the DWEL-AZ initiative.
3. The AHCCCS Housing team continued to hold regular meetings with the MCO's housing liaisons in order to provide oversight of contractual obligations to provide community-based supportive services to eligible members, especially those the MCO is aware are experiencing homelessness. The AHCCCS Housing team receives a quarterly supportive housing deliverable from each MCO, and the report is reviewed and feedback provided to the MCO in order to improve and coordinate member access to housing related supportive services for eligible members.

4. Whole Person Care – Justice Initiatives

In quarter four, the AHCCCS Justice team, in partnership with AHCCCS' Division of Member and Provider Services (DMPS), continued discussions with the City of Mesa to fully automate their booking and release data for justice-involved members who are incarcerated within that municipality. Of note, AHCCCS is engaged in a pilot project with Maricopa County's medical vendor, Correctional Health Services, for the hospitalized inmate automation process that is being led by staff in DMPS. This pilot is effective as of September 2024.

In addition to AHCCCS justice enrollment and hospitalized inmate automation activities, AHCCCS continues to meet internally to conceptualize implementation planning for the Consolidated Appropriations Act guidance around juveniles being eligible for some Medicaid services, including Targeted Case Management, 30 days prior to and following a term of detainment. AHCCCS expects to finalize these details in quarter 1 of 2025. Additionally, the AHCCCS justice team collaborated with the AHCCCS Federal Relations and Policy team to establish a recurring workgroup to proactively plan for the Arizona Section 1115 Reentry Waiver and State Plan Amendment negotiations. Throughout this quarter, AHCCCS began collecting preliminary data from detention administrators to conceptualize each detention center's readiness for CAA operationalization. To enhance coordination and promote responsiveness, AHCCCS is exploring the functionality of leveraging justice-specific project management to conduct an environmental scan of detention facilities to assess their levels of readiness, which will ultimately support AHCCCS decisions on operationalization of CAA requirements.

The AHCCCS Justice team continues to support Targeted investments (TI) 2.0 readiness by assisting providers and Arizona Department of Corrections, Rehabilitation & Reentry (ADCRR) in their efforts to outline clear expectations, streamline coordination, and ensure that there is no duplication of services. In quarter four, AHCCCS TI and Justice Administrators discussed the feasibility of enhancing data received from ADCRR in an existing 270/271 agreement through a separate data request, which would allow AHCCCS to share basic demographic, enrollment and provider information with ADCRR's medical vendor, Naphcare. Specialized reporting would allow ADCRR's medical vendor to proactively coordinate care and enhance continuity of care with MCO Justice Liaisons, probation/parole, and members preparing for reentry. AHCCCS has also begun negotiations with ADHS and local tobacco-cessation programs to implement the original requirements and enhance future requirements to leverage all available resources in supporting justice-involved members seeking to reduce tobacco consumption.

In quarter four, the AHCCCS justice team, in collaboration with the Office of Data Analytics, completed a data request which will allow AHCCCS to validate the efficacy of reach-in care coordination that is being completed by the MCO's Justice Liaisons prior to release. By leveraging claims data post-release, AHCCCS will have greater oversight into any barriers or quality of care concerns related to reach-in programming.

5. ***Whole Person Care - Safe Outdoor Spaces***

Work on the free Parks Rx Program with the Arizona State Parks and Trails Department was paused this quarter due to limited staffing but the exploration of the collaborative project is scheduled to resume on October 9, 2024.

6. ***Whole Person Care - Social Isolation/Social Support***

In quarter four, AHCCCS was preparing for the release of a new policy designed to establish services to reduce social isolation and loneliness among members in ALTCS after four years of development with AHCCCS and community stakeholders. The new policy and services have been put on hold indefinitely due to state budget constraints.

7. ***Whole Person Care – Community Cares Statewide Closed-Loop Referral System***

Arizona's Statewide Closed-Loop Referral System, known as CommunityCares, is an electronic tool that allows our health care providers to screen and refer members to HRSN. AHCCCS contracts with the organization Contexture to manage CommunityCares as well as the software vendor for the system (Unite Us). In quarter four, AHCCCS continued to see increased CLRS enrollment and utilization. Currently, there are 550 organizations using CommunityCares to address HRSNs for AHCCCS members. To date, the CLRS has been used to provide 35,629 closed-loop referrals for HRSN services. The top five referral categories were for food assistance, housing/shelter, utility assistance, clothing/diapers/infant supplies/household goods, and transportation. This quarter, Contexture led biweekly outreach events to encourage providers and community organizations to use the CLRS.

Managed Care Organization Monitoring and Compliance

AHCCCS monitors and evaluates availability of services and access to care, organizational structure and operations, clinical and non-clinical quality measurement, and performance improvement outcomes through several methods including:

1. Operational Reviews.
2. Review and Analysis of Periodic Monitoring Reports.
3. Performance Measures.
4. Performance Improvement Projects.
5. Data Analysis.
6. Provider Network Time and Distance Standards Monitoring.
7. Appointment Availability, Monitoring, and Reporting.
8. Case Management Ratios.
9. Assessment of Fidelity to Service Delivery for Individuals with a Serious Mental Illness Designation.
10. Surveys.

A number of Contract deliverables are used to monitor and evaluate MCO compliance and performance. AHCCCS reviews, provides feedback, and approves these reports as appropriate.

Monitoring and Compliance

ALTCS-EPD Program - MCO Readiness and Member Transition

On December 1, 2024, AHCCCS awarded two statewide managed care Contracts to Health Net Access, Inc. (dba Arizona Complete Health-Long Term Care) and Arizona Physicians IPA, Inc. (dba UnitedHealthcare Community Plan) for the ALTCS-EPD Program under Solicitation YH24-0001. Contracts are effective October 1, 2024. Subsequently, three entities filed protests of the awards and these matters are now subject to the AHCCCS protest process set forth in AAC R9-28-601 et seq and R9-22-601 et seq.

AHCCCS continued with MCO readiness and member transition activities throughout the protest process until August 13, 2024, when all activities related to the member transition and readiness were paused.

On August 9, 2024, the Administrative Law Judge issued a Decision which recommended the appeals of the protesting MCOs be granted, concluding there were flaws in the procurement process and recommending the procurement be cancelled and that a new request for proposal be issued. As a result of this pause, the current

ALTCS EPD MCOs, UnitedHealthcare Community Plan, Mercy Care, and Banner-University Family Care will continue providing services to ALTCS EPD members for the foreseeable future.

AHCCCS issued its final Director's Decision (Decision) on September 8, 2024. This Decision denied the appeal of Mercy Care, BCBS of Arizona Health Choice, and Banner-University Family Care regarding the ALTCS EPD Procurement process and awards.

As a result of the Decision, AHCCCS extended the current ALTCS EPD Contracts with Banner-University Family Care, Mercy Care, and UnitedHealthcare Community Plan for one year, through September 30, 2025. AHCCCS is comprehensively evaluating operations and processes for transition to the newly awarded ALTCS EPD MCOs, Arizona Complete Health Long Term Care and UnitedHealthcare Community Plan which are expected to begin October 1, 2025.

Fidelity to SMI Targeted Services

AHCCCS utilizes contracted third-party evaluators to complete SAMHSA Evidence Based Practice (EBP) Fidelity Reviews of four targeted services including Assertive Community Treatment (ACT), Consumer Operated Services/Peer Run Organizations (COS/PRO), Permanent Supportive Housing (PSH) services, and Supported Employment (SE). The Western Interstate Commission for Higher Education (WICHE) Behavioral Health Program conducts the SAMHSA EBP Fidelity reviews of selected providers on a yearly basis and provides a report with the review outcomes to AHCCCS in addition to the contracted provider and the ACC-RBHA MCOs. As of June 30, 2024, WICHE completed 35 SAMHSA EBP Fidelity Reviews statewide (21 ACT, four COS, five PSH, five SE), evaluating each provider for how closely services are provided to the fidelity model. This is the first year that SAMHSA EBP Fidelity Reviews have been conducted statewide for the four targeted services. Reports have led to ongoing follow-up with the ACC-RBHA MCOs to review system improvements and opportunities for training and technical assistance specific to the implementation of ACT, Supported Employment, Consumer Operated Services, and Permanent Supportive Housing during monthly meetings.

In addition to the ongoing fidelity monitoring, training, and technical assistance AHCCCS receives three annual reports as required by the exit stipulations of, class action suit Arnold v. Sarn. These three reports include a summary of the fidelity reports; a Quality Service Report (QSR) that identifies strengths, service capacity gaps, and areas for improvement; and a Service Capacity Assessment (SCA) that evaluates the network capacity of services. These reports evaluate the delivery of behavioral health services to members in Maricopa County with an SMI designation. The annual summary of fidelity reports is completed by WICHE, while the QSR and SCA are conducted by Mercer. AHCCCS received the final 2024 reports in September and is reviewing the reports for finalization and publication on the AHCCCS website. Trends and recommendations will be identified and used to develop strategic goals to address behavioral health service needs.

MCO Operational Reviews

AHCCCS conducts compliance reviews (i.e., Operational Reviews [ORs]) to evaluate MCO compliance related to availability and quality of services, including implementation of policies, procedures, and progress toward plans of correction to improve quality of care and service for members. AHCCCS conducts a complete OR every three years via a desk review and virtual meetings with the MCOs. During quarter four, in August of 2024, AHCCCS conducted an OR for the Arizona Department of Economic Security Division of Developmental Disabilities (ALTCS/DDD).

Quality Improvement

AHCCCS implements interventions to monitor, evaluate, and report on performance through several activities which include, but are not limited to, the following:

Performance Measure Validation - During the quarter, AHCCCS continued to work with its External Quality Review Organization (EQRO) to conduct performance measure validation activities to evaluate the accuracy of the MCO Calendar Year (CY) 2023 performance measure data. These efforts remain ongoing; however, it is anticipated that final CY 2023 performance measure rates will be publicly available in April 2025.

Performance Improvement Projects - AHCCCS considers a PIP as a planned process of data gathering, evaluation, and analysis to determine interventions or activities that are anticipated to have a positive outcome. PIPs are designed to improve the quality of care and service delivery and usually span several years. While MCOs are required to select and implement internal PIPs to address self-identified opportunities, AHCCCS mandates other program-wide PIPs in which MCOs must participate and monitor performance until each MCOs meets requirements for demonstrable and sustained improvement. During the quarter, AHCCCS began working with its EQRO to conduct PIP validation activities for AHCCCS-Mandated PIPs underway during the previous 12 months. These efforts remain ongoing; however, it is anticipated that these efforts will conclude by March 2025.

For additional information related to performance measure and PIP indicator rates, as validated by AHCCCS' External Quality Review Organization, refer to Appendix A of this report.

X. Appendix A: Performance Measure Data

AHCCCS is committed to the development of a thoughtful, data-informed delivery system that incorporates the Centers for Medicare & Medicaid Services' (CMS) priorities and AHCCCS' business needs, as well as promotes optimal health outcomes for all members. AHCCCS has outlined a clear vision that promotes alignment with National Medicaid Quality Performance and Scorecard Measures, as well as enhanced engagement of contracted Managed Care Organizations (MCOs) and the agency's External Quality Review Organization (EQRO). 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's) leadership, the Quality Improvement team conducted various quality improvement activities that 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, and
- The initiation of its Quality Strategy Evaluation Update efforts and the continuation of an AHCCCS and MCO Quality Improvement Workgroup intended to facilitate collaboration and promote improvement in MCO quality performance. For example, through this workgroup, AHCCCS facilitated the implementation of a statewide Back-to-School campaign in collaboration with the AHCCCS MCOs.

Performance Measures

AHCCCS worked to strategically align its statewide performance measures with the CMS Child and Adult Core Sets prior to implementation of mandatory child and adult behavioral health measure reporting. AHCCCS utilizes historical performance data and national benchmark data [i.e., CMS Medicaid Median and NCQA Healthcare Effectiveness Data and Information Set (HEDIS®)1 Medicaid Mean] to compare MCO, population/line of business (LOB), and statewide quality performance. AHCCCS conducted an analysis of program-level performance measure rates for Calendar Year (CY) 2022 (January 1, 2022 to December 31, 2022)2, the most recent year for which final performance measure rates are available, for the following populations/LOB:

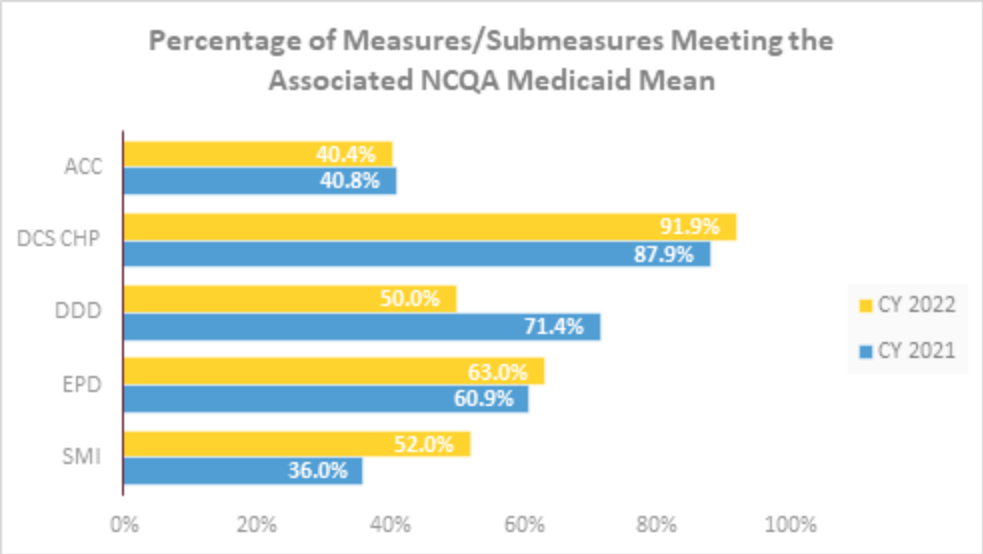
1. AHCCCS Complete Care (ACC)/KidsCare [Children's Health Insurance Program (CHIP)],
2. Department of Child Safety Comprehensive Health Plan (DCS/CHP) - formerly known as the Comprehensive Medical Dental Program (CMDP) prior to April 1, 2021,
3. Arizona Long Term Care System, Elderly and Physical Disabilities (ALTCS-EPD),
4. Arizona Long Term Care System, Developmental Disabilities (ALTCS-DD), and
5. Serious Mental Illness (SMI).

