AHCCCS
Arizona Health Care Cost Containment System

Welcome to the Public Forum

While you are waiting TEST YOUR AUDIO.

LISTEN FOR MUSIC.

You were automatically muted upon entry.

Please only join by phone or computer.

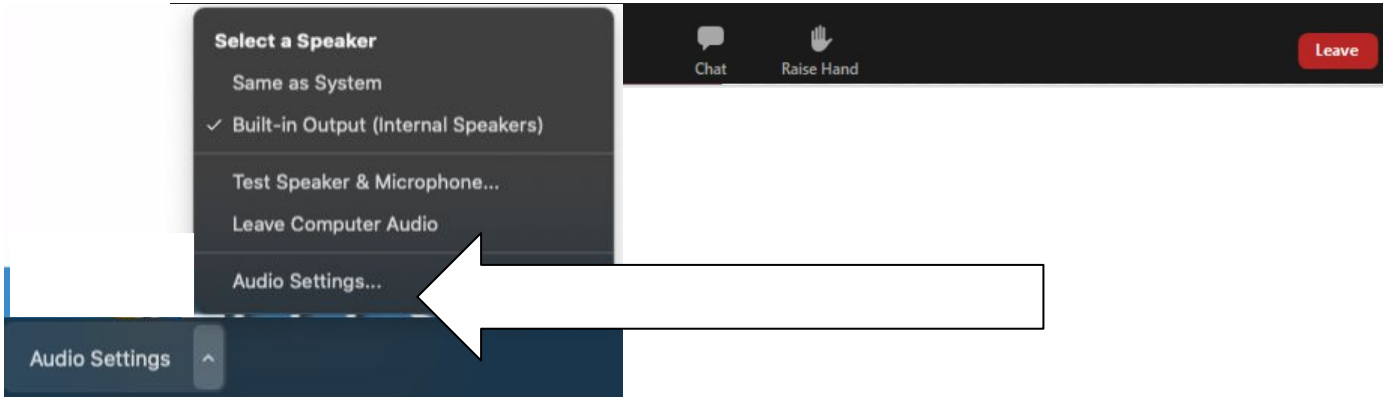
Please use the chat feature for questions or raise your hand.

Thank you.

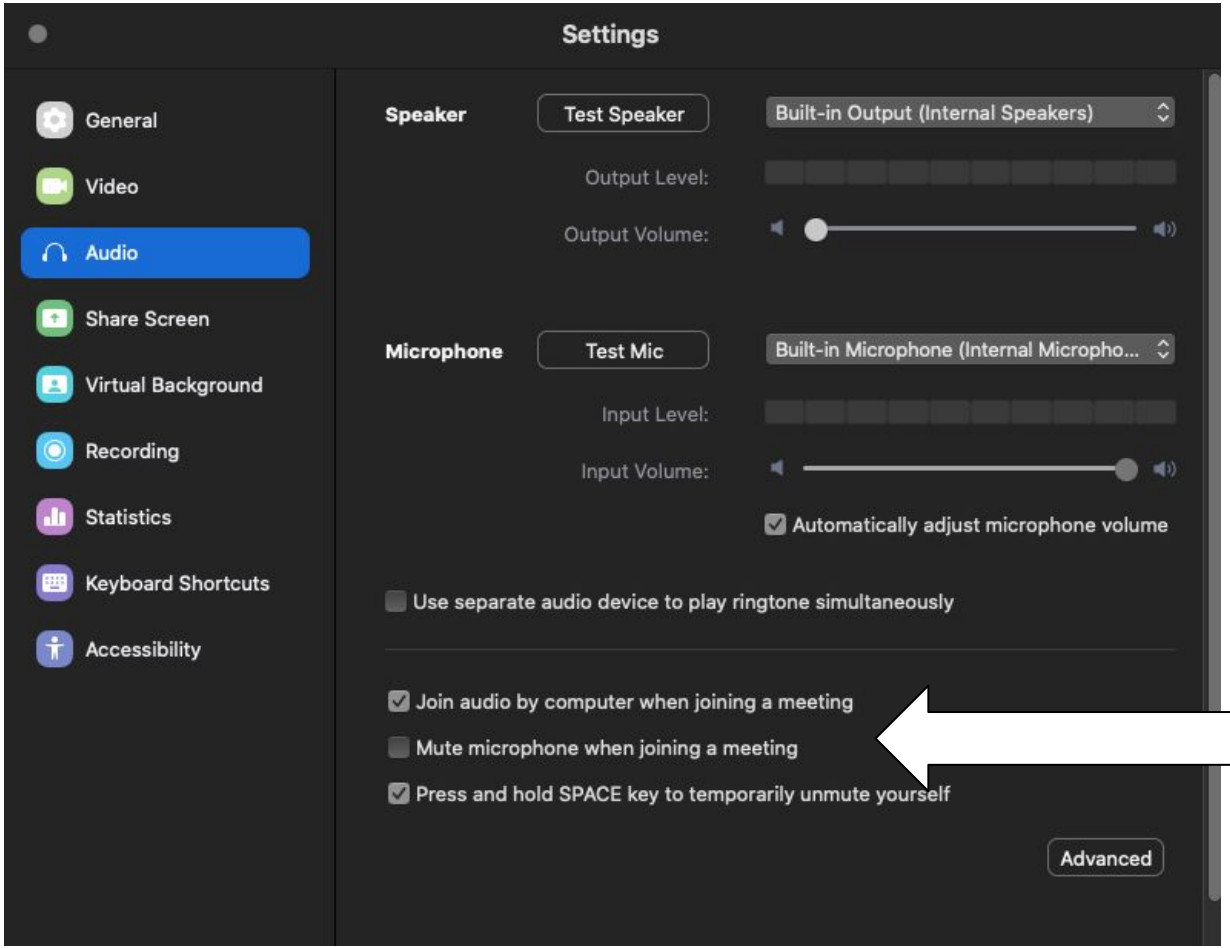
Zoom Webinar Controls

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



Tips for successful ZOOM PARTICIPATION

1. MUTE your mic when you're not speaking
2. BACKGROUND NOISE watch when turning on mic
3. Limit the DISTRACTIONS around you
4. Look at the CAMERA not your screen
5. PREPARE & queue docs or links that you plan to share
6. Stay FOCUSed by not texting or side conversations
7. Use GALLERY VIEW to see all participants
8. Use CHAT to ask questions or share resources

AHCCCS Demonstration Public Forum
1115 Waiver Renewal

Presented by Director Jami Snyder and team

AHCCCS
Arizona Health Care Cost Containment System

Today's Presentation

- Review content of the upcoming 1115 waiver proposal
- Take public comment and questions via chat feature, raise hand feature, and at conclusion by telephone
  - All comments in the chat and by phone will be captured as public record; or
  - Submit comments in writing by email to: waiverpublicinput@azahcccs.gov; or
  - Submit comments via mail to: AHCCCS, c/o Division of Community Advocacy and Intergovernmental Relations, 801 E. Jefferson Street, MD 4200, Phoenix, AZ 85034

AHCCCS At A Glance

Largest insurer in AZ, covering over 2 million individuals and families

more than 50% of all births in AZ

two-thirds of nursing facility days

AHCCCS uses federal, state and county funds to provide health care coverage to the State's Medicaid population

98,321 registered healthcare providers

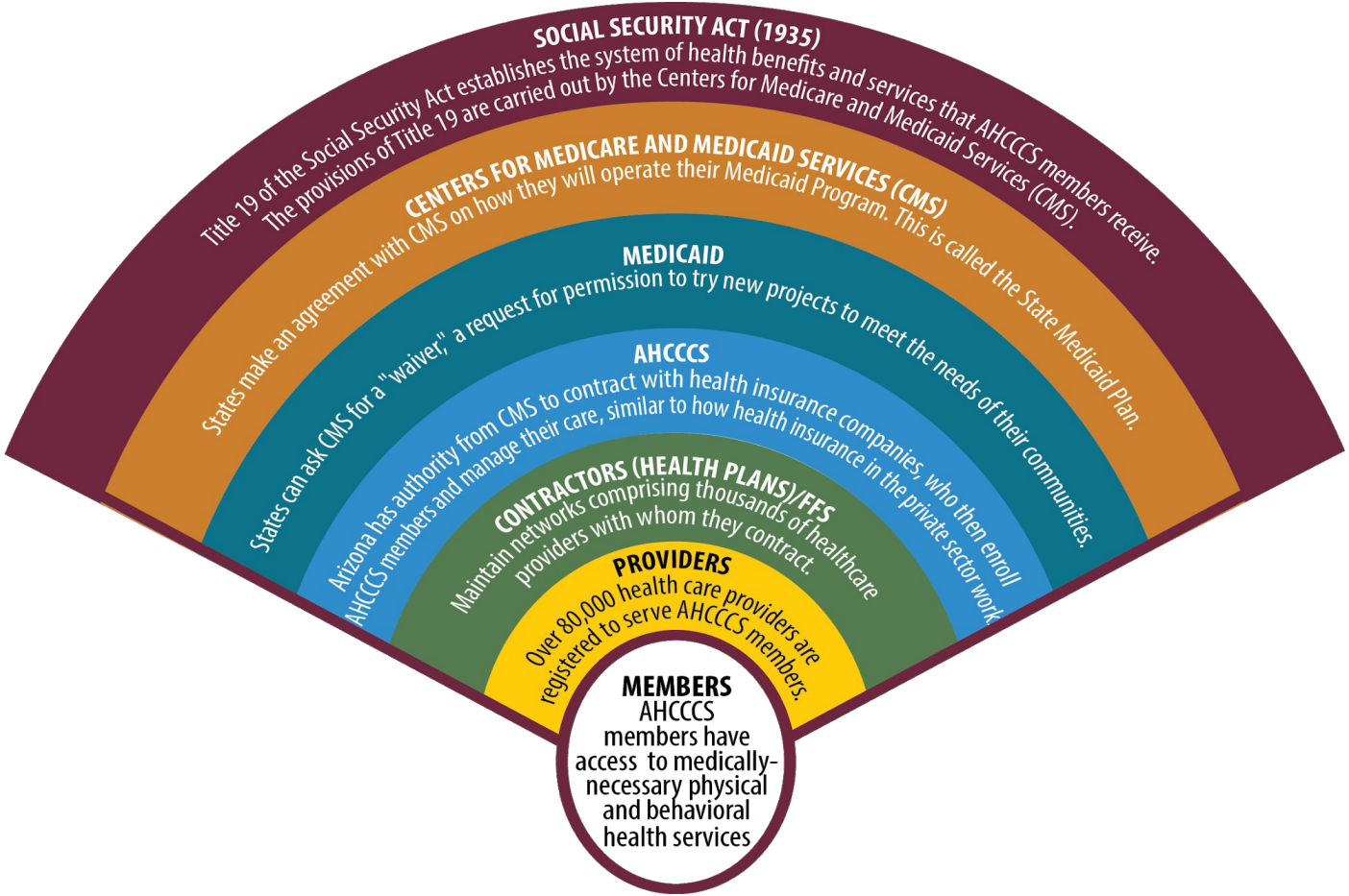
Payments are made to 15 contracted health plans, who are responsible for the delivery of care to members

