Welcome to today's Tribal Consultation Meeting!

We will begin shortly. All lines have been automatically muted.

While you are waiting TEST YOUR AUDIO.
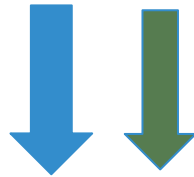
LISTEN FOR MUSIC.

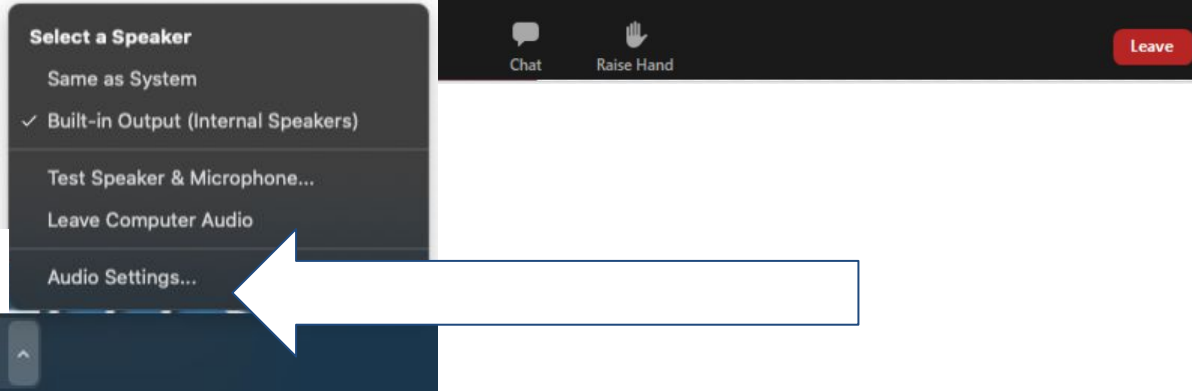Please use the chat feature for questions or raise your hand.

Thank you.

Zoom Webinar Controls

Navigating your bar on the bottom...

- **Windows**: You can also use the **Alt+Y** keyboard shortcut to raise or lower your hand.
- **Mac**: You can also use the **Option+Y** keyboard shortcut to raise or lower your hand.

Select a Speaker

Same as System

✓ Built-in Output (Internal Speakers)

Test Speaker & Microphone...

Leave Computer Audio

Audio Settings...

