



State Medicaid Advisory Committee (SMAC)

Wednesday, February 15, 2017

AHCCCS

Gold Room - 3rd Floor

701 E. Jefferson Street

1 p.m. – 3 p.m.

Agenda

I. Welcome	Director Thomas Betlach
II. Introductions of Members	ALL
III. Approval of November 16, 2016 meeting summary	ALL

Agency Updates

IV. AARP	Dana Kennedy
V. Regional Center for Border Health Inc.	Amanda Aguirre
VI. AHCCCS Waiver (IMD and SB1092)	Beth Kohler Deputy Director
VII. Intergraded Contractors	Paul Galdys
VIII. Repeal and Replace Targeted Investment Legislative and Budget Update Arizona Management System	Tom Betlach
IX. Call to the Public	Director Thomas Betlach
X. Adjourn at 3:00 p.m.	ALL

*2017 SMAC Meetings

Per SMAC Bylaws, meetings are to be held the 2nd Wednesday of January, April, July and October. All meetings will be held from 1 p.m. - 3 p.m. unless otherwise announced at the AHCCCS Administration 701 E. Jefferson, Phoenix, AZ 85034, 3rd Floor in the Gold Room:

~~January 11, 2017~~ – Rescheduled to February 15, 2017

~~April 12, 2017~~ – Rescheduled to April 5, 2017

July 12, 2017

October 11, 2017

For more information or assistance, please contact Yisel Sanchez at (602) 364-4577 or yisel.sanchez@azahcccs.gov

Meeting Summary
November 16, 2016

State Medicaid Advisory Committee (SMAC) Meeting Summary
Wednesday, November 16, 2016, AHCCCS, 701 E. Jefferson, Gold Room
1:00 p.m. – 3:00 p.m.

Members in attendance:

Tom Betlach
Cara Christ
Peggy Stemmler
Kim VanPelt
Kevin Earle

Steve Jennings
Gina Judy
Frank Scarpati
Joyce Millard Hoie
Daniel Haley

Members Absent: Tara McCollum Plese, Kathy Waite, Kathleen Collins Pagels, Vernice Sampson, Nic Danger, Timothy Leffler, Barbara Fanning, Amanda Aguirre, Leonard Kirschner, Phil Pangrazio

Staff and public in attendance:

Yisel Sanchez, HRC Coordinator, DBHS
Beth Kohler, Deputy Director, AHCCCS
Paul Galdys, Assistant Director, DBHS
Tomi St. Mars, ADHS, Chief
George Malonly, CEL GENZ
Laura Hartgroves, HCIC
Eddie Sissons, RAS
Kathy Bashor, AHCCCS
Susan Junck, AHCCCS
Michelle Pabis, Honor Health

Anne Stanfford, AZ AAP
Chloe Steadman, Ballard Spanr
Shanna Malone, AHCCCS
Shannon Groppenbsk, GNJHCS
Greg Angelovic, Seattle Genetics
Anika Robinson, AHCCCS
Bonnie Talakte, AHCCCS
Matt Jewett, Mtn. Park
Brandy Petrone, GSPA
Je Fu, FTF

AGENDA

- | | |
|---|------------|
| I. Welcome & Introductions | Tom |
| Betlach | |
| II. Introductions of Members | All |
| III. Approval of August 17, 2016 Meeting Summary/Minutes | |
| Unanimous | |

AGENCY UPDATES

- | | |
|--|--------------------|
| IV. AHCCCS Updates | Tom Betlach |
| <ul style="list-style-type: none"> • AHCCCS initiatives • Potential impact ACA changes • Funding sources impacting GF | |

- Capitol Times
- ACA provisions outside coverage
- Block grant PMPM discussion
- LAN payment reform framework
- Potential future VBP levels
- APM proposed targets
- Arizona management system
- AMS transformation in state government

AHCCCS Updates (continued)

- National RX opioid trends
- AHCCCS generations in workplace (2013, 2016)
- Arizona's 1115 waiver status
- IMD update AHCCCS care update

V. Pediatric Prepared Emergency Care

Tomi St. Mars

- Partnership
- Pediatric readiness assessment
- Voluntary membership and certification
- 3 Levels
- All levels
- Education
- Small changes
- Common challenges
- Certification
- Members
- Analysis
- Pediatric mortality rates pre/post ER department certification
- Comparison of certified ER pediatric mortality rate to the overall pediatric injury mortality rate
- Pediatric trauma mortality rates among certified and non-certified hospitals
- Pediatric trauma ER mortality rates among certified and non-certified hospital by age group
- Moving evidence into practice

VI. Arizona's Opioid Epidemic

Shana Malone

- National opioid influx
- CDC National Estimates
- Availability of Rx opioids in Arizona
- Volume
 - Access ratio
- Emerging heroin trends
- Fentanyl
- What opioid epidemic is costing Arizona
- Arizona opioid-related ED encounters and hospital admissions
- Neonatal abstinence and newborn drug exposure rates per 1,000 births
- Number of drug overdose deaths involving opioids
- The path to opioid mortality
- Finding a solution

- 3 target groups
 - Opioid-Naïve individuals
 - Talking to uniformed patients
 - The chemically dependent
 - High risk groups
 - Sign up and use CSPMP
 - Facilitate use of best practice
 - Register for free CME
 - Educate patients
 - Diverters

 - The chemically dependent
 - Reverse overdose through Naloxone
 - What is needed for Naloxone

 - Diverters
 - Evidence based treatment
 - What is needed for integrated MAT

X. Call to the Public

Tom Betlach

XI. Adjourn at 3:00 p.m.

All

**AARP A National Organization with
State and Local Offices**

February 15, 2017

AARP A NATIONAL ORGANIZATION WITH STATE AND LOCAL OFFICES



Real Possibilities

AARP FACTS

- ❑ nonprofit, nonpartisan, social welfare organization
- ❑ membership of more than 38 million
 - ❑ **850,000 members in Arizona**
- ❑ turn goals and dreams into real possibilities, strengthens communities, and fights for issues that matter most
- ❑ Does not endorse political candidates or contribute to PAC's



AARP's Vision

A society in which all people live with dignity and purpose, and fulfill their goals and dreams.

AARP's Mission

AARP enhances the quality of life for all as we age. We champion positive social change and deliver value through advocacy, information and service.

AARP's Motto

“To serve, not to be served.”



AARP FACTS

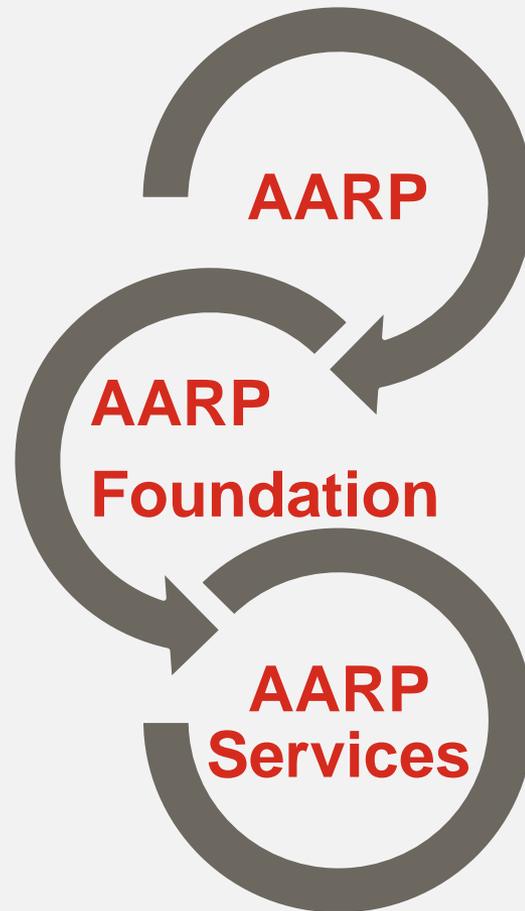


- ❑ AARP The Magazine, AARP Bulletin
- ❑ AARP.org
- ❑ Offices in 50 states, Washington, DC, Virgin Islands, and Puerto Rico



AARP[®]
Real Possibilities

AARP Family



AARP MOTO

“To serve, not to be served.”

-Ethel Percy Andrus



AARP[®]
Real Possibilities

First Chapter was founded in 1960 in Youngtown, AZ



LET'S DISRUPT AGING



We do a lot of fun with purpose events

Meet Me Downtown



Cooking Classes



We help people find their purpose with:

**Denise Austin with
Phoenix in Motion**



Healthy Rhythm Drum Circles



ACTIVIST AS INDIVIDUALS

“Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed it is the only thing that ever has.”

- Margaret Mead

ADVOCACY AT AARP



When utility companies want higher rates, **you need a voice.**

Tell your legislators to create an Independent Utility Advocate. Call 1-800-700-6469



FRAUD WATCH NETWORK™

Brought to you by **AARP**

You've Earned a

KEEP SOCIAL SECURITY STRONG

AARP

www.aarp.org/strengthensocialsecurity

I Caregivers™

AARP Real Possibilities

AARP VOLUNTEERS

Board of Directors

22

National Policy Council

25

State Based
Volunteers

13,868

Driver Safety

5,219

Tax Aide

35,195

Create the
Good

238,814



Real Possibilities

AARP VOLUNTEERS

Activist (2014)
1.2 million

ROLES OF THE ADVOCACY VOLUNTEER



AARP[®]
Real Possibilities

ENGAGING VOLUNTEERS AS LEADERS

- Offering roles that fully tap leadership potential
- Cultivating relationships based on partnership
- Engaging volunteers in strategic thinking and planning



AARP[®]
Real Possibilities

GRASSROOTS ADVOCACY

Mobilizing the **power of the people**
to influence legislation



AARP[®]
Real Possibilities

THE POWER OF GRASSROOTS WORKS

- Bring about change
- Improve relationships
- Educate the community
- Alter conditions which we live



PICK YOUR ISSUE

- Medicare
- Social Security
- Transportation
- Long Term Care
- Elder Abuse
- Fraud & Scams



BRING PEOPLE TOGETHER FOR CONVERSATION; BUILD A COMMUNITY

- Face-to-Face Meeting
- On-line Conversation
- Conference Call
- Skype



AARP[®]
Real Possibilities

**MAKE A DIFFERENCE
IN YOUR COMMUNITY BY
PARTICIPATING IN THE PROCESS**



**THANK YOU FOR
YOUR PARTICIPATION**



Regional Center for Border Health, Inc.
San Luis Walk-In Clinic, Inc.

Regional Center for Border Health, Inc. San Luis Walk-In Clinic, Inc.

State Medicaid Advisory Committee



Amanda Aguirre
President & CEO

February 15, 2017
Phoenix, Arizona



“Committed to improving the quality of life of the residents along the U.S.-Mexico Border by increasing accessibility to quality training and affordable healthcare”



Mohave



San Luis, Arizona

La Paz



Yuma



Yuma, Arizona



Somerton, Arizona



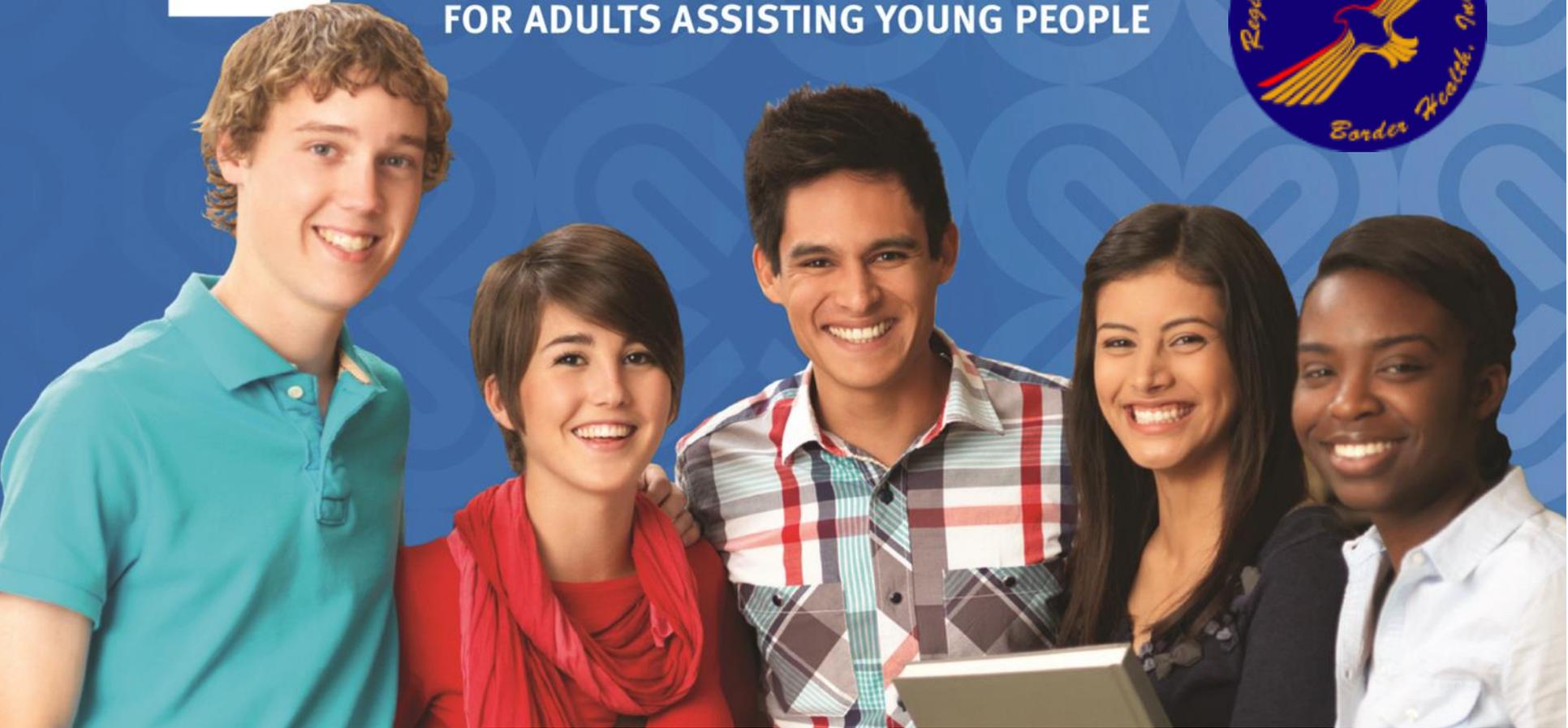
**“Our Children/Nuestros Ninos”
Community Health Census
and Outreach Campaign**



