



# Welcome to the State Medicaid Advisory Committee

While you are waiting TEST YOUR AUDIO.

LISTEN FOR MUSIC.

You were automatically muted upon entry.

Please only join by phone or computer.

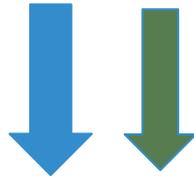
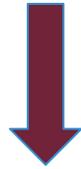
Please use the chat feature for questions or raise your hand.



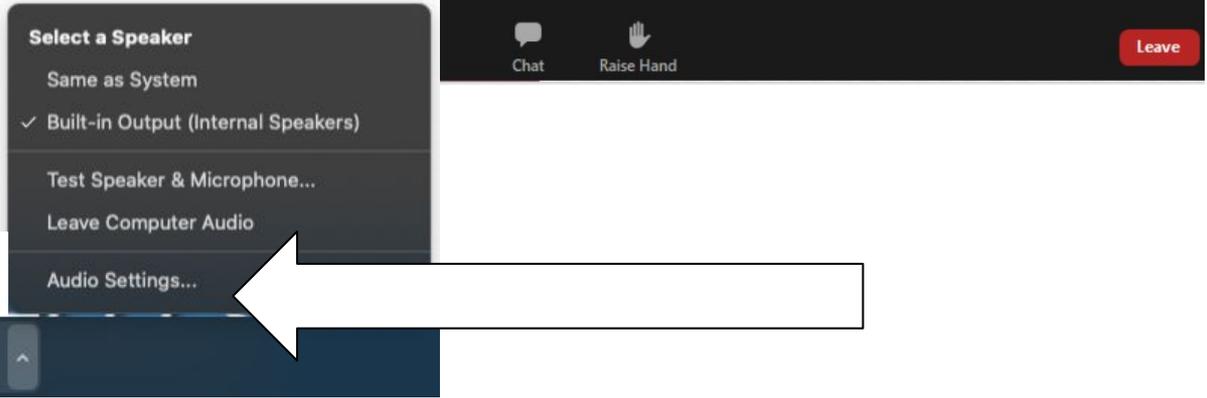
Thank you.

# Zoom Webinar Controls

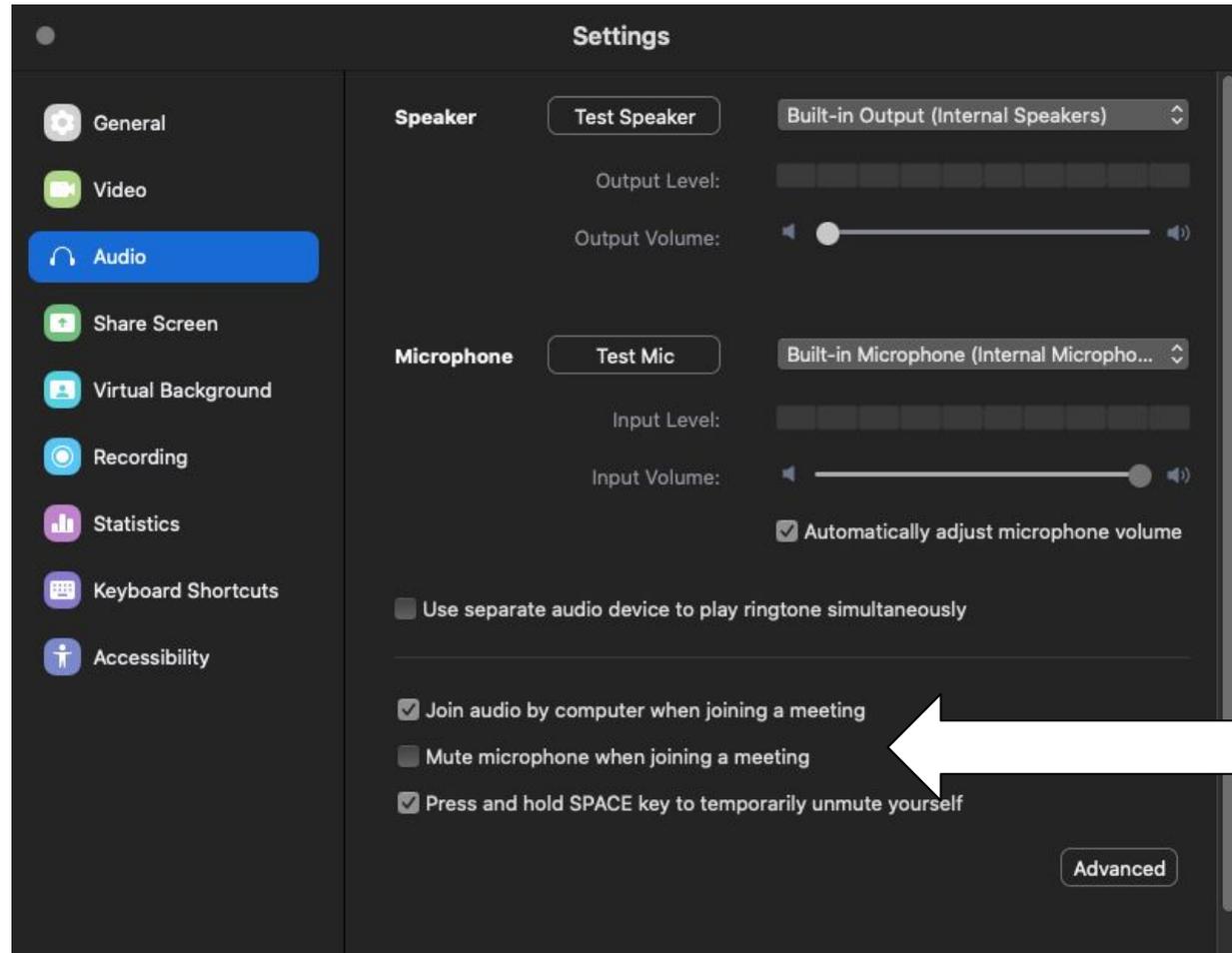
Navigating your bar on the bottom...



- **Windows:** You can also use the **Alt+Y** keyboard shortcut to raise or lower your hand.
- **Mac:** You can also use the **Option+Y** keyboard shortcut to raise or lower your hand.



# Audio Settings



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

**Settings**

**Speaker** Test Speaker Built-in Output (Internal Speakers)

Output Level: [Progress bar]

Output Volume: [Slider]

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

Input Level: [Progress bar]

Input Volume: [Slider]

Automatically adjust microphone volume

Use separate audio device to play ringtone simultaneously

Join audio by computer when joining a meeting

Mute microphone when joining a meeting

Press and hold SPACE key to temporarily unmute yourself

Advanced

# Tips for successful ZOOM PARTICIPATION



MUTE your mic  
when you're not  
speaking



BACKGROUND  
NOISE watch when  
turning on mic



Limit the  
DISTRACTIONS  
around you



Look at the  
CAMERA  
not your screen



PREPARE & queue  
docs or links that  
you plan to share



Stay FOCUSED by  
not texting or side  
conversations



Use GALLERY  
VIEW to see all  
participants



Use CHAT to ask  
questions or share  
resources



# State Medicaid Advisory Committee (SMAC) Quarterly Meeting

January 13, 2021



# Telehealth Presentation

Dr. Sara Salek, CMO, AHCCCS

Justin Bayless, President/CEO of Bayless Integrated Healthcare

# AHCCCS Telehealth Policy Updates: October 1, 2019



*Healthcare services delivered via asynchronous (store and forward), remote patient monitoring, teledentistry, or telemedicine (interactive audio and video).*

# October 1, 2019 AHCCCS Telehealth Policy Updates



Broadening of POS allowable for distant and originating sites

No restrictions on distant site (where provider is located)  
Broadening of originating site (where member is located) to include home for many service codes



Broadening of coverage for telemedicine, remote patient monitoring, and asynchronous



No rural vs. urban limitations



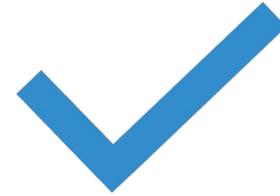
MCOs retained their ability to manage network and leverage telehealth strategies as they determine appropriate

# AMPM 320-I Telehealth



**Pre 10/1/19**

Real-time telemedicine limited to 17 disciplines



**Implemented 10/1/19**

No restrictions on disciplines

# AMPM 320-I Telehealth



**Pre 10/1/19**

Asynchronous covered in very limited circumstances



**Implemented 10/1/19**

Dermatology  
Radiology  
Ophthalmology  
Pathology  
Neurology  
Cardiology  
Behavioral Health  
Infectious Disease  
Allergy/Immunology

# AMPM 320-I Telehealth



**Pre 10/1/19**

Telemonitoring limited to CHF



**Implemented 10/1/19**

No restrictions on telemonitoring

# AHCCCS Telehealth Major Policy Changes: COVID-19

- Created Temporary Telephonic Code Set
- Added ~150 codes to Telehealth Code Set
- AHCCCS MCOs required to:
  - Reimburse at the same rate for services provided “in-person” and services provided via telehealth and/or telephonically
  - Cover all contracted services via telehealth modalities

# AHCCCS Telehealth Coverage Summary

WHAT	TECHNOLOGY	TELEHEALTH MODIFIER <sup>1</sup> OR APPLICABLE DENTAL CODE	PLACE OF SERVICE (POS)	CODE SET AVAILABLE	CODE SET AVAILABLE AFTER COVID 19 EMERGENCY
Telemedicine (Synchronous)	Interactive Audio + Video	GT	Originating Site <sup>2</sup>	<a href="#">Telehealth Code Set</a>	YES
Asynchronous (Store+Forward)	Transmission of recorded health history through a secure electronic communications system	GQ	Originating Site <sup>2</sup>	<a href="#">Telehealth Code Set</a>	YES
Remote Patient Monitoring	Synchronous (real-time) or asynchronous (store and forward)	GT-Synchronous GQ-Asynchronous	Originating Site <sup>2</sup>	<a href="#">Telehealth Code Set</a>	YES
Teledentistry	Synchronous (real-time) or asynchronous (store and forward)	D9995-Synchronous D9996-Asynchronous	Originating Site <sup>2</sup>	<a href="#">Teledentistry Code Set</a> <sup>3</sup>	YES
Telephonic	Audio	None	02-Telehealth	<a href="#">Permanent Telephonic Code Set</a> <sup>3,4</sup>	YES
Telephonic (Temporary)	Audio	UD	Originating Site <sup>2</sup>	<a href="#">Temporary Telephonic Code Set</a> <sup>3,4</sup>	UNDER EVALUATION