Welcome to the 2020
AHCCCS Waiver
Public Forum

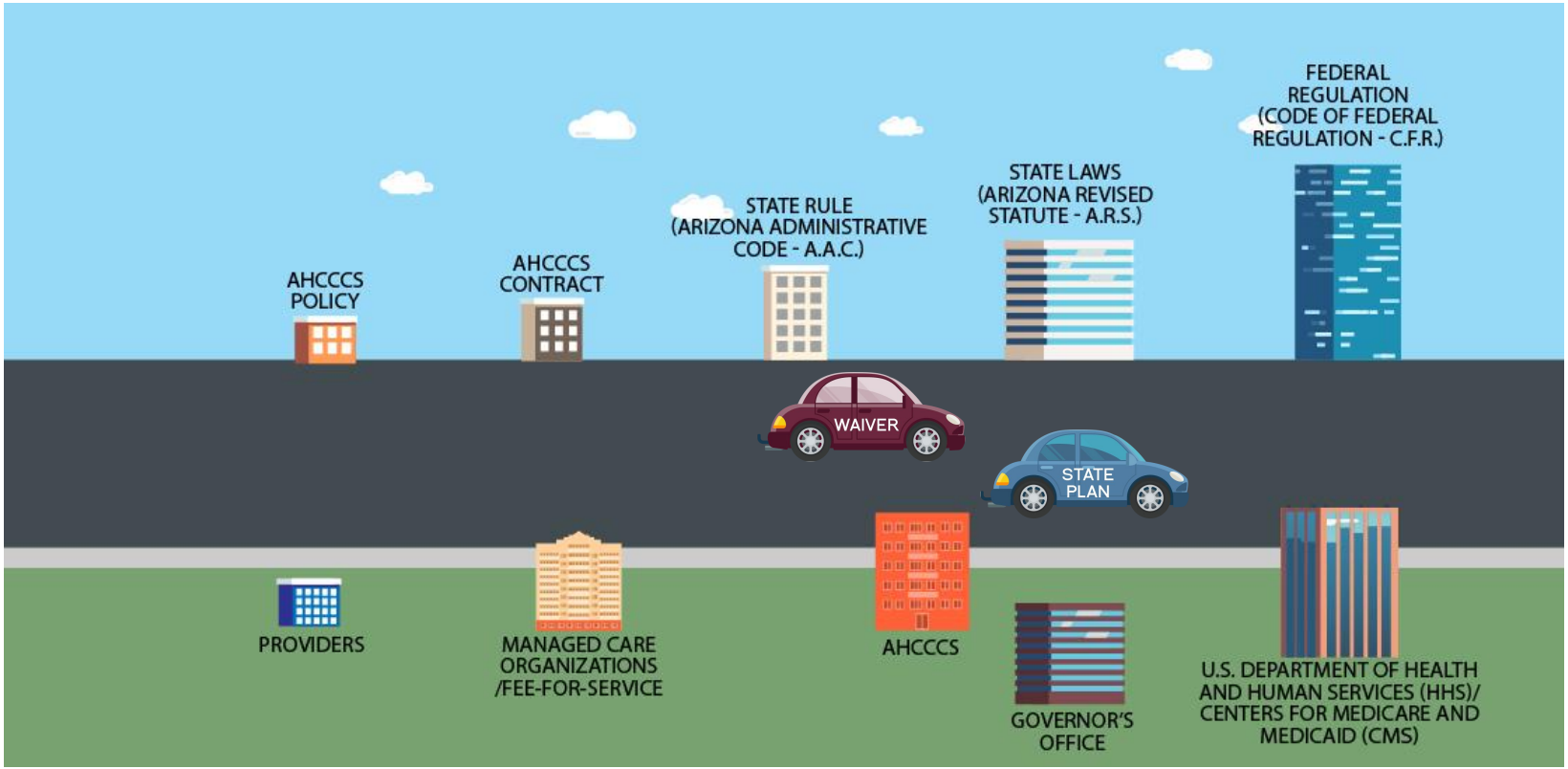
1115 Waiver Overview

AHCCCS
Arizona Health Care Cost Containment System

AHCCCS Oversight



Making Programmatic Changes



Section 1115 of the Social Security Act

- Allows states flexibility to design Demonstration projects that promote the objectives of the Medicaid program
- Demonstration projects are typically approved for a five year period and can be renewed every five years
- Must be budget neutral meaning that federal spending under the waiver cannot exceed what it would have been in absence of the waiver

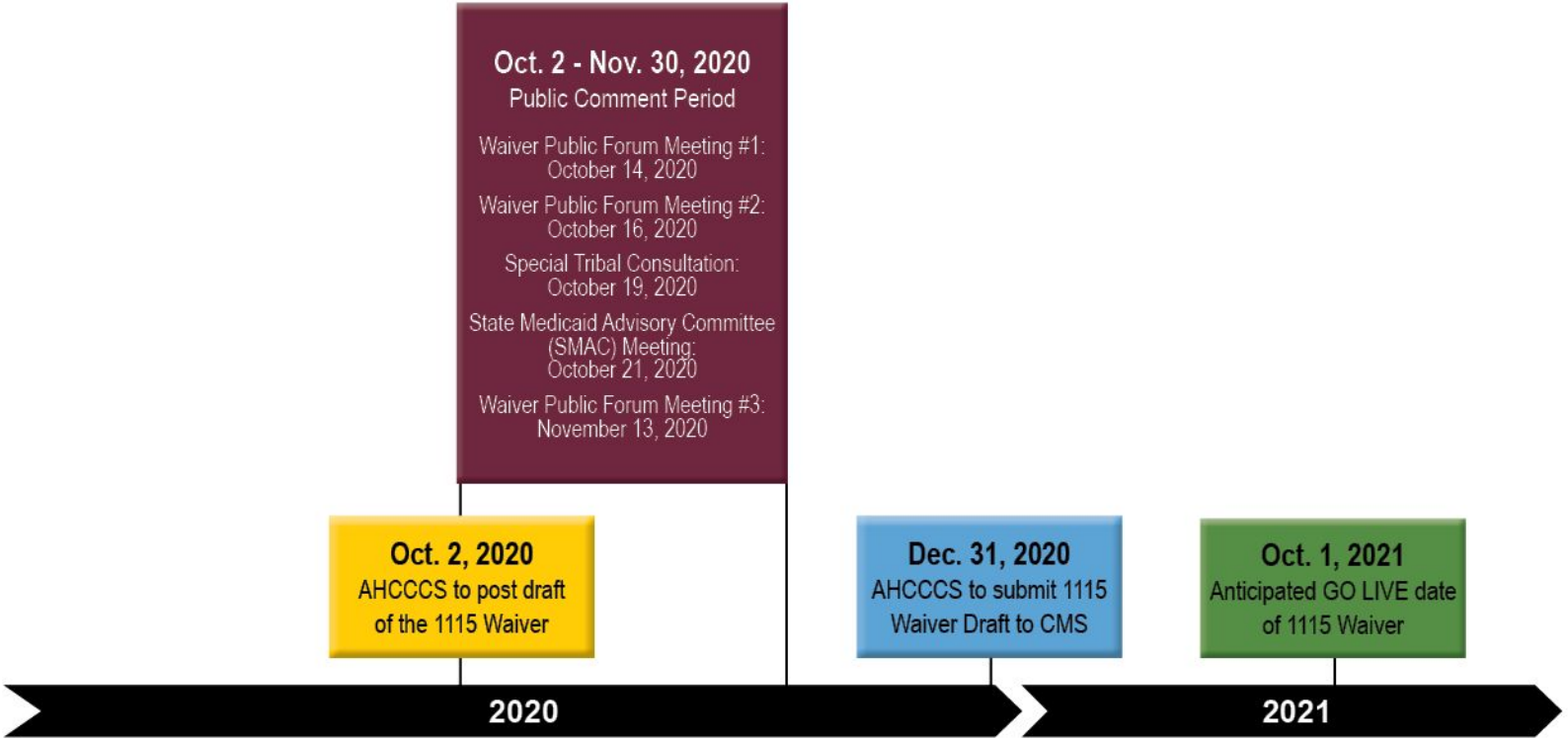
Arizona's Demonstration Renewal

- Arizona's current waiver is scheduled to expire September 30, 2021
- Waiver renewal request must be submitted to the Centers for Medicare and Medicaid Services (CMS) one year in advance
- Due to the pandemic, CMS granted AHCCCS a three-month extension to submit the waiver renewal application by December 31, 2020

