



AHCCCS Updates

Maricopa Family Support Alliance

8.25.23



AHCCCS At A Glance



Largest insurer in AZ, covering over 2.3 million individuals and families...



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



...and 60% of nursing facility days.



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



More than 115,000 health care providers are registered with AHCCCS.



Payments are made to 12 contracted health plans that are responsible for the delivery of care to members.

AHCCCS: A National Leader in Innovation

Operated a waiver demonstration since **1982**

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



First state to operate under a statewide managed care demonstration



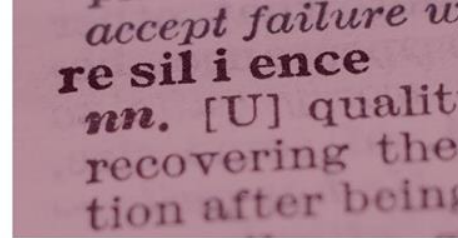
The only state to have done so from the start of its Medicaid program.

Overview

- Recent Changes
- AHCCCS Enrollment and Renewals
- Fraudulent Billing and Member Exploitation
- Parents as Paid Caregivers
- Targeted Investments 2.0
- Housing and Health Opportunities (H2O)
- Continuous Coverage for Former Foster Youth
- CommunityCares SDOH Referral Platform

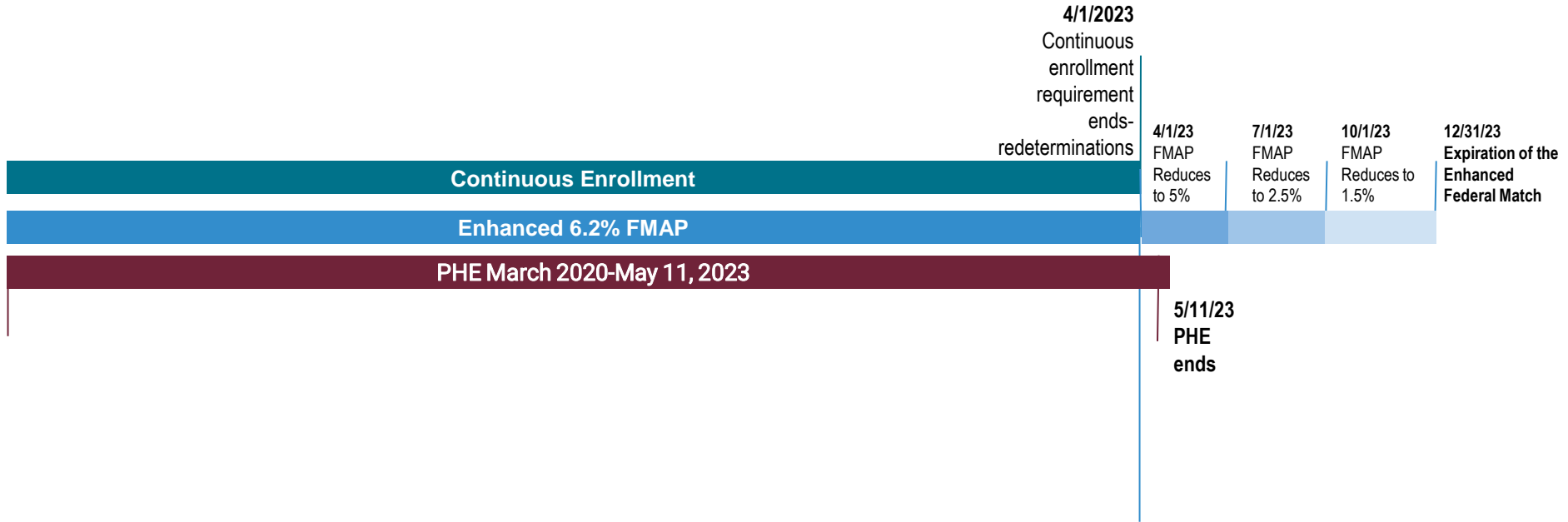
Recent Changes

- 12-month postpartum coverage effective 4/1/23
- Certified Community Health Workers (CHWs) and Community Health Representatives (CHRs) employed by AHCCCS registered providers can bill for reimbursable services, effective 4/1/23
- \$25 gift card [Back to School well-care visit](#) incentive launched for MCO-enrolled children
- KidsCare Expansion passed into law



AHCCCS Enrollment and Renewals (aka “The Unwinding”)

