# Agenda

<table>
<thead>
<tr>
<th>I.</th>
<th>Welcome</th>
<th>Director Thomas Betlach</th>
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<tbody>
<tr>
<td>II.</td>
<td>Introductions of Members</td>
<td>ALL</td>
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<tr>
<td>III.</td>
<td>Approval of April 5th, 2017 meeting summary</td>
<td>ALL</td>
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## Agency Updates

<table>
<thead>
<tr>
<th>IV.</th>
<th>Arizona Alliance For Community Health Centers</th>
<th>Tara McCollum Plese</th>
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<tbody>
<tr>
<td>V.</td>
<td>American Indian Update –</td>
<td>Markay Adams</td>
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<td>Care Management</td>
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<td>American Indian Medical Home</td>
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<td>VI.</td>
<td>OOD Communications- Twitter</td>
<td>Heidi Capriotti</td>
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<td>VII.</td>
<td>Dignity Health</td>
<td>Sandy Indermuhle</td>
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<td></td>
<td>Addressing the Opioid Epidemic</td>
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<td>VIII.</td>
<td>AHCCCS Update</td>
<td>Director Tom Betlach</td>
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<td>Repeal and Replace</td>
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<td>RFP Update</td>
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<td>Arizona Management</td>
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<td>Budget, Target and Investments</td>
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<td>Waiver</td>
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<td>IX.</td>
<td>Call to the Public</td>
<td>Director Tom Betlach</td>
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<tr>
<td>X.</td>
<td>Adjourn at 3:00 p.m.</td>
<td>ALL</td>
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*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 [visel.sanchez@azahcccs.gov](mailto:visel.sanchez@azahcccs.gov)
April 5, 2017 Meeting Summary
State Medicaid Advisory Committee (SMAC) Meeting Summary
Wednesday, April 5, 2017, AHCCCS, 701 E. Jefferson, Gold Room
1:00 p.m. – 3:00 p.m.

Members in attendance:
Tom Betlach
Tara McCollum Plese (via telephone)
Kathleen Collins Pagels
Kim VanPelt
Marcus Johnson
Leonard Kirschner
Gina Judy (telephone)

Members Absent: Cara Christ, Kathy Waite, Kevin Earle, Amanda Aguirre, Peggy Stemmler, Frank Scarpati, Phil Pangrazio

Staff and public in attendance:
Yisel Sanchez, HRC Coordinator, AHCCCS
Paul Galdys, Assistant Director, AHCCCS
Lorie Mayer, AHCCCS
Liz Lorenz, AHCCCS
Mr. Steadman

Steve Jennings
Nic Danger
Timothy Leffler
Daniel Haley (telephone)
Joyce Millard Hoie
Vernice Sampson
Greg Ensell
Deborah Gullett

Scott Cummings, Care 1st
Brandy Petiere, GSPA
Brittany Page, AHCS
Scott Allocco, Sellers Dorsey
Matt Jewett, Mountain Park
Jennifer Carusetta, HSAA

AGENDA

I. Welcome & Introductions
   Tom Betlach

II. Introductions of Members
   All

III. Approval of February 3, 2017 Meeting Summary/Minutes
    Unanimous

AGENCY UPDATES

IV. Vitalyst
   Marcus Johnson
   - Mission and Vision
   - Health Impact Pyramid
   - Elements of a Healthy Community
   - Workshops
   - Webinars
   - Affordable Housing: Native American Connections
   - Southern Arizona Community Food Bank
   - Priority Areas
   - Access to Care and Coverage/Strategies
   - Healthy Community Design
   - Community Capacity Building
• Community Innovation and Collaboration
• Policy Priorities Framework

V. Intergovernmental Relations Update  Liz Lorenz
• Repeal and Replace Update
• Letter to the Governor
• Flexibilities from Price/Verma Letter
• Other Flexibility Examples
• State Legislative Update
• HB 2084
• Adult Emergency Dental
• State Budget

VI. Arizona Perinatal Trust  Leonard Kirschner
• APT Executive Summary
• Arizona’s Regionalized Perinatal System
• Voluntary Certification Program
• Certified Hospitals
• Value of Certification
• Recommendations and Guidelines for Perinatal Care Centers
• R&G’s Content
• Levels of Care
• Certification Periods
• Annual Review
• Annual Perinatal Data