YOUTH
MENTAL
HEALTH
FIRST AID™

Youth Mental Health First Aid USA

FOR ADULTS ASSISTING YOUNG PEOPLE



NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH





Interprofessional Clinical Rotations (FYE 2015-2016) 56 Students



University of Arizona, AZ
(College of Medicine, Nursing and Pharmacy)

Northern Arizona University, AZ
(School of Nursing, Physician Assistant, Social Work)

Walden University, MN

Chatham University, PA

Indiana University, IN

Arizona State University, AZ

University of Queensland, Australia

University of Phoenix, AZ

George Town University, DC

Maryville University, St. Louis

Midwestern University, AZ

Frontier Nursing University, KY



GEORGETOWN UNIVERSITY



ARIZONA STATE UNIVERSITY



THE UNIVERSITY OF QUEENSLAND AUSTRALIA



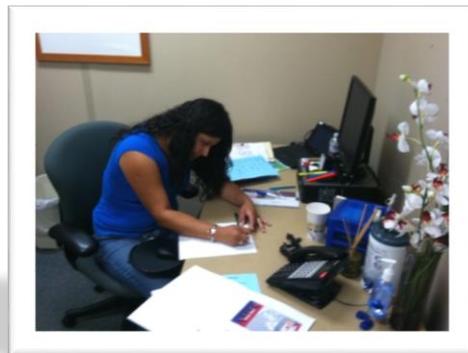


Interprofessional Clinical Rotations



South University Georgia – P.A

NAU – Speech Pathologist

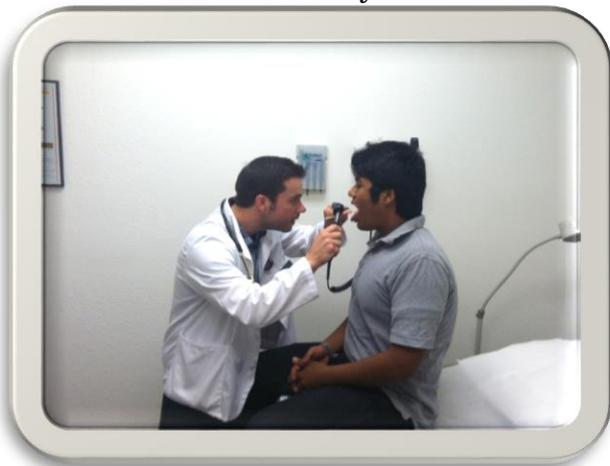


NAU – Social Work



U of A – College of Pharmacy

Chatham University – P.A



U of A -College of Nursing





Accrediting Bureau of Health Education Schools (ABHES)



Effective August 1, 2013, the College of Health Careers was accredited by ABHES

The Accrediting Bureau of Health Education Schools is the only organization that is recognized by the U.S. Department of Education as a specialized accrediting organization for healthcare education and training.

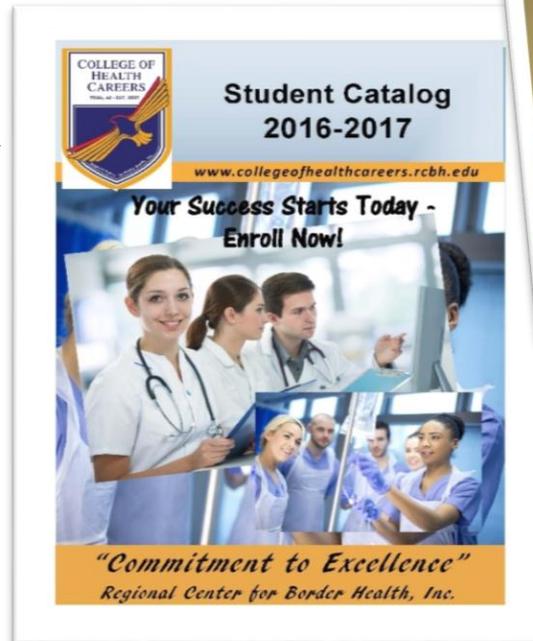


Promoting Educational Excellence:
Best Practices, Best Results



“Growing Our Own”

- Medical Assistant
- Medical Office Specialist
- Nursing Assistant
- Medical Coder & Biller
- Direct Care Worker
- Pharmacy Technician
- Phlebotomy Technician
- Medication Assistant
- Electronic Health Records
- Caregiver
- Nutrition & Food Services Management
- Behavioral Health Technician
- ServSafe (National Certification)
- CPR and First Aid





Vocational Job Training Center

A LICENSED VOCATIONAL TRAINING CENTER

- Arizona Department of Private Postsecondary Education
- Arizona State Board of Nursing
- American Academy of Professional Coders
- National Restaurant Association, American National Standard Institute
- Certified ServSafe Instructor and Registered ServSafe Examination Proctor
- AHCCCS approved training and testing site for Direct Care Worker (DCW)
- National Healthcareer Association and testing site
- Pharmacy Technician Certified Board (PTCB)
- Board of Examiners of Nursing Care Institution Administrators and Assisted Living Facility



Main Street Café



Main Street Café

(Established in 2007)

- **Mission:** to empower women to break the cycle of poverty and violence by providing them with life skills and job training opportunities in the Food Industry, and long lasting rewarding life changes for themselves and their families.
 - National ServSafe Certification
 - Nutrition and Food Services Management





Binational Health & Environment Council San Luis R. C. Sonora/Yuma County, Arizona

Subcommittees:

- Maternal and Child Health (Women's Health)
- Adolescent Health (Substance Abuse Prevention, Teen Pregnancy, Bullying, Mental Health)
- Environmental & Occupational Health
- Sexual Transmitted and Infectious Diseases (TB, STDs, HIV/AIDS)
- Chronic Illness Prevention



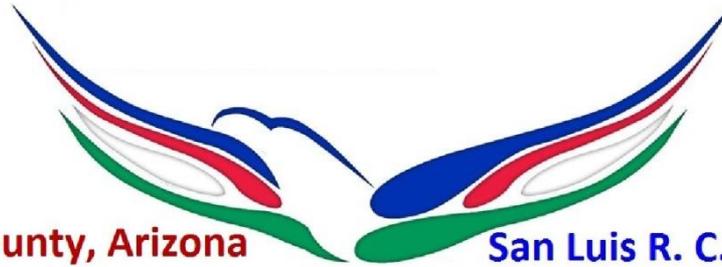
Yuma County, Arizona
Binational Health Council

San Luis R. C. Sonora
Consejo Binacional de Salud





Binational Health & Environment Council San Luis R. C. Sonora/Yuma County, Arizona



Yuma County, Arizona
Binational Health Council

San Luis R. C. Sonora
Consejo Binacional de Salud

XX Annual Binational TB Symposium Friday, March 31, 2017

Yuma, Arizona



Gobierno del
Estado de Sonora

Secretaría de
Salud Pública





Special Initiatives

- **No Contaminate/Don't Trash La Frontera, Illegal Dumping Prevention**

FIGHT CLEAN

Clean borders start with you

Brought to you by The International Alliance No Contaminate, Don't trash la frontera, Illegal Dumping Prevention
EPA Region 9 Border 2012, BECC-COCEF and The Regional Center for Border Health, Inc. www.rcfbh.org



Healthy Communities Initiative

- Healthy Sister Cities Initiative

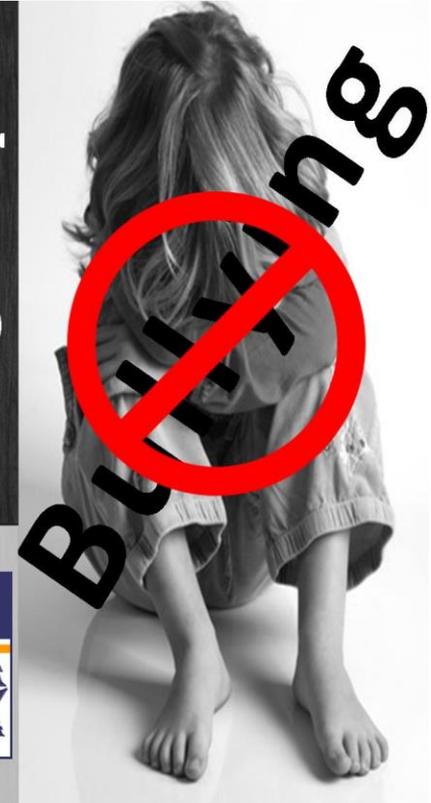


Yuma County, Arizona
Binational Health Council

San Luis R. C. Sonora
Consejo Binacional de Salud

Yuma County Anti-Bullying Task Force

REPORT AN INCIDENT
www.rcfbh.org/tips



Preventing and stopping bullying involves a commitment to creating a safe environment where children can thrive, socially academically, without being afraid.



Special Initiatives



CAPAZ Community Access Program of Arizona and Mexico

Mission Statement:

“To expand access to affordable, quality healthcare for uninsured/underserved residents in Yuma County, and to strengthen the healthcare safety net, while reducing healthcare disparities, through a comprehensive, network of primary care, specialist, behavioral health, and dental care providers”



Medical Services



Arizona (Yuma County)

- Primary Care
- Urgent Care
- Pediatrics
- Internal Medicine
- Dermatology
- Nephrology
- Podiatrist
- Orthopedics
- Cardiology
- OB/GYN
- Dentistry
- Optometry
- ENT
- Hospital
- Dental
- Behavioral Health
- Imaging
- Lab
- Pharmacy
- Physical Therapy

Sonora (San Luis R. C.)

- Primary Care
- Hospital
- Ophthalmology
- Pharmacy
- Laboratory
- Pediatric
- Internal Medicine
- Surgery
- Gynecology
- Dental
- Orthodontist
- ENT
- Pathology
- Physical Therapy
- Orthopedics
- Cardiology

140 Providers

Baja California (Los Algodones & Mexicali)

- Primary Care/Surgery
- Pediatrics
- OB-GYN
- Cosmetic and Implant Dentistry
- Hearing Aids
- Orthodontics
- Periodontics
- General Dentistry
- Optometrist
- Ophthalmologist
- Lab
- Pharmacy
- Radiology
- Orthopedics
- Urology
- Dermatology
- ENT
- Anesthesiology
- Cardiology



Affordable Care Act /Marketplace

Regional Center for Border Health, Inc. (RCBH) meets criteria as a **Certified Application Counselor Designated Organization** in Arizona by Centers for Medicare & Medicaid Service (CMS) on September 19, 2013

As of December 2016 RCBH has trained a total of **168** participants as **Certified Application Counselors**, from Yuma, La Paz and Mohave County as well as Pima County





Partners

Yuma County

- San Luis Walk-In Clinic, Inc.
- Yuma Regional Medical Center
- Sunset Community Health Center
- Cocopah Indian Tribe



Caring for the growing needs of our communities



La Paz County

- Colorado River Indian Tribe
- Indian Health Services
- La Paz Regional Hospital



LA PAZ REGIONAL HOSPITAL

Mohave County

- Kingman Regional Medical Center
- ❖ U of A Center for Rural Health, College of Public Health



MEL AND ENID ZUCKERMAN COLLEGE OF PUBLIC HEALTH



Healthy Communities Antibullying Initiative

- PlayWorks is a program that addresses bullying in schools and provides the necessary skills for children to deal effectively in a positive way with conflict resolution at the same time promote physical activity for the reduction of obesity among school age children.





San Luis Walk-In Clinic, Inc.

*“A Subsidiary Non-for-Profit Organization
of the Regional Center for Border Health, Inc.”*



The purpose of the corporation is to provide convenient access to efficient and quality health services to the border region, including provision of medical diagnosis, care and treatment to and for the benefit of the communities and residents of the Southwestern Arizona border region, including, without limitation, persons who are unable to afford such services.



South Yuma County

- City of Somerton
 - Somerton has a total of 167 businesses. In 2016, the leading industries in Somerton were Public Administration, Education, Health Care and Social Services, and Administrative and Support Services
 - **2015 Population 20,567 (estimated)**
- City of San Luis
 - Located on the Colorado River just 90 miles from the ocean, Yuma County embodies all the natural qualities which make it a great place to live and work..
 - **2013 Population 32,763**





Certificate of Recognition

National Committee for Quality Assurance commends

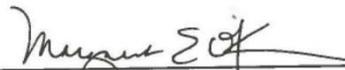
San Luis Walk In Clinic, Inc. (San Luis)

Recognized – Level 2

on Achievement of Recognition for Systematic use
of Patient-Centered, Coordinated Care Management Processes

Awarded from: February 11, 2016 to: February 11, 2019




Margaret E. O'Kane

President



San Luis Walk-In Clinic, Inc.

Your Family Medical Home for Primary Care

• Patient-Centered Medical Home

A Medical Home is defined as primary care that is accessible, continuous, comprehensive, family centered, coordinated, compassionate and culturally effective.