Public Health Emergency (PHE) is Expected to End May 11, 2023

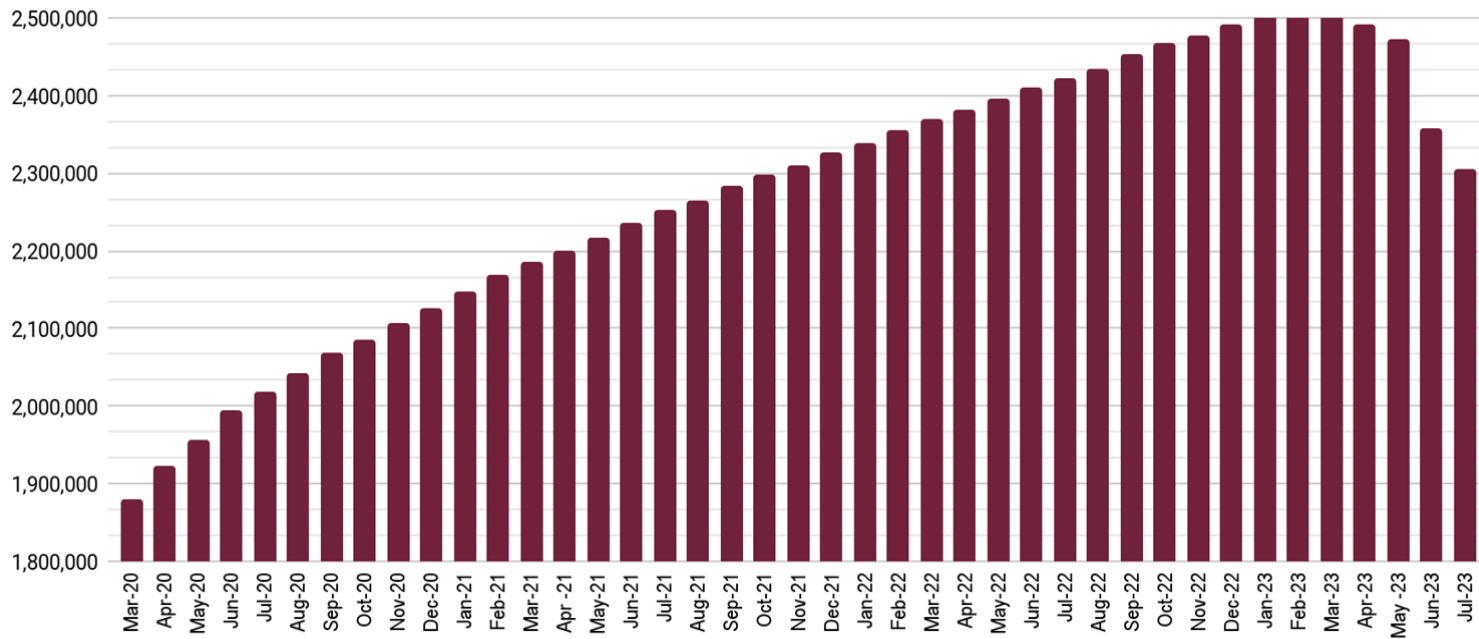


Note: On Dec. 27, 2022, the [2023 Consolidated Appropriations Act \(CAA\)](#) separated the continuous eligibility requirement from the PHE, and established the FMAP phase-down described above.

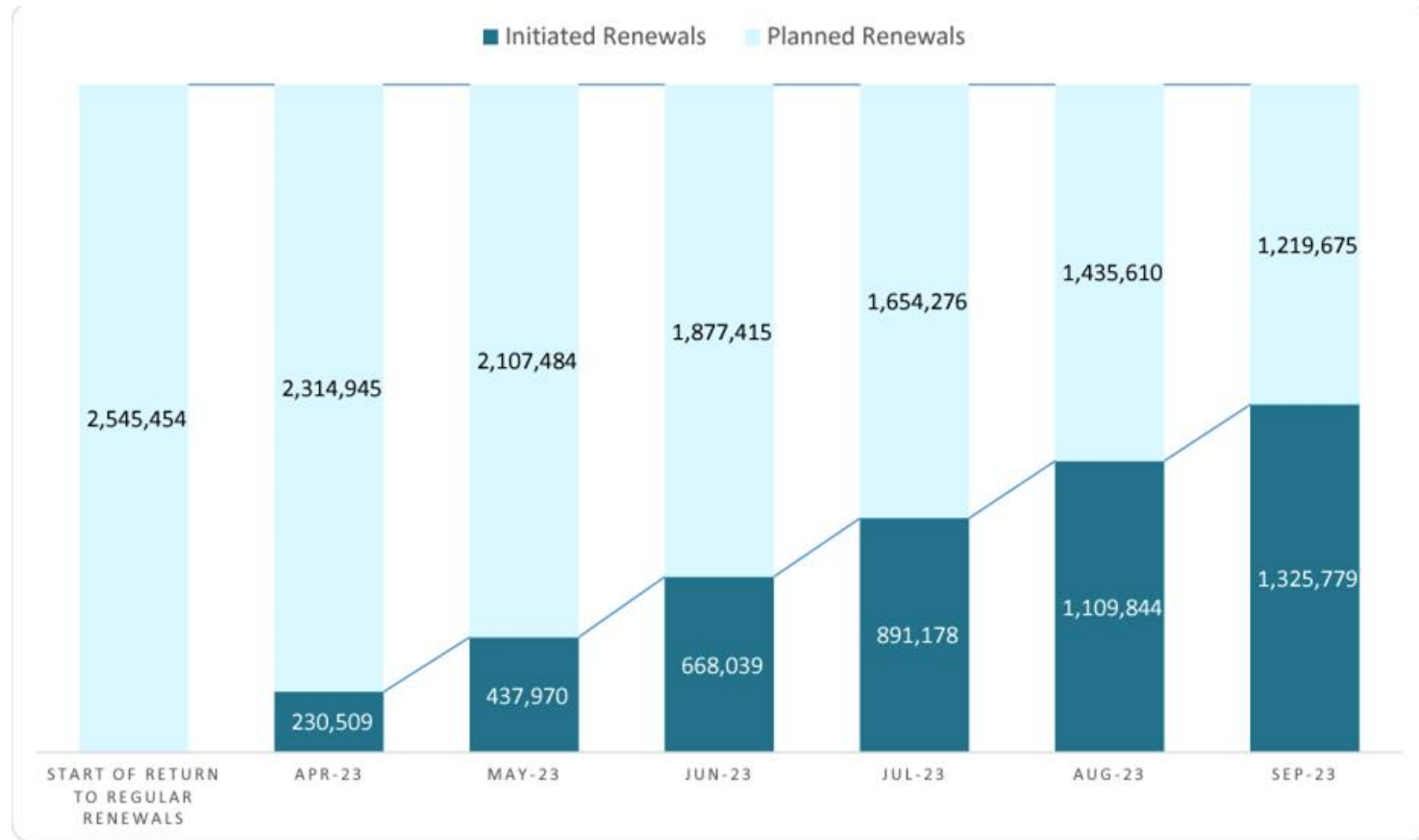
Processing Renewals

- Eligibility for all 2.5 million members will be re-determined.
- Members are **AT RISK** of losing coverage if they are:
 1. **Non-Responsive:** fail to supply needed documentation
 2. **Factually Ineligible:** shown not to meet at least one condition of eligibility
- After a full redetermination, these members could be found to be *eligible* and will **stay enrolled** or *ineligible* and be **disenrolled**
- It will take approximately **12 months** to complete ALL renewals.

