



Welcome to the SMAC Quarterly Meeting

While you are waiting TEST YOUR AUDIO.

LISTEN FOR MUSIC.

You were automatically muted upon entry.

Please only join by phone or computer.

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

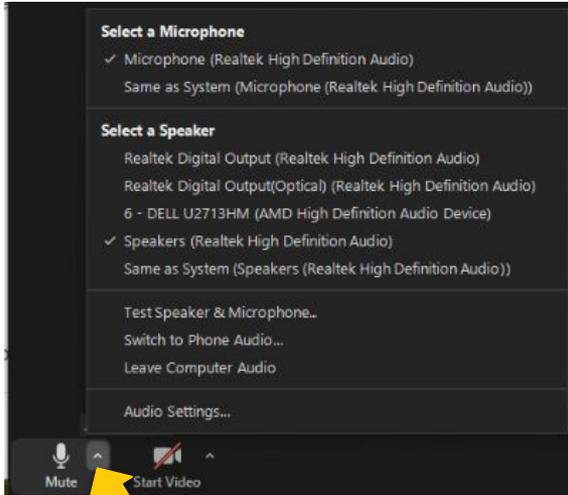


Thank you.

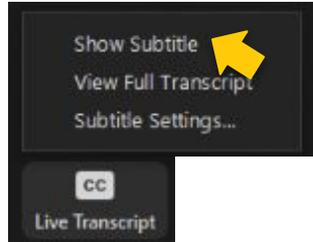
Zoom Webinar Controls

Navigating your bar on the bottom...

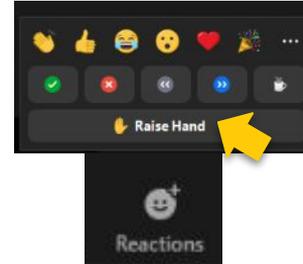
Audio Settings



Turn on Closed Captioning



Raise Hand



Chat

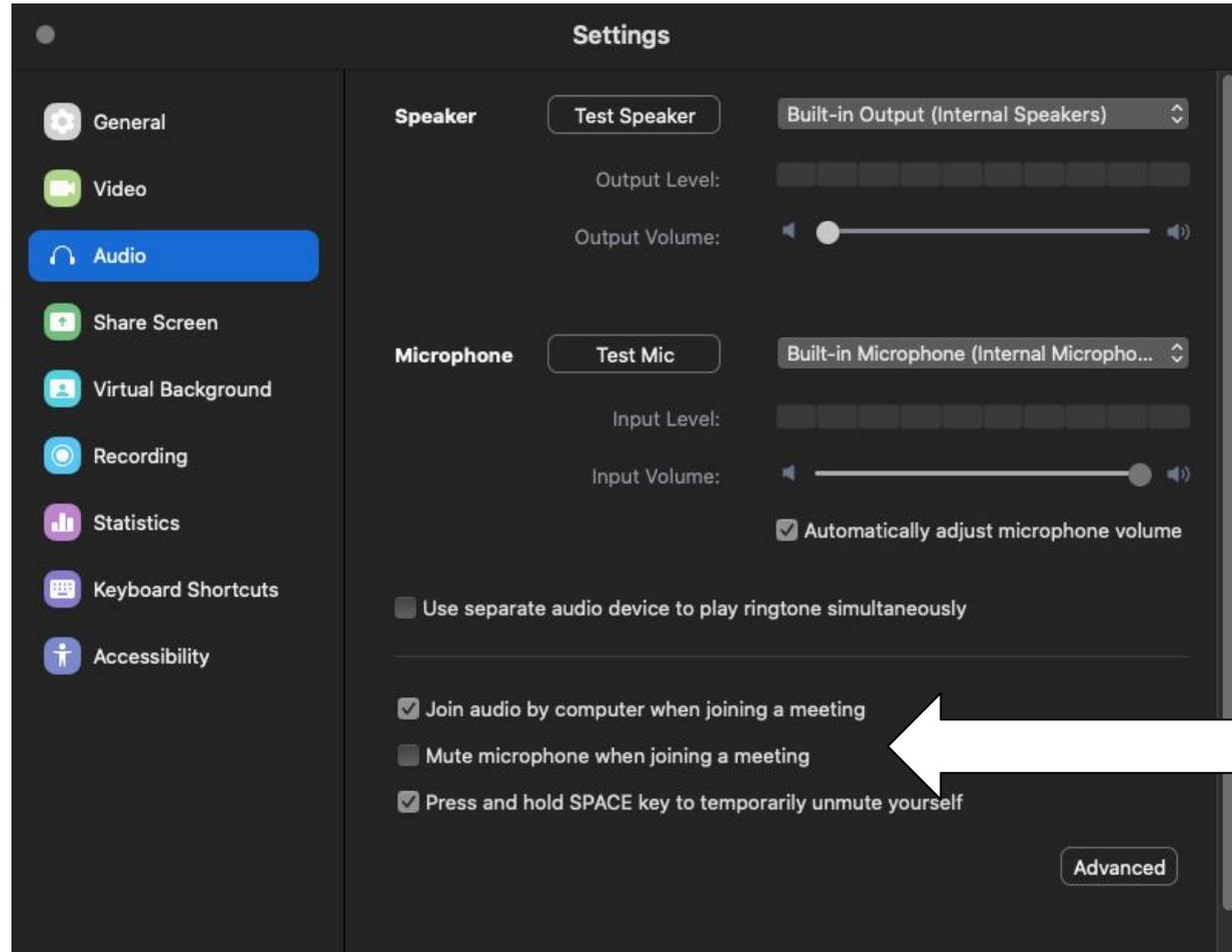


KEYBOARD SHORTCUTS TO RAISE HAND

Windows: Alt+Y to raise or lower your hand

Mac: Option+Y to raise or lower your hand

Audio Settings



The screenshot shows the Zoom application settings window, specifically the Audio settings. The left sidebar contains various settings categories, with 'Audio' selected and highlighted in blue. The main panel is titled 'Settings' and is divided into two sections: 'Speaker' and 'Microphone'. The 'Speaker' section includes a 'Test Speaker' button, a dropdown menu for the output device (set to 'Built-in Output (Internal Speakers)'), an 'Output Level' indicator, and an 'Output Volume' slider. The 'Microphone' section includes a 'Test Mic' button, a dropdown menu for the input device (set to 'Built-in Microphone (Internal Micropho...)'), an 'Input Level' indicator, an 'Input Volume' slider, and a checked checkbox for 'Automatically adjust microphone volume'. Below these sections are several checkboxes: 'Use separate audio device to play ringtone simultaneously' (unchecked), 'Join audio by computer when joining a meeting' (checked), 'Mute microphone when joining a meeting' (unchecked), and 'Press and hold SPACE key to temporarily unmute yourself' (checked). A white arrow points from the right edge of the image towards the 'Join audio by computer when joining a meeting' checkbox. At the bottom right of the settings panel is an 'Advanced' button.

Settings

Speaker Test Speaker Built-in Output (Internal Speakers)

Output Level: [Progress Bar]

Output Volume: [Slider]

Microphone Test Mic Built-in Microphone (Internal Micropho...)

Input Level: [Progress Bar]

Input Volume: [Slider]

Automatically adjust microphone volume

Use separate audio device to play ringtone simultaneously

Join audio by computer when joining a meeting

Mute microphone when joining a meeting

Press and hold SPACE key to temporarily unmute yourself

Advanced

Tips for successful ZOOM PARTICIPATION



MUTE your mic
when you're not
speaking



BACKGROUND
NOISE watch when
turning on mic



Limit the
DISTRACTIONS
around you



Look at the
CAMERA
not your screen



PREPARE & queue
docs or links that
you plan to share



Stay FOCUSED by
not texting or side
conversations



Use GALLERY
VIEW to see all
participants

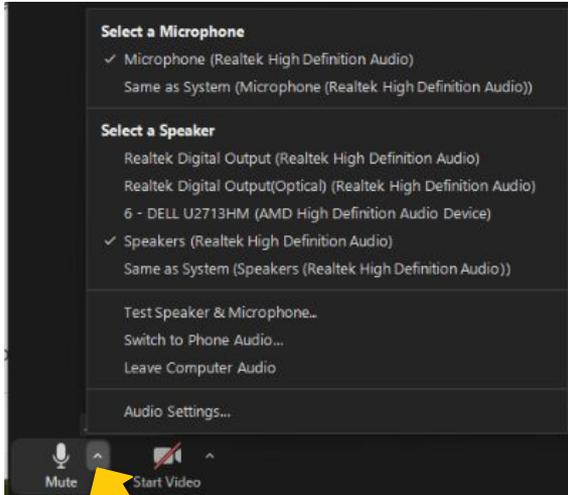


Use CHAT to ask
questions or share
resources

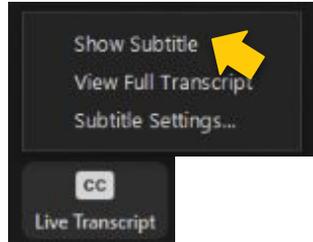
Zoom Webinar Controls

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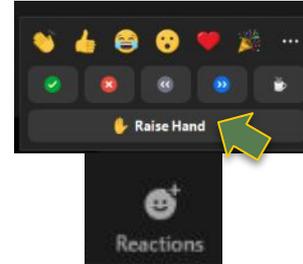
Audio Settings



Turn on Closed Captioning



Raise Hand



Chat



KEYBOARD SHORTCUTS TO RAISE HAND

Windows: Alt+Y to raise or lower your hand

Mac: Option+Y to raise or lower your hand

This Meeting Is Being Recorded

The recording shall be the sole property of AHCCCS and participation in this meeting indicates your waiver of any and all rights of publicity and privacy.

Please disconnect from this meeting if you do not agree to these terms.



