### Agenda

<table>
<thead>
<tr>
<th>I. Welcome</th>
<th>Director Tom Betlach</th>
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<tr>
<td>II. Introductions of Members</td>
<td>ALL</td>
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<tr>
<td>III. Approval of October 7, 2015 meeting summary</td>
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### Agency Updates

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<thead>
<tr>
<th>IV. AHCCCS Update</th>
<th>Director Tom Betlach</th>
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<td>• Budget and Merger</td>
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<td>V. Introduction of New Division of Health Care Advocacy and Advancement</td>
<td>Paul Galdys</td>
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<td>Assistant Director</td>
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<td>VI. Introduction of New Member Organization</td>
<td>Dr. Frank Scarpati</td>
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<td>CEO/President, Community Bridges, Inc.</td>
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<td>VII. Autism Spectrum Disorder Report and Pharmacy and Therapeutics Committee Update</td>
<td>Dr. Sara Salek</td>
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<td>Chief Medical Officer</td>
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<td>VIII. System Integration 2.0</td>
<td>Monica Coury</td>
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<td>Assistant Director</td>
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<td>IX. Delivery System Reform Incentive Payments</td>
<td>Beth Kohler</td>
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<td>Deputy Director</td>
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### Discussion

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<th>X. Call to the Public</th>
<th>Director Thomas Betlach</th>
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<td>XI. Adjourn at 3:00 p.m.</td>
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### *2016 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 13, 2016** – Rescheduled to February 3, 2016
- **April 13, 2016**
- **July 13, 2016** – Rescheduled to August 17, 2016
- **October 12, 2016**

For more information or assistance, please contact Theresa Gonzales at (602) 417-4732 or theresa.gonzales@azahcccs.gov
October 2015 Meeting Summary
**State Medicaid Advisory Committee (SMAC) Meeting Summary**  
Wednesday, October 7, 2015, AHCCCS, 701 E. Jefferson, Gold Room  
1:00 p.m. – 3:00 p.m.

| Members in attendance: | Timothy Leffler  
| Tom Betlach | Joyce Millard Hoie  
| Cara Christ | Daniel Haley  
| Kathy Waite | Leonard Kirschner  
| Tara McCollum Plese | Phil Pangrazio  
| Peggy Stemmiller | Steve Jennings  
| Kevin Earle | Vernice Sampson  
| Gina Judy | Kim VanPelt  
| Frank Scarpati | Amanda Aguirre by phone  
| Nic Danger | Brittany Carter for Kathleen Collins Pagels |

**Members Absent:** Barbara Fanning

**Staff and public in attendance:**  
Theresa Gonzales, Exe Const. III, AHCCCS  
Monica Coury, Assistant Director, AHCCCS  
Sara Salek, Chief Medical Officer, AHCCCS  
Beth Kohler, Deputy Director, AHCCCS  
Lauren Prole, Project Office Manager, AHCCCS  
Paul Galdys, Assistant Director, DBHS  
Deb Gullott, Executive Director, AzAHP  
Eddie Sissons, Executive Consultant, MHAAZ  
Matt Jewett, Grants Director, Mountain Park  
Jim Dunn, CEO, NAMI AZ  
Michael Zarcts, Account Director, Alkoemes  
Melissa Higgins, Staff Attorney, Community Legal Scvs.  
Troy Garland, SD Medical Svcs., Health Choice  
Gaspar Laca, Gov’t. Affairs, GSK  
James Kotusky, NAM, Gilead  
Jane Stephen, Health Policy, Allergan  
Corinne Glock, Relypsa  
Matthew Kingry, Health Choice  
Ann Nelson  
Mark Schwortz, GSK  
Lori Howarth, Bayer

**AGENDA**

I. Welcome & Introductions  
   Tom Betlach

II. Introductions of Members  
   All

III. Approval of August 19, 2015 Meeting Summary/Minutes  
   Unanimous

**AGENCY UPDATES**

IV. Membership  
   All
   - New Members
   - Terms

V. Initiatives Update  
   Dr. Sara Salek
   - Emergency Department Behavioral Health
   - Medication Management
   - ASD Advisory Committee
   - SB1375 Report
Initiatives Update (continued)

Initiatives Update Q&A’s

Q: Root cause for lack of system capacity?
A: Lack of specialty providers and pay for methodology what is financial incentive to take high needs member. St. to have performance measures to monitor.