Public Notice & Comment Period

- Arizona must provide at least a 30-day public notice and comment period prior to submitting renewal application to CMS
- Arizona's draft application will be available for public review and comment: **October 2, 2020** - **November 30, 2020**
- Submit written comments no later than **November 30, 2020**
- Arizona's renewal application can be found on the AHCCCS website: www.azahcccs.gov/WaiverRenewal

Arizona's 1115 Waiver Renewal Timeline



Arizona's Demonstration Historical Background

AHCCCS Demonstration Goals

Providing quality healthcare to members

Ensuring access to care for members

Maintaining or improving member satisfaction with care

Continuing to operate as a cost-effective managed care delivery model

Arizona's First Demonstration Approval Letter

"I look forward to personally following the progress and achievements of the AHCCCS program. The models that AHCCCS will be implementing will be of great importance in developing cost containment features for the [Medicaid] program."

Carolyne K. Davis - Federal Administrator, 1982

Key Milestones

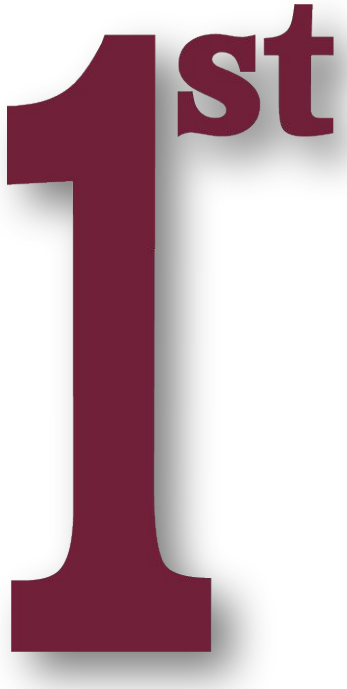
- **1965** - Congress enacts Medicaid
- **1982** - 1115 Waiver approved, establishing mandatory managed care and providing vehicle for Arizona to join Medicaid
- **1989** - Waiver expanded to add long term care & home and community based services (HCBS)
- **1990-1995** - Waiver expanded to include behavioral health services
- **1998** - KidsCare added
- **2001** - Waiver expanded to include childless adults up to 100% of the Federal Poverty Level (Proposition 204)
- **2008 - 2012 -** Great Recession
    - *Enrollment frozen for Kidscare- effective January 1, 2010*
    - *Enrollment frozen for Proposition 204 population - effective July 1, 2011*

Key Milestones

- **2014 -** Restoration and Expansion
  - *Enrollment restored for Proposition 204 population and eligibility expanded to individuals up to 133% of the Federal Poverty Level*
- **2014 - 2015** - Implementation of integrated RBHA health plans
- **2016**- Enrollment restored for Kidscare
- **2017** - Implementation of Targeted Investments Program
- **2019*** - AHCCCS Works & waiver of prior quarter coverage approved
- **2020** - COVID-19 pandemic

*AHCCCS Works program has not been implemented

AHCCCS Has Long Been A Leader In Health Care Innovation

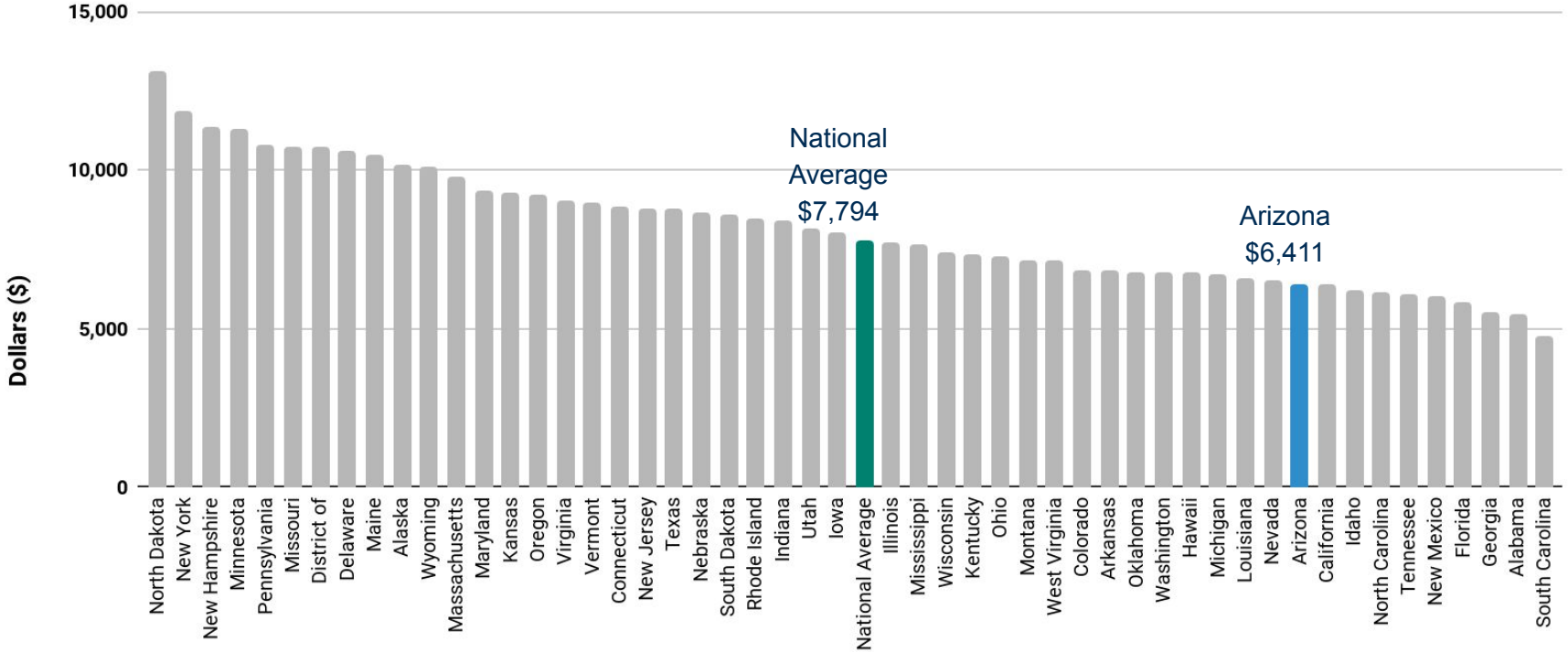


- To operate a statewide Medicaid managed care program
- To implement MLTSS & HCBS for long term care members
- To establish the integrated health plan to bring physical health, behavioral health, and social support services together in one plan for members with a SMI designation
- To establish integrated clinics where behavioral and physical health providers and county probation offices deliver services to improve health outcomes and reduce recidivism for members who were formerly incarcerated