The performance measure data reflects combined rates/percentages for the Medicaid and KidsCare populations, as applicable to each population/LOB and measure. Continuous enrollment was based on member enrollment with each of the MCOs within the associated population/LOB.

Overall Performance Summary

AHCCCS' program-level CY 2022 performance measure rate analysis compared the population/LOB performance measure/sub measure rates with the NCQA Medicaid Means, as appropriate. Based on the analysis of applicable measures for each population[8], the DCS CHP program had the largest percentage of measures/submeasures that met or exceeded the associated 2022 NCQA Medicaid Mean at 91.9%, followed by the ALTCS-EPD program at 63.0%, the SMI program at 52.0%, the ALTCS-DD program at 50.0%, and the ACC/KidsCare program at 40.4%.

[8] Analysis may have included measures that utilized varying methodologies/data sources to calculate a rate for the applicable reporting periods and/or measures where a break in trending was recommended by the associated measure steward.



It is important to note that the COVID-19 Public Health Emergency (PHE) may have had an impact on performance for various measures included within this report. Despite efforts and initiatives targeted towards the provision of telehealth services, members may have had difficulties accessing care due to the COVID-19 PHE, as some in-person services were temporarily suspended during either the measurement period and/or related lookback period.

It is AHCCCS' expectation that the MCOs calculate and report all measures in accordance with AHCCCS instructions; this includes the use of the hybrid methodology to calculate measures where allowable per the associated technical specifications. The inability or failure of an MCO to report rates in this manner may result in variation in methodologies utilized to calculate the CY 2021 and CY 2022 program aggregate rates (e.g., reporting a program aggregate rate utilizing administrative or mixed methodologies). Therefore, the inability or failure of an MCO to report rates in this manner may result in regulatory action.

Based on internal review and analysis of the CY 2022 performance measure data, AHCCCS issued guidance to all MCOs that required the implementation and submission of corrective action plans (CAPs) and summaries of activities/interventions conducted by the MCOs to improve performance for select measures that did not meet associated national benchmarks. AHCCCS will continue to monitor the Contractors' progress in meeting these goals and determine if additional actions or initiatives will be required during the upcoming year to address the areas of opportunity noted.

Refer to the following subsections for program-specific performance summaries and the tables in the Performance Measure Data by Population/LOB section below for additional details related to performance measure rate reporting.

ACC/KidsCare

The ACC MCOs provide integrated care addressing the physical and behavioral health needs for most Medicaid-eligible children and adults, as well as addressing the physical and behavioral health needs for most KidsCare-eligible children (under age 19).

ACC/KidsCare Performance Summary

The following subsections provide a performance analysis (inclusive of strengths and noted areas of opportunities) for the ACC/KidsCare program, a comparison of the current and previous year's performance, as well as the current and planned quality improvement related initiatives.

Performance Analysis

AHCCCS conducted an analysis of the ACC/KidsCare program performance based on CY 2022 performance measure data. This analysis compared the ACC/KidsCare performance measure/sub-measure rates with the 2022 NCQA Medicaid Means, as appropriate. Of the 52 ACC CY 2022 performance measures/submeasures compared to the *NCQA State of Health Care Quality Report*, 40.4% of the performance measures reported met or exceeded the associated 2022 NCQA Medicaid Mean; whereas 47.2% of the 53 performance measures compared to the FFY 2023 Child and Adult Health Care Quality Measures Quality data met or exceeded the associated CMS Medicaid Median. For the 27 performance measures compared to both the NCQA Medicaid Mean and the CMS Medicaid Median based on measure specification alignment, 33.3% met or exceeded both associated benchmarks.

Overall, the ACC/KidsCare program demonstrated strength for the following performance measures when compared to the 2022 NCQA Medicaid Mean[9]:

- Follow-Up After Hospitalization for Mental Illness - 7 Day,
- Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (all submeasures),
- Immunizations for Adolescents - Meningococcal (MCV4),
- Metabolic Monitoring for Children and Adolescents on Antipsychotics - Blood Glucose and Cholesterol Testing, and
- Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics.

When comparing the ACC/KidsCare program-level performance with the 2022 NCQA Medicaid Means, the following program performance measure/sub measure rates were substantially below the associated NCQA Medicaid Mean and, as such, were identified as areas of opportunity[10].

- Adherence to Antipsychotic Medications for Individuals with Schizophrenia,
- Childhood Immunization Status – Influenza,
- Lead Screening in Children,
- Prenatal and Postpartum Care – Postpartum Care, and
- Well-Child Visits in the First 30 Months of Life: 30 Months.

Previous Year Performance Comparison

In comparison to previous year's performance, the ACC/KidsCare program rates for the Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Body Mass Index (BMI) Percentile

[9] Population/LOB performance exceeded the associated 2022 NCQA Medicaid Mean published in the NCQA State of Health Care Quality Report by at least 7.0%.
[10] Except where indicated, population/LOB performance did not meet the associated 2022 NCQA Medicaid Mean as published in the NCQA State of Health Care Quality Report by at least 7.0%.

Documentation sub-measure demonstrated an improvement in performance and no longer met the agency's criteria for inclusion as an identified area of opportunity within the CMS Annual Report. Similarly, four measures/submeasures identified as ACC/KidsCare program strengths were maintained, and one new sub-measure was added for this year. The newly added sub-measure [Follow-Up After Hospitalization for Mental Illness - 7 Day] which demonstrated a statistically significant improvement in performance of 4.0 percentage points from the previous year.

Three new measures/submeasures were added to the list of identified areas of opportunity when compared to previous year's performance, with the Childhood Immunization Status - Influenza and Well-Child Visits in the First 30 Months of Life: 30 Months submeasures demonstrating a statistically significant decline in performance for CY 2022, and the Lead Screening in Children measure for which CY 2022 served as a baseline measurement period. Two of three measures that remained as areas of identified opportunities (Adherence to Antipsychotic Medications for Individuals with Schizophrenia and Prenatal and Postpartum Care - Postpartum Care) were noted to have a statistically significant improvement in performance from the previous year.

Current and Planned Initiatives

AHCCCS previously identified an opportunity for improvement in well-child and adolescent well-care rates for MCOs providing care and services to children and adolescents. 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: Rate 1 (15 Months) and Child and Adolescent Well-Care Visits. Increasing the rates for these measures may impact other measures and focus areas including, but not limited to, childhood and adolescent immunizations, weight assessment and counseling for nutrition and physical activity, and developmental screenings.

Recently, AHCCCS identified an opportunity for improvement in the Lead Screening in Children and Well-Child Visits in the First 30 Months of Life: 30 Months measures. As such, AHCCCS will implement a From the Start: Promoting Children's Health Performance Improvement Project (PIP) for CY 2025 which will focus on improving the rates of Well-Child Visits in the First 30 Months of Life: 30 Months and Lead Screening in Children and aims to improve the health of children by demonstrating a statistically significant improvement in performance for these indicators. Increasing the rates for these indicators may impact other measures and focus areas including, but not limited to, childhood immunizations and developmental screenings.

AHCCCS also identified an opportunity for improvement related to postpartum care visits. As such, AHCCCS implemented a Prenatal and Postpartum Care PIP, with a baseline year of CY 2022, which aims to improve the number and percent of members with live birth deliveries that 1) received a prenatal care visit, and 2) received a postpartum visit. Baseline measurement year data can be found within subsection C. Performance Improvement Projects. AHCCCS anticipates that first remeasurement year performance data will be available in April 2026.

Additionally, AHCCCS included the Adherence to Antipsychotic Medications for Individuals with Schizophrenia measure as part of its Value Based Purchasing (VBP) initiative for the ACC program starting with CY 2025.

DCS CHP

Children in foster care began receiving care and services through an integrated delivery model on April 1, 2021. Refer to the tables in the Performance Measure Data by Population/LOB section below for additional details related to performance measure rate reporting.

DCS CHP Performance Summary

The following subsection provides a performance analysis (inclusive of strengths and noted areas of opportunities) for DCS CHP, a comparison of current and previous year's performance, as well as the current and planned quality improvement related initiatives.

Performance Analysis

AHCCCS conducted an analysis of the DCS CHP performance based on CYE 2022 performance measure data. This analysis compared the DCS CHP performance measure rates with the NCQA Medicaid Means, as appropriate. Of the 37 DCS CHP performance measures/submeasures compared to the NCQA State of Health Care Quality Report, 91.9% of the performance measures reported met or exceeded the associated 2022 NCQA Medicaid Mean; whereas 91.3% of the 23 performance measures compared to the FFY 2023 Child and Adult Health Care Quality Measures Quality data met or exceeded the associated CMS Medicaid Median. For the 15 performance measures compared to both the NCQA Medicaid Mean and the CMS Medicaid Median based on measure specification alignment, 73.3% met or exceeded both associated benchmarks.

The DCS CHP program demonstrated strength for the following performance measures when compared to the associated 2022 NCQA Medicaid Mean[11]:

- Child and Adolescent Well-Care Visits,
- Childhood Immunization Status - Combination 3; Diphtheria, Tetanus, Acellular Pertussis (DTAP); Haemophilus Influenza Type B (HiB); Hepatitis A (HEP A); Hepatitis B (HEP B); Inactivated Polio Virus (IPV); Influenza; Measles, Mumps, Rubella (MMR); Pneumococcal Conjugate (PCV); Varicella (VZV),
- Follow-Up After ED Visit for Mental Illness (all submeasures),
- Follow-Up After ED Visit for Substance Use (all submeasures),
- Follow-Up After Hospitalization for Mental Illness (all submeasures),
- Follow-Up Care for Children Prescribed ADHD Medication (all submeasures),
- Immunizations for Adolescents (all submeasures),
- Metabolic Monitoring for Children and Adolescents on Antipsychotics - Blood Glucose and Cholesterol Testing,
- Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics, and
- Well-Child Visits in the First 30 Months of Life: 30 Months.

In addition, the DCS CHP program exceeded the NCQA Medicaid Mean for all behavioral health measures, at times exceeding the benchmark by more than 35 percentage points.

[11] Population primarily includes members under 18 years of age. Analysis based on comparison of performance with the associated 2022 NCQA Medicaid Mean which may include variation as age range for the comparison benchmarks are reflective of NCQA HEDIS® methodology. Caution is recommended when interpreting the analysis findings.

Noted areas of opportunity include the following performance measure[12] [13]:

- Weight Assessment and Counseling for Nutrition and Physical Activity for Children (all sub-measures).

Previous Year Performance Comparison

In comparison to previous year's performance, all measures/submeasures identified as strengths for the DCS CHP program were maintained, with one new measure and four new submeasures added this year. Within the noted areas of opportunity, no new measures were added; however, two measures/submeasures were removed as the Childhood Immunization Status – RV performance measure rate demonstrated a statistically significant improvement of 14.7 percentage points and the Well-Child Visits in the First 30 Months of Life: 15 Months rate demonstrated a statistically significant improvement of 12.1 percentage points when compared to the previous year. While the Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI Percentile Documentation was maintained as an area of opportunity, a statistically significant improvement of 3.0 percentage points was noted.

Current and Planned Initiatives

The DCS CHP program was included in the Back to Basics PIP which aims to improve the rates of Well-Child Visits in the First 30 Months of Life: Rate 1 (15 Months) and Child and Adolescent Well-Care Visits measures. Increasing the rates for these measures may impact other measures and focus areas including, but not limited to, childhood and adolescent immunizations, weight assessment and counseling for nutrition and physical activity, and developmental screenings.

The DCS CHP program will also be included within the From the Start: Promoting Children's Health Basics Performance Improvement Project (PIP) for CY 2025 which will focus on improving the rates of Well-Child Visits in the First 30 Months of Life: 30 Months and Lead Screening in Children and aims to improve the health of children by demonstrating a statistically significant improvement in performance for these indicators.

ALTCS-EPD

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

ALTCS-EPD Performance Summary

The following subsections provide performance analysis (inclusive of strengths and noted areas of opportunities), comparison of current and previous year's performance, and current and planned quality improvement related initiatives.

[12] DCS CHP did not have any measures that did not meet the associated 2022 NCQA Medicaid Mean by at least 7.0% as published in the NCQA State of Health Care Quality Report; therefore, DCS areas of opportunities include measures that did not meet the associated 2021 NCQA Medicaid Mean as published in the NCQA State of Health Care Quality Report.
[13] Population primarily includes members under 18 years of age. Analysis based on comparison of performance with the associated 2022 NCQA Medicaid Mean which may include variation as age range for the comparison benchmarks are reflective of NCQA HEDIS® methodology. Caution is recommended when interpreting the analysis findings.

Performance Analysis

AHCCCS conducted an analysis of the ALTCS-EPD program performance based on CY 2022 performance measure data. This analysis compared the ALTCS-EPD performance measure/sub measure rates with the NCQA Medicaid Means, as appropriate. Of the 27 ALTCS-EPD performance measures compared to the NCQA State of Health Care Quality Report, 63.0% of the performance measures reported met or exceeded the associated 2022 NCQA Medicaid Mean; whereas, 50.0% of the 24 performance measures compared to the FFY 2023 Child and Adult Health Care Quality Measures Quality data met or exceeded the associated CMS Medicaid Median. For the 13 performance measures compared to both the NCQA Medicaid Mean and the CMS Medicaid Median based on measure specification alignment, 69.2% met or exceeded both associated benchmarks.