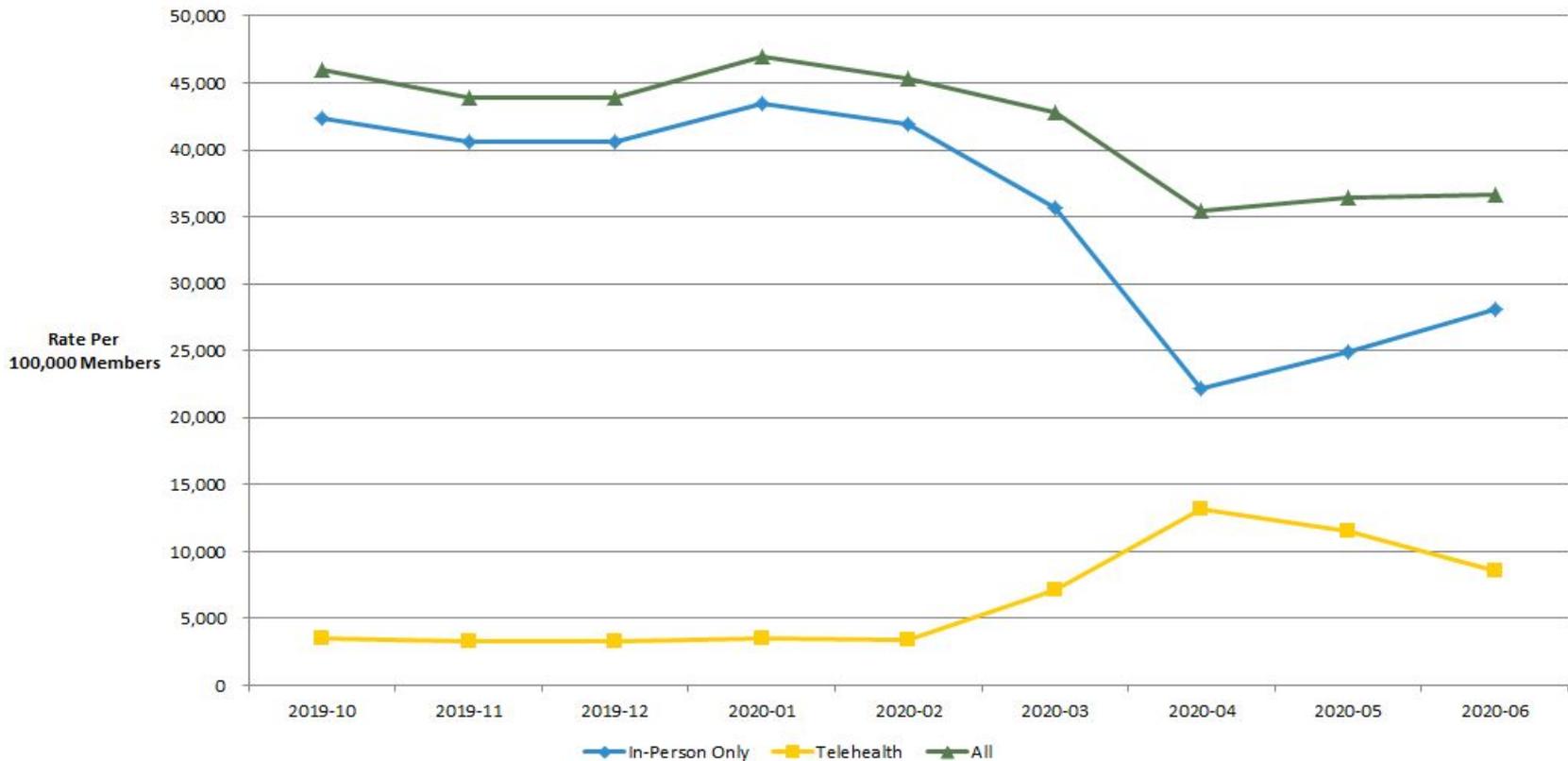
1 All other applicable modifiers apply.

2 Location of the AHCCCS member at the time the service is being furnished via telehealth or where the asynchronous service originates