Healthcare Services

- ◆ Primary Healthcare
- ◆ Pediatric
- ◆ Obstetrics & Gynecology
- ◆ Internal Medicine
- ◆ Women's and Teen's Health
- ◆ Men's Health
- ◆ Laboratory
- ◆ Ultrasounds
- ◆ Diabetes Management and Care
- ◆ Weight Loss Control and Management
- ◆ Asthma Control & Treatment
- ◆ COPD Treatment
- ◆ Family Planning Services
- ◆ Immunization for Children & Adults





SLWIC Patient-Centered Medical Home

- (1) Better Care;
- (2) Better Health and
- (3) Lower Cost through a Comprehensive Continuous Delivery of Healthcare

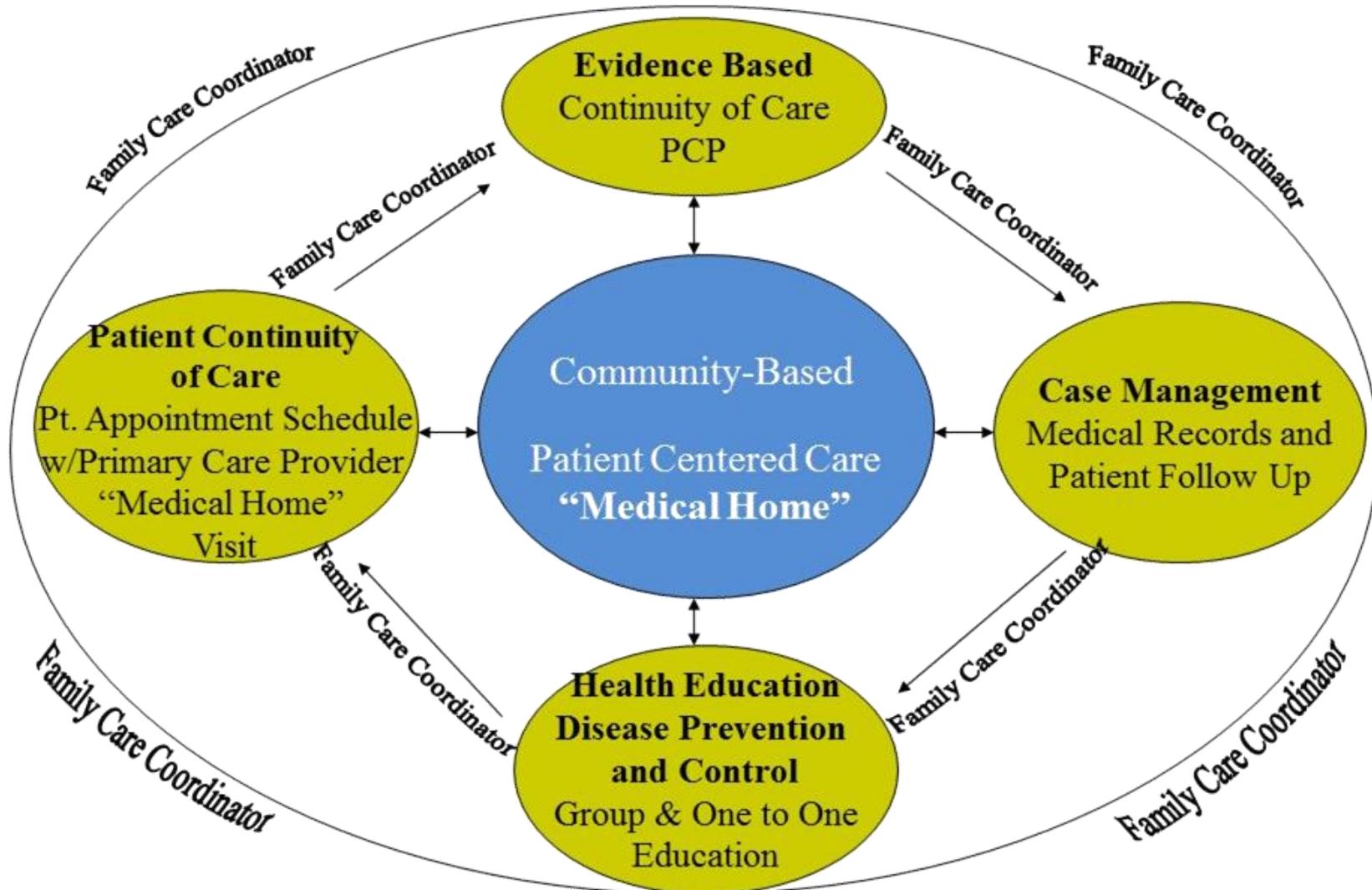




Licensed Medical Mobile Unit



Community-Based Patient Integrated Centered Patient Care Model





Family Care Coordinator Initiative Contributions to Economic Impact (2011)

Initiative	Estimated Economic Value of Avoided Costs/New Revenue	Estimated Economic Impact
Improve Access to Care	\$84.49 x 4,264	\$360,265.36
Reduce Avoidable Hospital Admissions & Readmissions	\$11,400 x 49	\$558,600.00
Reduce Non-Emergent ER Visits	\$430 x 255	\$109,650.00
TOTAL (Avoided Costs)		\$1,388,780.72



Patient Centered Medical Home Initiatives - SLWIC Rural Health Clinic

- Value Base Cost Sharing
- Program Medicare/Medicaid CCM
- Accountable Care Partnership
 - Unitedhealthcare
 - BlueCross BlueShield
 - The University of Arizona Health Plans



BlueCross BlueShield



Affiliated Practice Dental Hygiene

- Dental prevention pilot program provides dental hygiene services and education at the SLWIC
- Began integrated preventive oral health care on December 2, 2015
- Care is provided under the general guidelines of standard of care for dental hygiene
- Consultation with the Affiliated Practice Dentist at Yuma Dentistry for Kids
- The Affiliated Practice Dental Hygienist providing care does not take place of an exam by a dentist





Regional Center for Border Health, Inc.

Family Behavioral Integrated Services

- **As of May 2016, RCBH/SLWIC is a Behavioral Health Services Intake Coordination of Care Agency in Yuma County**
- October 1st 2015- SLWIC (Rural Health Clinic) became Specialty Provider (integration of primary care with behavioral health services)
- RCBH offers:
 - Substance abuse evaluation & treatment
 - Family & individual therapy
 - Anger management sessions
 - Family support services
 - DUI screening
 - Domestic violence
 - Integrated health services
 - Psychiatry Telehealth clinic
 - Treatment and education services
 - Group support counseling sessions





Primary Care

Behavioral Health

- Pediatric
- Obstetrics and Gynecology
- Family Planning Services
- Internal Medicine
- Women and Teen's Health
- Men's Health
- Laboratory Services
- Diabetes Management and Care
- Weight Loss Control and Management
- Asthma Control and Treatment
- Diabetes Control and Treatment
- COPD Treatment
- Immunizations

- Children & Adult Services
- Substance Abuse Evaluation and Treatment
- Family & Individual Therapy
- Psychiatric Health
- Medication Management
- Family Support Services (case management, family, peer and direct support)
- DUI Screening, Treatment and Education Services
- Misdemeanor Domestic Violence Services
- Group Support Counseling Sessions

SLWIC/Family Behavioral Integrated Services is committed to provide the best quality of service by ensuring all clients receive the proper treatment.





Community Integrated Paramedic and Preventive Care Coordination



Project Goals

- Reduce utilization of EMS for non-emergency situations.
- Improve access to primary care and behavioral health services
- Reduce ED utilization to Reduce Hospital Re-admissions
- Reduce Healthcare Cost





An Inter-Professional Approach to Community Based Paramedic Project Addressing Social Determinants

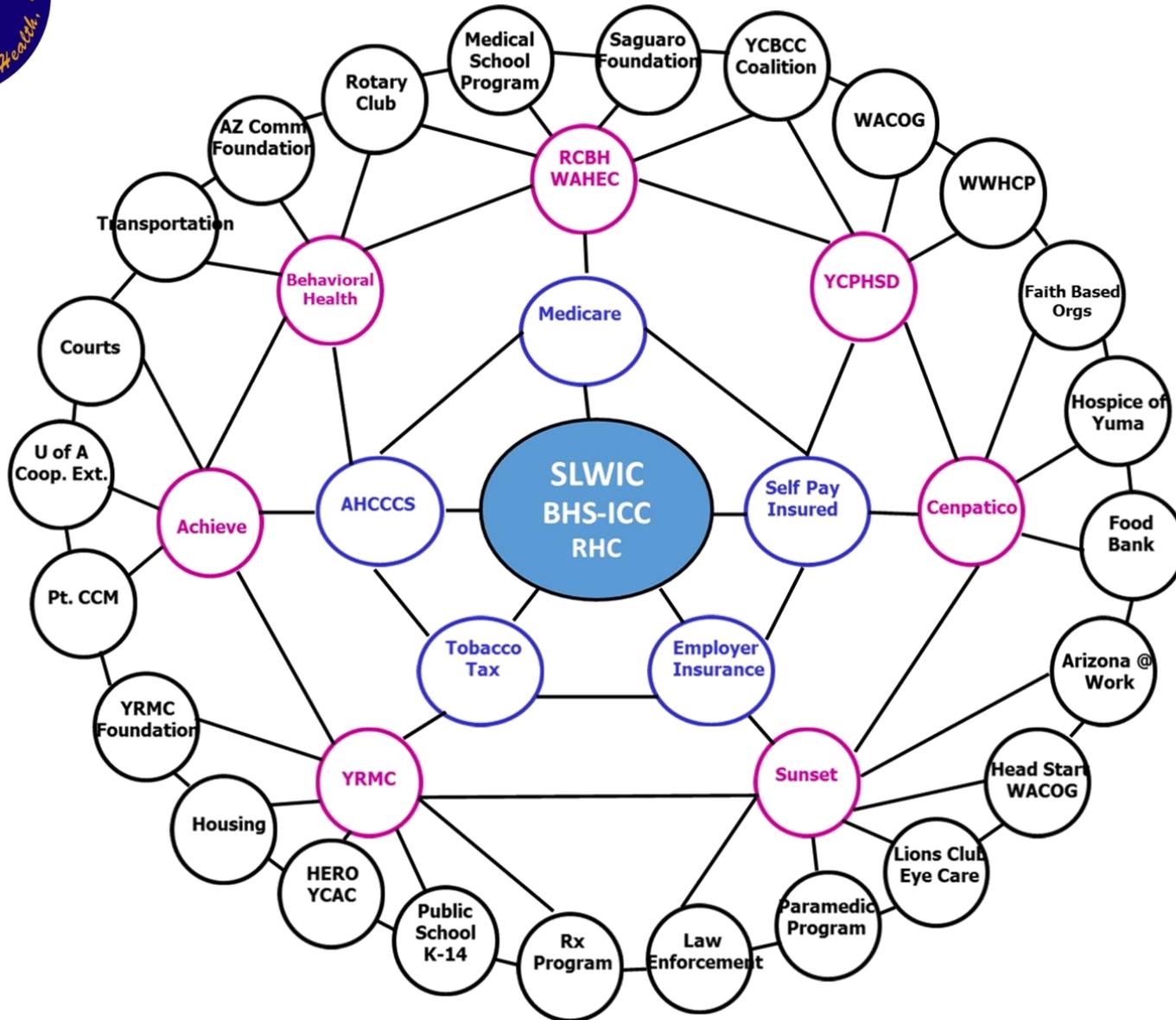


- The *Family Care Coordinator (FCC)* provides the support needed by the program participants such as but not limited to;
- Educating patients and their families on the importance of behavioral health lifestyle changes, medication adherence and compliance
- Assisting patients to navigate the healthcare and social systems, through referrals and enrollment on the different social programs such as, SNAP, AHCCCS, Marketplace, Food Bank, WIC, BHS, etc.
- Provide cultural sensitive health promotion/disease prevention education.





Addressing Social Determinants





San Luis Urgent Care

(July 12, 2016)



- ⇒ Allergic reactions
- ⇒ Cuts, burns and bites
- ⇒ Falls, sprains, strains, and broken bones
- ⇒ Minor sutures and laceration repairs
- ⇒ Cold and flu
- ⇒ Infections
- ⇒ Rash
- ⇒ Physicals (school sports or Department of Transportation yearly exams)
- ⇒ Drug screening
- ⇒ Tetanus & Flu vaccine





Coming Summer 2017

Somerton Medical Complex

College of Health Careers Campus





Major A. Aguirre
U.S. Air Force



Thank you

Amanda Aguirre

President & CEO

amanda@rcfbh.org

928.276.3414

www.rcfbh.org

www.slwic.org

AHCCCS Waiver (IMD and SB1092)



AHCCCS Waiver Update SB 1092 Directive and IMD Waiver Amendments

Arizona's Section 1115
Demonstration Waiver



SB 1092 Overview



The Requirements: SB 1092

- SB 1092 requires AHCCCS to request from CMS by March 30 of each year only the waivers or amendments to the current Section 1115 Waiver that have not been approved and are not in effect
- Similar authorities were requested as part of the October 1, 2016 waiver and were not approved

The Requirements: SB 1092

- All able-bodied adult* members are required to meet one of the following employment criteria to qualify for AHCCCS:

- ▶ Be employed
- ▶ Actively seek employment, which would be verified by AHCCCS
- ▶ Attend school or a job training program, or both, at least 20 hours per week

*Able-bodied adults are individuals who are at least 19 years of age, and are physically and mentally capable of working.