VII. Justice System Efforts  Michal Rudrick
• History of AHCCCS and Justice Partnerships
• Targeted Investment Programs
• TI Focus Areas
• Projects
• Co-located Justice Clinics
• Timeline Overview

VIII. AHCCCS Update  Tom Betlach
• Quality Health Care for Those in Need
• Long Term Strategies
• Quality Improvement
• Reducing Fragmentation
• Maintaining Core Organizational Capacity and Workforce Planning

IX. Integrated Contractor RFP Update  Paul Galdys
• RFP Input Received In February
• RFP Community Involvement
• Proposed Activities

X. Call to the Public  Tom Betlach

XI. Adjourn at 3:00 p.m.  All
Arizona Alliance for Community Health Centers
What you may not know about Federally Qualified Health Centers (Community Health Centers)!

Arizona Alliance
For Community Health Centers
Primary Healthcare for All
An Enduring Legacy, Value for Today and Tomorrow
National perspective of the Community Health Center Program

- For over 50 years, Community Health Centers have delivered affordable, accessible, quality and cost-effective primary care to patients regardless of insurance status and are mandated to see the uninsured on a sliding fee scale.
- Community Health Centers are an essential provider for America’s most vulnerable populations.
- Community Health Centers are known for their advanced model of coordinate, comprehensive and patient-entered care, coordinating a comprehensive primary care services including medical, dental, behavioral health and support services.
- Many Community Health Centers serve special populations-
  - Health Care for the Homeless
  - Migrant Health Centers
  - Public Housing Primary Care

Source: HRSA/ Bureau of Primary Health Care health center fact sheet
National perspective of the Community Health Center Program

- Nearly 1,400 health centers with 10,400 service delivery sites provider care in every state, the District of Columbia, Puerto Rico, the U.S. Virgin Islands and the Pacific Basin.
- More than 24 million people or 1 of 13 people nationwide. One in ten children and nearly four in ten children living in poverty.
- More than 8.4 million patients are served by rural CHCs in approximately 4,000 sites.
- More than 305,000 veterans use CHCs as their medical home as more health centers participate in the Veterans Access, Choice and Accountability Act.
FQHCs must meet 19 requirements

19 Requirements

1. Needs Assessment
2. Required and Additional Services
3. Staffing Requirements
4. Accessible Hours of Operation/Locations
5. After Hours Coverage
6. Hospital Admitting Privileges and Continuum of Care
7. Sliding Fee Discount
8. Quality Improvement/Assurance Plan
9. Key Management Staff
10. Contractual/Affiliation Agreements
11. Collaborative Relationships
13. Billing and Collections
14. Budget
15. Program Data Reporting Systems
16. Scope of Project
17. Board Authority
18. Board Composition
19. Conflict of Interest Policy
HRSA Operational Site Visits (OSV)

HRSA on-site visits are based on the 19 requirements under three categories:

- Clinical
- Financial
- Administration and Governance

Failure to meet even one of the sub-requirements means that the entire section/requirement was not met.

In 2016-17 Arizona On Site Visits resulted in the following findings:

- Four CHCs with NO findings
- Six CHCs with only one or two findings
Performance measures

- HRSA-funded health centers are evaluated on a set of performance measures emphasizing health outcomes and the value of care delivered. These measures provide a balanced, comprehensive look at a health center’s services toward common conditions affecting underserved communities.

- Performance measures align with national standards and are commonly used by Medicare, Medicaid, and health insurance and managed care organizations.

- All grantees report on over 20 quality measures in the Uniform Data System (UDS). The measures are included in the Clinical and Financial Measure for Service Area Competition and Budget Period Renewal grant opportunities. The UDS report includes data on:
  - Quality of Care
  - Health outcomes and disparities
  - Financial viability and costs

Source: HRSA Health Center Program. Quality improvement and performance measures
AACHC represents the largest primary healthcare network in the state.

