**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

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### Agency Updates

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<th>IV. AARP</th>
<th>Dana Kennedy</th>
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| 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 Gal dys, Assistant Director, DBHS
Tomi St. Mars, ADHS, Chief
George Malony, 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 Span"n
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

- 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
  o 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
  o 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
  
  o The chemically dependent
    ▪ Reverse overdose through Naloxone
    ▪ What is needed for Naloxone
  
  o Diverters
    ▪ Evidence based treatment
    ▪ What is needed for integrated MAT

X. Call to the Public

XI. Adjourn at 3:00 p.m.
AARP A National Organization with State and Local Offices
February 15, 2017

AARP A NATIONAL ORGANIZATION WITH STATE AND LOCAL OFFICES
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 Family

AARP
AARP Foundation
AARP Services
AARP MOTO

“To serve, not to be served.”

-Ethel Percy Andrus
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 1-800-796-6469

I Stand with AARP for Health Reform!

You’ve Earned a Say

You can’t predict everything, but you can plan ahead.
AARP VOLUNTEERS

Board of Directors
22

National Policy Council
25

Driver Safety
5,219

Tax Aide
35,195

State Based Volunteers
13,868

Create the Good
238,814
AARP VOLUNTEERS

Activist (2014)
1.2 million
ROLES OF THE ADVOCACY VOLUNTEER
ENGAGING VOLUNTEERS AS LEADERS

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

Mobilizing the power of the people to influence legislation

Across the states: Fighting for YOU in 2015
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
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.

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”
Our Children/Nuestros Ninos
Community Health Census and Outreach Campaign
Youth Mental Health First Aid USA
FOR ADULTS ASSISTING YOUNG PEOPLE
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
Interprofessional Clinical Rotations

NAU – Speech Pathologist

NAU – Social Work

South University Georgia – P.A

Chatham University – P.A

U of A – College of Pharmacy

U of A - College of Nursing
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.
“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

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

XX Annual Binational TB Symposium
Friday, March 31, 2017

Yuma, Arizona
Special Initiatives

• No Contamine/Don’t Trash La Frontera, Illegal Dumping Prevention
Healthy Communities Initiative

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

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

140 Providers
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

La Paz County
• Colorado River Indian Tribe
• Indian Health Services
• La Paz Regional Hospital

Mohave County
• Kingman Regional Medical Center
• U of A Center for Rural Health, 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

NCQA
Measuring quality Improving health care

Margaret E. O’Kane
President
• 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

Community-Based Patient Centered Care "Medical Home"

Evidence Based Continuity of Care PCP

Case Management Medical Records and Patient Follow Up

Health Education Disease Prevention and Control Group & One to One Education

Patient Continuity of Care Pt. Appointment Schedule w/Primary Care Provider "Medical Home" Visit

Family Care Coordinator
# Family Care Coordinator Initiative Contributions to Economic Impact (2011)

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Estimated Economic Value of Avoided Costs/New Revenue</th>
<th>Estimated Economic Impact</th>
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<tbody>
<tr>
<td>Improve Access to Care</td>
<td>$84.49 x 4,264</td>
<td>$360,265.36</td>
</tr>
<tr>
<td>Reduce Avoidable Hospital Admissions &amp; Readmissions</td>
<td>$11,400 x 49</td>
<td>$558,600.00</td>
</tr>
<tr>
<td>Reduce Non-Emergent ER Visits</td>
<td>$430 x 255</td>
<td>$109,650.00</td>
</tr>
<tr>
<td>TOTAL (Avoided Costs)</td>
<td></td>
<td>$1,388,780.72</td>
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• Value Base Cost Sharing
• Program Medicare/Medicaid CCM
• Accountable Care Partnership
  • Unitedhealthcare
  • BlueCross BlueShield
  • The University of Arizona Health Plans
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
• 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

- 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

Behavioral Health

- 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.
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.
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)
SB 1092 Overview

Reaching across Arizona to provide comprehensive quality health care for those in need
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
  o Is at least 19 years of age but is still attending high school as a full-time student
  o Is the sole caregiver of a family member who is under 6 years of age
  o Is currently receiving temporary or permanent long-term disability benefits from a private insurer or the government
  o 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:
  o 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/sb1092legislativedirective waivers proposal.html](https://azahcccs.gov/Resources/Federal/sb1092legislativedirective waivers proposal.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)
  o Member still enrolled with plan
  o 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.