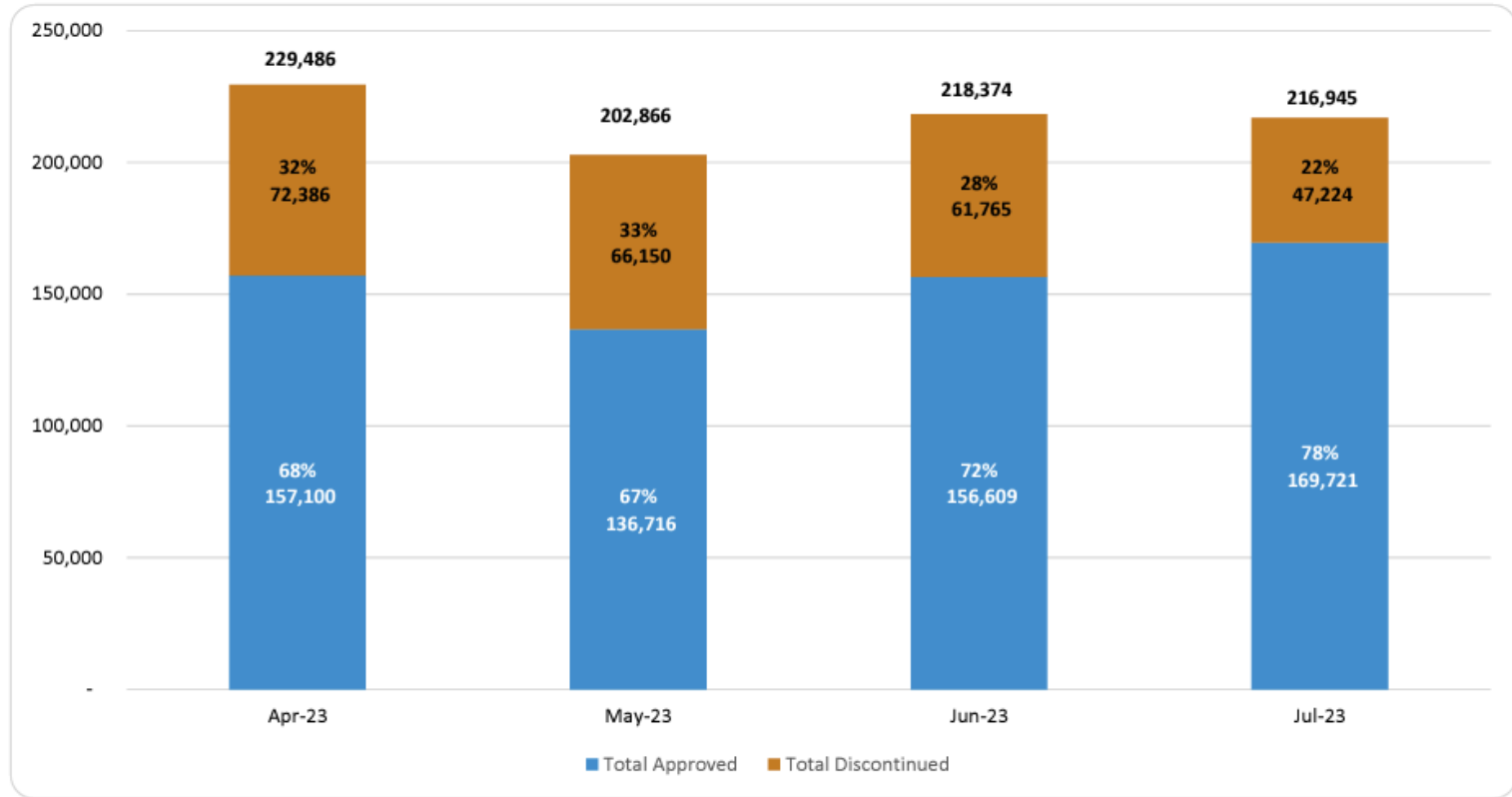
AHCCCS Population: March 2020 - July 2023