💬 Chat   ✋ Raise Hand   Leave

Audio Settings ⌃

AHCCCS
Arizona Health Care Cost Containment System

Special Tribal Consultation Meeting: COVID-19 and General AHCCCS Update

July 13, 2021
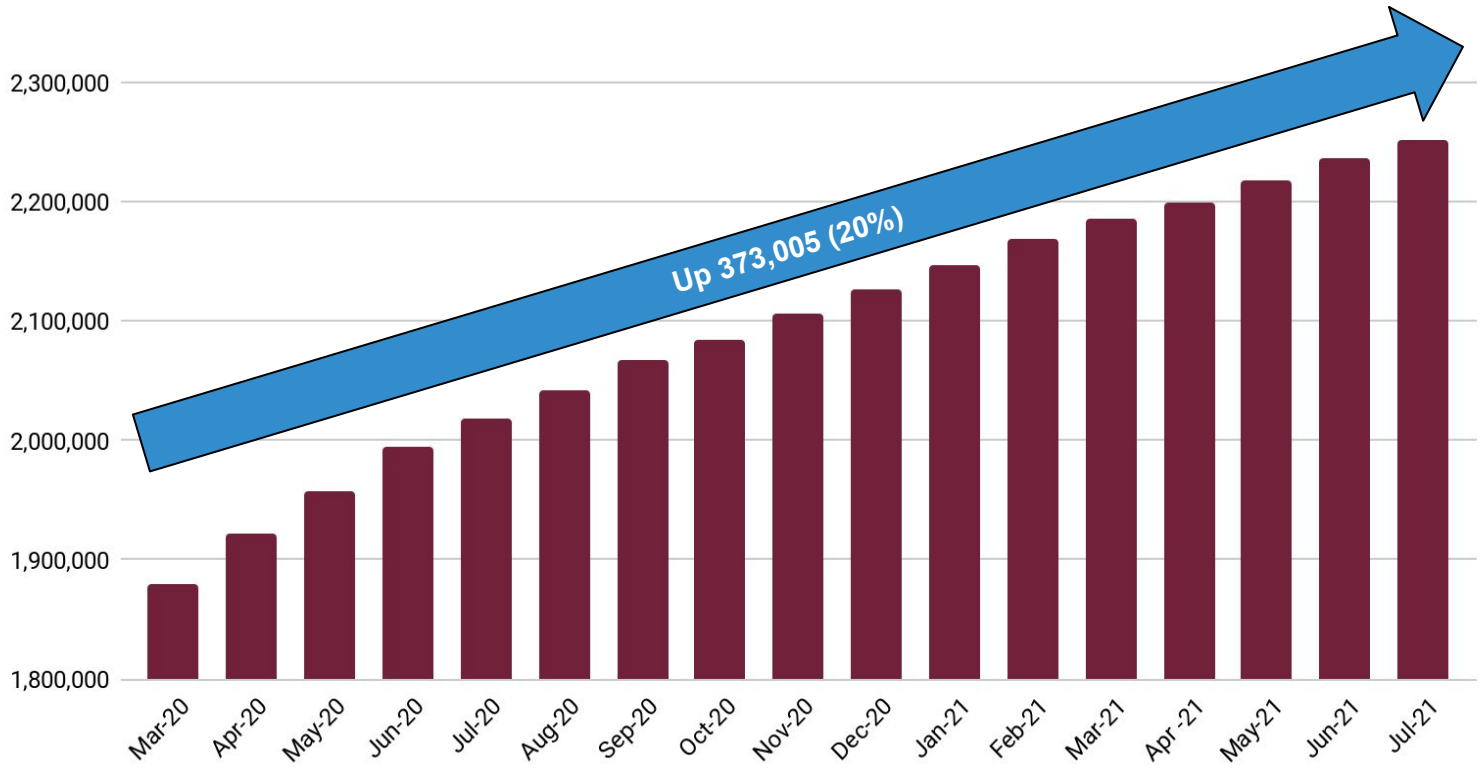
COVID-19 Public Health Emergency-Specific Information
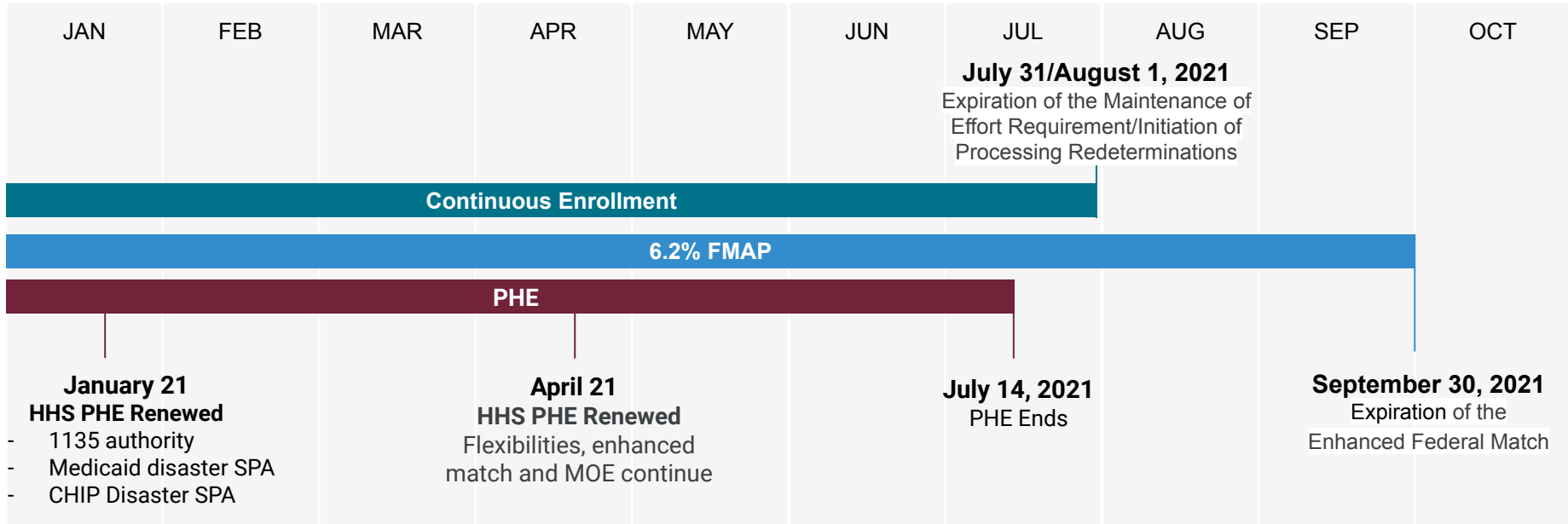
AHCCCS Updates

