AHCCCS
Arizona Health Care Cost Containment System

Quarterly Tribal Consultation

May 24, 2019

AHCCCS
Arizona Health Care Cost Containment System

AHCCCS Update

Director Snyder

Follow Up Items from January 2019 Tribal Consultation Meeting

- Workgroup status
  - Tribal Consultation Policy
  - Federal Policy Reform
  - ACC Implementation/Integration
- ACC Coordination for American Indians and IHS/638 Tribal Facilities
- Department of Education and Department of Housing presentations
- Utilization data – pre/post integration

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

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%

Feedback from AHCCCS Team:

- General support for maintaining APM
- General support for BH/schools objectives
- Less interest in maintaining objective related to regulatory flexibilities

AHCCCS Strategic Plan

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

Feedback from AHCCCS Team:

- General support for maintaining performance measure objective
- Strong support for maintaining AIMH objective
- General support for maintaining opioid Rx objective

AHCCCS Strategic Plan

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%

Feedback from AHCCCS Team:

- Strong support for integrated plan objective
- General support for TI objective
- Strong support for HIE objective
- General support for CMDP/BH objective
- General support for pre-release objective

AHCCCS Strategic Plan

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

Feedback from AHCCCS Team:

- Strong support for engagement objective
- Strong support for security evaluation objective

Additional Suggestions

- Measure savings realized through provision of integrated care
- Measure efficacy of crisis system
- Measure volume of member complaints
- Measure number of registered integrated clinics
- Measure employee retention, regrettable attrition, promotions
- Measure percentage of enrollees who are homeless
- Measure percentage of eligible enrollees participating in community engagement activities

Update on AHCCCS Works

AHCCCS Works Requirements

- No sooner than **Spring 2020**, able-bodied adults* 19-49 who do not qualify for an exemption must, for at least 80 hours per month:
  - Be employed (including self-employment);
  - Actively seek employment;
  - Attend school (less than full time);
  - Participate in other employment readiness activities, i.e., job skills training, life skills training & health education; or
  - Engage in Community Service.

* Adults = SSA Group VIII expansion population, a.k.a, Adult group

Who is Exempt

- Members of federally recognized tribes
- Former Arizona foster youth up to age 26
- Members determined to have a serious mental illness (SMI)
- Members with a disability recognized under federal law and individuals receiving long term disability benefits
- Individuals who are homeless
- Individuals who receive assistance through SNAP, Cash Assistance or Unemployment Insurance or who participate in another AHCCCS-approved work program
- Pregnant women up to the 60th day post-pregnancy
- Members who are medically frail
- Caregivers who are responsible for the care of an individual with a disability
- Members who are in active treatment for a substance use disorder
- Members who have an acute medical condition
- Survivors of domestic violence
- Full-time high school, college, or trade school students
- Designated caretakers of a child under age 18

Exemption for American Indian and Alaska Native members

- Members of federally recognized tribes and their children and grandchildren are exempt from the AHCCCS Works community engagement requirement
- AHCCCS will use information in Health-e-Arizona Plus (HEAplus) to exempt individuals who have self-identified as tribal members
- Members seeking tribal exemption must ensure demographic information in HEAplus is updated

IF Selected for Post-Eligibility Verification (PEV)

- AHCCCS will first check databases for supporting documentation verifying tribal membership
- If no documentation is in system, selected members must submit documentation to verify exemption

Exemption Documentation

- Members of Federally Recognized Tribes must possess one of the following documents proving tribal membership:
  - Certificate of Degree of Indian Blood
  - Tribal ID
  - Tribal Census Record
  - Other document provided by the tribe stating that the person is a member of the tribe

