AHCCCS
Arizona Health Care Cost Containment System

AGENDA

ASD ADVISORY COMMITTEE MEETING

Wednesday, January 30, 2019 3:00 - 5:00 pm

AHCCCS - 801 E. Jefferson St., Phoenix, 4th Floor-Arizona Room

Join WebEx meeting - Meeting number (access code): 802 454 751

Joining online and then using the "Call Me" feature works best

Meeting password: Arizona By phone: 1-240-454-0879

Time	Topic	Presenter
3:00 pm	**Welcome and Introductions**	Sharon Flanagan-Hyde, Facilitator
3:10 pm	**Arizona Health Information Exchange**	Mike Mote, Chief Strategy Officer, Health Current and Lorie Mayer, Information Technology Coordinator, AHCCCS
3:40 pm	**AHCCCS American Indian Health Program (AIHP)**	Natalie Roehlk, CHC, CHPC, Manager of Strategic Initiatives, AHCCCS/Division of Fee For Service Management
3:55 pm	**COB/TPL Scenarios and Update on Balance Billing for ABA Services for AHCCCS Members with Private Insurance**	Sara Salek, MD, Chief Medical Officer, AHCCCS
4:10 pm	**Feedback on Diagnostic and Referral Pathways**	Eric Tack, MD, MCH, EPSDT Program Manager, AHCCCS
4:20 pm	**Review of Proposed Changes to EPSDT Section of AHCCCS Medical Policy Manual**	Eric Tack
4:25 pm	**Revisiting Need and Purpose of AHCCCS ABA Policy**	Sara Salek
4:35 pm	**CPT Code Implementation and Establishing Consistency Across all AHCCCS plans**	Sara Salek
4:45 pm	**Update on Capacity of Contracted Networks**	Sara Salek
4:55 pm	**Announcements and Future Agenda Topics**	Sharon Flanagan-Hyde
5:00 pm	**Meeting Adjourned**	

Future Meeting Dates

All meetings are from 3:00-5:00 pm at AHCCCS:

- April 10, 2019
- July 17, 2019
- October 23, 2019

AHCCCS ASD Advisory Committee
January 30, 2019 Meeting Notes

Notes compiled by Sharon Flanagan-Hyde, Facilitator—sharon@flanagan-hyde.com

Participants

Note: If your information below is incorrect or if you were on the phone and not listed here, please contact Sharon— sharon@flanagan-hyde.com

1. Ann Ronan, Attorney, Arizona Center for Law in the Public Interest
2. Aaron Blocher-Rubin, PhD, BCBA/LBA, Chief Executive Officer, Arizona Autism United
3. Alexis Susdorf, Executive Assistant to the President and Chief Executive Officer, Southwest Autism Research & Resource Center (SARRC)
4. Ann Monahan, Board President, Arizona Autism Coalition; Vice President, State and Governmental Affairs, HOPE Group, LLC
5. Ashley Boruff, Arizona Early Intervention Program (AzEIP)
6. Bohdan Hrecznyj, MD, Children's Medical Administrator, Steward Health
7. Brian Kociszewski, M.Ed., BCBA, Interim Director, Specialized Needs Unit, Aurora Behavioral Health System
8. Brian van Meerten, MEd, BCBA, LBA, Partner in Community Relations and Employee Well Being, Kaibab Behavioral Services
9. Bryan Davey, PhD, BCBA-D, CEO, Touchstone Health Services
10. Cameron Cobb, MSW, Senior Manager, Children's System of Care, Banner University Health Plans
11. Carey Beranek, MS, LBA, BCBA, Clinical Director, Behavior Consultation Services, Arizona Autism United
12. Christopher Smith, PhD, Vice President and Research Director, Southwest Autism Research & Resource Center (SARRC)
13. Christopher Tiffany MAEd, Executive Director, Raising Special Kids
14. Cody Conklin-Aguilera, MD, FAAP, Chief Medical Officer, Office of Chief Medical Officers, Arizona Department of Economic Security/Division of Developmental Disabilities (DES/DDD)
15. Cynthia Macluskie, Vice President, Board of Directors, Autism Society of Greater Phoenix, Parent
16. David Harvey, PhD, LPC, Founder, Vantage Point Behavioral Resources
17. Dennis Friedman, DO, Physician, Parent
18. Diana Alvarez, Vice President of Operations, Steward Health Choice
19. Diana Davis-Wilson, DBH, BCBA, LBA, Arizona Association for Behavior Analysis (AZABA)
20. Diedra Freedman, JD, Board Secretary/Treasurer, Arizona Autism Coalition
21. Dominic Miller, Vice President, Southwest Behavioral Health Services
22. Don Fowls, MD, Psychiatrist
23. Eric Tack, MD, MCH EPSDT Program Manager, AHCCCS
24. Gina Relkin, Office of Administrative Legal Services, AHCCCS
25. Ginger Ward, MAEd, Chief Executive Officer, Southwest Human Development

26. Guillermo Velez, Complete Care Administrator, Banner University Family Care
27. Herb Senft, Chief Administrative Officer, Hopebridge
28. Jared Perkins, MPA, CEO, Children's Clinics; President, Autism Society of Southern Arizona
29. Jenee Sisnroy, Arizona Early Intervention Program (AzEIP)
30. Jennifer Blau, Child System of Care, Banner Health
31. Jennifer Drown, Insurance Billing and Coding Supervisor, HOPE Group
32. Jon Meyers, Executive Director, The Arc of Arizona
33. Jonathan Mueller, MBA, Managing Partner, Ascend Behavior Partners
34. Joyce Millard Hoie, MPA, Consultant, Parent
35. Judith (Judie) Walker. Program Support Administrator, Office of Grants & Project Management, Division of Health Care Management, AHCCCS
36. Karla Birkholz, MD, Arizona Academy of Family Physicians
37. Karrie Steving, Children's System of Care Administrator, Mercy Care
38. Kellie Bynum, Program Director, Southwest Autism Center of Excellence (SACE), Southwest Behavioral & Health Services
39. Kelly Lalan, Steward Health Choice Arizona
40. Lauren Prole, Clinical Project Manager, AHCCCS
41. Leslie Paulus, MD, PhD, FACP, Medical Director, UnitedHealthcare Community Plan
42. Lindsey Zieder, Children's Special Projects Lead, Mercy Care
43. Lorie Mayer, Information Technology Coordinator, AHCCCS
44. Megan Woods, MEd, BCBA, LBA, Behavior Analyst, Arizona Department of Economic Security/Division of Developmental Disabilities (DES/DDD)
45. Michelle Katona, Chief Program Officer, First Things First
46. Natalie Roehlk, CHC, CHPC, Manager of Strategic Initiatives, Division of Fee For Service Management, AHCCCS
47. Pele P. Fischer, Attorney and Principal, Peacock Legal
48. Sandra Stein, MD, Child & Adolescent Psychiatry, Banner-University Medical Center
49. Sara Salek, MD, Chief Medical Officer, AHCCCS
50. Tatyana Farietta-Murray, MD, Children's Behavioral Medical Director, Medical Management, Arizona Complete Health
51. Terry Randolph, Children's Healthcare Administrator, Arizona Complete Health
52. Terry Magden, HIT Project Manager, AHCCCS
53. Travis Bell, MS, Med, Behavior Analyst, Aurora Behavioral Health System
54. Tresure Phillips, Children's Behavioral Health Care Manager, Banner University Family Care

Arizona Health Information Exchange

Mike Mote, Chief Strategy Officer, Health Current and Lorie Mayer, Information Technology Coordinator, AHCCCS

Slides are attached to the e-mail with these notes.

Health Current is public-private partnership that improves health and wellness by advancing the secure and private sharing of electronic health information. It serves as Data Trustee and Data

Manager for the Arizona health care community and manages and operates Arizona's health information exchange (HIE). Health Current provides secure access to patient health information for Arizona's health care community and provides secure exchange of patient health information between the HIE and its participating organizations and providers. There are now more than 1,000 channels of data coming in and 500 going out.

As of January 11, 2019, Health Current participation included 87 ASD provider organizations, 340 ASD practice locations, and 293 ASD providers. There were 57 ASD providers organizations participating in the HIE; of the 57, 38 were submitting data.

Health Current services include data exchange, HIE portal, direct secure e-mail, patient panel management, individual alerts, query/response delivery of continuity of care documents (CCD), Controlled Substance Prescription Monitoring Program (CSPMP) & HIE integration, and Patient Centered Data Home™ (PCDH) ADT alerts and follow-up information exchange with other U.S.-based HIEs.

Health Current is in the process of updating its HIE platform to the latest version. The new platform will provide more capabilities, enhance data exchange functionality, and offer a comprehensive view of patient data via the portal.

Data can only be used with a valid HIPAA authorization.

In response to a question, Mike said that he is willing to share the list of EMR systems that work with the HIE. Mike's e-mail is mike.mote@healthcurrent.org.

There is no cost to providers for using the system. There is an onboarding program that can help Medicaid providers offset start-up expenses, with a small incentive for exchanging bidirectional data.

AHCCCS American Indian Health Program (AIHP)

Natalie Roehlk, CHC, CHPC, Manager of Strategic Initiatives, Division of Fee for Service Management, AHCCCS

Slides are attached to the e-mail with these notes.

The AHCCCS American Indian Health Program (AIHP) provides medically necessary services for enrolled members. The program also provides coverage for preventive and behavioral health care services.

American Indians and Alaska Natives (AI/AN) enrolled in AHCCCS or Children's Health Insurance Program (KidsCare) may choose to receive their coverage through AHCCCS AIHP or one of the AHCCCS-contracted managed health plans.

The 10/1/18 AHCCCS Complete Care (ACC) integration did not change physical services or behavioral services for AI/AN with Serious Mental Illness (SMI), or those eligible for Children's Rehabilitative Services (CRS), Comprehensive Medical & Dental Program (CMDP) for children in foster care, Developmental Disability (DD), and/or Elderly and Physically Disabled (EPD) services. Integration of DD CRS (including SMI) is planned for 10/1/19. Integration of children in foster care and members in ALTCS DD CRS is planned for 10/1/20.

The Fee for Service System administered by AHCCCS includes the American Indian Health Program (physical, behavioral, and CRS), Federal Emergency Services (FES), Tribal ALTCS IGAs (Intergovernmental Agreements) (case management only) and TRBHA (Tribal Regional Behavioral Health Authority) IGA (Colorado River, Gila River, Navajo Nation, Pascua Yaqui, and White Mountain Apace Tribe).

Integrated choices for the Non-SMI populations will be available within AIHP, or AIHP and TRBHA, or an ACC Plan. AI/AN members can still access services from an IHS/638 facility at any time, regardless of enrollment.

Members with SMI designation may choose to receive physical and behavioral health services from the RBHA or TRBHA, or can choose AIHP or an ACC plan for physical health services and RBHA/TRBHA for behavioral health services.

For people eligible for AHCCCS Fee for Service, providers agree to bill and accept payment in accordance with the terms of the AHCCCS Provider Participation Agreement (PPA), state and federal rules and regulations, and all pertinent documents incorporated by reference. The AIHP "network" includes all AHCCCS registered providers who choose to accept AIHP members. Providers do not require a separate contract with AIHP.