Renewals Initiated Each Month



Members Renewed and Discontinued by Month



Discontinued Members by Age

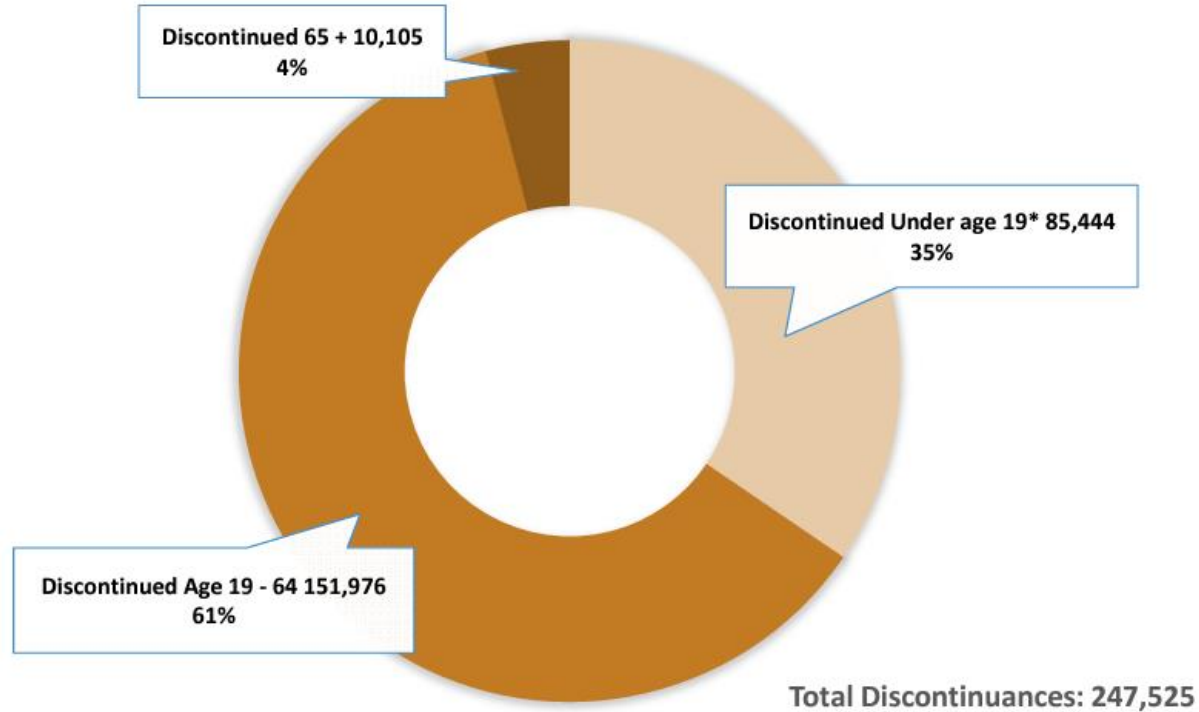
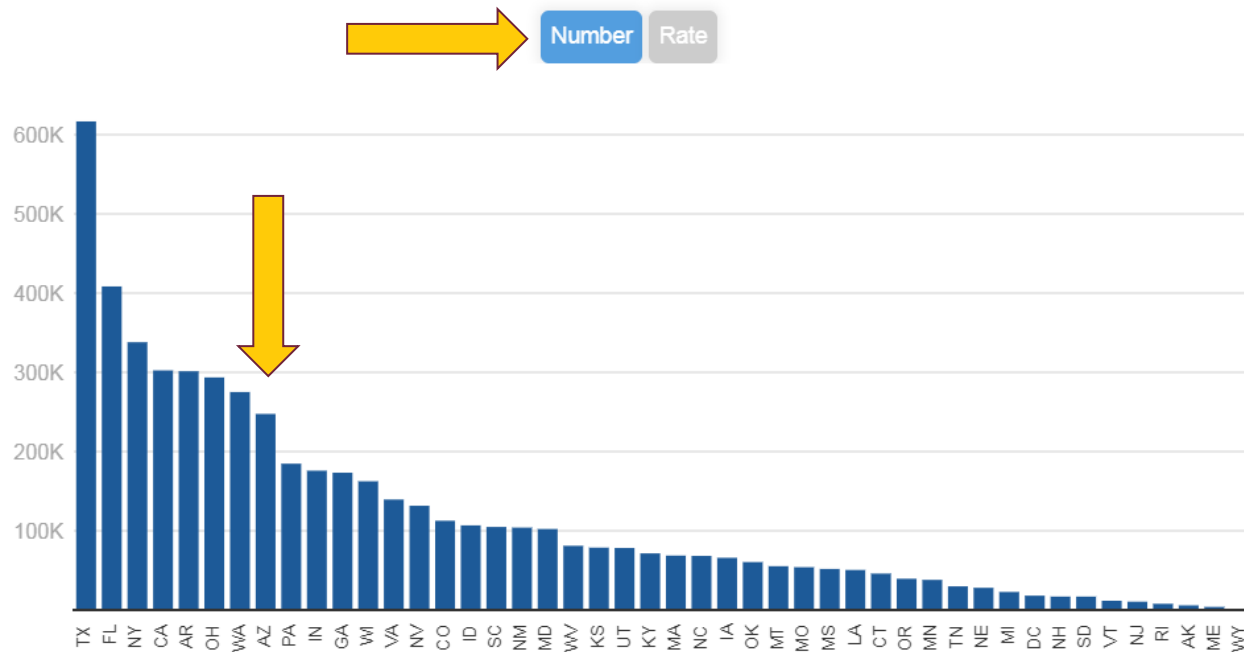


Figure 1

At least 5,366,000 Medicaid enrollees have been disenrolled in 45 states and DC with publicly available unwinding data, as of August 23, 2023

State-Reported Medicaid Disenrollments:



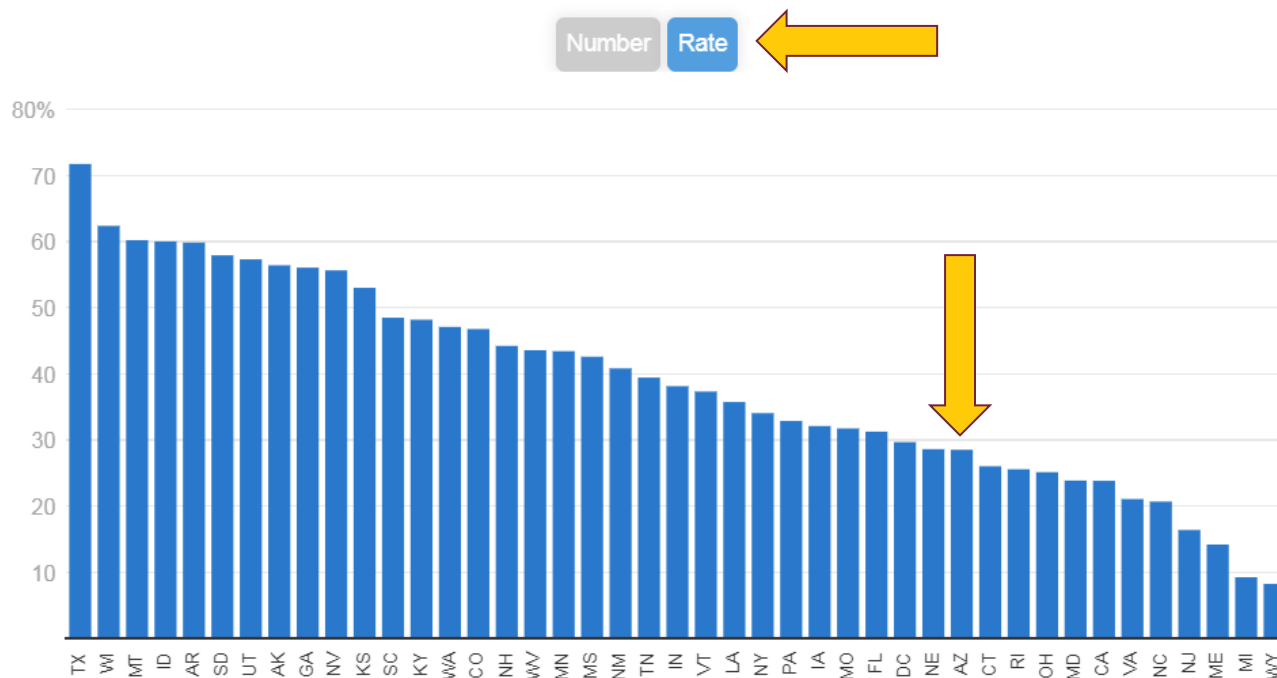
NOTE: Based on the most recent state-reported unwinding data available. Time periods differ by state.

SOURCE: KFF Analysis of State Unwinding Dashboards and Monthly Reports Submitted to CMS • [Get the data](#) • [PNG](#)

KFF

There is wide variation in disenrollment rates across reporting states, ranging from 72% in Texas to 8% in Wyoming

State-Reported Medicaid Disenrollments as a Share of Total Completed Renewals:

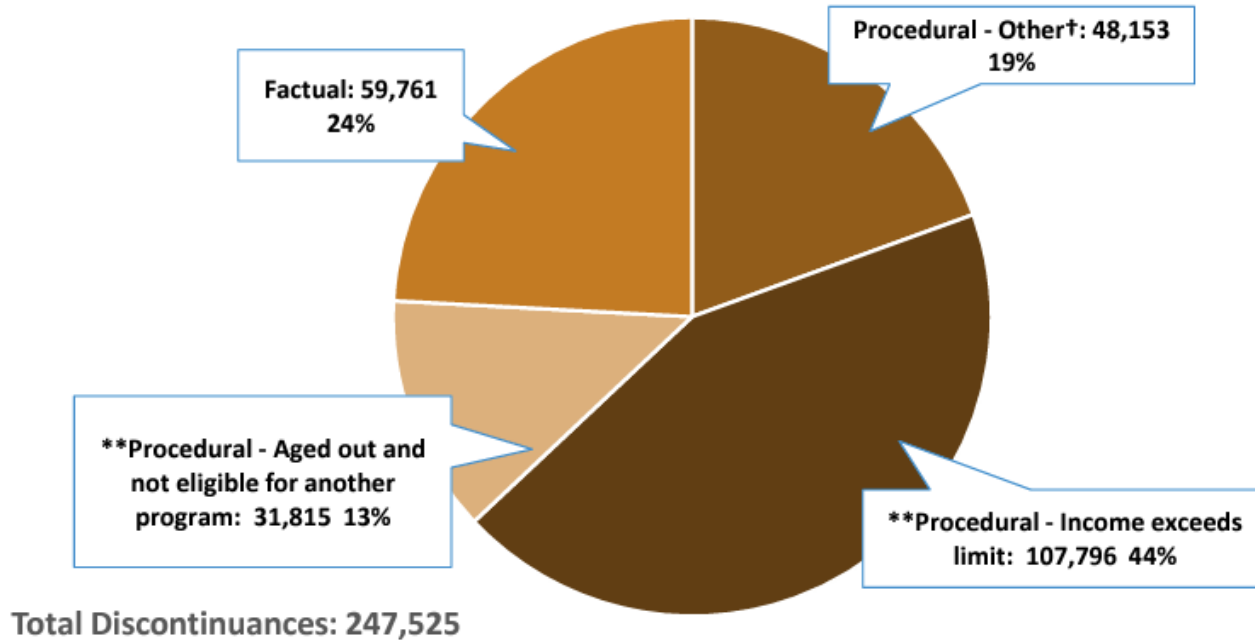


NOTE: Based on the most recent state-reported unwinding data available. Time periods differ by state. Rates are calculated as total disenrollments divided by total completed renewals (number whose coverage was renewed + number disenrolled); pending renewals are excluded. Several states report unwinding data on renewals without enough information to calculate a disenrollment rate.

SOURCE: [KFF Analysis of State Unwinding Dashboards and Monthly Reports Submitted to CMS](#) • [Get the data](#) • [PNG](#)

KFF

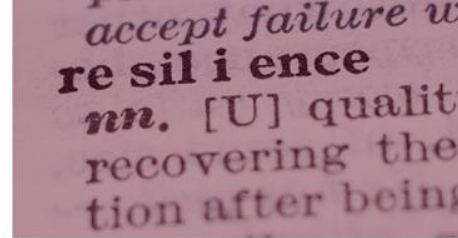
Discontinuances: Factual vs Procedural



For more information...