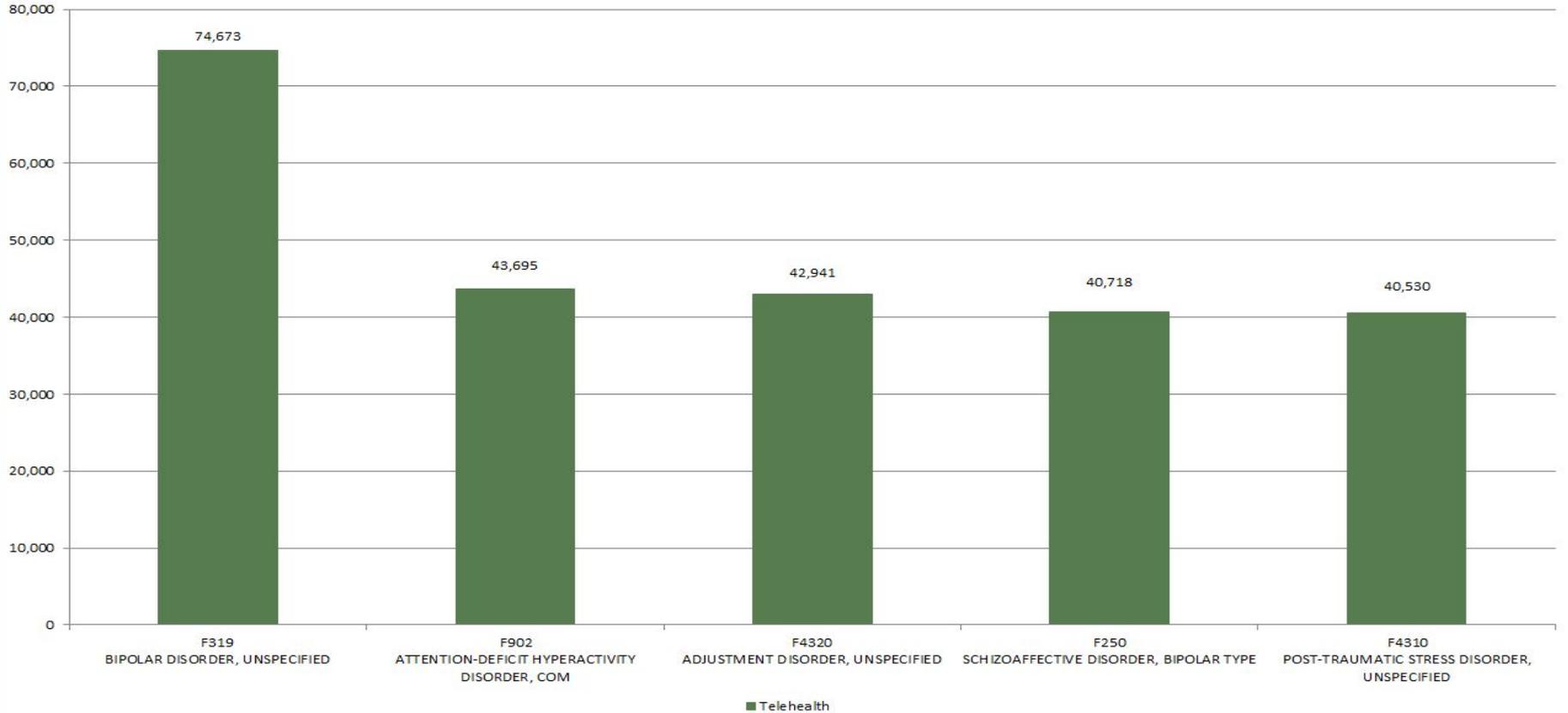
3 Adding to master Telehealth Code Set

4 Adding audio-only to Telehealth definition; evaluating modifier and POS coding standards

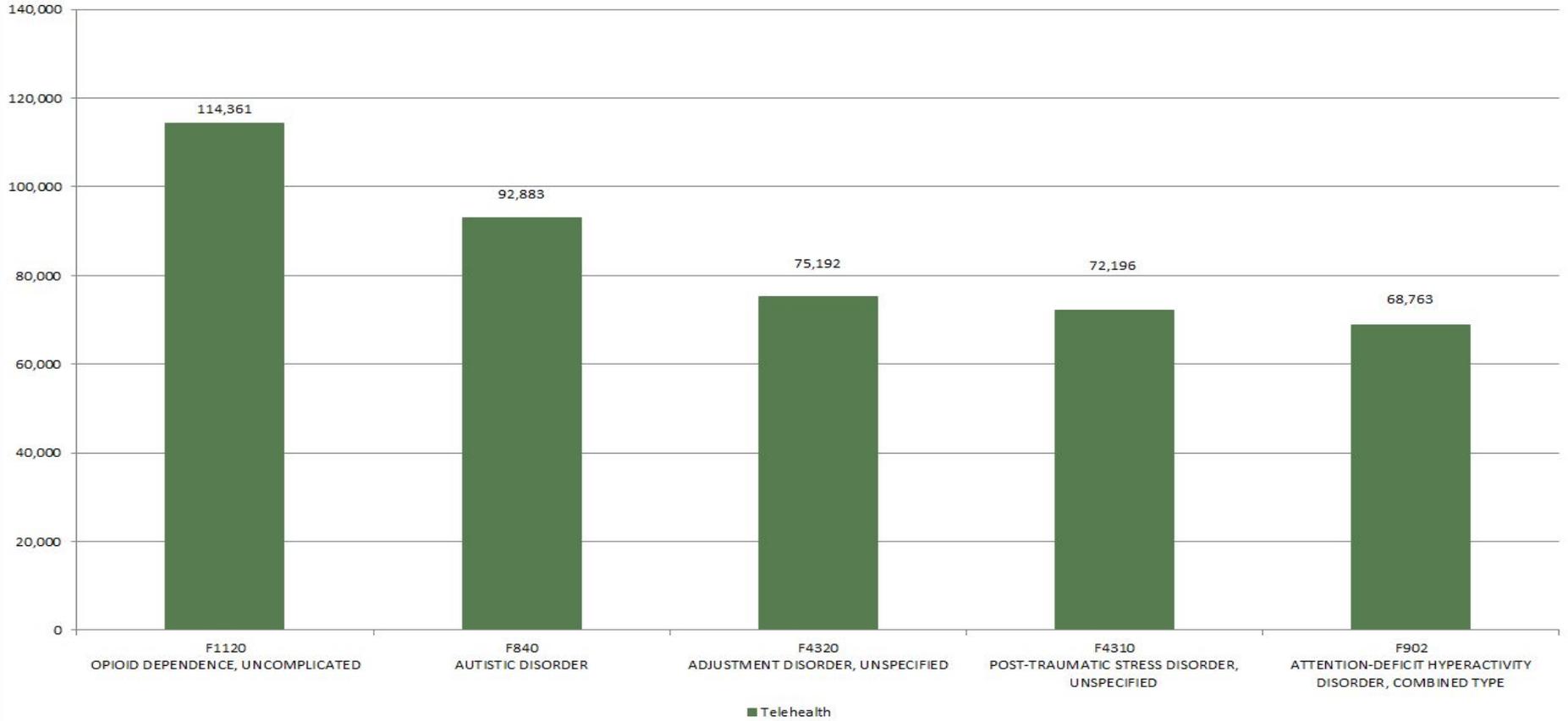
## FFY20 YTD Statewide Utilization By Mode of Service Delivery (Distinct Member Count by Month, Rate Per 100,000 Enrolled Members)



## Most Common Primary Diagnoses Treated Via Telehealth Pre-Pandemic (Number of Claim Lines, October 2019 - February 2020)

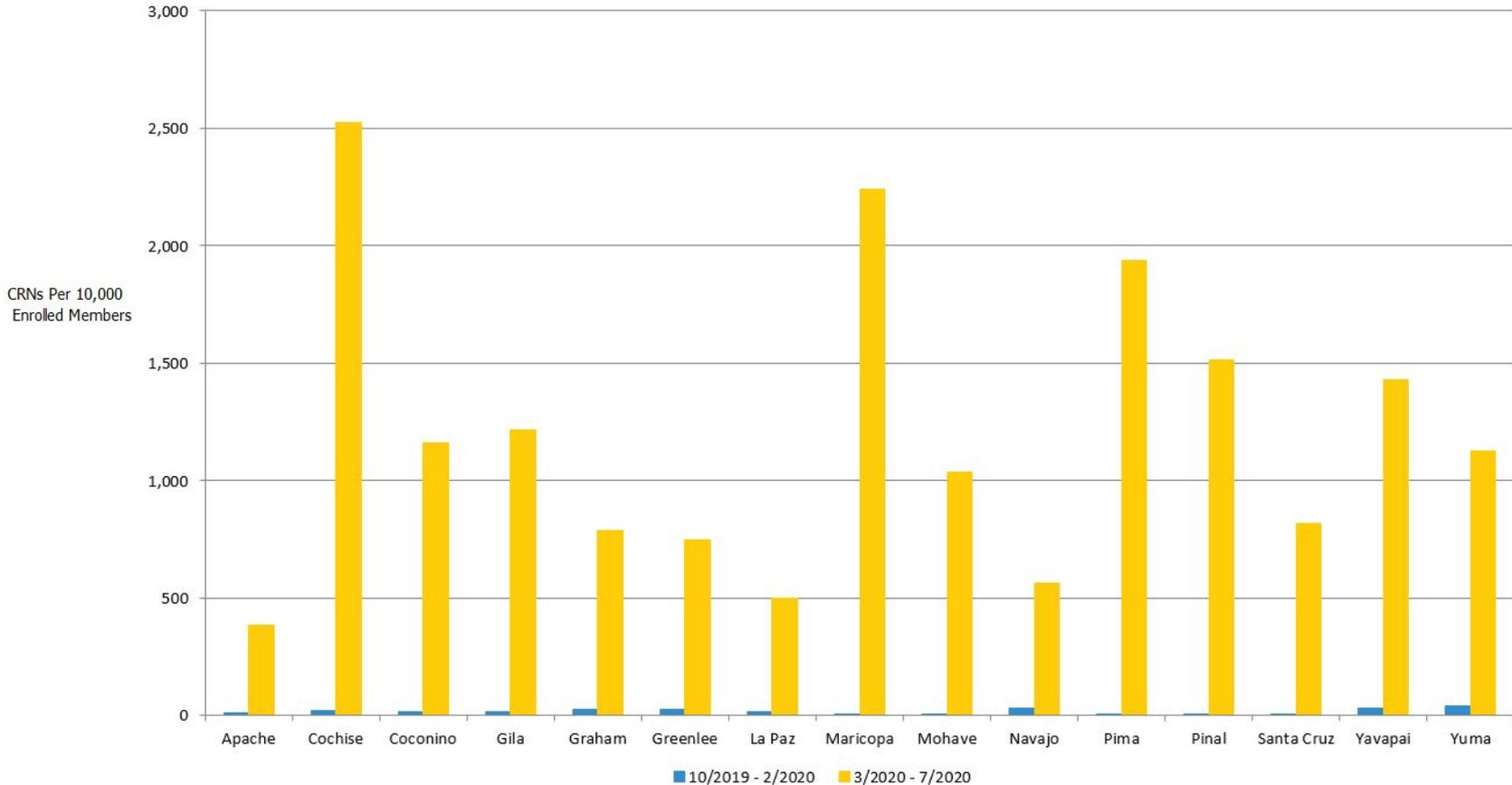


## Most Common Primary Diagnoses Treated Via Telehealth During Pandemic (Number of Claim Lines, March - June 2020)



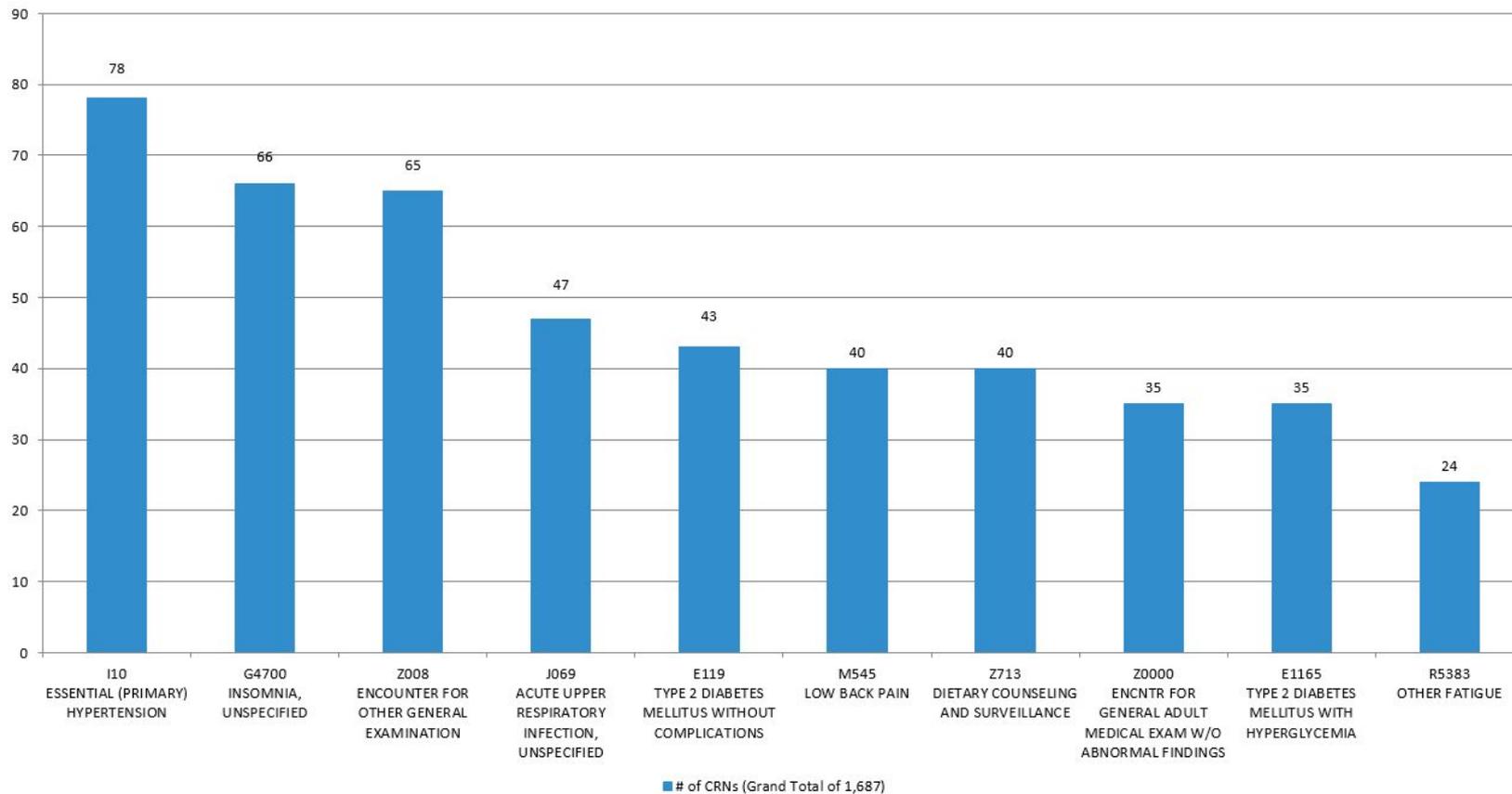
## Telehealth Physical Health Services Via Real-Time Audio/Visual and Store/Forward Pre-Pandemic (10/19-2/20) and Start of PHE (3/20-7/20)