SB 1092 Work Requirement – Exemptions

- Exemption for individuals meeting any of the following
 - Is at least 19 years of age but is still attending high school as a full-time student
 - Is the sole caregiver of a family member who is under 6 years of age
 - Is currently receiving temporary or permanent long-term disability benefits from a private insurer or the government
 - Has been determined to be physically or mentally unfit for employment by a health care professional in accordance with rules adopted by the agency

SB 1092 Lifetime Limit

- Limit lifetime enrollment to five years
 - Begins on effective date of waiver change
 - Does not include time during which person is
 - Pregnant
 - Sole caregiver of family member under 6
 - Receiving long-term disability benefits
 - At least 19 and still attending high school full time
 - Employed full time, meets AHCCCS income eligibility
 - Enrolled before age 19
 - Former foster child under 26 years of age
- Applies to adults age 19 and older “physically and mentally capable of working”
- No exemption for American Indian Members

SB 1092 Other

- Develop cost sharing requirements to deter:
 - Use of ambulance services for non-emergency transportation when not medically necessary
- Requires persons to verify compliance with work requirements monthly
- One year ban for making false statements regarding compliance with work requirements or knowingly failing to report change in income

Estimated impact

- Current potentially-affected population with enrollment over 5 years: 242,000
 - Number could be lower because AHCCCS does not currently collect data to allow us to identify the following excluded periods of enrollment:
 - Long-term disability benefits
 - Employed full-time
 - Sole caregiver of child under age 6
 - Number could be higher because current figure does not account for recent enrollment growth
- Working on data run for impact of work requirement

Waiver Amendment Webpage

- More information about the proposed waiver amendment, including the proposed waiver application and the full public notice and public input process, can be found on the AHCCCS website at:
- <https://azahcccs.gov/Resources/Federal/sb1092legislativedirectivewaiverproposal.html>

Institutions for Mental Disease (IMD) Overview



Institutions for Mental Disease

Exclusion

- Federal law prohibits federal funding for services that members aged 21-64 receive in Institutions for Mental Disease
- Since the inception of the Medicaid program (1965)
- Legislative intent was for states to be responsible for the institutional care of people with mental illnesses

What is an IMD?

- “a hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment or care of **persons with mental diseases**, including medical attention, nursing care and related services. Whether an institution is an institution for mental diseases is determined by its overall character as that of a facility established and maintained primarily for the care and treatment of individuals with mental diseases, whether or not it is licensed as such. An institution for Individuals with Intellectual Disabilities is not an institution for mental diseases.”
- 42 C.F.R. 435.1010

Definition of “Institution”

- “an establishment that furnishes (in single or multiple facilities) food, shelter, and some treatment or services to four or more persons unrelated to the proprietor.”

Examples of IMDs

- Psychiatric hospital, nursing facility, residential treatment center
- A psychiatric unit of a general hospital is not an IMD because the hospital is not established and maintained primarily for the care and treatment of individuals with mental diseases

“In Lieu of” Authority

- CMS allows states that contract with managed care entities to allow the MCOs to provide services a different way than is specified under federal law
- These “in lieu of” services must be no more costly than the services they take the place of
- Arizona allowed MCOs to provide access to IMD services “in lieu of” more expensive settings

CMS's New Managed Care Rule

- New managed care regulations issued July 5, 2016, restrict federal funding for IMD stays to stays of less than 15 days for adults aged 21-64
- Eliminates existing “in lieu” option

Effects of CMS's Managed Care Rule

- If a member's stay in IMD is longer than 15 days, the State must recoup the ENTIRE capitation payment from the MCO for the month (not just the amount associated with the IMD stay)
 - Member still enrolled with plan
 - Plan still responsible for care, but it's uncompensated
- Can result in members being discharged too early and needing emergency care later
- Challenges include developing adequate network of non-IMD alternatives and the higher cost of alternatives

Waiver Application

- To maintain managed care members' access to care in IMDs, requesting CMS to allow federal funding for stays in IMDs longer than 15 days
- Also requesting federal funding for FFS members so they have equal access to care
- Indiana submitting similar application
- One of the first waivers considered by new Administration
- Arizona has demonstrated successful utilization of IMDs as a cost-effective and appropriate setting

Waiver Amendment Webpage

- More information about the proposed waiver amendment, including the proposed waiver application and the full public notice and public input process, can be found on the AHCCCS website at:
- <https://azahcccs.gov/Resources/Federal/PendingWaivers/imdwaiveramendment.html>

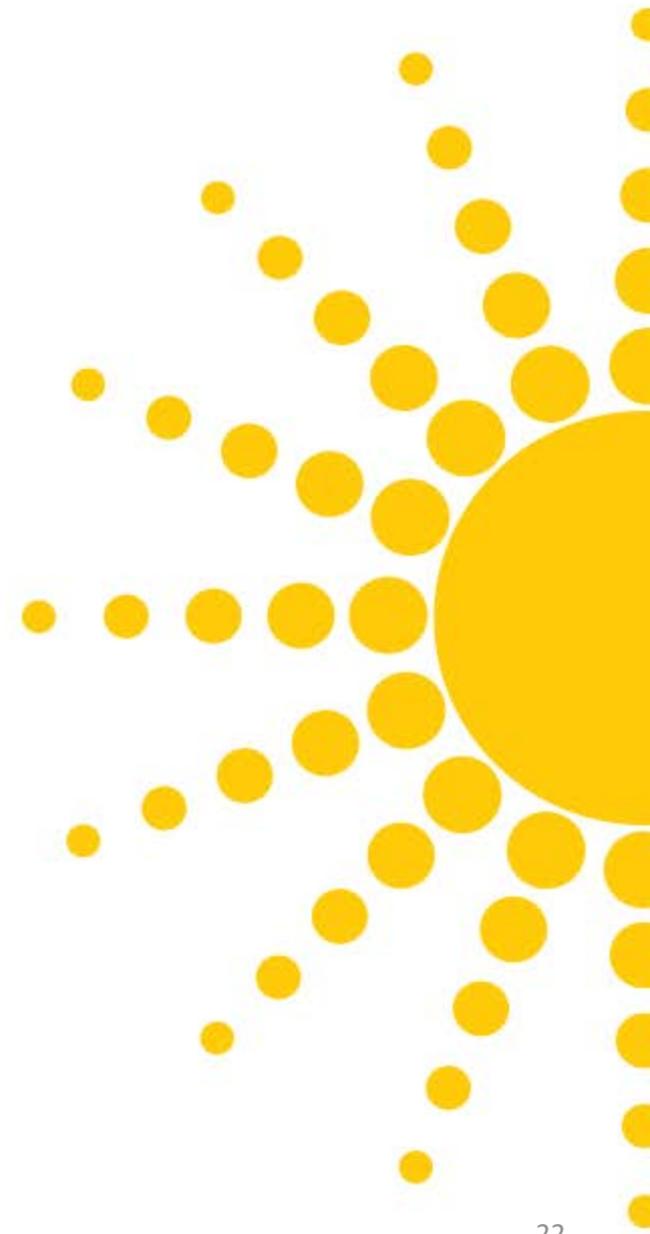
Public Comments

- Comments and questions about the proposed Demonstration applications can also be submitted by e-mail to: PublicInput@azahcccs.gov
- Or by mail to: AHCCCS c/o Office of Intergovernmental Relations; 801 E. Jefferson Street, MD 4200, Phoenix, AZ 85034.
- Please submit your comments by:
 - **IMD Waiver—March 20, 2017**

Questions and Public Comments



Thank You.



Intergraded Contractors

Public Comment Process

- <https://www.azahcccs.gov/Shared/News.html>
- Questions by February 7th
- Community Forums in February
- Public Comment Submissions by February 27th

Integrated Contractor Anticipated Procurement Timeline

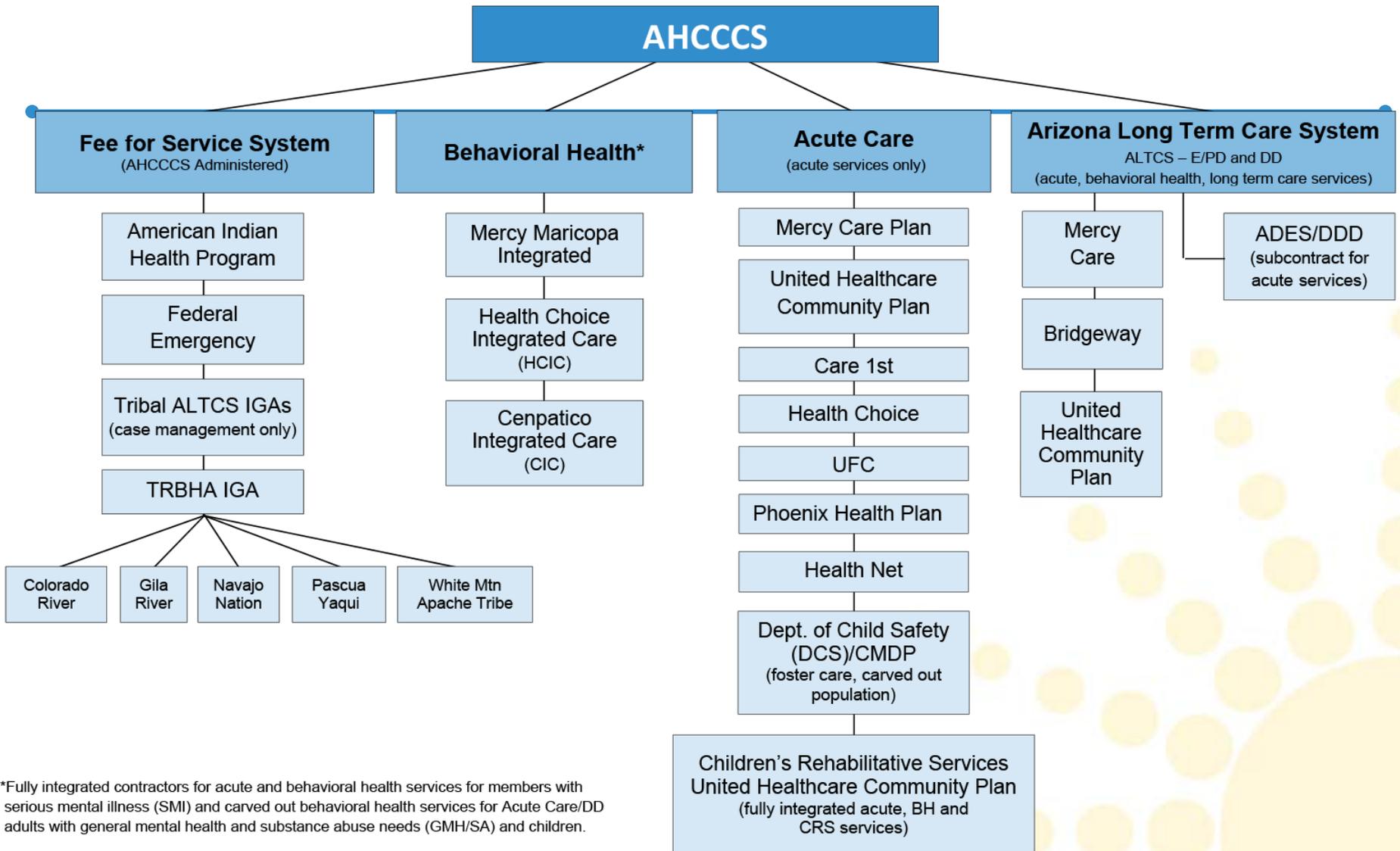
Activity	Target Date
Issue Request for Proposal	November 1, 2017
Prospective Offerors' Conference and Technical Interface Meeting	November 8, 2017
Proposals Due	January 25, 2018
Contracts Awarded	By March 8, 2018
Transition Activities Begin	March 9, 2018
Contract Start	October 1, 2018

Note: *Dates are subject to change*

Current AHCCCS Program Overview



Care Delivery System



*Fully integrated contractors for acute and behavioral health services for members with serious mental illness (SMI) and carved out behavioral health services for Acute Care/DD adults with general mental health and substance abuse needs (GMH/SA) and children.

reaching across Arizona to provide comprehensive quality health care for those in need

Who Does AHCCCS Serve?

AHCCCS population:

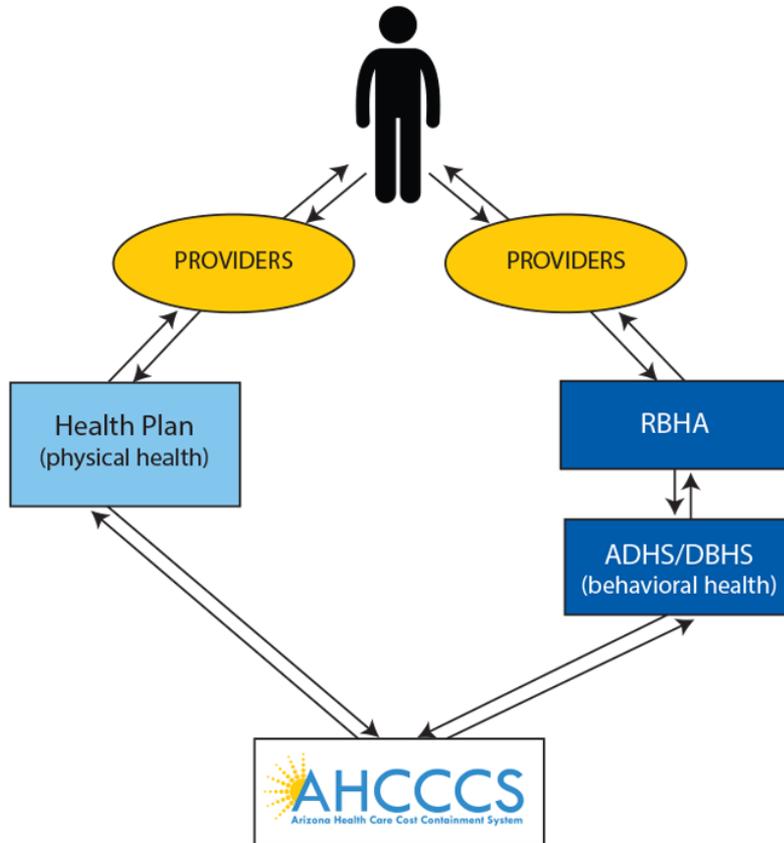
	8/1/16	9/1/16	10/1/16	11/1/16	12/1/16	1/1/17
AHCCCS Acute	1,647,021	1,661,184	1,668,646	1,674,200	1,677,496	1,672,984
KidsCare	528	2,819	5,911	9,184	9,701	13,389
ALTCS ¹	58,413	58,519	58,665	58,807	58,819	58,952
Partial Services (FES, SLMB, QI-1, Transplant Option 1 & 2)	163,785	165,484	167,570	169,782	170,655	168,302
Total Population ²	1,869,747	1,888,006	1,900,792	1,911,973	1,916,671	1,913,627

