



State Medicaid Advisory Committee (SMAC)

Thursday, July 11, 2019
 AHCCCS
 GOLD ROOM 3rd Floor
 701 E. Jefferson Street
 1 p.m. – 3 p.m.

Agenda

I. Welcome	Director Jami Snyder
II. Introductions of Members	ALL
III. Approval of April 11, 2019 meeting summary	ALL
Agency Updates	
IV. Membership Needs Assessment (10min)	Committee Members
V. Arizona Dental Association (15min)	Kevin Earle
VI. Autism Advisory Council (15min)	Sara Salek/Megan
VII. AHCCCS Updates (1hr)	Jami Snyder
VIII. Call to the public (10min)	Public
IX. Topic for Future Agenda Items (10min)	ALL
X. Adjourn at 3:00 p.m.	ALL

*2019 SMAC Meetings

Per SMAC Bylaws, meetings are to be held the 2nd Wednesday of January, April, July and October.

****Unfortunately due to scheduling conflicts the meeting dates have changed****

All meetings will be held from 1 p.m.- 3 p.m. unless otherwise announced at the AHCCCS Administration
 701 E. Jefferson, Phoenix, AZ 85034, 3rd Floor in the Gold Room:

January 9, 2019

April 11, 2019

July 11, 2019

October 18, 2019

April 11, 2019 Summary

State Medicaid Advisory Committee (SMAC) Meeting Summary
Wednesday, April 11, 2019, AHCCCS, 701 E. Jefferson, Gold Room
1:00 p.m. – 3:00 p.m.

<p>Members in attendance:</p> <p>Jami Snyder Tara McCollum Plese Greg Ensell Kevin Earle Gina Judy Steven Jennings David Voepel Amanda Aguirre Peggy Stemmler</p>	<p>Leonard Kirschner Phil Pangrazio (phone) Kim VanPelt Vernice Sampson Marcus Johnson</p>
<p>Members Absent: Kathy Waite; Cara Christ; Frank Scarpati; Daniel Haley Joyce Millard Hoie</p>	
<p>Staff and public in attendance: Yisel Sanchez, SMAC Liaison AHCCCS Dana Hearn, AHCCCS Dara Johnson, AHCCCS</p>	

AGENDA

- | | |
|---|--------------------|
| I. Welcome & Introductions | Jami Snyder |
| II. Introductions of Members | All |
| III. Approval of January 9, 2019 Meeting Summary/Minutes | Unanimous |

AGENCY UPDATES

- | | |
|---|--------------------|
| IV. SMAC Membership Needs Assessment | All |
| <ul style="list-style-type: none"> ○ SMAC Liaison to resend needs assessment ○ Members encouraged to submit information ○ Form passed around for completion at meeting ○ Discuss at July meeting | |
| V. AHCCCS Updates | Jami Snyder |
| <ul style="list-style-type: none"> ○ AHCCCS Organizational Structure ○ Maricopa County SMI Integration Evaluation ○ Arizona's Medicaid Integration Goals ○ Independent Evaluation Overview ○ Methodology: Performance Measures | |

- Methodology: SMI Evaluation Timeframe
- SMI Integration Evaluation Findings
 - Ambulatory Care
 - Patient Experience
 - 8 Hospital Related Experience
- AHCCCS Works and Retroactive Coverage
- National Landscape
 - Community Engagement Waivers
- AHCCCS Works Requirements
 - Who is exempt
 - A year in a life of a member
 - Next steps
- Waiver of Retroactive Coverage
- Leveraging Medicaid to Address Social Determinants of Health
 - Current AHCCCS requirements
 - Criminal Justice research
 - Employment
 - Housing
- Social Determinate Diagnosis Codes
- Targeted Investments Program
- Targeted Investments: Justice Clinic Sites
 - 13 integrated health sites
- Access to Services
- Legislative Update
- Questions/Comments:
 - Will road show be making way to Yuma?
 - Yes, Initial road show consisted of 6 forums
 - Percentage of individuals coming out of the correctional system with HEP-C?
 - Leonard shared interesting read with the group, Burton Barr, book

VI. ALTCS Advisory Council

Dara Johnson

- ALTCS Advisory Council est. 2014
- Member Representation
- Member Roles and Responsibilities
 - Quarterly meeting
 - Participation encouraged
- Council Member Support
 - Orientation
 - Open Dialogue
 - Material available
- Past Meeting Topics
 - EPD Contract
 - Provider Accessibility and Selection
 - AHCCCS Quality
- Present Meeting Topics
 -
- Question/Comments:
 - Council driving agenda items

- X. Call to the Public** **Jami Snyder**
- **McKenna- AHCCCS Works, will people fall through and lose their insurance? How do people prove and not lose it? What resources do they have (i.e. web, person, etc.)**
 - **Automatically reenrolled after 2 month period, telephonic and in person reporting of compliance for documenting status**
 - **Good cause exemption available, many options available**
 - **Educating providers as to who is required to comply etc.**
 - **P. Stemmler- Will Z codes help to support some of the information needed?**
 - **AHCCCS currently considering**
 - **P. Stemmler- The care coordination function have been delegated to the health plans, what is the capacity of those receiving?**
 - **Many tools currently being used, referral data bases use variety of databases**
 - **Amanda- Difficulty receiving feedback as to whether members received services or not.**
 - **M. Johnson- Many models in different states, many social service organizations currently sharing information.**
 - **W Braulio- Notice that globally states differ as to what they are willing to reimburse. Are states willing to enter an economic study? What genomics can better the state of Arizona?**
 - **K.Earle- Mission Mercy in Northern AZ on June 7th- Kevin Earle**

Agenda Items-

- **Advisory council for next meeting**
- **Opioid update**
- **EVV Update**
- **New Provider Management System Update**
- **Telemedicine/Telehealth Plans**
- **Oral Health**
- **School Based Health**
- **Mission Mercy Presentation from Kevin Earle**
- **Peggy Stemmler- Share name of possible presenter**
- **Michael Johnson- AHCCCS works waiver design**
- **ARP Initiative**
- **Jami- Additional insight on where AHCCCS landed**
- **Kim- Health plan investing 6% (report from Jami, plan panel)**

XI. Adjourn at 2:38 p.m.

All

Committee Member Needs Assessment

Demographics

- What is your role in your organization?
- What are your professional goals?
- What are the goals of your company?
- What do you need to grow professionally and make an impact?

Benefits

- What benefits are you using the most? Why?
- How often do you use X? (*with X being a specific benefit you want to learn more about*)
- What would motivate you to use X more?
- What benefits could we add?
- What benefits should we take away?

Education & training

- Your interest level in current offerings
- What topics do you want to see covered?
- How can we help you be better at your job?
- What will help you the most in your overall goal?

Committee and volunteering interest

- What opportunities are you already taking advantage of (if none, why)?
- What would make this kind of commitment easier on you?
- What they enjoy the most *and* least about these commitments?
- Why do you volunteer/participate on a committee?

Availability and communication preferences

- How do you prefer to stay updated about meeting times and dates?
- How do you prefer to stay updated about changes in meeting times and dates?
- How often do you think meetings should occur?
- Do you feel that meetings are too long? Too short?
- What prevents you from attending?
- Would you come more often if childcare were available? If food was served?
- Would you like to rotate meeting days to include some weekends?

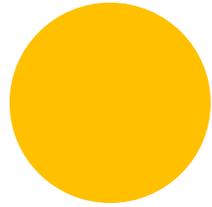
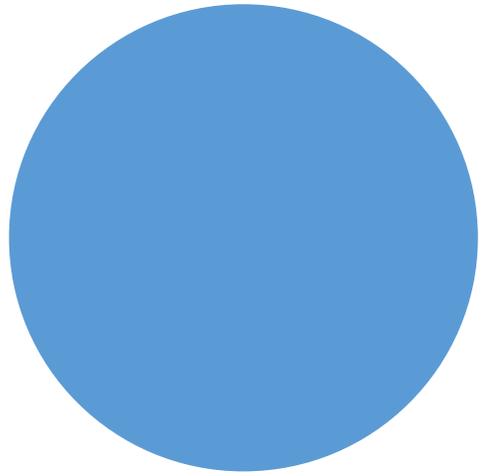
The highs and lows

- What makes them happy to be a member?
- What would they change?
- Overall satisfaction.
-

Bonus topic: Advocacy

- Do you participate in advocacy or lobbying activities? How?
- What issues are most important to you?
- What do you think would impact the health industry (and how)?