(Number of Claim Lines/Services Rendered, Rate Per 10,000 Enrolled Members, All LOB)

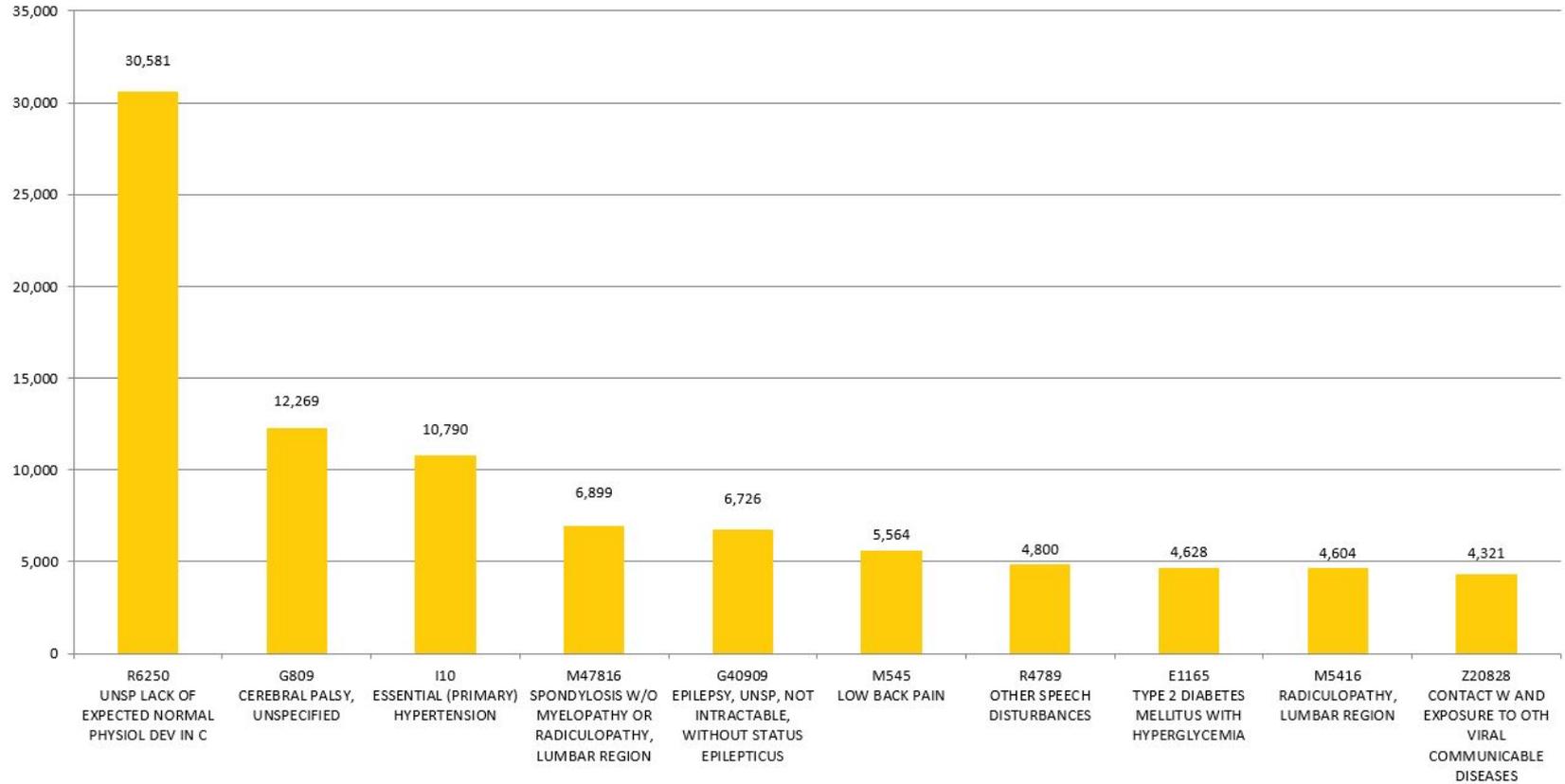


## Most Common Physical Health Primary Diagnoses Treated Via Real-Time Audio/Visual Pre-Pandemic

(Number of Claim Lines, October 2019 - February 2020, PH Indicator = Y, All LOB)



**Most Common Physical Health Primary Diagnoses Treated Via Real-Time Audio/Visual  
March - July 2020  
(Number of Claim Lines, PH Indicator = Y, All LOB)**



■ # of CRNs (Grand Total of 369,457)



*Improving lives,  
transforming healthcare™*



**Bayless** 

Integrated Healthcare

Integrated Behavioral and Primary Care Virtual Care Provider

## Executive Team

### Proven Track Record with an Innovative Healthcare Delivery Model

#### Justin M. Bayless

Chief Executive Officer, Shareholder



- President and CEO (2010 - Present), VP and CFO (2008 - 2009)
- Son of Dr. Michael Brad Bayless, founder of Bayless Integrated Healthcare
- Focuses on developing new value-based contractual relationships with diversified payer types while continually expanding the Bayless service array, locations, and brand
- Board member of Dignity Health St. Joseph's Hospital, board member of Delta Dental Arizona, appointed to African American Affairs Commission by Governor Doug Ducey, and former member of Arizona Board of Behavioral Health Examiners
- Prior to Bayless, Investment Banker at Morgan Stanley

#### Graham B. Johnson, CPA

Chief Financial Officer, Shareholder



- 4 years at Bayless
- Responsible for managing the finance department, managing vendor relationships, budgeting, forecasting, and overseeing the Company's IT needs
- Previously an auditor at Deloitte & Touche for 15 years

#### Andrea Raby, DO, BC-TMH

Vice President, Psychiatry, Shareholder



- 6 years at Bayless
- Oversees the treatment of the outpatient psychiatry population while creating robust mental health programs and supervising physician assistants
- Provides forensic evaluations and numerous other services for the acutely ill for over 10 years

#### Danielle Sink, MD

Chief Medical Officer



- 1 Year at Bayless
- Board Certified in Internal Medicine and Lifestyle Medicine
- Founded Acacia Internal Medicine and sold to Optum Care in 2017
- Member of Humana Western Region Peer Review Quality Committee for Primary Care, Humana National Peer Review Quality Committee for Behavioral Health, and Banner Health Network PCP Clinical Governance Committee

#### Arthur Pelberg, MD

Chief Advisor, Shareholder



- 7 years at Bayless
- Responsible for assisting in the development of an integrated service delivery program
- Previously CMO at INSPIRIS (2008 - 2011) (complex Medicare/Medicaid members health plan acquired by UnitedHealth); President and CMO (1999 - 2007) and VP and National Medical Director (1988 - 1995) at Schaller Anderson (acquired by Aetna)

# Bayless Overview

## Integrated Behavioral and Primary Care Virtual Care Provider

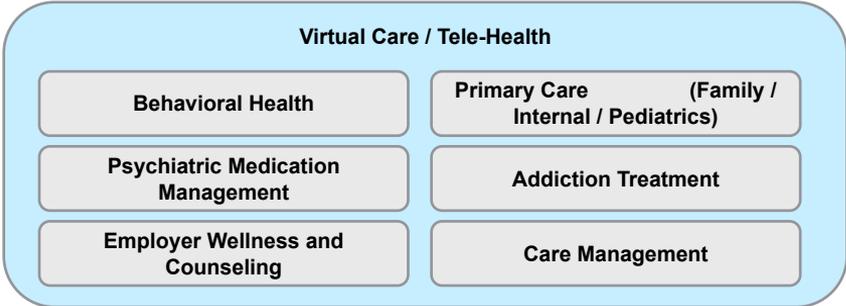
### Market Overview

According to the CDC, over 40% of US adults currently report at least one adverse mental or behavioral health condition and over 25% of young adults (ages 18-24) have seriously considered suicide in the past 30 days. Yet, barriers to accessing proper mental health services (provider shortages, lack of affordable care, stigma, and fragmented delivery of physical and behavioral care) typically prevent many from receiving treatment. Not only is this staggering unmet need detrimental to patients and families, but it is also incredibly costly to healthcare systems as approximately 1 in 8 emergency department visits are associated with behavioral health needs.

Bayless is committed to disrupting this status quo with a comprehensive integrated healthcare delivery system that combines the need for mental health and primary care in an interconnected ecosystem where patients receive all care under one roof. Bayless's proprietary, technology-driven practice platform contributes to better health outcomes for patients by ensuring better care coordination between teams, standardizing best-practice clinical protocols, and providing patients virtual access to licensed providers for all levels of care when an in-person visit is not necessary. The Bayless integrated care model not only drives improved health outcomes for each patient, but it also produces lower medical costs per member.

Bayless is currently operating in one state which represents a small slice of the US behavioral health market that is expected to continue to develop over the coming years as the utilization of these integrated offerings accelerates post-COVID.

### Professional Services



### Key Stats

<b>Employees</b>	<b>340 Employees / 180 Providers</b>
<b>Existing Footprint (Phoenix, AZ)</b>	<b>All Services Provided Virtually</b> - 6 integrated clinics - 2 mental health counseling clinics - 1 corporate/support office location

## Telemedicine Program: URAC Accredited



### Companies with URAC Accreditation

Company	State
AbleTo	New York
Alicare Medical Management	New Hampshire
Amwell	Massachusetts
Bayless Integrated Healthcare	Arizona
CHRISTUS Good Shepherd	Texas
Doctor on Demand	California
InTouch Health	California
InnovaTel Telepsychiatry	Pennsylvania
SOC Telemedicine	Virginia
Teledoc Health	New York
United Concierge Medicine	New York
United Health Services Hospitals	New York
UC San Diego Health System	California

### • Bayless is the first and the only provider group in Arizona to receive this designation and 1 of 13 in the US

- As the only telemedicine or telehealth accreditation program approved by the American Telemedicine Association, the URAC (Formerly CHQI) Telemedicine Accreditation Program (TAP) seal provides consumers with an easy-to-identify confirmation of quality from an independent third-party organization – a patient and consumer benefit that had previously been unavailable for telehealth care.
- TAP’s goal is to promote access to safe, quality, and competent health care regardless of the telemedicine model or modality being deployed, or the type of clinical services being provided to patients.
- Bayless provides 10.5 hours of telehealth clinical training for licensed behavioral health clinicians which qualifies them to become board eligible for tele-mental health (BC-TMH).