Visit:

www.azahcccs.gov/renewals



Fraudulent Billing and Member Exploitation

Initial Announcement - May 16, 2023

- More than 100 providers suspended from Medicaid payments based on credible allegations of fraud
- ~7,000 members potentially impacted
- [List of suspended providers](#)
- [Fact sheet \(6/14/23\)](#)
- [Press release](#)

The screenshot displays the AHCCCS (Arizona Health Care Cost Containment System) website. At the top, the AHCCCS logo is visible alongside a family photo and a search bar. The navigation menu includes links for HOME, AHCCCS INFO, MEMBERS/APPLICANTS, PLANS/PROVIDERS, AMERICAN INDIANS, RESOURCES, FRAUD PREVENTION, and CRISIS? Below the menu, a news article dated May 16, 2023, is titled "AHCCCS Suspends Payments to Behavioral Health Providers Based on Credible Allegations of Fraud". The article text includes a quote from Governor Katie Hobbs and mentions that the AHCCCS Office of Inspector General (OIG) has announced the suspension of payments to more than 100 providers. Overlaid on the article is a "Fact Sheet: AHCCCS Provider Payment Suspensions". The fact sheet includes a contact for Cliff Summerhill, PIO, and a section titled "Background & Findings" which details the investigation into fraudulent billing practices and the resulting provider suspensions. The fact sheet also lists the criteria for a credible allegation of fraud, including hotline tips, claims data mining, and patterns identified through provider audits.

AHCCCS
Arizona Health Care Cost Containment System

ENHANCED BY Google

Advanced search

HOME AHCCCS INFO MEMBERS/APPLICANTS PLANS/PROVIDERS AMERICAN INDIANS RESOURCES FRAUD PREVENTION CRISIS?

Home / News / This Page

May 16, 2023

AHCCCS Suspends Payments to Behavioral Health Providers Based on Credible Allegations of Fraud

Ensuring member safety is a top priority for AHCCCS. Today, Governor Katie Hobbs announced payment suspensions to behavioral health providers based on credible allegations of fraud. The AHCCCS Office of Inspector General (OIG) announced the suspension of payments to more than 100 providers of Medicaid services based on credible allegations of fraudulent billing activities. These provider payment suspensions are expected to increase as the investigative process evolves. A list of these suspended providers, along with prior suspensions since 2019 and provider terminations since May 1, 2023, is posted on the [AHCCCS Provider Suspensions and Terminations web page](#). This list will be updated regularly.

Contact: Cliff Summerhill, PIO
PIO@ahcccs.gov
Phone: 602-727-2584

Fact Sheet: AHCCCS Provider Payment Suspensions

Background & Findings

- The Arizona Health Care Cost Containment System (AHCCCS) Office of Inspector General and the Arizona Attorney General's Office became aware of potential fraudulent billing practices including significant increases in billing for outpatient behavioral health services. These circumstances triggered a multi-agency review and investigation of potential fraud, waste and alleged criminal activity targeting Indigenous peoples and other vulnerable Arizonans.
- These investigations led to the announcement that the AHCCCS Office of Inspector General (OIG) suspended payments to more than 100 registered providers of Medicaid services based on credible allegations of fraudulent billing activities. These provider payment suspensions are expected to increase as the investigative process evolves. The total number of suspensions providers, along with prior suspensions since 2019 and provider terminations since May 1, 2023, is posted on the [AHCCCS Provider Suspensions and Terminations web page](#). This list will be updated regularly.
- According to federal regulation 42 CFR 455.2, a credible allegation of fraud may be an allegation, which has been verified by the State, from any source, including but not limited to the following:
 - (1) Fraud hotline tips verified by further evidence,
 - (2) Claims data mining, or
 - (3) Patterns identified through provider audits, civil false claims cases, and law enforcement investigations. Allegations are considered to be credible when they have indicia of reliability, and the State Medicaid agency has reviewed all allegations, facts, and evidence carefully and acts judiciously on a case-by-case basis.

The Fraud Schemes

- Recruiting vulnerable tribal members into unlicensed, unregistered facilities
- Enrolling non-AI/AN members in the American Indian Health Plan
- Providing incentives (housing, food, money, alcohol, drugs)
- Billing fraudulently
- Shuffling members between companies
- Paying recruiters “per person”
- Billing for members who aren’t present (ghost billing)
- Billing for services that aren’t provided
- Overlapping use of codes, double billing
- Shell companies
- Multiple types of fraudulent providers

System Improvements to Stop Fraudulent Billing and Protect Members

- External Forensic Audit
- Right-sizing reimbursement rates for abused codes
- Additional documentation requirements
- Requiring a prepayment review when abused codes exceed limits
- Applying a high-risk screening to three provider types
- 6-month provider enrollment moratorium on BH Outpatient Clinics, Integrated Clinics, NEMT, CSAs, and BHRFs
- Require written confirmation by IHS/638 facilities to switch from MCO to AIHP
- Enhancing Tribal relations

Top Challenges

- Finding members:
 - Bad actors were using unlicensed unregistered facilities
 - Ghost billing
 - Congregate settings
- Member cooperation:
 - Some members may not want to leave
 - Some don't see themselves as victims
 - Some are coerced and afraid to report
 - Some members are not interested in treatment, limiting BH facility for residential treatment
- Resources:
 - Housing demand vs supply
 - Assessing who needs BH/SUD
- Communication:
 - Sensitive information
 - Active criminal investigations
- Safety:
 - Reports of violence, weapons in facilities