State Medicaid Advisory Committee (SMAC) Quarterly Meeting

January 11, 2023



AHCCCS Updates

Jami Snyder

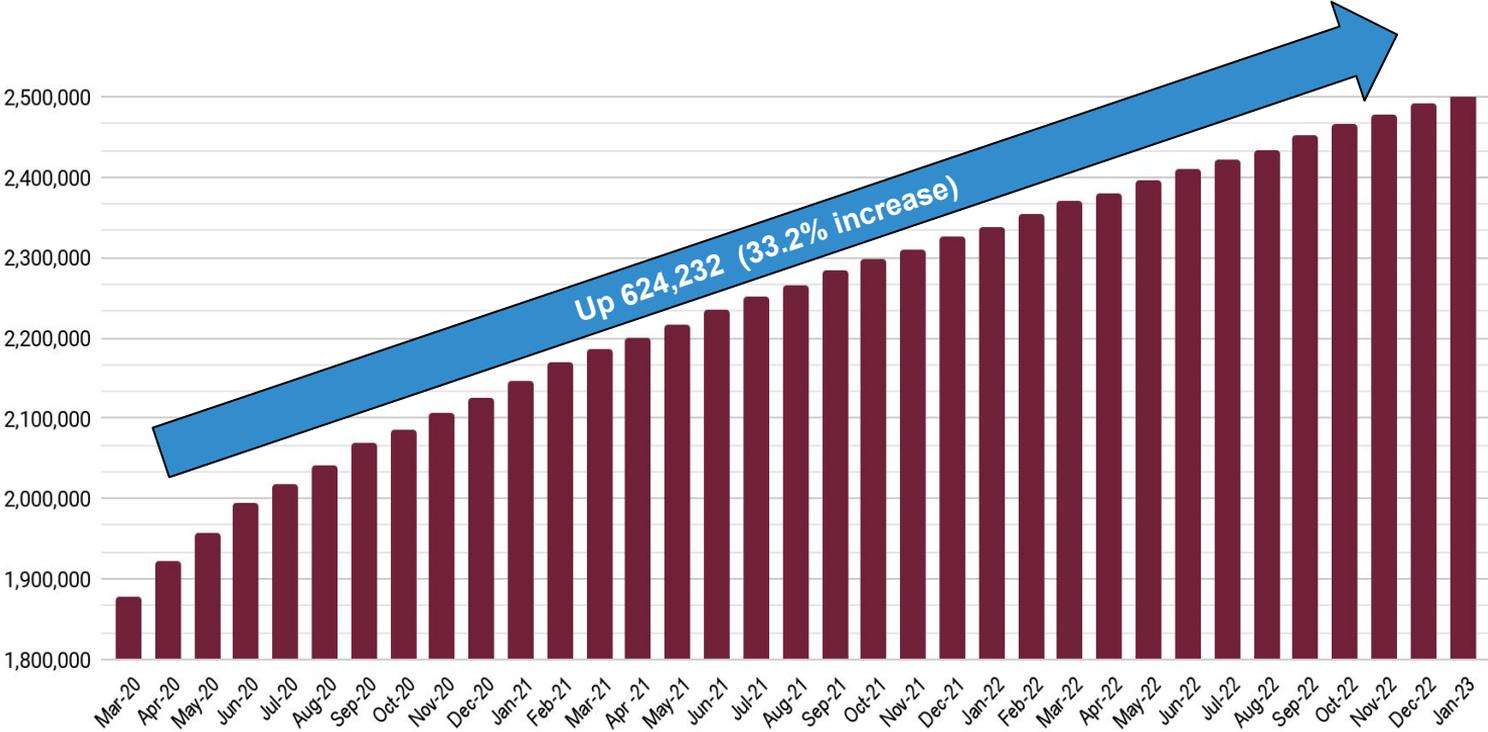
Welcome!

AHCCCS Director Carmen Heredia

- Tenure begins on January 23, 2023
- Chief Executive Officer for Valle del Sol (17 years with the organization)
- Member of numerous health care and community boards, advocating for access to quality care and education for vulnerable and underserved populations
- Master's degree in social work from Arizona State University
- Certificate in finance from Stanford University
- Lives in Mesa with her husband and three children

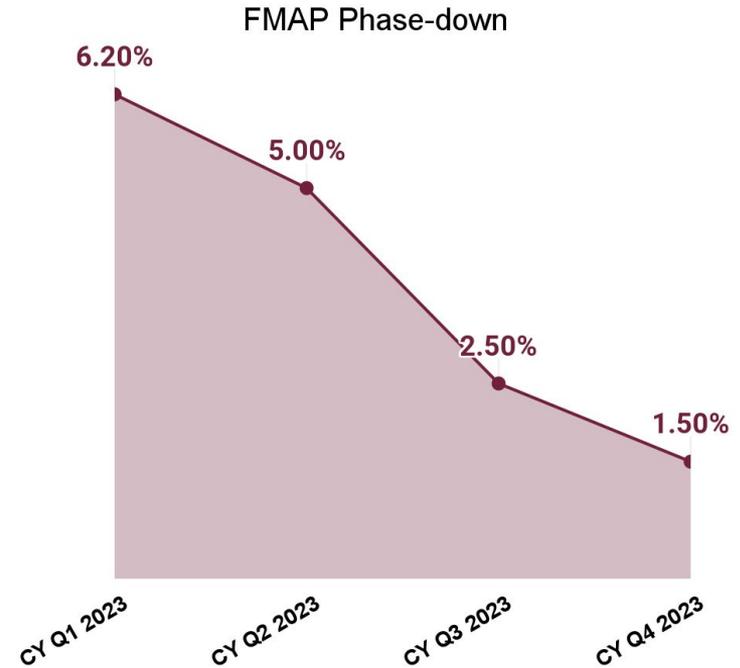


AHCCCS Enrollment: March 2020 - January 2023



End of Medicaid Continuous Enrollment

- March 31, 2023: Continuous enrollment requirement ends
- 6.2% FMAP will be phased down throughout 2023
- Conditions to qualify for enhanced FMAP in Quarter 2 - Quarter 4
- AHCCCS must report on enrollment and call center metrics during the unwinding period



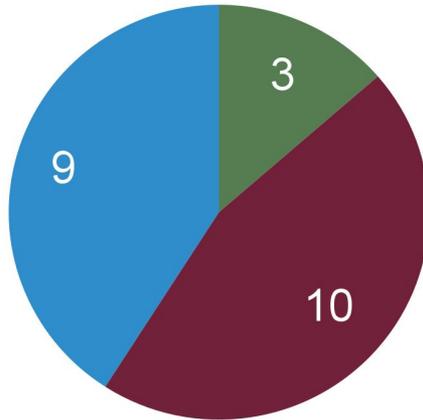
Additional Opportunities Detailed in the Consolidated Appropriations Act

- Starting 1/1/24, Medicaid state plans, waivers of state plans, and CHIP must provide 12 months of continuous eligibility for children up to age 19
- Made permanent 12-Month State Plan postpartum coverage option
- CHIP funding extended through FY 2029
- Removes certain coverage and enrollment restrictions for juveniles in institutional settings starting 1/1/2025
- Establishes searchable Provider Directory requirements effective 7/1/2025
- HHS to develop guidance on effective crisis response systems by 7/1/2025

AHCCCS Implementation of Office of the Auditor General (OAG) Audit Recommendations

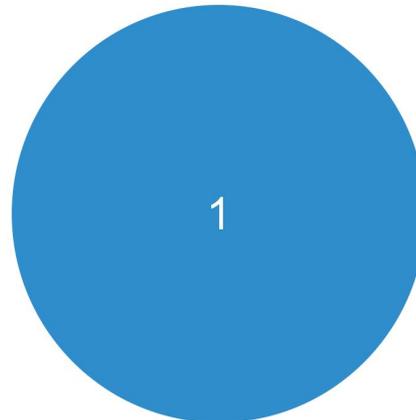
Sunset Factor Report:

(Published September 29, 2022)



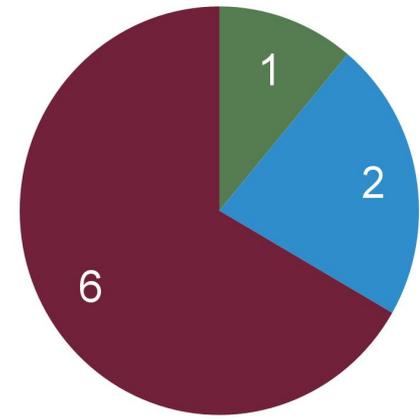
Behavioral Health Report:

(Published September 29, 2022)



Member Disenrollment Report:

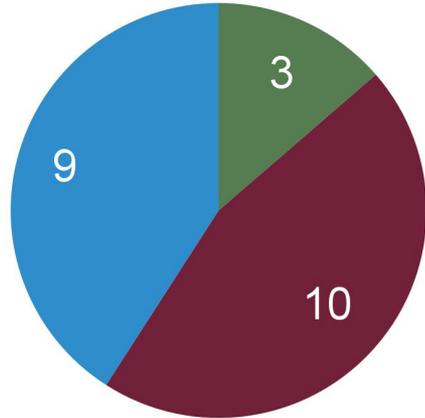
(Published May 11, 2022)



Progress as of 12/31/2022

Sunset Factor Report

Progress as of December 31, 2022



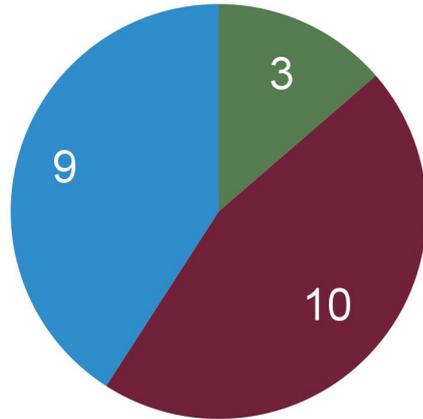
45%	Implemented
41%	In progress
14%	Not yet implemented

Summary of Agency Follow-Up:

- Fraud and abuse case investigations
 - Developed prioritization processes for provider fraud and abuse cases
 - Established a performance metric
 - In calendar year 2023, AHCCCS will complete a preliminary investigation of 90% of high priority provider fraud and abuse incidents within 90 days
 - Completed staffing analysis. Staff needed:
 - *Inspector General's Office*: 1 manager, 3 supervisors, 17 staff investigator positions; permanent funding for 11 time limited investigator positions
 - *Division of Fee-for-Service Management*: 1 supervisor and 9 staff investigator positions

Sunset Factor Report

Progress as of December 31, 2022



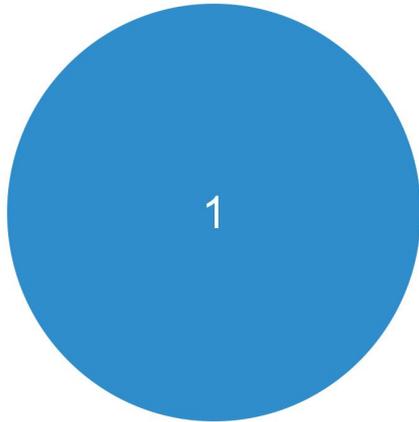
45%	Implemented
41%	In progress
14%	Not yet implemented