Patients expectations are evolving...

What do consumers want?

- Seamless access
- Integration
- Personalized experience
- Affordable options



77%

Are frustrated when scheduling.



83%

Expect Amazon-like experience.



73%

Of Gen Z would use telehealth for low acuity.



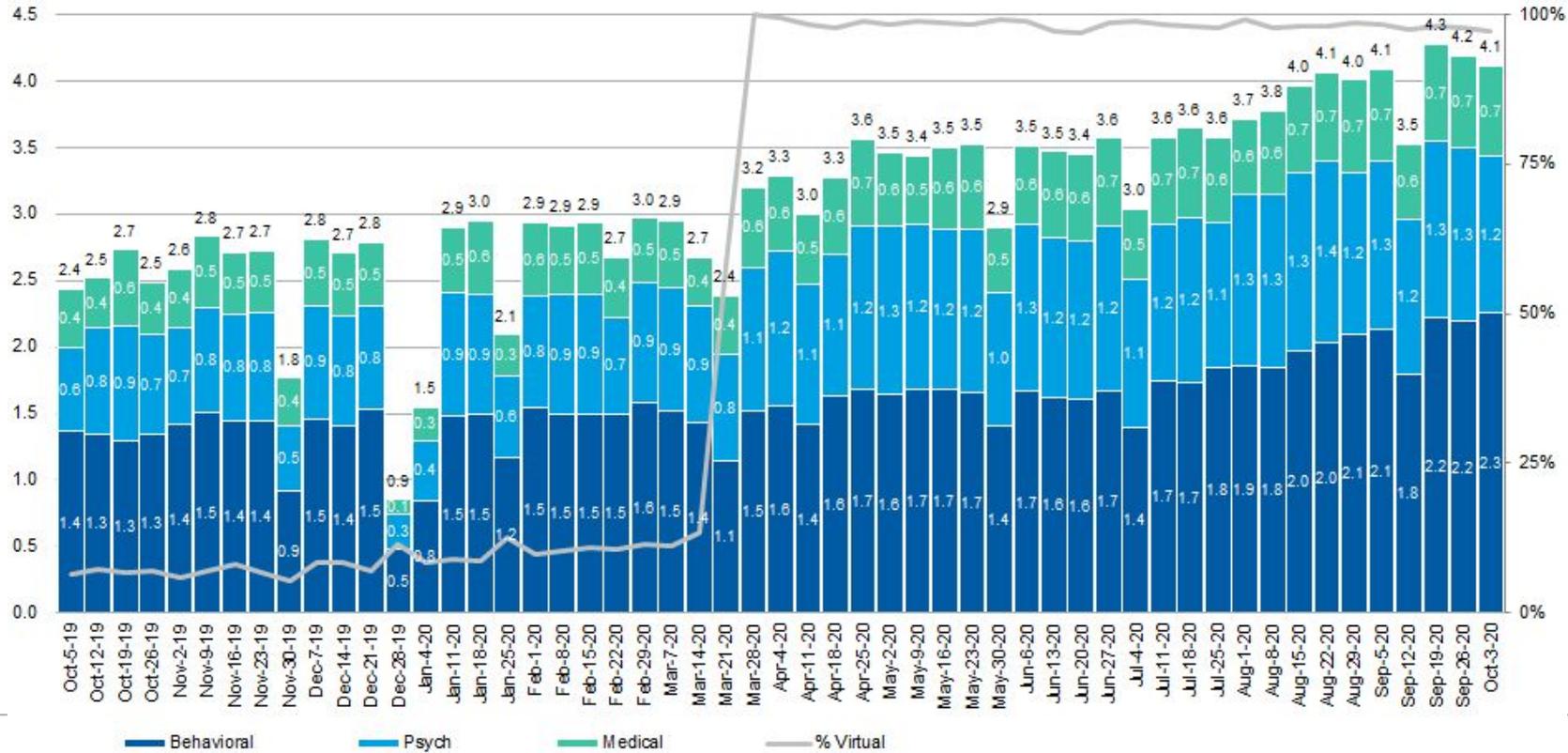
16%

Self-identify as comparison shoppers.

Prior to COVID-19 only 14% of physicians offered virtual visits

# COVID-19 Catalyst for Virtual Care

## Weekly Visits (000s)

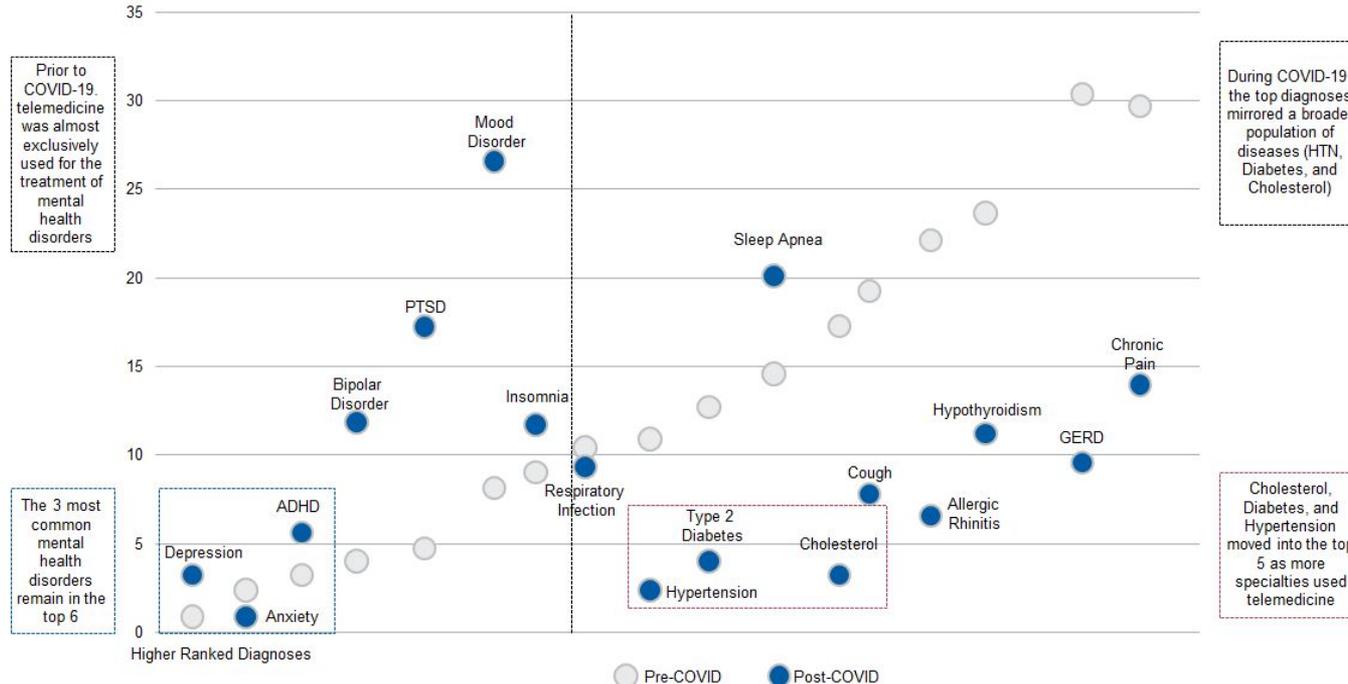


Source: Company Report.

# Post-COVID, Telehealth is no Longer Primarily Just a Mental Health Tool

## Dichotomy of Top-Ranked Telehealth Diagnoses from Pre-Covid to Post-Covid <sup>(1)</sup>

Lower Ranked Diagnoses



**Notes:**

1. As of Week ended March 27, 2020.
2. Source: IQVIA – Monitoring the Impact of Covid-19 on the Pharmaceutical Market Presentation.

# Many Patients Prefer Virtual Care to In-Person Visits

Bayless Has Seen an Increase in Patient Satisfaction Post Transition to All Virtual Care

