

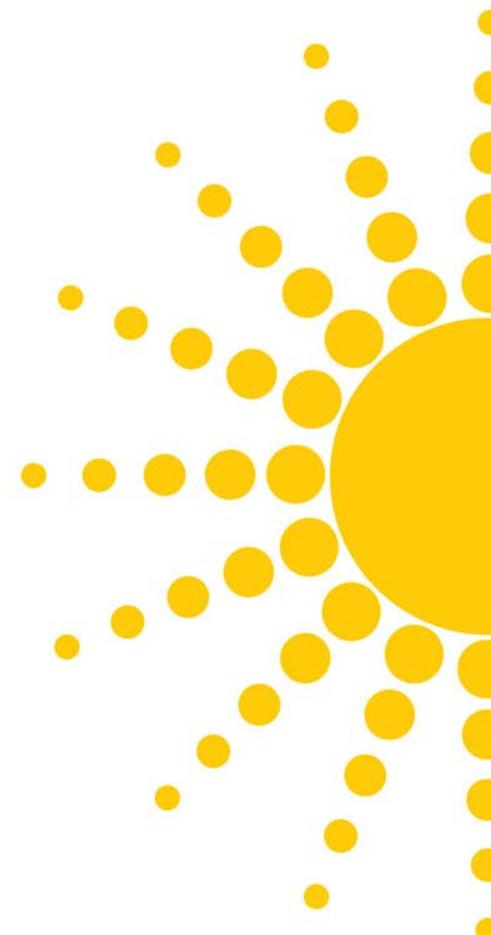


# AHCCCS Update

2019 Quarterly Tribal Consultation Meeting  
January 17, 2019



# A Special Thank You to...



# Bonnie Talakte

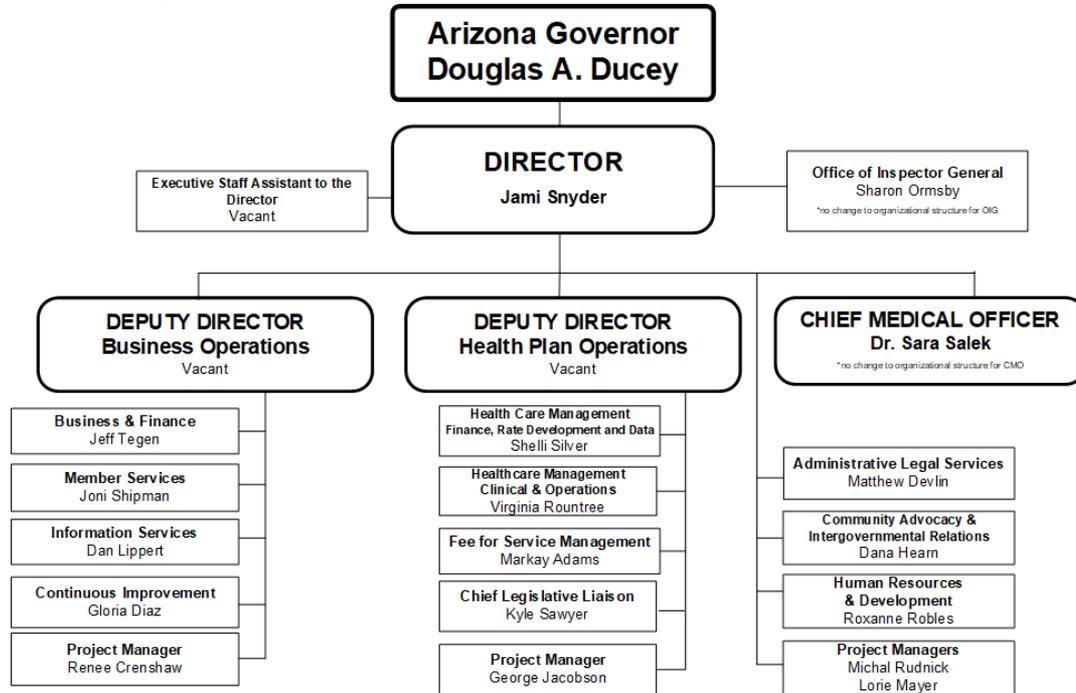
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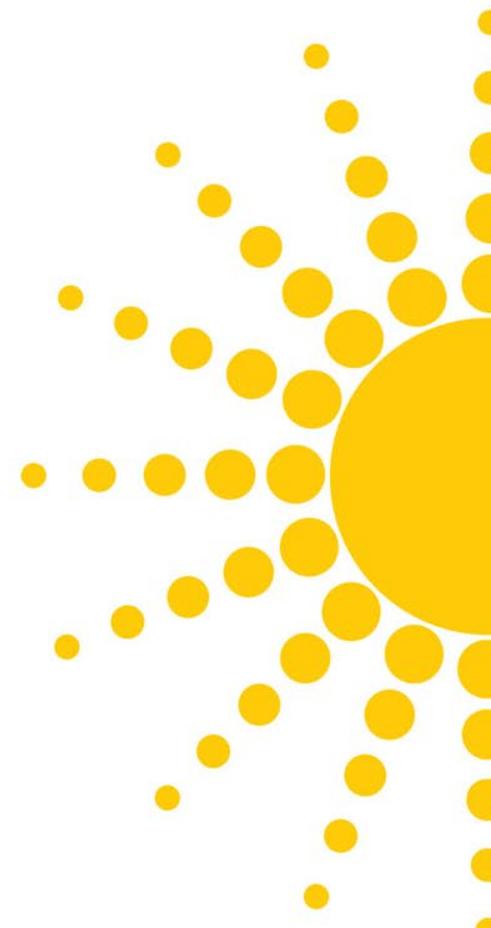
# Organizational Structure