Summary of Agency Follow-Up:

- Finalized standard work and resumed adherence to 3 year timeframe for all Managed Care Organization (MCO) operational reviews
- Implemented oversight/review processes related to eligibility
 - Initiated review of negative eligibility decisions
 - Resumed primary (ADES) and secondary (AHCCCS) quality reviews of eligibility decisions
- Finalized processes for addressing findings/deficiencies identified in reports focused on services for members with an SMI designation
- Finalized policies and procedures detailing oversight of AHCCCS Housing Administrator

Behavioral Health Services Report

Progress as of December 31, 2022

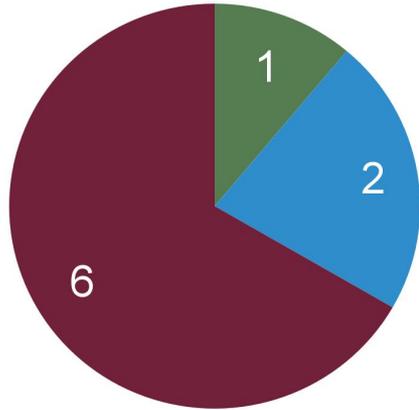


Summary of Agency Follow-Up:

- Notified MCOs in October 2022 (confirmed receipt in November 2022) of Peer and Recovery Support Specialist qualification and supervision requirements (and the obligation of providers to have policies demonstrating adherence to such requirements)
- Updated MCO Operational Review protocols, mandating assessment of compliance with Peer and Recovery Support Specialist requirements (implementation in February 2023)

Member Disenrollment Report

Progress as of December 31, 2022



67%	Implemented
22%	In progress
11%	Not yet implemented

Summary of Agency Follow-Up:

- Contacted (letter/phone) 100% of the 50 families whose children were improperly disenrolled
 - Offered assistance to re-apply, if not currently enrolled
 - Offered to pay for any clinical care expenses incurred subsequent to disenrollment
 - Refunded all improperly paid premiums
- Issued reminder (10/22 & ongoing) to caseworkers about requesting/entering proof of Native American heritage
- Implemented review process in March 2022 to ensure entry of verification documentation supplied by Native American members
- Developed monthly report of disenrollments due to failure to pay premiums for review by compliance manager
- Added messages to member letters

Overview of SFY 24 Budget Submittal

Budget Issue or Assumption	Original Request (September 2022)	Revision (November 2022)	Internal Rebase (December 2022)	Consolidated Appropriations Act, 2023
MES Modernization System Integrator	\$9,500,000 TF Ongoing (\$2,000,000 GF)	Unchanged	Unchanged	NA
MES Modernization Next Steps	TBD	\$7,000,000 TF (\$700,000 GF)	Unchanged	NA
Value Based Purchasing (VBP) for Prescription Drugs	\$660,400 TF Ongoing (\$330,200 PDRF, no GF)	Unchanged	Unchanged	NA
Maintenance of Eligibility	Projected end Jan 2023 (reinstatement of renewals 2/1/23)	Projected end Jan 2023 (reinstatement of renewals 2/1/23)	Projected end Apr 2023 (reinstatement of renewals 5/1/23)	Ends March 2023 (reinstatement of renewals 4/1/23)
Enhanced FMAP	6.2% Ends Mar 2023	6.2% Ends Mar 2023	6.2% Ends Jun 2023	6.2% Ends Mar 2023 5.0% Ends Jun 2023 2.5% Ends Sep 2023 1.5% Ends Dec 2023

2022 Accomplishments

- Obtained approval of [1115 Waiver renewal](#) package
 - Housing and Health Opportunities (H2O)
 - Extension of Targeted Investments Program
- Received 2022 [Medicaid Innovations Award](#) from the Robert Wood Johnson Foundation and the National Academy for State Health Policy, recognizing AHCCCS' work to [advance whole person care](#)
- Received Centers for Medicare and Medicaid Services (CMS) approval of American Rescue Plan Act (ARP) [spending plan](#) to allocate \$1.5B to improving HCBS programs
- Implemented the AHCCCS Complete Care Regional Behavioral Health Agreement (ACC-RBHA) line of business and integrated 424 American Indian and Alaska Native individuals with an SMI designation into the American Indian Health Program on October 1, 2022



2022 Accomplishments

- Helped to create the Arizona Perinatal Access Line to provide real time perinatal psychiatric consultation to primary care practitioners serving pregnant and postpartum members
- Launched the AHCCCS Virtual Assistant (AVA) to handle the 25 most-asked eligibility-related questions, resulting in an 12% reduction in calls to the Division of Member and Provider Services' member contact unit
- Allocated over \$25 million in [Substance Abuse Block Grant COVID-19 Supplemental Funds](#) for substance use harm reduction efforts, treatment and recovery services as well as primary prevention services, and \$30 million in Mental Health Block Grant funding to support and expand the spectrum of mental health services available to children and adults
- Expanded recovery housing options and funded the first mobile Medication Assisted Treatment (MAT) unit with State Opioid Relief grant dollars



On the Horizon

- 1115 waiver implementation
- End of continuous enrollment; re-initiation of standard redetermination protocols, including disenrollments for those no longer eligible for Medicaid - April 1, 2023
- American Rescue Plan Act Section 9817 HCBS Funding Plan implementation:
 - Second HCBS provider directed payment and implementation of grants program scheduled for spring 2023
- Medicaid Enterprise System Roadmap finalized and published in March 2023
- Continued preparations for ALTCS bid (contracts term on 9/30/24)

Open Discussion



2023 Legislative Forecast

Damien Carpenter, Legislative Liaison
Office of the Director

2023 Legislative Session Timeline

- January 5 – Inauguration
- January 9 – 2023 Legislative Session begins
- Mid January – Late March, Regular Committees
- Late March – Last week of regular committees
- April(exact date TBD) – Budget negotiations and executive appointments; legislature adjourns sine die

2023 Legislative Forecast

AHCCCS Legislative Priorities:

- Agency Sunset Review & Committee of Reference (COR) process,
- Continuation bill,
- Supplemental appropriation, and
- Confirmation of incoming AHCCCS director Carmen Heredia.

Additional issues of note:

- Many freshmen legislators and complete change in legislative leadership,
- New Health Committee chairs, and
- Divided government (executive/legislative).

Open Discussion



Update on Follow Up Activities from 2022 Legislative Session

Kyle Sawyer, Senior Project Manager
Office of the Director

Benefit Changes

- Benefit Changes went into effect 10/1/22
 - Diabetes Self Management Training
 - Comprehensive Biomarkers Coverage
 - Chiropractic Care Coverage

Eligibility Changes

- Members are currently protected from coverage changes by the PHE MOE, however effective April 1 2023, AHCCCS will resume regular disenrollment processes for individuals no longer eligible for Medicaid and KidsCare.
- Postpartum Coverage and KidsCare Continuous Eligibility policy change State Plan Amendments have been submitted and system changes are being developed.
- YATI Coverage Automatic Renewal Waiver will go out for public comment on 1/13.

Other Changes

- Rates Increases went into effect 10/1/22
 - BH Outpatient Fee Schedule (2.5%)
 - Global OB Package Physician Fee Schedule (88%)
 - EPD/DDD Provider Rates (9.7%)
- Pediatric SNF DAP is currently under development for next DAP cycle.
- PAS Assessments are being conducted telephonically and members are being notified of ADA rights. Arizona rule has been changed to allow the continuation of remotely conducted PAS assessments. An in person assessment is still an option and members are notified of ADA rights if assistance is required.

Open Discussion



American Rescue Plan (ARP)/Home and Community Based Services (HCBS) Update

Alex Demyan, Deputy Assistant Director
Division of Community Advocacy and
Intergovernmental Relations

Tentative Target Completion Dates

2022 - COMPLETED	2023	2024
<ul style="list-style-type: none"> • April/May: Attracting and Retaining the Workforce Round 1 Payments - \$500 million • Sep: Attracting and Retaining the Workforce Round 1 Payments - FFS payments • Q4 CY22: <ul style="list-style-type: none"> - Updating the CATS and QI System – Requirements gathering - Procurement of vendors to assist with several ARPA initiatives 	<ul style="list-style-type: none"> • Jan: Provider Rate Surveys – BH • Mar/April: Attracting and Retaining the Workforce Round 2 Payments • Q2 CY23: Grants - First Round of Payments • Q4 CY23: <ul style="list-style-type: none"> - HCBS EMR - HIE DAP for Assisted Living and BH Outpatient - Attracting and Retaining the Workforce Incentive Payments (EVV DAP, TFC DAP) - Social Isolation activities - Provider Rate Surveys – HCBS and DDD - Freedom to Work TA - Comprehensive Workforce Development Plan - TA for providers - Investing in HCBS Technologies - Research on Alternative Service Models completed - BH Practice Tools as CEU/CME trainings - Parent University Training Programs - Updating the Preadmission Screening Tools: Assessing expansion of HEAplus 	<ul style="list-style-type: none"> • Feb/March: Attracting and Retaining the Workforce Round 3 Payments • Q3 CY24: <ul style="list-style-type: none"> - HCBS EMR – HIE DAP for HCBS providers - Parents as Paid Caregivers benefit - Caregiver Pathway Platform - Investing in HCBS Technologies - AZ Disability Benefits website enhancements - Updating the PASRR System Portal - NCI Core Indicator Survey: Completion of Year 1 of NCI-AD Survey - I/DD/BH Diagnoses and Community Supports - CEU/CME for I/DD - Electronic Case Management System - Career/Training/Education - Completion of all activities, including tuition reimbursement - Online Workforce Development Database - Abuse and Neglect Awareness Campaign - Creation of an Employment Repository - BH Environmental Scan - Online Quality Dashboard

ARPA HCBS Provider Directed Payment (2023)

- Directed payment pre-print submitted to CMS and approved Nov 2022.
- Directed payment will be computed as a percentage of eligible providers' prior Title XIX Medicaid approved and adjudicated encounters in the AHCCCS database for select ARPA qualifying codes for period March 1, 2022 through August 31, 2022.
- Total amount to distribute for State Fiscal Years (SFY) 2023 estimated to be approximately \$500M, similar to SFY 2022. However, amounts at a provider level will differ.
- Funds to be distributed to MCO providers by April 30, 2023 and FFS providers by May 31, 2023.
- Providers will be required to complete a SFY 2023 attestation prior to distribution of funds.
- Funds are time-limited AHCCCS will not continue funding permanently.