Reaching across Arizona to provide comprehensive quality health care for those in need
Intergraded Contractors
Public Comment Process

- Questions by February 7\textsuperscript{th}
- Community Forums in February
- Public Comment Submissions by February 27\textsuperscript{th}
## Integrated Contractor Anticipated Procurement Timeline

<table>
<thead>
<tr>
<th>Activity</th>
<th>Target Date</th>
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<tbody>
<tr>
<td>Issue Request for Proposal</td>
<td>November 1, 2017</td>
</tr>
<tr>
<td>Prospective Offerors’ Conference and Technical Interface Meeting</td>
<td>November 8, 2017</td>
</tr>
<tr>
<td>Proposals Due</td>
<td>January 25, 2018</td>
</tr>
<tr>
<td>Contracts Awarded</td>
<td>By March 8, 2018</td>
</tr>
<tr>
<td>Transition Activities Begin</td>
<td>March 9, 2018</td>
</tr>
<tr>
<td>Contract Start</td>
<td>October 1, 2018</td>
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*Note: Dates are subject to change*
Current AHCCCS Program Overview

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

**AHCCCS**

**Fee for Service System** (AHCCCS Administered)
- American Indian Health Program
- Federal Emergency
- Tribal ALTCS IGAs (case management only)
  - TRBHA IGA

**Behavioral Health***
- Mercy Maricopa Integrated
- Health Choice Integrated Care (HCIC)
  - Cenpatico Integrated Care (CIC)

**Acute Care** (acute services only)
- Mercy Care Plan
- United Healthcare Community Plan
  - Care 1st
  - Health Choice
  - UFC
  - Phoenix Health Plan
  - Health Net
  - Dept. of Child Safety (DCS)/CMDP (foster care, carved out population)

**Arizona Long Term Care System**
- ALTCS – E/PD and DD (acute, behavioral health, long term care services)
  - Mercy Care
  - Bridgeway
  - United Healthcare Community Plan

*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 serious mental health and substance abuse needs (GMH/SA) and children.
### Who Does AHCCCS Serve?

**AHCCCS population:**

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

---

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

- PROVIDERS
- PROVIDERS
- Health Plan (physical health)
- RBHA
- ADHS/DBHS (behavioral health)

STREAMLINED CONFIGURATION

- PROVIDERS
- Health Plan/RBHA (physical & behavioral health)

AHCCCS

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

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

[Diagram showing the timeline with key dates and events]
# Current Contract Terms
## RBHA, CRS, Acute

<table>
<thead>
<tr>
<th>Contract Year</th>
<th>Maricopa RBHA</th>
<th>Greater AZ RBHAs</th>
<th>Acute/CRS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>4/14-3/15</td>
<td>10/15-9/16</td>
<td>10/13-9/14</td>
</tr>
<tr>
<td>3</td>
<td>4/16-3/17</td>
<td>10/17-9/18</td>
<td>10/15-9/16*</td>
</tr>
<tr>
<td>4</td>
<td>4/17-3/18*</td>
<td>10/18-9/19*</td>
<td>10/16-9/17*</td>
</tr>
<tr>
<td>5</td>
<td>4/18-3/19*</td>
<td>10/19-9/20*</td>
<td>10/17-9/18*</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>10/20-9/21*</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td>10/21-9/22*</td>
<td></td>
</tr>
</tbody>
</table>

*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)
  o Carved out BH services for children
  o Carved out BH services for adults not served by an integrated plan
  o Integrated services for individuals with a serious mental illness (SMI)
  o Crisis services all populations
  o Grant and other non-TXIX funded services