# AHCCCS Organizational Structure



# 2019 Strategic Plan



# AHCCCS Strategic Plan

Reaching Across Arizona to Provide Comprehensive, Quality Health Care for Those in Need

Pursue and implement long term strategies that bend the cost curve while improving member health outcomes.

Reduce fragmentation driving towards an integrated sustainable healthcare system

Pursue continuous quality improvement

Maintain core organizational capacity, infrastructure and workforce planning that effectively serves AHCCCS operations

# AHCCCS Strategic Plan

Reaching Across Arizona to Provide Comprehensive, Quality Health Care for Those in Need

**Pursue and implement long term strategies that bend the cost curve while improving member health outcomes.**

a) 47% of Health Plan spend in alternative payment models

b) 3 regulatory flexibilities approved

c) Increase the number of members receiving a Medicaid behavioral health service in a school by 10%

# AHCCCS Strategic Plan

Reaching Across Arizona to Provide Comprehensive, Quality Health Care for Those in Need

**Pursue continuous quality improvement.**

a) 50% of measures exceed the NCQA mean

b) 8 facilities achieve medical home status

c) 13% reduction in overall number of opioids prescribed

# AHCCCS Strategic Plan

Reaching Across Arizona to Provide Comprehensive, Quality Health Care for Those in Need

## Reduce fragmentation driving towards an integrated sustainable healthcare system

- a) 98% of AHCCCS enrollees served in a fully integrated health plan by October 1, 2018
- b) Retain 95% of TI participants
- c) Increase number of provider organizations participating in the HIE to 580
- d) Increase percent of members who receive at least one service per month during their first six months of CMDP enrollment from 76% to 80%
- e) Increase percent of pre-release inmates who receive a service within 3 months of release from 43% to 50%

# AHCCCS Strategic Plan

Reaching Across Arizona to Provide Comprehensive, Quality Health Care for Those in Need

**Maintain core organizational capacity, infrastructure and workforce planning that effectively serves AHCCCS operations**

a) Increase engagement score to 9

b) Increase ranking on the ADOA system security evaluation score to 725

# 2019 Legislative Initiatives



# AHCCCS Legislation

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- SMI Housing Trust Fund Flexibility
  - Sen. Carter bill will allow AHCCCS to use the SMI Housing Trust Fund for rental assistance
- DCW-Assisted Living Caregiver Training Alignment
  - Arizona Leading Age is running a bill to align the training requirements for assisted living caregivers and DCWs

# Other Legislation

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- KidsCare
- Dental Benefit for Pregnant Women
- Telemedicine
- Chiropractic Services
- HIE Clean Up
- Diabetes Education Services