Q: What do you tackle first?
A: Leverage ament recourses; PCH recruitment 12 child psychologist.

Q: AZ statewide trend data – overdoes deaths.
A: Department of Health can pull out Medicaid numbers.

Q: Passed Legislation?
A: Yes; to develop recommendations

Q: Coverage equal 60 days after foster care. Recommend extend to 6 months even after transition out of foster care.
A: Report at legislature and what they need to do: State agencies to do to equal services.

Q: What about those exiting at 18 years?
A: Should apply to all. YATI already exist to age 26.

Comments:
- AZ does not have a robust residency training program.
- UofA and MARIC.

VI. Community Paramedicine & SIM Updates

Beth Kohler

- AZ Medicaid State Plan Amendments
- Waiver Activity

Community Paramedicine & SIM Updates Q&A’s

Q: Yuma Regional Center very interested; How to meet Criteria and when effective?
A: Send Beth workgroup to talk criteria. Stakeholder process stat conversation within next month; mid 2016.

Q: Private fundes fund eligibility for those transitioning out; how to sustain?
A: A will bring in to discuss. Locate DES workers. SPA with counties ready to have conversation and can replicate out.

Q: HOPE does jail arraingits can stat app., but zero prove citizenship and income. Can be granted immediate eligibility for 30 days and released.
A: Can look.

Comments:

City of Chandler

- 911 calls send paramedicine to do an assessment if needs to go somewhere. (Make appointment with PCP, go to urgent care).
- Zero get reimbursed. But know they facilitate right care at right time.
- Will meet to work with stakeholders
- How applicable statewide zero let in every one with certeria.
- Create provider type to reimburse.
- Tracking and monitoring.
- DMS already has regular authority “(Premier EMS)” looking at “treat and refer provider.”
VII. Public Comment Summary

- Waive and HCBS

Public Comment Summary Q&A’s

Q: What about assisted living?
A: Less

Q: Person-centered planning as a cost driver?
A: Already a big part might need to so more training in steps of PC planning.
   No assessment with respect to cost, but zero a big concern. Recognize
   rates need to be updates.

Q: Will this the percent of those receiving services in HCBS? 75 percent.
A: Don’t think so. Other address that for other states, where indicated
   weren’t really in community based setting.

VIII. CMS Update

CMS Update Q&A’s

Q: As to gone?
A: Direct vs. indirect. Calculations a giving highest dollar for IME. Will allow
   additional $80 million to flow as available.

Q: Not automatic?
A: Come it.

Q: Entites
A: Sources. Hospital need to work with local entities.

IX. AHCCCS Updates

AHCCCS Update Q&A’s

Q: NYT article regarding Medicare premiums increase; big issue?
A: Yes; it’s significant hit for AZ policy – Medicaid – subsidizing source for
   Medicare? Exchange of dollars. NAMD send letter to congress and
   AHCCCS send letter to CMS that we are limited by federal allotment that
   we will freeze unless congress authorizes.

Q: Kidscare reports regarding education – healthcare, home and food.
   Again AZ only state that freeze Kidscare. Any thoughts moving forward.
A: Complicated. Federal law FMAP percent goes up significantly but still
   have allotment limit. Currently use for expansion and if CMS can do
   anything. In AZ 23 percent of marketplace equal kids which is highest
   nationally and good for continuity.