Overall, the ALTCS-EPD program demonstrated strength for the following performance measures when compared to the 2022 NCQA Medicaid Means:

- Adherence to Antipsychotic Medications for Individuals with Schizophrenia,
- Adults' Access to Preventive/Ambulatory Health Services,
- Antidepressant Medication Management (all submeasures),
- Controlling High Blood Pressure,
- Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications,
- Follow-Up After Hospitalization for Mental Illness (all submeasures),
- Hemoglobin A1c Control for Patients with Diabetes (all submeasures),
- Initiation and Engagement of Alcohol and Other Drug (AOD) Abuse or Dependence Treatment – Initiation of AOD (Total), and
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Counseling for Nutrition.

Noted areas of opportunity include the following performance measures:

- Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis,
- Breast Cancer Screening,
- Cervical Cancer Screening,
- Chlamydia Screening in Women,
- Initiation and Engagement of AOD Abuse or Dependence Treatment - Engagement of AOD (Total), and
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Counseling for Physical Activity.

Previous Year Performance Comparison

In comparison to the previous year's performance, five of the six measures/submeasures identified as ALTCS-EPD program strengths were maintained. Two new measures (Follow-Up After ED Visit for Mental Illness and Hemoglobin A1c Control for Patients with Diabetes) and two submeasures (Initiation and Engagement of AOD Abuse or Dependence Treatment – Initiation of AOD and Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Counseling for Nutrition) were added for this year. Of note, the Weight Assessment and Counseling for Nutrition and Physical Activity for

Children/Adolescents – Counseling for Nutrition demonstrated an improvement of 10.7 percentage points when compared to the previous year's performance; the Initiation and Engagement of AOD Abuse or Dependence Treatment - Engagement of AOD (Total) demonstrated an improvement of 1.3 percentage points compared to the previous year's performance; and the Hemoglobin A1c Control for Patients With Diabetes - HbA1c Poor Control (>9.0%) demonstrated a statistically significant improvement in performance of 5.5 percentage point improvement when compared to the previous year's performance.

Within the noted areas of opportunity, one new sub-measure (Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Counseling for Physical Activity) and one new measure (Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis) were added; whereas, the Follow Up After Hospitalization for Mental Illness – 30 day sub-measure was removed and added to the ALTCS-EPD program strengths list as it demonstrated a statistically significant improvement of 18.1 percentage points from the previous year. Of the measures/submeasures that remained as an area of opportunity for both measurement periods, two of the four measures/submeasures (Breast Cancer Screening and Cervical Cancer Screening) were noted to demonstrate a statistically significant improvement in performance when compared to the previous year's performance.

Current and Planned Initiatives

AHCCCS previously implemented a Breast Cancer Screening PIP for the ALTCS-EPD program aimed at improving breast cancer screening rates in members. AHCCCS anticipates that the second remeasurement year data, reflective of CY 2023 performance, will be available in April 2025. In addition to the Breast Cancer Screening PIP, AHCCCS included the Breast Cancer Screening measure as part of its VBP initiative for the ALTCS-EPD program starting in CY 2021 and the Cervical Cancer Screening measure as part of its VBP initiative starting in CY 2023.

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 have historically received acute and behavioral health care services through the Department of Economic Security (DES)/Division of Developmental Disabilities (DDD)-subcontracted health plans. As of October 1, 2019, 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

The following subsections provide a performance analysis (inclusive of strengths and noted areas of opportunities) for the ALTCS-DD program, a comparison of current and previous year's performance, as well as the current and planned quality improvement related initiatives.

Performance Analysis

AHCCCS conducted an analysis of the ALTCS-DD program performance based on CY 2022 performance measure data. This analysis compared the ALTCS-DD performance measure/sub measure rates with the 2022 NCQA Medicaid Means, as appropriate. Of the 46 ALTCS-DD performance measures/submeasures compared to the NCQA State of Health Care Quality Report, 50.0% of the performance measures reported met or

exceeded the associated 2022 NCQA Medicaid Mean; whereas, 66.7% of the 39 performance measures compared to the FFY 2023 Child and Adult Health Care Quality Measures Quality data met or exceeded the associated CMS Medicaid Median. For the 24 performance measures compared to both the NCQA Medicaid Mean and the CMS Medicaid Median based on measure specification alignment, 54.2% met or exceeded both associated benchmarks.

Overall, the ALTCS-DD program demonstrated strength for the following performance measures when compared to the 2022 NCQA Medicaid Means:

- Adherence to Antipsychotic Medications for Individuals with Schizophrenia,
- Adults' Access to Preventive/Ambulatory Health Services
- Antidepressant Medication Management - Effective Continuation Phase Treatment,
- Asthma Medication Ratio,
- Childhood Immunization Status –Influenza
- Controlling High Blood Pressure,
- Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication,
- Follow-Up After ED Visit for Mental Illness (all submeasures),
- Follow-Up After Hospitalization for Mental Illness (all submeasures),
- Follow-Up Care for Children Prescribed ADHD Medication - Initiation Phase
- Hemoglobin A1c Control for Patients with Diabetes (all submeasures), and
- Metabolic Monitoring for Children and Adolescents on Antipsychotics - Blood Glucose and Cholesterol Testing.

Noted areas of opportunity include the following performance measures:

- Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis,
- Cervical Cancer Screening,
- Childhood Immunization Status – Rotavirus (RV) and Combination 10,
- Chlamydia Screening in Women,
- Lead Screening in Children, and
- Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics.

Previous Year Performance Comparison

In comparison to previous year's performance, six submeasures (five of which related to the Childhood Immunization Status measure) identified as strengths for the ALTCS-DD program in the previous year no longer met the criteria for inclusion as a program strength, with a statistically significant decline noted for the Childhood Immunization Status – Combination 3 sub-measure. Of the nine measures/submeasures maintained as ALTCS-DD program strengths, three measures/submeasures demonstrated statistically significant improvement in performance when compared to the previous year.

One new measure and one new sub-measure was added to the list of identified areas of opportunity when compared to the previous year's performance, with one measure being the Lead Screening in Children measure for which CY 2022 served as a baseline measurement period. The Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment - Initiation of AOD sub-measure was removed from

the list as a statistically significant improvement of 8.3 percentage points was noted and no longer met criteria for inclusion as an identified opportunity. For the five measures/submeasures that remained as areas of identified opportunities, four were noted to have no statistically significant change in performance when compared to the previous year.

Current and Planned Initiatives

The ALTCS-DD program was included in the Back to Basics PIP which aims to improve the rates of Well-Child Visits in the First 30 Months of Life: Rate 1 (15 Months) and Child and Adolescent Well-Care Visits. As with other programs, increasing the rates for these measures may impact other measures and focus areas including, but not limited to, childhood and adolescent immunizations, weight assessment and counseling for nutrition and physical activity, and developmental screenings.

Additionally, the ALTCS-DD program will be included within the From the Start: Promoting Children's Health PIP for CY 2025 which will focus on improving the rates of Well-Child Visits in the First 30 Months of Life: 30 Months and Lead Screening in Children and aims to improve the health of children by demonstrating a statistically significant improvement in performance for these indicators.

SMI

During CYE 2022, members with an SMI designation received integrated physical and behavioral health services through the RBHAs[14].

SMI Performance Summary

The following subsections provide performance analysis (inclusive of strengths and noted areas of opportunities), comparison of current and previous year's performance, and current and planned quality improvement related initiatives.

Performance Analysis

AHCCCS conducted an analysis of the SMI program performance based on CY 2022 performance measure data. This analysis compared the SMI program performance measure/sub measure rates with the NCQA Medicaid Means, as appropriate. Of the 25 SMI program performance measures compared to the *NCQA State of Health Care Quality Report*, 52.0% of the performance measures reported met or exceeded the associated 2022 NCQA Medicaid Mean; whereas, 34.6% of the 26 performance measures compared to the FFY 2023 Child and Adult Health Care Quality Measures Quality data met or exceeded the associated 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% met or exceeded both associated benchmarks.

[14] Effective October 1, 2022, the acronym 'RBHA' changed from Regional Behavioral Health Authority to Regional Behavioral Health Agreement. Services are provided by AHCCCS Complete Care Contractors with Regional Behavioral Health Agreements (ACC-RBHAs).

Overall, the SMI program demonstrated strength for the following performance measures when compared to the 2022 NCQA Medicaid Means[15]:

- Adults' Access to Preventive/Ambulatory Health Services,
- Follow-Up After ED Visit for Mental Illness (all submeasures),
- Follow-Up After ED Visit for Substance Use (all submeasures),
- Follow-Up After Hospitalization for Mental Illness (all submeasures), and
- Hemoglobin A1c Control for Patients with Diabetes (all submeasures).

Noted areas of opportunity include the following performance measures[16]:

- Antidepressant Medication Management – Effective Acute Phase Treatment,
- Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis,
- Breast Cancer Screening, and
- Prenatal and Postpartum Care – Postpartum Care.

Previous Year Performance Comparison

In comparison to previous year's performance, all measures/submeasures identified as strengths for the SMI program were maintained, and one sub-measure (Follow-Up After ED Visit for Substance Use – 7 Day) and one new measure (Hemoglobin A1c Control for Patients with Diabetes) were added with the Hemoglobin A1c Control for Patients with Diabetes – HbA1c Poor Control (>9.0%) improving by 8.1 percentage points.

Two new measures/submeasures (Antidepressant Medication Management – Effective Acute Phase Treatment and Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis) were added to the list of identified areas of opportunity when compared to the previous year's performance. The Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis measure was noted to have a non-statistically significant improvement of 2.5 percentage points when compared to the previous year's performance, whereas the Antidepressant Medication Management – Effective Acute Phase Treatment sub-measure was noted to have a statistically significant decline in performance of 3.8 percentage points. Although the Breast Cancer Screening and Prenatal and Postpartum Care – Postpartum Care sub-measure remained on the list, the Postpartum Care sub-measure demonstrated a non-statistically significant improvement of 9.0 percentage points and the Breast Cancer Screening measure demonstrated a statistically significant improvement of 6.0 percentage points when compared to the previous year's performance. The Prenatal and Postpartum Care – Timeliness of Prenatal Care sub-measure demonstrated a non-statistically significant improvement of 1.7 percentage points from the previous year and no longer met the agency's criteria for inclusion as an identified area of opportunity within the CMS Annual Report.

Current and Planned Initiatives

With the identified areas of opportunity noted above, AHCCCS implemented a Preventive Screening PIP for the SMI Integrated program which aims to improve the rates of breast cancer and cervical cancer screenings.

[15] Population includes members 18 years of age and older. Analysis based on comparison of performance with the associated 2022 NCQA Medicaid Mean may include variation as age range for the comparison benchmarks are reflective of NCQA HEDIS® methodology. Caution is recommended when interpreting the analysis findings.
[16] Population includes members 18 years of age and older. Analysis based on comparison of performance with the associated 2022 NCQA Medicaid Mean may include variation as age range for the comparison benchmarks are reflective of NCQA HEDIS® methodology. Caution is recommended when interpreting the analysis findings.

AHCCCS anticipates that remeasurement year two data, reflective of CY 2023 performance, will be available in April 2025.

The SMI program is also included within the Prenatal and Postpartum Care PIP which aims to improve the number and percentage of members with live birth deliveries that 1) received a prenatal care visit, and 2) received a postpartum visit. AHCCCS anticipates that the first remeasurement year data, reflective of CY 2024 performance, will be available in April 2026.

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 Federal Fiscal Year (FFY) 2023 (October 1, 2022 to September 30, 2023) and is inclusive of the information reported to CMS on the annual Form CMS-416 Report. Note that although KidsCare is not formally reported to CMS via the CMS-416 Report, AHCCCS monitors this program using the same methodology as the Form CMS-416 Report for comparison purposes.

	FFY 2021	FFY 2022	FFY 2023
Medicaid CMS-416 Rates			
EPSDT Participation (%)	45.9%	47.3%	48.6%
Total Eligibles Receiving Preventive Dental Services (%)	44.8%	45.4%	45.7%
Total Eligibles Receiving Any Dental Services (%)	46.2%	46.9%	47.3%
KidsCare CMS-416 Rates			
EPSDT Participation (%)	51.6%	51.6%	51.0%
Total Eligibles Receiving Preventive Dental Services (%)	47.7%	47.7%	45.2%
Total Eligibles Receiving Any Dental Services (%)	50.3%	50.5%	48.0%

March 2020 marked the beginning of the COVID-19 public health emergency (PHE) which negatively impacted Form CMS-416 rates beginning with FFY 2020, most notably for EPSDT participation. While the Medicaid and KidsCare CMS-416 rates remained relatively consistent for FFY 2021, FFY 2022, and FFY 2023:

- The Medicaid EPSDT Participation rate improved 2.7 percentage points, and
- The KidsCare CMS-416 dental services rates declined 2.3 percentage points since FFY 2021.

Performance Improvement Projects (PIPs)

AHCCCS had the following PIPs in place during CYE 2023 (October 1, 2022 to September 30, 2023):

Back to Basics PIP

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

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

Back to Basics	CYE 2019 Rate	CYE 2022 Rate[1]	CYE 2023 Rate	Year to Year Change[2]
ACC/KidsCare				
Well-Child Visits: 15 Month Rate	64.1%	60.8%	Rate Pending	Not Available
Child and Adolescent Well-Care Visits	49.9%	45.0%	Rate Pending	Not Available
DCS CHP				
Well-Child Visits: 15 Month Rate	N/A	N/A	Rate Pending	Not Available
Child and Adolescent Well-Care Visits	72.6%	71.0%	Rate Pending	Not Available
ALTCS-DD				
Well-Child Visits: 15 Month Rate	N/A	N/A	Rate Pending	Not Available
Child and Adolescent Well-Care Visits	50.7%	54.4%	Rate Pending	Not Available

1 Final Calendar Year (CY) 2023 Performance Measure rates anticipated to be available in April 2025.
2 Year to Year Change is not available.