• Members have access to a robust network of health care providers
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

<table>
<thead>
<tr>
<th>GSA Number</th>
<th>Health Plan Enrollment</th>
<th>Health Plan Associations</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>75,562</td>
<td>UHC, UFC</td>
</tr>
<tr>
<td>4</td>
<td>110,968</td>
<td>UHC, HCA</td>
</tr>
<tr>
<td>6</td>
<td>46,463</td>
<td>UHC, UFC</td>
</tr>
<tr>
<td>8</td>
<td>69,443</td>
<td>HCA, UFC</td>
</tr>
<tr>
<td>10</td>
<td>266,933</td>
<td>UHC, HCA, UFC, Care1st, MCP</td>
</tr>
<tr>
<td>12</td>
<td>927,504</td>
<td>UHC, Care 1st, HCA, MHP, MCP, PHP, HNA</td>
</tr>
<tr>
<td>14</td>
<td>46,914</td>
<td>UHC, UFC</td>
</tr>
</tbody>
</table>
### Acute Geographic Service Areas

**AHCCCS**

CRS - Fully Integrated Enrollment As of January 1, 2017

<table>
<thead>
<tr>
<th>GSA Number</th>
<th>Health Plan Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>837</td>
</tr>
<tr>
<td>4</td>
<td>904</td>
</tr>
<tr>
<td>6</td>
<td>401</td>
</tr>
<tr>
<td>8</td>
<td>665</td>
</tr>
<tr>
<td>10</td>
<td>3,186</td>
</tr>
<tr>
<td>12</td>
<td>10,323</td>
</tr>
<tr>
<td>14</td>
<td>455</td>
</tr>
</tbody>
</table>

**Total Health Plan Enrollment = 16,771**
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:
  
  o Individuals determined to have a SMI
  
  o Foster children
  
  o Crisis services currently provided by RBHAs
  
  o Grant funded services - TBD
Affiliated Organization Proposals

• RFI defines an **Affiliated Organization** as:
  
  o **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

<table>
<thead>
<tr>
<th>Proposed North GSA:</th>
<th>Current</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Acute GSA</td>
<td>Acute Plan</td>
<td>Acute Plan</td>
<td>RBHA GSA</td>
<td>RBHA</td>
</tr>
<tr>
<td>Mohave</td>
<td>GSA 4</td>
<td>HCA</td>
<td>United</td>
<td>North</td>
<td>HCI C</td>
</tr>
<tr>
<td>Coconino</td>
<td>GSA 4</td>
<td>HCA</td>
<td>United</td>
<td>North</td>
<td>HCI C</td>
</tr>
<tr>
<td>Apache</td>
<td>GSA 4</td>
<td>HCA</td>
<td>United</td>
<td>North</td>
<td>HCI C</td>
</tr>
<tr>
<td>Navajo</td>
<td>GSA 4</td>
<td>HCA</td>
<td>United</td>
<td>North</td>
<td>HCI C</td>
</tr>
<tr>
<td>Yavapai</td>
<td>GSA 6</td>
<td>UFC</td>
<td>United</td>
<td>North</td>
<td>HCI C</td>
</tr>
</tbody>
</table>
# Central Affiliated Organization

<table>
<thead>
<tr>
<th>Proposed Central GSA:</th>
<th>Current</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Acute GSA</td>
</tr>
<tr>
<td>Maricopa</td>
<td>GSA 12</td>
</tr>
<tr>
<td>Gila</td>
<td>GSA 8</td>
</tr>
<tr>
<td>Pinal</td>
<td>GSA 8</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Proposed South GSA:</th>
<th>Current</th>
</tr>
</thead>
<tbody>
<tr>
<td>GSA:</td>
<td>Acute GSA</td>
</tr>
<tr>
<td>Pima</td>
<td>GSA 10 UFC United Care 1st HCA MCP</td>
</tr>
<tr>
<td>Cochise</td>
<td>GSA 14 UFC United</td>
</tr>
<tr>
<td>Graham</td>
<td>GSA 14 UFC United</td>
</tr>
<tr>
<td>Greenlee</td>
<td>GSA 14 UFC United</td>
</tr>
<tr>
<td>LaPaz</td>
<td>GSA 2 UFC United</td>
</tr>
<tr>
<td>Santa Cruz</td>
<td>GSA 10 UFC United</td>
</tr>
<tr>
<td>Yuma</td>
<td>GSA 2 UFC United</td>
</tr>
</tbody>
</table>