COB/TPL Scenarios and Update on Balance Billing for ABA Services for AHCCCS Members with Private Insurance

Sara Salek, MD, Chief Medical Officer, AHCCCS

ALTCS DDD Members With TPL (Note: ALL DDD Members, not just those with ASD)	AHCCCS Estimates as of 01/2019
Medicare	7,350
Commercial	8,829
Total ALTCS DDD Population as of 1-1-19	33,143
Percent of Overall DDD Medicaid Population with TPL	48.8%

AHCCCS Acute Members with TPL (Note: ALL Acute Members, not just those with ASD)	AHCCCS estimates as of 01/2019
Medicare	129,900
Commercial	82,048
Total Acute Member Population as of 1/1/19	1,809,503
Percent of overall Medicaid Acute Population with TPL	11.7%

The high percentage of the overall DDD Medicaid population with third-party liability (TPL) speaks to the issues the ASD Advisory Committee has been raising during the last few years about the challenges around coordination of benefits (COB) for the ALTCS DDD population. AHCCCS has heard the concerns and agrees that there is work to be done to update policy and rule language to address the ongoing issues. This is also related to system design regarding ABA, both the codes and the staffing requirements. This will be addressed later in today's agenda.

AHCCCS is moving forward with the case scenarios developed in 2018 by the Advisory Committee's COB/TPL Workgroup. Work is underway to simplify and update rule and policy language. AHCCCS will also need to do a fiscal estimate to ensure that rates are actuarially sound, since the majority of the system is through managed care. A fiscal benefit to improved COB might be that fewer individuals drop their primary coverage. Nonetheless, fiscal estimates must be completed because there still could be an upfront cost to the state if changes are made.

A key point related to "pay and chase" in terms of AHCCCS policy and rule is defining the specific preventative services are considered AHCCCS pay and chase. Federal guidance, issued

years ago, is restricted to immunizations and maternity care. However, the state can be more inclusive about the preventative services that can be considered pay and chase. For example, AHCCCS has already given guidance to the system when stakeholders asked about COB and operationalizing Habilitation C; AHCCCS and DDD made the policy statement that Habilitation C was considered an EPSDT preventative service for purposes of pay and chase.

Next steps internally: Open and update policy, simultaneously ensuring that it is congruent with rule, which takes time to change. This requires fiscal estimates to ensure that rates are actuarially sound and identifying what would be considered preventative. There are thousands of physical health codes, so AHCCCS would need to come up with general guidance.

The wheels are in motion to make these changes. As a state, we can broaden our interpretation of preventative services that are included in pay and chase; changes would require CMS approval, a fiscal assessment, and rule and policy updates.

Question regarding statutory requirement that providers can't discriminate based on ability to pay—there is a concern that individuals with commercial insurance and AHCCCS have a harder time accessing services than those with just private insurance.

Answer: the hypothesis is that COB/TPL is complicated from the family, provider, and health care system perspectives. AHCCCS will look at data going back seven years or more to see how many families have private insurance, how many have dropped it, and how many drop off and go back on. Available data (past and real-time) will be presented at a future Committee meeting.

AHCCCS does not want there to be disincentives for families to maintain private insurance, and wants to incentivize providers to provide medically necessary care. AHCCCS recognizes that that this impacts almost 50% of the ALTCS DD population.

Please send any questions about the interpretation of preventative services for pay and chase to Sharon (sharon@flanagan-hyde.com); she will forward questions to AHCCCS and DDD.

Feedback on Diagnostic and Referral Pathways

Eric Tack, MD, MCH, EPSDT Program Manager, AHCCCS

Tool drafts were sent to Committee members prior to the meeting for feedback and will be included in the e-mail with these notes.

There will be internal discussion about distribution of the tool. The intended audience is PCPs, but it could be shared with health plans.

Committee members expressed interest in sharing this with parents, either in the same format provided to PCPs, or in a "family friendly" version. Please send any suggestions to Sharon—sharon@flanagan-hyde.com

Review of Proposed Changes to EPSDT Section of AHCCCS Medical Policy Manual

Eric Tack, MD, MCH, EPSDT Program Manager, AHCCCS

The AHCCCS Medical Policy Manual (AMPM) provides information to contractors and providers regarding services that are covered within the AHCCCS program. The AMPM is applicable to both Managed Care and Fee-for-Service members.

AMPA 430 is out for public comment. Proposed changes include universal lead screening at 12 and 24 months; clarifying developmental screening at 9, 18, and 24 months; revisions to the EPSDT tracking form; and clarifications about vision screening.

In response to a question about beginning screening at 9 months: this aligns with American Academy of Pediatrics recommendations and Bright Futures.

Comments can be submitted through: https://comments.azahcccs.gov/ampm-chapter-400-medical-policy-for-maternal-and-child-health/430-track-changes-early-and-periodic-screening-diagnostic-and-treatment-epsdt-services/

Revisiting Need and Purpose of AHCCCS ABA Policy

Sara Salek, MD, Chief Medical Officer, AHCCCS

There has been progress since the ASD Advisory Committee was formed four years ago, including recommendations for integrating care for individuals with ASD and registering BCBAs as independent practitioners. AHCCCS adopted the temporary code set related to ABA prior to 1/1/19 and adopted the new CPT codes as of 1/1/19. Medically necessary ABA services are covered benefits.

There are pluses and minuses to having an AHCCCS-specific ABA policy. For the majority of medical services within the AHCCCS health care system, codes are open and the health plans determine whether or not they prior authorize. For specialized services or if AHCCCS determines that a policy needs to be more specific, AHCCCS creates a medical necessity policy. An example: medications to treat Hepatitis C.

AHCCCS went back and forth on whether to defer to the MCOs to manage the ABA benefit, utilizing their existing infrastructure, including PA criteria, or to develop an AHCCCS policy.

AHCCCS decided to develop a policy, put it out for public comment, and received substantial feedback from the community and ABA leaders about concerns, including network capacity around requiring Registered Behavior Technician (RBT) credentials, definitions, comprehensive ABA services in addition to early intensive behavioral intervention (EIBI), infrastructure, and supervision hours.

Note: ABA, when medically necessary, is a covered benefit for acute and long-term care members.

Next steps: Create a time-limited workgroup to make recommendations about an AHCCCS ABA policy for ACC and DDD plans. The Committee supports developing a policy. Dr. Bryan Davey proposed a revision to the policy. This could serve as a starting place for the workgroup. The workgroup will consider COB issues. A revised policy draft would then go through the Policy Committee review process; an expedited review could be requested.

Question: Why a policy versus a practice protocol? Answer: It's more clear to health plans that it's enforceable when it's a policy. Also, families and providers can look at a policy and assess a child based on what's accepted by the community as a standard of care.

Please let Sharon know if you'd like to participate in the workgroup: sharon@flanagan-hyde.com

CPT Code Implementation and Establishing Consistency Across All AHCCCS Plans

Sara Salek, MD, Chief Medical Officer, AHCCCS

CPT code implementation, specific to ABA, goes hand in hand with ABA policy. In general, in the AHCCCS Medical Policy Manual (AMPM), we tend to stick with the medical necessity requirements, but if we need to establish standardization, the codes are open. We're in the process of transitioning medical necessity language into the AMPM and Fee for Service Provider Manual, and we can incorporate coding-specific information and/or policy guidance for CPT codes and HCPCS (Healthcare Common Procedure Coding System). The ABA Policy Workgroup could consider what standardization might look like in terms of applying the ABA benefit.

Update on Capacity of Contracted Networks

Sara Salek, MD, Chief Medical Officer, AHCCCS

Link on AHCCCS ASD website to ASD Diagnosing Providers—
https://www.azahcccs.gov/shared/asd.html

Next steps: Information about specific services provided and provider availability.

Committee members are hearing that families are struggling to access care. Two issues: some families have preferences other than the available diagnosing providers, and there are long waiting lists for some services, such as ABA, especially in Tucson.

Please notify Dr. Salek when you hear about problems.

There may be opportunities to leverage telehealth for diagnosis and to expand the use of nurse practitioners and psychologists. DDD is re-evaluating the types of providers from whom they will accept diagnoses. We know that the number of developmental behavioral pediatricians who are retiring is exceeding the number of new ones coming in.

Also—please tell families to call health plan customer service departments if they have problems accessing provider, and to ask for an advocate if customer service is not able to help. Notify Dr. Salek if there is still a problem so that AHCCCS can give constructive feedback to health plans regarding training.

Announcements and Future Agenda Topics

Dr. Dennis Friedman is interested in starting a workgroup on the topic of young adults who are too high functioning for DD vocational services, but too functionally impaired for vocational rehabilitation. This group will also address long-term residential support. Please let Sharon know if you are interested: sharon@flanagan-hyde.com

Suggestion for April meeting agenda: counseling services and other modalities for individuals with ASD, especially teens and adults.

Future Meeting Dates

All meetings are from 3:00-5:00 pm at AHCCCS:

- April 10, 2019
- July 17, 2019
- October 23, 2019

healthcurrent

Health Current

AHCCCS ASD Advisory Committee
January 30, 2019

Health Current

Yesterday & Today

Who is Health Current & what does it do?

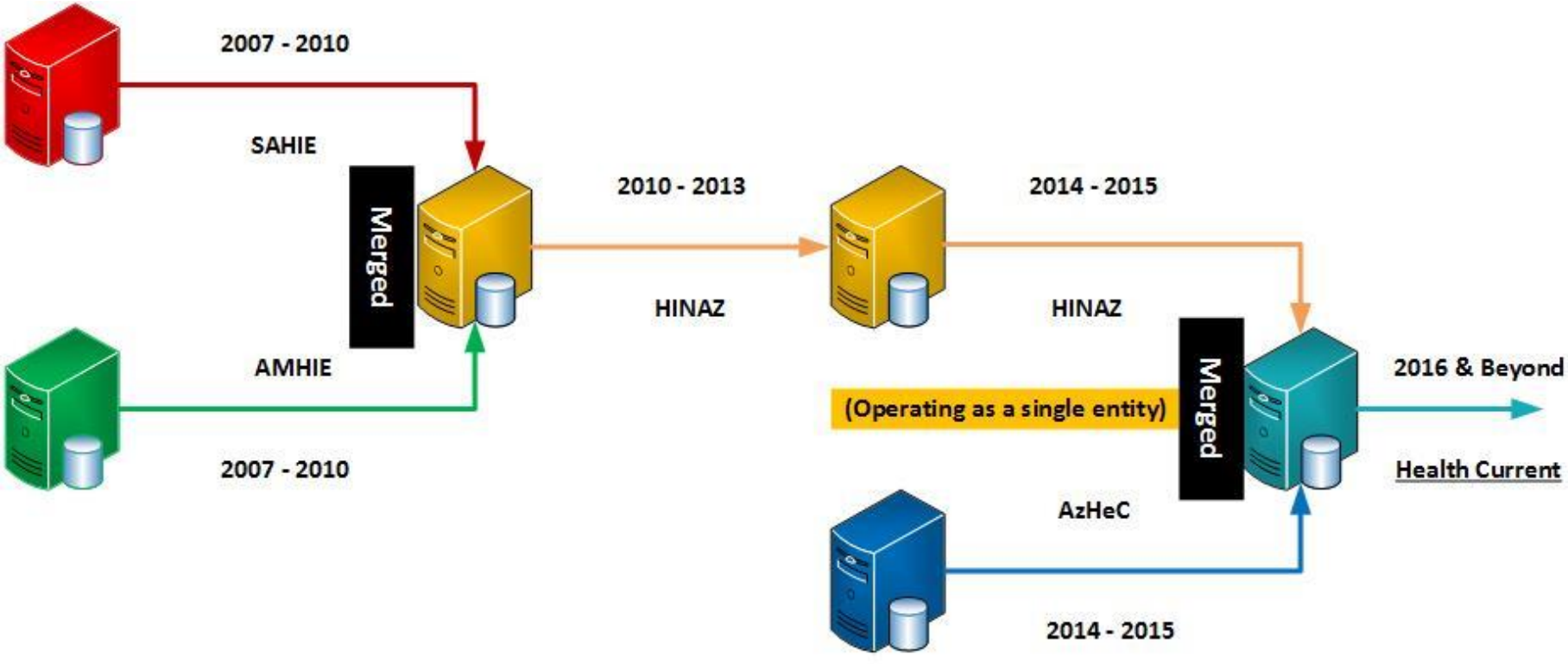
1. A **public-private partnership** that improves health and wellness by advancing the secure and private sharing of electronic health information.
2. A **Data Trustee and Data Manager** for the Arizona health care community.
3. Manage and operate Arizona's **health information exchange** (HIE).
4. Provides **secure access** to patient health information for Arizona's health care community.
5. Provides **secure exchange** of patient health information between the HIE and its participating organizations and providers.