When comparing the program CY 2022 (Remeasurement Year 1) indicator rates to the baseline performance, the ALTCS-DD program demonstrated a statistically significant improvement for its Child and Adolescent Well-Care Visit performance indicator. While DCS CHP experienced a decline in performance for this same indicator, its Remeasurement Year 1 performance exceeded the associated 2022 NCQA Medicaid Mean and was considered a non-statically significant change when compared to its baseline performance. The ACC program demonstrated a statistically significant decline for both performance indicators. As such, AHCCCS has extended this PIP into CY 2024 (Remeasurement Year 3) to promote improvement. AHCCCS will evaluate the next steps, including the possibility of additional regulatory action, following an analysis of the CY 2023 (Remeasurement Year 2) performance.

Breast Cancer Screening PIP

Population(s): 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[1]	CYE 2023 Rate	Year to Year Change[2]
ALTCS-EPD				
Breast Cancer Screening	36.5%	38.5%	Rate Pending	Not Available

[1] *Final Calendar Year (CY) 2023 Performance Measure rates anticipated to be available in April 2025.*
[2] *Year to Year Change is not available.*

When comparing the program CY 2022 (Remeasurement Year 1) indicator rates to the baseline performance, a non-statically significant improvement in performance was noted. AHCCCS will conduct an analysis of the CY 2023 (Remeasurement Year 2) performance, once available.

Preventive Screening PIP

Population(s): 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[1]	CYE 2023 Rate	Year to Year Change[2]
SMI				
Breast Cancer Screening	36.9%	40.3%	Rate Pending	Not Available
Cervical Cancer Screening[3]	43.2%	37.1%	Rate Pending	Not Available

[1] *Final Calendar Year (CY) 2023 Performance Measure rates anticipated to be available in April 2025.*
[2] *Year to Year Change is not available.*
[3] *Rates reported reflect those calculated utilizing administrative versus hybrid methodology.*

When comparing the program CY 2022 (Remeasurement Year 1) indicator rates to the baseline performance, a statistically significant improvement in performance was noted for the Breast Cancer Screening indicator; however, a statistically significant decline was noted for the Cervical Cancer Screening. As a result, AHCCCS has extended this PIP into CY 2024 (Remeasurement Year 3) to promote improvement for the Cervical Cancer Screening indicator. AHCCCS will evaluate the next steps following an analysis of the CY 2023 (Remeasurement Year 2) performance.

Prenatal and Postpartum Care PIP

Population(s): ACC and SMI

To improve health outcomes for members and infants, this performance improvement project focuses on increasing the number and percent of members with live birth deliveries that 1) received a prenatal care visit,

and 2) received a postpartum visit. The goal of this project is to demonstrate a statistically significant increase in the number and percent of members with live birth deliveries that 1) received a prenatal care visit, and 2) received a postpartum visit, followed by sustained improvement for one consecutive year.

Prenatal and Postpartum Care	CYE 2022 Rate	CYE 2024 Rate[1]	CYE 2025 Rate	Year to Year Change[2]
ACC/KidsCare				
Timeliness of Prenatal Care[3]	64.1%	Rate Pending	Rate Pending	Not Available
Postpartum Care[3]	49.9%	Rate Pending	Rate Pending	Not Available
ACC-RBHA SMI-Designated Population				
Timeliness of Prenatal Care[3]	N/A	Rate Pending	Rate Pending	Not Available
Postpartum Care[3]	50.7%	Rate Pending	Rate Pending	Not Available

[1] *Final Calendar Year (CY) 2024 Performance Measure rates anticipated to be available in April 2026.*
[2] *Year to Year Change is not available.*
[3] *Measure calculated and reported using NCQA HEDIS® technical specifications.*

For additional information related to Contractor and program-level performance for active AHCCCS-Mandate PIPs, refer to the associated PIP Snapshot Reports found on the AHCCCS Quality & Performance Improvement webpage.

Performance Measure Data by Population/LOB

The following tables include performance measure data for each population/LOB as well as the associated 2022 NCQA Medicaid Mean data published and accessible through the *NCQA State of Health Care Quality Report*.

Table A1- ACC

ACC Performance Measure Rates	CY 2022 Rates	Year-to-Year Comparison Statistical Significance	Exceeded the 2022 NCQA Medicaid Mean
Adherence to Antipsychotic Medications for Individuals with Schizophrenia	50.5%	▲	N
Adults' Access to Preventive/Ambulatory Health Services	67.5%	▼	N
Ambulatory Care: ED Visits[1]	487.8	—	NA

ACC Performance Measure Rates	CY 2022 Rates	Year-to-Year Comparison Statistical Significance	Exceeded the 2022 NCQA Medicaid Mean
Antidepressant Medication Management - Effective Acute Phase Treatment	59.0%	▼	N
Antidepressant Medication Management - Effective Continuation Phase Treatment	40.5%	▼	N
Asthma in Younger Adults Admission Rate - Reported Per 100,000 Member Months^	2.8	—	NA
Asthma Medication Ratio[1]	63.9%	▼	N
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis[1]	58.2%	▲	N
Breast Cancer Screening	50.9%	▲	N
Cervical Cancer Screening	53.1%	▲	N
Child and Adolescent Well-Care Visits (Total)	45.0%	▲	N
Childhood Immunization Status - Combination 10	26.2%	▼	N
Childhood Immunization Status - Combination 3	59.5%	▼	N
Childhood Immunization Status - Combination 7	53.5%	▼	NA
Childhood Immunization Status - Diphtheria, Tetanus, Acellular Pertussis (DTAP)	65.4%	▼	N
Childhood Immunization Status - Haemophilus Influenza Type B (HiB)	81.5%	▲	N
Childhood Immunization Status - Hepatitis A (HEP A)	78.3%	▼	N
Childhood Immunization Status - Hepatitis B (HEP B)	82.7%	▼	N
Childhood Immunization Status - Inactivated Polio Virus (IPV)	82.8%	▲	N
Childhood Immunization Status - Influenza	34.1%	▼	N
Childhood Immunization Status - Measles, Mumps, Rubella (MMR)	79.8%	▼	N

ACC Performance Measure Rates	CY 2022 Rates	Year-to-Year Comparison Statistical Significance	Exceeded the 2022 NCQA Medicaid Mean
Childhood Immunization Status - Pneumococcal Conjugate (PCV)	67.0%	▼	N
Childhood Immunization Status - Rotavirus (RV)	67.6%	▲	N
Childhood Immunization Status - Varicella (VZV)	79.3%	▼	N
Chlamydia Screening in Women[1]	53.6%	▲	N
Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate - Per 100,000 Member Months^	22.8	—	NA
Concurrent Use of Opioids and Benzodiazepines^	5.3%	▼	NA
Contraceptive Care – All Women – Long-Acting Reversible Contraceptive (LARC) Ages 21-44	4.0%	▼	NA
Contraceptive Care – All Women – Most of Moderately Effective Method of Contraceptive (MMEC) Ages 21-44	18.7%	▼	NA
Contraceptive Care - All Women LARC Ages 15-20	2.6%	▼	NA
Contraceptive Care – All Women – MMEC Ages 15-20	16.2%	▼	NA
Contraceptive Care – Postpartum Women – LARC Ages 15-20 – 3 Day	1.3%	▲	NA
Contraceptive Care – Postpartum Women – LARC Ages 15-20 – 90 Day	11.0%	▼	NA
Contraceptive Care – Postpartum Women – LARC Ages 21-44 – 3 Day	1.0%	▲	NA
Contraceptive Care – Postpartum Women – LARC Ages 21-44 – 90 Day	8.4%	▼	NA
Contraceptive Care – Postpartum Women – MMEC Ages 15-20 – 3 Day	2.7%	▲	NA

ACC Performance Measure Rates	CY 2022 Rates	Year-to-Year Comparison Statistical Significance	Exceeded the 2022 NCQA Medicaid Mean
Contraceptive Care – Postpartum Women – MMEC Ages 15-20 – 90 Day	27.7%	▼	NA
Contraceptive Care – Postpartum Women – MMEC Ages 21-44 – 3 Day	7.2%	▲	NA
Contraceptive Care – Postpartum Women – MMEC Ages 21-44 – 90 Day	28.5%	▼	NA
Controlling High Blood Pressure	58.7%	▲	N
Developmental Screening in the First Three Years of Life (Total)	45.8%	▲	NA
Diabetes Care for People with SMI-HbA1c Poor Control (>9.0%)^	36.8%	▼	NA
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medication	78.7%	▲	N
Diabetes Short-Term Complications Admission Rate – Per 100,000 Member Months^	14.0	—	NA
Diagnosed Mental Health Disorders	23.2%	—	N/A
Follow-Up After ED Visit for Mental Illness[1] – 30 Day	56.6%	▲	Y
Follow-Up After ED Visit for Mental Illness[1] – 7 Day	46.4%	▲	Y
Follow-Up After ED Visit for Substance Use[1] – 30 Day	40.9%	▲	Y
Follow-Up After ED Visit for Substance Use[1] – 7 Day	31.2%	▲	Y
Follow-Up After Hospitalization for Mental Illness[1] - 30 Day	63.2%	▲	Y
Follow-Up After Hospitalization for Mental Illness[1] - 7 Day	46.5%	▲	Y
Follow-Up Care for Children Prescribed ADHD Medication –	66.6%	▼	Y

ACC Performance Measure Rates	CY 2022 Rates	Year-to-Year Comparison Statistical Significance	Exceeded the 2022 NCQA Medicaid Mean
Continuation and Maintenance Phase			
Follow-Up Care for Children Prescribed ADHD Medication – Initiation Phase	56.1%	▲	Y
Heart Failure Admission Rate – Per 100,000 Member Months^	28.2	—	NA
Hemoglobin A1c Control for Patients With Diabetes - HbA1c Control (<8.0%)	55.0%	—	Y
Hemoglobin A1c Control for Patients With Diabetes - HbA1c Poor Control (>9.0%)^	36.5%	▼	Y
Immunizations for Adolescents – Combination 1	86.4%	▲	NA
Immunizations for Adolescents – Combo 2	40.2%	▲	Y
Immunizations for Adolescents – Human Papillomavirus (HPV)	40.9%	▲	Y
Immunizations for Adolescents – Meningococcal (MCV4)	86.8%	▲	Y
Immunizations for Adolescents – Tetanus, Diphtheria Toxoids, Acellular Pertussis (TDAP)	88.2%	▲	Y
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment[1] – Engagement of AOD (Total)	19.9%	▲	Y
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment[1] – Initiation of AOD (Total)	51.8%	▲	Y
Inpatient Utilization[1]: Total Inpatient – Days per 1,000 Member Years	352.7	—	NA
Lead Screening in Children	34.6%	—	N

ACC Performance Measure Rates	CY 2022 Rates	Year-to-Year Comparison Statistical Significance	Exceeded the 2022 NCQA Medicaid Mean
Metabolic Monitoring for Children and Adolescents on Antipsychotics - Blood Glucose	61.3%	▲	NA
Metabolic Monitoring for Children and Adolescents on Antipsychotics – Blood Glucose and Cholesterol Testing	48.1%	▲	Y
Metabolic Monitoring for Children and Adolescents on Antipsychotics - Cholesterol Testing	49.7%	▲	NA
Oral Evaluation, Dental Services	45.7%	▲	NA
Plan All-Cause Readmissions[1] – Observed Readmissions^	9.8%	▲	Y
Prenatal and Postpartum Care – Postpartum Care	69.8%	▲	N
Prenatal and Postpartum Care – Timeliness of Prenatal Care	83.2%	▲	Y
Sealant Receipt on Permanent First Molars- All Four Molars Sealed	32.7%	▲	NA
Sealant Receipt on Permanent First Molars- At Least one Sealant	48.7%	▲	NA
Topical Fluoride for Children – Dental Health or Oral Health	21.1%	▲	NA
Topical Fluoride for Children – Dental Services	19.5%	▲	NA
Topical Fluoride for Children – Oral Health Services	0.4%	▼	NA
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	68.3%	▲	Y
Use of Opioids at High Dosage[2]^	8.7%	▲	N
Use of Pharmacotherapy for Opioid Use Disorder	50.5%	▼	NA

ACC Performance Measure Rates	CY 2022 Rates	Year-to-Year Comparison Statistical Significance	Exceeded the 2022 NCQA Medicaid Mean
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Body Mass Index (BMI) Percentile Documentation	72.0%	▲	N
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition	61.7%	▲	N
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity	58.2%	▲	N
Well-Child Visits in the First 30 Months of Life: 15 Months	60.8%	▲	Y
Well-Child Visits in the First 30 Months of Life: 30 Months	59.6%	▼	N

[1] *Age range reflective of NCQA HEDIS® methodology*

[2] *Rate reflective of NCQA HEDIS® methodology*

N/A has been included for measures where an NCQA Medicaid Mean is not available

^ A lower rate indicates better performance

▲ *Indicates statistically significant improvement in performance when compared to the previous year*

▼ *Indicates statistically significant decline in performance when compared to the previous year*

► *Indicates no statistically significant change in performance when compared to the previous year*

— *Indicates statistical significance is not available*

Table A2- DCS CHP

DCS CHP Performance Measure Rates[1]	CY 2022 Rates	Year-to-Year Comparison: Statistical Significance	Exceeded the 2022 NCQA Medicaid Mean
Ambulatory Care: ED Visits[2]^	479.4	—	NA
Asthma Medication Ratio[2]*	65.8%	►	Y
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis	80.5%	▲	Y
Child and Adolescent Well-Care Visits (Total)	71.0%	▲	Y