1. Includes both the ALTCS population and the Freedom to Work (FTW) ALTCS members.

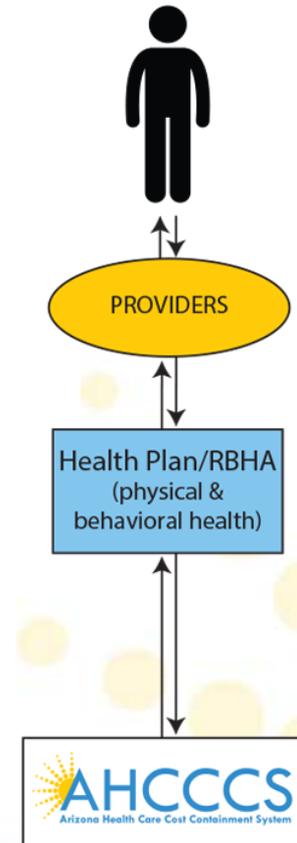
2. Updated to include SLMB/QI-1 & Transplant Option 1 & 2

Vision - Integration at all 3 Levels

CURRENT CONFIGURATION

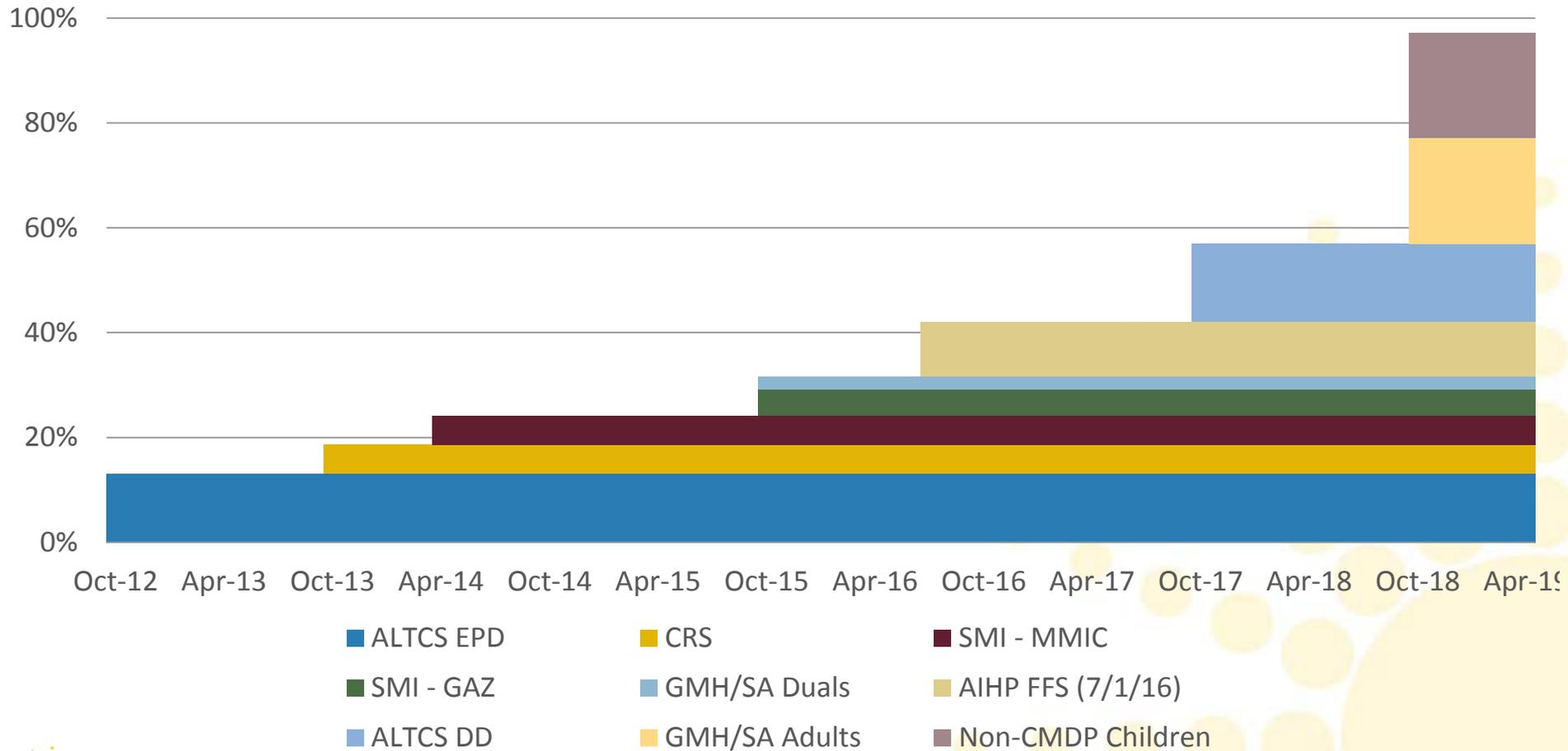


STREAMLINED CONFIGURATION

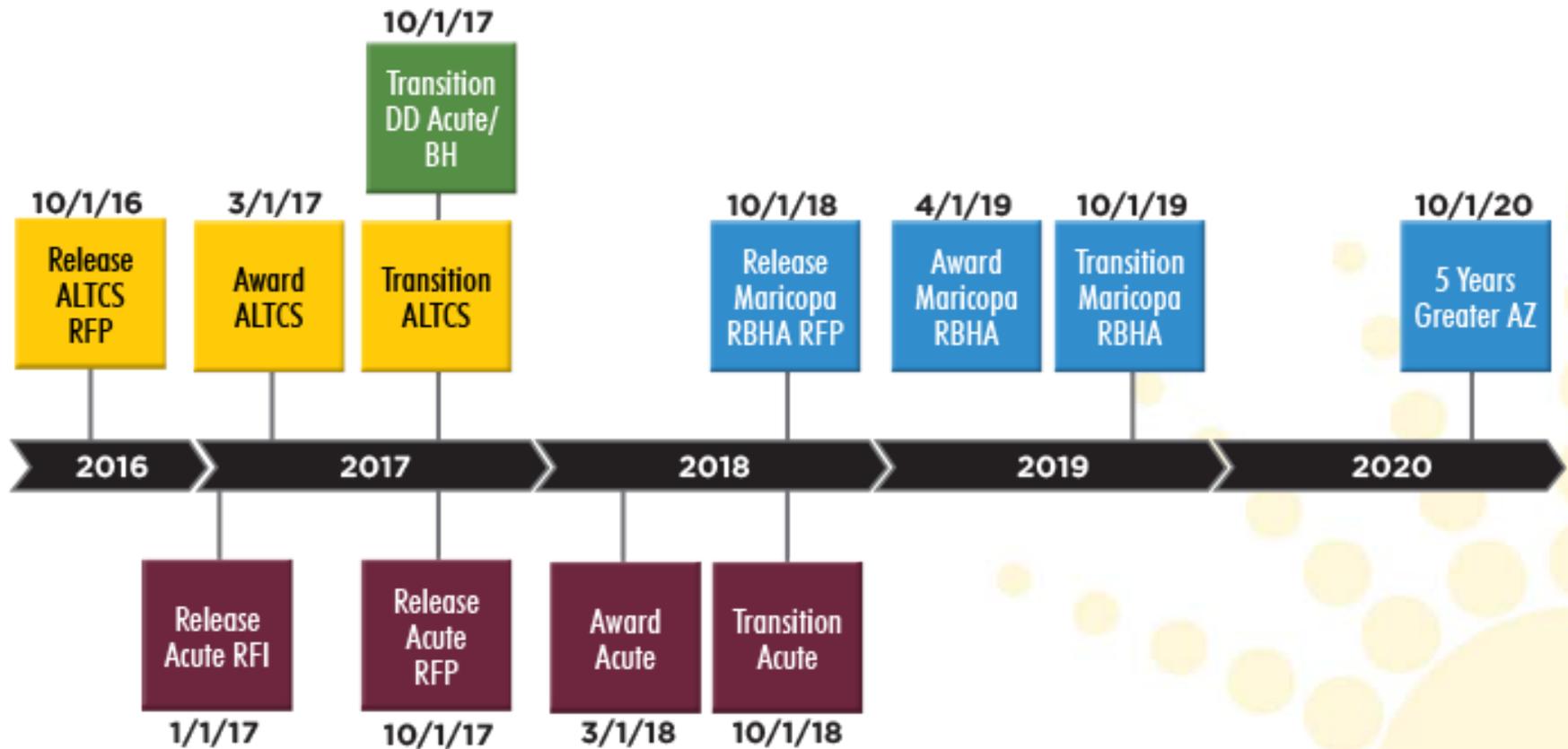


Reaching across Arizona to provide comprehensive quality health care for those in need

Integration Efforts



AHCCCS Contract Timeline



Current Contract Terms

RBHA, CRS, Acute

Contract Year	Maricopa RBHA	Greater AZ RBHAs	Acute/CRS
1	4/14-3/15	10/15-9/16	10/13-9/14
2	4/15-3/16	10/16-9/17	10/14-9/15
3	4/16-3/17	10/17-9/18	10/15-9/16*
4	4/17-3/18*	10/18-9/19*	10/16-9/17*
5	4/18-3/19*	10/19-9/20*	10/17-9/18*
6		10/20-9/21*	
7		10/21-9/22*	

New Integrated Contractor Term:
10/18-9/23 (5yr)

*Extension Year (CYE 9/16 applicable to CRS only)

Current Program Highlights

- “Acute Plans” provide physical health (PH) services to Medicaid enrolled individuals not in another integrated program and also behavioral health (BH) services for individuals who have not been determined to have a serious mental illness (SMI) who are dually enrolled in Medicare
- Regional Behavioral Health Authorities (RBHAs)
 - Carved out BH services for children
 - Carved out BH services for adults not served by an integrated plan
 - Integrated services for individuals with a serious mental illness (SMI)
 - Crisis services all populations
 - Grant and other non-TXIX funded services
- Members have access to a robust network of health care providers

Acute/CRS – Current Program

Children's Rehabilitative Services

- Program for children with chronic conditions specified in rule
- One statewide CRS Contracted Health Plan to provide:
 - Physical and BH services for most CRS members
 - CRS and BH services to children in foster care and children determined developmentally disabled
 - Various service options for American Indians

Request For Information (RFI) and Program Proposals



Geographic Service Area - Composition

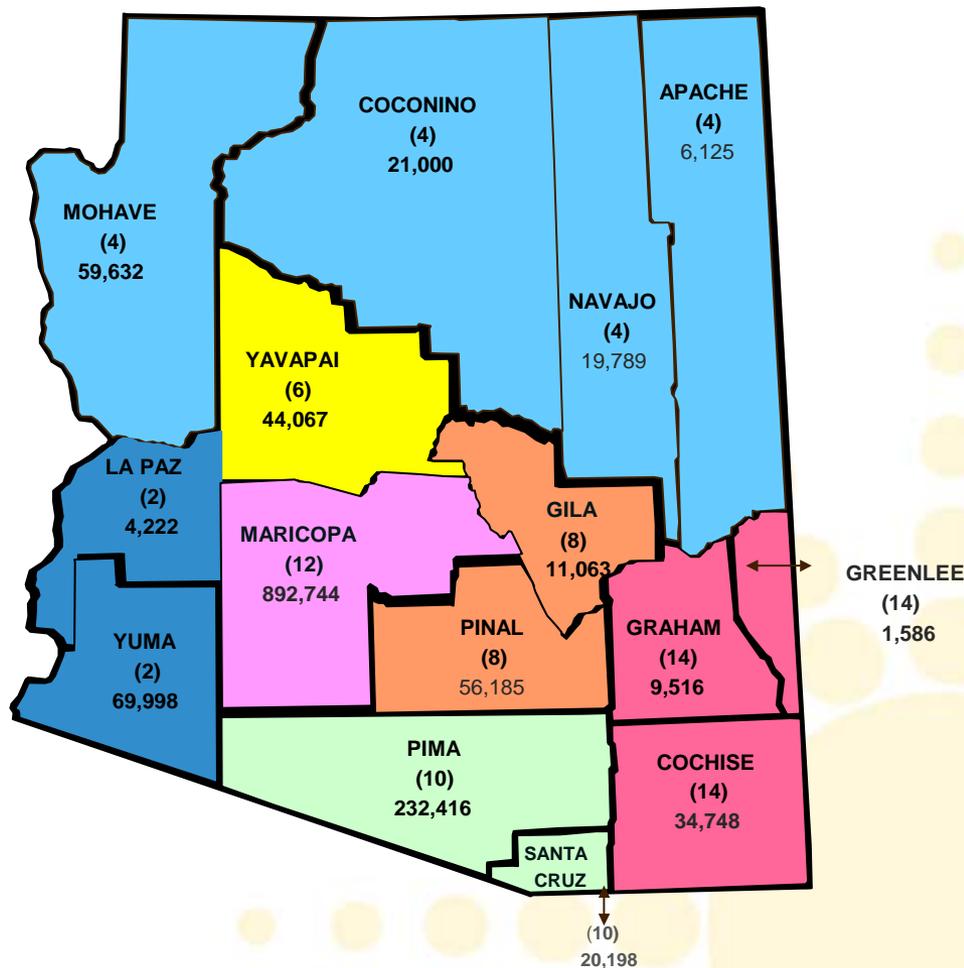
- Current “acute” contractor areas have been in place for many years
- These do not align with the RBHA or ALTCS areas
- Should the GSA composition change? Consider:
 - Access to care
 - Network sufficiency
 - Rural and urban areas
 - Cultural factors
 - Member placement
 - MCO financial viability
 - Capitation rate credibility