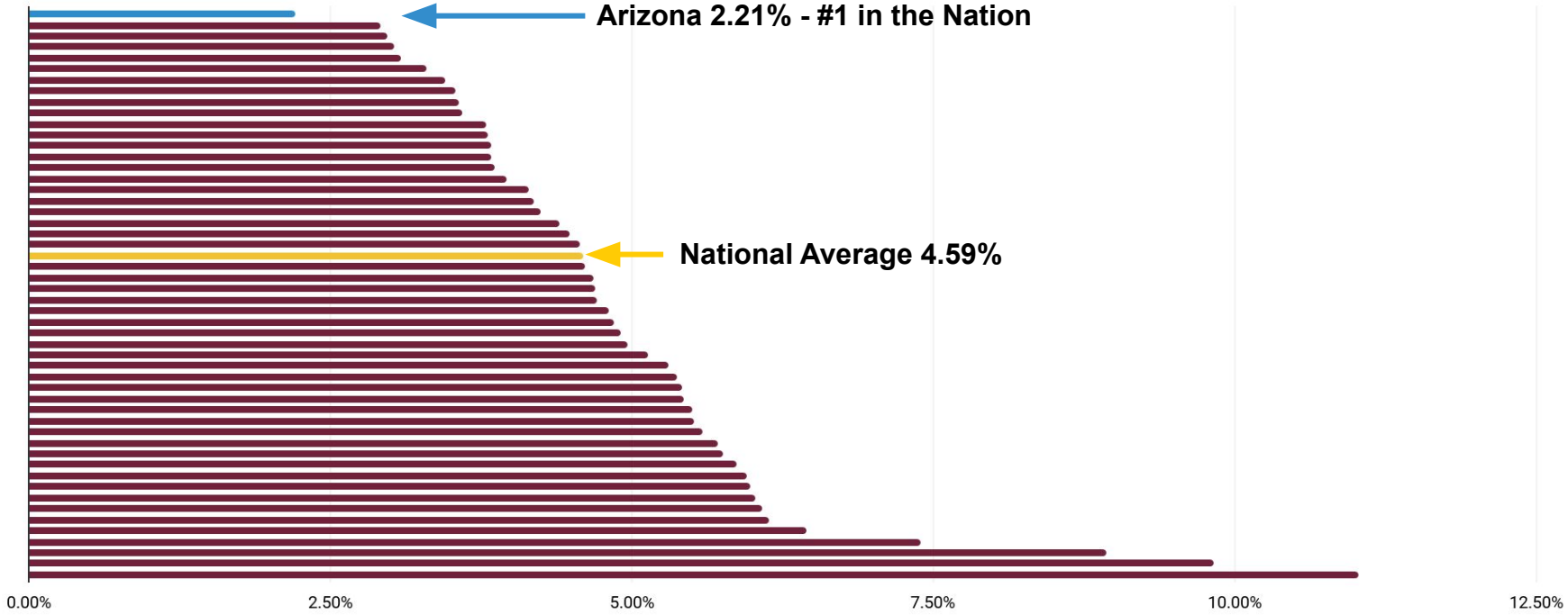
AHCCCS Evaluation Findings

- Laguna Research Associates completed multiple evaluations with final report in 1996; GAO report also had similar findings in 1995
  - Arizona beneficiaries had fewer hospital days, fewer procedures, and more evaluation and management services
  - The acute program averaged savings of 7% per year over the first 11 years of the program
  - The long term care savings are estimated to be 16% per year over the first five years of the program
  - Evaluators supported innovative development in other states modeled on Arizona's success

Medicaid Spending Per Member Per Year by State - FY 2018

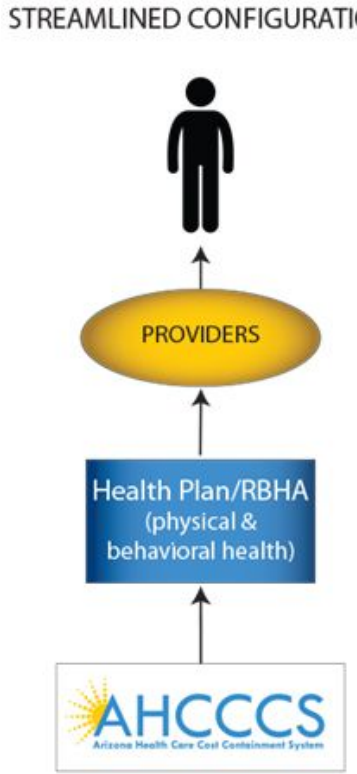


Medicaid Administrative Expense Ratio by State FY 2018

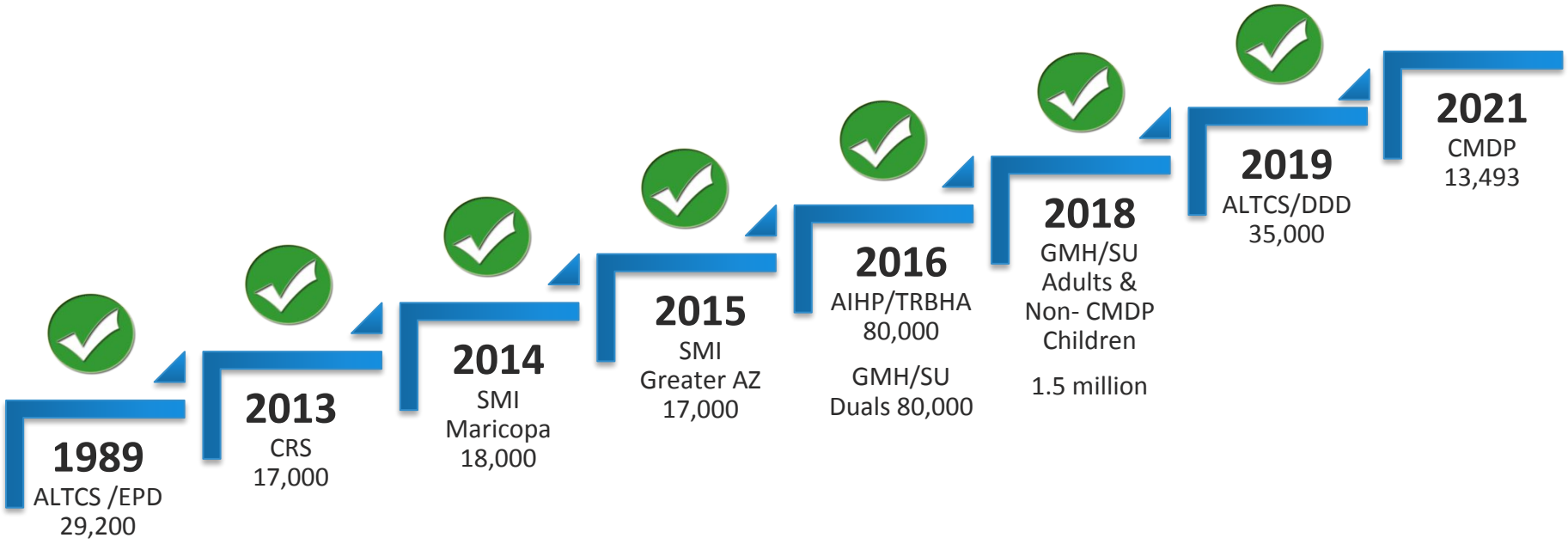


SMI Integration Findings

- An independent study conducted by Mercer determined that over 75% of the program indicators demonstrated improvement during the post-integration period for members in Maricopa County
- A study by Mercy Care also showed integrated care for members with SMI resulted in:
  - Increased primary care utilization with no decrease in mental health services
  - Fewer ED visits
  - Greater accountability at the primary health home



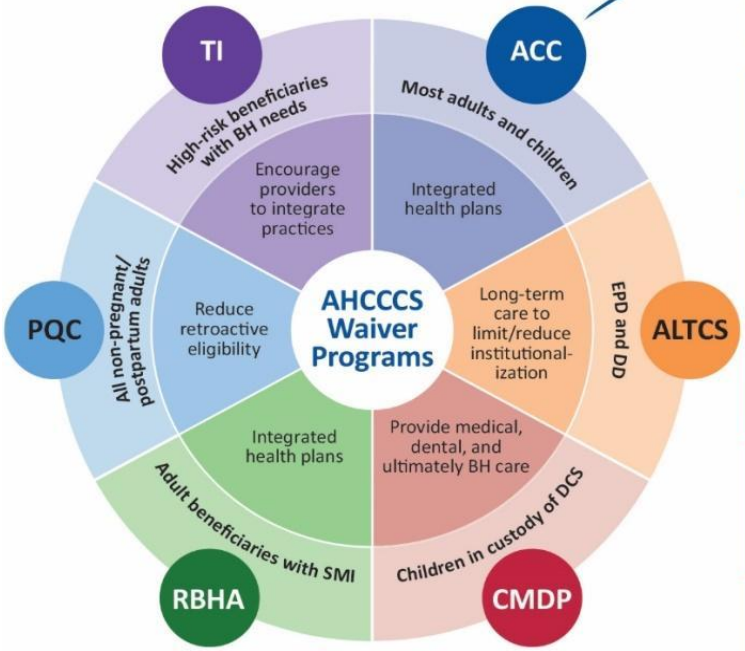
Integration Progress To Date



Current Demonstration Evaluation Activities

Independent Evaluation

- AHCCCS contracted with Health Services Advisory Group (HSAG) to conduct an independent evaluation of Arizona's current Demonstration
- Evaluation consist of three main phases of work:
  - **Phase I:** Develop the Evaluation Design Plans
  - **Phase II**: Conduct Interim Evaluations & Develop Interim Evaluation Reports
  - **Phase III:** Conduct Summative Evaluations & Develop Summative Evaluation Report



Program Objectives and Outcomes

Program	Objectives	Anticipated Outcomes
ACC	• Reduce fragmentation of care • Reduce fragmentation of care • Improve care coordination	• Easier to navigate AHCCCS • Streamlined care coordination • Improved health outcomes for all beneficiaries
ALTCS	• Provide best residency setting • Reduce fragmentation of care • Improve care coordination	• Improved quality of care and access to care • Improved quality of life • Improved overall satisfaction for ALTCS program beneficiaries
CMDP	• Provide care addressing needs of children in foster care • Reduce fragmentation of care • Improve care coordination	• Easier to navigate AHCCCS • Streamlined care coordination • High-quality, clinically appropriate, medically necessary health care
RBHA	• Reduce fragmentation of care • Effectively transition beneficiaries across levels of care • Identify and manage high-risk beneficiaries with an SMI	• Easier to navigate AHCCCS • Streamlined care coordination • Reduced use of crisis services • Support beneficiaries to promote health and wellness
PQC	• Encourage beneficiaries to obtain and maintain coverage, even when healthy	• Reduced costs to AHCCCS ensuring long-term fiscal sustainability • Increase continuity of care
TI	• PCPs and BH providers work together to provide whole-person care • Provide ACC plans with feedback and lessons learned	• Facilitate provider collaboration sustained by ACC plans long-term • Comprehensive and cost-effective care for beneficiaries with BH and physical needs