Q: Seeing concern from families of moving HCBS IDD from DDD.
A: AHCCCS and DES has not discussed. Scheduled to go out and k BH –
   RBHAs had a mom just move to AZ and hard to explain, do five different
   systems. (AHCCCS, RBHA, DDD, Medicare and R&A). Discussion how
   to reduce fragmentation. So looking at PH and BH aspect and consider
   duals (25%) and what can be done to streamline systems. Entirely
   different conversation when discuss service delivery system, no
   administrative structure at the state.

X. Call to the Public

XI. Adjourn at 3:00 p.m.
AHCCCS Update
Welcome to Arizona Health Care Cost Containment System (AHCCCS)

Arizona Health Care Cost Containment System (AHCCCS) is Arizona’s Medicaid agency that offers health care programs to serve Arizona residents. Individuals must meet certain income and other requirements to obtain services.
Medicaid 50th Anniversary

- 1,836,578
- 27%
- >60,000
- $32.9 m
- 4,000,000
- 372,000
Eligibility and Payment Error Rate

Maintain error rates consistent with national Medicaid Improper Payment

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

- 37 states real time eligibility
- 39 allow online account to manage
- 34 states auto renewal
- 10 of 26 reported >50%
- AZ 25-50%
- 18 States integrated 1 non health
Percent of Auto-Renewals

Reaching across Arizona to provide comprehensive quality health care for those in need
FY 2017 Budget

- Need to resolve some technical issues
- Govs Budget includes limited ALTCS dental
- KidsCare
  - Recent change to provide 100% funding
  - TXXI not entitlement – federal allocation
  - Funding gets used for Children’s Medicaid Exp.
  - 77,000 kids - $220 m -
  - GF impact if insufficient federal funding– 2 to 1

Reaching across Arizona to provide comprehensive quality health care for those in need
# 10 Biggest HIPAA Breaches

<table>
<thead>
<tr>
<th>Covered Entity</th>
<th>#People</th>
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<tbody>
<tr>
<td>1. Anthem</td>
<td>78.8 Million</td>
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<tr>
<td>2. Premera Blue Cross</td>
<td>11 Million</td>
</tr>
<tr>
<td>3. SAIC</td>
<td>4.9 Million</td>
</tr>
<tr>
<td>4. Community Health System</td>
<td>4.5 Million</td>
</tr>
<tr>
<td>5. UCLA Health Systems</td>
<td>4.5 Million</td>
</tr>
<tr>
<td>6. Advocate Health &amp; Hospitals</td>
<td>4.03 Million</td>
</tr>
<tr>
<td>7. Medical Informatics Engineering</td>
<td>3.9 Million</td>
</tr>
<tr>
<td>8. Xerox State Healthcare</td>
<td>2.0 Million</td>
</tr>
<tr>
<td>9. IBM</td>
<td>1.9 Million</td>
</tr>
<tr>
<td>10. GRM Info. Management Services</td>
<td>1.7 Million</td>
</tr>
</tbody>
</table>
CBO Federal Spending Estimates

Spending and Revenue in CBO’s Baseline (Percent of GDP)
Average Annual Capitation Growth

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

AHCCCS
Arizona Health Care Cost Containment System

10
Overdose Death Rates In America

<table>
<thead>
<tr>
<th>Year</th>
<th>Opioid Deaths</th>
<th>Cocaine Deaths</th>
<th>Heroin Deaths</th>
<th>Marijuana Deaths</th>
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<tbody>
<tr>
<td>1999</td>
<td>1</td>
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<td>2013</td>
<td>17</td>
<td>14</td>
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Reaching across Arizona to provide comprehensive quality health care for those in need
Prevalence of obesity in the U.S. on the Rise over the past two decades

Percentage of U.S. adults who are obese (2011; BRFSS Methodology)

Reaching across Arizona to provide comprehensive quality health care for those in need
Occupational activity is also declining

Traditional Amish farmers average\(^1\):
- 16,311 steps/day
- 41 hours/week of physical activity
- 4.5% obesity rate

Modern American workers average\(^2\):
- 5,117 steps/day
- 2 hours/week of physical activity\(^3\)
- 34% obesity rate