AACHC has 25 full members and 9 associate members. Of those, 23 are Federally Qualified Health Centers or Look-Alikes with over 153 sites throughout the state of Arizona where 611,255 patients receive a wide array of primary healthcare services.
Services Provided by Community Health Centers

- Physical Therapy
- Radiology
- Transportation
- Community Garden
- Lab Services
- Pediatrics
- Specialty Care
- Nutrition Counseling
- OB/GYN

Services Provided by Individual Practices

- Dental
- Pediatrics
- Eyes and Vision
- Family Practice
- Radiology
- Internal Medicine
- Lab Services
- Physical Therapy
- Specialty Care
- Pharmacy
- Podiatry
2015 UDS Payer Mix

- Medicaid: 47%
- Private/Marketplace: 24%
- Uninsured: 19%
- Medicare: 10%
SPECIAL POPULATIONS SERVED IN 2015 BY ARIZONA'S CHCS

- 9,548 Agricultural Workers
- 22,692 Individuals Experiencing Homelessness
- 10,677 School-Based Children
- 8,866 Veterans
- 107,563 People Living In or Near Public Housing

2015 CLINICAL FTE TYPES

- Nurse Practitioners: 193.03
- Pharmacy: 166.42
- Family Practice (MD/DO): 130.28
- Pediatric (MD/DO): 89.75
- Dentists: 84.63
- OB/GYN (MD/DO): 47.55
- Internists (MD/DO): 44.17
- Physician Assistants: 38.65
- Certified Midwives: 24.90
- Behavioral Health Specialists (LCSW): 34.6
- Dental Hygienists: 27.14
- Psychologists/ Psychiatrists: 14.93
Health Centers
- 95% Electronic Health Records (EHR)
- 70% Patient Centered Medical Home (PCMH)
- 19% Health Center Quality Leaders

Prenatal and Child Health
- 5.8% Low Birth Weight
- 67% Entry into Prenatal Care in First Trimester
- 76% Childhood Immunizations (0-3 years old)
- 61% Child and Adolescent Weight Assessment and Counseling (3-17 years old)

Chronic Disease Management
- 74% HIV Linkage to Care
- 87% Heart Attack/Stroke Treatment (18+ years old)
- 60% Blood Pressure Control (18-85 years old)
- 53% Diabetes Control (18-75 years old)
- 84% Asthma Treatment Plan (5-40 years old)
- 79% Cholesterol Treatment (18+ years old)

Health Screenings
- 58% Cervical Screening (females, 24-64 years old)
- 47% Colorectal Cancer Screening (51-74)
- 62% Adult Weight Screening and Follow-up (18+ years old)
- 81% Tobacco Use Screening and Cessation Intervention
- 69% Depression Screening and Follow-up (18+)
- 50% Dental Sealants to First Molars
QUESTIONS

?
American Indian Update
American Indian Medical Home (AIMH)
## American Indian Medical Home

<table>
<thead>
<tr>
<th>MCOs</th>
<th>Provide members with PCPs, case management and call lines as an administrative service</th>
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<tbody>
<tr>
<td>IHS/638 Facilities</td>
<td>No administrative dollars for case management or call lines</td>
</tr>
<tr>
<td>AIMH</td>
<td>Provide a PMPM payment to qualified IHS/638 facilities to support care coordination services for AIHP members</td>
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American Indian Medical Home

- AIMH Medical Homes provide:

<table>
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<tr>
<th>Required</th>
<th>Optional</th>
<th>Voluntary</th>
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</thead>
<tbody>
<tr>
<td>Primary Care Case Management</td>
<td>Diabetes Education</td>
<td>Availability of AIMH program to AI/AIHP enrolled members only</td>
</tr>
<tr>
<td>24 Hour Call Line</td>
<td>Participation in the state HIE</td>
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AIMH Provider Requirements

- IHS or Tribal 638 facility
- Receive one of the following:
  - PCCM Accreditation through NCQA
  - Accreditation through another appropriate accreditation body
  - National IHS Improving Patient Care (IPC) - annual attestation that the site has completed the IPC requirements
AIMH Providers Requirement
(Cont’d)

• Enter into AIMH IGA
• Annual renewal
AIMH Provider Requirements

• **Diabetes Education**
  - Diabetes education accreditation through a recognized accreditation agency

• **HIE**
  - Participates in the state Health Information Exchange
AIMH Services

• AIM MH service levels for prospective PMPM reimbursement
  o Primary care case management
  o 24 hour call line

• Optional services for additional PMPM
  o Diabetes education
  o Participate in HIE
AIMH Implementation Timeline

• SPA approved by CMS- June 14, 2017

• First workgroup with IHS/638 facilities- July 6, 2017

• Go Live- October 1, 2017
Questions?