Overarching Goals of AHCCCS' Section 1115 Waiver Demonstration

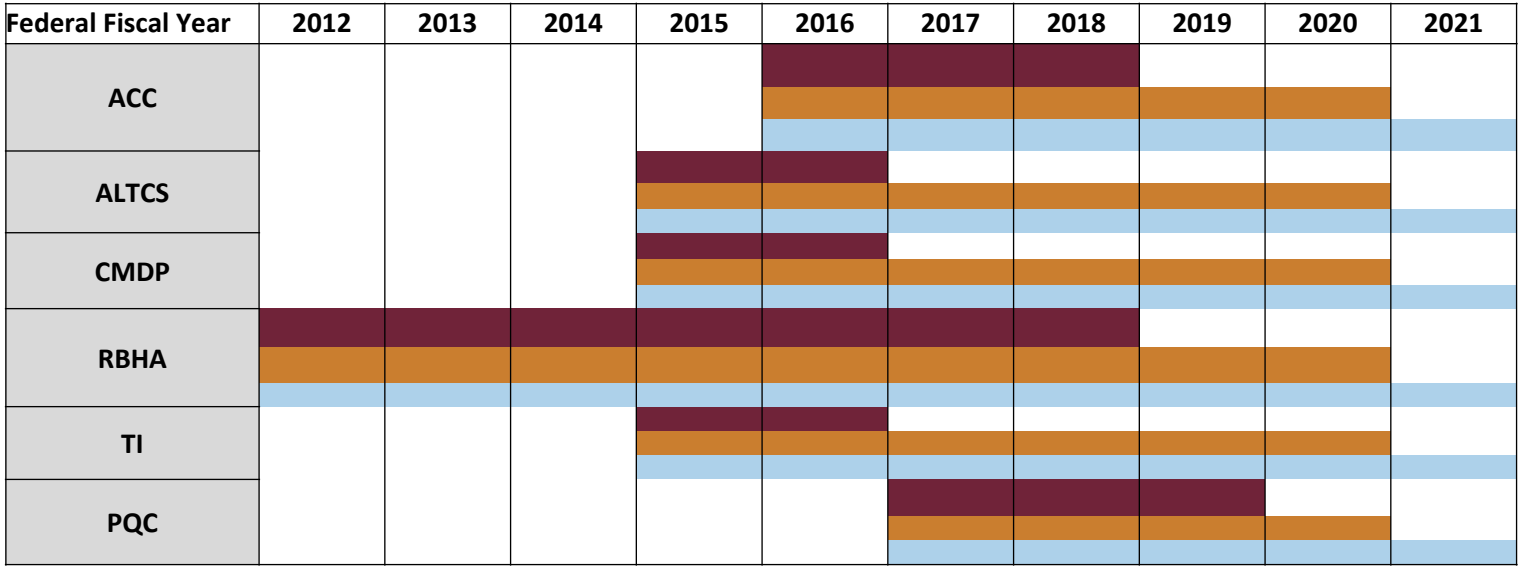
1	2	3	4
Provide quality health care to members	Ensure access to care for members	Maintain or improve member satisfaction with care	Continue to operate as a cost-effective managed care delivery model

Note: EPD: Elderly/Physically Disabled; DD: Intellectually/Developmentally Disabled; DCS: Department of Child Safety; SMI: Serious Mental Illness; PCP: Primary Care Physicians; BH: Behavioral Health

Interim Evaluation Report

- An interim evaluation report is being submitted in conjunction with AHCCCS' Demonstration renewal application
- Due to the operational constraints imposed by the COVID-19 pandemic, the interim evaluation report only includes baseline performance rates for all Demonstration programs (except RBHA)
- An updated interim evaluation report will be completed by HSAG on June 30, 2021, and will be posted on the AHCCCS website for public comment

Time Periods Covered By Interim & Summative Evaluation Reports



Interim Report for Renewal | Interim Evaluation Report | Summative Evaluation

Current Demonstration Features to Continue Under Waiver Renewal

Arizona Will Continue Waiver Authorities That Allow AHCCCS To:

- Operate its successful managed care model
- Serve ALTCS members in HCBS settings
- Provide integrated health plans for AHCCCS members
- Implement administrative simplifications that reduce the inefficiencies in eligibility determination

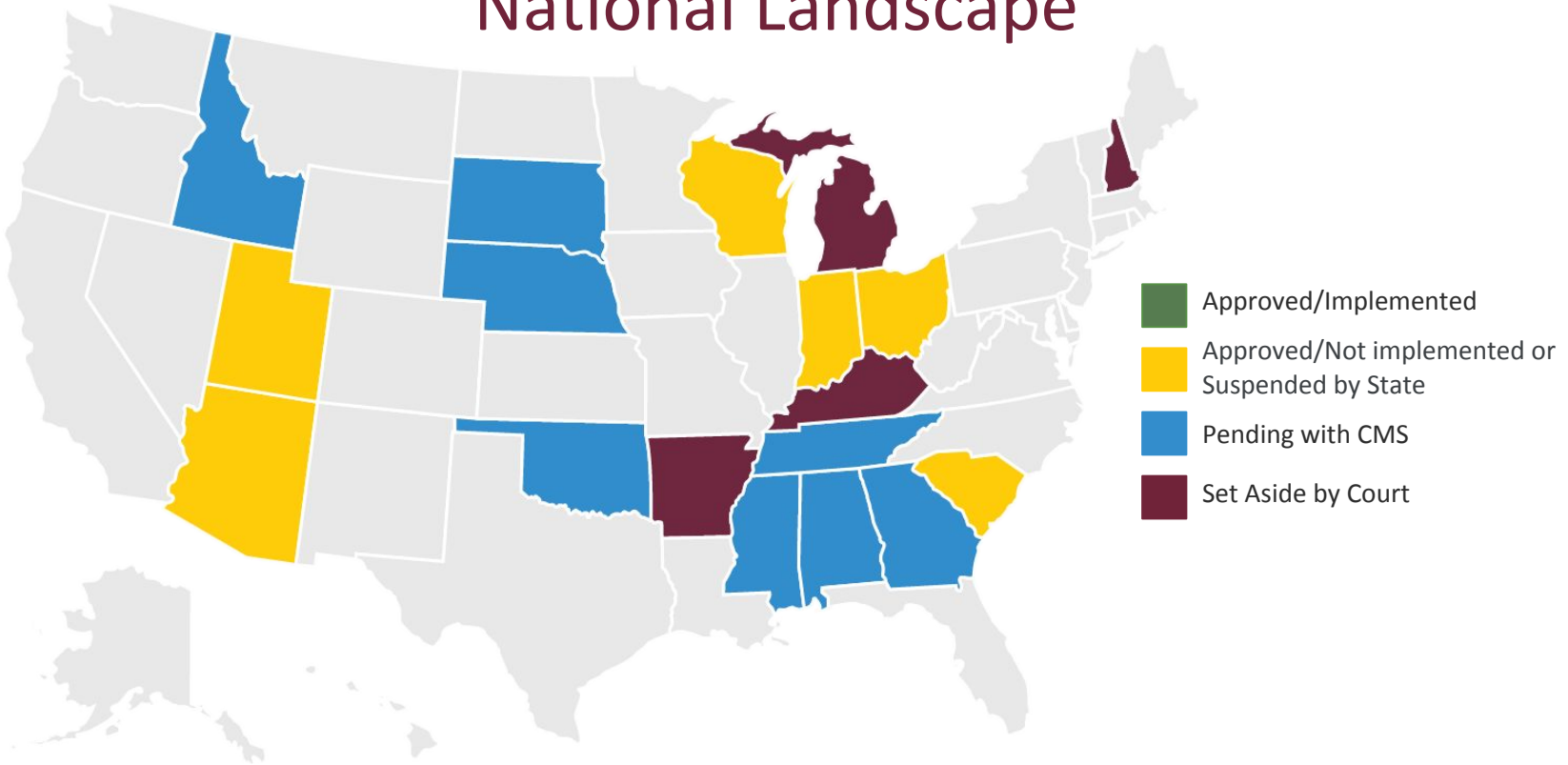
Payments to IHS and 638 Providers

- Arizona's Demonstration includes expenditure authority to make supplemental payments to IHS and 638 facilities to address the fiscal burden of uncompensated care for services provided by such facilities to Medicaid-eligible adults to overcome healthcare disparities
- AHCCCS is seeking to maintain this authority under this renewal proposal

AHCCCS Works

- Under this waiver renewal, AHCCCS is seeking to maintain its current authority to implement AHCCCS Works
- On October 17, 2019, AHCCCS informed CMS of Arizona's decision to postpone implementation of AHCCCS Works until further notice
- This decision was informed by the evolving national landscape concerning Medicaid community engagement programs and ongoing related litigation

Community Engagement Waivers National Landscape



AHCCCS Works Requirements

- Able-bodied adults* 19-49 who do not qualify for an exemption must, for at least 80 hours per month:
  - Be employed (including self-employment)
  - Actively seek employment
  - Attend school (less than full time)
  - Participate in other employment readiness activities, i.e., job skills training, life skills training & health education
  - Engage in Community Service