healthcurrent

Health Information Exchange In Arizona

healthcurrent

Health Current History



Evolution of Health Information Exchange in Arizona

Health Current

Operations, Participation, & Growth Statistics

Health Current Operations (as of December 31, 2019)

HIE Operations	2015	12/31/2018
Inpatient Discharges	52%	97%
ED Visits	43%	98%
Patients	6.3 M	10.2M
Patients w/Clinical Data	4.8 M	8.8M
Monthly Transactions Received	6 M	16.7M
Monthly CCDs Received	0	564K
Monthly Batch Alerts Sent	0	6.3M
Monthly Real-Time Alerts Sent	0	197K
Active Portal Users	8	980
Patients Accessed via Portal	210	85K

Health Current Participation (as of January 11, 2019)

PARTICIPANTS		568
Accountable Care Organizations		15
Behavioral Health Providers		52
Community Providers		269
EMS Paramedicine Programs		18
Federally Qualified Health Centers		21
Health Plans		17
Hospitals & Health Systems		53
Acute Care Hospitals	34	
Behavioral Health Hospitals	7	
Rehabilitation Hospitals	9	
Long Term & Sub-Acute Hospitals	3	
Integrated Clinics		27
Laboratories & Pharmacies		5
Long Term & Post Acute Care Providers		84
State & Local Government Agencies		7
HIEs		16

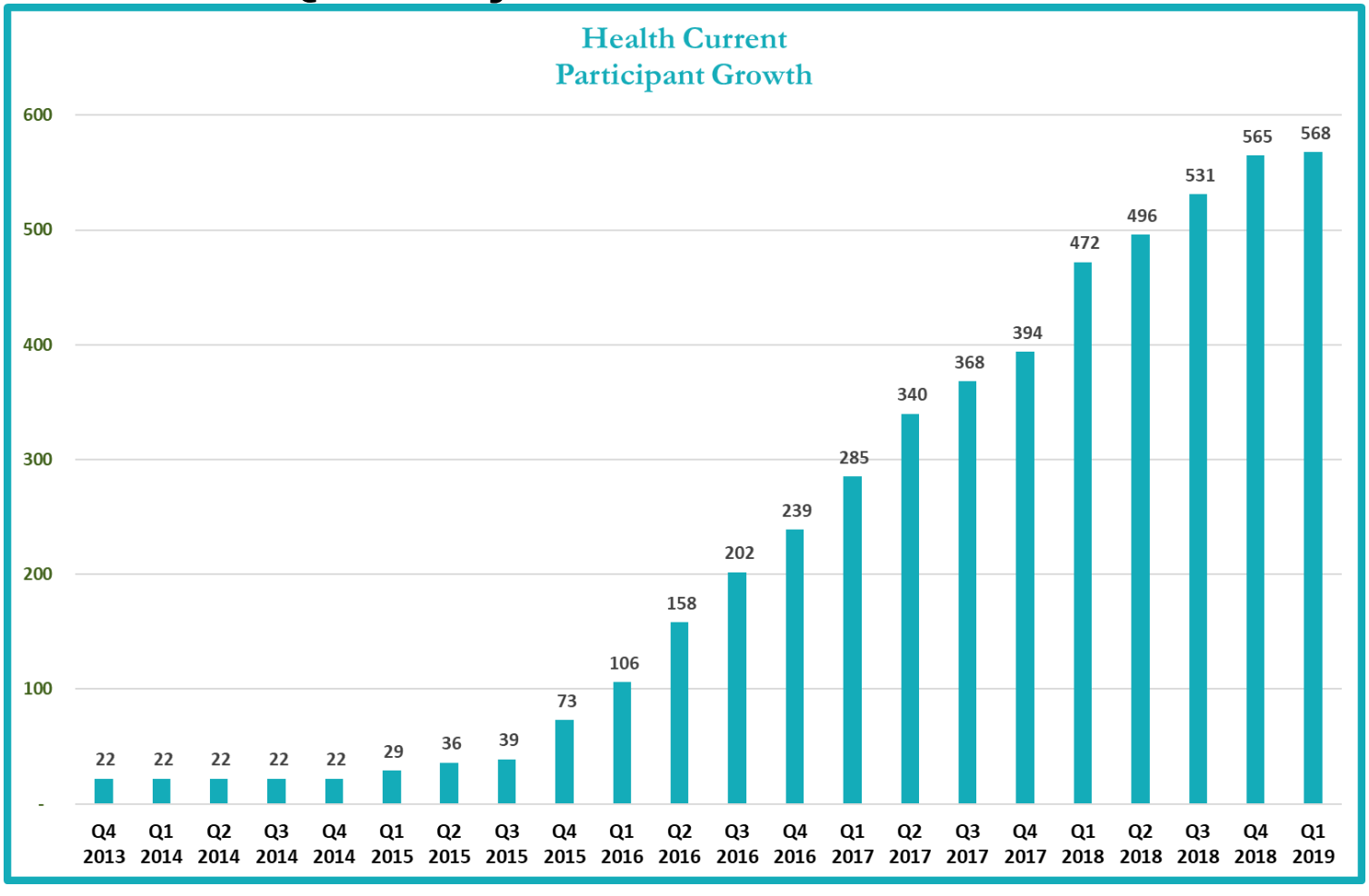
Health Current Participation (as of January 11, 2019)

Autism Spectrum Disorder (ASD) Providers

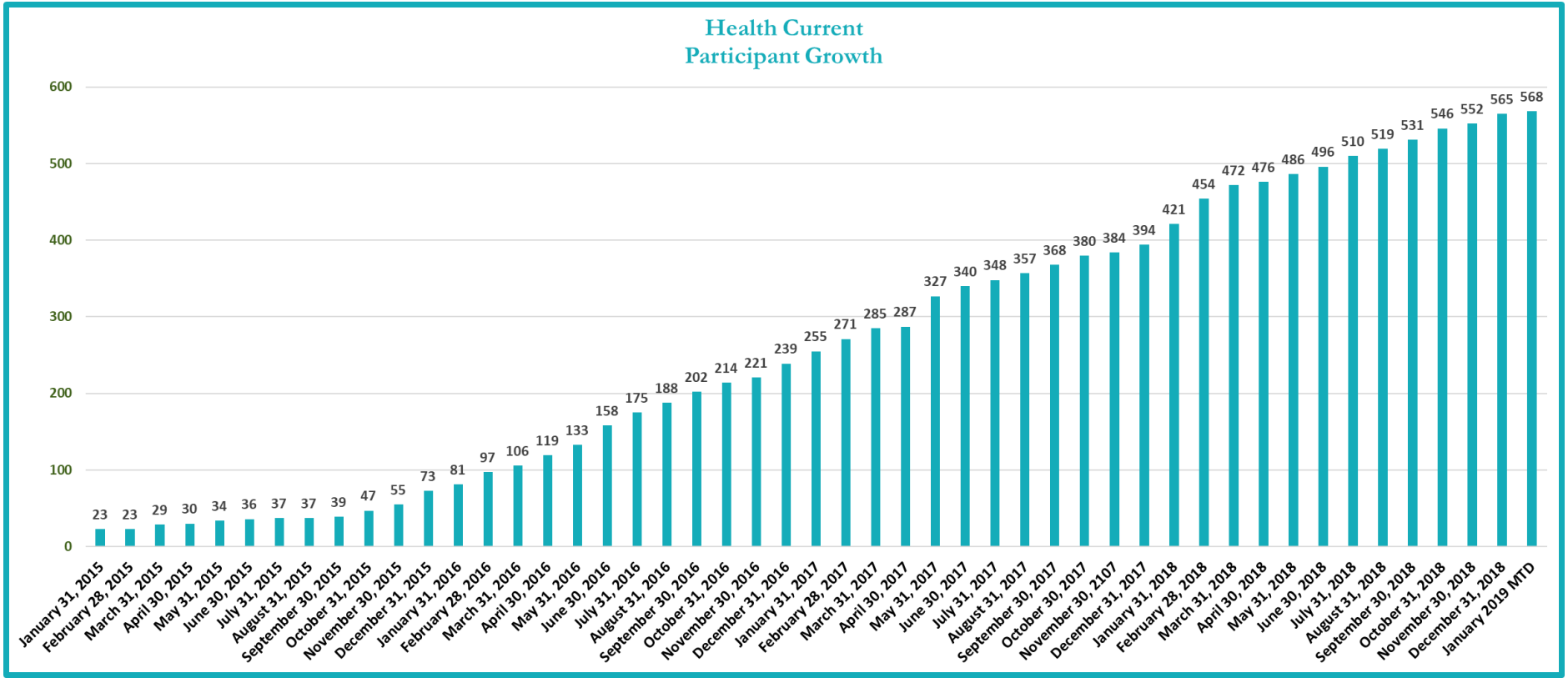
- ASD Provider Organizations – 87
- ASD Practice Locations – 340
- ASD Providers – 293