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

Reaching across Arizona to provide comprehensive quality health care for those in need
OOD Communications
Public Information/Relations

Respond to media & public inquiries
- 82 local/national
- 20 requests for data/information

Plan risk mitigation communication

Find great stories for media to tell
Can't find what you're looking for? Please visit the AHCCCS Document Archive.

AHCCCS
801 E Jefferson St
Phoenix, Az 85034
Find Us On Google Maps

Phone: 602-417-4000
In-State Toll Free: 1-800-654-8713
(Outside Maricopa County)
Out-of-State Toll Free: 1-800-523-0231

For Members
How to Apply
Covered Services
Pay Your Premium
Health Insurance for Children

For Providers
Provider Registration
AHCCCSOnline Website
Policy Manuals
Fee-for-Service Fee Schedules

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We invite you to sign up for the various newsletters published by Divisions within AHCCCS. You may unsubscribe at any time by clicking the Unsubscribe link.

**Division of Health Care Management:** contractor requests for proposals; EHR notifications; and ACOM, AMPM, and Tribal Consultation updates.

**Division of Fee for Service Management:** news for the various Fee for Service healthcare providers.

**Office of the Director:** general news and press releases, pharmacy program updates, and more.

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The Division of Health Care Management sends email notifications and updates. Please select from the lists below to receive emails from the Division of Health Care Management.

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- First Name
- Last Name
- Company

**Email Lists**
- [OHCM: Acute-CRS-RFPYH19 Integrated Contractor Request for Proposal Information](#)
- [OHCM: AHCCCS Minimum Subcontract Provisions](#)
- [OHCM: Behavioral Health Covered Services Guide Notifications](#)
- [OHCM: Electronic Health Records Notifications](#)
- [OHCM: Notification for ACOM, AMPM, Tribal Consultation Notification / Public Comment](#)
- [OHCM: Reinsurance HotNews](#)

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**AHCCCS News & Updates**

**New Program Will Enhance Health Care Coordination for American Indian AHCCCS Members**

June 30, 2017
The Arizona Health Care Cost Containment System (AHCCCS) received federal approval to provide American Indian Medical Home (AIMH) services to support approximately 120,000 American Indian/Alaska Native (AI/AN) AHCCCS members who receive health care through the American Indian Health Program.

*Read more...*

**Summary of BCRA Impacts**

June 23, 2017
The Arizona Health Care Cost Containment System (AHCCCS) has compiled an analysis of the Better Care Reconciliation Act (BCRA) as of June 22, 2017. Currently, 1.9 million low-income Arizonans are covered under AHCCCS. Approximately 400,000 are included in the main eligibility groups initially affected by the changes included in the BCRA (320,000 in the 0-100% Proposition 204 Childless Adult population and 82,000 in the 100-133% Expansion Adult population). This analysis is based on a preliminary review of the BCRA and is subject to revision. See the full summary below.

Summary of BCRA Impacts

**State Plan to End Suicide Open for Public Comment**

June 19, 2017
The 2017 Arizona State Plan to End Suicide is now open for public comment. The annual plan is updated each summer, taking into account the many community coalitions and endeavors across the state.
Awards & Studies

STUDIES & ARTICLES ABOUT AHCCCS

Moving Toward Value-Based Payment for Medicaid Behavioral Health Services
June 2017, Center for Health Care Strategies, Inc.
Value-based payments (VBP) shift the way Medicaid health plans and providers pay for health care services. Instead of the traditional model of paying for volume, VBPs rewarding high-quality outcomes, and have been shown to slow cost growth. The Center for Health Care Strategies, Inc. report illustrates how innovative states and Medicaid managed care organizations (MCOs) in Arizona, Maine, New York, Pennsylvania and Tennessee are using physical health VBP models to create new arrangements in their behavioral health programs.

State and Health Plan Strategies to Grow Enrollment in Integrated Managed Care Plans for Dually Eligible Beneficiaries
June 2017, Integrated Care Resource Center
Arizona is highlighted in this report from the Integrated Care Resource Center as one state that serves dually eligible Medicaid and Medicare beneficiaries by contractually requiring its health plans to serve as Medicare Advantage Dual Eligible Special Needs Plan (D-SNP) and promoting enrollment or alignment of dual eligible members into the same health plan for both Medicaid and Medicare to the greatest extent.