* Adults = SSA Group VIII expansion population, a.k.a, Adult group

Who is Exempt

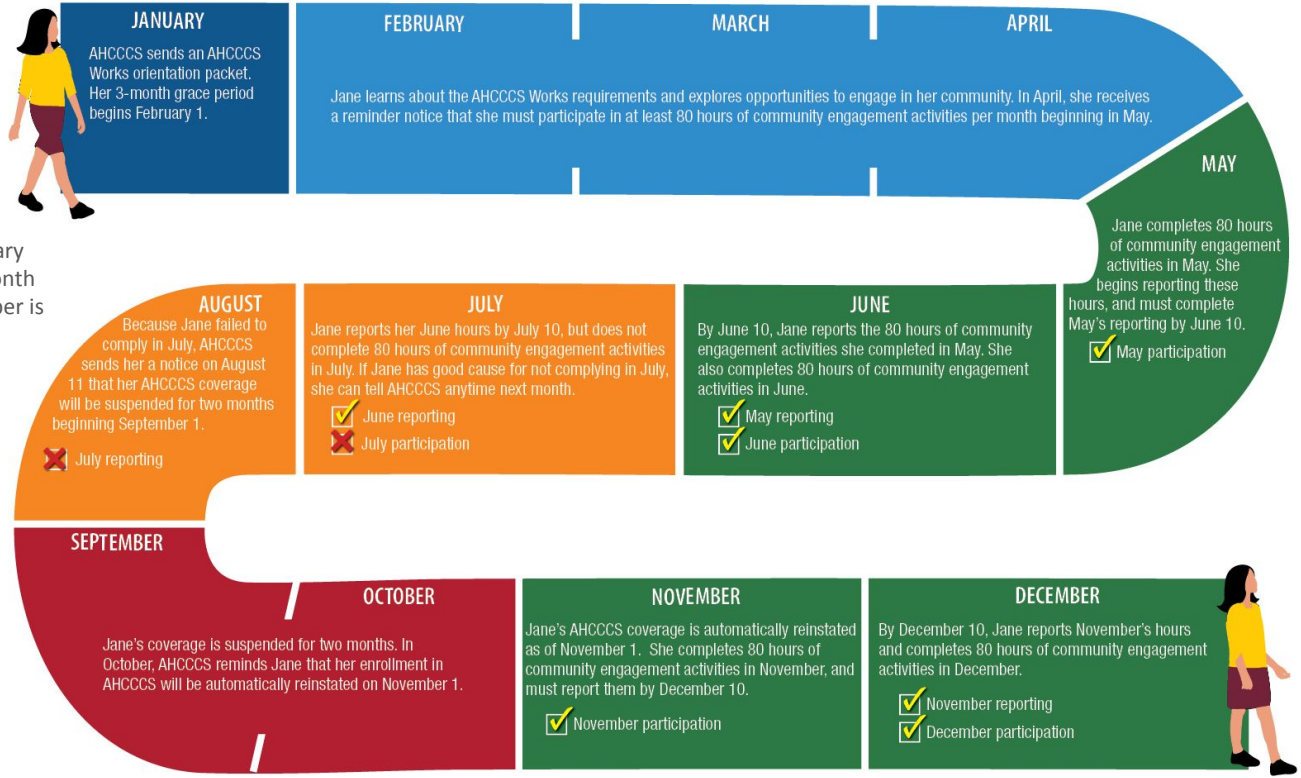
- Members of federally recognized tribes
- Former Arizona foster youth up to age 26
- Members determined to have a serious mental illness (SMI)
- Members with a disability recognized under federal law and individuals receiving long term disability benefits
- Individuals who are homeless
- Individuals who receive assistance through SNAP, Cash Assistance or Unemployment Insurance or who participate in another AHCCCS-approved work program
- Pregnant women up to the 60th day post-pregnancy
- Members who are medically frail
- Caregivers who are responsible for the care of an individual with a disability
- Members who are in active treatment for a substance use disorder
- Members who have an acute medical condition
- Survivors of domestic violence
- Full-time high school, college, or trade school students
- Designated caretakers of a child under age 18

AHCCCS Works Exemptions

AHCCCS Works Exemptions	Members (Ages 19-49) Who Are Subject To AHCCCS Works Requirement Who Qualify For This Exemption
American Indians	26,338
Individuals designated as having a Serious Mental Illness	9,279
Individuals receiving disability benefits	1,324
Individuals who are homeless	3,164
Full time student	17,572
Designated caretakers of a child under 18 years of age	40,738
Members receiving SNAP, Cash Assistance, or Unemployment Insurance	50,185

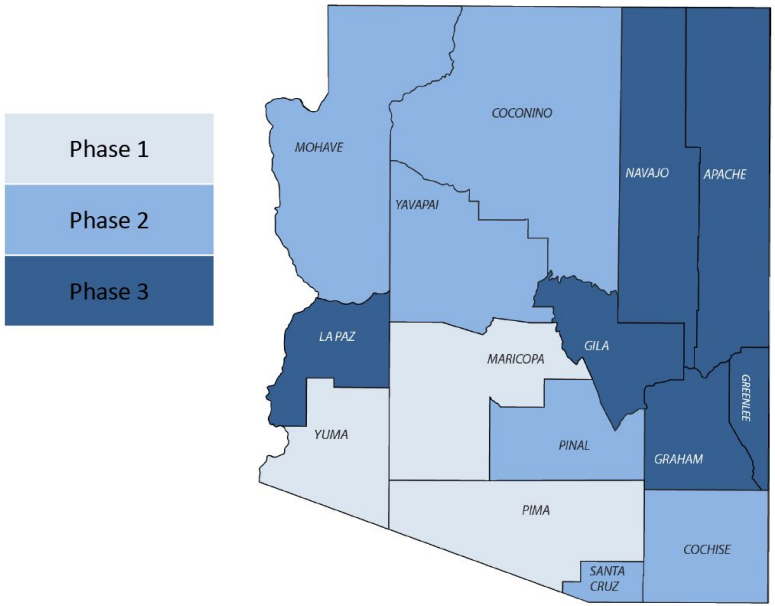
AHCCCS Works Member Compliance

In this example, January represents the first month any new AHCCCS member is required to comply



AHCCCS Works Geographic Phase-in

- Gradually phase-in AHCCCS Works program by geographic areas.
- AW program will be implemented in three phases:
  - **Phase 1:** Most Urbanized Counties: Maricopa, Pima, and Yuma
  - **Phase 2:** Semi-Urbanized Counties: Cochise, Coconino, Mohave, Pinal, Santa Cruz, & Yavapai
  - **Phase 3:** Least Urbanized Counties: Apache, Gila, Graham, Greenlee, La Paz, & Navajo