- ASD Providers Organizations Participating in the HIE - 57

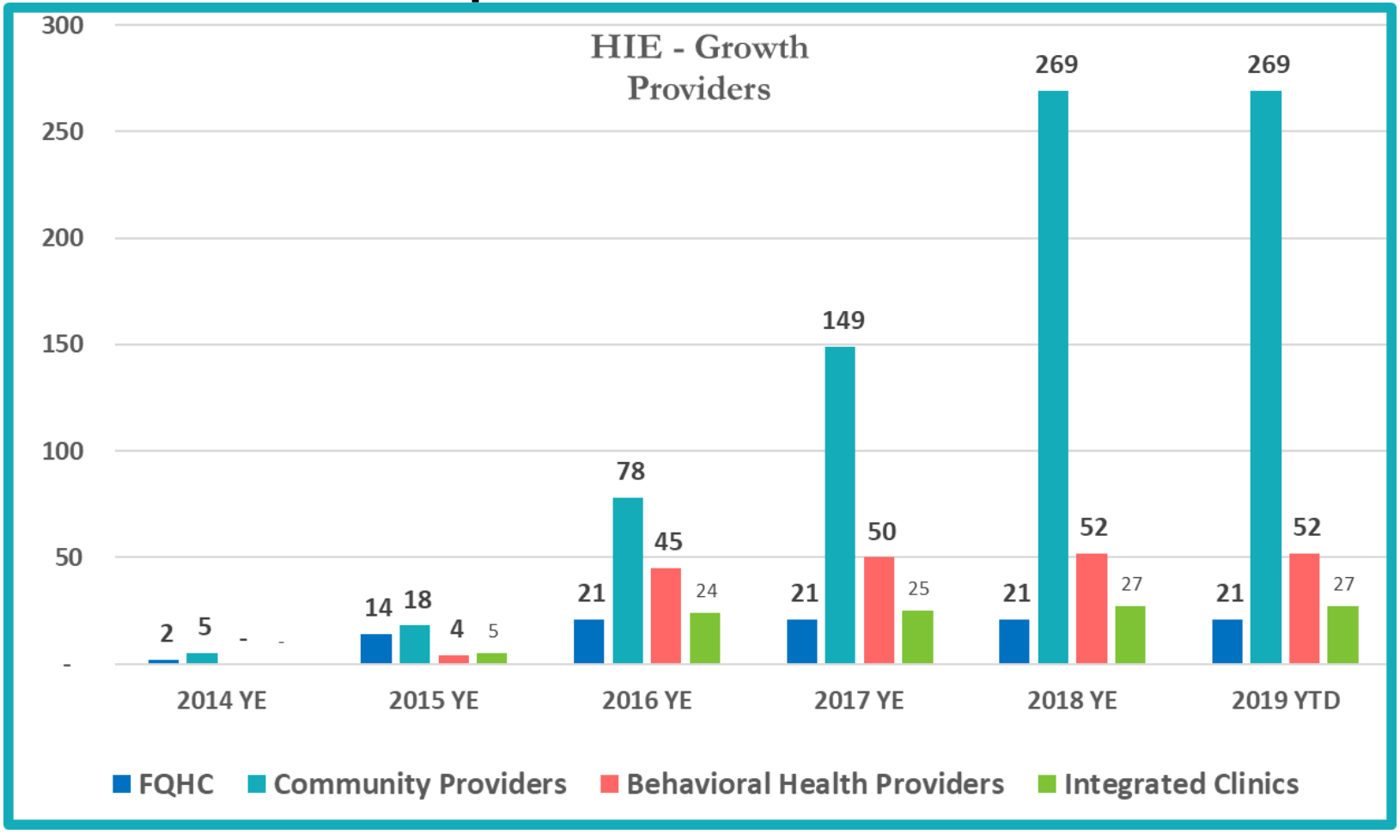
Health Current Quarterly Growth (as of January 11, 2019)



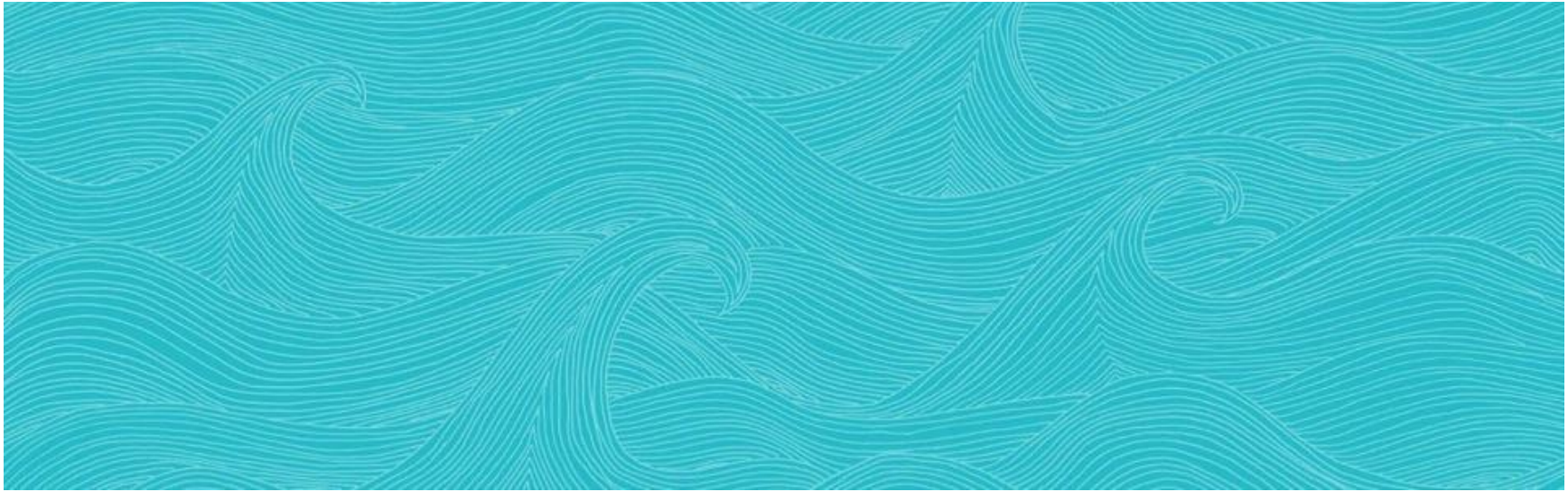
Health Current Monthly Growth (as of January 11, 2019)



Health Current Participation (as of January 11, 2019)



Health Current Services



Health Current Services

Data Exchange

Capture & share patient health information with HIE Participants utilizing push/pull and query/response functionality

HIE Portal

Secure online access to patient data

Direct Secure Email

Secure email for clinical information exchange; DirectTrust certified and HIPAA compliant

Health Current Services

Patient Panel Management

Ability to identify and maintain lists of patients to be monitored and alerts sent, the panel provides the controls for delivery of all alerts

Individual Alerts

Event driven notifications triggered by admissions, discharges, registrations and clinical results; delivered in human and/or machine readable formats

Query/Response

Delivery of continuity of care documents (CCD) based on an electronic request

Health Current Services

CSPMP & HIE Integration

Access via the HIE Portal to Arizona's controlled substance prescription monitoring program (CSPMP) to meet prescriber mandate; providers must register with the Arizona State Board of Pharmacy; doesn't include access by prescriber delegates

Patient Centered Data Home™ (PCDH)

ADT alerts and follow-up information exchange with other US based HIEs; 47 participating HIEs nationwide with 16 currently exchanging data with Health Current

NOTE: Health Current is in the process of updating its HIE platform to the latest version, this new platform provides more capabilities, enhance data exchange functionality and a comprehensive view of patient data via the Portal.

Health Current

Supporting Integrated Health Care Delivery

Integrated Health Care – Definition?

SAMHSA-HRSA Center for Integrated Health Solutions:

"the systematic coordination of general and behavioral healthcare. Integrating mental health, substance abuse, and primary care services…"

AAFP – Primary Care Services includes:

"health promotion, disease prevention, health maintenance, counseling, patient education, diagnosis and treatment of acute and chronic illnesses in a variety of health care settings…"

Baylor College of Medicine – Behavioral Health Services include:

"assessment, diagnosis, treatment or counseling in a professional relationship to assist an individual or group in alleviating mental or emotional illness, symptoms, conditions or disorders…"

Integrated Health Care – What Care Is Delivered?

Primary Care
Medical Specialty Care
Mental Health Care
Substance Use Disorder Care
Dental Health Care
Acute Inpatient Care
Emergency Medical Care
Urgent Care
Emergency Medical Services (EMS)
Ambulatory Diagnostic Services
Ambulatory Surgery Services
Long-Term Care
Skilled Nursing Care
Rehabilitation Care
Home Health Care
Hospice Care
Palliative Care
Assisted Living Care

& Socioeconomic Assistance
(to address SDOH needs)

Integrated Health Care – Data Sharing Needs

A single source of comprehensive longitudinal patient health care information covering all care settings.

Patient information that has been normalized (common terminology) and standardized (national coding).

Patient information delivered into care workflows via multiple secure information exchange services (e.g. HIE provider portal, EHR integration, secure electronic alerts, secure batch file transfers).

Integrated Health Care – What Patient Data Is Needed?

Admission & Discharge Events

ED & Ambulatory Registration Events

Providers & Care Team Members

Demographics & Vital Signs

Insurance & Guarantor

Active Problems (Diagnosis)

Active Medications

Allergies

Immunizations

Lab & Radiology Results

Treatments & Procedures

Advance Directives

Integrated Care Plans

Nursing & Visit Notes

Screening Tools & Results

Discharge Summaries

Encounter Summaries

Other Care Reports

SMI Information

SUD Information

SDOH Information

Health Current Permitted Uses

Permitted Uses

1. Treatment
2. Care Coordination
3. Case or Care Management
4. Transition of Care Planning
5. Population Health
6. Payment
7. Limited Healthcare Operations
8. With a Valid HIPAA Authorization
9. Health Current Uses

Permitted Users

Healthcare Providers (and Business Associates)

- Relationship with the patient (transitioning, past, present, prospective)

Health Plans (and Business Associates)

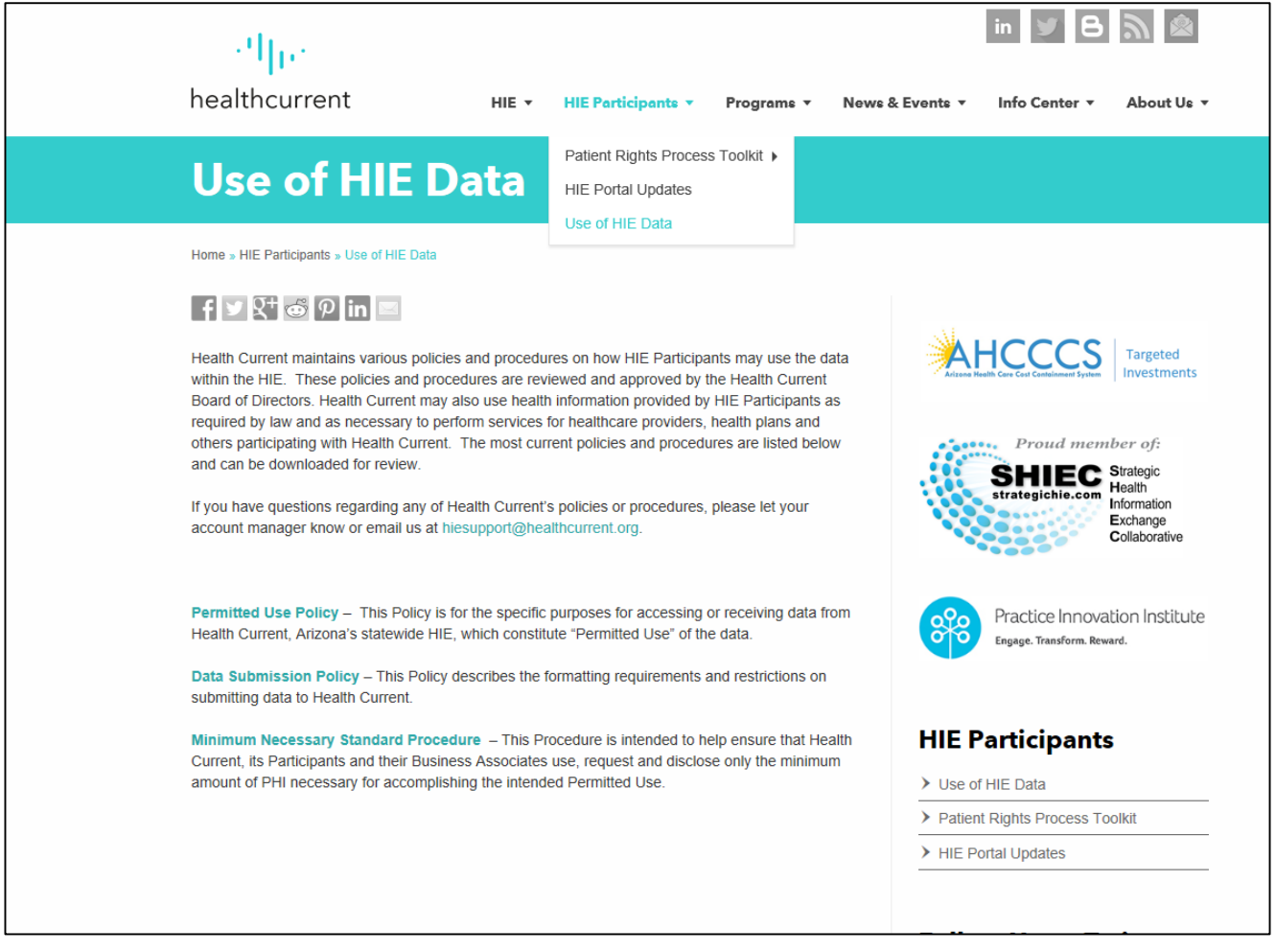
- Relationship with the patient (transitioning, past, present, prospective)