We have also cut back on physical activity required to get to and from work, “Today, a mere 2 percent of us walk to work...ten times less than fifty years ago.”\(^4\)

Medicaid Director Tenure

- < 1 year
- 1-2 years
- 3-4 years
- 5-8 years
- 8 + Years

Reaching across Arizona to provide comprehensive quality health care for those in need
Average Medicaid Director Tenure

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

- BH PH Integration
- Managed BH
- DSNP Alignment
- Duals Demo
- MLTSS

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

- High Needs High Costs
- PCMH/Health Homes
- Bundled Payments
- MCO P4P
- ACO Shared Savings

Reaching across Arizona to provide comprehensive quality health care for those in need
2015 Accomplishments

- BHS/AHCCCS Merger
- Greater AZ RBHAs
- Duals BH Integration
- CRN – SMI Determination
- New AFIS and Procure AZ
- Moved DES Medicaid Eligibility to HEAPlus
- Implemented ICD-10
- New PBM Implementation
2015 Accomplishments

• Avoided 5% provider rate reductions
• Plans required to pay PPS Rate to FQHCs
• Developed reports on improving system for Children with ASD and Foster Care Kids
• Over 80 AI HP members in care coordination efforts
• Successfully transitioned new Governor
• Started work on Lean Management System
• Submitted 1115 Waiver Proposal – HCBS Plan
• Over 4,000 people heard about AHCCCS nationally
2016 Opportunities

• 7-1-16 – Complete Merger – Contracts – TRBHA IGAs – Systems – etc…
• 10-1-16 – New 1115 Waiver
• ALTCS EPD Procurement
• DD Acute Procurement – BH Integration
• Integration 2.0 Planning – Stakeholders
• 999 claims lines
• Value Based Purchasing
• Health Information Exchange

Reaching across Arizona to provide comprehensive quality health care for those in need
2016 Opportunities

• Justice System Initiatives
• Begin implementing ASD Recommendations
• Support Substance Use Initiatives
• HEAPlus ALTCS Pilot
• Hospital Assessment Case
• New Federal MCO Regulations – Access Requirements
• Tribal Health Homes/Care Coordination
• Mental Health First Aid Training
Being Mortal – Atul Gawande

• Medical advances have turned aging and dying into a medical experience doctors not ready for
• Geriatrics – good outcomes – poor finances
• 97% of all Med students do not take a course in geriatrics
• 1954 legislation created to establish NFs in response to rapid growth in hospitals – originally built for transitions
• 1983 First Assisted Living Facility
• We want autonomy for ourselves – safety for parents
Being Mortal – Atul Gawande

- Medical profession concentrates on repair of health not sustenance of soul
- Making lives meaningful in old age is new and requires imagination
- Job is not to confine choices in name of safety but to expand as part of worthwhile life
- Pre 1945 – majority of deaths at home – Late 80s – 17% - 2010 45% died in hospice – half at home
- Questions – what are your biggest concerns/fears? What goals are most important? What tradeoffs willing to make? Not make?
Click on the link above to watch
Introduction of New Division of Health Care Advocacy and Advancement
Division of Health Care Advocacy & Advancement

Paul Galdys
Assistant Director
Division of Health Care Advocacy and Advancement (DHCAA)

- The Office of Individual and Family Affairs (OIFA)
- The Office of Human Rights (OHR)
- Human Rights Committees (HRC) Liaison
- The State Medicaid Advisory Committee (SMAC)
- Arizona Long Term Care System (ALTCS) Advisory Committee
- Behavioral Health Planning Council

Reaching across Arizona to provide comprehensive quality health care for those in need
AHCCCS/DBHS Transition Org Chart

Reaching across Arizona to provide comprehensive quality health care for those in need.
The Office of Individual and Family Affairs (OI FA)

The Office of Individual and Family Affairs activities include:

• Increasing adult, youth and family voice and participation
• Removing barriers to inclusion, and resolve issues impacting service delivery
• Establishing structure and mechanisms necessary to increase the youth, adult and family voice in areas of leadership and service delivery
• Ensuring parent and peer support programs (self-help initiatives) are available
• Establishing mechanisms, standards and activities to monitor contractors

Reaching across Arizona to provide comprehensive quality health care for those in need
The Office of Human Rights (OHR)

The Office of Human Rights provides advocacy services free of charge to individuals determined to have a Serious Mental Illness (SMI) and designated as needing special assistance in the public mental health system.