Acute Geographic Service Areas

Acute Enrollment As of January 1, 2017

GSA Number Acute Health Plan Enrollment

2	75,562	UHC, UFC
4	110,968	UHC, HCA
6	46,463	UHC, UFC
8	69,443	HCA, UFC
10	266,933	UHC, HCA, UFC, Care1st, MCP
12	927,504	UHC, Care 1 st , HCA, MHP, MCP, PHP, HNA
14	46,914	UHC, UFC

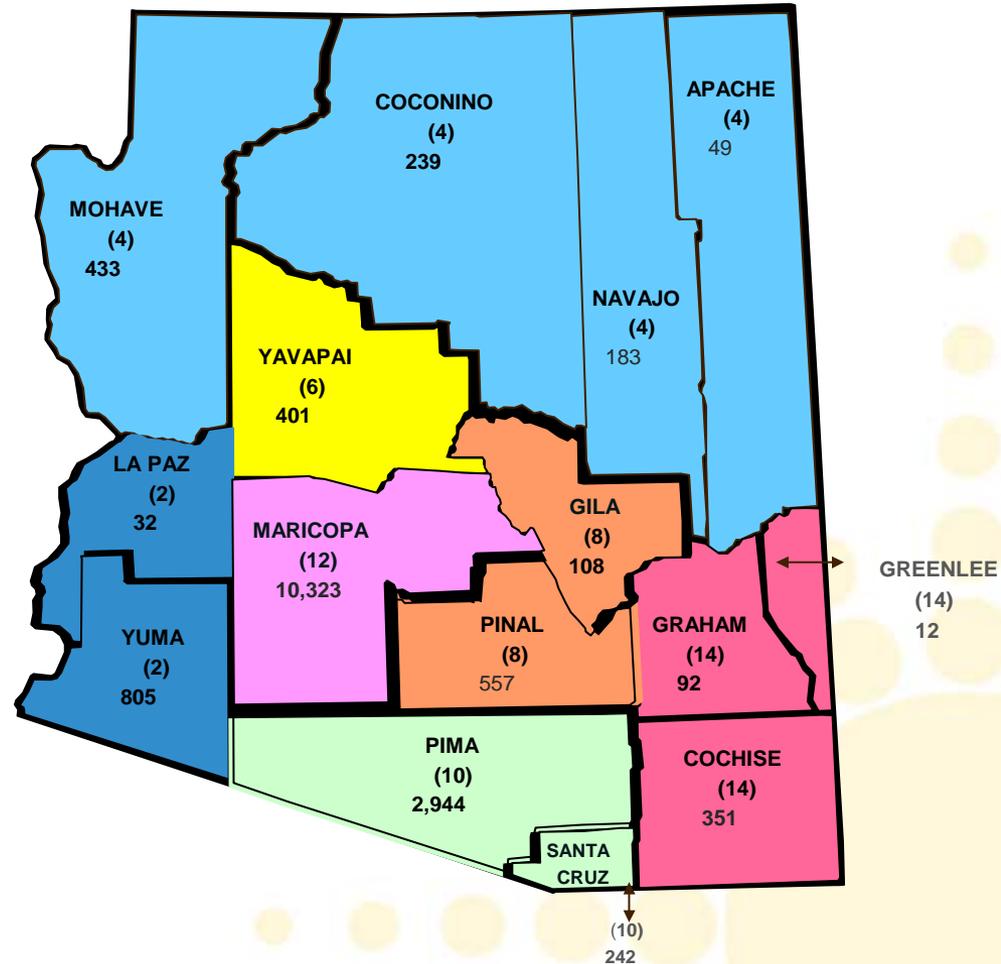


Acute Geographic Service Areas

CRS - Fully Integrated Enrollment As of January 1, 2017

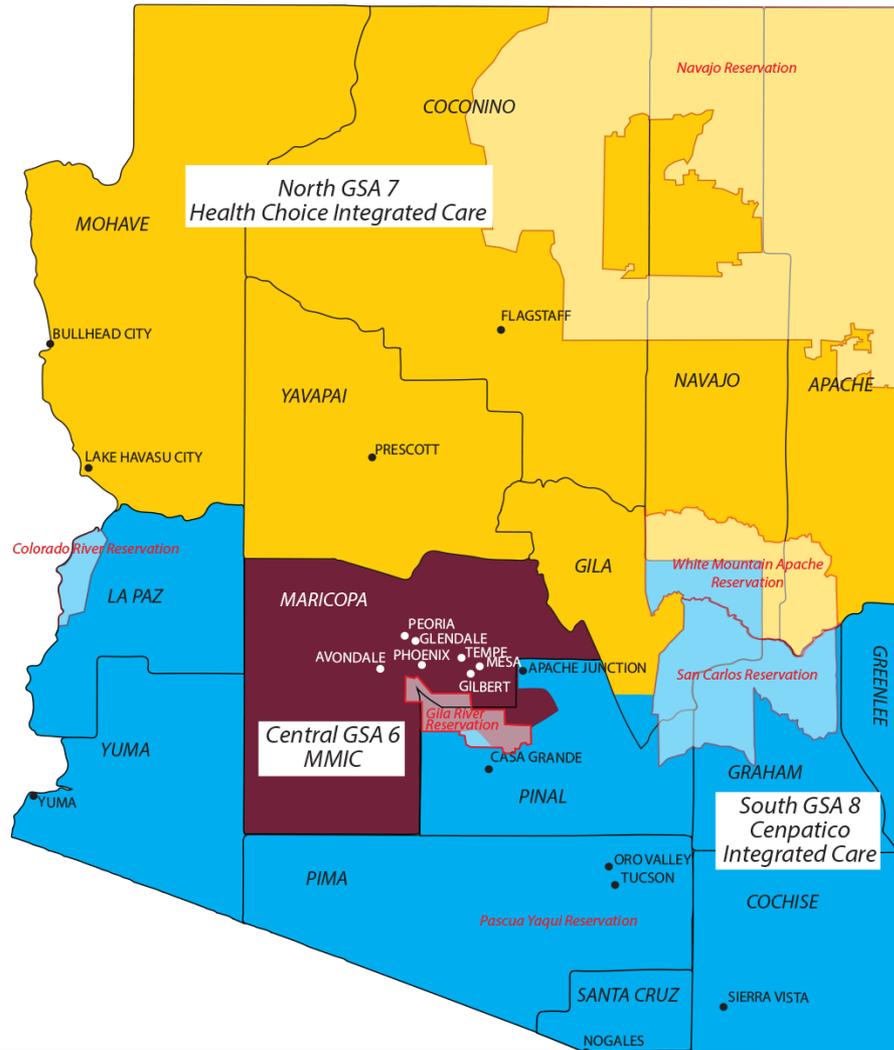
GSA Number Health Plan Enrollment

2	837
4	904
6	401
8	665
10	3,186
12	10,323
14	455



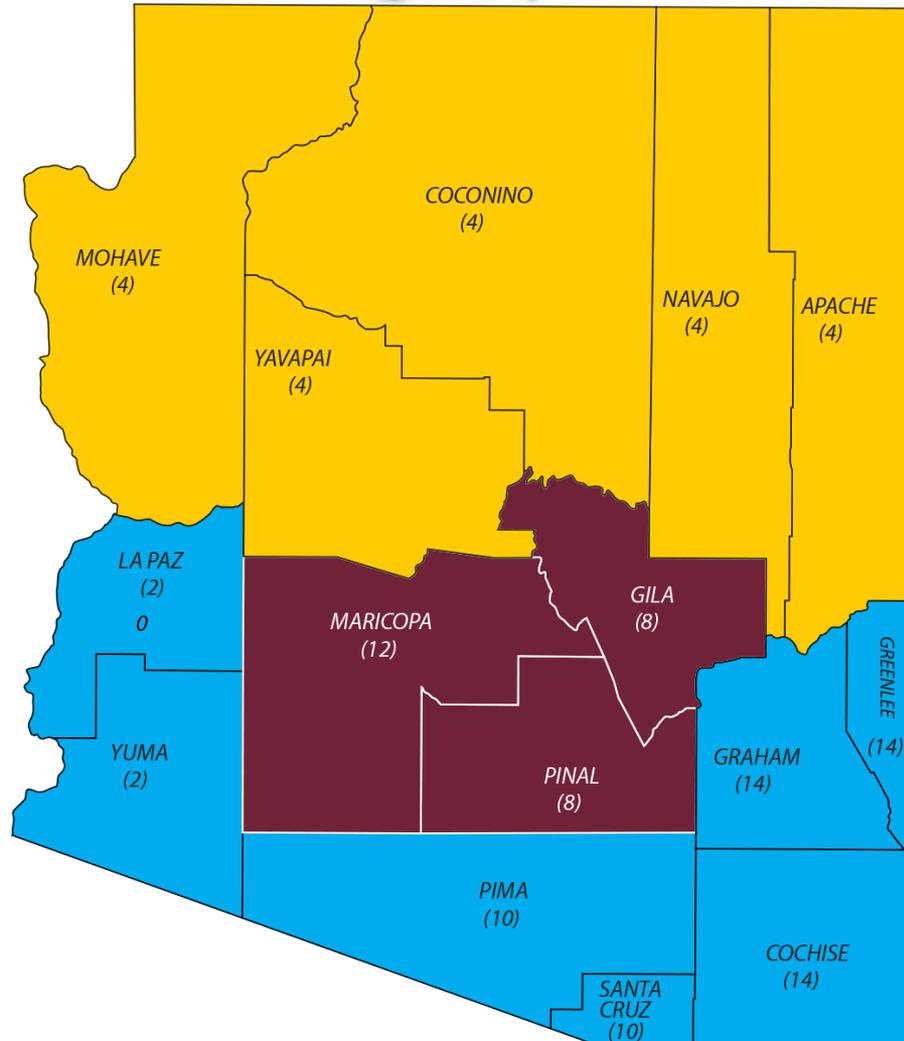
Total Health Plan Enrollment = 16,771

Current RBHA GSAs



ALTCS-EPD Geographic Service Areas

Contemplated
Acute GSA
Structure



Geographic Service Area (GSA) Questions

- Additionally, soliciting feedback on:
 - Number of plans by GSA
 - Plan limit on # of GSAs awarded
 - Pima County differentiation from rest of affiliated Southern Region

Further Integration of Care Delivery

- RFI puts forth for consideration:

Integration of physical and behavioral health for individuals previously enrolled in an acute care plan or CRS. Excludes:

- Individuals determined to have a SMI
- Foster children
- Crisis services currently provided by RBHAs
- Grant funded services - TBD

Affiliated Organization Proposals

- RFI defines an *Affiliated Organization* as:
 - *An entity bidding on the Integrated Contract which also has 50% or more ownership or control interest of a current RBHA or is a current RBHA in Arizona*
- Potential for merging Integrated Contractor and RBHA.....with awards to Affiliated Organizations

Affiliated Organizations Continued

- Awards to Affiliated Organizations with a RBHA and an incumbent Acute Contractor in same GSA (or county within GSA)
 - Organizations and branding (IC and RBHA) may be consolidated under single corporate entity;
 - Incumbent Acute membership is moved under consolidated Integrated Contractor; *and*
 - Unique RBHA requirements move under consolidated Integrated Contractor (SMI, CMDP BH, Crisis).

Northern Affiliated Organization

	Current				
Proposed North GSA:	Acute GSA	Acute Plan	Acute Plan	RBHA GSA	RBHA
Mohave	GSA 4	HCA	United	North	HCIC
Coconino	GSA 4	HCA	United	North	HCIC
Apache	GSA 4	HCA	United	North	HCIC
Navajo	GSA 4	HCA	United	North	HCIC
Yavapai	GSA 6	UFC	United	North	HCIC

Central Affiliated Organization

	Current							
Proposed Central GSA:	Acute GSA	Acute Plan	RBHA	RBHA GSA				
Maricopa	GSA 12	Care 1st	HCA	HNA	MCP	United	MMIC	Central
Gila	GSA 8	HCA	UFC				HCIC	North
Pinal	GSA 8	HCA	UFC				CIC	South

Note: Due to movement of Gila and Pinal, need to put RBHAs on notice that they will be losing these counties and associated members/services effective 10/1/18.

Southern Affiliated Organization

	Current							
Proposed South GSA:	Acute GSA	Acute Plan	RBHA	RBHA GSA				
Pima	GSA 10	UFC	United	Care 1st	HCA	MCP	CIC	South
Cochise	GSA 14	UFC	United				CIC	South
Graham	GSA 14	UFC	United				CIC	South
Greenlee	GSA 14	UFC	United				CIC	South
LaPaz	GSA 2	UFC	United				CIC	South
Santa Cruz	GSA 10	UFC	United				CIC	South
Yuma	GSA 2	UFC	United				CIC	South

Note: Centene is defined as an Affiliated Organization, UFC is not due to less than 50% ownership in CIC. Centene does not also have an incumbent Acute plan in the South so would not take any membership. Centene or Affiliated Organization owned by Centene could consolidate with CIC if awarded in this GSA.

Affiliated Organization continued

- Affiliated Organization not awarded contract:
 - Current RBHA remains until RBHA contract expiration;
 - Unique RBHA contract requirements remain with RBHA (SMI, CMDP BH, Crisis and Grants);
 - RBHA may be available for choice to members for remaining RBHA contract term for integrated services; *and*
 - Expansion of RBHA services to include physical health for non-dual, GMH/SA adults and non-CMDP children.

RFI solicits feedback on...

- Crisis System
 - Statewide crisis vendor for system coordination
 - Single statewide crisis line vendor
 - Single statewide crisis phone number
- Timing of implementation of integrated services post award;
- Administration of grant funding; *and*
- Future plan choice for individuals with SMI in Maricopa County.

RFI solicits feedback on...

- Possible expansion of Integrated Contractor Scope of Services to include unique RBHA services
- CRS
 - Integration
 - Designation
 - MSICs
 - American Indian choices

RFI solicits feedback on...

