













AHCCCS Updates

Heidi Capriotti, Public Information Officer Barbara Rutledge, Policy Analyst, Division of Member & Provider Services



AHCCCS Overview



AHCCCS At A Glance



Largest insurer in AZ, covering over 2.4 million individuals and families...



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



...more than 51% of all births in AZ...



More than 120,500 health care providers are registered with AHCCCS.



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



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





AHCCCS Is a National Leader in Innovation

Operated a waiver demonstration since 1982



Has one of the lowest per-enrollee costs

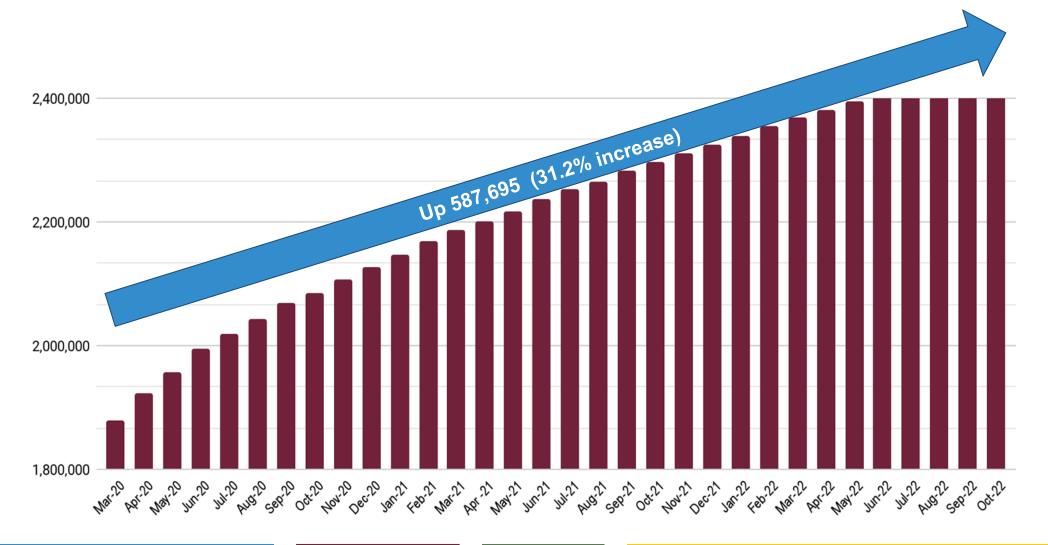
among states at only \$7,008 perenrollee vs. the national average of \$8,057 per-enrollee.

First state to operate under a statewide managed care demonstration

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



AHCCCS Enrollment: March 2020- October 2022





Benefit Changes



Benefit Changes as of Oct. 1, 2022

Diabetes Self-Management Training

Up to 10 program hours annually of diabetes outpatient self-management training services to members with new or existing diabetes diagnoses, as prescribed by a primary care practitioner.

Biomarker Testing

Adds four more biomarker tests that the Centers for Medicare and Medicaid Services (CMS) considers useful for therapeutic decision-making.

Chiropractic Coverage

Up to 20 medically necessary chiropractic visits for adults each year, ordered by a primary care provider and within the scope of chiropractic practice as defined by state law.



2023 Benefit Changes

Anticipated Early 2023

• Community Health Worker (CHW) Services will be Medicaid reimbursable.

Anticipated Late 2023

- Extend Postpartum Continuous Coverage (Medicaid and CHIP) from 60 days to 12 months
- 12-month, CHIP Continuous Coverage (up to age 19)