Open Discussion



State Plan Amendments

Ruben Soliz, Federal Relations and Health Policy
Advisor (for the State Plan Amendment)

Division of Community Advocacy and
Intergovernmental Relations

Overview of State Plan/ State Plan Amendments (SPAs)

- Each state has a Medicaid state plan that describes how the state will administer its Medicaid program.
- States must follow broad federal rules in order to receive federal matching funds, but have flexibility to design their own version of Medicaid within the federal statute's basic framework.
- In order to alter a State Plan, states must submit State Plan Amendments (SPAs), and receive approval from CMS.

SPA Updates

Recent Approvals

- [FQHC/RHC APM](#): This SPA, initiated in 2018, establishes an Alternative Payment Methodology (APM) for FQHCs/RHCs.
- [Chiropractors' Services](#): Adds chiropractors' services, with limitations, to the state plan.
- [Differential Adjusted Payment \(DAP\)](#): Renews the inpatient, outpatient and nursing facility DAP programs.

SPA Updates

Recent Submissions

- [*Community Health Worker \(CHW\) Services*](#): Adds CHW services to the State Plan.
- [*Drug Utilization Review \(DUR\) Program*](#): describes the state's DUR program and compliance with applicable DUR regulations.
- [*Drug Signature Requirement*](#): Provides a waiver of the drug signature requirement throughout the duration of the federally-declared Public Health Emergency (PHE).

SPA Updates

Upcoming Submissions

- *Long Acting Reversible Contraception (LARC) Rates:* Updates the rate for LARC to align with their wholesale acquisition cost.
- *DUR Program:* Describes the state's compliance with the federal requirements for a drug use review (DUR) program for outpatient drug claims.

SPA Updates

Upcoming Submissions

- *Former Foster Care Children (FFCC) Group Eligibility Requirements:* Attests to the state's compliance with federal requirements for the FFCC eligibility group.
- *January Nursing Facility (NF) Rate Update:* Updates NF rates, effective January 1, 2023.

Public Comment Process

Public Comments or Written Testimony may be submitted to AHCCCS via:

Email: publicinput@azahcccs.gov

Postal Mail

AHCCCS

Attn: Division of Community Advocacy and
Intergovernmental Relations

801 E. Jefferson St., MD 4200 Phoenix, AZ 85034

Open Discussion



Waiver Update

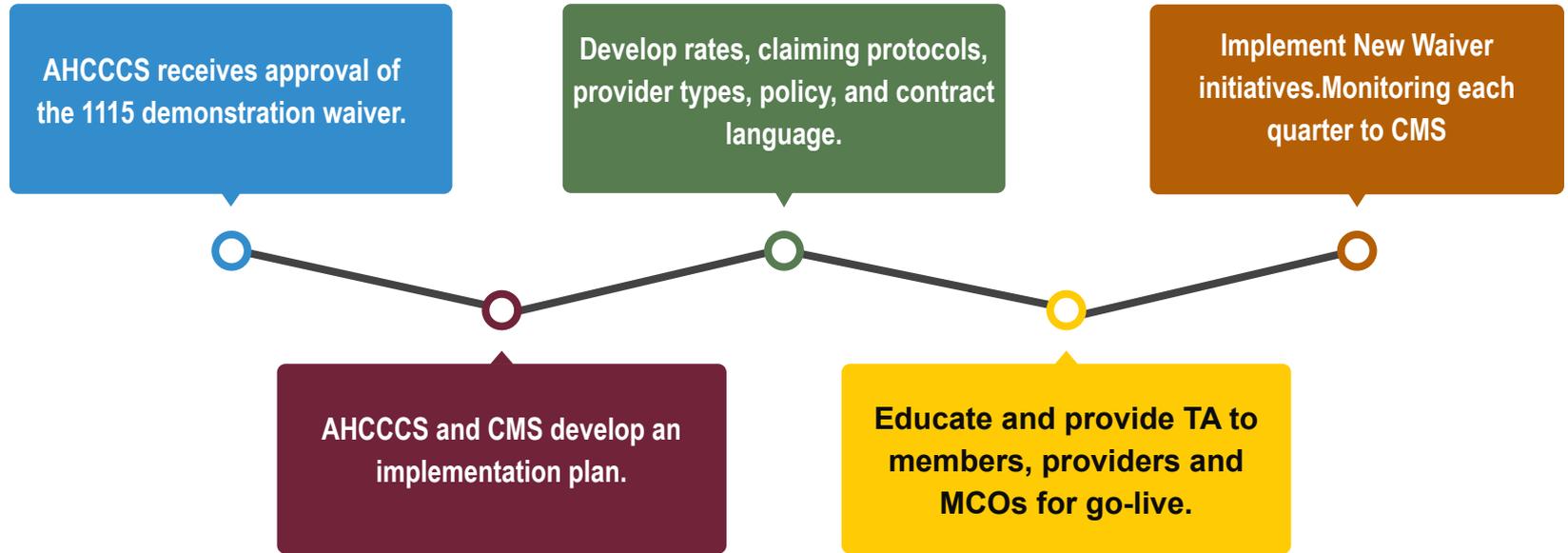
Shreya Arakere, Federal Waiver and Evaluation
Administrator

Division of Community Advocacy and
Intergovernmental Relations

Section 1115 of the Social Security Act

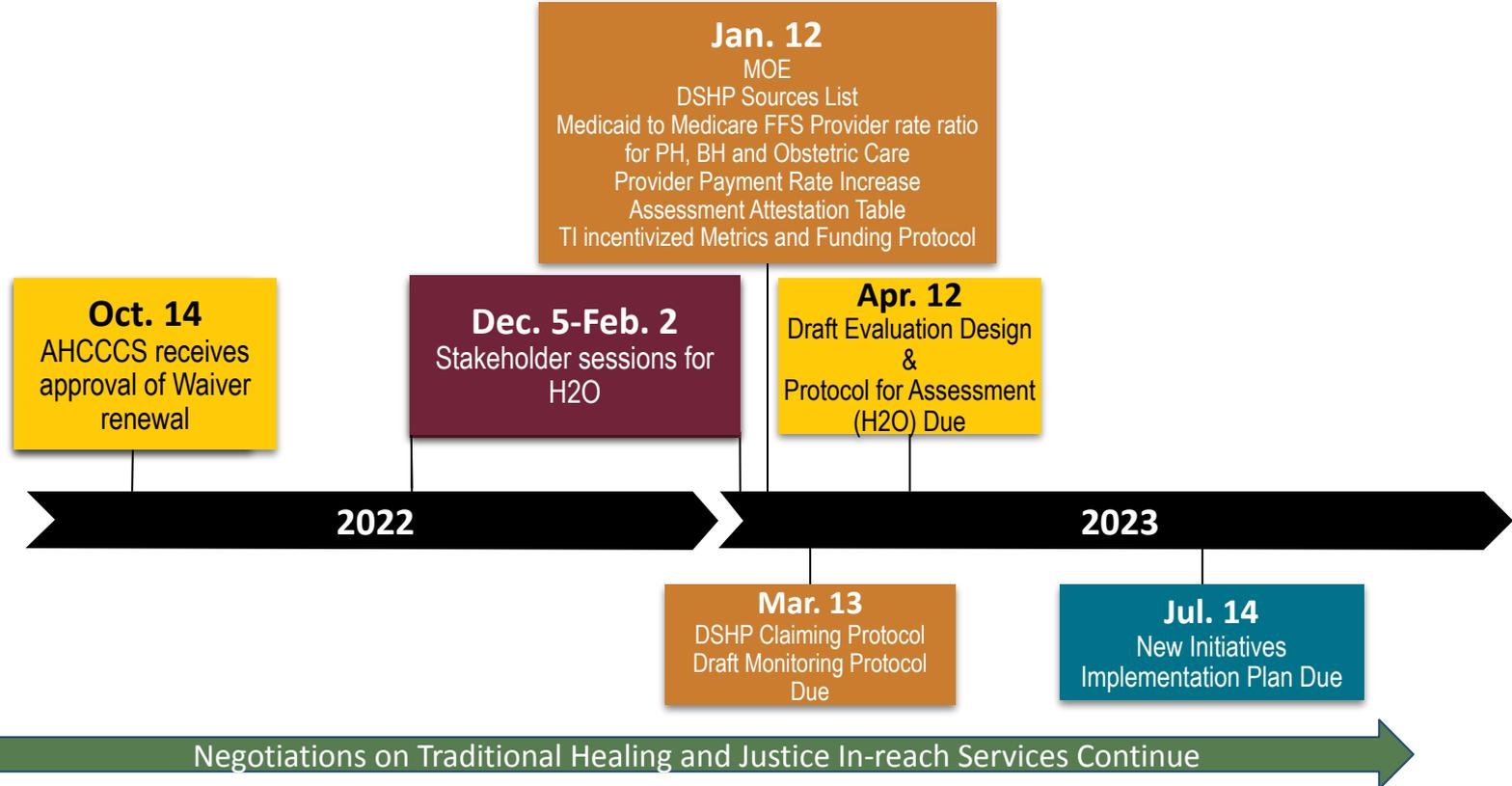
- Allows states flexibility to design Demonstration projects that promote the objectives of the Medicaid program,
- Demonstration projects are typically approved for a five-year period and can be renewed every five years, and
- Must be budget neutral, meaning that federal spending under the waiver cannot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

Waiver Implementation



**Deliverables are ongoing throughout the entire demonstration period.

Arizona's 1115 Waiver Renewal Timeline



Former Foster Youth Annual Automatic Renewal

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.

Former Foster Youth Annual Automatic Renewal- Eligibility Limitations

Coverage may end if:

- The individual reaches 26 years of age,
- The individual ceases to be a resident of the state,
- AHCCCS determines that eligibility was determined incorrectly because of agency error or fraud, abuse or perjury attributed to the individual, or
- The individual dies.