- Help individuals understand, protect and exercise their rights
- Facilitate self-advocacy through education
- Obtain access to behavioral health services
- Provide support in the development of the Individual Service Plan
- Navigate the grievance and appeal process
Human Rights Committees (HRC) Liaison

The division is staffed with a liaison to provide administrative support to the Human Rights Committees created by the Arizona Legislature (A.R.S. 41-3803 and 41-3804)

- There are 3 HRCs – Pima County, Maricopa County and Arizona State Hospital
- Each committee consists of 7-15 members who are consumers, or family members of consumers, and professionals with expertise in these areas: psychology, law, medicine, education, special education, social work, housing or behavioral health.
- HRCs meet as frequently as established in their operating guidelines, but at least quarterly.
The State Medicaid Advisory Committee (SMAC)

- The State Medicaid Advisory Committee (SMAC) advises the Director of AHCCCS on policy, operations and administrative issues of the Medicaid program, including issues of concern to the community. The Committee meets quarterly and the AHCCCS Director chairs the meeting. SMAC meetings are open to the public and every meeting has an open discussion period after the final agenda item has been addressed.

- The SMAC operates in accordance with 42 CFR 431.12 (Code of Federal Regulations) and the State Medicaid Plan.
Arizona Long Term Care System (ALTCS) Advisory Committee

- The Arizona Long Term Care System (ALTCS) Advisory Committee advises the agency on policy related to the ALTCS program.
Behavioral Health Planning Council

- Established through Public Law 99-660, the Behavioral Health Planning Council is an advisory body charged with the responsibility for reviewing, monitoring and evaluating the adequacy of behavioral health services in Arizona as well in the development and implementation of the State Comprehensive Mental Health Services Plan for Children and Adults.

- The Council represents urban and rural areas statewide. The membership includes providers, consumers, family members, tribal representatives, advocates, mental health professionals, and representatives from state agencies. The Planning Council holds annual retreats to examine past accomplishments and strategically plan for the future.
Thank you!

Reaching across Arizona to provide comprehensive quality health care for those in need
Introduction of New Member Organization
(no handouts)
Autism Spectrum Disorder Report and Pharmacy and Therapeutics Committee Update
AHCCCS CMO Update

- AHCCCS P&T Committee
- Governor’s Office ASD Advisory Committee
AHCCCS P&T Committee

Reaching across Arizona to provide comprehensive quality health care for those in need
P&T Committee

• Operational Policy
  o Public Comment Closed 12-5-15

• Application for membership on AHCCCS website
  o Member selection by category random based on applications received

• Next meeting scheduled for February 17, 2016
AHCCCS Drug List

- Assist providers when selecting clinically appropriate medications for AHCCCS members
- Specifies which drugs:
  - Are preferred agents
  - Require step therapy
  - Require PA to ensure clinically appropriate medication use
  - Have QL
- **Meds not listed on the Drug List are available through PA**
Current AZ Supplemental Rebate Classes

- HCV
- Growth Hormone
- Self-Injected Epinephrine
- Inhaled Antibiotics
- Cytokine & CAM Antagonists

Reaching across Arizona to provide comprehensive quality health care for those in need
Future Supplemental Rebate Classes

• February 2016 meeting: Inhaled Glucocorticoids

ASD Advisory Committee

Reaching across Arizona to provide comprehensive quality health care for those in need
Articulate a series of recommendations to the State for strengthening the health care system’s ability to respond to the needs of AHCCCS members with or at risk for ASD, including those with comorbid diagnoses.
Two-pronged approach