Jami Snyder, AHCCCS Director

AHCCCS
Arizona Health Care Cost Containment System

AHCCCS Enrollment: March 2020- June 2021

Up 373,005 (20%)

PHE Timeline as of July 9, 2021

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT

July 31/August 1, 2021
Expiration of the Maintenance of Effort Requirement/Initiation of Processing Redeterminations

Continuous Enrollment

6.2% FMAP

PHE

January 21
HHS PHE Renewed
- 1135 authority
- Medicaid disaster SPA
- CHIP Disaster SPA

April 21
HHS PHE Renewed
Flexibilities, enhanced match and MOE continue

July 14, 2021
PHE Ends

September 30, 2021
Expiration of the Enhanced Federal Match

AHCCCS
Arizona Health Care Cost Containment System

Unwinding from the Public Health Emergency

- Centers for Medicare and Medicaid (CMS) to release revised guidance in the next month
- Anticipate changes to expectations regarding eligibility redeterminations
- AHCCCS on track to process all redeterminations within six months
- Will work in partnership with key stakeholders to connect individuals to alternate sources of coverage when needed

American Rescue Plan Act of 2021

| COVID-19 Vaccine Administration | Mobile Crisis Services | Elimination of Medicaid Drug Rebate Cap | 100% FMAP for Urban Indian Health Program | 10% Increase to FMAP for HCBS | Twelve Months Postpartum Coverage |

American Rescue Plan Act of 2021 - Section 9817

10% Increase to FMAP for HCBS

4/1/21 - 3/31/22

- Provision offers temporary 10 percentage point bump in federal funds for certain HCBS services
- State Medicaid Director Letter issued on May 13, 2021
    - Services eligible for the enhancement
    - Examples of activities that enhance, expand, or strengthen HCBS
    - Requirement that states submit initial and quarterly HCBS spending plans
        - Initial narrative and spending plan due July 12, 2021