How Arizona Medicaid Accelerated the Integration of Physical and Behavioral Health Services
May 2017, The Commonwealth Fund
Where most states still divide the responsibility of physical and behavioral health across different agencies, Arizona consolidated these Medicaid services under AHCCCS in 2013. The Commonwealth Fund report highlights how AHCCCS’ efforts increased attention to behavioral health services, improved cross-communication and mutual trust, and streamlined service delivery for the health care plans, the providers and the members.

State Strategies: Value-Based Payment for Medicaid Populations with Complex Care Needs
April 2017, Robert Wood Johnson Foundation
To improve care coordination and manage costs, the Arizona Long Term Care System (ALTCS) managed by AHCCCS uses a value-based model to purchase and assess long-term services and supports.
Megan Granata @MeganGranata 1d
Cried on the phone with @AHCCCSgov today: for the first time, I'm certain of having insurance after 26. Thank you. #HealthcareIsAHumanRight

David Hudson @DavidHud80
Replpying to @DavidHud80 @AHCCCSgov
An amazing response from @AHCCCSgov today... Of all things! The person who monitored @Twitter caught the shot in the dark... Thx!!!
4:12pm · 23 May 2017 · Twitter for iPhone

Patrick Ptak liked
Doug Ducey @dougducey 20m
BIG NEWS: Arizona awarded $12 million grant to help fight the opioid crisis. @AHCCCSgov @AZDHS @AZGOYFF hhs.gov/about/news/201...

AHCCCS Retweeted
Dr. Cara Christ @drcarachrist Jun 26
Full room at the #opioid breakthrough project kickoff! Working to curb the AZ opioid epidemic with @AZDHS, @AHCCCSgov, @AZGOYFF & partners.

Raising Special Kids @Rai... Jun 6
TONIGHT: Medicaid in Arizona (AHCCCS) and how it benefits... working families. fb.me/xEM63VJu

AHCCCS @AHCCCSgov Jun 20
Thx @CenpaticoAZ for hosting our #integratedhealthcare community meeting. Members can learn more & take a survey: azahcccs.gov/AHCCCS/Initiat...
New Film Explores Future of the VA

Heidi Capriotti
April 19, 2017
Community
Leave a comment

The Office for Veteran and Military Academic Engagement at ASU is screening "VA – The Human Cost of War," a new film about the VA by Rick Burns. From emotional and personal contemporary accounts to a revealing history of the VA itself, the film aims to have a national conversation about the future of the VA. Creator/producer, Lois Pope, and director Rick Burns will attend the screening, scheduled for May 16 and 17, 2017. Times and location will be announced soon. For more information, please contact Nancy Dallett at Nancy_Dallett@asu.edu.

Crisis Management Training Offered for Families

Heidi Capriotti
April 18, 2017
Community
Leave a comment

Marc Community Resources, Inc. is holding a four-hour training on Saturday, May 20, 9 a.m. to 1 p.m. Participants will be trained to prevent potential crises, improve communication with loved ones, and use positive verbal interventions. For more information, please contact Dawn McReynolds at 480.224.8110 or email dawn.mcreynolds@marCCR.com.
Questions?

Heidi Capriotti  
Public Information Officer  
602-417-4729 (o)  
602-281-5390 (c)
Dignity Health
Dignity Health Opioid Misuse Resources/Plans

Sandy Indermuhle, MD
Medical Director
Chandler Regional Medical Center
Emergency Department
Dignity Health Addressing the Opioid Epidemic
Part of the Problem

- Centers for Medicare & Medicaid Studies’ use of patient satisfaction surveys to determine payments to hospitals
- Hospitals Under Pressure to Manage Pain due to financial incentives
  - (HCAHPS) to measure patients’ perception of their hospital experience, including three questions on pain management.
Conflict: Satisfaction Scores vs. Opioid Epidemic

Providers under pressure to manage pain for reimbursement

National pressure from regulatory agencies to address opioid epidemic
Survey Questions Need to Change