Arizona Dental Association



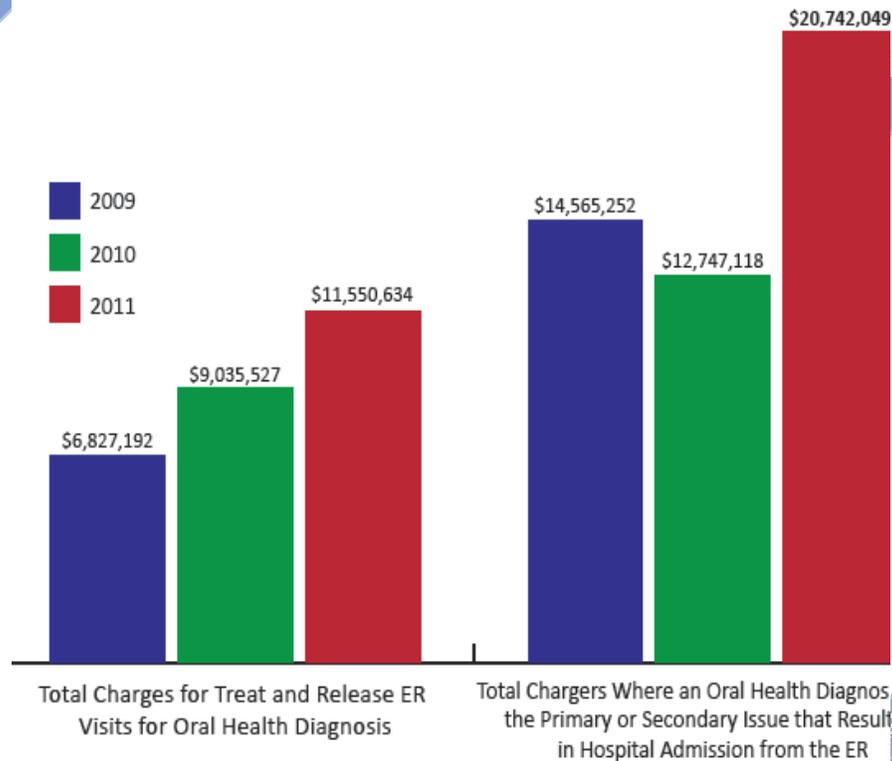
The State of Arizona's Oral Health

Kevin B. Earle, MBA, MPH
Executive Director
Arizona Dental Association

AHCCCS Dental Benefits

- Children under age 21 - - Comprehensive Preventive and Restorative Services
- ALTCS (Elderly, Physically and Developmentally Disabled Adults)
 - Coverage dropped in 2006.
 - Restored in 2016
 - \$1,000 annual coverage limit
 - Sedation/Anesthesia included under cap. May affect access

Adult Emergency Benefit- Eliminated 2010



Source: Department of Health Services / Intellimed analysis of Department of Health Services data

- Treat and Release visits increased by 29% from 2009-2011
- Costs increased by 69%
- Patient Admissions increased by 37%
- Costs increased by 40%
- Many patients
- Rx for pain (Opioids)
- Rx for infection (Antibiotic Resistance)

Adult Emergency Dental Benefit- Effective 10.17



Limited to patients with a “dental emergency” (acute pain, infection as a result of pathology or trauma)



No preventive services



Emergency diagnostic exam, x-rays



Resin restorations due to recent tooth fracture on front teeth only



Prefab crowns to eliminate pain due to tooth fracture



RCT and cast crowns if necessary

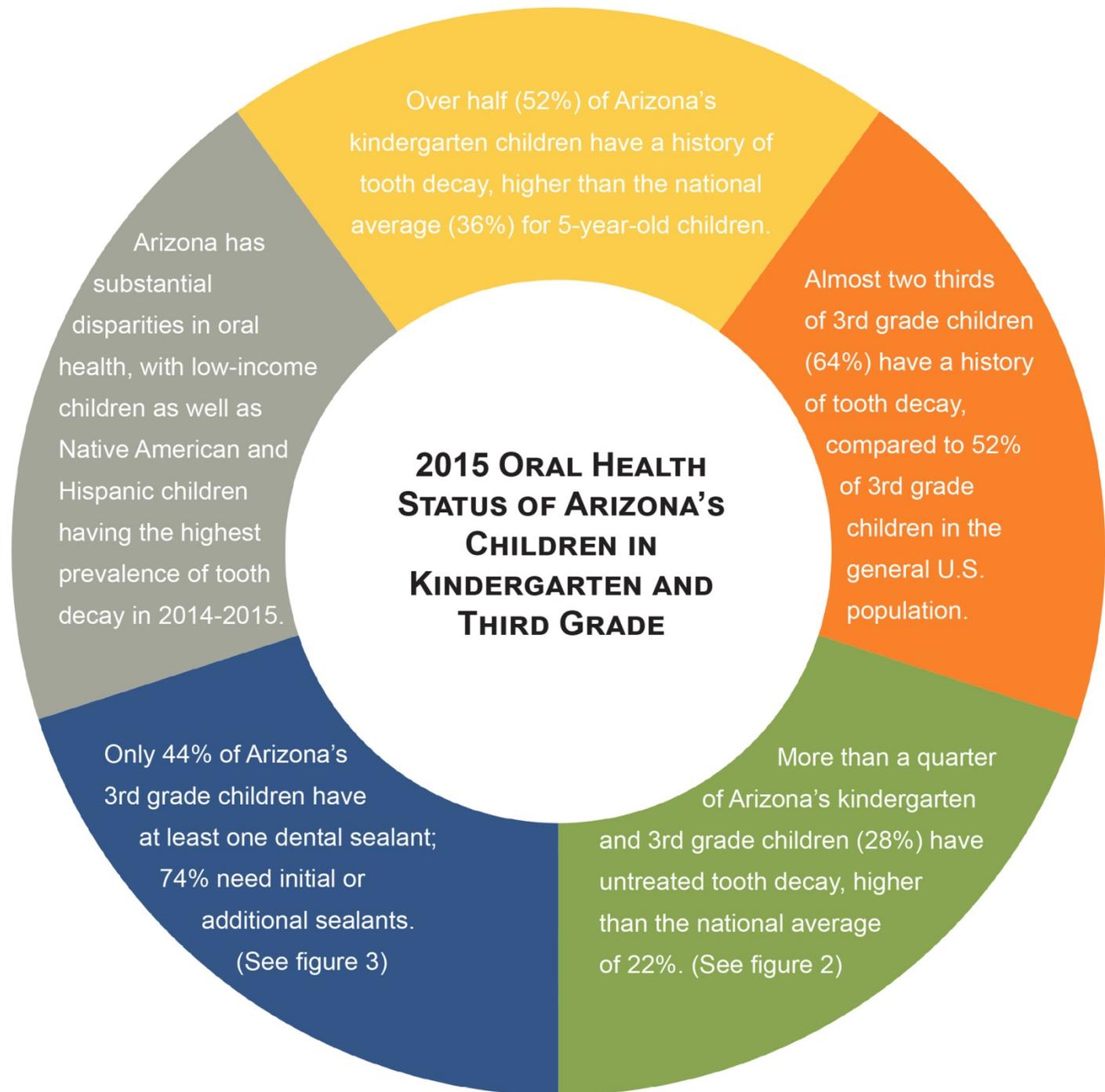


Extractions



Annual limit: \$1,000

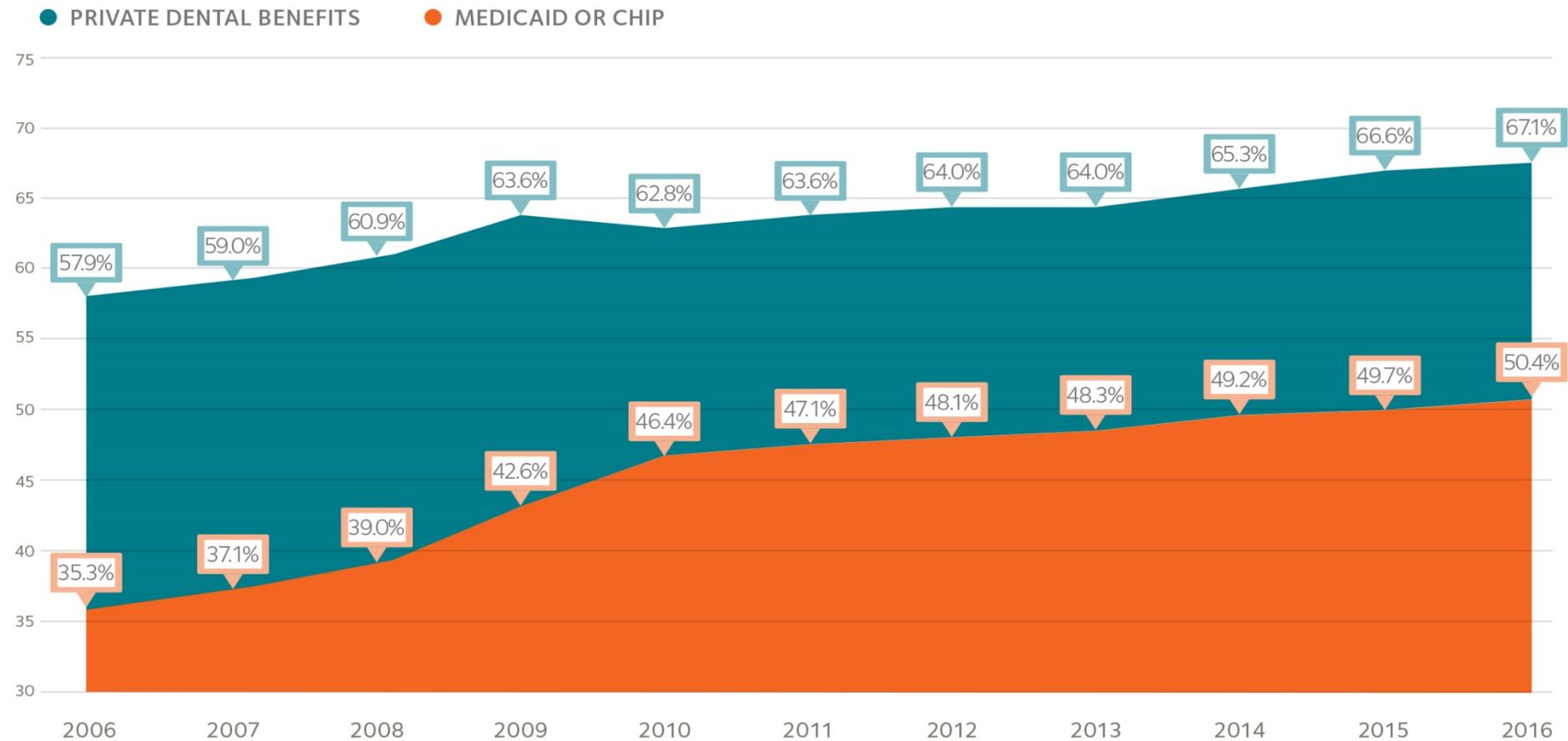
How are we
doing with
kids?