ARPA HCBS Funding Timeline

April 1, 2021

March 31, 2022

March 31, 2024

Time the state can take advantage of the 10% FMAP increase

Time the state has to spend ARPA HCBS reinvestment funds

| 2021 | 2022 | 2023 | 2024 |

May 13 - July 12 2021

Amount of time the state has to submit the initial spending plan
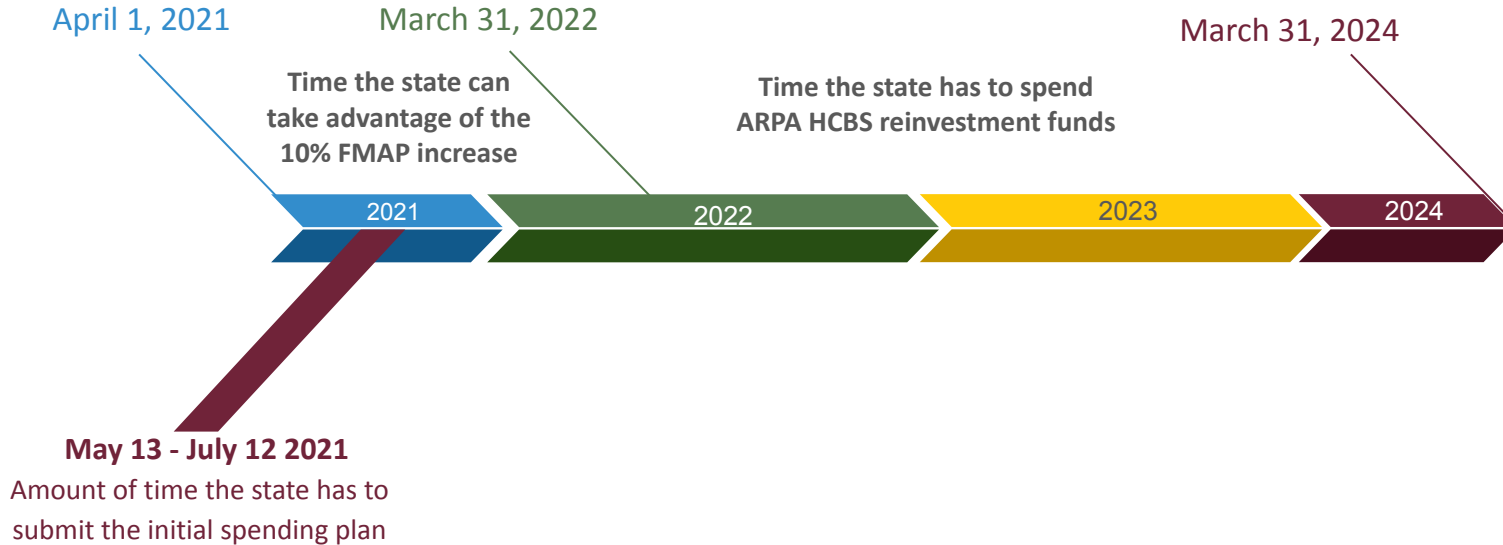
Key Parameters - ARP/HCBS Provision

- Funding is short-term and must be spent by March 31, 2024
- Broader definition of HCBS - includes services such as home health, personal care services, attendant care services, case management <u>and</u> rehabilitative services (mental health and substance use treatment services)
- Cannot use funds to pay for HCBS available under the Medicaid program as of April 1, 2021
    - Funds must be used to enhance, expand, or strengthen existing HCBS program
- Strategies employed under the plan cannot negatively impact current HCBS program
    - Prohibited from imposing stricter eligibility standards
    - Must preserve covered HCBS
    - Must maintain HCBS provider payments at a rate no less than those in place as of April 1, 2021
- Nothing will be included which creates a long-term funding obligation without a sustainable funding source after March 31, 2024

Funding Enhancement & Reinvestment Opportunity

- AHCCCS estimates it will expend approximately $3.5 billion on HCBS that qualify for the temporary 10 percentage point FMAP increase (expenses during April 1, 2021 through March 31, 2022)
- Enhanced match rate is expected to increase federal spending on currently covered HCBS by approximately $350 million during that time to be used as reinvestment funds for the strategies proposed in ARP HCBS spending plan
- Reinvestment funds then leverage additional federal funds = to a total of $1.5 billion to be spent throughout the period from April 1, 2021 through March 31, 2024
  - o Enhance or strengthen Medicaid HCBS
  - o Subject to CMS approval and legislative expenditure authority
  - o Estimates subject to change due to various factors

Member Focus

- Seniors
- Individuals with Disabilities
- Individuals Living with Serious Mental Illness
- Individuals Accessing General Mental Health and Substance Use Services
- Children with Behavioral Health Needs

Funding Priority #1:

Strengthening and Enhancing Arizona's Home and Community Based System of Care

- Expanding access to care from a well-trained, highly-skilled workforce
- Funding local initiatives and community-specific programming to improve member health
- Assessing member engagement and satisfaction to better understand needs, prevent abuse and neglect, and identify opportunities for improvement
- Empowering parents and families to provide care and meet the needs of their children
- Promoting stabilization, access to supportive services, and workforce retention/consistency to improve member outcomes

Funding Priority #2:

Advancing Technology to Support Greater Independence and Community Connection

- Utilizing new technology to promote care coordination and seamless communication
- Creating tools that strengthen quality monitoring and prevent abuse and neglect
- Supporting individual self-sufficiency by connecting members to technological tools and resources that promote independence

Update on Key Initiatives

- Continued roll out of Electronic Visit Verification
- Transfer of HEAplus maintenance and operations to Accenture - 7/1/21
- Implementation of closed-loop referral system - fall 2021
- Implementation of housing administrator contract - 10/1/21
- Release of RFP and award of competitive contract expansion contracts - fall 2021
- Renewal of 1115 waiver - 10/1/21
  - Amendment submitted for H20 - 5/26/2021

Legislative Session Update

Legislative Session Update

- Record-breaking 1,708 bills were introduced this year (compared to 1,607 last year)
- The budget is currently being negotiated
- 100th day of session deadline was 4/24/21
- Notable bills which have been signed into law include:
  - Creation of LHAs
  - GME program for community health centers
  - Bill requiring licensure of nursing-supported group homes
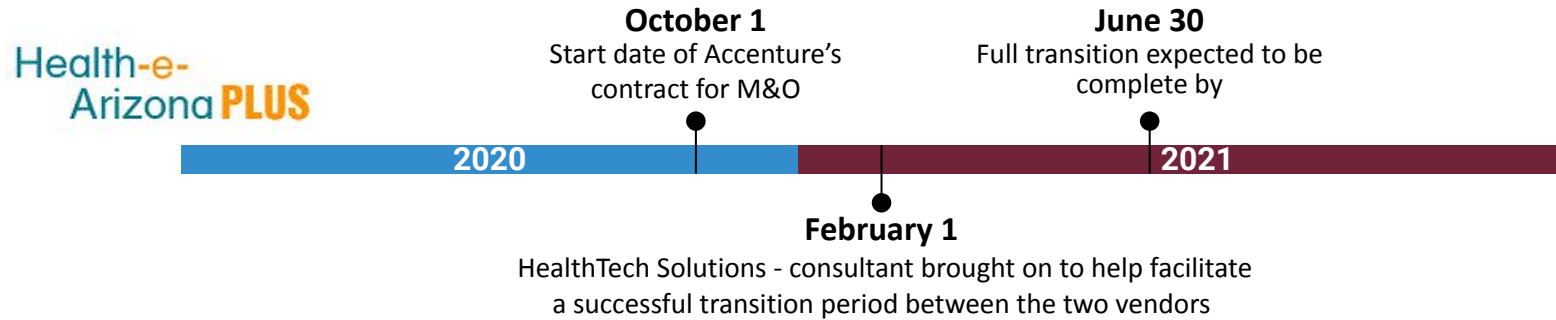
Legislative Session Update

- Other bills of interest:
  - Expanding BH services at private offices or clinics
  - Establishing a maternal mental health advisory committee
  - Allowing immunization data to be shared with the HIE and other AHCCCS contractors
  - Telehealth Regulation
- AHCCCS granted $3B in federal expenditure authority

HEAplus Transition Update

HEAplus Maintenance and Operation Transition

- HEAplus is an online eligibility determination system that supports both AHCCCS and DES programs - primarily Medicaid, Medicare Savings Program , ALTCS, SNAP and TANF

- Transitioning to a new vendor (not a new system) - incumbent vendor is Alluma; new vendor is Accenture

Health-e-Arizona PLUS

October 1
Start date of Accenture's contract for M&O

June 30
Full transition expected to be complete by

2020	2021

February 1
HealthTech Solutions - consultant brought on to help facilitate
a successful transition period between the two vendors

HEAplus Transition Summary

- 200+ KT sessions conducted

- 200+ KT recordings produced

- Gathered over 850 KT documents

- 940+ Q&A documents filled all KT areas

- ORT environment built and ORT execution completed

- Software, Tools, & Licenses procured and configured

- Transition contract deliverables submitted

Open Discussion

Other AHCCCS Updates
(not COVID-Specific)

DFSM Flexibilities Update

Ewaryst Jedrasik, DFSM Deputy Assistant Director

DFSM Covid-19 Flexibilities

- Original memo outlining Covid-19 DFSM flexibilities was released on March 25, 2020

- On 4/14/2021 Pharmacy Services section was updated.