HCAHPS Questions on Pain Management

12. During this hospital stay, did you need medicine for pain?
   1 □ Yes
   2 □ No = If No, Go to Question 15

13. During this hospital stay, how often was your pain well controlled?
   1 □ Never
   2 □ Sometimes
   3 □ Usually
   4 □ Always

14. During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?
   1 □ Never
   2 □ Sometimes
   3 □ Usually
   4 □ Always

Questions are being changed to address overall patient comfort rather than addressing pain.
Hospital Policies/Resources

• Chronic pain policy at CRMC and MGMC
  - Limits ED meds and prescriptions
  - Pain Management resource list and pain policy letter
  - Identify patients for subsequent visits
    • “ED Chronic Pain patient” order in EHR
    • Icon populates during next visit in events column
Pain Services

• Pain Service: St. Joe’s is one of two in Dignity Health system dedicated to management of hospitalized patients in pain
  - Med director, three nurse practitioners, two RNs

• Pain Management Physician Consultant at CRMC and MGMC
  - Evaluation and recommendations

Contact Information
Request a new consult in Cerner by entering “Consult to Pain Management” and then select the appropriate reason for the consult from the drop-down menu.

If the patient has already been seen by the Pain Service, please page the provider who wrote the most recent progress note on the patient.

Any primary team physician, nurse practitioner, or physician assistant may order a pain consult. Any registered nurse can recommend a pain consult to the primary team based on clinical judgement.
Use of the AZ Board of Pharmacy Prescription Monitoring Program with web link in HER

- Working on a direct link through the patient’s chart
- Use is encouraged with updates at departmental meetings

Safe prescribing habits encouraged at departmental meetings

- Use non-opiates and multimodal analgesia when possible (ibuprofen, acetaminophen, lidocaine patch, etc.)
- Limit supply to 5 days for acute pain
- Website for guidelines
Education

• **Pain Resource Nurse Committee**
  - Provides continuing nursing education

• **St. Joe’s Annual Dignity Health Pain Symposium**
  - Promote education to the medical and nursing communities

• **Pre-op Education**
  - Post-op expectations for patients

• **RX 360 Community Education by Chandler/Gilbert Task Force**
  - Community and healthcare education

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**Chandler/Gilbert Substance Use & Treatment Task Force**

A conversation about opiates with prevention & treatment professionals

Opioid overdose is the #1 cause of accidental death in the U.S. Ninety-one Americans die everyday from opioid overdose (CDC).

**DATE AND TIME**
Thursday, June 22
6 p.m. - 8 p.m.

**LOCATION**
Dignity Health Mercy Gilbert Medical Center
McAuley Conference Rooms, 3rd floor
3420 S. Mercy Dr,
Gilbert, AZ 85297

[Click here to RSVP]

For more information contact Theresa Donnell at 480.728.5717
Patient Education

Discharge instructions/education

- Safe storage and disposal of medications
- Alternatives to opiates for chronic pain
- Choosing Wisely for migraines
- Substance Misuse/Treatment Resource List
- Naloxone availability and how to use
Educational Flyer

- Discussing at departmental meetings
- Plan to deliver to community providers and dentists
- Urges safety and awareness
Referral To Treatment

- Social workers in the Emergency Department and on the floors
- Comprehensive list of community resources
- Will arrange placement
Future Collaborative projects

- Peer support program
  - Real time guidance in the ED
  - Collaboration with community resources
  - Anchor ED in Rhode Island as model
Thank You
AHCCCS Update
SMAC Update
Senate proposal analysis
Value of Medicaid Coverage

Took child for checkup
- Medicaid: 85%
- Employer Insurance: 86%
- Uninsured: 53%

Saw doctors
- Medicaid: 74%
- Employer Insurance: 69%
- Uninsured: 36%

Saw specialists
- Medicaid: 30%
- Employer Insurance: 24%
- Uninsured: 9%

Were satisfied with care
- Medicaid: 85%
- Employer Insurance: 87%
- Uninsured: 44%

Data: Kaiser Commission on Medicaid and the Uninsured analysis of 2015 NHIS data; Chart: Andrew Witherspoon / Axios
## Budget Update