# Suicide Prevention



# Suicide Prevention

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- Hired Kelli Williams, Suicide Prevention Specialist, in November
- First statewide stakeholder meeting to review the State Suicide Prevention plan will be March 18th from 10 am -noon.
- The Suicide Prevention plan will be updated for 2019 with simplified objectives and corresponding activities

# Suicide Prevention

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- Program Goal - reducing suicides in Arizona by 10% annually
- Highest suicide rates are for white men age 65+
- Highest rate by county is Yavapai
- Outreach is ongoing with the AHCCCS health plans and the Verde Valley Suicide Prevention Coalition to lower rates.
- Contact: [Kelli.Williams@azahcccs.gov](mailto:Kelli.Williams@azahcccs.gov)

# 2018 Year in Review



# AHCCCS Year in Review

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- Rollout of AHCCCS Complete Care (ACC)
  - Transitioned over 300,000 members for all services and 1.5 million members for BH services
- Integrated Services in the American Indian Health Program
- Implemented the American Indian Medical Home (AIMH) which is providing new resources for improved care coordination – 4 AIMHs currently established

# AHCCCS Year in Review

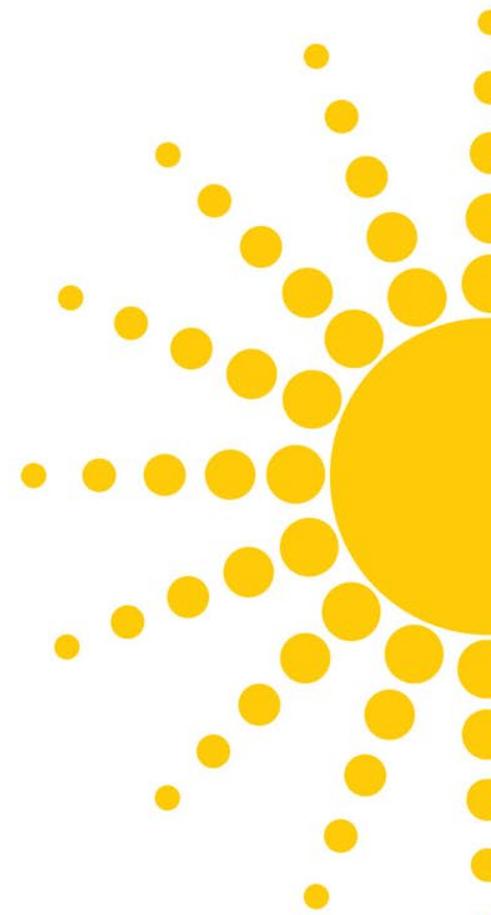
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- Partnered with Hawaii to develop a new Provider Registration System
- Replaced an aging ACE system by implementing HEAPlus in ALTCS
- Created new online system for providers to submit online claims grievances as a way to reduce burden for providers
- Awarded the first \$20 million in Targeted Investments funds, including participation of 9 justice clinics

# Questions



# 1115 Waiver & SPA Update



# Prior Quarter Coverage Proposal

- Currently, Arizona covers enrollees three months prior to the month of application if the enrollee would have been eligible at any point during those months
- AHCCCS submitted a waiver on April 9, 2018, to limit retroactive coverage and encourage members to obtain and maintain health coverage, even when healthy, and to apply expeditiously
- Current draft STCs limits retroactive coverage to the month application for all new AHCCCS members except for children under the age of 19 and women who are pregnant (including post-partum) once they become eligible

# AHCCCS Works

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- AHCCCS submitted a waiver on December 19, 2017
- CMS has approved waivers for Kentucky, Indiana, Arkansas, New Hampshire, Wisconsin, and Michigan
- On June 29, 2018, US District Court invalidated Kentucky's waiver approval and sent it back to HHS to reconsider several provisions including work requirements
- HHS re-approved Kentucky's waiver on November 19, 2018
- Approx. 10 other states have similar waivers in the queue
- Currently negotiating waiver approval with CMS and evaluating necessary AHCCCS operational changes