- On 6/29/2021 Physical Health Services and Non-Emergency Transportation (NEMT) Services sections were updated with the effective date of 8/1/2021

Physical Health Services Update

Effective 8/1/2021 the following changes will be implemented to the flexibilities related to the Covid-19 DFSM memo.

B. Facility Services

    DFSM will reinstate prior authorization requirements for the following levels of care, effective 8/1/2021:

        a)   Acute Inpatient Hospitalization; and

        b)   Inpatient Rehabilitation Facilities (e.g. Long Term Acute Hospitals).

    DFSM continues to maintain the temporary removal of prior authorization requirements for the following levels of care:

        a)   Assisted Living Facilities/Centers; and

        b)   Skilled Nursing Facilities (SNFs).

Non-Emergency Medical Transportation (NEMT) Services

The following changes will be implemented to the flexibilities related to the Covid-19 DFSM memo.

- Effective 8/1/2021, NEMT providers transporting a member over 100 miles must obtain prior authorization.

AHCCCS Prior Authorization (PA) and Concurrent Review (CR) Standards during COVID-19 Emergency for Fee-for-Service Health Programs Memo

https://azahcccs.gov/AHCCCS/Downloads/COVID19/AHCCCSPriorAuthorization.pdf

ROPA

- Due to the COVID-19 Public Health Emergency, and the efforts it has demanded of public health systems, **AHCCCS has extended the ROPA registration deadline to January 1, 2022 or the end of the public health emergency.**

- After January 1, 2022 or the end of the public health emergency, claims which include referring, ordering, prescribing or attending providers who are not enrolled with AHCCCS will not be reimbursed.

- AHCCCS created a website where HIS/638 providers can list excepted providers, such as residents and interns.

  - https://www.azahcccs.gov/PlansProviders/NewProviders/ROPA.html

- Please use email: ROPAExceptions@azahcccs.gov to add or remove excepted providers

Pharmacy ROPA

- Since pharmacists may act as the prescribers for immunizations administered in the pharmacy, AHCCCS created a flexibility that will allow AHCCCS to capture the required data in the system for claims payment, without requiring pharmacists to enroll as participating providers.
- AHCCCS created a website where HIS/638 providers can list excepted providers, such as pharmacists.
  - https://www.azahcccs.gov/PlansProviders/NewProviders/ROPA.html
- Please use email: ROPAExceptions@azahcccs.gov to add or remove excepted providers.

Open Discussion

Emergency Triage, Treat, and Transport (ET3) Model

Alison Lovell, AHCCCS DFSM Education Manager

ET3 Components

1. **Transport of Member to Alternate Destination** (e.g. urgent care center, BH provider, or PCP's office)

2. **Treatment in Place/Triage by Qualified Health Care Practitioner** (e.g. medical triage of member via telehealth, with EMS personnel assisting as needed)

3. **Treatment in Place by a Qualified Health Care Practitioner *In Person*** (e.g. EMS personnel provide treatment at member's existing location, using standing orders)

What is ET3?

- Emergency Triage, Treat, and Transport (also known as ET3) is a payment model designed to reduce unnecessary transport to emergency departments

- ET3 seeks to remedy the challenges currently faced by EMS providers by providing greater flexibility to ambulance care teams following a 911 call

- AHCCCS ET3 will be effective 10/1/21, subject to CMS approval

ET3 Goals

- **Increasing efficiency in EMS system** to more readily respond to/ focus on high-acuity cases, e.g. heart attacks and strokes, by reducing unnecessary transports to Emergency Rooms;
- **Increasing Quality of Care** by:
  - **Providing person-centered care** to deliver appropriate level of care safely at right time/place, while giving members greater control of healthcare through availability of more options;
  - **Encouraging appropriate utilization of services** to meet health care needs effectively;
  - **Reducing unnecessary costs**

Who Can Participate in AHCCCS ET3?