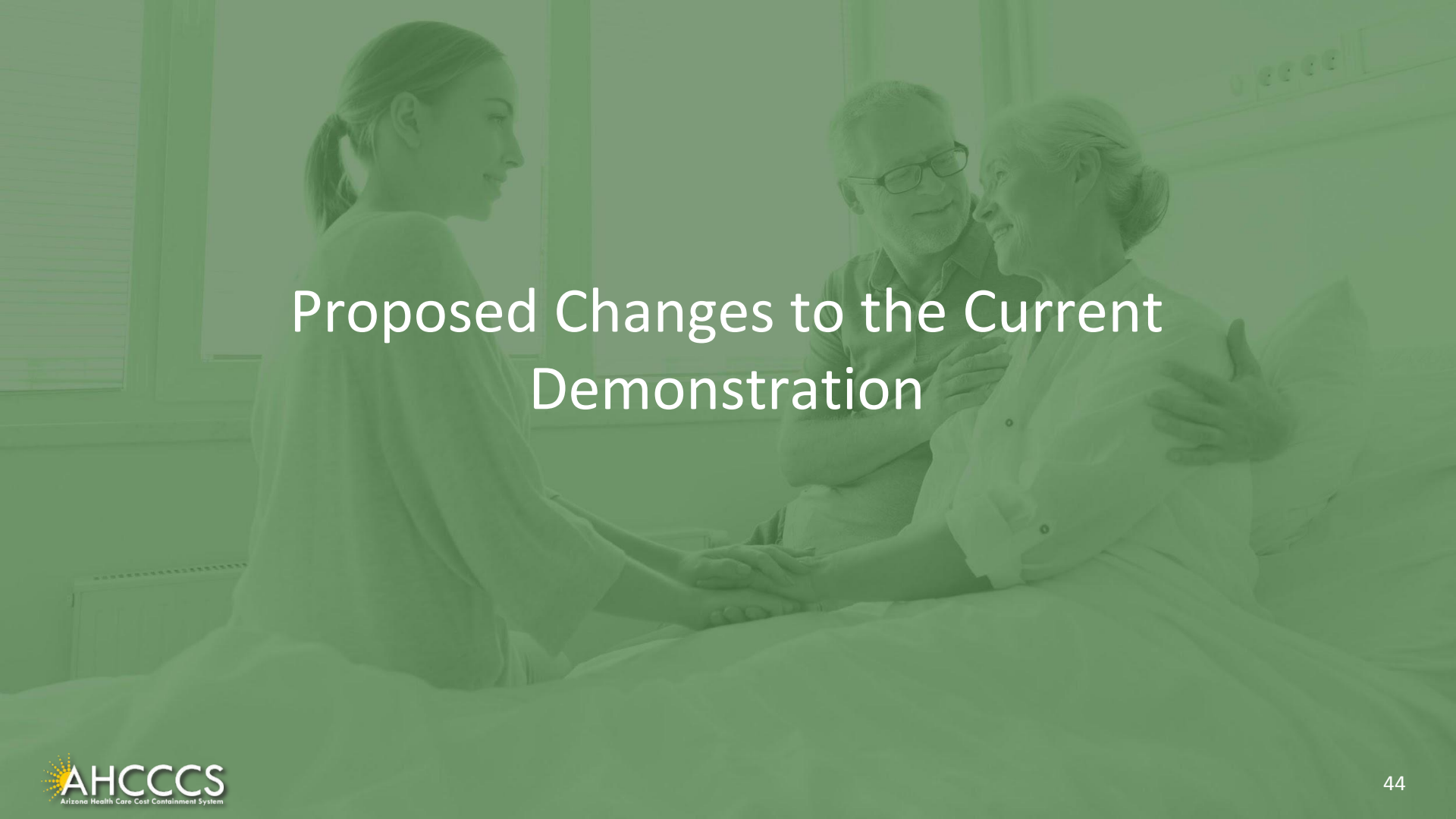


AHCCCS Works Geographic Phase-in

- Need time to establish community engagement supports for members in regions with limited employment, educational and training opportunities, accessible transportation, and child care services
- Phase-in approach will give the State time to assess the availability of community engagement resources in rural areas and address gaps
- Counties with a higher percentage of urban populations are likely to have sufficient community engagement supports compared to counties with a higher percentage of rural populations

Waiver of Prior Quarter Coverage

- Authorizes AHCCCS to limit retroactive coverage to the first day of the month of application for all Medicaid members, except for pregnant women, women who are 60 days or less postpartum, and children under 19 years of age
- AHCCCS is seeking to continue the Waiver of Prior Quarter Coverage



Proposed Changes to the Current Demonstration

AHCCCS CARE

- The AHCCCS CARE (Choice, Accountability, Responsibility, Engagement) program was approved by CMS in 2016
- Members would be required to pay monthly premiums & strategic copays applied retrospectively for services already received
- Members who fail to make timely payments would be disenrolled from AHCCCS
- AHCCCS did not implement the AHCCCS CARE program during the current waiver period and intends to discontinue this program from Arizona's Demonstration

Verbal Consent In Lieu Of Written Signature For ALTCS Members

- Arizona received COVID-19 emergency authority to use verbal consent in lieu of written signature for person-centered service plans for ALTCS members
- Temporary authority allowed AHCCCS to establish a timely process for ALTCS members to obtain authorization of critically needed health services while reducing risk of COVID-19 transmission
- AHCCCS is seeking the continuation of this flexibility beyond the termination of the COVID-19 public health emergency

Verbal Consent In Lieu Of Written Signature For ALTCS Members

- Verbal consent will be obtained telephonically where the identity of the ALTCS member can be reliably established
- The member's consent will be documented in the member's record
- After verbal consent is received, members will have 30 days to submit their signature to the case manager electronically or by mail
- Services for the member will commence during this 30-day time period

Targeted Investments Program

- $300 million authorized by CMS in January 2017 as a part of 1115 waiver renewal
- Five year project providing resources to providers to support integration of behavioral and physical health care at the point of service
- Incentive payments based on meeting milestones that support integration and whole person care

Provider Participation

- Providers eligible to participate include:
  - Adult and pediatric primary care practices
  - Adult and pediatric behavioral health organizations
  - Acute and psychiatric hospitals
  - Justice co-located clinics
- Nearly 500 sites participating across state

TI Program Payments

- **Year 1:** $19 million paid to TI providers for meeting participation requirements
- **Year 2:** $67 million paid to TI providers for achieved milestones
- **Year 3:** $86 million will be paid to TI providers for achieved milestones
- **Years 4 & 5:** providers will be paid ($66.5 and $47.5 million respectively) for improved performance on select quality metrics
- Milestone requirements support/complement AHCCCS Complete Care implementation, e.g. bi-directional data exchange through HIE

Participant Support-Quality Improvement Collaborative (QIC)

- Partnership with ASU College of Health Solutions and Center for Health Information Research (CHiR)
- QIC participation is a provider milestone
- The QIC provides:
  - Dashboards for providers on Quality Measures performance
  - Assistance with quality improvement actions
  - Technical assistance
  - Peer learning

SAMHSA Integrated Practice Assessment Tool (IPAT)

SAMHSA Six Levels of Collaboration/Integration					
Coordinated Care Key Element: Communication		Co-Located Care Key Element: Physical Proximity		Integrated Care Key Element: Practice Change	
LEVEL 1 Minimal Collaboration	**LEVEL 2** Basic Collaboration at a Distance	**LEVEL 3** Basic Collaboration On site	**LEVEL 4** Close Collaboration On site with Some Systems Integration	**LEVEL 5** Close Collaboration Approaching an Integrated Practice	**LEVEL 6** Full Collaboration in Transformed/Merged Integrated Practice

Positive Change in Level Of Integration

- Participating providers reported having a higher level of integration after the implementation of TI Program protocols from Year 2 (CYE 2018) to Year 3 (CYE 2019)

IPAT Levels	All Sites
Increased 5 Levels:	12 (3%)
Increased 4 Levels:	46 (13%)
Increased 3 Levels:	56 (15%)
Increased 2 Levels:	27 (7%)
Increased 1 Level:	80 (22%)
Any Increase	221 (60%)
No Increase:	147 (40%)
Total Sites:	**368**

Performance Outcomes TI vs. Non-TI

	Non-TI beneficiaries			TI beneficiaries			TI vs. Non-TI beneficiaries
Measure Description	**2017**	**2019**	**% Change**	**2017**	**2019**	**% Change**	**Difference- in-Difference**
Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medications (SSD)	55.72%	57.51%	1.78%	58.73%	62.03%	3.30%	**1.52%**
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)	39.82%	36.67%	-3.15%	41.26%	41.30%	0.03%	**3.18%**
Follow-Up after Hospitalization for Mental Illness: 6-17 Years (7-day)	57.22%	55.92%	-1.30%	72.13%	70.79%	-1.34%	**-0.04%**
Follow-Up after Hospitalization for Mental Illness: 6-17 Years (30-day)	70.00%	70.14%	0.14%	87.82%	88.43%	0.61%	**0.47%**
Follow-Up after Hospitalization for Mental Illness: 18 and Older (7-day)	30.97%	24.76%	-6.21%	43.72%	45.12%	1.40%	**7.61%**
Follow-Up after Hospitalization for Mental Illness: 18 and Older (30-day)	45.35%	36.96%	-8.39%	66.82%	67.00%	0.17%	**8.57%**

Performance Outcomes TI vs. Non-TI

	Non-TI beneficiaries			TI beneficiaries			TI vs. Non-TI beneficiaries
Measure Description	**2017**	**2019**	**% Change**	**2017**	**2019**	**% Change**	**Difference- in-Difference**
Follow-Up after Emergency Department Visit for Mental Illness: 6-17 Years (7-day)	29.05%	30.66%	1.60%	76.48%	75.76%	-0.71%	**-2.32%**
Follow-Up after Emergency Department Visit for Mental Illness: 6-17 Years (30-day)	41.22%	41.61%	0.39%	84.43%	87.17%	2.74%	**2.35%**
Follow-Up after Emergency Department Visit for Mental Illness: 18 and Older (7-day)	17.84%	15.45%	-2.39%	46.30%	45.09%	-1.21%	**1.17%**
Follow-Up after Emergency Department Visit for Mental Illness: 18 and Older (30-day)	24.50%	24.28%	-0.22%	56.18%	54.29%	-1.88%	**-1.66%**
Follow-Up after Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence: 18 and Older (7-day)	7.44%	5.43%	-2.01%	27.44%	24.84%	-2.60%	**-0.58%**
Follow-Up after Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence: 18 and Older (30-day)	9.37%	8.08%	-1.30%	35.44%	33.61%	-1.83%	**-0.53%**
Well-Child Visits (Ages 3-6 Years): 1 or More Well-Child	57.40%	57.71%	0.31%	75.57%	77.64%	2.06%	**1.76%**
Adolescent Well-Care Visits: At Least 1 Comprehensive	36.36%	36.95%	0.59%	52.68%	56.47%	3.79%	**3.21%**

Targeted Investments Program 2.0

- AHCCCS seeks waiver authority to extend the TI Program from 2021 through 2026, known as the TI Program 2.0
- TI Program 2.0 will include two distinct cohorts:
  - **Extension cohort** will include current TI Program providers
  - **Expansion cohort** will include primary care practices and behavioral health providers with no prior TI participation
- AHCCCS will develop a concept paper in 2021 that outlines the details for the TI Program 2.0

Extension Cohort

- Projects will be designed to foster collaboration between medical providers and CBOs, particularly those crucial to addressing housing, food, employment, social isolation, and transportation
- Incentive payments will be based on:
  - Achievement of outcome measures
  - Continuation of high priority promising practices
  - Establishment of additional systems and infrastructure that supports advancing whole person care