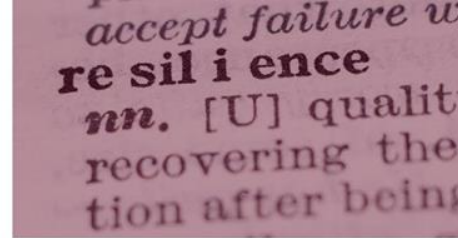
Protecting AHCCCS Members

Report Suspicious Activity and Provider Fraud

- Email: AHCCCSFraud@azahcccs.gov
- Online:
<https://www.azahcccs.gov/Fraud/ReportFraud/onlineform.aspx>
- Phone: 602.417.4045 or 888-ITS-NOT-OK (888.487.6686)

Support for Affected Individuals and Families

- Call 2-1-1 (press 7)



Parents as Paid Caregivers of Minor Children

Parents as Paid Caregivers

- 2020:
 - In response to COVID-19 PHE, AHCCCS submitted and received approval for an Appendix K waiver amendment to allow for payments to parents providing caregiving services to minor children.
 - Currently, this program authority extends through November 11, 2023.
- 2023:
 - Based on stakeholder feedback, the agency plans to request authority to make this a permanent feature of the ALTCS program.

Parents as Paid Caregivers

- **Eligible Individuals:** Eligible minor Arizona Long-Term Care (ALTCS) members who require home and community-based services (HCBS).
- **Benefits:**
 - Allows legally responsible parents to receive payment for “extraordinary” direct care services (attendant care, personal care, and homemaker services) approved under the 1115 demonstration waiver, and
 - Parents would be limited to 40 hours of paid care, per child, in a given week and cannot exceed more than 16 hours in a single day.

Parents as Paid Caregivers

- Parents who do provide these services must meet all direct care worker requirements as established by AHCCCS policy including:
 - Being employed/contracted by an AHCCCS Registered Direct Care Service Agency,
 - Passing specific direct care worker competency tests, and
 - Demonstrating compliance with Electronic Visit Verification (EVV) per the 21st Century Cures Act
- Parents who provide these services must also maintain quarterly in-person case management visits as well as agency supervisory visits.

Parents as Paid Caregivers - Goals

- Mitigate DCW shortage and other access to care challenges by allowing payments to parents who serve as paid caregivers for their minor children,
- Increase member satisfaction and promote positive health and well-being outcomes for the target population,
- Extend an additional support service to restore, enhance, and maintain family functioning to preserve effective care for the member in the home and community, and
- Ensure that members receive high-quality care while increasing timely accessibility to care providers.

Targeted Investments 2.0


Targeted Investments Programs

Initial Program (TI)

- 10/2016 - 9/2022
- 6 Years, \$350 m.
- Reduce fragmentation of Behavioral Health (BH) and primary care (PCP)
- Increase provider integration, coordination
- Improve health outcomes for members with complex conditions

Renewal Program (TI 2.0)

- 10/2022 - 9/2028
- 5 Years, \$250 m.
- Focus: Adult PCP, Adult BH, Peds PCP, Peds BH, Justice
- Identify and address health inequities
- Implement Culturally and Linguistically Appropriate Service (CLAS) standards
- Identify and address health related social needs (HRSN)



1115 Waiver Renewal Approval - Targeted Investments 2.0

Application Timeline

12/2022 Eligibility requirements, Provider Interest Form published to the TI Website

9/1/2023 Application portal open

9/30/2023 Application with required policies and procedures due by 5PM

12/2023 Acceptance Letters

[Subscribe to TI News](#) 

TI 2.0 Resources

Targeted Investments webpage:

www.azahcccs.gov/TargetedInvestments

Targeted Investments Team Inbox:

Targeted.Investments@AZAHCCCS.gov

Click on the Buttons Below to:

Subscribe to the
TI Newsletter

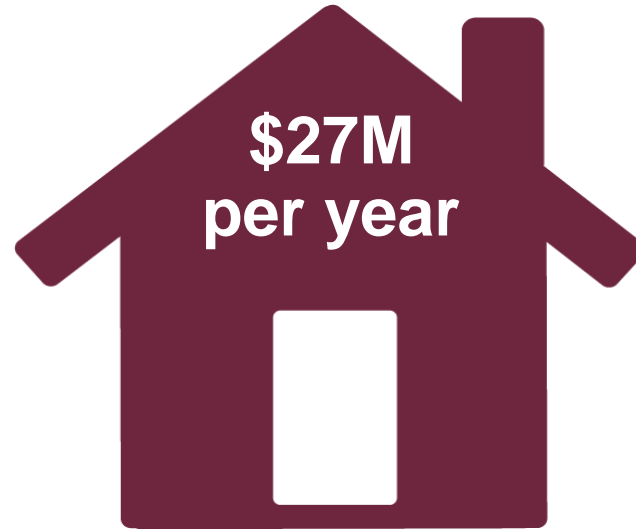
Submit a
Provider Interest Form

TI 2.0 Program Overview- Final Proposal to CMS:

https://www.azahcccs.gov/PlansProviders/Downloads/TI/TargetedInvestmentsTI_2Proposal.pdf

Housing and Health Opportunities (H2O)

AHCCCS Housing Delivery System - Today



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

AHCCCS Housing & Health Opportunities (H2O) Demonstration Goals

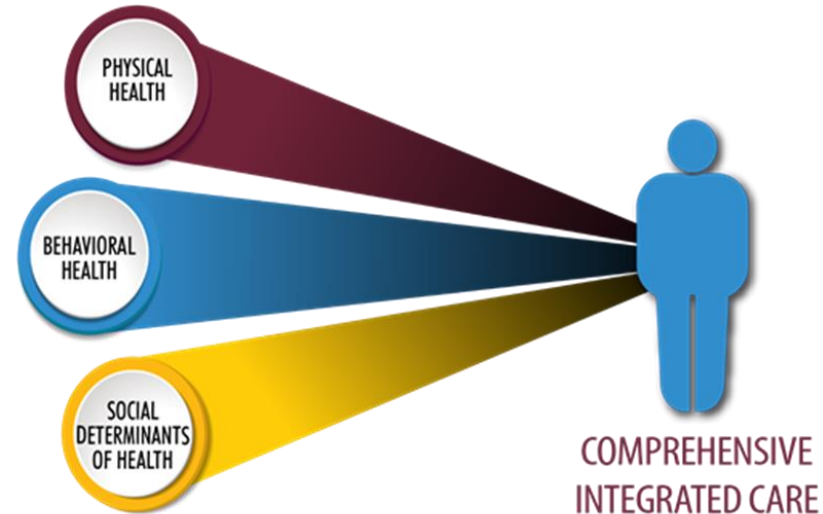
Increase positive
health and
wellbeing outcomes
for target
populations