Bayless Patient Satisfaction Rating (Out of 5) July 2019 – March 2020



% of 3,675 Unique Responses



Bayless Patient Satisfaction Rating (Out of 5) April 2020 – August 2020

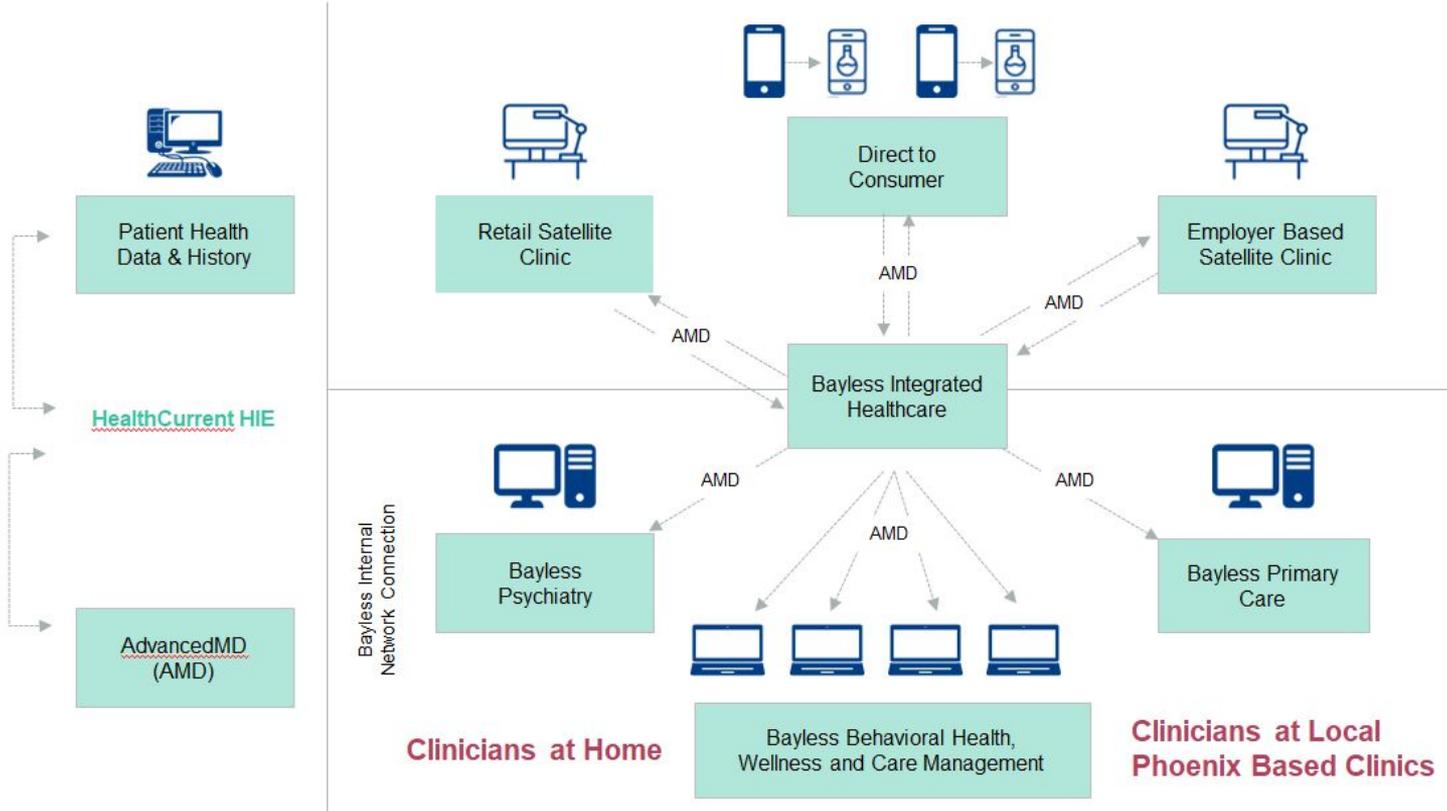


% of 1,584 Unique Responses



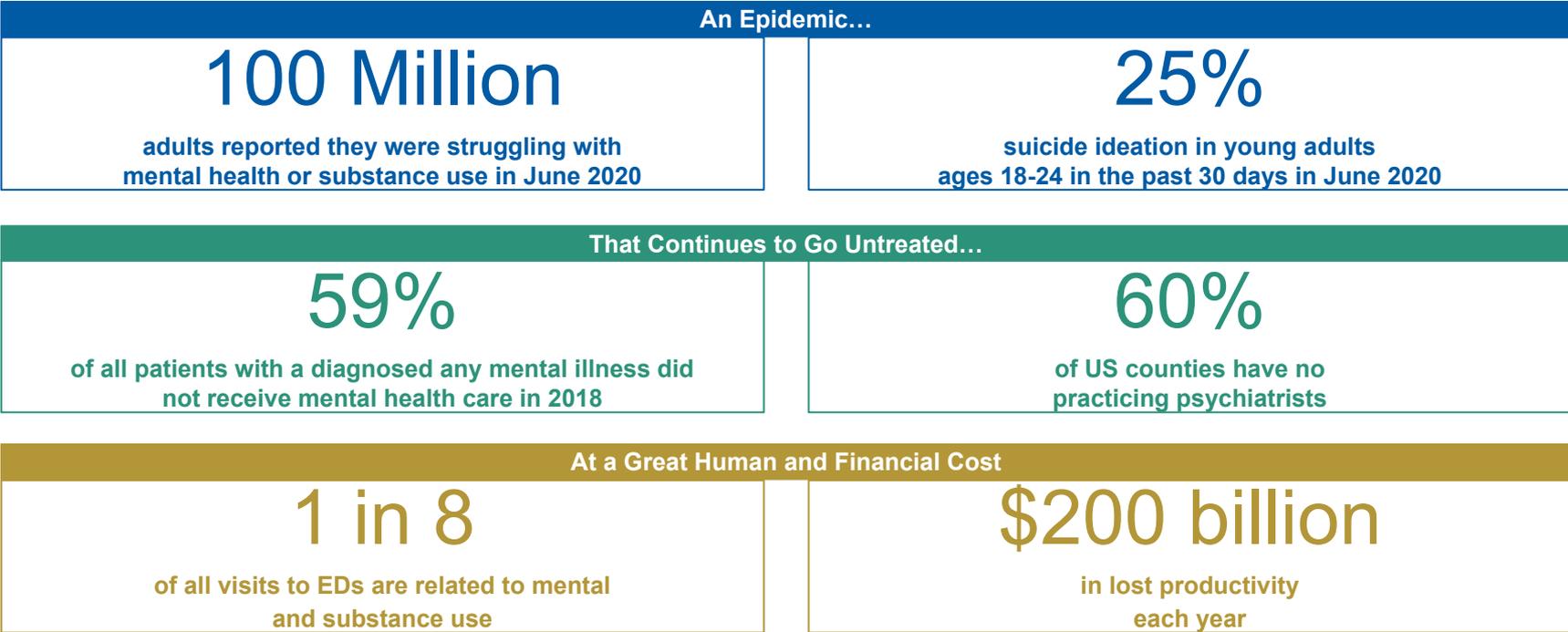
Notes:  
1. Internal Company Records.

**Future Delivery System Post COVID-19**



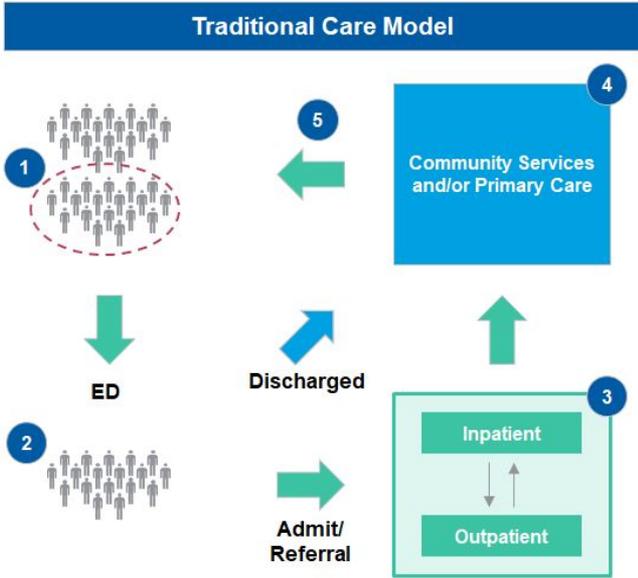
# Mental Health in the US: By the Numbers

## Pandemic Has Exacerbated Mental Health Epidemic



Notes:  
Source: CDC, SAMHSA, NAMI

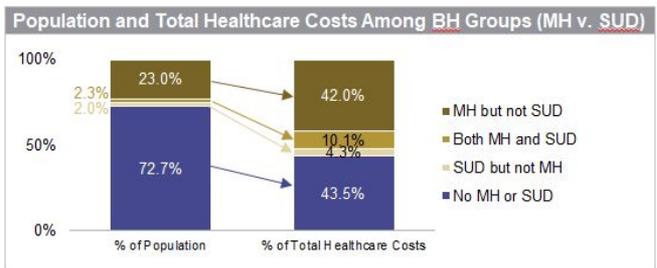
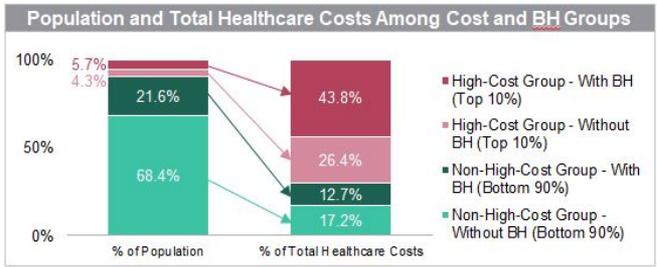
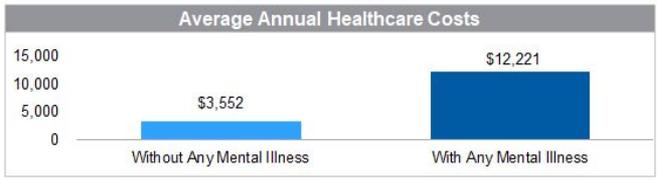
# The Cost of the Problem



- 1 Fragmented care system
- 2 Lengthy ED stays/increased cost of care
- 3 Inadequate resources and treatment options
- 4 Insufficient community resources & PCP support services
- 5 High rate of recidivism and care gaps

Source: Milliman

## High Cost of Behavioral Health



Questions?





# Quality Strategy Updates

Dr. Sara Salek, AHCCCS Chief Medical Officer

# What is the AHCCCS Quality Strategy?

Each state contracting with Managed Care Organization (MCO) must obtain input from members and other key stakeholders in the development of the quality strategy and make it available for public comment before adoption.

## Requirements

- The state must review and update its quality strategy as needed, but no less than once every 3 years.
- Must include an evaluation of the effectiveness of the quality strategy conducted within the previous 3 years.
- The Quality Strategy and Evaluation must be available on the state's website.