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Details</th>
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</table>
| **Adult Emergency Dental**  | • $1,000 limit  
• Target October 1, 2017                                               |
| **Occupational Therapy**    | • Target October 1, 2017                                               |
| **Opioid Initiative**       | • 3 OIG Staff  
• 2 Clinical Staff                                                        |
| **Proposition 206**         | • -Ongoing 1-1-17  
• -Sick Leave 7-1-17  
• -Network Adequacy Study  
• -Flagstaff 7-1-17  
• -Increase in Min. Wage 1-1-18 |
AHCCCS
Director: Tom Betlach
SFY2017 Q4

Vision: Shaping tomorrow’s managed care... from today's experience, quality and innovation.
Mission: Reaching across Arizona to provide comprehensive, quality health care to those in need.

Budget FY17: $12,201,541,300
Employees: 1,042

Biggest Wins Last Quarter
• Transitioned 50,000 PHP members on May 1st.
• Implemented 7-day opioid fill limit.
• Increased employee engagement score from 9.0 to 12.4.

Biggest Concerns
• Uncertainty with regard to federal policy-making and financing for Medicaid and CHIP.
• Need to transition over 9,000 long-term care members who are elderly or have a physical disability.

What to Expect Next Quarter
• Allocate opioid grant funding to RBHAs.
• Establish and begin AHCCCS Leadership Academy.
• Have eligibility system contract strategy established.
AHCCCS Awards

• AHCCCS, the Arizona Health Care Cost Containment System, recently received Gold level recognition from the Healthy Arizona Worksite Program for excellence in worksite wellness.

• AHCCCS, has been honored with a 2017 When Work Works Award for exemplary workplace practices. With more than 1000 employees, AHCCCS is the largest of the 10 organizations in Arizona – and the only state government agency – to receive the 2017 national recognition. This is AHCCCS’ sixth When Work Works award in the last seven years.
Arizona Management System

- **Issue:** Backlog of 50,000+ FFS claims resulted in a turnaround time of 30 days resulting in loss of claims discounts and/or financial penalties.

- **Countermeasures:** Trained, coached, and cross-trained all staff, filled vacant positions, re-assigned staff to work queues as dictated by workflow and volume; created new productivity standards and accountability;

- **Results:** Reduced the backlog to < 1,000/day and Reduced turnaround time to ≤ 5 days.
Arizona Management System

• **Issue:** There was a backlog of 1,400+ unanswered requests from Community Assistors for assistance with applications and delays as long as 60 days to resolve application issues. Additionally, there was no way to identify requests pertaining to urgent medical needs.

• **Countermeasures:** Partnered with HEAplus Ops, ISD, and DES to: 1) create a Community Partner Hotline, 2) eliminate the DES email box, and have call center agents with expertise filter and forward requests to the appropriate staff at AHCCCS or DES,

• **Results:** 95% of issues are resolved in ≤ 3 days 70% of issues are resolved the same day
Arizona Management System

• **Issue:** In May 2016, only 26% of FFS claims disputes were completed in ≤ 60 days

• **Countermeasure:** Mapped the process, identified improvements, developed and standardized a revised process.

• **Results:** 91% of disputes are resolved in ≤ 60 days
10-1-18 RFP Major Decisions

• Decisions regarding certain members with CRS qualifying conditions – SMI – CMDP

• Crisis System – current structure remains

• GSA structure for Integrated Contractors will align with ALTCS – RBHA structure remains unchanged

• Unique RBHA services – remain in place

• Number of awards - may increase to reflect non affiliated RBHA award - Central at least 4 - South 2 + at least 1 more for Pima - North – 2

• Multi-service Interdisciplinary Clinic requirements
Opioid death counts among Arizona residents and non-residents in Arizona from 2007 to 2016.
Opioid average 10-Year death rate per 100,000 population by age group from 2007 to 2016.
The cost of all opioid-related encounters has **increased 125%** from 2009 to 2015.