Former Foster Youth Annual Automatic Renewal - Future Steps

Upon CMS approval, the following operational and system modifications will be implemented:

1. System programming to stop generating requests for information related to TPL and application for potential benefits,
2. Policy revisions,
3. Training updates and staff training on policy change, and
4. Develop and deploy communication plan.

Waiver Proposal/SUPPORT Act Comparison

Authority	Provision	What Changes?	Impact on other YATI initiatives
SUPPORT Act	Youth who received Medicaid at the time they aged out of foster care may qualify for Former Foster Youth (FFY) eligibility, regardless of their state of residence when they aged out.	Provides eligibility under YATI for youth who aged out of care in other states after 12/31/2022.	No impact on proposed renewal changes for Former Foster Youth.
SUPPORT Act	Youth can be eligible for, but not enrolled in, another mandatory group and still be enrolled in the FFY group	State option: May enroll youth who become FFY-eligible after 12/31/2022 in YATI, even if eligible for another group, e.g. Caretaker Relative, Child, Pregnant Woman.	No impact on proposed renewal changes for Former Foster Youth.
1115 Waiver/ A.R.S. § 36-2903.04	Renew eligibility under <u>A.R.S. § 2901(6)(a)(iii)</u> * automatically without requiring additional information unless the youth provides notice of moving out of state or that they may qualify for a different eligibility category.	Once determined eligible for YATI, that eligibility will continue uninterrupted until the youth turns 26, moves out of state, or provides information that puts them in a different category.	No direct conflict with SUPPORT Act provisions

* Under twenty-six years of age and who was in the custody of the department of child safety pursuant to title 8, chapter 4 when the person became eighteen years of age

Public Comments

Public comments or written testimony from tribes and I/T/Us may be submitted to AHCCCS via:

waiverpublicinput@azahcccs.gov

AHCCCS, c/o Division of Community Advocacy and
Intergovernmental Relations,
801 E. Jefferson Street, MD 4200
Phoenix, AZ 85034



Resources

Former Foster Youth Amendment Resources

- More information on the Former Foster Youth Annual Automatic Renewal can be found at <https://www.azahcccs.gov/YATIWaiverRequest>.
- The web page includes a summary of Arizona's Demonstration amendment request & the schedule (dates and times) of public forums across the state.

1115 Waiver Renewal Approval Resources

The Waiver approval is effective October 14, 2022 through Sept. 30, 2027.

All documents, including the original and amended waiver applications and the approval letter from CMS, are posted on the [AHCCCS 1115 Waiver web page](#).

TI 2.0 Resources

Visit the Targeted Investments web page:

www.azahcccs.gov/TargetedInvestments

Sign up for the Targeted Investments Newsletter:

Subscribe to TI News 

Email the Targeted Investments Team Inbox:

Targeted.Investments@AZAHCCCS.gov

Open Discussion



AHCCCS Provider Enrollment Update

Patricia Santa Cruz, Provider Enrollment
Administrator

Division of Member and Provider Services

Provider Processing Update

The metric to process a submitted application in 30 days or less was established across all application types.

- New enrollments: 100%
- Revalidations & Modifications: 99%
- Service ticket request average: 15 days

Provider Maintenance

DMPS is terminating providers for failure to take an action.
Provider maintenance plays an important role.

How to prevent a provider termination:

- Comply to requests to update a required license/certificate.
- Comply to a revalidation request to submit an application.
- Report address updates correspondence, pay-to, & service.
- Report if the provider no longer wants to participate.
- Subscribe the E-News for latest updates.

Provider Revalidation

Beginning November 2022, Division of Member & Provider Services began notifying providers through the United States Postal Service mail who are required to revalidate. The process will occur over a 10-month period.

- [List of impacted providers](#) is posted on the AHCCCS website.
- List outlines Name, Revalidation Notification Date, Targeted Termination Date, & NPI.
- Website also provides some additional information to assist the provider getting started.

Provider Revalidation Spreadsheet

Learn more about coronavirus (COVID-19)

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 / Plans & Providers / APEP / This Page

AHCCCS Online

- Health Plans
- AHCCCS Provider Enrollment Portal (APEP)**
- Provider Enrollment
- Login to APEP
- APEP FAQs
- Learn How to Enroll in APEP
- Get Ready to Enroll: Prerequisite Steps for Providers
- Provider Glossary
- Provider Enrollment Application and Provider Participation Agreement
- Returning to Normal Provider Enrollment
- Revalidation Information
- Enrollment Fee
- Provider Updates
- Other Provider Programs and Initiatives

Provider Revalidation

A provider must revalidate enrollment of their provider id periodically to maintain Medicaid billing privileges. In general, providers are required to revalidate every four years. AHCCCS also reserves the right to request off-cycle revalidations.

As part of the revalidation process the provider is subject to the same screening and disclosures captured during the initial enrollment. Additionally, based on provider type the process could include an enrollment fee, site visit, and fingerprint criminal background check required as a part of the screening requirements.

Beginning November 2022, AHCCCS-Division of Member and Provider Services (DMPs) will begin notifying providers through the United States Postal Service mail who are required to revalidate their Medicaid id. The revalidation process will ascend over a 10-month period beginning in November 2022 through August 2023.

[Provider Revalidation Dates Spreadsheet \(2\)](#)

Note: If you don't see your name on the provider spreadsheet no further action is required.

What AHCCCS Providers Need to Know:

- Any provider who has not completed the revalidation process in the AHCCCS Provider Enrollment Portal (APEP) will be listed on the Provider Revalidation Spreadsheet, receive written notification, and have 90 days (about 3 months) to apply.
- The notification will include a temporary 14-digit application id number required to access the provider file for the first time.
- Providers who fail to respond to the request could experience delays such as termination and/or loss of billing privileges, access to AHCCCS Online Portal which is required to view and submit claims and prior authorizations.
- Providers with questions, those who are no longer participating as a Medicaid provider, and those no longer employed with an organization, are asked to contact APEPTrainingQuestions@azahcccs.gov

How Providers Can Complete the Revalidation Process

To begin your revalidation application today, login to your Existing Providers: To access APEP Direct

Below are step-by-step instructions designed to teach providers how to complete a revalidation using a 14-digit Application ID

[APEP](#)

For additional questions regarding how to troubleshoot through APEP to complete the revalidation application, contact APEPTrainingQuestions@azahcccs.gov or Provider Assistance (602)417-7670 option 5, include the provider name, NPI, and a brief description of the issue.

Resources

Provider Registration Questions

Email: APEPtrainingQuestions@azahcccs.gov

Call: Provider Assistance 602-417-7670 option 5

APEP Resources

azahcccs.gov/APEP

Open Discussion

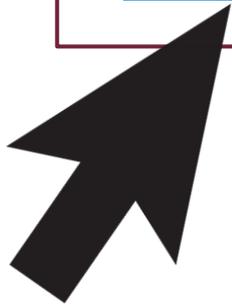


Division of Fee for Service Management Updates

Markay Adams, Assistant Director
Division of Fee for Service Management

Fee for Service Memo

Review the Memo
on our website!





Douglas A. Ducey, Governor
Jami Snyder, Director

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

Original Release:	March 25, 2020
Last Updated:	Jan. 20, 2022

This memo outlines the updated AHCCCS Prior Authorization and Concurrent Review Standards for AHCCCS Division of Fee-for-Service Management (DFSM) in response to Governor Ducey's declaration of a public health emergency for COVID-19 and is effective April 1, 2020, through the duration of the emergency. These changes impact members enrolled with a Fee-for-Service Program, including the American Indian Health Program (AIHP), Tribal Regional Behavioral Health Authorities (TRBHAs), and Tribal Arizona Long Term Care Services (Tribal ALTCs).

These standards are subject to change as the emergency conditions evolve.

All services reimbursed must be medically necessary, cost-effective, federally and state reimbursable, and will be subject to post-payment review.

I. Behavioral Health Services

Initial prior authorization is still required for non-emergency Behavioral Health Inpatient, Residential Treatment Center (RTC) and Behavioral Health Residential Facility (BHRF) levels of care.

DFSM plans to extend concurrent reviews from 30 to 90 days for Residential Treatment Center (RTC) levels of care.

Clinical Staffings, Child and Family Teams (CFTs), Adult Recovery Teams (ARTs), and coordination of care between facilities and outpatient providers should continue to inform appropriate levels of care and continued stay. Telehealth and telephonic modalities are strongly encouraged for these staffings and coordination.

II. Dental Services

Dental prior authorization approvals, which are within 60 days of expiration, will be extended for 6 months.

801 East Jefferson, Phoenix, AZ 85034 • PO Box 25520, Phoenix, AZ 85002 • 602-417-6000 • www.azahcccs.gov

42 CFR 456.705 and the Arizona State Board of Pharmacy requires that members receive counseling when prescriptions are dispensed. While counseling is still required, the

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Fee for Service COVID Unwinding Update

- Previous unwinding efforts consistent with managed care organizations that occurred on October 1, 2022.
- Continuing to work with American Indian Medical Homes, Tribal Regional Behavioral Health Authorities, Indian Health Service and Tribal Facilities regarding covid override file sharing .
- A few flexibilities remain in place- 4 walls provision unique to IHS/638 facilities, Alternative Care Sites.
- Continue to see all time high enrollment for American Indian Health Program (143, 739) and Federal Emergency Services (142, 822) as of December 2022.

Fee for Service 2022 COVID Unwinding Timeline



SMI Integration

Effective October 1, 2022

DFSM Goal:

- Improved Outcomes for approximately 500 members
 - Service continuity, and
 - Maintain or increase utilization of high quality healthcare services.

SMI Integration-Continued

Strategies:

- Identify high-risk members: Inviting clinics to be involved in case reviews with our nurse.
- Provider outreach
- 424 members on Oct. 1, as of Jan. 1, 433 members
- Differential Adjusted Payment (DAP) , payments starting Jan. 1, 2023

Other big ticket items

- EVV outreach to providers- technical assistance, 99% of members staying with their provider, substantial compliance as of Jan. 1, 2023 go live.
- TRBHA operational reviews- demonstrating substantial compliance.
- Continuing to build up QM team infrastructure, coordination with other areas in the agency.



Provider Training

DFSM Provider Training

Our goal is to help providers understand billing policy and successful claim submission.