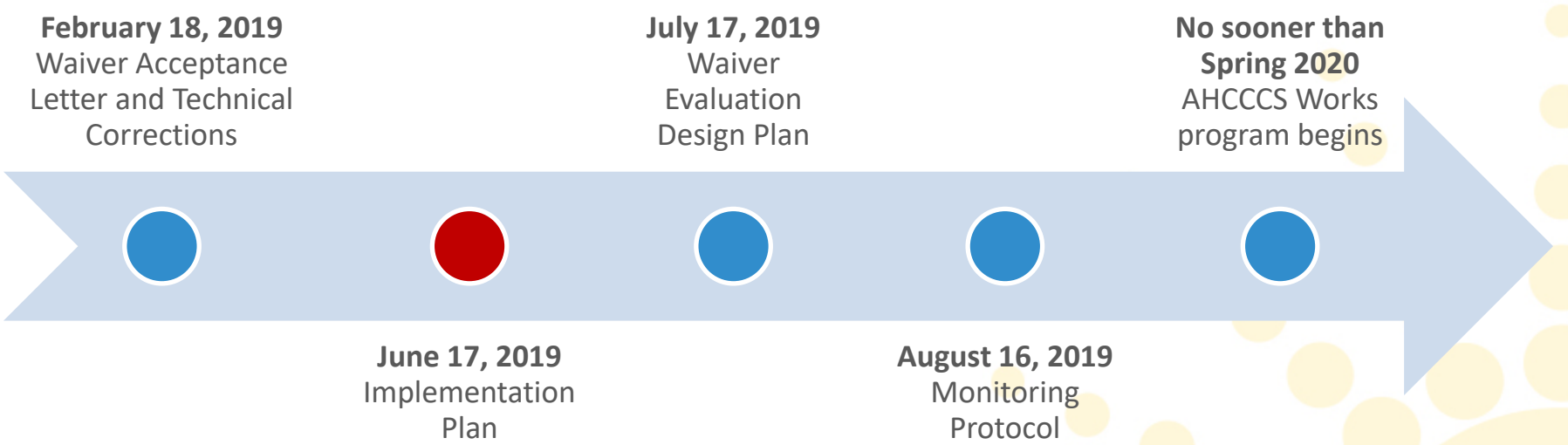
Exemption Documentation

- Children and grandchildren of tribal members must have documentation that proves they are descendants of a member of a federally recognized tribe. Proof includes, but is not limited to:
  - An official letter on tribal letterhead from the tribe stating that the applicant is a child or grandchild of a tribal member
  - 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

Submitting Documentation

- Tribal membership documentation can be uploaded to HEAplus directly by member or Community Assistors, taken to a local DES office, or mailed or faxed to DES.

Next Steps: AHCCCS Works



Tribal Community Presentations

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PUBLIC FORUMS

Peach Springs: May 24, 1 p.m.
Whiteriver: May 29, 2 p.m.
Phoenix: June 5, 1:00 p.m.
Window Rock: June 7, 1:00 p.m. (DST)
Yuma: June 10, 2:30 p.m.
Tucson: June 12, 2:00 p.m.

Questions?

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Organizational Structure

Dana Hearn

Assistant Director, Division of Community Advocacy and Intergovernmental Relations

Tribal Liaison Reporting Structure

Division of Health Care Advocacy and Advancement

Prior to 2019

- Director Tom Betlach
- Deputy Director Jami Snyder
- Assistant Director Liz Lorenz
- Tribal Liaison Bonnie Talatke

Division of Community Advocacy & Intergovernmental Relations

2019 Current

- Director Jami Snyder
- Assistant Director Dana Hearn
- Tribal Liaison Amanda Bahe

DCAIR (Division of Community Advocacy & Intergovernmental Relations)

- Federal Relations
  - Waiver
  - State Plan
- Public Information Officer/Graphic Designer
- Advocacy & Stakeholder Group
  - Committees & Councils
  - Office of Individual and Family Affairs (OIFA)
  - Office of Human Rights (OHR)

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DFSM updates

Markay Adams

Assistant Director,
Division of Fee for
Service Management

AHCCCS Fee-For-Service Pharmacy

- April 1, 2019 PBM Changes:
  - Reimbursement for
    - The All Inclusive Rate
    - Specialty Medications
  - Online eligibility were identified and have been corrected.
    - AHCCCS is currently sending a full file of all AHCCCS Members to Optum, 1.9M members.
    - Members whose prescriptions reject for cardholder not found should be directed to contact AHCCCS Member Services to resolve any issues and so that the system is corrected.

AIR & Specialty Medication Plans PBM Transition

The transition of the AIR and Specialty Medications to the PBM includes:

- Incorporate the member's entire profile of prescription claims into one claim system allowing for:
  - Drug-Drug interactions & monitoring of all prescriptions in the profile;
  - Evaluation of excessive dosing and duplicate therapy; and
  - Morphine Equivalent Daily Dose monitoring;
- Allows for the implementation of the Governor's and the AHCCCS opioid parameters located in the **AHCCCS Medical Policy 310-V** Prescription Medications/Pharmacy Services Sections F and G

AIR & Specialty Medication Plans PBM Transition

- Allows for the implementation of the Governor's and the AHCCCS opioid parameters located in the **AHCCCS Medical Policy 310-V** Prescription Medications/Pharmacy Services Sections F and G
  - The 5-day supply limit of short-acting opioids will be in effect on July 1st.
  - The requirement to prior authorize long-acting opioids will be in effect on July 1st.
  - The Morphine Equivalent Daily Dosing Edit of 90 will begin August 1st and the MEDD upper limit will be communicated to the pharmacy workgroup as our goal will be to move to 90 but the starting point will be based on utilization.
  - New Federal Opioid Legislation requires the monitoring of members on an **Opioid** concurrently with a **Benzodiazepine** and an **Antipsychotic**. The monitoring has to be in place by October 1, 2019.