Dental Care Use Among Children in the US 2006-2016

Source: ADA Health Policy Institute

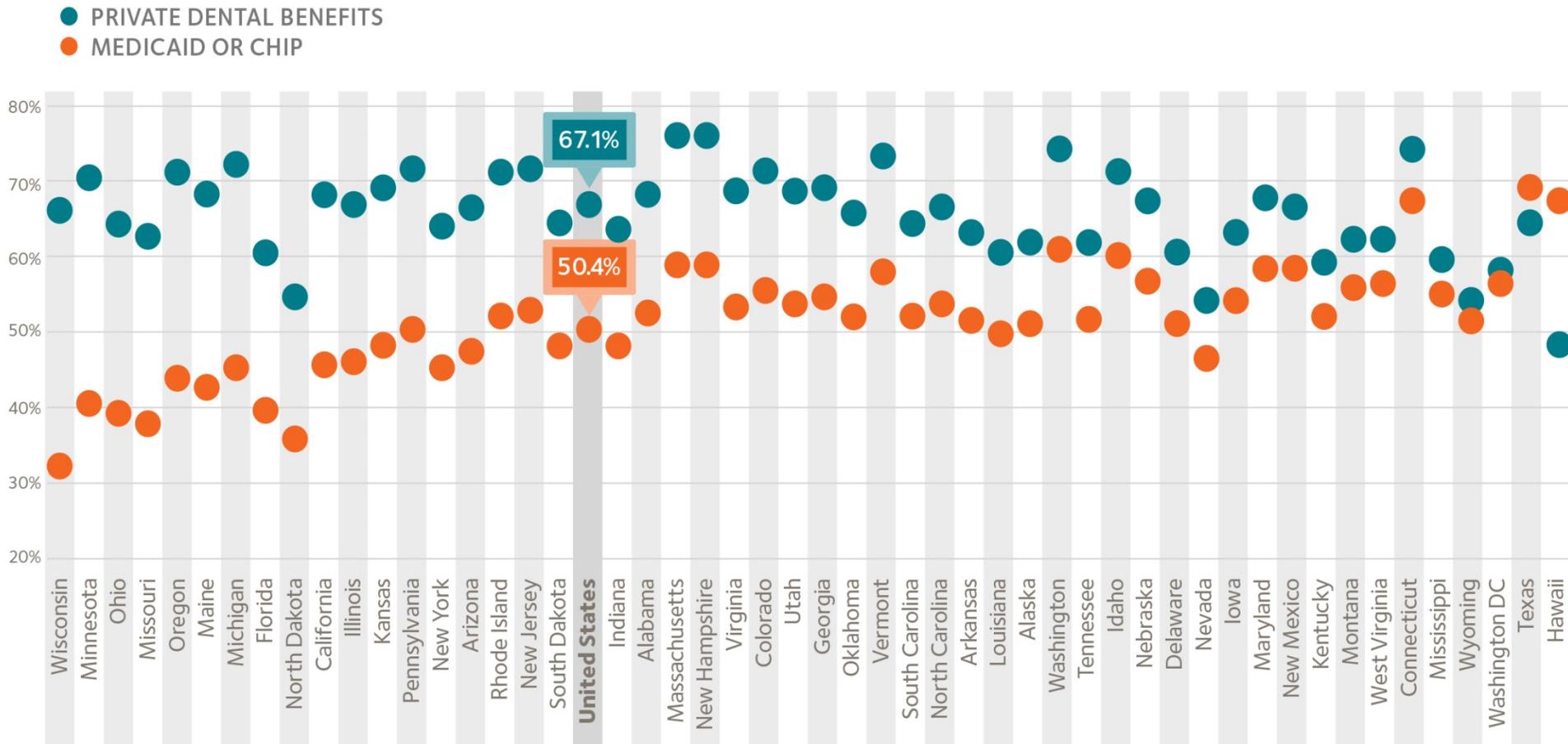
DENTAL CARE USE AMONG CHILDREN, 2006-2016