- The provider training team offers eLearning and video training presentations on specified topics which is a self-paced format that allows providers to access trainings. We encourage the attendance of billing staff and agencies, practitioners, etc to attend.
- [DFSM Provider Training web page](#)
- Listed on this page are the current trainings offered for all FFS providers.
- To register for a session, click on the "Zoom Registration Link" button.
- For additional training videos, providers can visit the [AHCCCS Medicaid YouTube Channel](#). The provider training schedules are posted quarterly and registration is required to attend.

DFSM Provider Training Updates

- Upcoming IHS/638 Tribal Provider Billing Forums:
 - November 9, 2022 2:00 - 3:30 p.m.

Email: Providertrainingffs@azahcccs.gov



IHS/638 Tribal Dental Benefit

Changes to \$1,000 Dental Limit

- Effective 10/14/2022
- Applies to:
 - Medically necessary diagnostic, therapeutic, and preventative dental services, and
 - Beneficiaries who are American Indian or Alaska Native (AI/AN).
- Services must be received at participating IHS facilities and/or Tribal 638 facilities.
- The \$1,000 limit on emergency services and the \$1,000 dental limit for ALTCS beneficiaries age 21 or older still applies when performed outside of the IHS/638 Tribal facilities.

Open Discussion



AZ Crisis System Updates and 9-8-8 Implementation Progress

CJ Loiselle, Deputy Assistant Director
Division of Grants Administration

New DGA Crisis Administrator

Andrew Medina, MSW, LCSW, has accepted the Crisis Administrator position and will be providing future Crisis and 988 related updates to the SMAC.

Andrew's passion for Crisis intervention and his strong clinical history will help to support the ongoing work of the DGA Crisis team and enhance our Arizona Crisis Care continuum.



Arizona Crisis Hotlines

Local Suicide and Crisis Hotlines by County Phone

STATEWIDE: **Call: 1-844-534-HOPE (4673) or Text: 4HOPE (44673)**

Maricopa, Pinal, Gila Counties served by Mercy
Care: **1-800-631-1314 or 602-222-9444**

Cochise, Graham, Greenlee, La Paz, Pima, Santa Cruz and Yuma Counties
served by Arizona Complete Health: **1-866-495-6735**

Apache, Coconino, Mohave, Navajo and Yavapai Counties served by Care1st:
1-877-756-4090

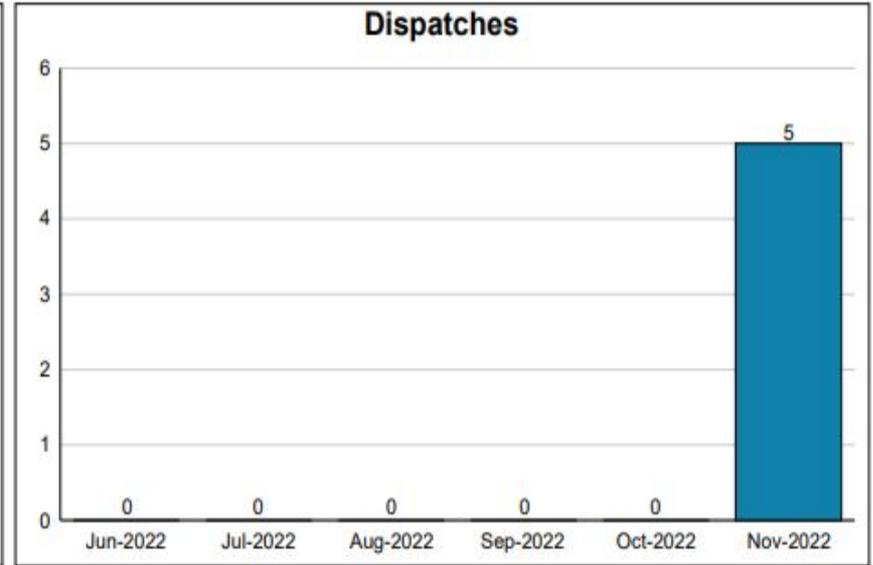
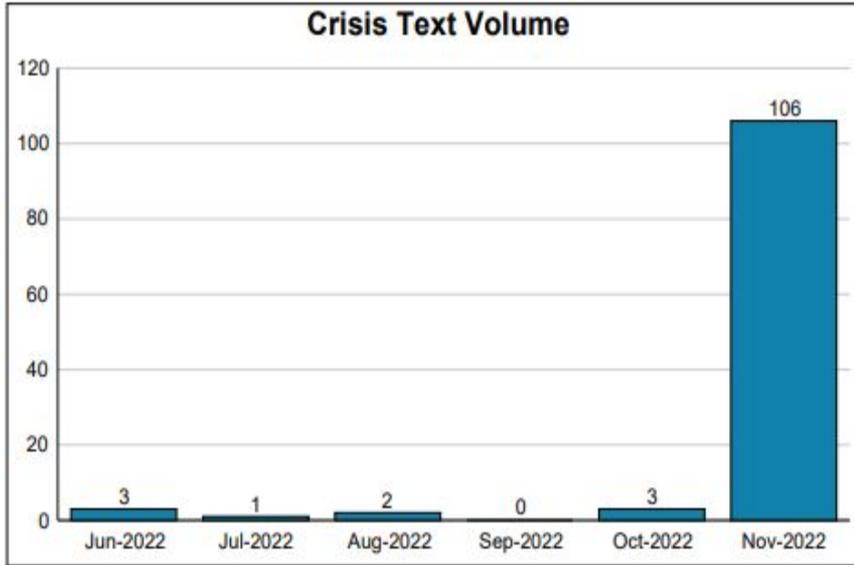
Gila River and Ak-Chin Indian Communities: **1-800-259-3449**

Especially for Teens

Teen Life Line phone or text: **602-248-TEEN (8336)**

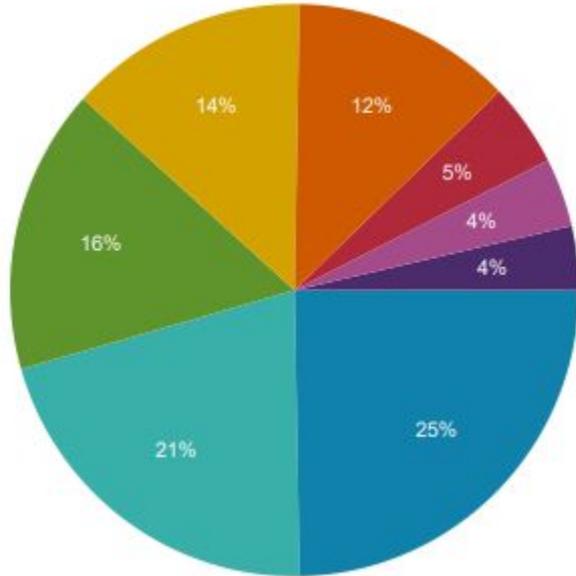


4HOPE Text Contacts



4HOPE Text Contacts

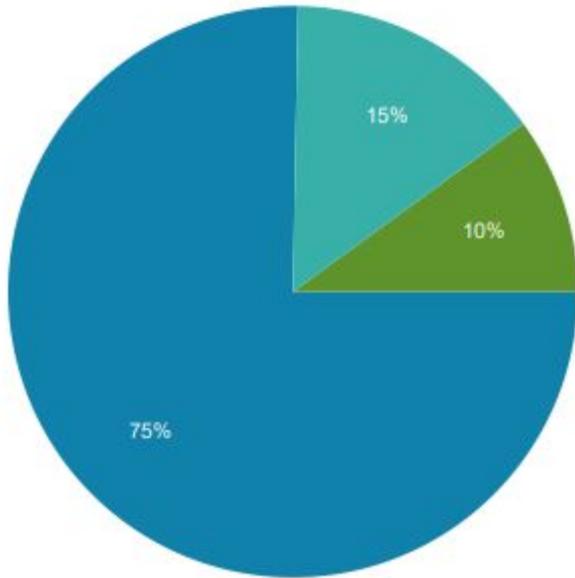
November-2022 Age Group



	Age Group	Total	Total %
	Unknown	20	25%
	35-44	17	21%
	18-24	13	16%
	25-34	11	14%
	13-17	10	12%
	65+	4	5%
	0-12	3	4%
	45-54	3	4%

4HOPE Text Contacts

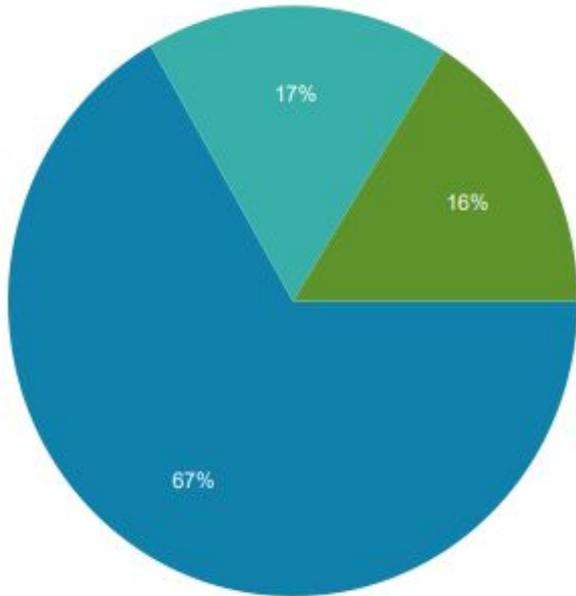
November-2022 Referral Source



	Referral	Total	Total %
	Self	61	75%
	Family Member	12	15%
	Other	8	10%

4HOPE Text Contacts

November-2022 Primary Disposition



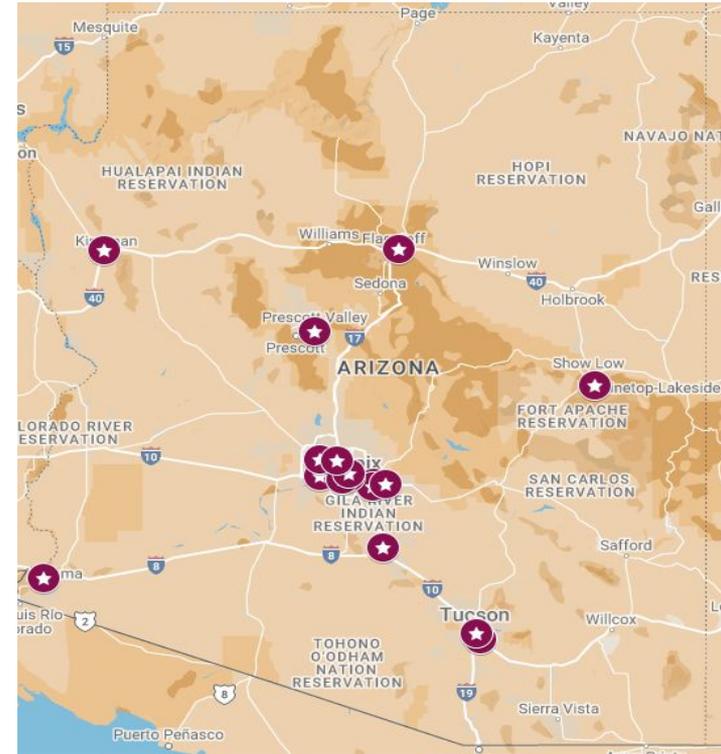
	Disposition	Total	Total %
	Community Stabilized	54	67%
	Text Terminated	14	17%
	Converted to Crisis Call	13	16%

Crisis Stabilization Facilities

The AHCCCS Crisis website has been updated to include a link to a google map for all Arizona Crisis stabilization facilities that have 24/7 no wrong door access. Once the map is opened, clicking on the star will show the facility name and location.