AHCCCS Fee-For-Service Pharmacy

- Most medications have been grandfathered for 90 days.
- The AIR is paid for prescription drugs dispensed at the point of sale and we are working on which infused medications will be covered under the pharmacy AIR POS.
- Generic substitution is a requirement under the AMPM 310 V Section III. B. 1 through 4.

AHCCCS Fee-For-Service Pharmacy

- Approximately 50% of the product not covered rejects (NCPDP 70) are due to the drug is not federally and state reimbursable. Others include:
  - The member is identified as Medicare; the claim must be sent to the Medicare Part D Plan.
  - Drug is an impotence agent, fertility or cosmetic drug- all excluded under AHCCCS coverage
  - The prescribing clinician is not a psychiatric provider. This requirement is in the process of being removed for the AIR and Specialty plans with the exception of antipsychotics.

AHCCCS Fee-For-Service Pharmacy

- Reasons for Rejected Claims cont'd
  - Member has alternate insurance
  - Drug has been discontinued
  - Member's first name, date of birth, or gender code is missing
  - Drug filled after member termination date
  - Refill has been submitted too soon to Optum according to utilization parameters . For example, 85% of a controlled substance must be used prior to the next fill. The system automatically calculates the utilization.

AHCCCS Fee-For-Service Drug Lists

- FFS Acute & Long Term Care Drug List https://www.azahcccs.gov/Resources/Downloads/PharmacyUpdates/AHCCCS_FFS_Drug_List.pdf
- FFS TRBHA Behavioral Health Drug List https://www.azahcccs.gov/Resources/Downloads/PharmacyUpdates/AHCCCS_TRBHA_Drug_List.pdf
- FFS Dual Eligible Drug List https://www.azahcccs.gov/Resources/Downloads/PharmacyUpdates/AHCCCSDualFormulary.pdf

Integration Update

- DFSM- AIHP from RBHAs and CRS
- Total enrollment: 118, 842 as of April 2019

10/1/18 Member Movement to AIHP

40,601 RBHA members

- HCIC (Steward): 10,572
- CIC (AzCH): 19,846
- MMIC (Mercy Care): 10,183

876 CRS members

- UHC/CRS: 876

Integration updates

- Ongoing engagement with providers (Northern and Southern summits)
- Development of preferred provider lists: https://www.azahcccs.gov/PlansProviders/Downloads/FFSProviderManual/FFS_Preferred_Provider_List.pdf
- Claims Technical assistance: https://www.azahcccs.gov/AmericanIndians/AIHP/technicalassistance.html
- Tracking of preliminary metrics (case management, BH IP, MSICs, crisis notifications)

American Indian Medical Home

- Webpage information includes IGA templates, contact information:
- https://www.azahcccs.gov/AmericanIndians/AmericanIndianMedicalHome/

Active American Indian Medical Homes

Phoenix Indian Medical Center (PIMC) – Tier 2

- 3,782 members; monthly payment $63,159
- Annual payment based on current membership $757,913

Chinle Comprehensive Health Care Facility – Tier 4

- 12,017 members; monthly payment $299,223
- Annual payment based on current membership $3,590,680

Winslow Indian Health Care Center – Tier 3

- 2,320 members; monthly payment $52,687
- Annual payment based on current membership $632,246

Whiteriver Indian Hospital – Tier 2

- 1,240 members; monthly payment $20,708
- Annual payment based on current membership $248,496

Facilities Actively Pursuing AIMH Status

Facility	Readiness
Fort Yuma Health Care Center	• PCCM accreditation in place • 24/7 care line established
San Carlos Apache Health Care Corporation	• PCCM accreditation in progress • 24/7 care line in progress • Diabetes accreditation
Hopi Health Care Center	• PCCM accreditation in place • 24/7 care line in progress
Fort Defiance Indian Hospital	• PCCM accreditation in progress • 24/7 care line in progress • IGA in review by FDIH attorney
Tuba City Regional Health Care Corporation	• PCCM accreditation in place • 24/7 care line in progress
Tohono O'odham (Sells Hospital, San Xavier Clinic)	• Assessing readiness