Authorized Recipients

- Any individual the patient elects (e.g. Corrections, Adult Probation, Life Insurance)

Health Current

Website


healthcurrent
HIE
HIE Participants
Programs
News & Events
Info Center
About Us
Patient Rights Process Toolkit
HIE Portal Updates
Use of HIE Data
Use of HIE Data
Home » HIE Participants » Use of HIE Data
Health Current maintains various policies and procedures on how HIE Participants may use the data within the HIE. These policies and procedures are reviewed and approved by the Health Current Board of Directors. Health Current may also use health information provided by HIE Participants as required by law and as necessary to perform services for healthcare providers, health plans and others participating with Health Current. The most current policies and procedures are listed below and can be downloaded for review.
If you have questions regarding any of Health Current's policies or procedures, please let your account manager know or email us at hiesupport@healthcurrent.org.
Permitted Use Policy – This Policy is for the specific purposes for accessing or receiving data from Health Current, Arizona's statewide HIE, which constitute "Permitted Use" of the data.
Data Submission Policy – This Policy describes the formatting requirements and restrictions on submitting data to Health Current.
Minimum Necessary Standard Procedure – This Procedure is intended to help ensure that Health Current, its Participants and their Business Associates use, request and disclose only the minimum amount of PHI necessary for accomplishing the intended Permitted Use.
AHCCCS
Targeted Investments
Proud member of:
SHIEC
strategichie.com
Strategic Health Information Exchange Collaborative
Practice Innovation Institute
Engage. Transform. Reward.
HIE Participants
Use of HIE Data
Patient Rights Process Toolkit
HIE Portal Updates

Questions?

Mike Mote
Chief Strategy Officer
mike.mote@healthcurrent.org

www.healthcurrent.org
602-688-7200

Follow Us:

healthcurrent

Imagine fully informed health

AHCCCS Complete Care (ACC) and the American Indian Health Program (AIHP)

Natalie Roehlk, CHC, CHPC

Manager of Strategic Initiatives

AHCCCS Division of Fee for Service Management (DFSM)

AHCCCS Complete Care Health Plans (ACC Plans)

Furthering Integrated Healthcare in a single Health Plan that will:

- Include physical and behavioral healthcare service providers (including CRS);
- Manage the provider network for all of your healthcare services.
- Provide comprehensive managed care for the whole person.

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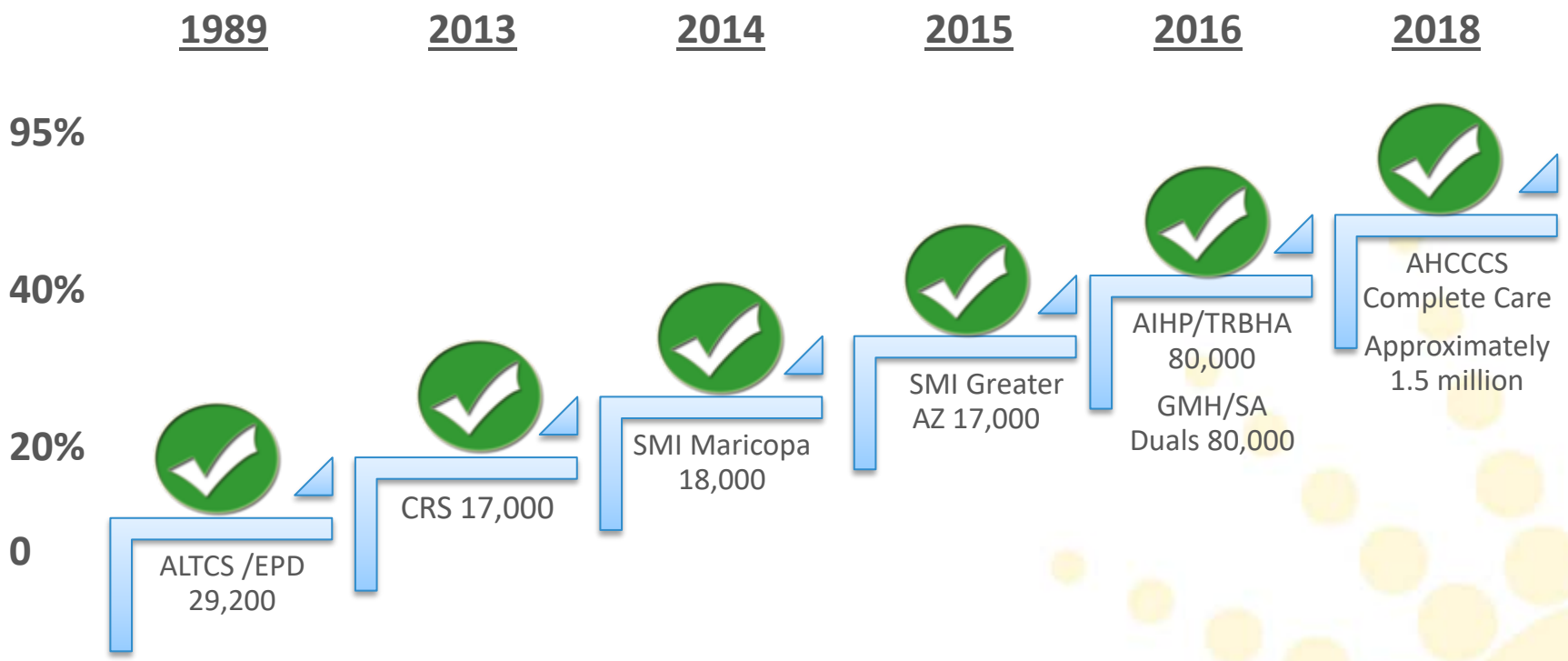
Integration Progress To Date



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Who Is Affected October 1, 2018?

- Affects most adults and children on AHCCCS
- Members enrolled in Children's Rehabilitative Services (CRS)

It does not affect:

- Members on ALTCS (EPD and DES/DD);
- Adult members with a serious mental illness (SMI); and
- Most foster children enrolled in CMDP

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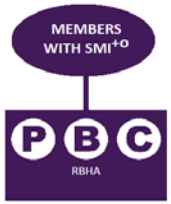
2018-2019 AHCCCS COMPLETE CARE (ACC) INTEGRATION

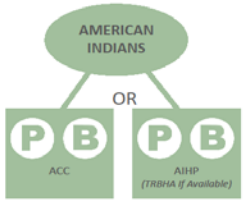


This represents a change only for SMI/CRS members.

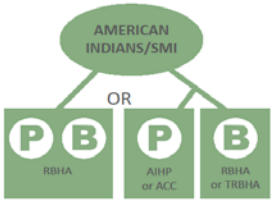
KEY

- P PHYSICAL SERVICES
- B BEHAVIORAL SERVICES
- C CHILDREN'S REHABILITATIVE SERVICES (if applicable)
- L LONG TERM CARE SERVICES
- UHC UnitedHealthcare
- \+ Including CRS members
- # Excluding SMI & CMDP
- o Excluding ALTCS

Population Group | Plan | Future Integration

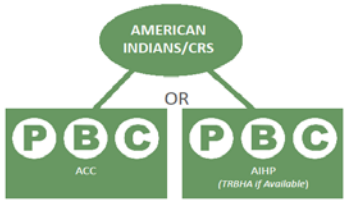


*NO CHANGE**



*No change to behavioral health care options. New ACC plans may provide additional acute care options.

NO CHANGE



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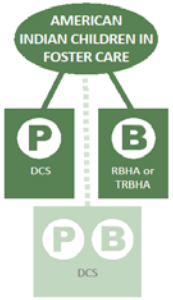
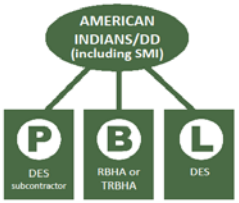


Planned for 10/1/20

NO CHANGE



NO CHANGE

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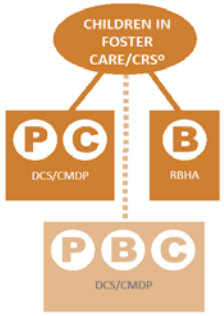
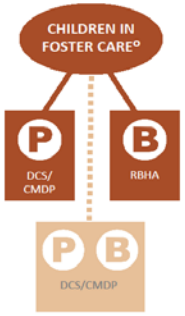


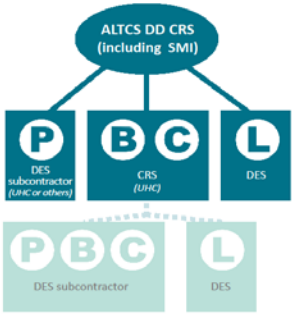
Planned for 10/1/2020

NO CHANGE



Planned for 10/1/2020

NO CHANGE



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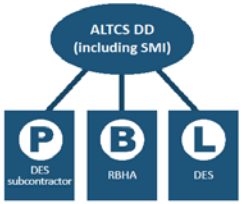
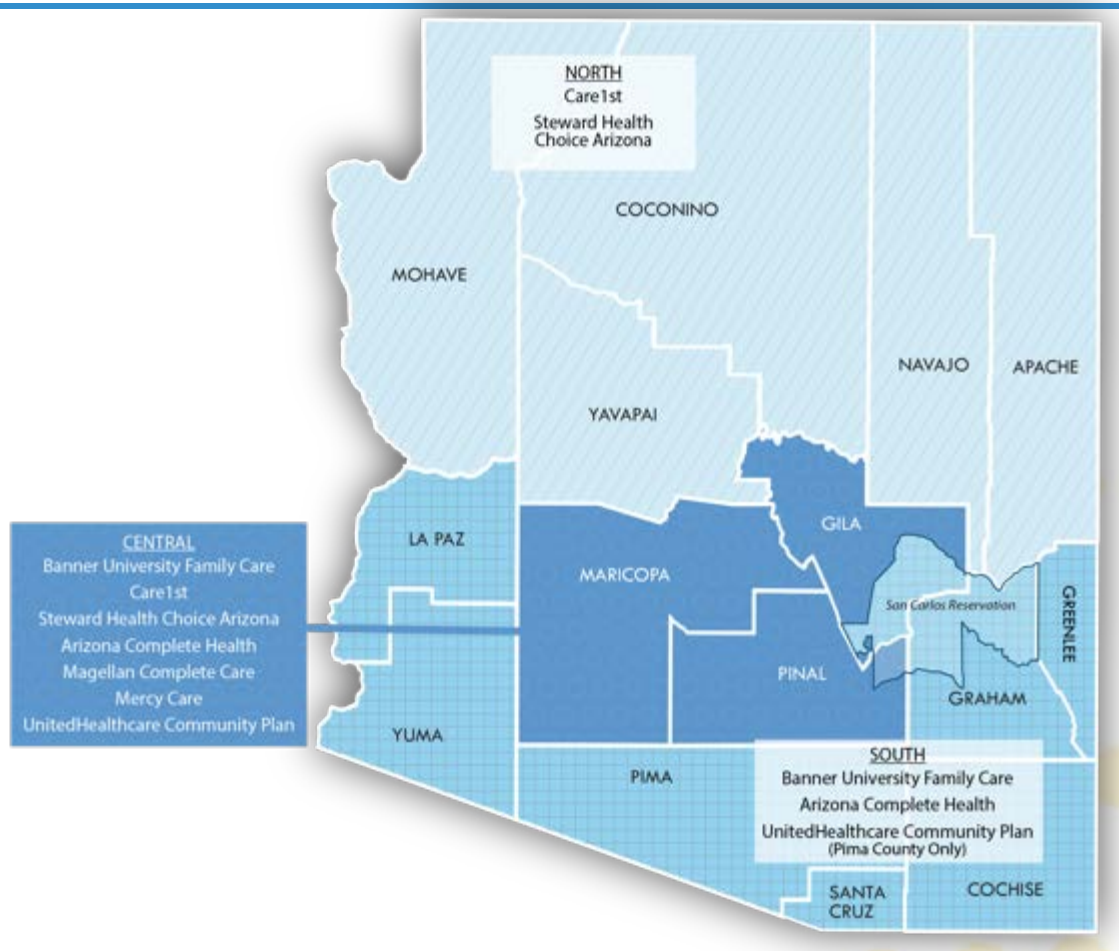