# Quality Strategy: Managed Care Regulations ([42 CFR § 438.340](#))

- Network Adequacy and Availability of Services Standards
- Continuous Quality Improvement Goals and Objectives
- Quality Metrics, Performance Targets
- Performance Improvement Projects to be implemented
- Arrangements for External Independent Reviews Description of State's Transition of Care Policies
- State's plan to identify, evaluate, and reduce health disparities
- Use of intermediate sanctions
- Description for how the State will assess performance and quality outcomes achieved
- Mechanisms to comply with additional services for enrollees with special health care needs or who need Long-Term Services and Supports (LTSS)
- Information pertaining to the nonduplication of EQR activities

# Quality Strategy: Major Updates Planned

- System delivery model changes
- Quality initiatives
- Performance measure calculation transition
- VBP Initiative goals, objectives, and overview

# Timeline

Community Quality Forum, State Medicaid Advisory Committee, and Tribal Consultation Notifications	Dec 2020 - Feb 2021
AHCCCS Executive Management Review and Approvals	April 2021
<ul style="list-style-type: none"><li>● Public Comment Period</li><li>● Post Quality Strategy and Quality Strategy Evaluation on AHCCCS Website</li><li>● Submit Quality Strategy and Quality Strategy Evaluation to CMS</li></ul>	June 2021

# Quality Strategy: Public Comment

Draft will be post for public comment at

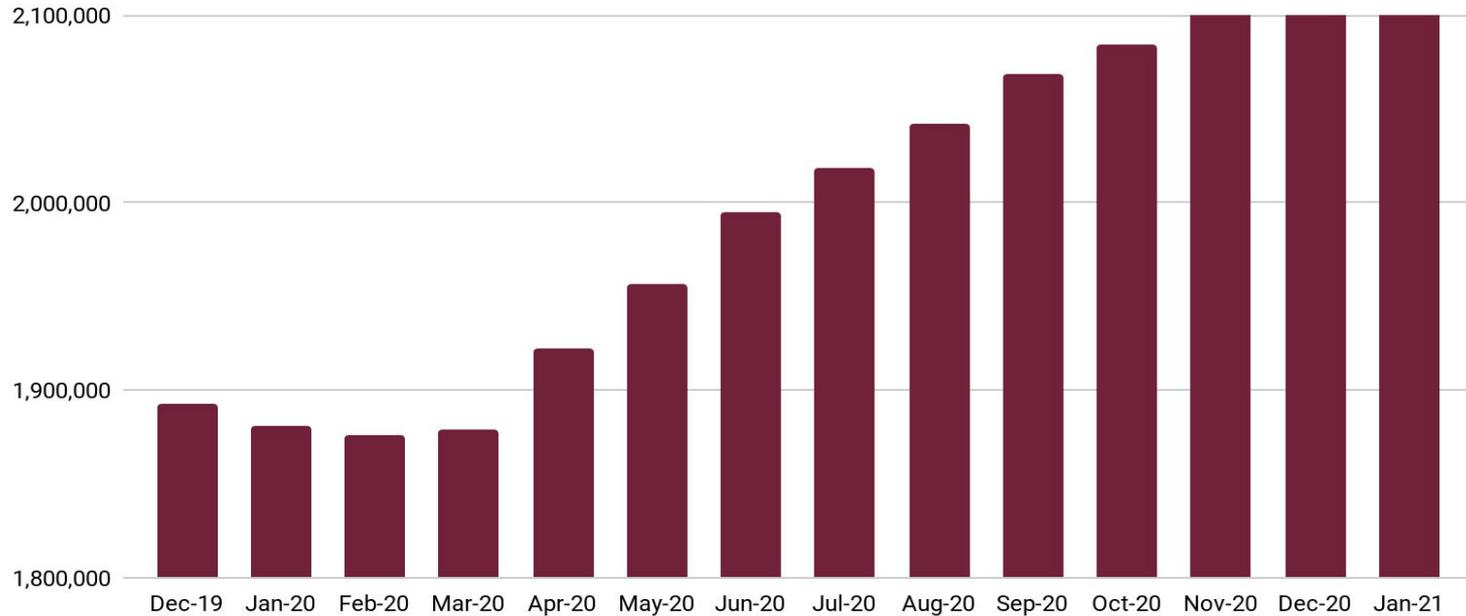
<https://www.azahcccs.gov/AHCCCS/PublicNotices/>



# Agency Update

Director Jami Snyder

# AHCCCS Enrollment: December 2019 - January 2021



# Legislative Session

- Session begins on 1/11/21
  - Governor Ducey delivered State of the State remotely
  - Executive Budget expected 1/15/21
- Covid-19 protocols will be in place including hybrid committees, limited access to committee rooms and House and Senate buildings, and mandatory masking
- House 7-Bill limit begins 1/14/21
- Last day for Senate Bills to be introduced 2/1/21
- Last day for House Bills to be introduced 2/8/21
- 100th day of session 4/24/21



# Legislative Forecast

- By this time last year (Wednesday before session starts), 222 bills had been posted; this year, only 109
- Return of bills from last session that didn't go to a vote due to the COVID-19 pandemic
  - Comprehensive dental, pregnant dental, chiropractic, newborn screening, maternal mental health committee, Psychiatric Security Review Board
- Telehealth
- Expanding housing for individuals living with a serious mental illness
- State of emergency-related bills may affect some of AHCCCS' COVID flexibilities

# COVID Update: Vaccine Administration Guidance

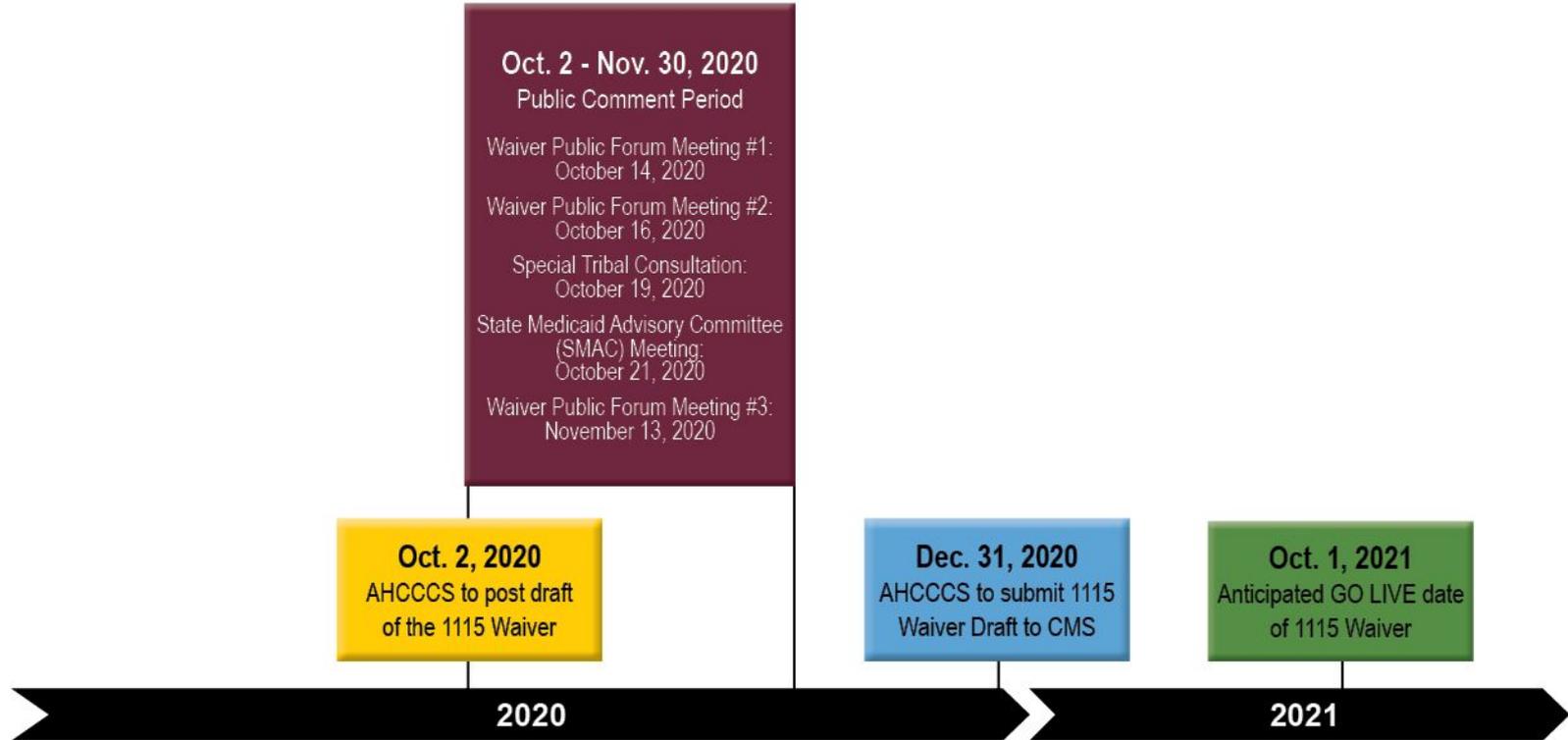
- Any AHCCCS-registered provider whose scope of practice includes vaccine administration may be reimbursed for COVID-19 vaccine administration
- Must be onboarded with the Arizona Department of Health Services ([Provider Onboarding Form](#))
- Medicare payment rates
  - \$16.94/first dose
  - \$28.39/second dose
- Mandated payment - 100% of rates, including mid-level practitioners
- Mandated suspension of in-network requirements for health plans

# Housing Administrator RFP

- **Description:** To contract with single statewide Housing Administrator for AHCCCS Housing Programs including Scattered Site and CLP units.
- **Goals:**
  - Standardize AHCCCS Housing Processes
  - Improve Housing Outcomes and Accountability
  - Improve participant experience
- **Anticipated RFP Award Date:** End of January
- **Housing Administrator Start Date:** 10/1/21