*Cost for encounters are calculated by applying the annual cost-to-charges ratio (produced by the Agency for Healthcare Research and Quality, Healthcare Cost Utilization Project) to reported encounter charges. This will estimate the actual cost paid to the provider for the healthcare services of the encounter. For this report, 2015 costs were estimated using the 2010-2014 average cost-to-charges-ratio by facility since 2015 and 2016 ratios were not available. When facility-specific ratios were not provided, the group ratio was used, or the state average ratio. These estimated costs are reasonable, estimates of actual cost, and are a more accurate measure than reported charges.*
## Estimated Distribution of Funds Across Each Strategic Focus Area per Year

<table>
<thead>
<tr>
<th>Focus Area</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
<th>Year 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>TI Overall</td>
<td>6.7% $19 M</td>
<td>23.3% $66.5 M</td>
<td>30.0% $85.5 M</td>
<td>22.3% $66.5 M</td>
<td>16.7% $47.5 M</td>
</tr>
<tr>
<td>Ambulatory (Primary Care &amp; BH Services)</td>
<td>92% $17,480,000</td>
<td>92% $61,180,000</td>
<td>92% $78,660,000</td>
<td>92% $61,180,000</td>
<td>92% $43,700,000</td>
</tr>
<tr>
<td>Justice</td>
<td>5% $950,000</td>
<td>5% $3,325,000</td>
<td>5% $4,275,000</td>
<td>3% $3,325,000</td>
<td>3% $2,321,000</td>
</tr>
<tr>
<td>Hospital</td>
<td>3% $570,000</td>
<td>3% $1,995,000</td>
<td>3% $2,565,000</td>
<td>3% $1,995,000</td>
<td>3% $1,425,000</td>
</tr>
</tbody>
</table>

Reaching across Arizona to provide comprehensive quality health care for those in need.
Program Timeline (TI Year 1)

- **Waiver Effective Date**: 10/1/16
- **TI Waiver Approval**: 1/18/17
- **Public Meeting**: 6/9/17
- **TI Application**: 6/15/17 – 7/31/17
- **TI Participants Announcement**: 8/2017
- **TIY 1 – Effective Date**: 9/30/17

**Key:**
- TIY – Targeted Investments Year

Reaching across Arizona to provide comprehensive quality health care for those in need
Program Timeline (TI Years 2 – 5)

- TIY 2: MMP 1
- TIY 3: MMP 2
- TIY 4: CPMP 1
- TIY 5: CPMP 2

Key:
- MMP – Milestone Measurement Period
- CPMP – Clinical Performance Measurement Period
- TIY – Targeted Investments Year

10/1/17 Payment Release 1
10/1/18 Evaluation Report to CMS
Baseline Metrics & Eval. Plan to CMS 12/29/17 & 5/17/17
10/1/18 Payment Release 2
10/1/19 Payment Release 3
10/1/20 Payment Release 4
9/30/21 Payment Release 5

Evaluation Report to CMS

10/1/17
10/1/18
10/1/19
10/1/20
9/30/21

AHCCCS
Arizona Health Care Cost Containment System

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

Applications will be available to view and submit through an AHCCCS provider website.

- 6/15/2017- Expected application released date
- 7/31/2017- Application submission due date
- 8/2017- Notice of application approval date
Waiver Update

• IMD – working with CMS on path forward for SUD – no ability at this point on MH
• Continue to look at potential flexibilities
• AHCCCS Care and Work Requirements and Time limits awaiting Repeal and Replace discussion resolution
The Percentage of Total LTSS Spending for HCBS

Medicaid HCBS and Institutional LTSS Expenditures as a Percentage of Total Medicaid LTSS Expenditures, FY 1981–2015

* ICF/IID data for FY 1987 were nearly double expenditures for FY 1986 and for FY 1988. The reason for the one-time reported increase in expenditures is not known, and data from this outlier year are excluded.
The Percentage of Total LTSS Spending for HCBS

Medicaid HCBS Expenditures as a Percentage of Total Medicaid LTSS Expenditures, by State, FY 2015

* California and North Carolina were excluded from this figure because a high proportion of LTSS were delivered through managed care and detailed managed care information was not available for FY 2015.
Growth of Managed Long-Term Services and Supports

Medicaid Managed LTSS Expenditures, in billions, FY 2008–2015

Managed LTSS includes the Program of All-Inclusive Care for the Elderly (PACE) and the following services provided through managed care organizations: nursing facilities, ICF/IID, personal care, home health, section 1915(c) waivers, and HCBS provided through managed care programs (e.g., a section 1115 demonstration or section 1915(b) waiver) that were not authorized under another state plan or waiver authority (called “HCBS – unspecified” in the data tables).

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