NO CHANGE

Rev. 7/17/18

ACC Plan Geographic Service Areas



Note: Zip codes 85542, 85192, 85550 representing San Carlos Tribal area are included in the South GSA.

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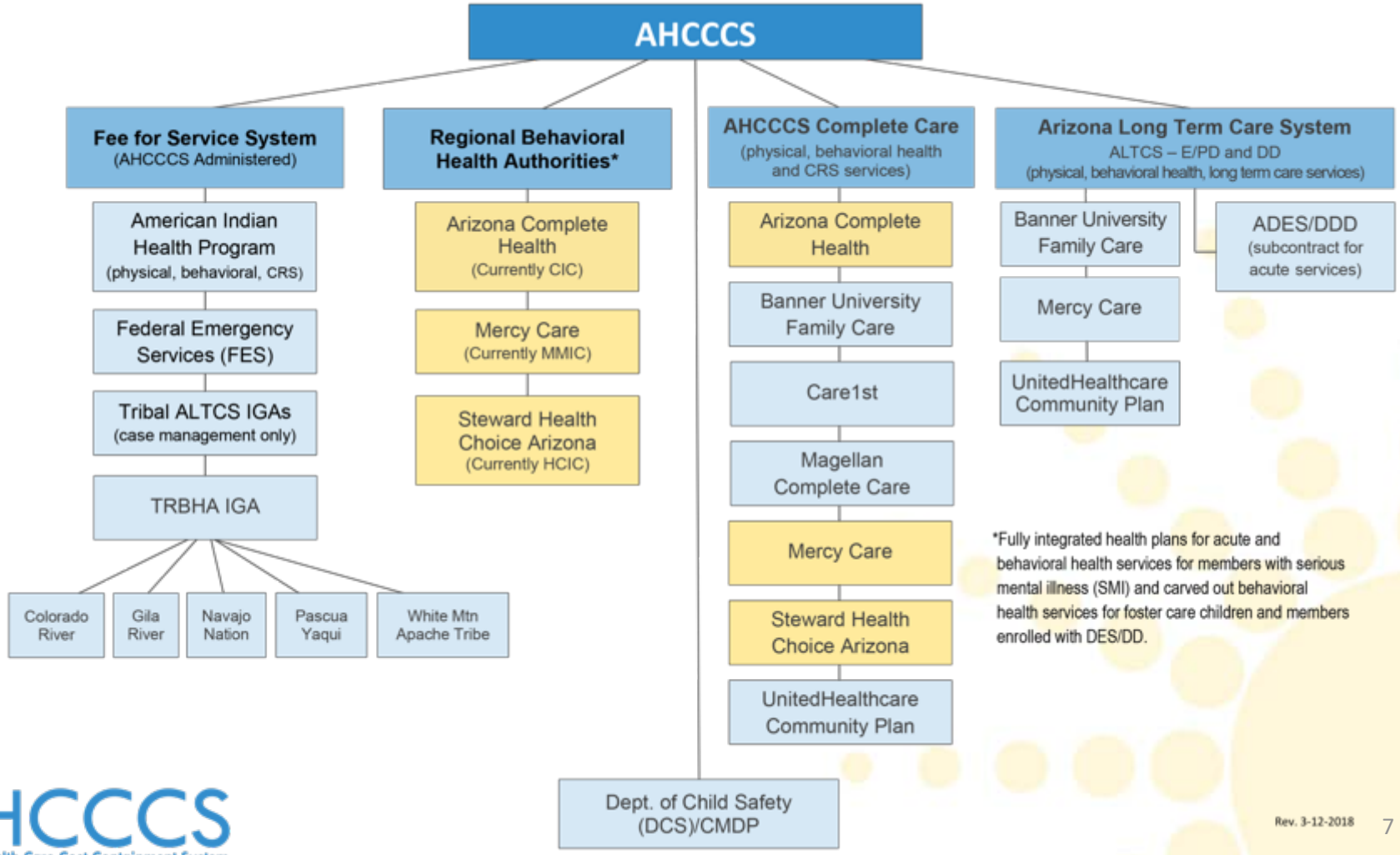
Care Delivery System as of Oct. 1, 2018



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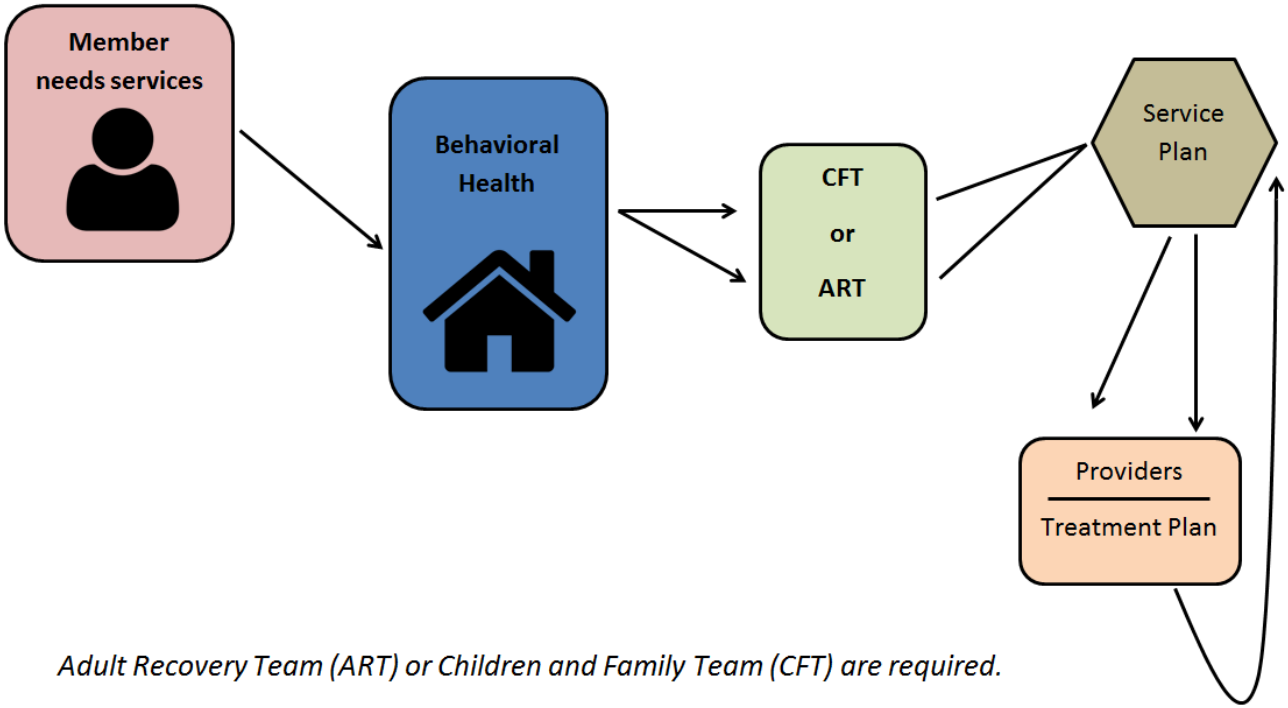
Care Coordination in Managed Care Model v. Fee for Service