1115 Waiver

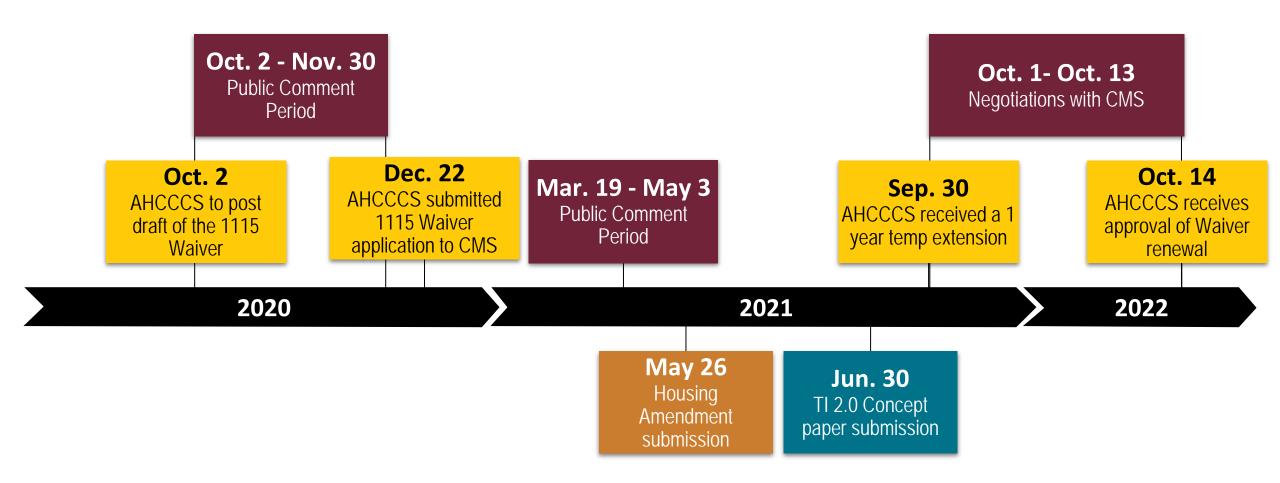


Section 1115 of the Social Security Act

- Allows states to design Demonstration projects that promote the objectives of the Medicaid program
- Demonstration projects are typically approved for a five-year period and can be renewed every five years
- Must be budget neutral meaning that federal spending under the waiver cannot exceed what it would have been in absence of the waiver



Arizona's 1115 Waiver Renewal Timeline





1115 Waiver Approved

- Oct. 14, 2022 through Sept. 30, 2027
- Includes:

Targeted Investments 2.0, Housing and Health Opportunities demonstration, Tribal Dental for Adults,



Planning for the End of Public Health Emergency



Processing Disenrollments Over 12 Months

- Renewals continued through PHE
- Nearly 635,000 members are either:
 - Non-Responsive: failed to supply needed documentation OR
 - 2. Factually Ineligible: shown to be ineligible based on information received between March 2020 and current date
- After a full redetermination, these members could be found to be *eligible* and will stay enrolled or *ineligible* due to changing circumstances and be disenrolled
- It will take approx. 12 months to complete these renewals



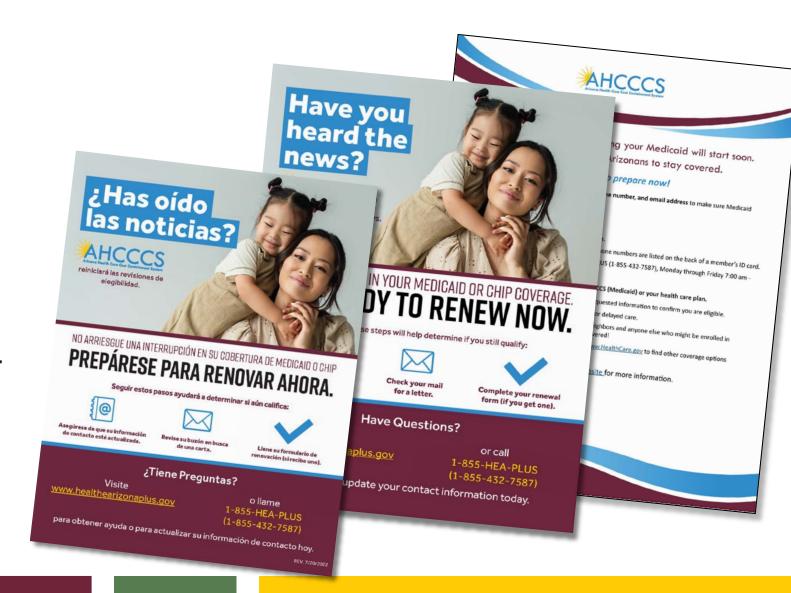
Processing Disenrollments Over 12 Months

- Hybrid approach
 - Process "ineligible" before "non-responsive"
 - Within these groups process "oldest application date to newest"
- Distributing the added workload
 - Will adjust post-PHE redetermination batches based on volume of regular monthly renewals due
 - Will align-renewal actions by household when possible



Member Communication

- Robocall campaign
- Letter campaign
- AHCCCS Call Center
 On Hold messages
- Text message campaign (English & Spanish)
- Website took kits, fliers, and FAQs







Audience + Messages

Medicaid Members

- 1. Update your contact
- 2. Check your mail
- 3. Complete your renewal
- 4. Connect to coverage
 - Medicaid: 2-1-1 and HEAplus
 - o Non-Medicaid: 2-1-1

External Stakeholders

(Providers, state agencies, community assistors, CBOs, legislators, and community leaders)

- Help Medicaid customers connect to coverage
 - Medicaid: 2-1-1 and HEAplus
 - o Non-Medicaid: 2-1-1



Messaging Toolkit for MCOs, CBOs, & Partners

- Based on CMS toolkit & other states
- Will include:
 - Key messages
 - Fliers and posters
 - Phone scripts
 - Suggested email & text message copy
 - Social media graphics & copy



Communication Channels to Reach AHCCCS Members

Update your contact | Check your mail | Complete your renewal | Connect to coverage

AHCCCS

- "Need Health Insurance?"
 campaign with Vitalyst
- Social (organic)
- News Media
- Member texts
- TV/Radio PSAs
- Website
- IVRs (on-hold messages)

MCOs and Partners

- "Need Health Insurance?"
 campaign with Vitalyst
- Social: (organic + paid)
- Emails
- Member texts/phone calls
- Events
- IVRs (on-hold messages)