DCS CHP Performance Measure Rates[1]	CY 2022 Rates	Year-to-Year Comparison: Statistical Significance	Exceeded the 2022 NCQA Medicaid Mean
Childhood Immunization Status - Combination 10	38.6%	▶	Y
Childhood Immunization Status - Combination 3	71.8%	▲	Y
Childhood Immunization Status - Combination 7	59.6%	▲	NA
Childhood Immunization Status - Diphtheria, Tetanus, Acellular Pertussis (DTAP)	78.2%	▶	Y
Childhood Immunization Status - Hepatitis A (HEP A)	92.6%	▶	Y
Childhood Immunization Status - Hepatitis B (HEP B)	93.6%	▲	Y
Childhood Immunization Status - Haemophilus Influenza Type B (HiB)	91.8%	▶	Y
Childhood Immunization Status - Influenza	56.1%	▶	Y
Childhood Immunization Status - Inactivated Polio Virus (IPV)	94.1%	▶	Y
Childhood Immunization Status - Measles, Mumps, Rubella (MMR)	94.1%	▶	Y
Childhood Immunization Status - Pneumococcal Conjugate (PCV)	78.7%	▲	Y
Childhood Immunization Status - Rotavirus (RV)	69.1%	▲	Y
Childhood Immunization Status - Varicella (VZV)	93.1%	▶	Y
Chlamydia Screening in Women[2]	57.2%	▶	Y
Diagnosed Mental Health Disorders	71.5%	—	NA
Developmental Screening in the First Three Years of Life (Total)	47.4%	▼	NA
Follow-Up After ED Visit for Mental Illness[2] - 30 Day	93.0%	▶	Y
Follow-Up After ED Visit for Mental Illness[2] - 7 Day	80.0%	▶	Y
Follow-Up After ED Visit for Substance Use[2] - 30 Day	85.3%	—	NA

DCS CHP Performance Measure Rates[1]	CY 2022 Rates	Year-to-Year Comparison: Statistical Significance	Exceeded the 2022 NCQA Medicaid Mean
Follow-Up After ED Visit for Substance Use[2] - 7 Day	72.1%	—	NA
Follow-Up After Hospitalization for Mental Illness[2] - 30 Day	89.8%	▶	Y
Follow-Up After Hospitalization for Mental Illness[2] - 7 Day	70.6%	▼	Y
Follow-Up Care for Children Prescribed ADHD Medication - Continuation and Maintenance Phase	86.5%	▶	Y
Follow-Up Care for Children Prescribed ADHD Medication - Initiation Phase	85.3%	▶	Y
Immunizations for Adolescents - Combination 1	97.0%	▶	NA
Immunizations for Adolescents - Combination 2	57.0%	▼	Y
Immunizations for Adolescents - Human Papillomavirus (HPV)	57.0%	▼	Y
Immunizations for Adolescents - Meningococcal (MCV4)	97.0%	▼	Y
Immunizations for Adolescents - Tetanus, Diphtheria Toxoids, Acellular Pertussis (TDAP)	98.0%	▶	Y
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment[2] – Engagement of AOD (Total)	17.7%	▶	Y
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment[2] – Initiation of AOD (Total)	52.0%	▲	Y
Inpatient Utilization[2]: Total Inpatient - Days per 1,000 Member Years	296.2	—	NA
Metabolic Monitoring for Children and Adolescents on Antipsychotics - Blood Glucose	71.4%	—	NA

DCS CHP Performance Measure Rates[1]	CY 2022 Rates	Year-to-Year Comparison: Statistical Significance	Exceeded the 2022 NCQA Medicaid Mean
Metabolic Monitoring for Children and Adolescents on Antipsychotics - Blood Glucose and Cholesterol Testing	59.0%	▲	Y
Metabolic Monitoring for Children and Adolescents on Antipsychotics - Cholesterol Testing	60.0%	—	NA
Oral Evaluation, Dental Services	66.0%	▲	NA
Sealant Receipt on Permanent First Molars- All Four Molars Sealed	42.3%	▲	NA
Sealant Receipt on Permanent First Molars- At Least one Sealant	67.4%	▲	NA
Topical Fluoride for Children - Dental or Oral Health Services	33.5%	▲	NA
Topical Fluoride for Children - Dental Services	32.5%	▲	NA
Topical Fluoride for Children- Oral Health Services	0.6%	▼	NA
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	85.3%	▶	Y
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Body Mass Index (BMI) Percentile Documentation	72.0%	▲	N
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition	65.7%	▲	N
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity	61.3%	▲	N
Well-Child Visits in the First 30 Months of Life: 15 Months	58.8%	▲	Y

DCS CHP Performance Measure Rates[1]	CY 2022 Rates	Year-to-Year Comparison: Statistical Significance	Exceeded the 2022 NCQA Medicaid Mean
Well-Child Visits in the First 30 Months of Life: 30 Months	75.8%	▶	Y

[1] Population primarily includes members under 18 years of age with some exceptions
[2] Age range reflective of NCQA HEDIS® methodology
N/A has been included for measures where an NCQA Medicaid Mean is not available
**While valid for reporting, this rate is associated with a small denominator which could present more variation when compared to benchmarks and/or conducting year-to-year comparisons.*
^ A lower rate indicates better performance
▲ Indicates statistically significant improvement in performance when compared to the previous year
▼ Indicates statistically significant decline in performance when compared to the previous year
▶ Indicates no statistically significant change in performance when compared to the previous year
— Indicates statistical significance is not available

Table A3- ALTCS-EPD

ALTCS-EPD Performance Measure Rates	CY 2022 Rates	Year-to-Year Comparison: Statistical Significance	Exceeded the 2022 NCQA Medicaid Mean
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	78.5%	▶	Y
Adults' Access to Preventive/Ambulatory Health Services	92.6%	▲	Y
Ambulatory Care: ED Visits[1]^	721.1	—	NA
Antidepressant Medication Management - Effective Acute Phase Treatment	75.6%	▶	Y
Antidepressant Medication Management - Effective Continuation Phase Treatment	66.6%	▶	Y
Asthma in Younger Adults Admission Rate - Reported Per 100,000 Member Months^	0	—	NA
Asthma Medication Ratio[1*]	70.2%	▶	Y
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis[1]	51.7%	▶	N
Breast Cancer Screening	38.5%	▲	N
Cervical Cancer Screening	35.5%	▲	N
Child and Adolescent Well-Care Visits (Total)	42.3%	▶	N
Chlamydia Screening in Women*	26.9%	▶	N
Concurrent Use of Opioids and Benzodiazepines^	11.8%	▼	NA
Contraceptive Care - All Women - LARC Ages 15-20	S	—	NA

ALTCS-EPD Performance Measure Rates	CY 2022 Rates	Year-to-Year Comparison: Statistical Significance	Exceeded the 2022 NCQA Medicaid Mean
Contraceptive Care - All Women - LARC Ages 21-44	2.30%	▶	NA
Contraceptive Care - All Women - MMEC Ages 15-20	20.2%	▶	NA
Contraceptive Care - All Women - MMEC Ages 21-44	15.8%	▶	NA
Controlling High Blood Pressure	74.0%	▲	Y
COPD or Asthma in Older Adults Admission Rate - Per 100,000 Member Months^	63.7	—	NA
Diabetes Care for People with SMI- HbA1c Poor Control (>9.0%)	26.8%	▼	NA
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	91.9%	▶	Y
Diabetes Short-Term Complications Admission Rate - Per 100,000 Member Months^	18	—	NA
Diagnosed Mental Health Disorders	69.7%	—	NA
Follow-Up After ED Visit for Mental Illness[1] - 30 Day*	57.1%	▶	Y
Follow-Up After ED Visit for Mental Illness[1] - 7 Day*	57.1%	▶	Y
Follow-Up After ED Visit for Substance Use[1] - 30 Day*	31.8%	▶	N
Follow-Up After ED Visit for Substance Use[1] - 7 Day*	31.8%	▼	Y
Follow-Up After Hospitalization for Mental Illness[1] - 30 Day	69.7%	▲	Y
Follow-Up After Hospitalization for Mental Illness[1] - 7 Day	48.0%	▶	Y
Heart Failure Admission Rate - Per 1,000 Member Months^	201.2	—	NA
Hemoglobin A1c Control for Patients With Diabetes - HbA1c Control (<8.0%)	66.4%	—	Y

ALTCS-EPD Performance Measure Rates	CY 2022 Rates	Year-to-Year Comparison: Statistical Significance	Exceeded the 2022 NCQA Medicaid Mean
Hemoglobin A1c Control for Patients With Diabetes - HbA1c Poor Control (>9.0%)^	27.5%	▼	Y
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment[1] - Engagement of AOD (Total)	7.1%	▶	N
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment[1] - Initiation of AOD (Total)	54.8%	▲	Y
Inpatient Utilization[1]: Total Inpatient - Days per 1,000 Member Years	3,941.50	—	NA
Oral Evaluation, Dental Services	41.0%	▲	NA
Plan All-Cause Readmissions[1] - Observed Readmissions^	11.0%	▶	N
Topical Fluoride for Children - Dental or Oral Health Services	16.3%	▶	NA
Topical Fluoride for Children - Dental Services	15.8%	▲	NA
Topical Fluoride for Children- Oral Health Services	0.0%	▼	NA
Use of Opioids at High Dosage[2]^	11.6%	▶	N
Use of Pharmacotherapy for Opioid Use Disorder	9.9%	▼	NA
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Body Mass Index (BMI) Percentile Documentation	82.1%	▲	Y
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition	76.8%	▲	Y
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity	50.5%	▶	N

[1] Age range reflective of NCQA HEDIS® methodology
[2] Rate reflective of NCQA HEDIS® methodology
N/A has been included for data that are not available
**While valid for reporting, this rate is associated with a small denominator which could present more variation when compared to benchmarks and/or conducting year-to-year comparisons.*
^ A lower rate indicates better performance

▲ *Indicates statistically significant improvement in performance when compared to the previous year*
▼ *Indicates statistically significant decline in performance when compared to the previous year*
▶ *Indicates no statistically significant change in performance when compared to the previous year*
— *Indicates statistical significance is not available*

Table A4- ALTCS-DD

ALTCS-DD Performance Measure Rates	CY 2022 Rates	Year-to-Year Comparison: Statistical Significance	Exceeded the 2022 NCQA Medicaid Mean
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	86.2%	▶	Y
Adults' Access to Preventive/Ambulatory Health Services	89.30%	▲	Y
Ambulatory Care: ED Visits[1]^	412.1	—	NA
Antidepressant Medication Management - Effective Acute Phase Treatment	67.5%	▶	Y
Antidepressant Medication Management - Effective Continuation Phase Treatment	55.8%	▶	Y
Asthma in Younger Adults Admission Rate - Reported per 100,000 Member Months^	S	—	NA
Asthma Medication Ratio[1]	77.8%	▶	Y
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis[1]	50.5%	▶	N
Breast Cancer Screening	51.4%	▶	N
Cervical Cancer Screening	20.7%	▶	N
Child and Adolescent Well-Care Visits (Total)	54.4%	▲	Y
Childhood Immunization Status - Combination 10	22.0%	▶	N
Childhood Immunization Status - Combination 3	62.0%	▼	N
Childhood Immunization Status - Combination 7	30.0%	▶	NA
Childhood Immunization Status - Diphtheria, Tetanus, Acellular Pertussis (DTAP)	73.0%	▼	Y
Childhood Immunization Status - Hepatitis A (HEP A)	80.0%	▶	N
Childhood Immunization Status - Hepatitis B (HEP B)	80.0%	▶	N

ALTCS-DD Performance Measure Rates	CY 2022 Rates	Year-to-Year Comparison: Statistical Significance	Exceeded the 2022 NCQA Medicaid Mean
Childhood Immunization Status - Haemophilus Influenza Type B (HiB)	83.0%	▼	Y
Childhood Immunization Status - Influenza	55.0%	▼	Y
Childhood Immunization Status - Inactivated Polio Virus (IPV)	84.0%	▶	N
Childhood Immunization Status - Measles, Mumps, Rubella (MMR)	81.0%	▶	N
Childhood Immunization Status - Pneumococcal Conjugate (PCV)	68.0%	▼	N
Childhood Immunization Status - Rotavirus (RV)	34.0%	▶	N
Childhood Immunization Status - Varicella (VZV)	82.0%	▶	N
Chlamydia Screening in Women[1]	15.1%	▼	N
Concurrent Use of Opioids and Benzodiazepines^	14.5%	▶	NA
Contraceptive Care - All Women - LARC Ages 21 - 44	1.7%	▶	NA
Contraceptive Care - All Women - MMEC Ages 15-20	20.1%	▶	NA
Contraceptive Care - All Women - MMEC Ages 21 - 44	26.4%	▶	NA
Contraceptive Care - All Women - LARC Ages 15-20	2.2%	▶	NA
Controlling High Blood Pressure	78.0%	▶	Y
COPD or Asthma in Older Adults Admission Rate - Per 100,000 Member Months^	S	—	NA
Developmental Screening in the First Three Years of Life (Total)	49.7%	▶	NA
Diabetes Care for People with SMI- HbA1c Poor Control (>9.0%)^	17.8%	▶	NA
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication	90.3%	▲	Y

ALTCS-DD Performance Measure Rates	CY 2022 Rates	Year-to-Year Comparison: Statistical Significance	Exceeded the 2022 NCQA Medicaid Mean
Diabetes Short-Term Complications Admission Rate - Per 100,000 Member Months^	8.9	▶	NA
Diagnosed Mental Health Disorders	67.8%	—	N/A
Follow-Up After ED Visit for Mental Illness[1] - 7 Day	63.3%	▶	Y
Follow-Up After ED Visit for Mental Illness[1] - 30 Day	79.6%	▶	Y
Follow-Up After Hospitalization for Mental Illness[1] - 30 Day	85.0%	▶	Y
Follow-Up After Hospitalization for Mental Illness[1] - 7 Day	69.7%	▶	Y
Follow-Up Care for Children Prescribed ADHD Medication - Continuation and Maintenance Phase	49.3%	▶	N
Follow-Up Care for Children Prescribed ADHD Medication - Initiation Phase	52.5%	▶	Y
Heart Failure Admission Rate - Per 100,000 Member Months^	8.9	▶	NA
Hemoglobin A1c Control for Patients With Diabetes - HbA1c Control (<8.0%)	72.3%	—	Y
Hemoglobin A1c Control for Patients With Diabetes - HbA1c Poor Control (>9.0%)^	20.6%	▶	Y
Immunizations for Adolescents - Combination 1	80.5%	▶	NA
Immunizations for Adolescents - Combination 2	32.8%	▶	N
Immunizations for Adolescents - Human Papillomavirus (HPV)	34.1%	▶	N
Immunizations for Adolescents - Meningococcal (MCV4)	81.3%	▼	Y
Immunizations for Adolescents - Tetanus, Diphtheria Toxoids, Acellular Pertussis (TDAP)	83.3%	▼	N
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment[1] - Engagement of AOD (Total)	8.7%	▶	N