AIMH Outreach

Current Outreach Activities- Leslie Short, Integrated Services Administrator

- Targeted Outreach
  - Individual emails and phone calls to eligible IHS/638 facilities
  - Routine follow-up to facilities actively pursuing AIMH status to assess readiness, identify barriers, and provide technical assistance
  - Connecting interested facilities with current AIMHs
- General Outreach
  - Constant Contact and Claims Clues
  - IHS/638 Quarterly Forums
  - Tribal Consultations
  - Quarterly Care Coordination Newsletter

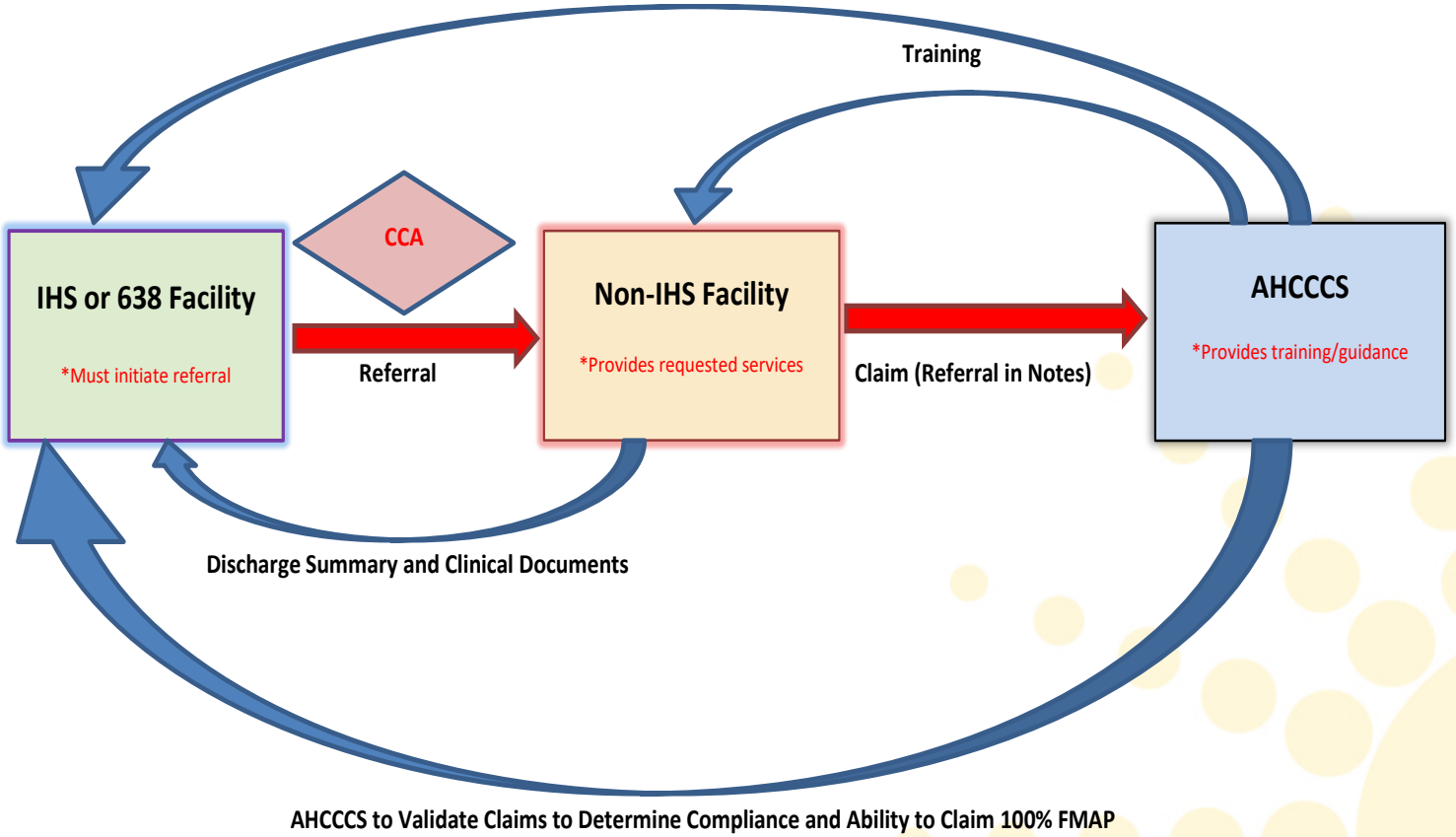
AIMH Outreach

- Ongoing and Future Outreach
  - Upcoming forum and site tour to be hosted by active AIMH (Chinle Comprehensive Health Care Facility)
  - Engaging tribal leadership and facility board members for buy-in
  - Continuation of targeted and general outreach efforts