Dental Care Use Across the States

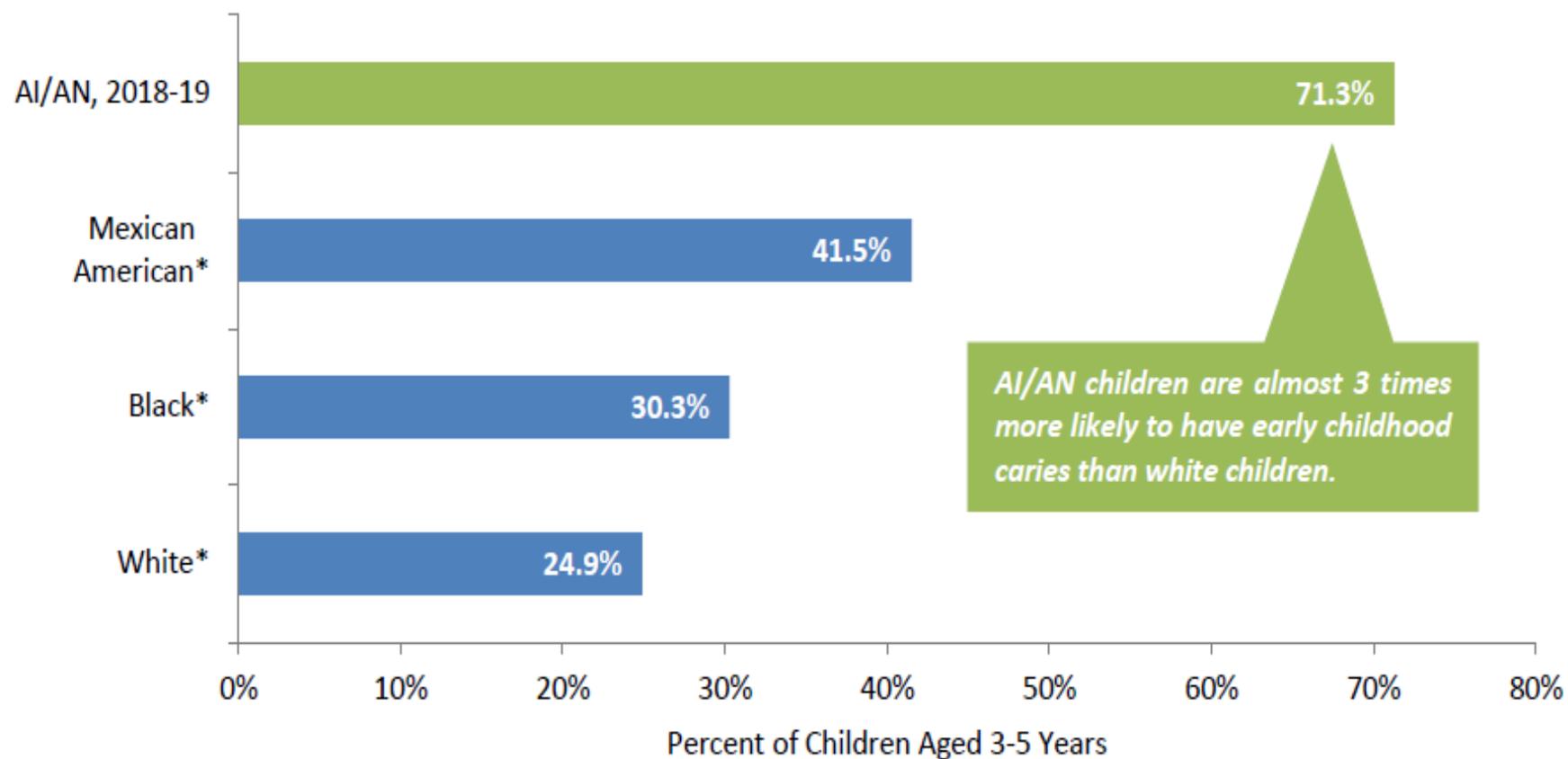
Source: ADA Health Policy Institute

DENTAL CARE USE AMONG CHILDREN BY STATE, 2016



Prevalence of ECC by race

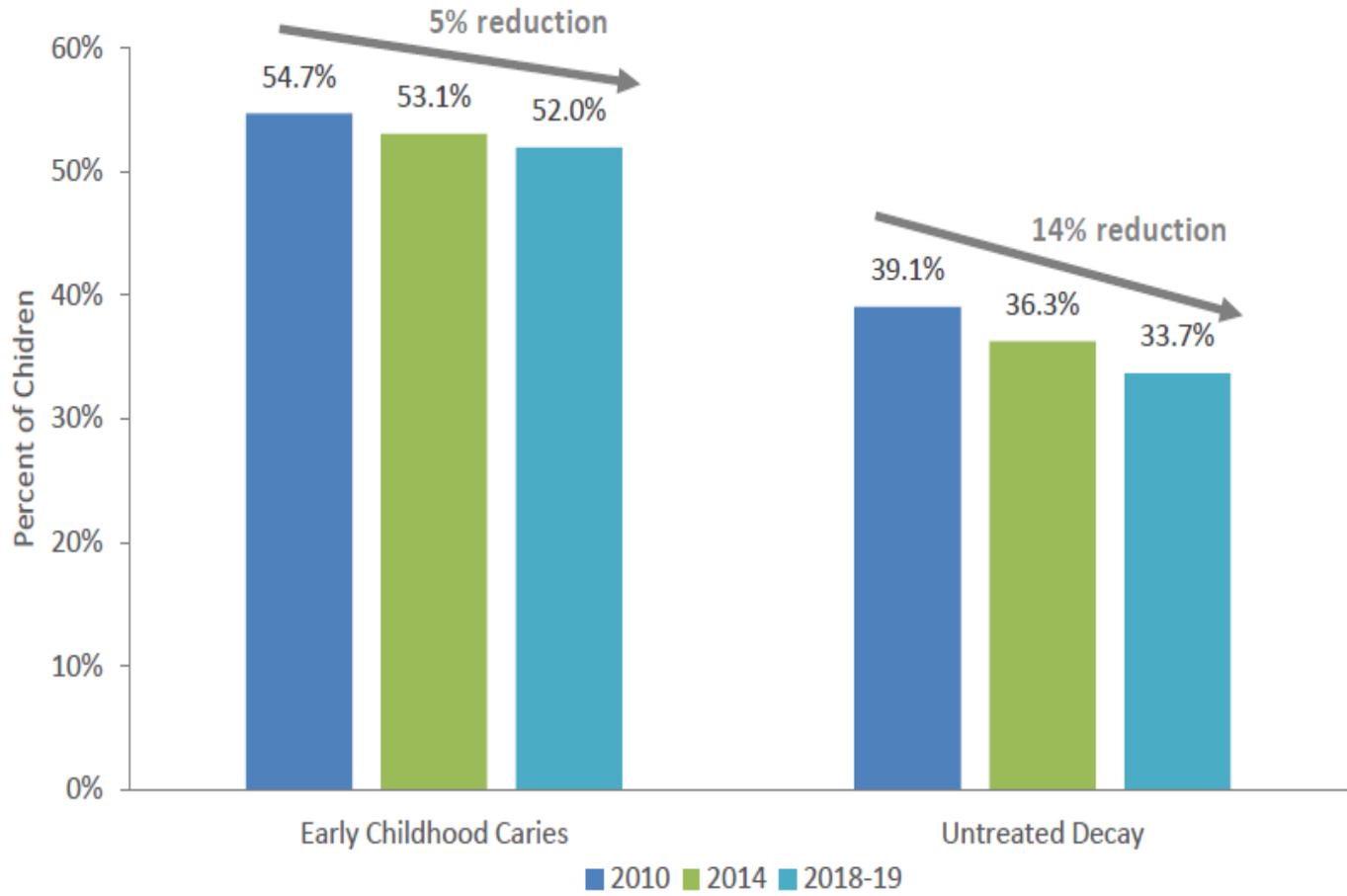
Figure 2. Prevalence of early childhood caries among children 3-5 years of age



* Data Source: National Health and Nutrition Examination Survey (NHANES), 2013-14

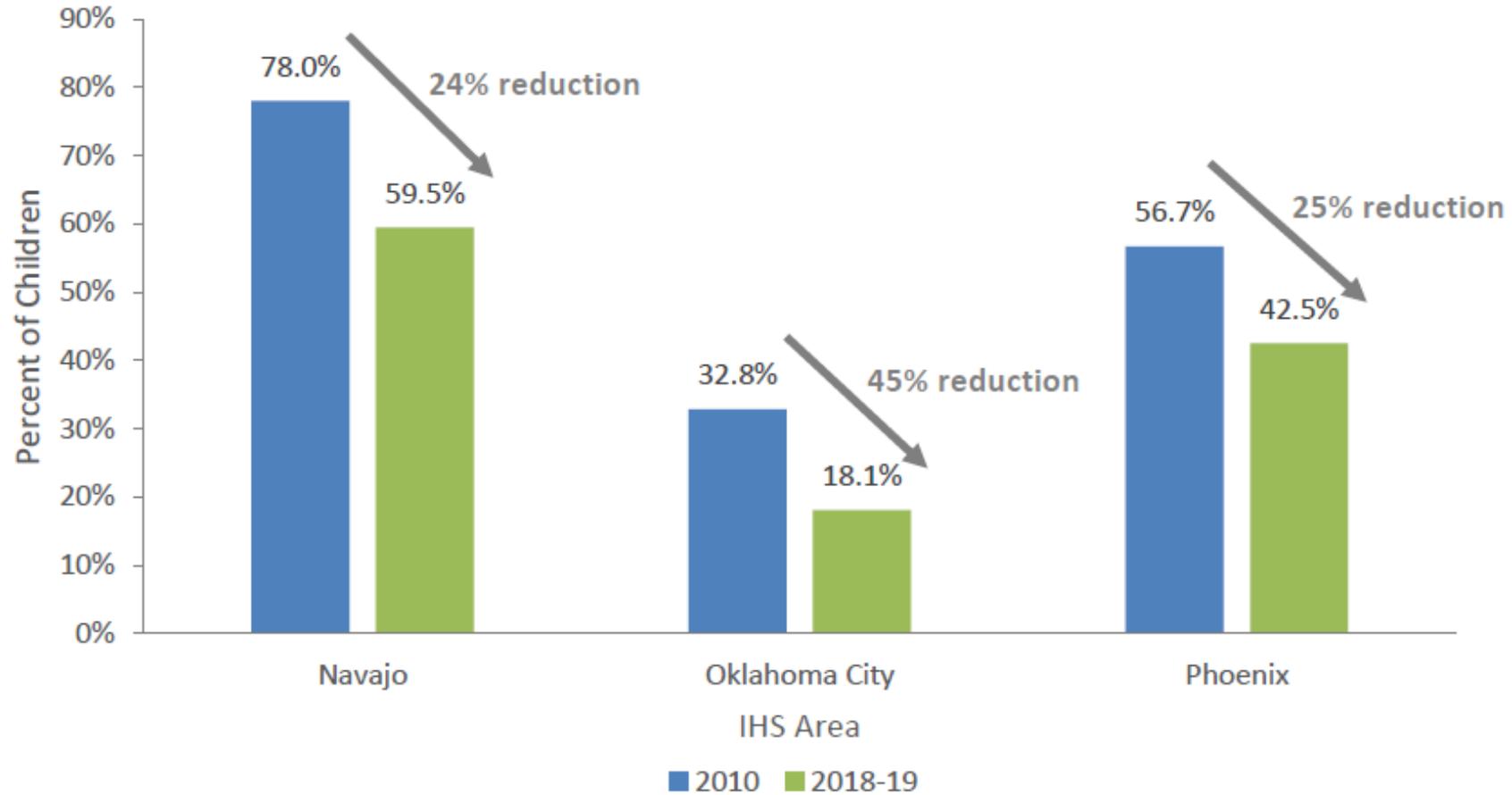
IHS Data:
Some Bright
Spots!