ALTCS-DD Performance Measure Rates	CY 2022 Rates	Year-to-Year Comparison: Statistical Significance	Exceeded the 2022 NCQA Medicaid Mean
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment[1] - Initiation of AOD (Total)	41.3%	▶	N
Inpatient Utilization[1]: Total Inpatient - Days per 1,000 Member Years	666.5	▶	NA
Lead Screening in Children	20.8%	—	N
Metabolic Monitoring for Children and Adolescents on Antipsychotics - Blood Glucose	60.5%	▲	NA
Metabolic Monitoring for Children and Adolescents on Antipsychotics - Blood Glucose and Cholesterol Testing	50.4%	▲	Y
Metabolic Monitoring for Children and Adolescents on Antipsychotics - Cholesterol Testing	52.0%	▲	NA
Oral Evaluation, Dental Services	49.9%	▲	NA
Plan All-Cause Readmissions[1] - Observed Readmissions^	8.6%	▶	Y
Sealant Receipt on Permanent First Molars- All Four Molars Sealed	23.9%	▲	NA
Sealant Receipt on Permanent First Molars- At Least one Sealant	33.4%	▲	NA
Topical Fluoride for Children - Dental or Oral Health Services	21.4%	▲	NA
Topical Fluoride for Children - Dental Services	21.1%	▲	NA
Topical Fluoride for Children - Oral Health Services	0.1%	▼	NA
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	16.8%	▶	N
Use of Opioids at High Dosage2^	S	—	NA
Use of Pharmacotherapy for Opioid Use Disorder^	S	—	NA

ALTCS-DD Performance Measure Rates	CY 2022 Rates	Year-to-Year Comparison: Statistical Significance	Exceeded the 2022 NCQA Medicaid Mean
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Body Mass Index (BMI) Percentile Documentation	80.2%	▶	Y
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition	74.6%	▲	Y
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents WCC Counseling for Physical Activity	60.2%	▶	N
Well-Child Visits in the First 30 Months of Life: 30 Months	63.8%	▶	N

[1] Age range reflective of NCQA HEDIS® methodology
[2] Age reflective of NCQA HEDIS® methodology
NA has been included for data that are not available
^ A lower rate indicates better performance
▲ Indicates statistically significant improvement in performance when compared to the previous year
▼ Indicates statistically significant decline in performance when compared to the previous year
▶ Indicates no statistically significant change in performance when compared to the previous year
— Indicates statistical significance is not available

Table A5- SMI

SMI Performance Measure Rates[1]	CY 2022 Rates	Year-to-Year Comparison: Statistical Significance	Exceeded the 2022 NCQA Medicaid Mean
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	56.9%	▶	N
Adults' Access to Preventive/Ambulatory Health Services	87.4%	▼	Y
Ambulatory Care: ED Visits[2]^	1175.8	—	NA
Antidepressant Medication Management - Effective Acute Phase Treatment	53.4%	▼	N
Antidepressant Medication Management - Effective Continuation Phase Treatment	38.1%	▼	N

SMI Performance Measure Rates[1]	CY 2022 Rates	Year-to-Year Comparison: Statistical Significance	Exceeded the 2022 NCQA Medicaid Mean
Asthma in Younger Adults Admission Rate - Reported Per 100,000 Member Months^	9.6	—	NA
Asthma Medication Ratio[2]	59.3%	▶	N
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis[2]	53.9%	▶	N
Breast Cancer Screening	40.3%	▲	N
Cervical Cancer Screening	49.9%	▲	N
Chlamydia Screening in Women[2]	56.9%	▲	Y
Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate - Per 100,000 Member Months^	61.0	—	NA
Concurrent Use of Opioids and Benzodiazepines^	10.3%	▶	NA
Contraceptive Care - All Women - LARC Ages 21-44	3.2%	▶	NA
Contraceptive Care – All Women – MMEC Ages 21-44	17.1%	▶	NA
Contraceptive Care - All Women – LARC Ages 15-20	8.1%	▶	NA
Contraceptive Care – All Women - MMEC Ages 15-20	28.9%	▶	NA
Contraceptive Care - Postpartum Women - LARC Ages 21-44 - 3 Day	2.3%	▶	NA
Contraceptive Care - Postpartum Women - LARC Ages 21-44 - 90 Day	7.3%	▶	NA
Contraceptive Care - Postpartum Women - MMEC Ages 21-44 - 3 Day	12.7%	▼	NA
Contraceptive Care - Postpartum Women - MMEC Ages 21-44 - 90 Day	27.3%	▶	NA
Controlling High Blood Pressure	64.8%	▲	Y
Diabetes Care for People with SMI—HbA1c Poor Control (>9.0%)^	27.6%	▼	NA

SMI Performance Measure Rates[1]	CY 2022 Rates	Year-to-Year Comparison: Statistical Significance	Exceeded the 2022 NCQA Medicaid Mean
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	85.3%	▲	Y
Diabetes Short-Term Complications Admission Rate - Per 100,000 Member Months^	38.4	—	NA
Diagnosed Mental Health Disorders	88.3%	—	N/A
Follow-Up After ED Visit for Mental Illness[2] - 30 Day	72.0%	▶	Y
Follow-Up After ED Visit for Mental Illness[2] - 7 Day	57.1%	▶	Y
Follow-Up After ED Visit for Substance Use[2] - 30 Day	73.5%	▲	Y
Follow-Up After ED Visit for Substance Use[2] - 7 Day	56.8%	▲	Y
Follow-Up After Hospitalization for Mental Illness[2] - 30 Day	82.6%	▲	Y
Follow-Up After Hospitalization for Mental Illness[2] - 7 Day	67.4%	▲	Y
Heart Failure Admission Rate - Per 1,000 Member Months^	51.2	—	NA
Hemoglobin A1c Control for Patients With Diabetes - HbA1c Poor Control (<8.0%)	62.7%	—	Y
Hemoglobin A1c Control for Patients With Diabetes - HbA1c Poor Control (>9.0%)^	29.9%	▼	Y
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment[2] - Engagement of AOD (Total)	13.7%	▶	N
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment[2] - Initiation of AOD (Total)	50.2%	▲	Y
Inpatient Utilization[2]: Total Inpatient - Days per 1,000 Member Years	1,151.30	—	NA
Oral Evaluation, Dental Services	20.8%	▶	NA

SMI Performance Measure Rates[1]	CY 2022 Rates	Year-to-Year Comparison: Statistical Significance	Exceeded the 2022 NCQA Medicaid Mean
Plan All-Cause Readmissions[2] - Observed Readmissions^	16.3%	▲	N
Prenatal and Postpartum Care - Postpartum Care	66.1%	▲	N
Prenatal and Postpartum Care - Timeliness of Prenatal Care	76.6%	▶	N
Topical Fluoride for Children - Dental or Oral Health Services	S	—	NA
Topical Fluoride for Children - Dental Services	S	—	NA
Topical Fluoride for Children - Oral Health Services	S	—	NA
Use of Opioids at High Dosage[3]^	10.6%	▶	N
Use of Pharmacotherapy for Opioid Use Disorder	47.0%	▲	NA

[1] Population includes members 18 years of age and older
[2] Age range reflective of NCQA HEDIS® methodology
[3] Rate reflective of NCQA HEDIS® methodology
NA has been included for data that are not available
^ A lower rate indicates better performance
▲ Indicates statistically significant improvement in performance when compared to the previous year
▼ Indicates statistically significant decline in performance when compared to the previous year
▶ Indicates no statistically significant change in performance when compared to the previous year
— Indicates statistical significance is not available

XI. Appendix B: Waiver Public Forum Meeting Slides

Pursuant to the terms and conditions that govern Arizona's Demonstration, below is the documentation of its compliance with Demonstration Public Notice Requirements. AHCCCS presented the details of Arizona's 1115 Demonstration Waiver Renewal and provided implementation updates for newly approved programs at a variety of different public forums including but not limited to Tribal Consultations, the State Medicaid Advisory Committee (SMAC), AHCCCS Hot Topics, and more. Included below are a few of the slideshow presentations.

Welcome & Updates

Marcus Johnson

AHCCCS Deputy Director, Community Engagement & Regulatory Affairs

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

Updates

ARIZONA
HEALTH CARE COST
CONTAINMENT SYSTEM

Sober Living Fraud, Waste and Abuse

ARIZONA
HEALTH CARE COST
CONTAINMENT SYSTEM

Suspensions for Credible Allegations of Fraud

Since May 2023, AHCCCS has suspended payments to over 300 providers for credible allegations of fraud.

Current status	Number of Providers (since May 2023)
Payment suspension and open law enforcement case	**257**
Provider Quality of Care terminations	120
Provider moratorium application denials	277
Rescinded suspensions	45
Suspensions upheld at state fair hearing	27

Recent FWA Reforms

- Provider Moratorium Extension
- Covered Behavioral Health Services Guide
  - 7/1 Public Release
  - 10/1 Effective Date
- AI bots to support provider enrollment
- AIHP Tribal Verification - Co-designed with tribes to align with current I/T/U processes.
  - Meeting Series hosted on May 30, June 13, June 27, and July 12, 2024.

www.azahcccs.gov/SoberLivingFraud

New web page includes:

- Year in Review Document
- One-Page Information Sheets
- Fact Sheet
- Newsroom
- Outreach Information
- Resources for Members & Providers

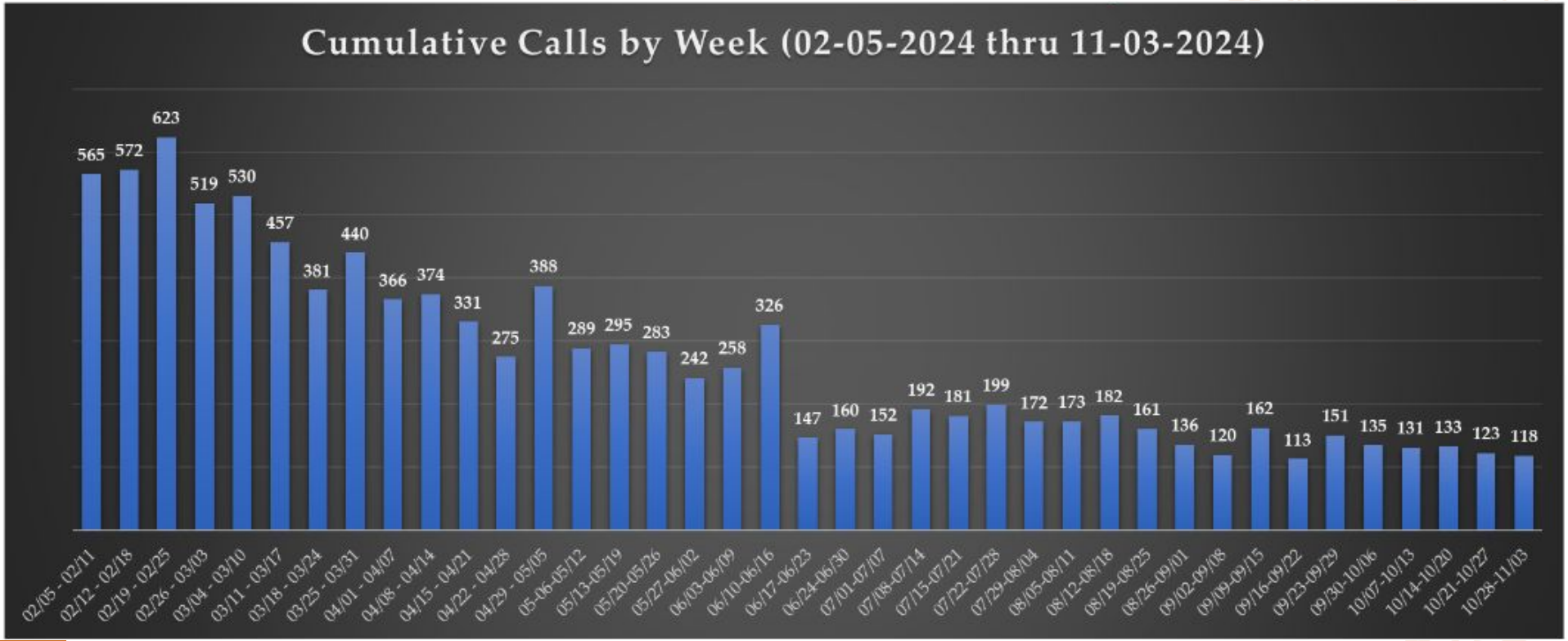
Humanitarian Response

30,000+ Calls to 2-1-1 (press 7) Hotline
11,000+ Victims Directly Served
125 Requests for Out of State Transportation