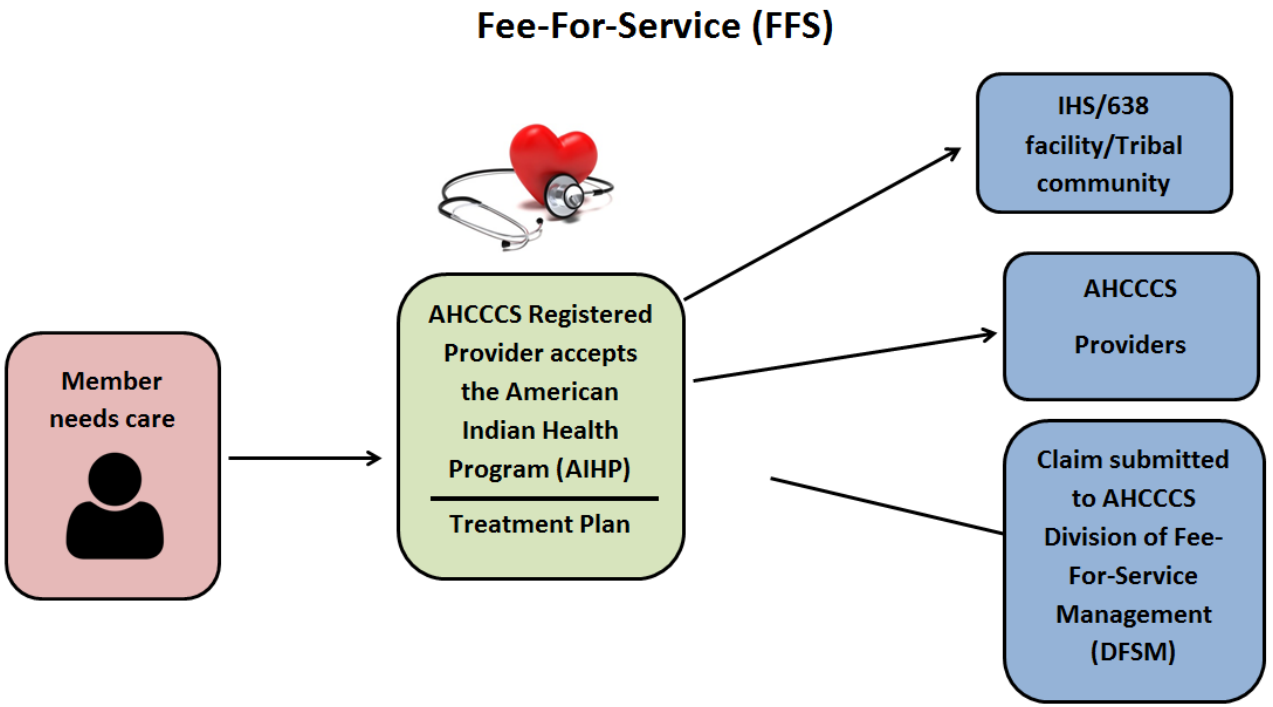
Care Coordination – Managed Care

Managed Care Behavioral Health



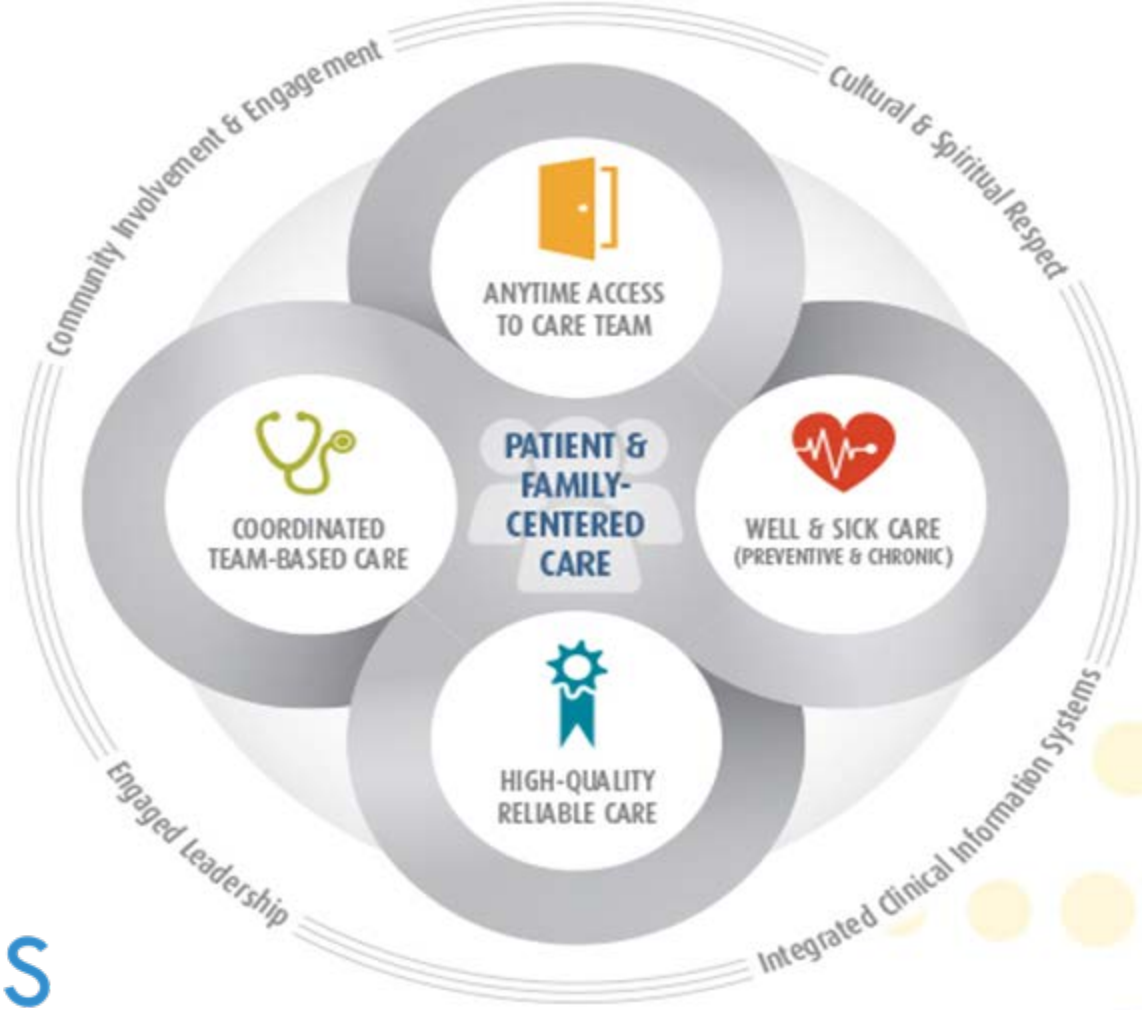
Adult Recovery Team (ART) or Children and Family Team (CFT) are required.

Care Coordination - FFS



*Adult Recovery Team (ART)/ Children and Family Team (CFT) encouraged, but **not** required.*

Improving Patient Care (IPC) Model



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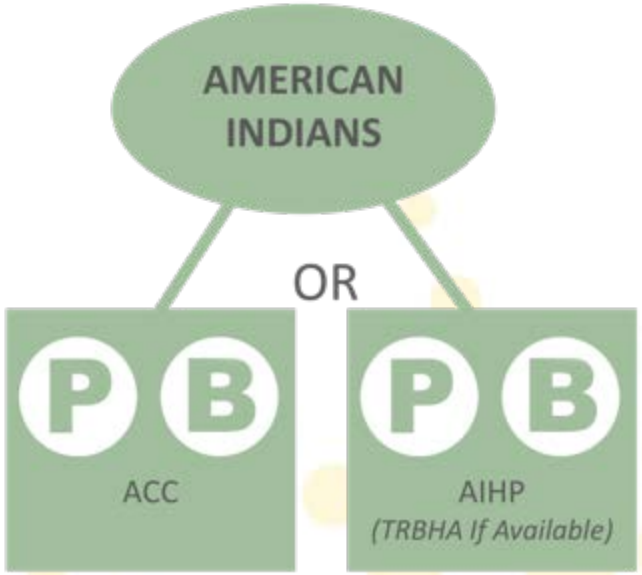
American Indian Health Program (AIHP) – What's Changed?

What is AIHP?

- The AHCCCS American Indian Health Program (AIHP) provides medically necessary services for enrolled members. The program also provides coverage for preventive and behavioral health care services.
- American Indians and Alaska Natives (AI/AN) enrolled in AHCCCS or Children's Health Insurance Program (KidsCare) may choose to receive their coverage through the *AHCCCS American Indian Health Program (AIHP)* or one of the AHCCCS-contracted managed health plans.
- **Health Plan ID #999998**

Supporting Choice for American Indian Members

- Integrated choices for the Non-SMI populations will be available within:
  - AIHP or AIHP and TRBHA; or
  - An ACC Plan
  - AI members can still access services from an IHS/638 facility at anytime regardless of enrollment
  - (Members with SMI designation may choose to receive physical and behavioral health services from the RBHA or TRBHA, or can choose AIHP or an ACC plan for physical health services and RBHA/TRBHA for behavioral health services.)



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Choice for American Indian Populations

- Tribal members will continue same frequency of choice options
- American Indian members may change enrollment between AIHP or the AHCCCS Complete Care (ACC) Plan at any time. However, a member can only change from one ACC Plan to another once a year.
- Regardless of health plan enrollment (ACC or AIHP), physical and behavioral health services may always be received at *any* IHS or tribally owned and/or operated 638 facility.

Medications

AHCCCS pays for prescribed medications. AIHP members can get medications from the following:

- Indian Health Service facilities,
- Tribal Facilities, or
- Pharmacies that are part of the AHCCCS Pharmacy Benefit Manager (PBM).
    - AIHP FFS Pharmacy Network

Provider Participation Agreement (PPA)

- As stated in the PPA, with respect to Fee-For-Service eligible persons, the Provider agrees to bill and accept payment in accordance with the terms of this Agreement, state and federal rules and regulations, and all pertinent documents incorporated by reference.
- AIHP "network" includes all AHCCCS registered providers who choose to accept AIHP members.
- Providers do not require a separate contract with AIHP.

Other things to be aware of...

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Changes with RBHA services

Regional Behavioral Health Authorities (RBHAs) no longer serve most adults and children as of October 1, 2018 (with exceptions below).

RBHAs will continue to provide and serve:

- Foster children enrolled in CMDP
- Members enrolled with DES/DD;
- Individuals determined to have a serious mental illness (SMI)
- Crisis services, grant funded, and state-only funded services

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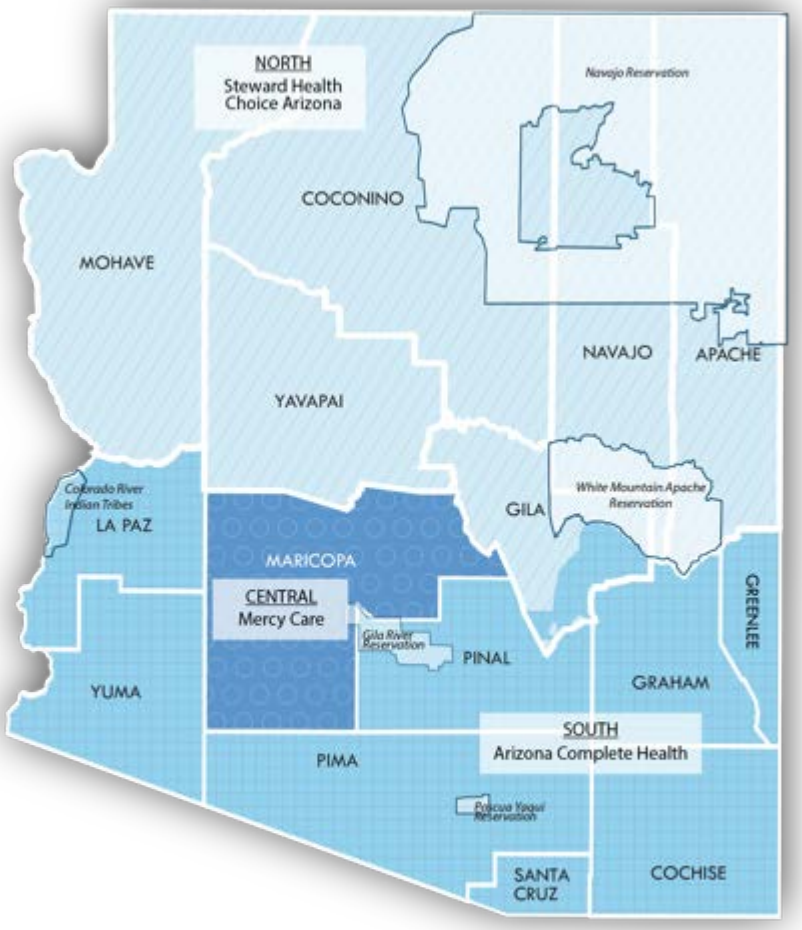
RBHA/TRBHA and Crisis Services



- The Crisis system responsibilities remain with the RBHA, in their respective GSAs

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Note: Zip codes 85542, 85192, 85550 representing San Carlos Tribal area are included in the South GSA.