100% Federal Funding for Services Furnished via Care Coordination Agreements

- 100% federal match ("FMAP") for services "received through" IHS/Tribal Facilities, per CMS reinterpretation of statute
- Extends 100% FMAP for services provided by Non-IHS/638 facility under a written Care Coordination Agreement ("CCA")
- Minimum requirements must be met - examples:
  - Valid CCA, with billing option defined
  - Both referring and servicing facility must be a registered AHCCCS provider
  - Must be established relationship between member and referring IHS/638 provider
  - Valid referral process in place
  - IHS/638 facility continues to assume responsibility for the member

CCA 100% FMAP Flow



Thank You.

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Deputy Director Update

Shelli Silver

Differential Adjusted Payments

Differential Adjusted Payments (DAP) – Introduction

- Value Based Purchasing (VBP) component
- Select AHCCCS-registered providers which meet agency established performance criteria receive DAP rate increases
- Assures payments are consistent with efficiency, economy, and quality of care
- Assures payments are sufficient to enlist providers so services are available at least to extent services are available to general population in geographic area

Differential Adjusted Payments (DAP) – Introduction, cont.

- Purpose of the DAP is to distinguish providers which have committed to supporting designated actions that:
  - improve patients' care experience,
  - improve members' health, and
  - reduce cost of care growth

DAP For Rates Effective CYE 2020

Non-IHS/638 Providers:

- Hospitals Subject to APR-DRG Reimbursement, excluding Critical Access Hospitals
- Critical Access Hospitals
- Other Hospitals and Inpatient Facilities
- Nursing Facilities
- Integrated Clinics

DAP For Rates Effective CYE 2020, cont.

Non-IHS/638 Providers:

- Behavioral Health Outpatient Clinics
- Physicians, Physician Assistants, and Registered Nurse Practitioners
- Dental Providers
- Home and Community Based Services Providers

DAP For BH Outpatient Clinic Effective CYE 2020

- Provision of Services to Members in difficult to access location: 20% increase on all FFS claims
- Clinic that meets criteria is one that provides services for a location that cannot be accessed by ground transport due to nature and extent of the Grand Canyon terrain
- Must have MOA/MOU with a tribal government to access tribal territory to provide behavioral health services to members by September 1, 2019

Future DAPs

- AHCCCS is open to consideration of other ideas for tribal providers/members
  - Specific criteria must be established
  - Typically requires some deliverable from impacted providers
- If options impact providers paid AIR, would need additional CMS approval
- Particularly interested in ideas that would provide more specificity on AIR claims

Abuse & Neglect Prevention Task Force

Abuse & Neglect Prevention Task Force

- Governor Ducey Executive Order – 2/6/19
- Enhanced protections for individuals with disabilities (including intellectual disabilities), who are at increased risk of abuse and exploitation
  - 3x more likely to be victims of violent crime
  - 7x more likely to be sexually assaulted
  - Need for heightened protection for those living in group homes, ICFs, other residential

Abuse & Neglect Prevention Task Force, cont.

- AHCCCS, ADHS, DES and disability advocates to form a workgroup and develop training on
  - Prevention
  - Recognition
  - Reporting
- Contracts must require
  - This training annually
  - Prominent posting of signage on how to report
  - Check of Adult Protective Services Registry prior to hire

Abuse & Neglect Prevention Task Force, cont.

- Report due to the Governor's Office by November 1, 2019
- Shall include recommendations for additional steps to be taken to protect and improve care for persons with disabilities

Behavioral Health in Schools

Behavioral Health in Schools

	MCOs	Tribal Opportunities
TXIX members	• All ACC Plans and RBHAs participating • Schools have different relationships with behavioral health providers where some allow for services to be provided on campus and other schools refer students to care off campus.	• Tribally-Operated 638 Facilities (PT 77) would have the ability to provide BH services to AIHP/TRBHA members at FFS rates at POS 03 • Navajo Nation – open IGA
NTXIX members	• RBHAs have allocated funding through MHBG and SABG • RBHAs were provided guidance on using the SABG and MHBG funds for behavioral health services provided to Non-Title XIX eligible members in schools for those who meet the criteria for Serious Emotional Disturbance (SED), First Episode Psychosis or Substance Use Disorder populations	• Gila River has allocated funding through MHBG and SABG • Navajo Nation- open IGA

Questions?

Next Quarterly Tribal Consultation: July 11, 2019

Thank You.