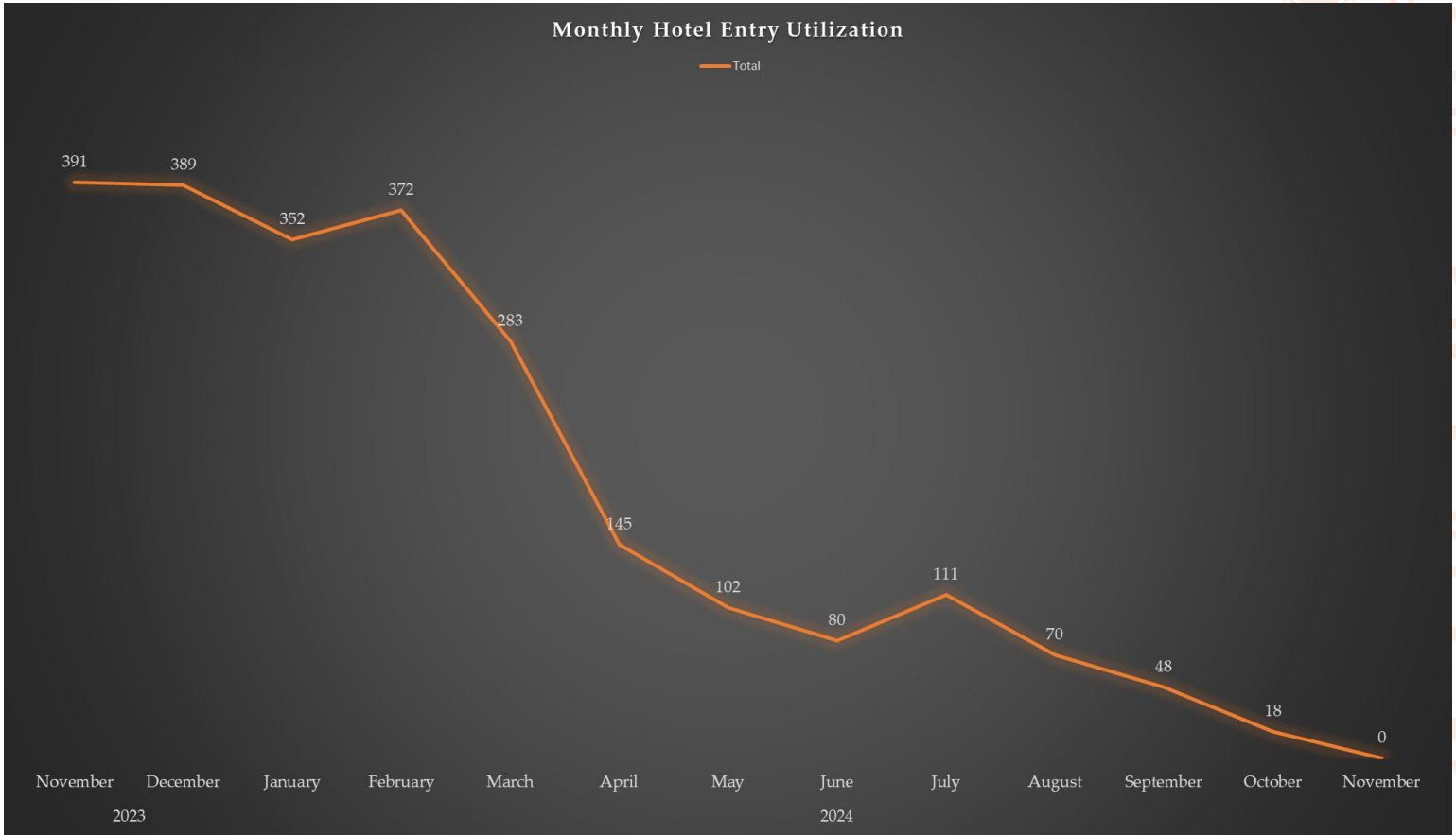
Response/Resource	Total Members
Phone calls to 211*7 hotline for resources	34,977
Hotel - Temporary Lodging	4,147
Out-of-state Transports	125

Number of Calls to Solari by Week

Total calls to Solari **34,977**. Older weeks have been removed for ease of viewing.



Monthly Hotel Entry Utilization



FWA Humanitarian Response: The Next Phase

What's next?

- Moving from Crisis Response to Maintenance
  - Current response includes: lodging, daily meals, care coordination, transport to lodging, transportation to work/school, travel home to other states, 211(press 7) resource hotline
- Working with Tribes on a phasedown plan
  - 11/30 - Last day for lodging
  - Looking into extending 211(press 7) line
  - 211 will continue to be a resource, post phasedown

AIHP Tribal Verification - Background

- AI/AN Choice between Fee-for-Service and Managed Care
- Lack of protections → Fraud & Exploitation
- Recommendations to Address AIHP Self-Attestation Loophole
- Discussions During Tribal Consultation:
  - February 9, 2023
  - April 4, 2023
  - June 1, 2023 and June 2, 2023
  - July 18, 2023
  - August 29, 2023
  - December 18, 2023
  - May 7, 2024
  - AIHP 4-Part Consultation Series: May 31, June 13, June 27, July 2, 2024

Tribal Feedback Summary

- AHCCCS should minimize burden on Tribes and Tribal members.
- AHCCCS should leverage its existing data and processes before asking for new information.
- Many Tribes face infrastructure and resource challenges, and may need financial assistance if additional burden is placed on Tribes.
- AHCCCS should trust current eligibility verification practices of ITUs.
- There may be small subgroups of members who aren't accounted for in the proposal.

Final Decision and Implementation Timeline

1. **AIHP Members with Previous I/T/U Utilization:** No additional verification required, respecting existing tribal processes.
2. **MCO Members Switching to AIHP (Effective November 1, 2024):** Simplified process via the AHCCCS Call Center; documentation only required if no previous I/T/U utilization is recorded.
3. **Current AIHP Members with No I/T/U Utilization (December 2, 2024 - June 30, 2025):** Verification letters will be sent, with a 60-day response window to provide necessary documentation. Members who do not respond will be transitioned to a Managed Care Organization (MCO).
4. **New AIHP Enrollees (Expected August 2025):** New members will be permitted to enroll in AIHP, and new system enhancements will request tribal status verification if no history of I/T/U service use is known to AHCCCS.

Important Note: Once a member's tribal enrollment/affiliation is verified, no further verification will be required in the future, even if there are changes in the member's enrollment status. This policy is intended to streamline the experience for members and reduce redundancy.

Forms of Documentation

1. Documents issued by a federally-recognized Indian Tribe:
    a. Enrollment/membership card with the tribal seal and/or official signature,
    b. Certificate of Indian Blood (CIB),
    c. Tribal census document,
    d. Tribal Voter Registration card,
    e. Letter on tribal letterhead with an official signature confirming membership, descendancy, or affiliation with the Tribe.
2. Certificate of Degree of Indian Blood (CDIB) issued by the Bureau of Indian Affairs (BIA).
3. Documents with the individual's name that indicate affiliation with a Tribe:
    a. Tribal gaming payment statements,
    b. Documents showing receipt of assistance payments from a Tribe, including General Assistance and Tribal Foster Care/Adoption Subsidy.
    c. Letter from the Marketplace granting a tribal exemption based on tribal membership or Alaskan Native shareholder status.
    d. Documentation of tribal land parcel allocation.

Forms of Documentation, cont'd

4. Documents issued by the Indian Health Service (IHS), 638 or UIO Document showing individual is eligible for services as an AI/AN.
5. Documentation of a relationship listed in a-c below to an enrolled tribal member plus a document from the above list for the enrolled member:
    a. Marriage certificate - for spouses are eligible for services as a class, by resolution of the governing body of the Indian Tribe or tribal organization.
    b. Marriage certificate or written acknowledgement of paternity - for individuals eligible for services through an Indian health care provider only because the individual is pregnant with the child of a member of an Indian Tribe or shareholder of an Alaska Native corporation.
    c. Birth certificate or records showing relationship as a child or grandchild of a member of an Indian Tribe or shareholder of an Alaska Native corporation.

AHCCCS
Arizona Health Care Cost Containment System

Change Request (by Member) - American Indian Health Program

Instructions:
Complete this form when AHCCCS has requested proof of your Tribal membership/enrollment/affiliation. Tribal members may change their health plan from an AHCCCS Complete Care (ACC) plan to American Indian Health Program (AIHP) at any time. If you have not already called, contact us at 602-417-7100 or 1-800-334-5283.

Legal Name of Requestor:	**Phone Number:**
Address:	**Email:**

The household member(s) listed below request to change their enrollment to American Indian Health Program:

First Name	Last Name	AHCCCS ID	Date of Birth

Complete the section below related to submitting documentation, if you and/or any household members mentioned above have never received services from an IHS/638 Urban Indian Organization. You can send proof of tribal membership/enrollment/affiliation, and this signed form to AHCCCS one of the following ways:

- Send a scanned copy or picture by email: AIHPMemberHPChangeRequest@azahcccs.gov
- Fax: 602-252-6536
- Mail: 801 E Jefferson
  MD 3400 AIHP
  Phoenix, AZ 85034

DO NOT send original Tribal membership/enrollment documents, please send copies only.

Please see the back of this letter for a list of proof documents. Note: Certain family members of an enrolled tribal member may need more than one.

Sign this letter below and return it with a copy of your proof of Tribal membership/enrollment/affiliation.

I affirm under penalty of perjury that the statements and documents provided about the persons named above, that relate to AHCCCS enrollment, are true and correct to the best of my knowledge.

Printed Name of Customer or Authorized Representative:	Signature of Customer or Authorized Representative:	Date:

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS)

Call 602-417-5010 if you have any questions about this letter.

Request for Information

Dear [redacted],

Our records show you are enrolled with American Indian Health Program (AIHP). To keep your AIHP enrollment, you must return this form with proof of tribal enrollment. DO NOT send original documents, please send copies.

If we do not receive proof of tribal enrollment by [CURRENT DATE+35 DAYS], the person listed below will be removed from AIHP and enrolled with a health plan.

Proof of tribal enrollment or membership includes:

- Certificate of Degree of Indian Blood;
- Tribal ID;
- Any document provided by the tribe stating the person is an enrolled member of the tribe;
- An official letter on tribal letterhead from the tribe stating the applicant is a child or grandchild of a tribal member; or
- A document verifying the tribal member's enrollment in the tribe, and a document verifying that the applicant is a child or grandchild of the tribal member.

Person Enrolled with AIHP		
Name: [redacted]	Date of birth: [redacted]	AHCCCS ID: [redacted]

Please sign this letter below and return it with proof of tribal enrollment. You can give us the signed form and proof using one of the following ways:

1. E-mail your information to AIHPMemberHPChangeRequest@AZAHCCCS.GOV
2. Fax your information to 602-252-6536
   OR
3. Mail your information to:
   801 E Jefferson
   MD 3700
   Phoenix, AZ 85034.

I affirm under penalty of perjury that the documents provided about the person named above are true and correct to the best of my knowledge.

Printed name:	Signature:	Date:
[redacted]	[redacted]	[redacted]

Open Discussion

ARIZONA
HEALTH CARE COST
CONTAINMENT SYSTEM

Federal Policy Updates

Division of Public Policy and Strategic Planning

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ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

AHCCCS Federal Policy Overview

AHCCCS' Federal Relations team maintains the two federal policy documents which govern Medicaid and CHIP in Arizona:

1. State Plan: A 900+ page document describing various components of AHCCCS (e.g. member eligibility, available services, payment rates) permissible under federal law.
2. 1115 Waiver: A document which grants us flexibility to design Demonstration projects that promote the objectives of the Medicaid program not otherwise authorized under federal law.

Changes to AHCCCS Federal Policy

Changes to AHCCCS Federal Policy occur through:

1. State Plan Amendments (SPAs): SPAs may be used to alter the State Plan within the framework of federal law and are typically approved within 90-days.
2. 1115 Amendment Requests may be submitted to pilot new and innovative projects. They have longer negotiation timelines and are typically approved for 5 year periods that can be renewed.

1115 Waiver Updates

Traditional Healing Program Overview

- On October 16, 2024, CMS approved an amendment to provide expenditure authority for coverage of traditional health care practices received through Indian Health Service facilities or facilities operated by Tribes or Tribal organizations.
- This includes traditional health care practices that are provided in the community by or through IHS or tribal facility's direct employees or contracted traditional health care practice providers.
- Under this approval, Traditional Healing practices would be covered services in both inpatient and outpatient settings, and aid in care coordination and assist AHCCCS beneficiaries in achieving improved health outcomes.

1115 Waiver Updates

Traditional Healing Program Overview (Cont'd)

- The amendment is expected to
  - Broaden Healthcare coverage
  - Expand utilization of these traditional health care practices and improve access to culturally appropriate care;
  - Support the facilities' ability to serve their patients;
  - Maintain and sustain health;
  - Improve health outcomes and the quality and experience of care; and
  - Reduce existing disparities in access to and quality of care and health outcomes.

1115 Waiver Updates

Traditional Healing Program Overview (Cont'd)

- Participating Facilities
  - Traditional health care practices are covered only when received through IHS or Tribal facilities (which could include an Urban Indian Organization contracted with an IHS or Tribal facility).

1115 Waiver Updates

Traditional Healing Program Overview (Cont'd)

- To receive coverage for traditional health care practices under the demonstration, a member must meet the following criteria:
  - Is a Medicaid beneficiary, and
  - Is able to receive services delivered by or through IHS or Tribal facilities as determined by the facility

1115 Waiver Updates

Traditional Healing Program Overview (Cont'd)

- Covered Services
  - Each IHS/638 facility, in partnership with their local Tribal community, will individually define which services are most appropriate for Medicaid reimbursement.
  - The covered traditional healing services, limitations, and exclusions shall be described by each facility (working with each tribe they primarily serve).

1115 Waiver Updates

Traditional Healing Program Overview (Cont'd)

- Traditional Healing Provider
  - Practitioners or providers of traditional health care practices must be employed by or contracted with IHS or Tribal facilities.
  - Upon the effective date of benefit (following legislative approval), AHCCCS will reimburse for services provided by traditional healers who are employed by or contracted with an IHS/638 facility.
  - Additionally, traditional healers employed by or contracted with an Urban Indian Organization may provide reimbursable services through a care coordination agreement with an IHS/638 facility.

1115 Waiver Updates

Traditional Healing Program Overview (Cont'd)

- Reimbursement Methodology
  - Outpatient Facilities: Reimbursed at the All Inclusive Rate (AIR) published in the Federal Register that is in effect on the date of service for Medicaid outpatient services.
    - This AIR would be a part of the up to 5 AIRs within a single day that can be reimbursed to IHS/tribal facilities.
  - Inpatient Facilities: Traditional healing is not paid separate from the existing inpatient AIR and is allowable within the existing AIR. The current inpatient AIR is not inclusive of traditional healing services yet but CMS has indicated that it will be included in the future calculation of the AIR.