Figure 1. Prevalence of early childhood caries and untreated decay in AI/AN children 1-5 years of age at the 53 service units that participated in the 2010, 2014 and 2018-19 IHS oral health surveys



Indian Health Service Data Brief ❖ April 2019

Figure 3. Prevalence of early childhood caries among AI/AN children 1-5 years of age for select IHS Areas, 2010 and 2018-19

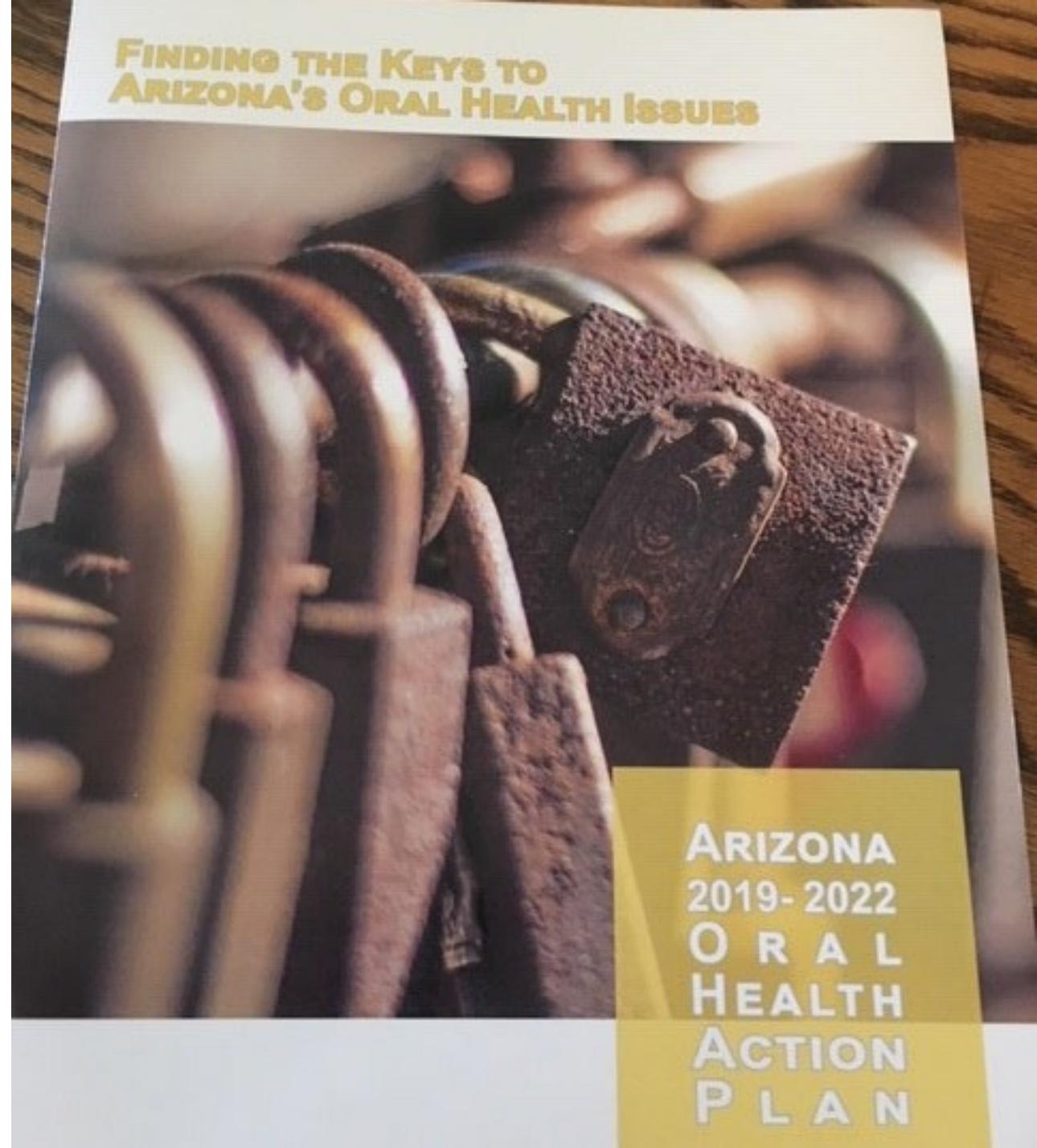


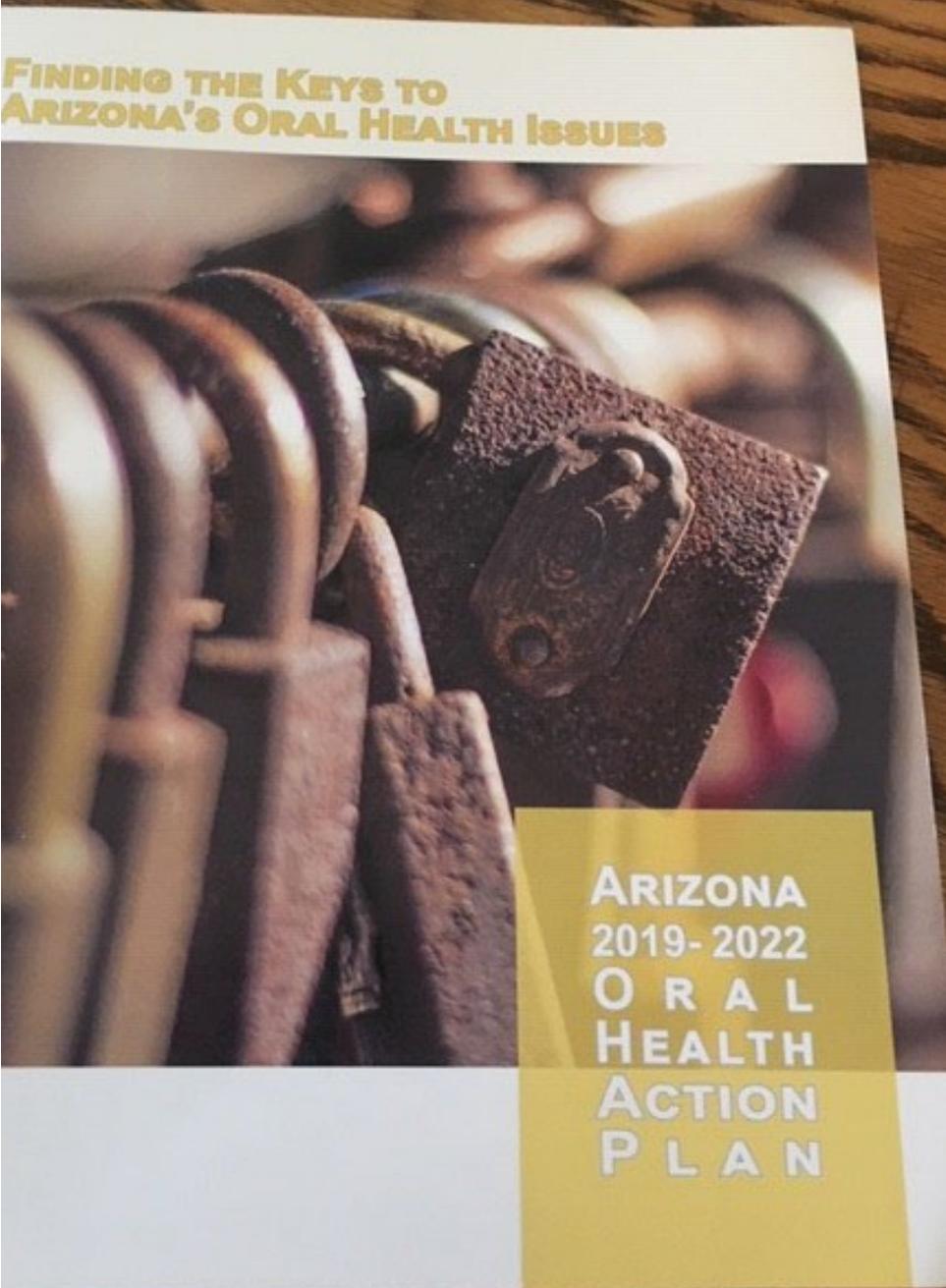
• Policy

- Establish an oral health surveillance plan
- Use data to educate
- Increase Fluoridation
- Advocate for more coverage

• Care

- Adequate diverse and culturally competent workforce
- Incorporate oral health into overall health and well being
- Interprofessional Education





- **Community**

- Maintain a statewide network of leaders and champions
- Support evidence based prevention and early detection
- Consistent and Uniform Messaging

- **Financing**

- Financing oral health as a component of overall health
- Fund additional coverage and expand prevention programs



ARIZONA DENTAL MISSION OF MERCY

Adult Coverage: The Dental Profession Responds



Supported by America's Dentists
Care Foundation



Arizona Mission of Mercy – Now
in its 8th year – Veteran's Coliseum



Veteran's Standown



AZMOM North - -Northern
Arizona University

Range of Services

Cleanings (24
chairs)

Restorative
(38 chairs)