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.

Reaching across Arizona to provide comprehensive quality health care for those in need.
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
  o Integration
  o Designation
  o MSICs
  o American Indian choices
RFI solicits feedback on...

• ASD Advisory Committee recommendations
  o 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

Reaching across Arizona to provide comprehensive quality health care for those in need
Acute RFP Contact Information

- Web Address
  - https://azahcccs.gov/Resources/OversightOfHealthPlans/SolicitationsAndContracts/open.html

- E-mail Address
  - AcuteRFP@azahcccs.gov
Thank You.

Reaching across Arizona to provide comprehensive quality health care for those in need
AHCCCS Update
Repeal and Replace
Targeted Investment
Legislative and Budget Update
Arizona Management System
AHCCCS Update
AHCCCS Care Delivery System

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

Fee for Service System (AHCCCS Administered)
- American Indian Health Program
- Federal Emergency
- Tribal ALTCS IGAs (case management only)
  - TRBHA IGA
  - Colorado River
  - Gila River
  - Navajo Nation
  - Pascua Yaqui
  - White Mtn Apache Tribe

Behavioral Health*
- Mercy Maricopa Integrated
- Health Choice Integrated Care (HCIC)
- Cenpatico Integrated Care (CIC)

Acute Care (acute services only)
- Mercy Care Plan
- United Healthcare Community Plan
- Care 1st
- Health Choice
- UFC
- Health Net
- Dept. of Child Safety (DCS)/CMDP (foster care, carved out population)
  - Children’s Rehabilitative Services
  - United Healthcare Community Plan
  - (fully integrated acute, BH and CRS services)

Arizona Long Term Care System
- ALTCS – E/PD and DD (acute, behavioral health, long term care services)
- Mercy Care
- Bridgeway
- United Healthcare Community Plan
- ADES/DDD (subcontract for acute services)

*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.
Historical GF Spend vs Population

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

*FY2017 does not include BHS merger GF
Age Distribution of ACA members

- Under 20
- 20-29
- 30-39
- 40-49
- 50+

100-138%
0-100%
ACA-Related Member Services by Category Based on SFY 2015 Claims/ Encounter Data

- Hospital Outpatient: 22.6%
- Hospital Inpatient: 5.4%
- Professional: 18.3%
- Pharmacy: 5.4%
- Medical Services: 5.4%
- Transportation: 4.9%
- Behavioral Health: 19.0%
- Institutional (NF): 0.9%
- DME and Supplies: 0.7%
- HCBS: 0.6%
- Other Services: 0.4%
- Dental: 0.2%

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

Reaching across Arizona to provide comprehensive quality health care for those in need
Reaching across Arizona to provide comprehensive quality health care for those in need
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 criterial 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
  o Previously expanded – loss of federal funds (See A Better Way)
  o Voter-Protected coverage requirements (will not be able to avoid “available funding” in perpetuity)
  o Overall lower per capita income to support programs and risk
  o Large American Indian population – fed $
  o Particularly vulnerable in recessions (see Great Rec.)
  o 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:
  o Reducing Benefits
  o Reducing Eligibility
  o Reducing Payments
  o Increasing Cost Sharing
  o 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

Governor’s Roadmap and Goal Council

Employee Development & Engagement

Arizona Management System

Business Reviews & Strategic Plan

Visual Management

Leader Standard Work

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%.
- DFSM 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 –

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