# IMD Waiver Request: Focus on Substance Use Disorders

- On April 12, 2017, AHCCCS submitted a waiver requesting that Arizona be exempt from limits on federal funding for IMD stays, including the 15 day limit in the managed care rule
- In 2017, CMS indicated a path forward for exempting only substance use disorder related stays and released guidance on the topic
- In November 2018, CMS released new guidance allowing states to pursue IMD waivers for other behavioral health stays
- Recently enacted federal law codifies managed care rule and creates a State Plan Amendment (SPA) pathway to allow states to receive federal matching funds for members aged 21 to 64 with a SUD in an IMD for up to 30 days per year (effective October 2019)
- AHCCCS is evaluating a path forward in this complex landscape

# Traditional Healing

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- AHCCCS is seeking authority to reimburse for Traditional Healing services as a covered service
- Current Status: CMS has indicated they are developing informal guidance for Arizona on a path forward

# Nursing Facilities Rate Changes

- NF rates were increased by 0.7% for urban and rural; and 1.3% for Flagstaff effective for dates of service on and after January 1, 2019

Level of Care	Revenue Code	Urban Rate	Rural Rate	Flagstaff
Level 1	0191	\$161.89	\$156.84	\$158.96
Level 2	0192	\$176.98	\$170.92	\$173.20
Level 3	0193	\$209.93	\$203.21	\$205.93
LOA (Leave of Absence)	0183, 0185	\$161.89	\$156.84	\$158.96



# DFSM updates

AIHP Integration

Tribal ALTCS

Care coordination/AIMH

Pharmacy



# AIHP Integration- 10.01.18

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- Approximately 37, 939 members
- Total AIHP enrollment: 117,250
- Outreach to top BH and CRS providers
- Ongoing assessment of metrics (claims, case management, crisis)
- Care coordination with ACC/RBHAs, UHS/CRS, MSICs

# AIHP Integration- 10.01.18

- Coordination around COE/COT, NTXIX services, crisis – system workgroups
- Ongoing engagement with stakeholders
- FFS rates for BH
- [CaseManagers@AZAHCCCS.gov](mailto:CaseManagers@AZAHCCCS.gov)

# Tribal ALTCS Fee-for-Service



# Tribal ALTCS Projects & Initiatives

- Home Community Based Rules (HCBS)
- Electronic Visit Verification (EVV)
- ALTCS 2019 Operational Reviews
- Audit of Direct Care Worker Agencies operating on tribal lands
- Update to Tribal ALTCS Member Handbook

# Intent of the HCBS Rules

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- Enhance the quality of HCBS
- Provide protections of participants
- Assure full access to benefits of community living
  - Receive services in the most integrated and least restrictive setting possible
  - Receive services to the same degree as individuals not receiving HCBS

# HCBS-Person-Centered Planning

The following requirements must be documents in the person-centered plan:

- Identify a specific and individualized assessed need
- Document that positive interventions and supports used prior to any modifications to the person-centered plan
- Document less intrusive methods of meeting the need that have been tried but did not work
- Include an assurance that interventions and supports will cause no harm to the individual.

# Electronic Visit Verification (EVV)

- 21<sup>st</sup> Century Cures Act passed by Congress in December of 2016
  - Contains many requirements that includes EVV.
  - Designed to improve the quality of care provided to individuals through research, enhanced quality controls, and strengthened mental health parity.
- Website updates ([www.azahcccs.gov/EVV](http://www.azahcccs.gov/EVV))

# 2019 Tribal ALTCS Operational Reviews/Audits.

- To ensure compliance with ALTCS Case Management Standards
- Bi-annual audit of case management administrative functions of Tribal ALTCS Programs.
  - Audit of member case files
- Audits will begin March 2019-October 2019

# Direct Care Worker Agencies

- Direct Care Worker (DCW) Agencies employ direct care workers. A DCW is a person who assists an elderly person or individual with a disability with activities necessary to allow them to reside in their home in order to provide services (attendant care, personal care, homemaker, respite, or habilitation services) to ALTCS members.
- In 2019, AHCCCS will conduct annual monitoring of Direct Care Service Agencies serving Tribal ALTCS members who live in their own homes

# Tribal ALTCS Member Handbook

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- Tribal ALTCS Member Handbook has been updated.
  - Includes information on behavioral health, dental, and Children's Rehabilitative Services.
- Tribal ALTCS Member Handbook was shared with each of the Tribal ALTCS Administrators.