[AHCCCS Crisis Website](#)

[Arizona Walk in Crisis Stabilization Facility Map](#)



988 & AZ Local Crisis Lines

- 988 calls are currently routed based on the area code of the caller's phone (not their physical location)
- 988 is great for people who do not have our local numbers handy but could be problematic for people who need local resources like mobile crisis or appt scheduling

The new 988 Suicide & Crisis Lifeline is available 24/7 across the US via phone, text, and chat (988lifeline.org) and will connect you to a trained crisis counselor.

However, you may not get a local 988 center that can connect to local resources like mobile crisis, especially if you're calling from a cell phone with a non-Arizona area code. For now, we recommend calling your local crisis line directly if you need local resources.



844-534-HOPE (4673)/Text 4HOPE

<< Single statewide crisis line

602-222-9444 877-756-4090 520-622-6000

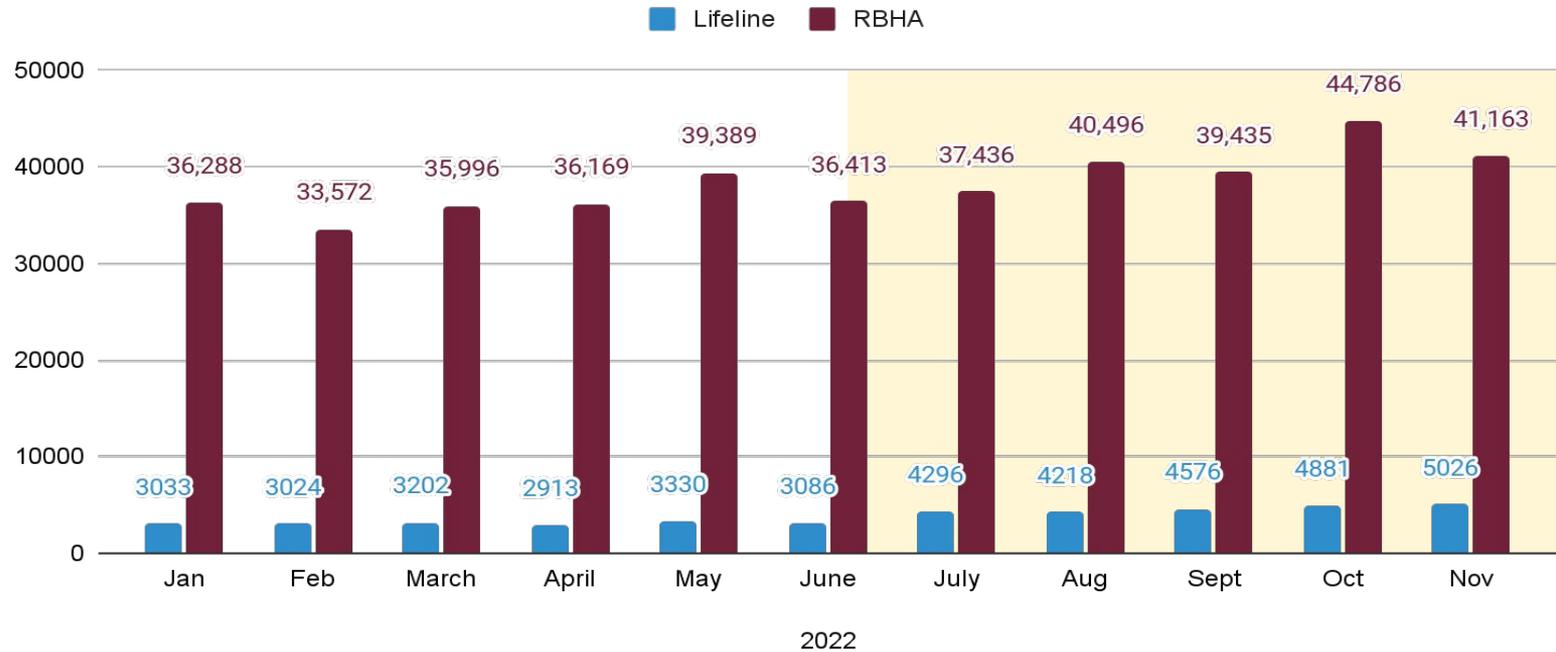
<< Old numbers still work



<< Solari coordinates mobile crisis and other local crisis resources across all of AZ

Coordination of care protocols between Solari and LaFrontera

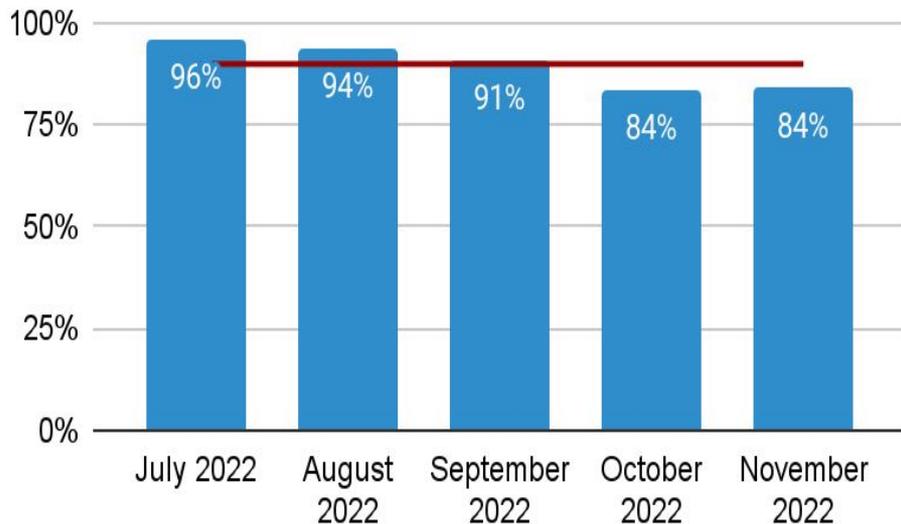
2022 Lifeline Center Calls vs. RBHA Call Center Calls



988 In-State Answer Rate: Vibrant vs. Solari Data

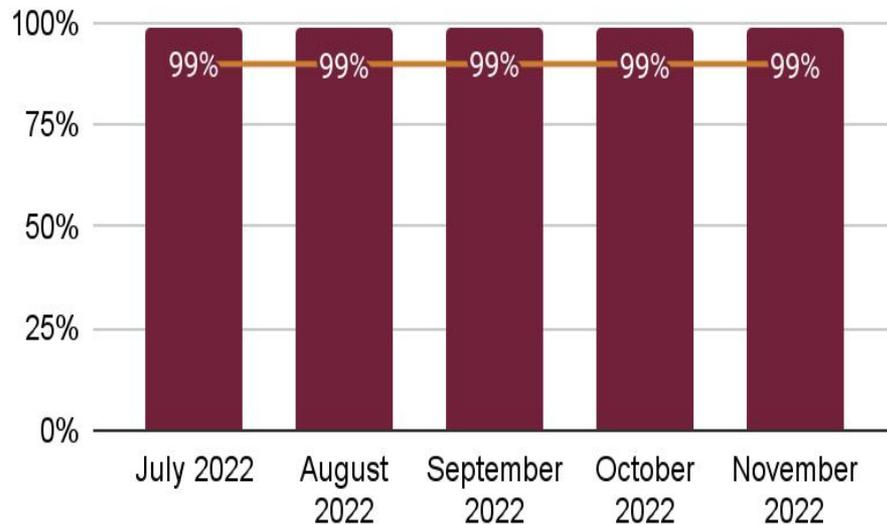
Vibrant Call Metrics

Answer Rate Goal



Solari Call Metrics

Answer Rate Goal



Arizona 988 State and Territory Cooperative Agreement-Supplemental funding

The Substance Abuse and Mental Health Services Administration (SAMHSA) has awarded Arizona the 988 State and Territory Cooperative Agreement one-year supplemental funding of \$1,000,000. The purpose of this supplemental funding is to expand and enhance 988 Suicide and Crisis Lifeline activities in Arizona.

With these funds, AHCCCS and the Arizona Lifeline centers will focus on the following activities:

- Enhance 988 and 911 coordination in collaboration with the state or territory's 911 administrator.
- Improve state infrastructure and workforce to prepare for 988 Lifeline chat and text services initiated within the state or territory and in-state backup for calls, chats, and texts.
- Develop partnerships across the state to create streamlined access to mobile crisis and crisis response teams for all 988 crisis centers.
- Develop state capacity to increase service to Arizona's higher-than-average Spanish speaking population.
- Develop and enhance technical systems and solutions to better support individuals throughout the crisis care continuum, including modification to EHR/EMR/online documentation management systems to ensure continuity of care and referral.