Reduce the cost of
care for individuals
successfully housed

Reduce
homelessness and
maintain housing
stability

Services

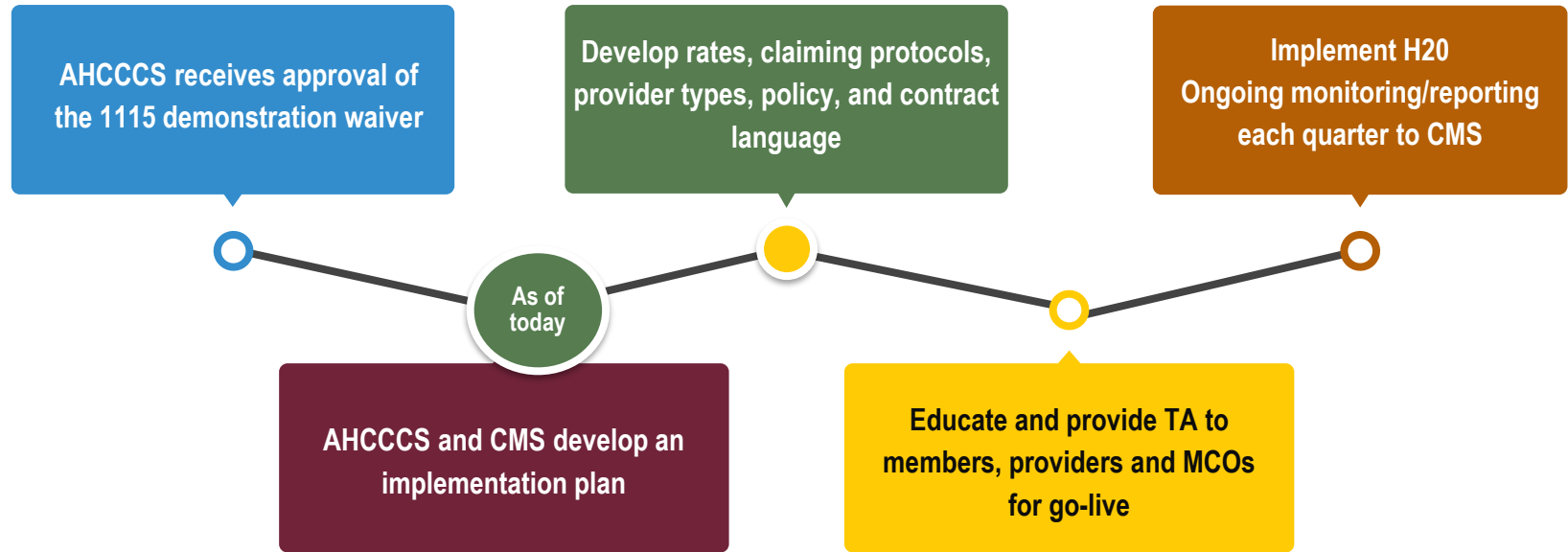
- Outreach and Education Services
- Transitional Housing - 6 Months
 - Transitional Housing Setting (Enhanced Shelter)
 - Apartment or Rental Unit (Rental Assistance)
- One-time Transition and Moving Costs
- Home Accessibility Modifications and Remediation
- Housing Pre-Tenancy Services
- Housing Tenancy Services



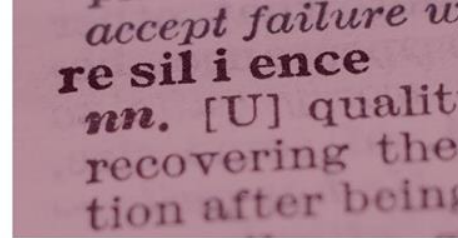
H2O Eligibility Criteria

- Member must be **experiencing homelessness and**,
 - Z Code for Housing Instability or
 - Identified through a Homeless Management Information System (HMIS) report(H2O Providers will verify homeless status upon receipt of referral)
- Member must have **SMI Designation and**,
 - Diagnosed with a chronic health condition or,
 - Currently in a correctional health facility and scheduled for release

Waiver Implementation - H20



****Deliverables are ongoing throughout the entire demonstration period.**



Continuous Coverage for Youth Aging out of Foster Care

Former Foster Youth Annual Automatic Renewal: What is changing?

- Maintaining eligibility: Young Adult Transitional Insurance (YATI) eligibility will be automatically renewed without requiring additional information from the individual until the individual reaches 26 years of age.
- Effective Date: Effective upon CMS approval and completion of necessary operational and system modifications.



CommunityCares

SDOH Closed-Loop Referral System

Connecting the Medical & Social Determinants of Health



 **contexture[®]**
CommunityCares
Powered by  **UNITE US**

Contexture, Arizona's health information exchange (HIE), teamed up with the Arizona Health Care Cost Containment System (AHCCCS) – and in collaboration with 2-1-1 Arizona and Solari Crisis & Human Services – to implement a single, statewide referral system (CommunityCares) to address social determinants of health (SDOH) needs in Arizona.