Extractions
(24 chairs)

Root Canals (4
chairs)

CEREC (same
day) crowns –

PEDO

“Flippers”
(Partial
dentures)

Dentures



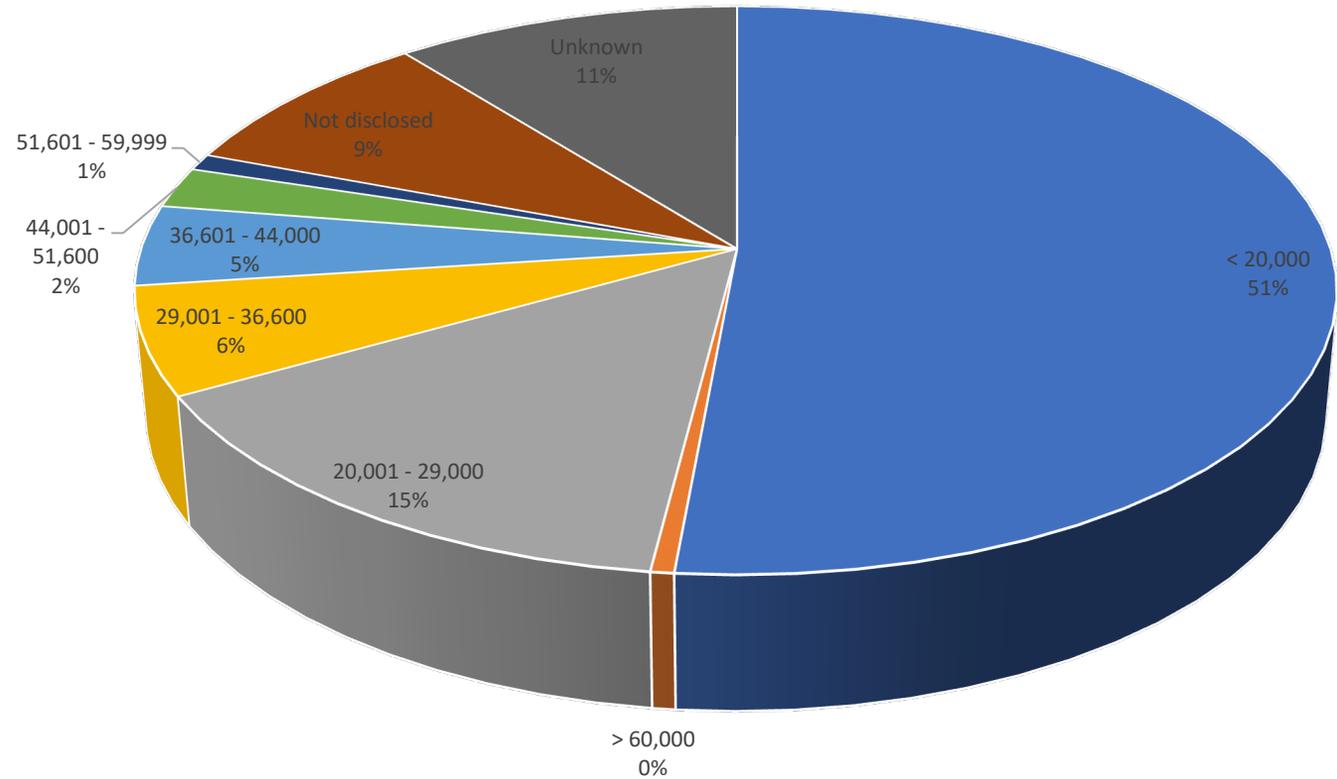
**AZMOM- Changing lives
one smile at a time**



And leading to better
(and healthier)
quality of life

AZMOM
2018: By
Income –
72% of
patients are
under
\$36,000 in
family
income

Household Income



Volunteers: By the numbers....



278

DENTISTS

429

DENTAL
ASSISTANTS

192

HYGIENISTS

14

X-RAY TECHS

45

LAB TECHS

5

PHARMACISTS

14

REGISTERED
NURSES

5

NURSE
PRACTITIONERS

3

PHYSICIAN
ASSISTANTS

2

MEDICAL
DOCTORS

308

STUDENTS

24

TRANSLATORS

491

GENERAL VOLUNTEERS

Patients
and Value
of Care –
2018



\$1,929,803.23

IN FREE DENTAL CARE



1,810

PATIENTS TREATED



\$162,000

IN FREE MEDICAL
SCREENING SERVICES



\$259,629

IN FREE VISION
SCREENINGS
& GLASSES



Takeaways

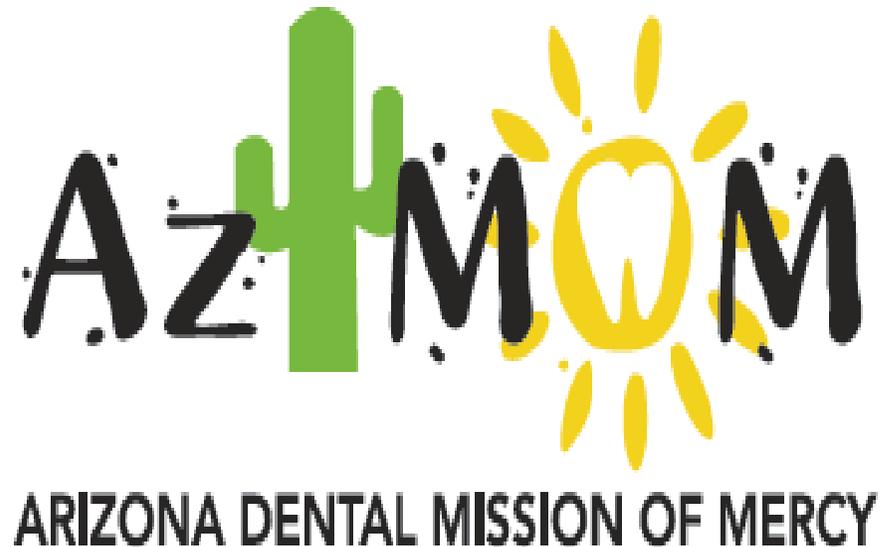
- Charity is not a system of care
- Large percentage of patients are AHCCCS covered or eligible
- Oral health problems are largely preventable
- Inadequacy of the \$1,000 cap
- Good oral health is a job development incentive
- Annual Cost - -\$200,000+ completely by charitable giving is unsustainable
- Volunteer Burn-out
- Opportunities to shine a light on the problems, especially opinion leaders and public officials

Next Event

December 6-7,
2020

Veteran's
Coliseum

State Fairgrounds



QUESTIONS?

Autism Advisory Council



Clinical Initiative Update: Improving Healthcare Delivery System for Members with ASD

Megan Woods M.Ed. BCBA LBA
Integrated Care Administrator
AHCCCS

AHCCCS ASD Advisory Committee- History

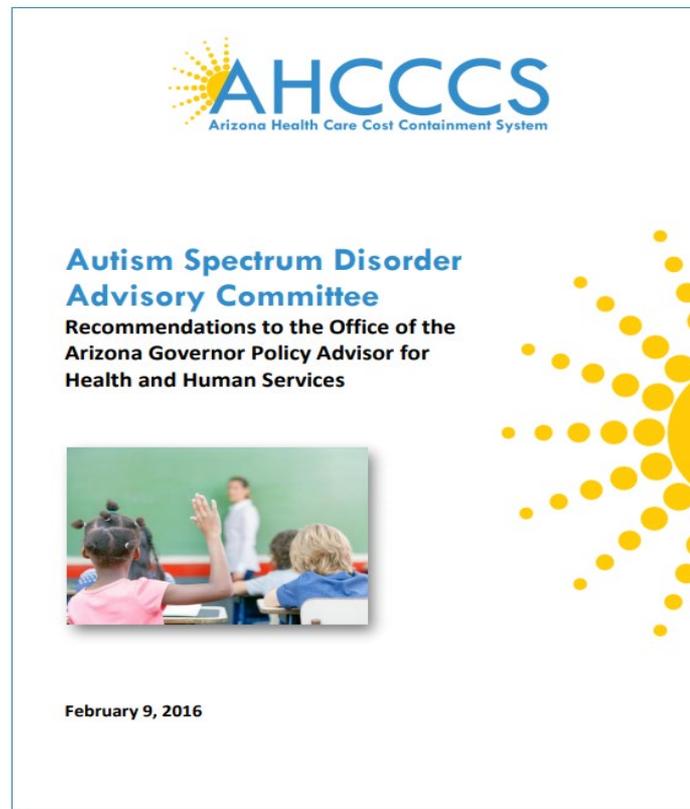
- Governor's Office of Health Policy appointed 30 stakeholders to the AHCCCS ASD Advisory Committee in April 2015.