- Short-term: Policy Level Changes
- Long-term: System Level Changes
Short-Term Solutions

• Improve access to ASD services through RBHA
• Expand the types of providers from whom DDD accepts an ASD dx
• Web resources to navigate current system
• Maintain EBP Treatment Matrix
• Develop ASD Workforce Consortium
Long-Term Solutions

- Integration of physical and behavioral health through single health plan
- Care coordination
- Leverage VBP strategies to improve outcomes
System Design

• Support for an integrated system of physical and behavioral care

• Choice is essential
  o Multiple health plans

• DDD should remain the MCO for individuals qualifying for ALTCS
System Integration 2.0
(no handouts)
Delivery System Reform
Incentive Payments
Arizona SIM Vision

Accelerate the delivery system’s evolution towards a value-based, integrated model that focuses on whole person health in all settings regardless of coverage source.
SIM/DSRIP Strategies

• Target strategies to High Cost/Complex Need populations to achieve better outcomes and more efficient/cost effective care

• Leverage SIM strategies into a DSRIP
  o Support BH/PH Integration
    ▪ HIE
    ▪ Value Based Payments
    ▪ Care Management for High Needs High Cost members
  o Justice System Transitions
  o American Indian Care Management capacity

Reaching across Arizona to provide comprehensive quality health care for those in need
Dec 8 Provider and Health Plan Stakeholder Meeting

- Overview of Delivery System Reform Improvement Program (DSRIP) in other states/CMS
- Begin engagement
- Start discussion of overarching strategies
- Discussion of next steps
Key Questions

• Beyond technology and data infrastructure, what are existing barriers to effective contractual partnerships in developing an integrated continuum of care that includes hospitals, PCPs, community behavioral health, social services, health plans etc.?

• What are barriers to providers being able to enter into VBP models and how can these efforts help?

• How do we scale and support initiatives that address complex populations such as the AIHP Care Coordination Initiative?

• **ROLE OF MANAGED CARE/PLANS**

Reaching across Arizona to provide comprehensive quality health care for those in need
Role of MCO in Other States

- Major DSRI P programs in other states (NY, CA, TX) building provider-driven entities in a managed care environment
- Potential for DSRI P entities performing overlapping or uncoordinated functions with MCO
- E.g., CA PRIME Program Objective – PRIME entities assuming responsibility for the overall healthcare needs of a population of the Medi-Cal beneficiaries
AZ Role of MCO

• AHCCCS Vision: Shaping tomorrow’s managed care from today’s experience, quality, and innovation

• Arizona will look to leverage mature managed care infrastructure to organize entities (establish network), establish protocols for care management and service delivery to complex populations and VBP
DSRIP Timeline

2016
- DSRIP 1115 Waiver

2017
- New ALTCS EPD Contracts
- DD Subs (BI/PH)

2018
- New Acute Plan Contracts

2019
- Integrated Populations
  - SMI
  - CRS
  - Duals
  - Non DD Kids with Autism
  - Other Potential Integration

2020
2021

MCO ROLE
- Establish Network
  - Providers Required
  - Provider Competencies
  - Care Management Protocols
- How Providers Work Together
- Tie AFMs to Value
- Drive Members to Value
- Care Management
  - Identification of complex/HNHC
  - Transitions (Ex: Justice)
  - Data/Analytics
  - Infrastructure (Staff, Systems)

DSRIP Phase I
- SMI/RHBA
- AI/AN
- Behavioral Health Readiness/HIT
- Kids
  - Autism
  - CRS
  - Foster

DSRIP Phase II
- MCOs Form DSRIP Entities Based on Provider Network Requirements Serving Broader Populations
Next Steps

• Health Plan Meeting – early Feb
• Stakeholder meeting – 2/25
• AIHP Stakeholder Regional Forums – early March
• Finalize Proposal – Late March
• CMS Visit - April