- Any AHCCCS Registered Emergency Transportation Provider (**Provider Type 06**) has the opportunity to participate in ET3

  o Provider type 06 includes Tribal EMS providers

- Providers will participate by in ET3 by:

  o Adhering to AHCCCS ET3 Policy
  o Billing appropriate codes with proper modifier

How Does ET3 Impact Members?

- Members have greater control of their healthcare through availability of more options
- Members who do not need an ED level of care currently endure long wait times due to being triaged as a lower priority
  - Alternative destinations should result in shorter wait times prior to members receiving care
  - Reducing unnecessary utilization of EDs should result in shorter wait times for persons needing ED level of care
- Members have greater continuity of care and coordination of care by using their PCP or specialists as opposed to the ED

How Does ET3 Impact Providers?

- Increased efficiency in the EMS system, by:
  - Allowing EMS providers to provide treatment in place (when clinically appropriate) and reducing unnecessary transports;
  - Allowing EMS providers to transport members to alternate destinations when a different level of care is appropriate, reducing member/provider wait times in EDs;
  - Freeing up EDs for patients who require that level of care;
  - Helping EMS entities establish triage line for low-acuity 911 calls; and
  - Getting ambulances back in service more quickly, to more readily respond to and focus on high-acuity cases

- Permits reimbursement for triage, treat, and/or transport to an alternative site
- Easy for AHCCCS-registered emergency transport providers to participate

ET3 Resources

AHCCCS ET3 Updates Page

- https://www.azahcccs.gov/AHCCCS/Initiatives/ET3/

Fee-for Service Provider Billing Manual

- Transportation Chapter
  - ET3 Updates Coming Soon

AHCCCS Medical Policy Manual (AMPM)

- AMPM 310-BB, Transportation
  - ET3 Updates Coming Soon

Open Discussion

Announcements

Next AHCCCS Tribal Consultation:

August 12, 2021 at 1 pm

Please check AHCCCS Tribal Consultation Webpage for meeting information.

*Please send any agenda recommendations to Amanda.Bahe@azahcccs.gov by July 23, 2021.

2021 Tribal Consultation Calendar

- **August 12, 2021: Regular Quarterly TC**
  - Agenda Item Request Deadline: July 23, 2021
- **November 4, 2021: Regular Quarterly TC**
  - Agenda Item Request Deadline: October 18, 2021

For all AHCCCS Tribal Consultation Dates and Meeting Materials, see the following link: https://www.azahcccs.gov/AmericanIndians/TribalConsultation

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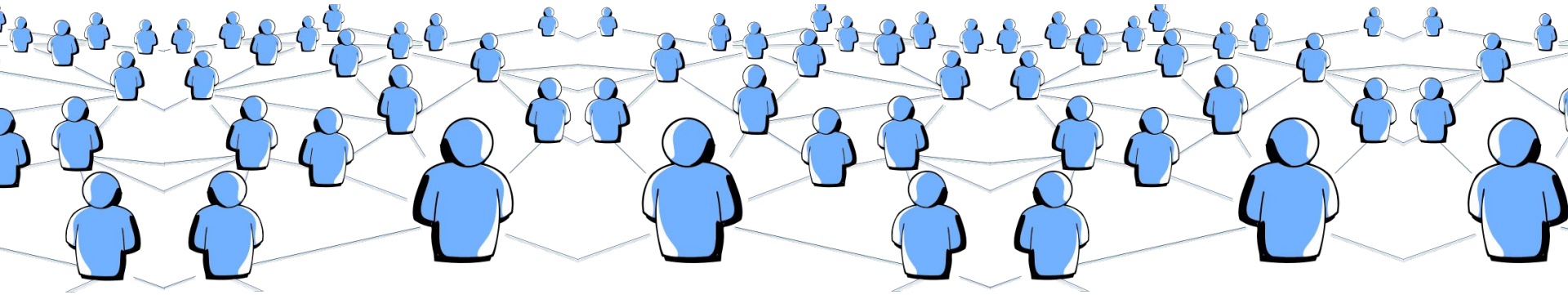
Other Resources - Quick Links

- 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](#)

Thank You.

Have a great day!