# Contact

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AHCCCS – Division of Fee for Service  
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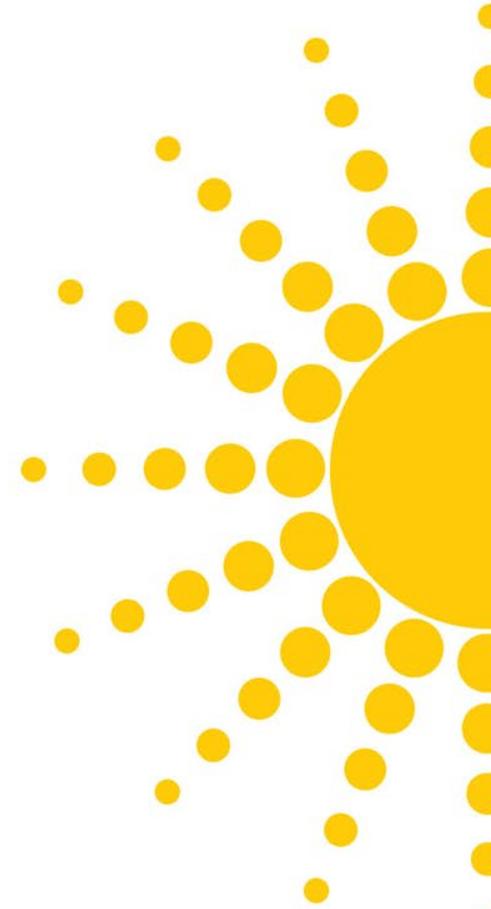


# DFSM Integrated Services

American Indian Medical Home  
and Care Coordination



# American Indian Medical Home



# American Indian Medical Home (AIMH) Program

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- AIMH initiative aligns with:
  - National IHS efforts to advance Patient Centered Medical Homes through the IHS Improving Patient Care (IPC) program
  - Coordinating care with IHS/Tribal 638 facilities
  - State-wide focus on integrated care, health information exchange, and care coordination
- Concept of PCCM and PMPM strategy as an AIMH brought to fruition thru efforts of a Tribal Workgroup

# AIHP Service Tier and Reimbursement Levels

**Note:** There will be an annual renewal process every October at which time the medical home can select a new tier level. Annual rate increase occurs on January 1.

## First Tier Level AIMH

- PCCM services
- 24 hr telephonic access to care team
- PMPM rate: \$14.51

## Second Tier Level AIMH

- Tier 1 plus Diabetes Education
- PMPM rate: \$16.70

## Third Tier Level AIMH

- Tier 1 plus Participates in State HIE
- PMPM rate: \$22.71

## Fourth Tier Level AIMH

- Tier 2 plus Participates in State HIE
- PMPM rate: \$24.90

# Active American Indian Medical Homes

## Phoenix Indian Medical Center (PIMC) – Tier 2

- 2,003 members; monthly payment \$33,450
- Annual payment based on current membership \$401,404

## Chinle Comprehensive Health Care Facility – Tier 4

- 9,464 members; monthly payment \$235,654
- Annual payment based on current membership \$2,827,842

## Winslow Indian Health Care Center – Tier 3

- 399 members; monthly payment \$9,061
- Annual payment based on current membership \$108,735

## Whiteriver Indian Hospital – Tier 2

- Established 12/1/18

# AIMH Web Page & AIMH email

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- IHS/638 Facilities can send questions to [AIMH@azahcccs.gov](mailto:AIMH@azahcccs.gov)
- Review AIMH information at <https://www.azahcccs.gov/AmericanIndians/AmericanIndianMedicalHome/>
- State Plan Amendment (SPA) <https://www.azahcccs.gov/Resources/StatePlans/StatePlanAmendments.html>

# Care Coordination



# Care Coordination Priorities

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- Identify, create and support care coordination opportunities within the IHS and Tribal 638 health care delivery system to improve member health outcomes
- Broadening scope of care coordination to move beyond High Needs/High Cost
  - Building and fostering care coordination partnerships within AIHP, IHS/638 facility, TRBHA, and ACC plans

# Care Coordination Activities

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- Care Coordination Efforts and Strategies for AIHP
  - American Indian Medical Home (AIMH) Program
  - Data sharing strategies
  - High Needs High Cost (HNHC) Care Coordination monthly staffings with stakeholders
  - Outreach and engagement regarding system navigation of the tribal health care delivery system