Need Health Insurance? Public Awareness Campaign





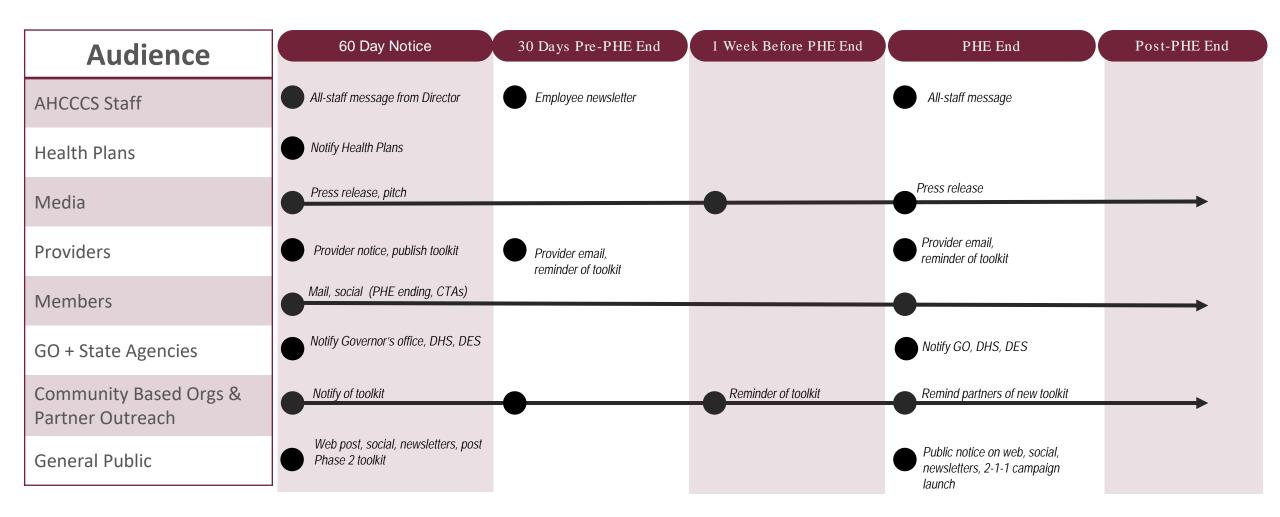




Communication Timelines



60-day Notice Timeline





Post-PHE Member Renewal Awareness

Direct Member Communications	
Mail renewal paperwork 60 days prior to renewal due date	
Text or Email (if opted in)	
Direct member contact (phone/text/email)	

Mass Communications	
Branded social media	
MCO Marketing events/collateral	
Like/share AHCCCS social posts	
"Need Health Insurance" campaign	



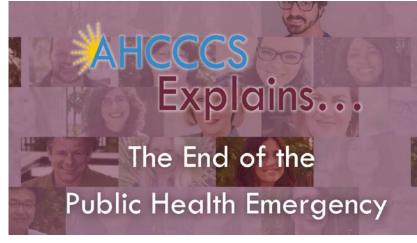






Learn about AHCCCS' Medicaid Program on YouTube!









Watch our Playlist:

Meet Arizona's Innovative Medicaid Program



Other Resources & Quick Links

- AHCCCS Waiver & State Plan
- AHCCCS Grants
- AHCCCS Whole Person Care Initiative (WPCI)
- AHCCCS <u>Office of Human Rights</u>
- AHCCCS <u>Office of Individual and Family Affairs</u>
- Future RBHA Competitive Contract Expansion
- Subscribe to AHCCCS newsletters



Follow & Support AHCCCS on Social Media

facebook









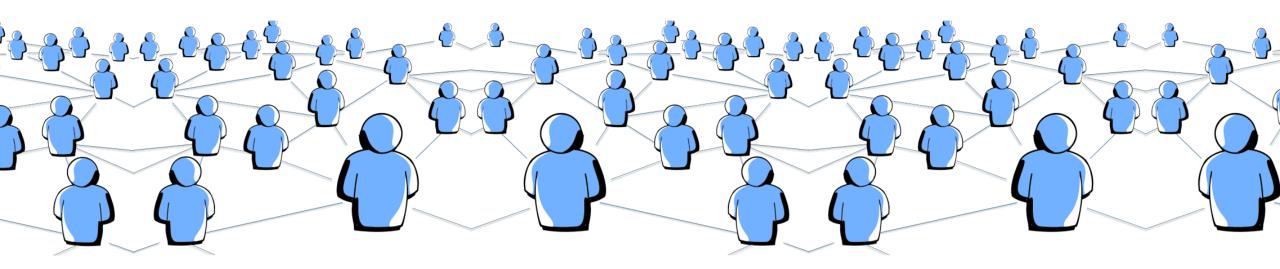
Handle: @AHCCCSgov

Handle: @AHCCCSgov

Handle: @AHCCCSGov

Handle: @AHCCCS

Channel: **AHCCCSgov**





Questions?