AHCCCS ASD Advisory Committee- History

- Five workgroups were created to support the committee's work and overall purpose:
 - Early Identification and Diagnosis
 - Evidence-Based Treatment
 - Reducing System Complexity
 - Increasing Network Capacity
 - Adults with Autism Spectrum Disorder (ASD)

AHCCCS ASD Advisory Committee- History

- Delivered report of recommendations in February 2016



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

AHCCCS ASD Advisory Committee- Updates and Current Activities

- Advisory Committee continues to meet quarterly for facilitated meetings that include updates, presentations, and discussion about system changes, policies, and emerging issues

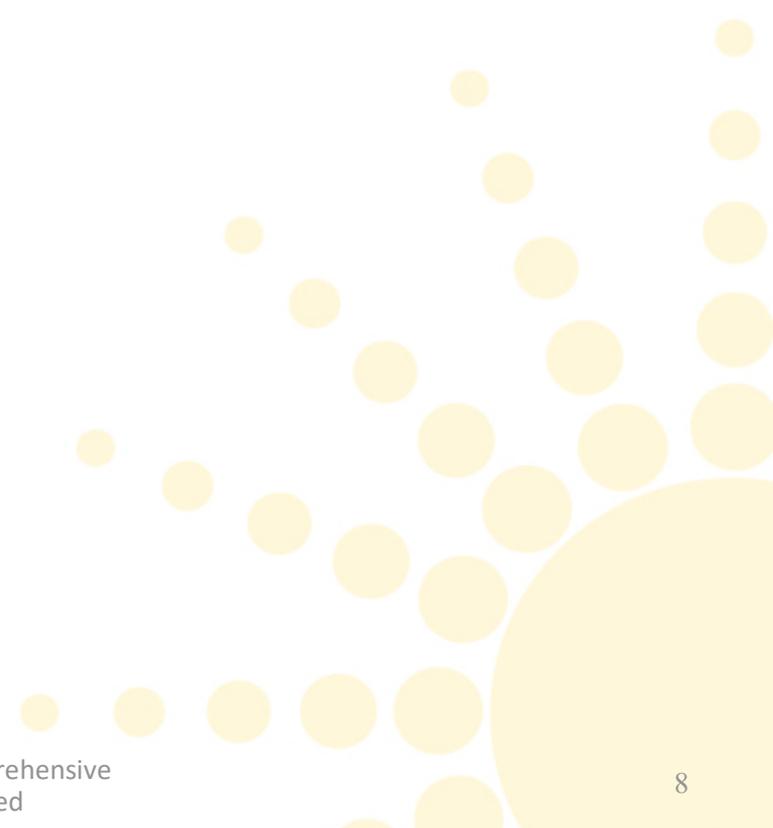
AHCCCS ASD Advisory Committee- Updates and Current Activities

- Additional Workgroups:
 - Coordination of Benefits/Third Party Liability
 - ASD and Crisis Response
 - Evidence-Based Treatment (Updated May 2017)
 - Applied Behavior Analysis (ABA) Policy

AHCCCS ASD Advisory Committee- Updates and Current Activities

- AHCCCS is finalizing the policy specific to Applied Behavior Analysis, and has targeted this policy to go out for public comment at the end of July 2019.

QUESTIONS



AHCCCS Update



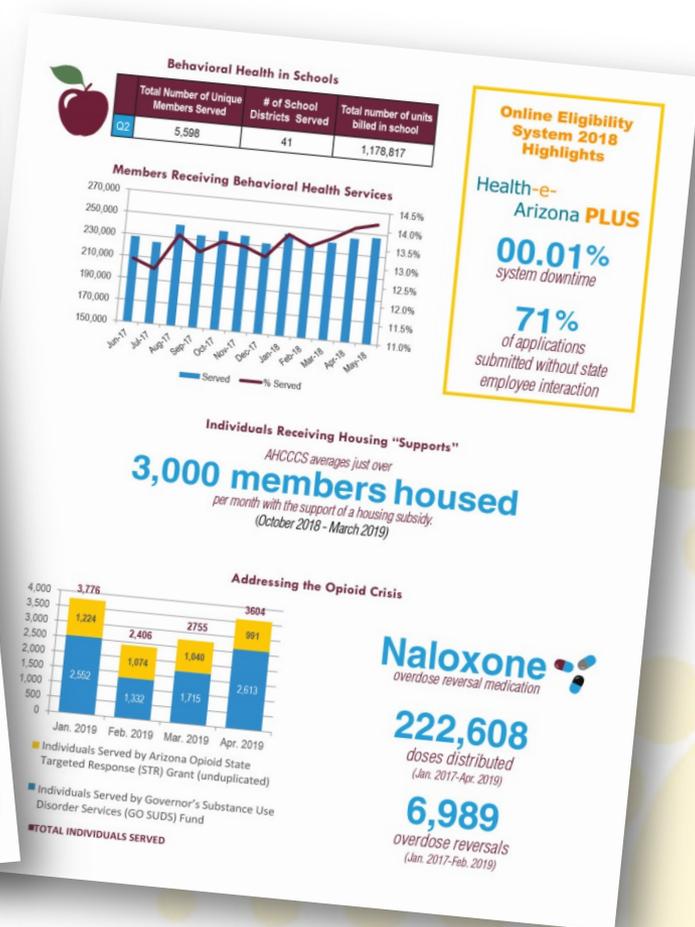
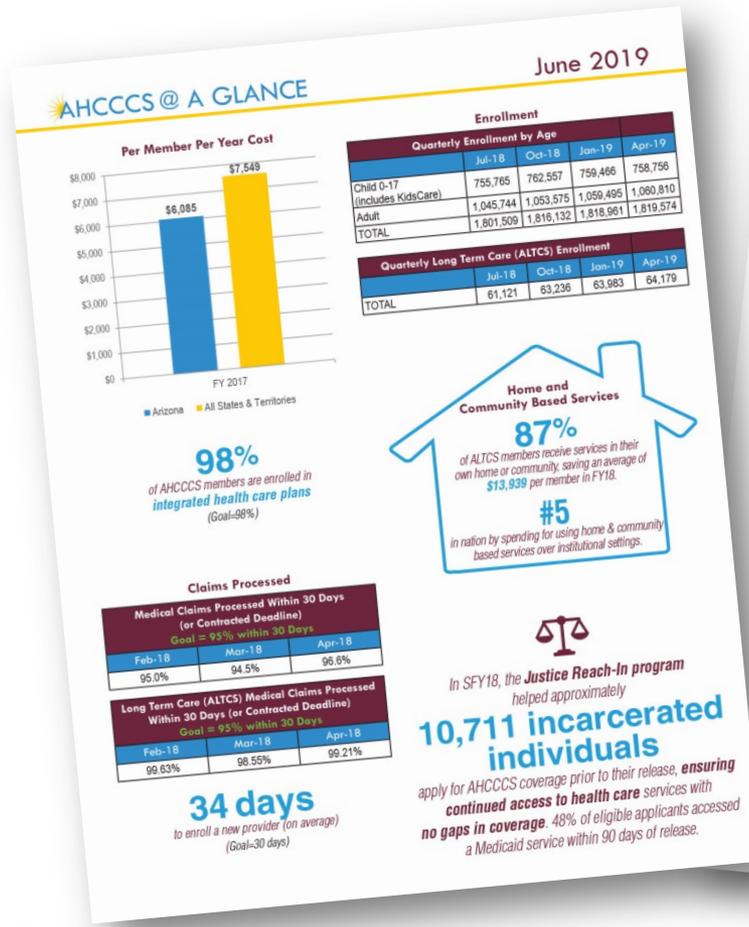
AHCCCS Update

State Medicaid Advisory Committee

July 11, 2019



AHCCCS at a Glance



Online Eligibility System 2018 Highlights

Health-e-Arizona PLUS

00.01% system downtime

71% of applications submitted without state employee interaction

AHCCCS Strategic Plan

Reaching Across Arizona to Provide Comprehensive, Quality Health Care for Those in Need

Pursue and implement long term strategies that bend the cost curve while improving member health outcomes.

Reduce fragmentation driving towards an integrated sustainable healthcare system

Pursue continuous quality improvement

Maintain core organizational capacity, infrastructure and workforce planning that effectively serves AHCCCS operations

2020 AHCCCS Strategic Plan

Pursue and implement long term strategies that bend the cost curve while improving member health outcomes.

Percent of health plan spend in alternative payment models

Percent of Medicaid-enrolled students receiving a BH service on campus

Number of enrollees housed through the Healthcare and Housing (H2) program

2020 AHCCCS Strategic Plan

Pursue continuous quality improvement.