- ASD Advisory Committee recommendations
 - Integrate care for children with or at risk of autism with the acute care contractor
- Engaging community in development of RFP
- Length of contract term – 5 or 7 years

Acute RFP Contact Information

- Web Address
 - <https://azahcccs.gov/Resources/OversightOfHealthPlans/SolicitationsAndContracts/open.html>
- E-mail Address
 - AcuteRFP@azahcccs.gov

Thank You.



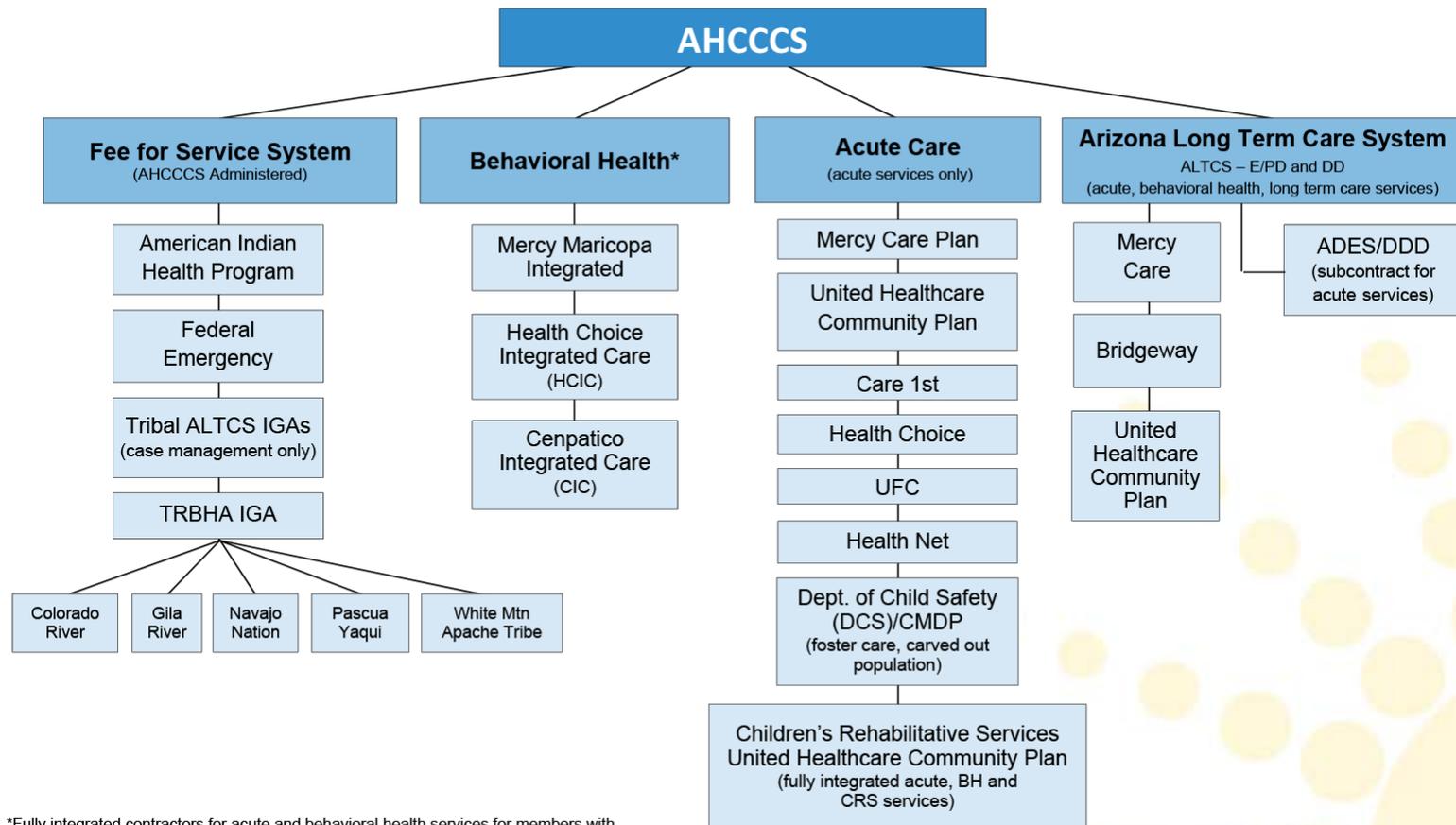
AHCCCS Update
Repeal and Replace
Targeted Investment
Legislative and Budget Update
Arizona Management System