1115 Waiver Updates

Traditional Healing Program Overview (Cont'd)

- Request Not Approved at this Time
  - Arizona requested to change the FMAP for services received through Urban Indian Organization facilities from the applicable state service match to 100 percent FMAP, without the use of a care coordination agreement.
  - CMS does not have authority under section 1115 of the Act to waive, or modify the regulations with respect to the 100 percent FMAP for services received through IHS or Tribal facilities. As a result, at this time services delivered at Urban Indian Organizations (UIOs) will not be eligible for 100% FFP, without having care coordination agreements.

1115 Waiver Updates

Traditional Healing Program Overview (Cont'd)

- Next Steps
  - The next step is to receive state legislative authority to cover the new benefit.
  - Once AHCCCS receives the necessary approval from the Arizona legislature, the agency will establish a timeline for implementation and notify members and providers of the effective date.

1115 Waiver Updates

Housing and Health Opportunities (H2O) Demonstration

- An initiative where AHCCCS is implementing a few strategies to enhance and expand housing services and interventions for AHCCCS members who are homeless or at risk of becoming homeless.
- On 6/28/2024, Solari Crisis and Human Services was awarded the contract as H2O Program Administrator(PA).
- Implementation went live on 10/1/24.

1115 Waiver Updates

KidsCare Expansion

- On February 16, 2024, AHCCCS received approval from CMS to raise KidsCare eligibility thresholds from 200% of the FPL to 225% FPL.
- The expanded income limit was implemented effective 3/1/2024. The number of kids eligible under the expanded income limit is reported monthly in the AHCCCS Population Highlights report found on the population reports page

1115 Waiver Updates

Parents as Paid Caregivers (PPCG)

- AHCCCS received approval from CMS on the PPCG demonstration on February 16, 2024. Approval of the PPCG program will allow AHCCCS to continue to reimburse legally responsible parents of minor children for providing direct care to their minor children.
- AHCCCS has begun preliminary planning including the development of a draft project plan and a workgroup to support implementation and operationalization of the Waiver requirements.

Parents as Paid Caregivers FAQs

Parents as Paid Caregivers of Minor Children Frequently Asked Questions can be found on our website:

www.azahcccs.gov/AHCCCS/Downloads/COVID19/FAQ_ParentsAsPaidCaregivers.pdf

Upcoming 1115 Waiver Amendments

Former Foster Youth (FFY) Coverage

- We are in the process of preparing a waiver request to extend full Medicaid coverage to FFY who turned 18 on or before 12/31/22 and were enrolled in Medicaid when they aged out of foster care.
- Extend eligibility for full Medicaid state plan benefits to FFY who are under age 26, who turned 18 on or before December 31, 2022, who were in foster care under the responsibility of another state or tribe on the date of attaining 18 years of age, were enrolled in Medicaid on the date of aging out of foster care, and are now applying for Medicaid in Arizona.
- More details can be found on https://www.azahcccs.gov/YATIWaiverRequest

Upcoming 1115 Waiver Amendments

Reentry Services

- We are continuing to develop a concept paper outlining a framework for a limited set of reentry services for individuals exiting correctional facilities.

State Plan Amendment (SPA) Updates

Consolidated Appropriations Act (CAA 2023)

As part of the Consolidated Appropriations Act, 2023, section 5121 adds requirements for a certain set of services for Medicaid and CHIP juvenile beneficiaries who are incarcerated. This includes:

- A Medicaid eligible individual who is under 21 years of age, and individuals between the ages of 18 and 26 who is eligible for Medicaid under the former foster care children group.

State Plan Amendment (SPA) Updates

Consolidated Appropriations Act (CAA 2023) cont.

- Under section 5121, state Medicaid and CHIP programs are required to offer the following:
  - Screening and diagnostic services: In the 30-days prior to release, or within one week or as soon as practicable after release, juveniles must receive screening and diagnostic services (including behavioral health screenings) in accordance with EPSDT requirements.
  - Targeted Case Management: In the 30-days prior to release and for at least 30-days following release

State Plan Amendment (SPA) Updates

Consolidated Appropriations Act (CAA 2023) cont.

- States are required to have in place an internal operational plan detailing how the State will reach compliance by 1/1/25.
- This internal operational plan will be partnered with a SPA holding a 1/1/25 effective date. The SPA will:
  - Attest to meeting the above requirements
  - Authorize coverage of Targeted Case Management for this population

State Plan Amendment (SPA) Updates

Medicaid and CHIP Core Measures SPA

- This SPA attests to Arizona's compliance with federal requirements for mandatory Medicaid and CHIP Core Set Reporting.
- By December 31, 2024, states must report on all of the measures on the Child Core Set and Behavioral Health Measures on the Adult Core set referred to as "mandatory measures."

State Plan Amendment (SPA) Updates

Fee-for-service Rate SPAs

- Vaccine Administration Fee SPA
  - Effective 12/15/2024, this SPA will change the following:
    - Pharmacy Vaccine Administration Fee to be increased from $4.10 to $14.00
    - Pharmacy COVID Administration Fee to be decreased from $40.57 to $14.00
- Nursing Facility Rates
  - Effective 1/1/2025, this SPA changes nursing facility reimbursement methodology including but not limited to an increase in per diem rates 0.61% for Statewide, 0.65% for Flagstaff, and 1.14% for Tucson.

State Plan Amendment (SPA) Updates

Fee-for-service Rate SPAs cont.

- Multi-Specialty Interdisciplinary Clinic (MSIC) Rates
  - Effective 1/1/2025, MSIC rates will be increased by 5%.
- Home and Community Based Services (HCBS) Rates
  - Effective 1/1/2025, the cumulative HCBS rates will increase by 1.52% statewide, 1.87% for Flagstaff, and 2.74% for Tucson.

State Plan Amendment (SPA) Updates

Doula Services

- On September 23, 2024, AHCCCS received approval from CMS to begin reimbursement of Doula Services effective October 1, 2024.
- AHCCCS registered Doula's may now bill for doula services utilizing the following codes:
  - T1032 - Services performed by a Doula birth worker, per 15 minutes (up to 2 hours)
  - T1033 - Services performed by a Doula birth worker, per diem (once per day, once every 9 months)

Exception to the “Four Walls” Requirement

- On November 1, 2024, CMS finalized the “Medicare Outpatient Prospective Payment Final Rule” (CMS 1809-FC)
- Historically, Medicaid Clinic Services were required to be provided within the physical “four walls” of the clinic.
- This rule includes new mandatory and optional exceptions to allow for Medicaid coverage of clinic services outside of the “four walls”
  - Mandatory exception for IHS and Tribal Clinics,
  - Optional exceptions for behavioral health clinics, and
  - Optional exceptions for services provided by personnel of clinics that are located in rural areas.
- This rule will permanently extend the existing grace period that was issued during the PHE.

Public Comments

Public Comments or Written Testimony may be submitted to AHCCCS via:

Email: publicinput@azahcccs.gov and waiverpublicinput@azahcccs.gov

Postal Mail

AHCCCS
Attn: OOD-Division of Public Policy and Strategic Planning

801 E. Jefferson St., MD 4200 Phoenix, AZ 85034

Opportunities for public comment are posted at the following links:

- SPAs: https://www.azahcccs.gov/AHCCCS/PublicNotices/#SPAs
- 1115 Waivers: https://www.azahcccs.gov/Resources/Federal/PendingWaivers/

Open Discussion

ARIZONA
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AHCCCS Director Updates

Carmen Heredia

AHCCCS Director

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

2025-2029 Strategic Plan

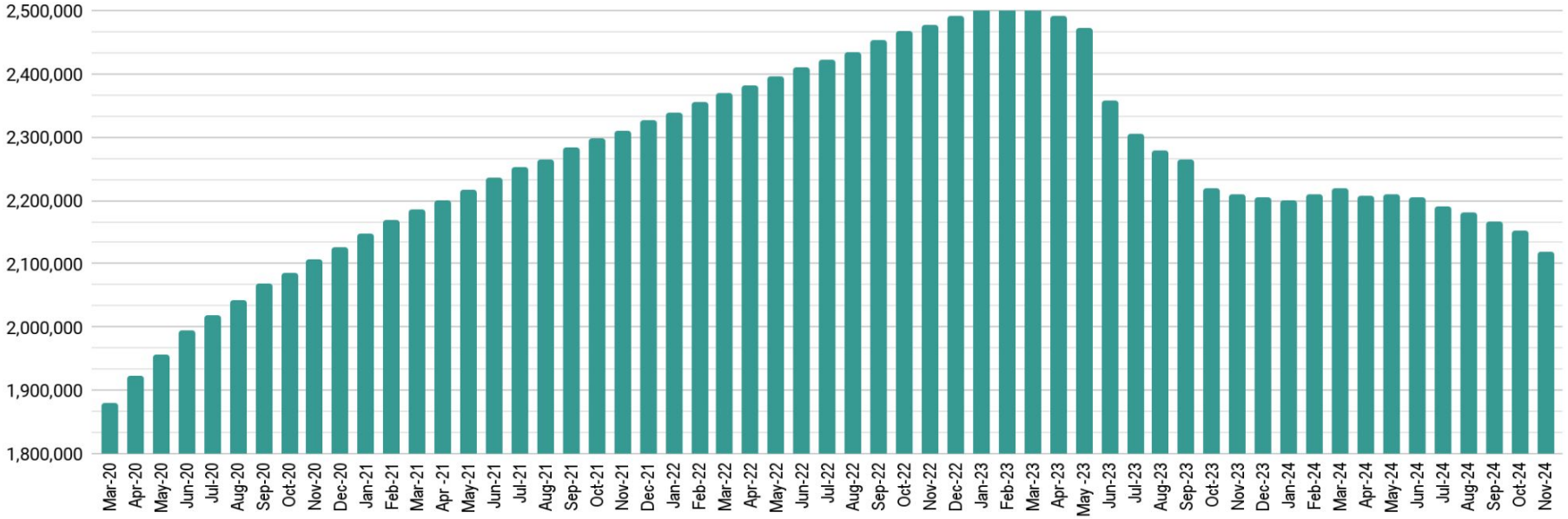
Access to Care

- Advance Whole Person Care
- Lower the Uninsured Rate
- Maintain a Strong Provider Network

Quality of Care

- Support Preventive Care
- Maintain High Member Satisfaction
- Strengthen Program Integrity

AHCCCS Population: March 2020 - October 2024



A Big Day for AHCCCS: October 1, 2024

- H2O Launch
- Covered Behavioral Health Services Guide Launch
- Doula Coverage Launch
- Updated Rates for Fee-for-Service

ALTCS RFP

ARIZONA
HEALTH CARE COST
CONTAINMENT SYSTEM

ALTCS EPD Updates

AHCCCS has extended the current Arizona Long Term Care System for Elderly and/or Physically Disabled (ALTCS-EPD) Contracts with Banner-University Family Care, Mercy Care, and UnitedHealthcare Community Plan for one year, through September 30, 2025. This follows the recent Director's Decision to deny the appeal of the EPD award protesters.

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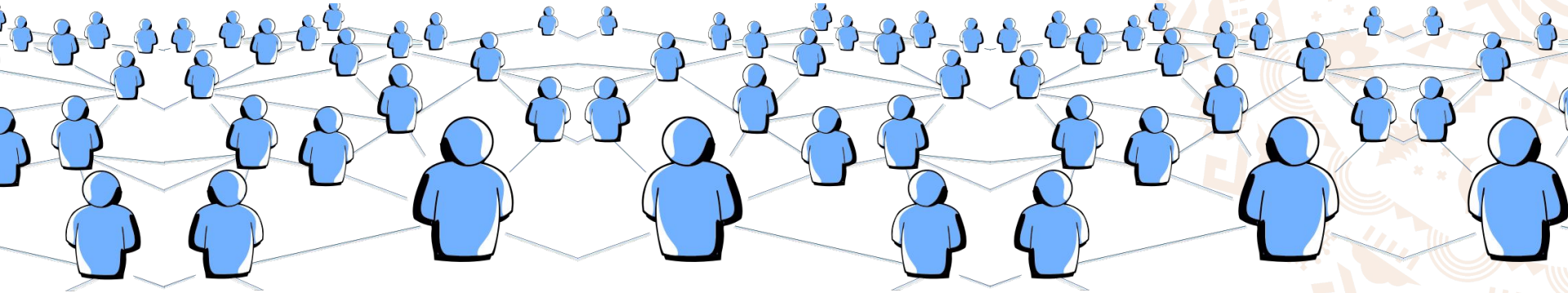
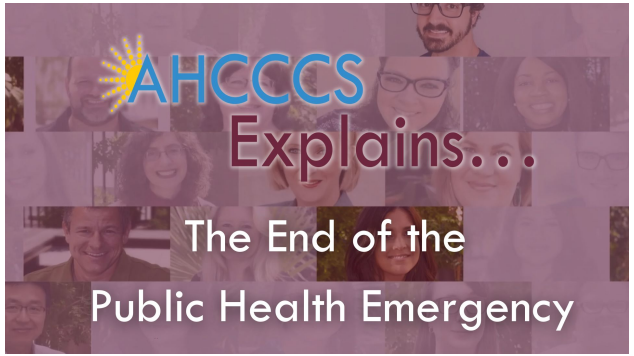
Handle: @AHCCCSgov	Handle: @AHCCCSgov	Handle: @AHCCCSGov	Handle: @AHCCCS	Channel: AHCCCSgov



Learn about AHCCCS' Medicaid Program on YouTube!



YouTube

Watch our Playlist:

Meet Arizona's Innovative Medicaid Program

Other Resources - Quick Links

- AHCCCS Waiver
- AHCCCS State Plan
- AHCCCS Grants
- AHCCCS Whole Person Care Initiative (WPCI)
- AHCCCS Office of Human Rights
- AHCCCS Office of Individual and Family Affairs
- Future RBHA Competitive Contract Expansion