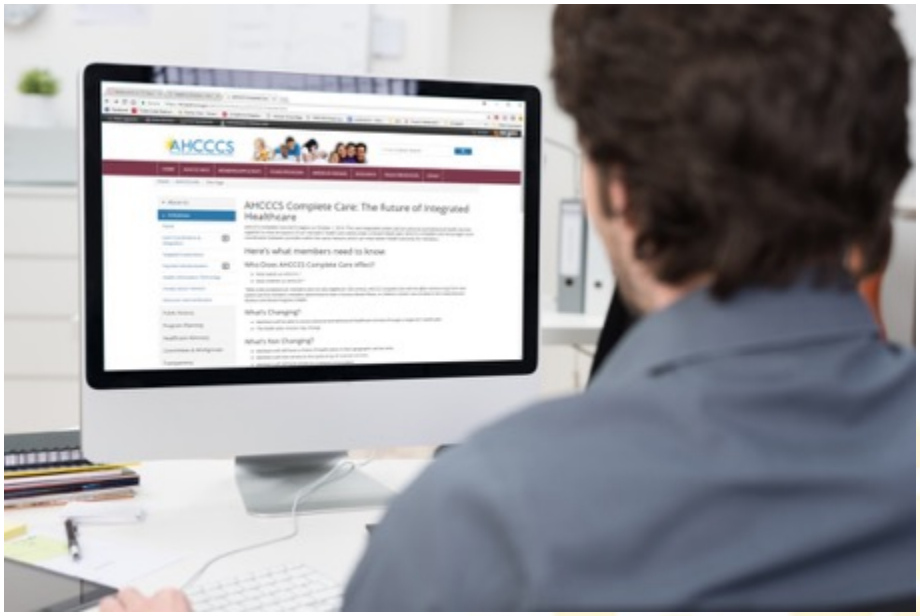
Transition Efforts

- Videos on AHCCCS and Plan websites
- Web Page/FAQs
- Statewide Public Meetings
- Stakeholder Organization meetings
- ACC Plan Meetings and Readiness Assessment
  - Staffing
  - Data/Systems – IT Demo
  - Care Transition
  - Network

ACC Web Pages

www.azahcccs.gov/ACC

- GSA map with plans
- Community meetings
- Videos in English, Spanish, and audio in Navajo
- FAQs
  - CRS
  - American Indians
  - Providers



71,000 unique hits in 2018

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ACC Community Forums

70+ presentations

2000+ attendees

ACC Presentation video: 696 views

"…Your time and knowledge greatly helped put this parents fears at a little more ease."
Flagstaff Parent Denise M.

NAMI "We appreciate you coming all the way to Sierra Vista to share this information with us." **NAMI Southeastern AZ**

"Thank you for coming to our communities today and for providing us with valuable information that we can use when we speak with the new ACC plans coming into our area."
Yuma CRS Practice Manager

"Thank you so much! The information you provided today was exactly what we needed to explain things to our members and our community."
Regional Center for Border Health

Member Protections

- Provider Flyers/Director's Message
- AZ Association of Health Plan Letter to Providers
  - Don't turn transitioning members away
  - Allow sufficient time to establish a contract or transition the member
- AHCCCS contractually required ACC Plans to pay non-contracted providers

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Member Protections

- ACC Plan to allow:
  - PCP transition – 90 days
  - Ongoing care from a specialists – 6 months
  - Behavioral health services – 6 months
  - Members with CRS conditions to continue access to Multispecialty Interdisciplinary Clinics
  - Pregnant women in the third trimester
  - Honor previously approved authorizations - 30 days

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Cultural Competency

- **Member centric is always the goal**
- ***Contract language:*** *Strengths-Based, Flexible, Responsive Services Reflective Of An Individual's Cultural Preferences*
- ***Some other elements to address cultural competency within ACC:***
  - **Cultural Competency Coordinator**
  - Requirements to follow: **ACOM Policy 405** [42 CFR 438.206(c)(2)].
  - Requirement to have: **Cultural Competency Plan** that has an annual assessment component.

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Resources

AHCCCS Medical Policy Manual

Chapter 300, Medical Policy for Covered Services

- https://www.azahcccs.gov/shared/MedicalPolicyManual/#310

AHCCCS Fee-For-Service Provider Manual

- https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/providermanual.html

AHCCCS IHS/Tribal Provider Billing Manual

- https://www.azahcccs.gov/PlansProviders/RatesAndBilling/ProviderManuals/IHStribalbillingManual.html

AIHP/TRBHA Member Handbook

- https://www.azahcccs.gov/AmericanIndians/Downloads/AHCCCS_AIHP_Guide.pdf

FFS Website

- https://www.azahcccs.gov/PlansProviders/FeeForServiceHealthPlans/

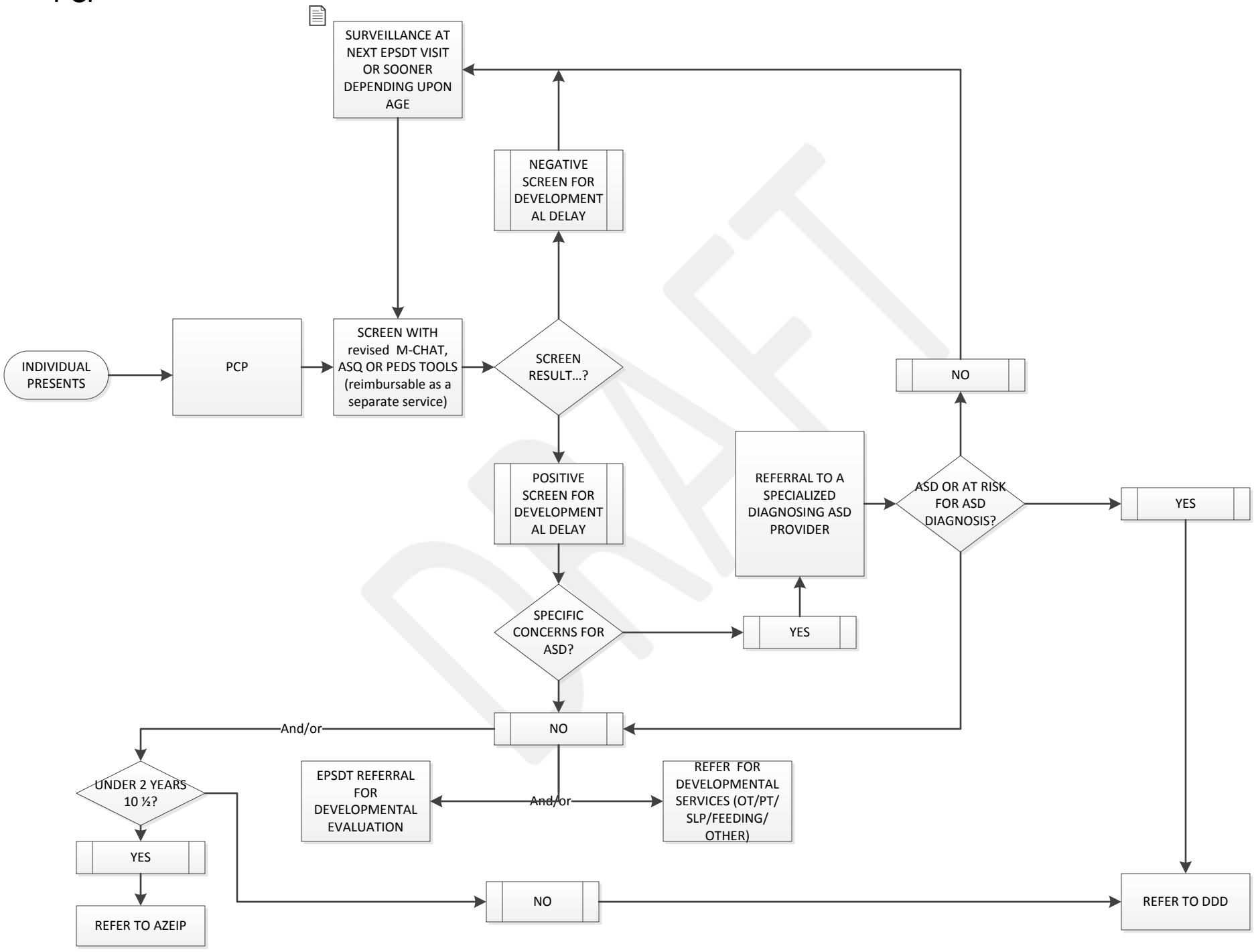
Tribal ALTCS

- https://www.azahcccs.gov/AmericanIndians/LongTermCareCaseManagement/

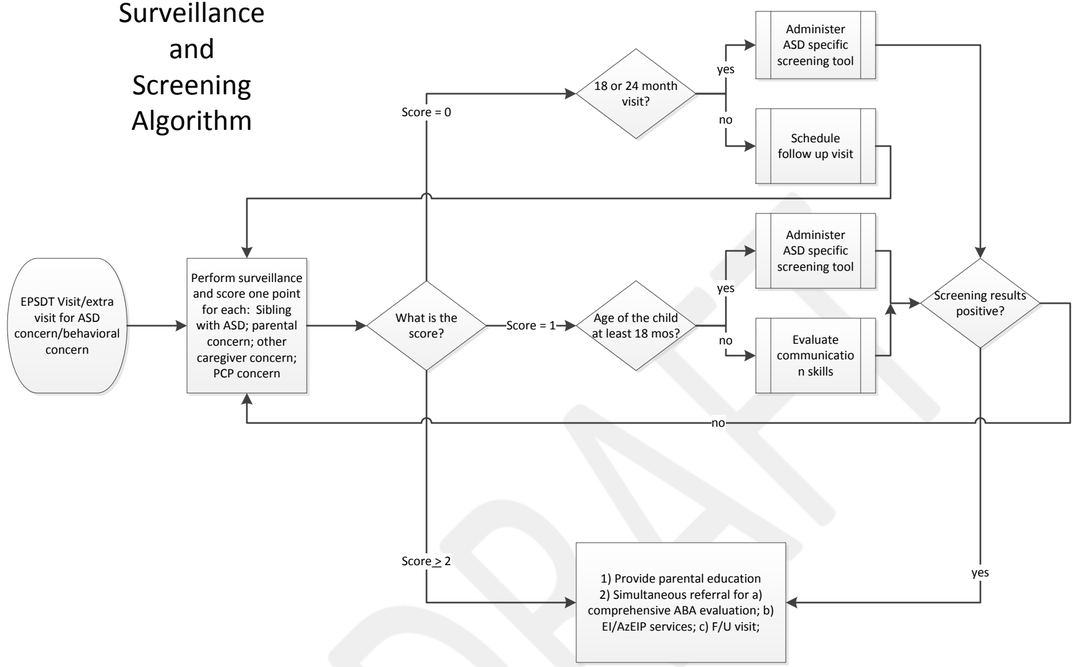
Provider Training

- AHCCCS Provider Training offers both in person and online training to Fee-For-Service (FFS) providers on how to submit claims, prior authorization requests, additional documentation (i.e. the AHCCCS Daily Trip report or requested medical records), etc. using the AHCCCS Online Provider Portal and the Transaction Insight Portal.
- The AHCCCS Provider Training team also offers periodic trainings whenever there are significant changes in AHCCCS policy or to the AHCCCS billing manuals.
- Training questions may be directed to: ProviderTrainingFFS@azahcccs.gov

PCP


SURVEILLANCE AT NEXT EPSDT VISIT OR SOONER DEPENDING UPON AGE
NEGATIVE SCREEN FOR DEVELOPMENTAL DELAY
INDIVIDUAL PRESENTS
PCP
SCREEN WITH revised M-CHAT, ASQ OR PEDS TOOLS (reimbursable as a separate service)
SCREEN RESULT…?
NO
POSITIVE SCREEN FOR DEVELOPMENTAL DELAY
REFERRAL TO A SPECIALIZED DIAGNOSING ASD PROVIDER
ASD OR AT RISK FOR ASD DIAGNOSIS?
YES
SPECIFIC CONCERNS FOR ASD?
YES
And/or
NO
UNDER 2 YEARS 10 ½?
EPSDT REFERRAL FOR DEVELOPMENTAL EVALUATION
And/or
REFER FOR DEVELOPMENTAL SERVICES (OT/PT/ SLP/FEEDING/ OTHER)
YES
NO
REFER TO DDD
REFER TO AZEIP

Surveillance and Screening Algorithm



Adapted from Pediatrics
2007/2010