Number of performance measures, among 5 identified measures, that meet or exceed the national median

Number of facilities achieving medical home status

Percent of opioids prescribed

2020 AHCCCS Strategic Plan

Reduce fragmentation driving towards an integrated sustainable healthcare system

Retention rate among Targeted Investment (TI) participants

Number of provider organizations participating in the HIE

Percent of pre-release inmates who receive a service within 3 months of release

Percent of CMDP enrollees accessing behavioral health services

2020 AHCCCS Strategic Plan

Maintain core organizational capacity, infrastructure and workforce planning that effectively serves AHCCCS operations

Employee engagement ratio

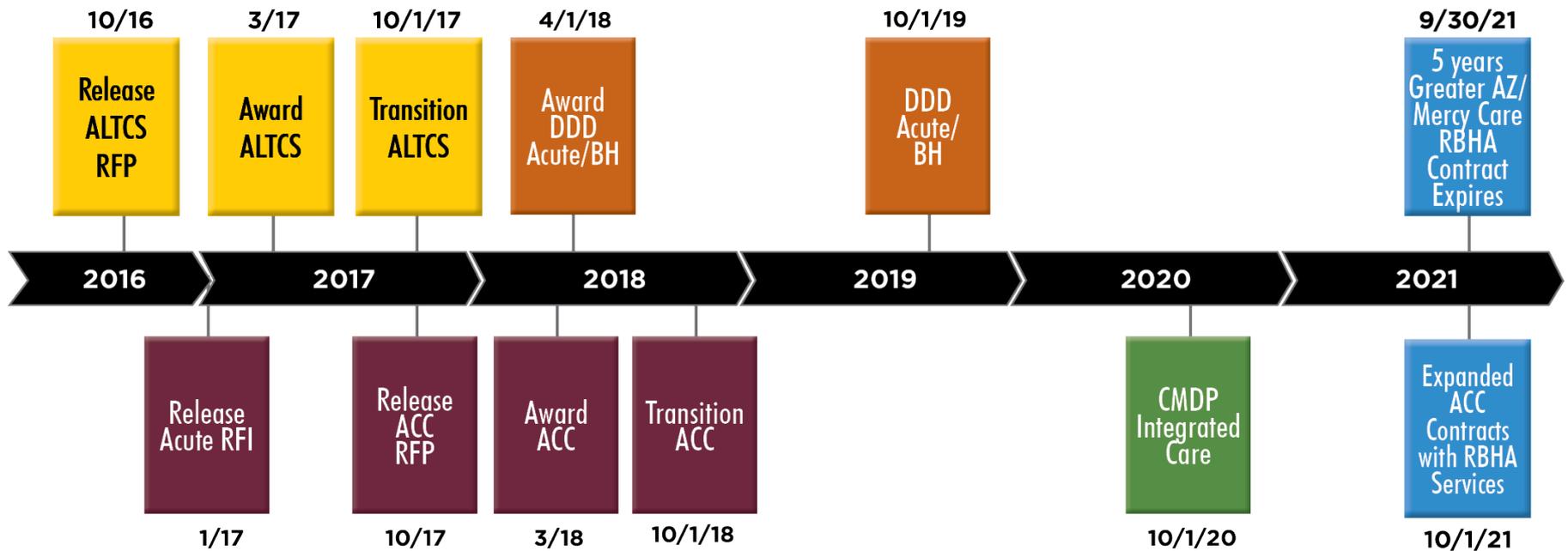
Number of staff that complete mental health awareness training



Integration Update



AHCCCS Contract Timeline



DES/DDD Integration – 10/1/19

- DDD awarded 2 statewide subcontracts, for integrated services including: acute physical health, CRS, and behavioral health services, including services for members determined SMI
- New integrated plans go into effect 10/1/19
 - UnitedHealthcare Community Plan
 - Mercy Care Plan
- All members given choice of enrollment into new plan through an open enrollment period, June 15-July 15
- Ongoing meetings between AHCCCS and DDD and AHCCCS, DDD and the subcontracted plans
- DDD and the subcontractors are currently conducting stakeholder communication, provider forums/education regarding the transition
- AHCCCS is working with DDD to help ensure a smooth transition and minimal member disruption, including discussion of required continuity of care period after 10/1/19

AHCCCS Works & Retroactive Coverage Update



AHCCCS Works Requirements

- No sooner than **January 1, 2020**, 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; or
 - 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 Geographic Phase-in Recommendation

- Gradually phase-in AHCCCS Works program by geographic areas.
- If approved, the 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

Why:

- 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.

AHCCCS Works Geographic Phase-in Recommendation

Counties	Percentage of the County Population Residing in Rural Areas as of the 2010 Census.	Percentage of AW Members Residing in the County	AW Implementation Phases
Maricopa	2.4	56.9	Phase I 2020 – 2021
Pima	7.5	17.6	
Yuma	10.4	4.1	
Total Phase I	-	78.6	
Pinal	21.9	4.7	Phase II 2021 – 2022
Mohave	23	5	
Santa Cruz	26.9	1	
Coconino	31.5	1.5	
Yavapai	33.2	3.3	
Cochise	36.3	2.6	
Total Phase II	-	18.1	
Gila	41.1	0.9	Phase III 2022 – 2023
Graham	46.4	0.6	
Greenlee	46.6	0.1	
Navajo	54.1	1	
La Paz	56.3	0.3	
Apache	74.1	0.4	
Total Phase III	-	3.3	

Key:

 = < 20% Low Rural Population
 = > 40% High Rural Population

 = 40% - 20% Moderate Rural Population

Next Steps: AHCCCS Works

February 18, 2019
Waiver Acceptance
Letter and Technical
Corrections

July 17, 2019
Waiver
Evaluation
Design Plan

**No sooner than
January 1, 2020**
AHCCCS Works
program begins

June 17, 2019
Draft
Implementation
Plan

August 16, 2019
Monitoring Protocol

Waiver of Retroactive Coverage

- CMS has approved Arizona's waiver request to limit retroactive coverage to the month application for all AHCCCS members except for children under the age of 19 and women who are pregnant (including post-partum) once they become eligible
- The waiver of Prior Quarter Coverage went into effect on **July 1, 2019**

Review of 2019 Legislative Session



AHCCCS Supported Bills

- SB 1336- SMI Housing Trust Fund Flexibility- (Language in the BRB HB 2754)
- SB 1244 – DCW Assisted Living Caregiver Reciprocity (Signed into Law)
- SB 1134/ HB 2513 – CHIP Appropriation (In the Budget, HB 2754/HB 2747)
- SB 1211- Intermediate Care Facility Licensure (Signed, Effective 4/24/19)
- SB 1246- CMDP Integration (Signed)

Other Bills/Budget

- No new services added to the program
 - SB 1097 Chiropractic
 - SB 1088 Pregnant dental
 - SB 1353 Diabetes Management
- SB 1355 Required AHCCCS to seek federal authorization to reimburse IHS/638 facilities for dental services in excess of existing caps (Not Passed by Legislature)
- SB 1535 Opioid Treatment Programs (Signed)
- SB 1468 Suicide Prevention Training (Signed)
- Budget
 - GME Funding
 - \$1,666,700 for counties with a population of less than 500,000 individuals
 - \$1,333,300 for counties with a population greater than 500,000 individuals
 - \$750,000 North Country FQHC
 - \$11.8m EPD/ \$15m for DD providers

Recent/Upcoming Developments



Rideshare/Equine Transport

- Established new provider type for rideshare (transportation network companies/TNCs) on May 1, 2019
 - TNCs must provide services to members, and bill, through a non-emergency medical transportation (NEMT) broker
 - Information provided to TNC driver limited to member's first name, "masked" phone number and pick-up and drop-off address
 - TNC is required to maintain all driver records
 - Reduced training requirements for TNCs
 - Reduced rate of reimbursement
- Established equine and helicopter non-emergency transport for members residing in the Grand Canyon on May 1, 2019

Telehealth

- Broadening of POS allowable for distant and originating sites (including home)
- Broadening of disciplines able to offer telehealth services, generally, to any AHCCCS enrolled provider
- Broadening of coverage for telemedicine (real time, remote patient monitoring) and asynchronous
- No rural vs. metro limitations
- MCOs retain their ability to manage network and leverage telehealth strategies as they determine appropriate

Differential Adjusted Payments

CYE20

- Distinguish providers that take designated actions for improving care and/or reducing costs
- Positive adjustment to the AHCCCS Fee-For-Service (FFS) rates
- Federally approved and time-limited
- MCOs required to pass-through DAP increases
- Projected \$100 M in payments in FFY 20

Differential Adjusted Payments

CYE 20

- Providers Include:
 - Hospitals (up to 4% rate increase 10/1/19)
 - Critical Access Hospitals (up to 28.5%)
 - Nursing Facilities (up to 2%)
 - Integrated Clinics (10%)
 - Behavioral Health Outpatient Clinics (includes clinics in a difficult to access location that cannot be accessed by ground transportation due to the nature and extent of surrounding Grand Canyon terrain; up to 7%)
 - Physicians, PAs, RNs, Dentists (1%)
 - HCBS Providers (1%)
- Link to final public notice:
https://www.azahcccs.gov/AHCCCS/Downloads/PublicNotices/rates/FinalNoticeOfPublicInformationDifferentialAdjustedPaymentsEffectiveOctober_1_2019-September_30_2020_DatesOfService.pdf

Questions