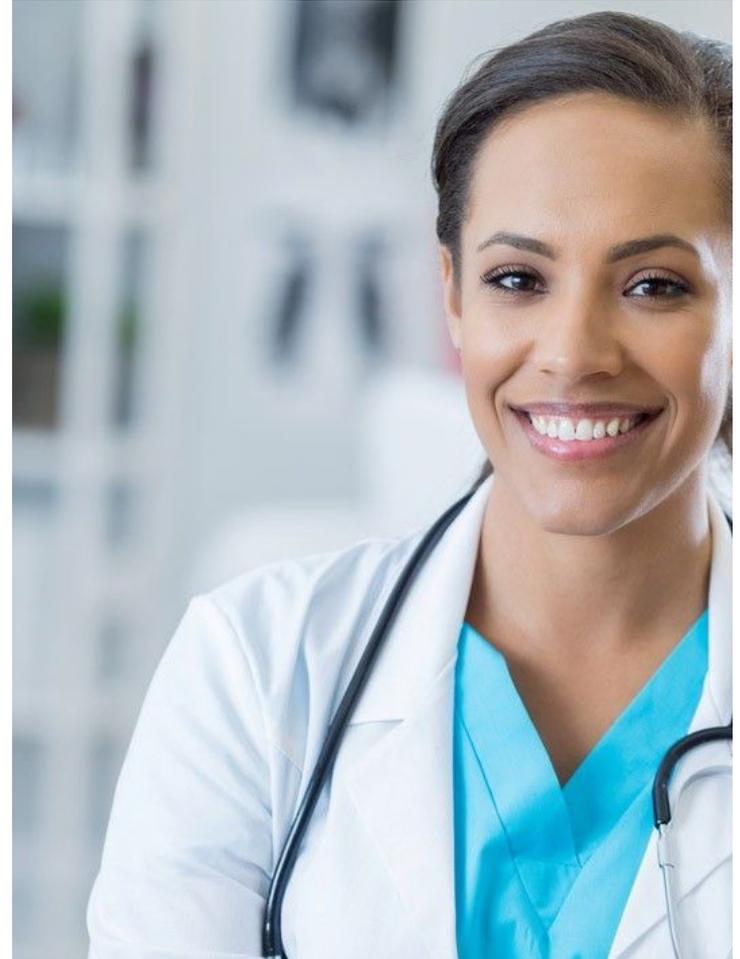


# Arizona's 1115 Waiver Renewal Timeline



# 1115 Demonstration Waiver Renewal

- **Initiatives to Be Continued**
  - Managed care
  - Home and community based services
  - Targeted Investments Program
  - AHCCCS Works
  - Waiver of prior quarter coverage for certain populations



# 1115 Demonstration Waiver Renewal



- **New Initiatives**

- Verbal consent in lieu of written signature for up to 30 days for care and treatment documentation for ALTCS members
- Reimbursement for traditional healing services (renewed request)
- Reimbursement for adult dental services eligible for 100% federal financial participation provided by IHS and Tribal 638 facilities
  - Exceeding the \$1,000 emergency dental limit for adult members and the \$1,000 dental limit for individuals age 21 or older enrolled in the ALTCS program

# 2020 Year In Review - COVID-19 PHE Response

- Obtained permission to pursue more than **46 programmatic flexibilities** from the Centers for Medicare and Medicaid Services. Key flexibilities implemented include:
  - Expanding the program's telehealth benefit to allow for a broader range of services to be provided electronically.
  - Expediting the provider enrollment process.
  - Reimbursing parents for care offered to their minor children and allowing spouses offering paid care to be paid beyond the standard 40 hours per week limit.
  - Reimbursing for services offered by hospitals and clinics owned or operated by the Indian Health Service, tribes or tribal organizations with a 638 agreement in Alternate Care Sites (ACS) during the public health emergency.

# 2020 Year In Review - COVID-19 PHE Response

- Offered provider financial relief:
  - Made over **\$59 million in additional payments** to nursing facilities, assisted living facilities, home and community based service providers and critical access hospitals.
  - **Advanced or accelerated more than \$90 million in funding** to hospitals, primary care providers, behavioral health outpatient providers, and justice clinic providers who participate in the agency's Targeted Investments Program and hospitals participating in the graduate medical education program.

# 2020 - Year in Review

- Successfully transitioned more than **60 percent of AHCCCS employees to a virtual work environment**, allowing the agency to consolidate two main campus buildings into one.
- Supported the work of the Governor's Abuse and Neglect Prevention Task Force through the Oct. 1, 2020 implementation of **minimum subcontract provisions** aimed at preventing abuse, neglect, and exploitation.
- Launched the **AHCCCS Provider Enrollment Portal (APEP)**, allowing providers to enroll with AHCCCS electronically any time of day.
- Implemented an **Electronic Visit Verification system** to verify member receipt of critical in-home services.
- Improved the **timely processing of Medicaid applications** to 94 percent for non-ALTCS applications and to 91 percent for ALTCS applications.

# 2020 - Year in Review

- **Increased influenza vaccine rates by 10 percent** to incentivize provider administration of the vaccine and partnered with health plans to offer managed care members a \$10 gift card for receiving a flu shot.
- Added **more than 3,000 members to American Indian Medical Homes**, improving care coordination for members served in IHS and 638 facilities.
- Created a **Health Equity Committee** to examine and understand health disparities that exist within the program and to develop strategies to ensure health equity for all AHCCCS members.
- Partnered with policy makers and hospitals to develop a new assessment, **increasing payments to eligible hospitals by \$800 million annually**.
- Increased rates by an estimated **\$380 million for dental providers and practitioners**.
- Secured more than **\$37 million in grant funding** to address the opioid epidemic, expand the state's suicide prevention work, and meet emergent needs related to the COVID-19 pandemic.

# On the Horizon

- Roll out of Electronic Visit Verification
- Transfer of HEAplus maintenance and operations to Accenture
- Implementation of closed-loop referral system
- Release of RFP and award of competitive contract expansion contracts
- Implementation of integrated care product for children in the foster care system on 4/1/21
- Renewal of 1115 waiver on or before 10/1/21





# SMAC Members

## Open Discussion, Comments and Questions



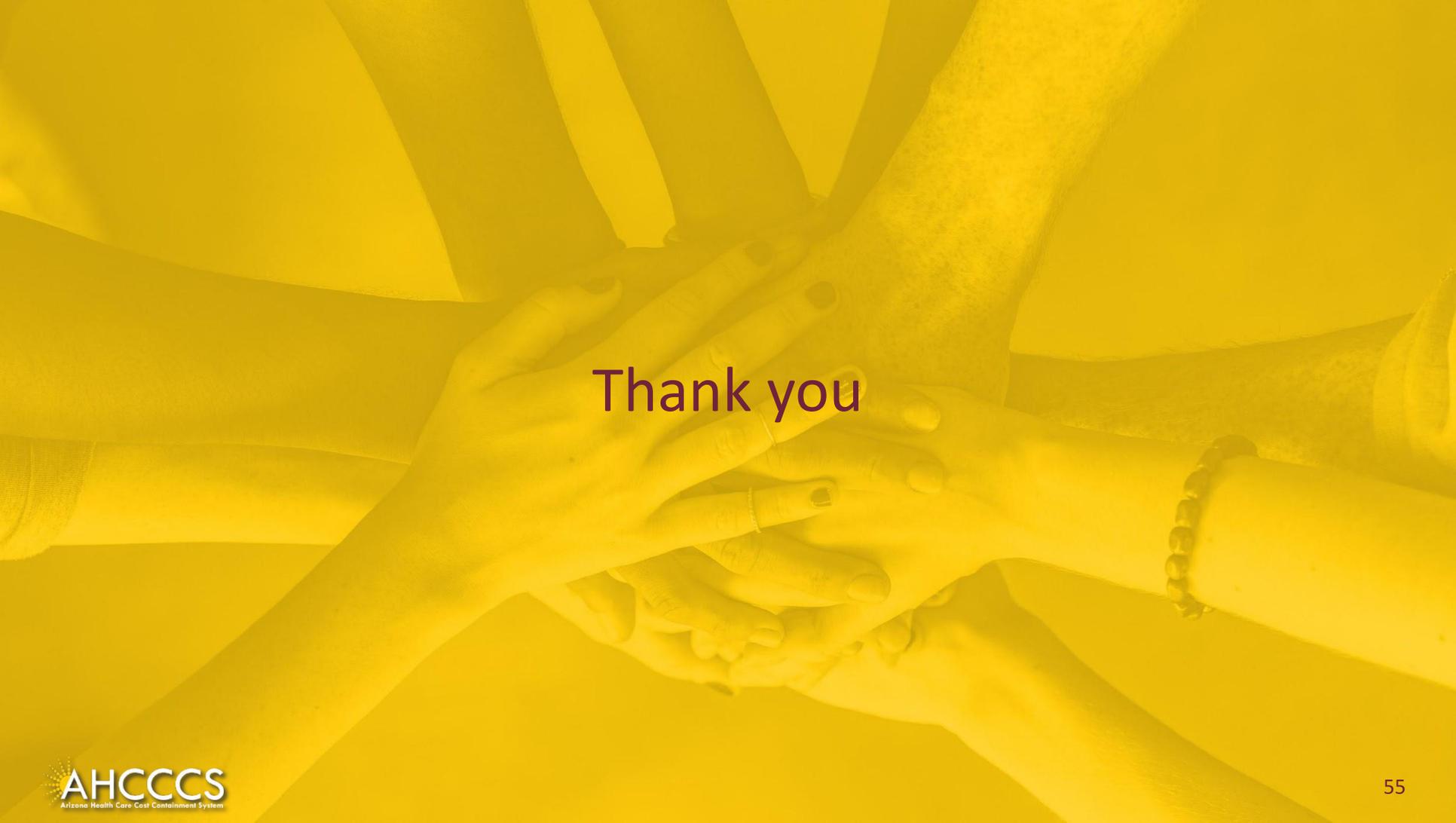
# Call to the Public

# 2021 SMAC Meetings

**Per Bylaws, meetings are to be held 2<sup>nd</sup> Wednesday of January, April, July and October.  
Meeting dates and times are scheduled as follows:**

## **2021 SMAC Meetings**

January 13, 2021 1:00-3:00 p.m.  
April 14, 2021 1:00-3:00 p.m.  
July 14, 2021 1:00-3:00 p.m.  
October 13, 2021 1:00-3:00 p.m.



Thank you