# Integrated Services Team

Staff Member and Position	Contact Information
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# Pharmacy Update

January 2019



# AHCCCS Fee-For-Service Pharmacy

- April 1, 2019 OptumRx PBM Changes:
  - PBM Claims Adjudication for Reimbursement of:
    - The All Inclusive Rate; and
    - Specialty Medications.
  - OptumRx will have online eligibility for all Native Americans enrolled in AHCCCS, which includes those enrolled in FFS or an MCO.
    - Native Americans enrolled in FFS KidsCare will continue to adjudicate prescription claims through current PBM process.
    - KidsCare claims will not be adjudicated under the All Inclusive Rate or Specialty Medication plans.

# All Inclusive Rate Plan PBM Set-Up

- One pharmacy AIR per day per member per IHS/638 pharmacy.
  - Additional pharmacy claims submitted on the same day after the first claim has been paid at the AIR will pay at zero dollars.
- 5 AIR maximum per day per member per facility remains the same.
- Prescriptions for members eligible for Medicare:
  - Prescriptions medications must be billed to the member's Medicare Part D plan.
  - Prescriptions for Over-the-Counter products may be submitted to OptumRx for AIR reimbursement, with a maximum of one AIR per day per member per IHS/638 pharmacy and the 5 AIR daily maximum applies.
- Other plan parameters will be discussed with the pharmacy workgroup.

# All Inclusive Rate Plan PBM Set-Up

- OptumRx will load the AHCCCS Fee-For-Service Drug List for claims adjudication.
- CMS Covered Outpatient Drugs not listed on the AHCCCS FFS Drug List are available through the prior authorization process.
- All Long-acting opioids medications currently require prior authorization which will be in effect on April 1, 2019.
- The Short-acting opioids limits for adults and children will be implemented on June 1, 2019.

# All Inclusive Rate Plan PBM Set-Up

- Pharmacies will need OptumRx's BIN and PCN for claims adjudication of the AIR.
  - BIN = 001553
  - PCN = AIRAZM
  - OPTUM RX Help Desk Phone Number;
  - Toll Free: 1 (855) 577-6310

# Specialty Medication Plan PBM Set-Up

- Most specialty medications require prior authorization (PA).
- All submitted PAs are reviewed and responded to within 24 hours of receipt of the PA.
- A decision is rendered within the 24 hour timeline unless there is missing information on the PA. A request will be sent to the prescribing clinician for the missing information within 24 hours of receipt of the PA.
- We are working with OptumRx to grandfather members' prescriptions, as they are submitted to OptumRx, up to a specific financial threshold with the exception of long-acting opioids.

# Specialty Medication Plan PBM Set-Up

- Pharmacies will need OptumRx's BIN and PCN for claims adjudication of the AIR.
  - BIN = 001553
  - PCN = SPCAZM
  - OPTUM RX Help Desk Phone Number;
  - Toll Free: 1 (855) 577-6310
- OptumRx will have system testing available for both plans at the end of February or early March.

# Thank You.





# Non-Emergency Transportation Update

Christina Quast

DHCM

Operations Administrator



# AHCCCS Medical Policy Manual 310-BB, Transportation

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- AMPM Policy 310-BB contains a number of changes related to medically necessary non-emergency transportation (NEMT).
- The proposed changes will be available for a 45 day public comment period.
- After the public comments are reviewed the policy will be published with an effective date of 4/1/2019.

# AMPM 310-BB

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- Mileage radius
  - AHCCCS Contractor Operations Manual (ACOM) Policy 436, Network Requirements, requires AHCCCS Contractors to maintain a provider network for pharmacies meeting the below standard:
    - In Maricopa and Pima Counties - 90% of membership does not need to travel more than 12 minutes or 8 miles from their residence
  - As a result language has been added around NEMT trips to pharmacies

## AMPM 310-BB (cont.)

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- Other policy changes
  - Minors Transport
  - Transport of family without the presence of a member
  - Equine/Helicopter NEMT

# New Provider Types

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- Transportation Network Company
- Equine/Helicopters for NEMT
- Looking to have these new Provider Types available as of 4/1/2019

# Thank You.