AHCCCS Update

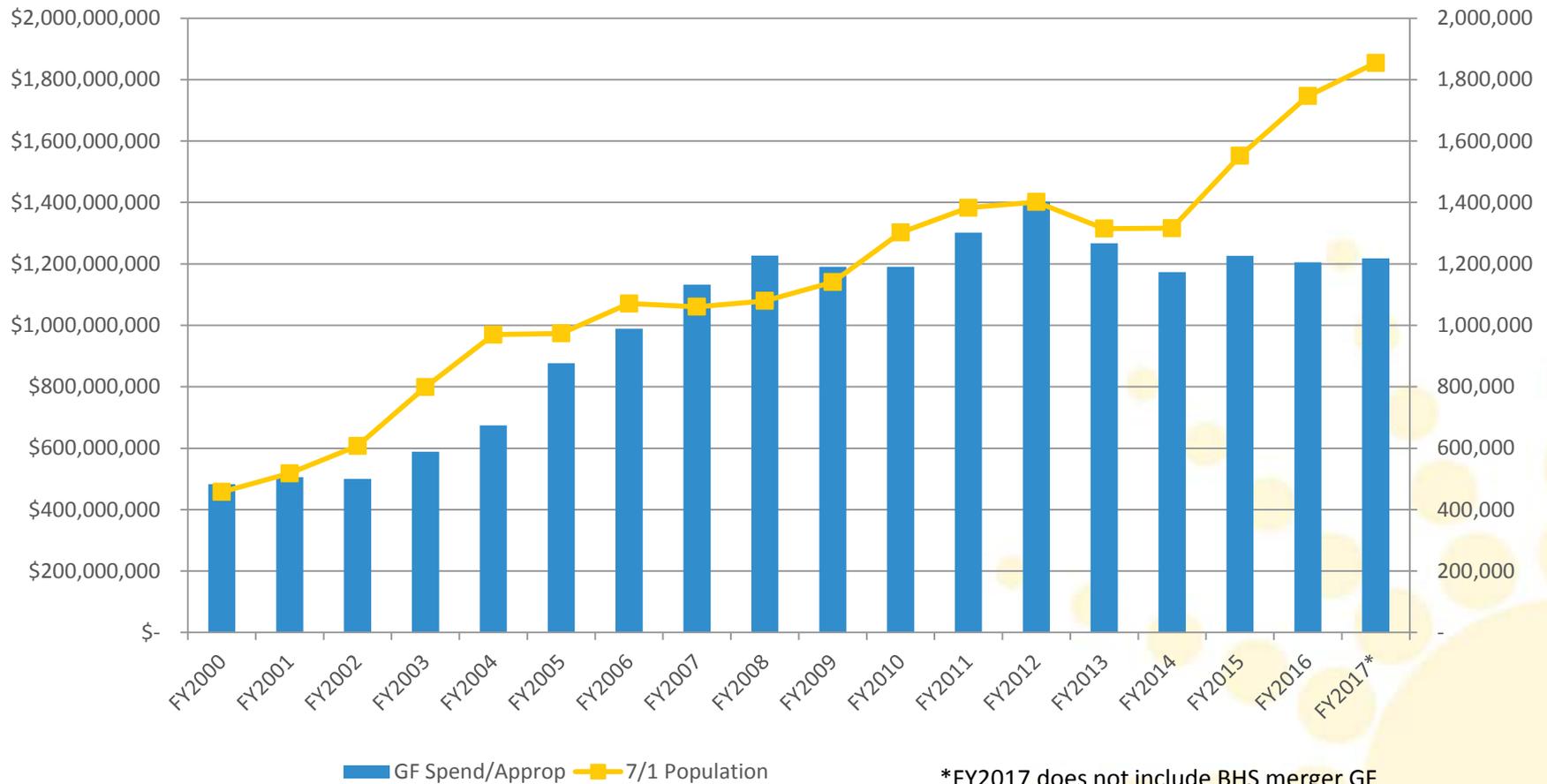


AHCCCS Care Delivery System

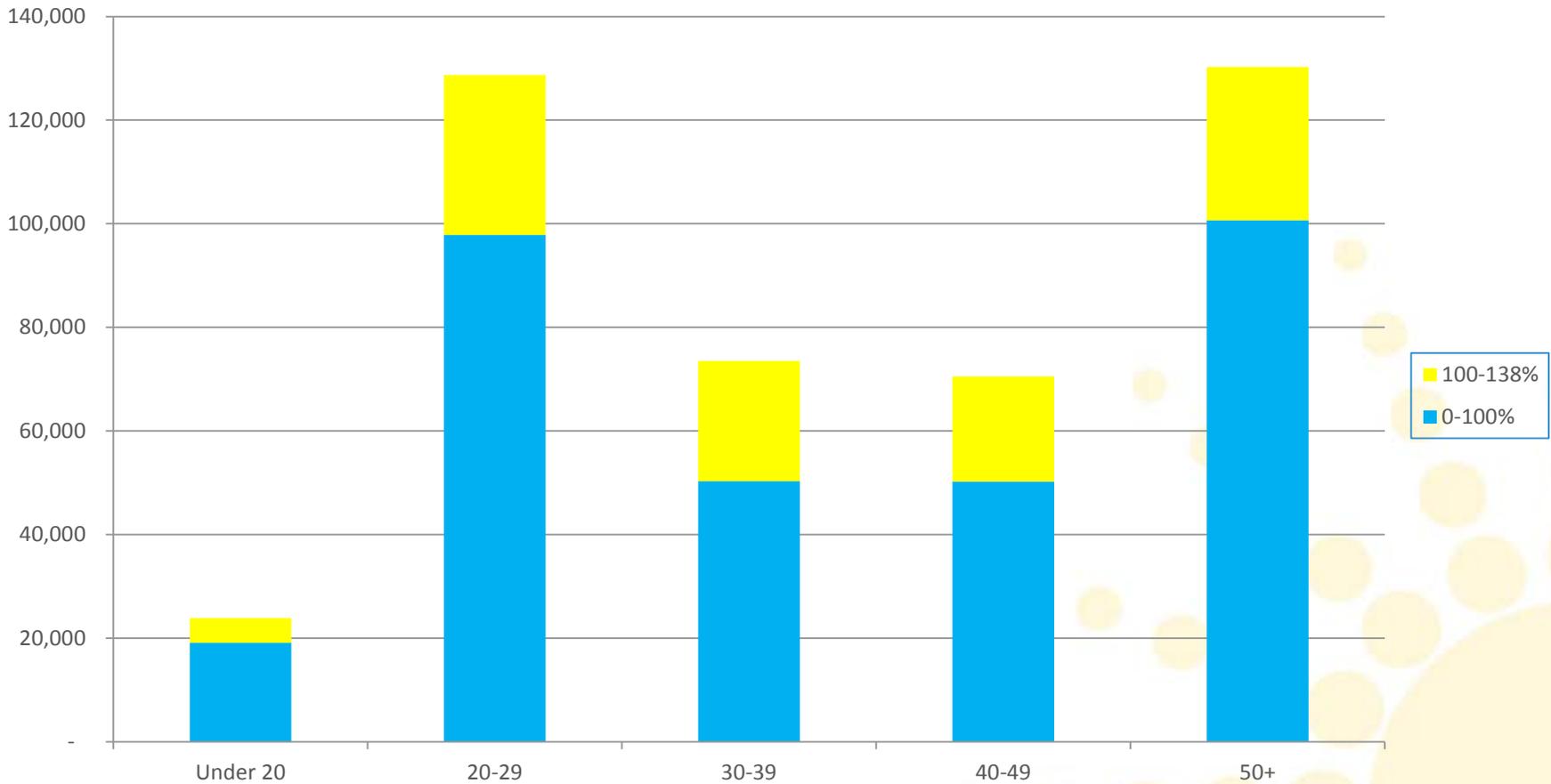


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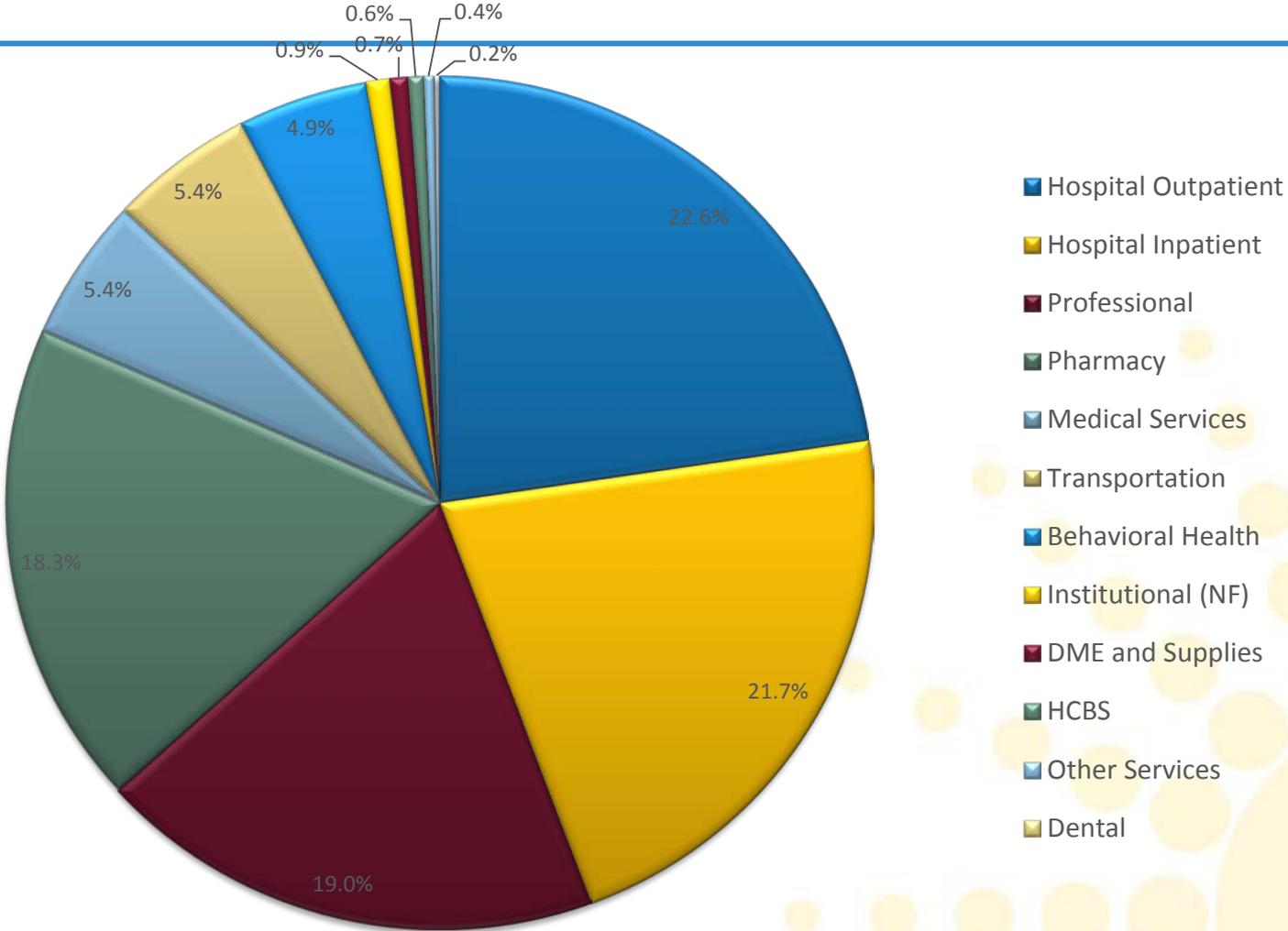
Historical GF Spend vs Population



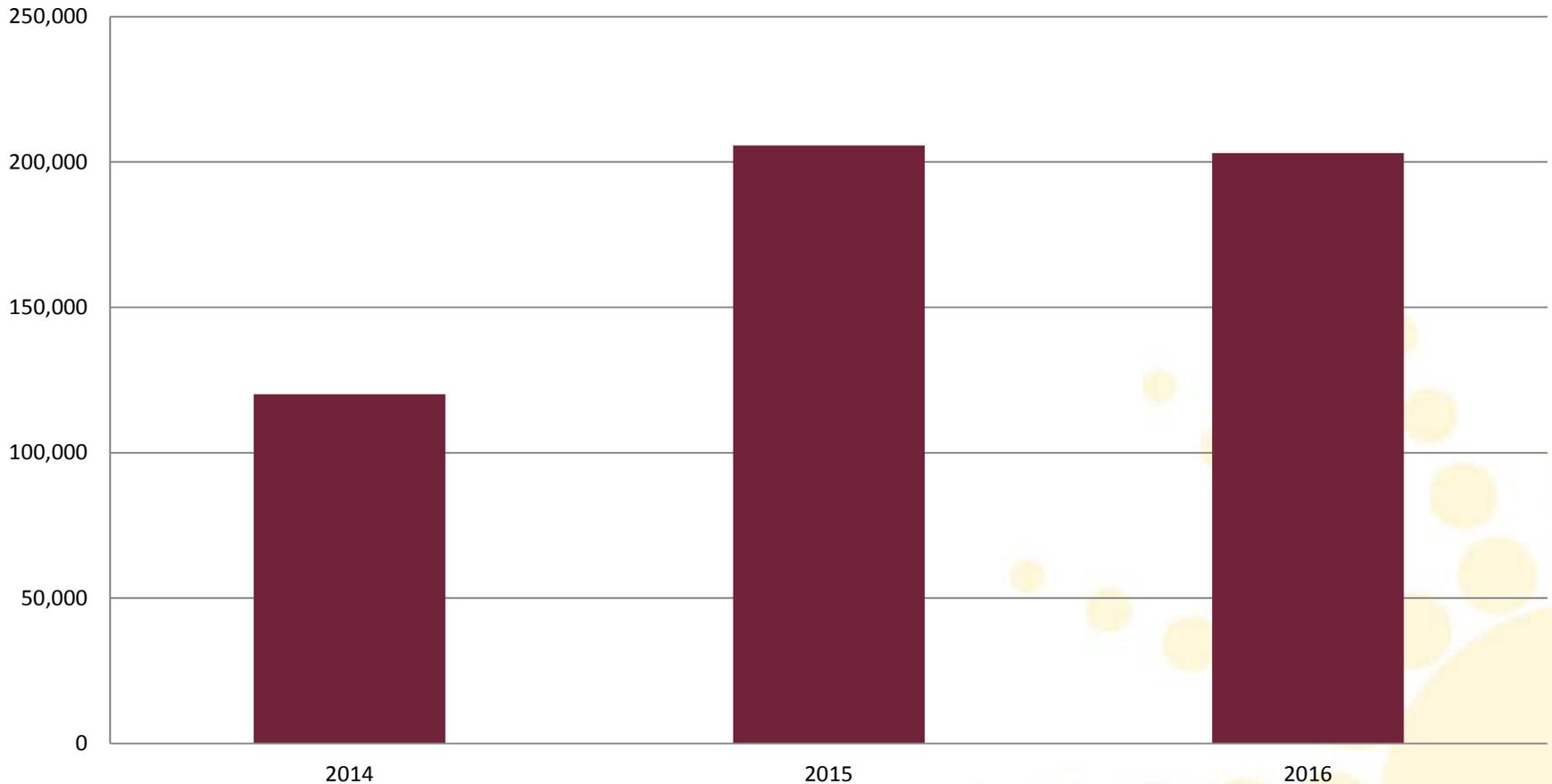
Age Distribution of ACA members



ACA-Related Member Services by Category Based on SFY 2015 Claims/Encounter Data

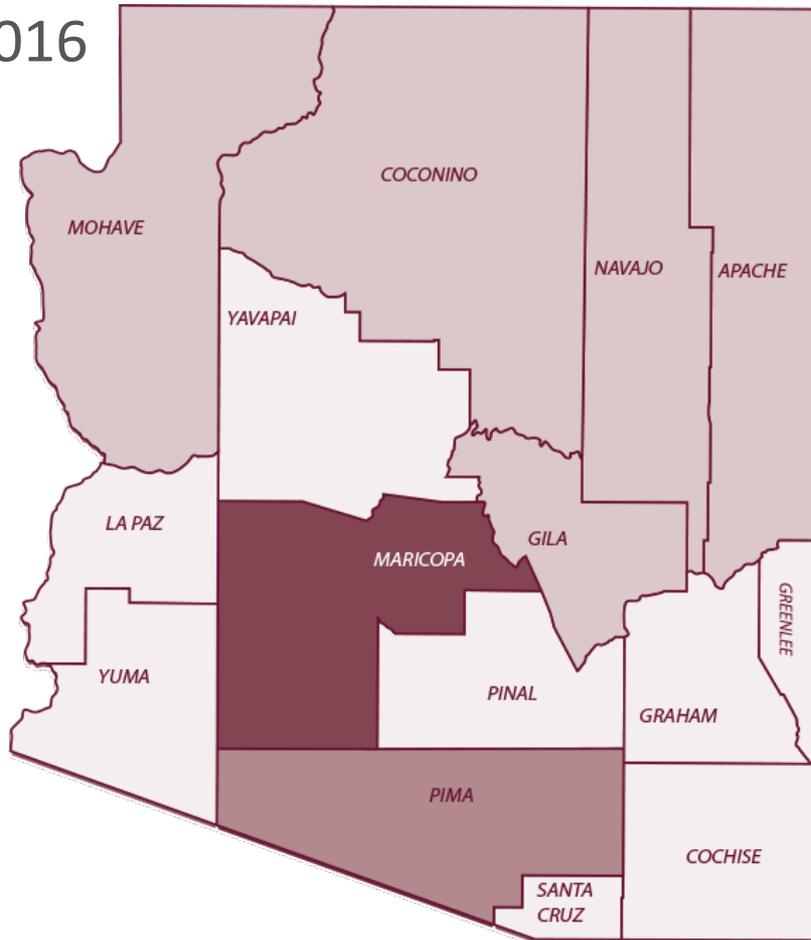


Marketplace Enrollment: Arizona



Marketplace Insurers 2014-2017

2016



Counties	2014	2015	2016	2017
Apache	6	7	3	1
Cochise	6	7	2	1
Coconino	6	7	3	1
Gila	6	7	3	1
Graham	6	7	2	1
Greenlee	6	7	2	1
La Paz	6	7	2	1
Maricopa	9	10	8	1
Mohave	6	7	3	1
Navajo	6	7	3	1
Pima	8	9	5	2
Pinal	7	8	2	1
Santa Cruz	7	7	2	1
Yavapai	7	7	2	1
Yuma	6	7	2	1



Ohio Medicaid Expansion data

- Uninsured rate for adults below 138% went from 32.4% to 14%
- 88% of 700,000 were uninsured
- 51% age 45 and older
- 27% diagnosed with chronic condition after eligibility
- 38.8% had a chronic condition and 59.1% reported easier to manage
- 32% screened positive for depression or anxiety – 32.3% had substance use disorder

Ohio Summary

- Reduced uninsured rate to lowest ever – 89% had no coverage
- Improved access to care - inappropriate use shifted – new diagnosis of chronic issues
- Nearly half reported improved health and only 3.5% reported worsening
- One third met screening criteria for depression or anxiety and they reported higher level of improvement
- Coverage has allowed participants to better pay for other necessities
- Supported employment and job seeking

Speaker Ryan – A Better Way

- Federal/State balance has shifted strongly to feds
- Federal spending is unsustainable:
 - Growth from \$350 billion in 2015 to an est. \$624 billion in 2026
- Better Way:
 - Choice of per capita allotment or block grant
 - Phases down enhanced FMAP to regular FMAP – significant state fiscal impact
 - CHIP back to original match
 - Limits CNOM authority to just Medicaid population
 - Grandfathers successful waivers
 - Does not cut DSH in 18 or 19 - Creates single uncomp care pool at fed level

Risk Transfer Challenges

- Transfer of risk to States is particularly challenging for Arizona
 - Previously expanded – loss of federal funds (See A Better Way)
 - Voter-Protected coverage requirements (will not be able to avoid “available funding” in perpetuity)
 - Overall lower per capita income to support programs and risk
 - Large American Indian population – fed \$
 - Particularly vulnerable in recessions (see Great Rec.)
 - Ongoing instability due to funding pressure will undermine managed care delivery system

How Will AZ Manage Risk?

- Changes will be states' responsibility and many will be very politically challenging:
 - Reducing Benefits
 - Reducing Eligibility
 - Reducing Payments
 - Increasing Cost Sharing
 - Program Administration
- Will likely be *annual* discussion as part of state budget negotiations

Examples of Flexibility – McCarthy Letter

1. Freeze or cap certain eligibility group–ability to eliminate TMA
2. States should not have to cover all FDA approved drugs
3. Change FQHC reimbursements and statutes
4. Eliminate NEMT for certain populations
5. Increased cost sharing flexibility
6. Eliminate comparability and state-wideness
7. Eliminate Essential Health Benefits requirement
8. Allow more frequent eligibility redeterminations
9. Eliminate and reduce CMS regulatory burden
10. 1115 path to permanency

Arizona Management System



Reaching across Arizona to provide comprehensive quality health care for those in need

AMS Results

- DBF project to increase providers paid electronically by 5%. Division hit 9% and increased target to 15%.
- DFMS project to improve timeliness of authorizations for members needing level one facility admissions. The team reduced turnaround times by 75%
- The DHCAA project to reduce the number of members that are awaiting advocacy support. August 2015 162 members on a waitlist (up to 24 months) today there are 37 members (longest wait time 2.5 months).
- DMS and OALS project improve the Trust Review process. Time needed decreased from 44 days in January of 2016 to average of 10 days. Trusts taking 15 days or more has gone from 45% to 14%.
- OIG created a collections office project to collect 10% of the outstanding payments greater than 60 days. Today number is 18%.
- HRD projects to reduce agency turnover. December 2015 turnover was 21%. In November 2016 15%.

Targeted Investment

- \$300 million over 5 years
- 9 to 1 match
- Paid out through MCOs
- 3 Targeted Initiatives – Integration (Adult and Child) – Justice Transitions –
- Need to re-scope proposal based on reduced funding – stay tuned

The Heroism of Incremental Care (Gawande)

- Cites study that those who have primary care physician as their usual source of care had lower subsequent 5-year mortality rate
- In UK a 10% increase in primary care supply was shown to improve health so much that you could add 10 years to everyones life and still not match benefit
- In California that provided all Medicaid recipients with primary care physician saw reduced hospital rates – Medicare plans that increased copays for primary care visits saw increased hospital
- *“Governments everywhere tend to drastically undervalue incrementalism and overvalue heroism”*

Incrementalism continued

Ability to use and understand information is accelerating

1. Internal systems – imaging & labs
2. Living conditions – housing
3. State of care – what treatments and meds
4. Your behaviors – sleep – exercise

Top Doc \$ - Orthopedics – Cardiology – Dermatology –

Bottom Doc \$ – Pediatrics – Endroconology – Family Med

30% of Americans have high blood pressure – 50% get treatment

25% those who die before 75 do not need to with appropriate treatment

27% of adults are not insurable due to pre-existing conditions

Resources made to surgeon and what's available to pediatrician ..is immoral