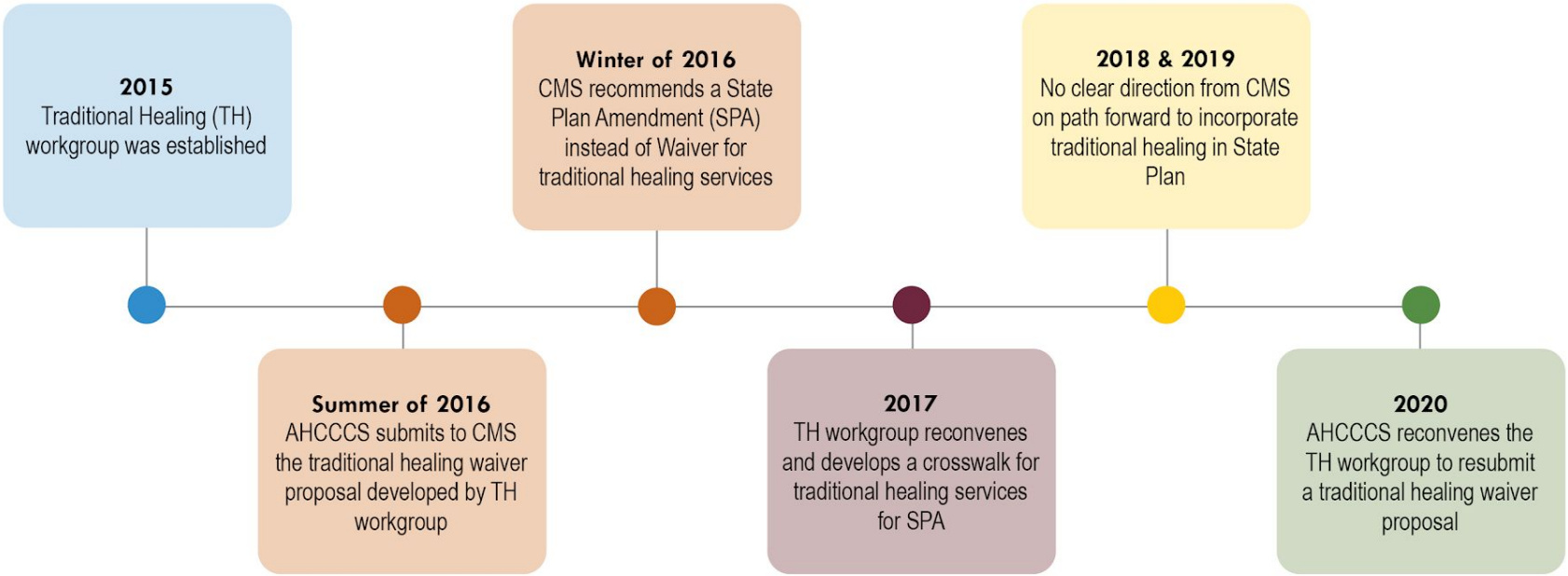
Expansion Cohort

- Eligibility requirements for this cohort will include:
  - Certified EHR that is capable of bi-directional data exchange
  - Minimum volume thresholds
  - Commitment to participate in the Learning Collaborative
- The program structure for this cohort will be modeled on the current TI Program with updates and revisions to the original core components, milestones, and incentives

Traditional Healing Services

- Tribes that reside in the state of Arizona utilize traditional healing practices
- Supported primarily through tribal funds, various pilot programs, grants, and individual personal resources
- Tribes have advised AHCCCS that traditional healing services will aid care coordination and help AHCCCS members achieve improved health outcomes

Traditional Healing Timeline



Traditional Healing Services

- AHCCCS is seeking waiver authority to reimburse traditional healing services and claim FFP for these services when provided by I/T/U facilities at the 100% FMAP

- The goal is to improve the health outcomes of AHCCCS members by making traditional healing services available in a complementary fashion with allopathic medicine

Traditional Healing Waiver Proposal

- Upon approval by CMS,the covered traditional services, limitations, and exclusions shall be described by each facility (working with each tribe they primarily serve)

- The array of practices provided by traditional healers shall be in accordance with an individual tribe's established and accepted traditional healing practices as identified by the Qualifying Entity

Qualifying Entity

- Responsible to define and endorse traditional healers and the services they perform
- An I/T/U facility or clinic governing body may serve as the Qualifying Entity
- The tribe(s) served by the facility may choose to designate another governing body as its Qualifying Entity

Tribal Dental Benefit (HB 2244)

- In 2016, AHCCCS implemented a dental benefit of $1,000 per member per contract year for individuals enrolled in ALTCS
- In 2017, AHCCCS implemented an emergency dental benefit of $1,000 per member per contract year for adult AHCCCS members
- In 2020, HB 2244, authorized AHCCCS to seek approval from CMS to reimburse IHS and 638 facilities to cover the cost of adult dental services that are eligible for 100% FMAP, that are in excess of the $1,000 limit

Tribal Dental Benefit (HB 2244)

- The purpose of this Demonstration is to improve oral health outcomes for American Indian/Alaska Native (AI/AN) members
- AI/AN adults suffer from untreated dental caries at twice the prevalence of untreated caries in the general U.S. population
- The geographic isolation of tribal populations & inability to attract dentists to practice in IHS or tribal health facilities in rural and frontier areas are contributors to these oral health disparities

Resources & Public Comment

- AHCCCS Waiver Renewal Request (2021-2026)

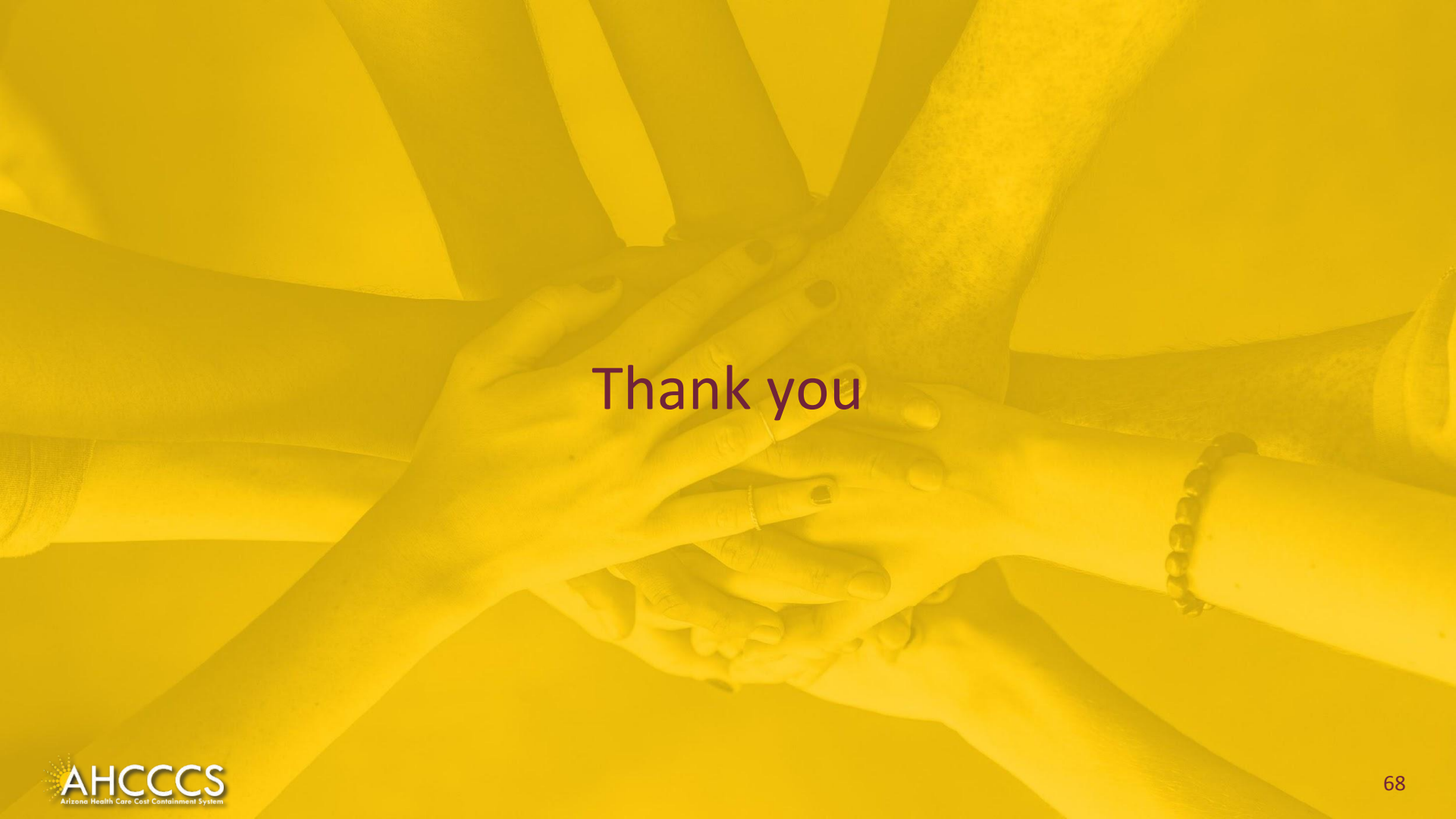
How do I submit public comment? Public comment can be

Discussed at public forums

Emailed to waiverpublicinput@azahcccs.gov

Mailed to 801 E Jefferson, Phoenix, AZ 85034 Attn: Federal Relations

Questions?



AHCCCS
Arizona Health Care Cost Containment System