Resources

- AHCCCS Crisis Services Website:
azahcccs.gov/BehavioralHealth/crisis.html
- AHCCCS Crisis Services FAQs:
www.azahcccs.gov/BehavioralHealth/CrisisFAQ.html
- 988 Fact Sheet: www.fcc.gov/sites/default/files/988-fact-sheet.pdf
- Arizona Suicide Prevention website: azhealth.gov/suicide
- Arizona Department Of Administration 911 Program:
az911.gov/about/current-training-opportunities/9-8-8

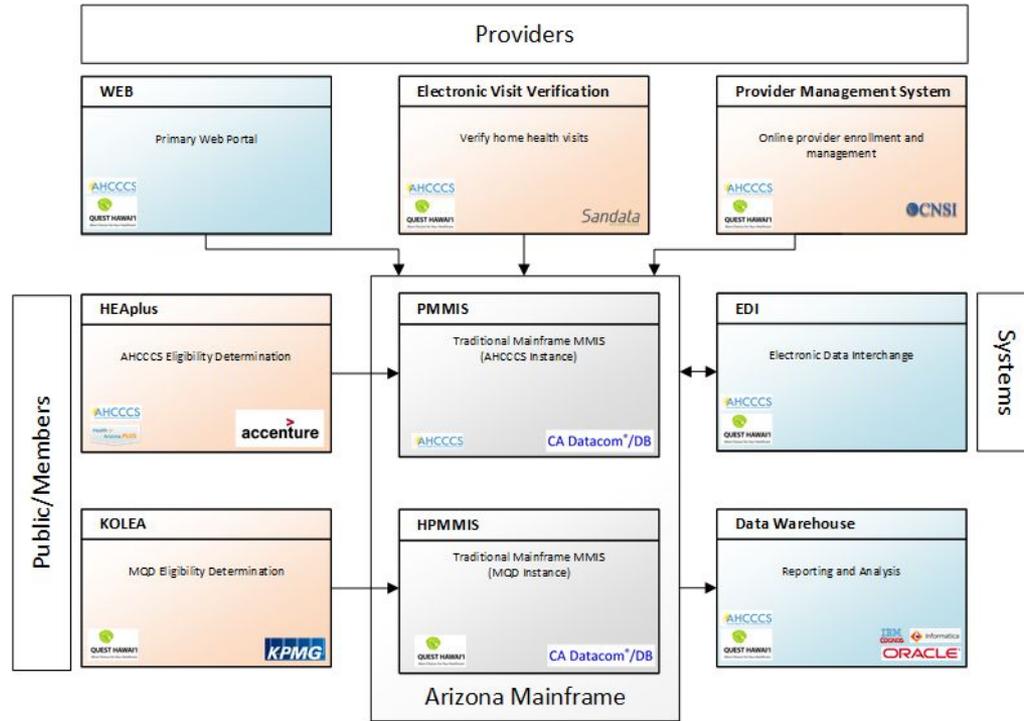
Open Discussion



Medicaid Enterprise System (MES) Roadmap Update

Daniel Lippert, Assistant Director
Information Services Division

Medicaid Enterprise System (MES)



MES Roadmap Project Overview

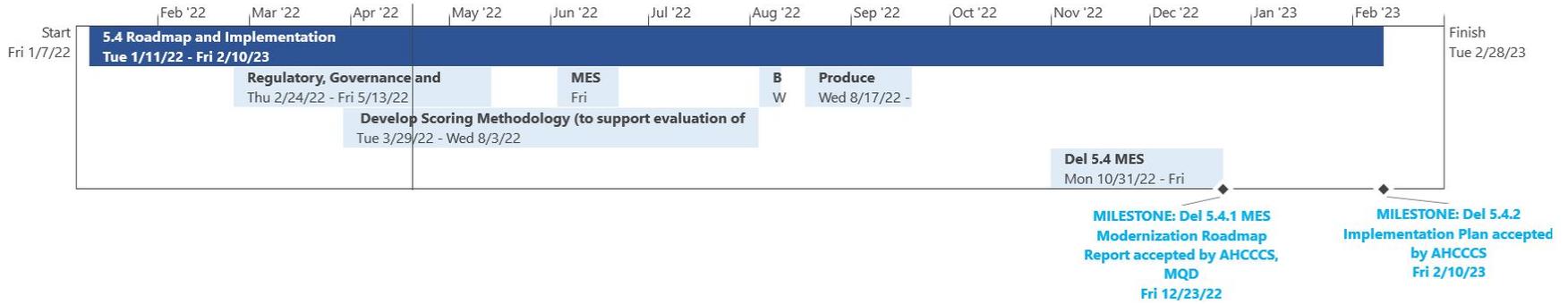
Purpose

Develop a long-term strategic MES Modernization Roadmap to achieve compliance with Centers for Medicare & Medicaid Services (CMS) requirements to improve interoperability and sustainability of technology solutions that support Medicaid service delivery.

Objectives

- Evaluate and document **current state/as is** business processes, data and supporting technologies to identify opportunities for improvement.
- Evaluate and recommend **options** to support the MES modernization based on recommended improvements, state and federal regulations, time constraints, and budget implications.
- Lay the foundation for a **strategic architecture** roadmap. Establish the steps for **buildout and maturation** of the CMS modernization initiative in Arizona and Hawaii.

Project Deliverable – Modernization Roadmap



- Awarded the contract to NTT Data in January 2022
- We've been working with NTT to establish our project governance, initiate all the information gathering, and complete the MITA State Self Assessment
- We will have a working road map that we can start managing towards accomplishing late 2022/early 2023
- Our goal is to have more information publicly available in March

NTT Data Recommendations to Date

- 4 Key Recommendations for a Path Forward
 - Operationalize Governance
 - The size of this infrastructure project is unprecedented at AHCCCS. Need to have a rigorous and sound governance structure.
 - Replace Legacy Infrastructure
 - The technology and age of the system is unsustainable
 - Current Medicaid trends require greater system flexibility
 - Start with system integration to integrate systems that have already been modernized
 - Improve Data Accessibility
 - More systems/modules = more data sources
 - Develop and Leverage Operational Assets
 - Enterprise Business Workflow Management

Open Discussion



AHCCCS Policy Updates

Danielle Ashlock, AHCCCS Arizona Long Term Care System (ALTCS) Project Manager

Brandi Howard MHI BSN-RN, Medical Management Manager

Dr. Melissa Del-Colle, Senior Program Administrator

Recently Updated Policies

- AMPM Policy 1620-14
 - New exhibit - AMPM Exhibit 1620-14.
 - Created to ensure compliance with the Federal HCBS Rules and ensure member rights/protections.
 - APC Date: 12/01/2022
 - Tentative Publishing Date: 45 days after APC
- AMPM Exhibit 300-1
 - AMPM 300-1 was revised to align with HB 2863- Chiropractic Services for Adults and HB 2083- Diabetes Self Management Training.
 - APC Date: 09/15/2022
 - Published Date: 10/14/2022
- AMPM Policy 310-KK- Biomarkers Testing
 - AMPM 310-KK is a new policy outlining the requirements for Biomarker Testing to conform with HB 2144.
 - APC Date: 12/01/2022
 - Tentative Publishing Date: 45 days after APC

SMI Rule Update

Title 9, Chapter 21, Articles 1, 2, 4, & 5

- Includes only technical and administrative changes in definitions and provisions to bring it into alignment with legislative changes,
- Minor grammatical changes to improve the readability and accessibility of this article were also included in the change,
- These articles require additional review and revision by both subject matter experts and community stakeholders to ensure changes are appropriate, fair, and reflect both the stated and intended meaning of the law and legislative changes.
- The review process will begin in early 2023.

Title 9, Chapter 21, R21-502.

Exhibit C. Application for Emergency Admission for Evaluation

- Added two (2) additional options for the emergent petition:
 - Permanently or Acutely Disabled (PAD), and
 - Gravely Disabled (GD).
- Necessary due to varying county courts not accepting the submission of hand written forms.
- Immediately brought the form into compliance with statute,
- The review process will begin in early 2023.

A copy of the form can be accessed at:

<https://www.azahcccs.gov/Members/BehavioralHealthServices/COE.html>

Title 9, Chapter 21, Article 3

- This article was not included as the changes required to bring it into alignment with legislative changes are significant and will have substantive impact on individuals and the community.
- Over the last two years, community stakeholders have provided extensive feedback on Article 3. All existing feedback will be combined with any new feedback during the final review process which will begin in early 2023.

Open Discussion



Call to the Public

2023 SMAC Meeting Calendar

Per bylaws language, SMAC meetings are to be held during the 2nd
Wednesday of
January, April, July and October from 1:00 p.m. - 3:00 p.m

2023 SMAC Meetings:

January 11, 2023

April 12, 2023

July 12, 2023

October 11, 2023

For all SMAC Dates and Meeting Materials, see the following link:

<https://www.azahcccs.gov/AHCCCS/HealthcareAdvocacy/smac.html>

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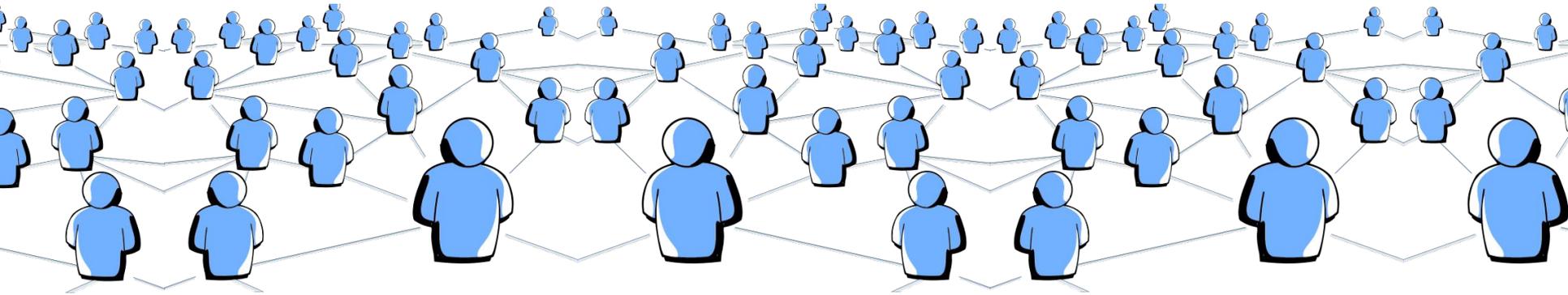
[@AHCCCSGov](https://www.instagram.com/AHCCCSGov)

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[@AHCCCS](https://www.linkedin.com/company/AHCCCS)

Channel:

[AHCCCSgov](https://www.youtube.com/channel/AHCCCSgov)



Learn about AHCCCS' Medicaid Program on YouTube!



Watch our Playlist:

[Meet Arizona's Innovative Medicaid Program](#)

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!