



# State Medicaid Advisory Committee (SMAC)

Wednesday, July 12, 2017

AHCCCS

Gold Room - 3rd Floor

701 E. Jefferson Street

1 p.m. – 3 p.m.

## Agenda

I. Welcome	Director Thomas Betlach
II. Introductions of Members	ALL
III. Approval of April 5th, 2017 meeting summary	ALL

## Agency Updates

IV. Arizona Alliance For Community Health Centers	Tara McCollum Plese
V. American Indian Update – <ul style="list-style-type: none"> <li>Care Management</li> <li>American Indian Medical Home</li> </ul>	Markay Adams
VI. OOD Communications- Twitter	Heidi Capriotti
VII. Dignity Health <ul style="list-style-type: none"> <li>Addressing the Opioid Epidemic</li> </ul>	Sandy Indermuhle
VIII. AHCCCS Update <ul style="list-style-type: none"> <li>Repeal and Replace</li> <li>RFP Update</li> <li>Arizona Management</li> <li>Budget, Target and Investments</li> <li>Waiver</li> </ul>	Director Tom Betlach
IX. Call to the Public	Director Tom Betlach
X. Adjourn at 3:00 p.m.	ALL

### \*2017 SMAC Meetings

Per SMAC Bylaws, meetings are to be held the 2nd Wednesday of January, April, July and October. All meetings will be held from 1 p.m.- 3 p.m. unless otherwise announced at the AHCCCS Administration 701 E. Jefferson, Phoenix, AZ 85034, 3rd Floor in the Gold Room:

~~January 11, 2017~~ – Rescheduled to February 15, 2017

~~April 12, 2017~~ – Rescheduled to April 5, 2017

July 12, 2017

October 11, 2017

For more information or assistance, please contact Yisel Sanchez at (602) 364-4577 or [yisel.sanchez@azahcccs.gov](mailto:yisel.sanchez@azahcccs.gov)

# **April 5, 2017 Meeting Summary**

**State Medicaid Advisory Committee (SMAC) Meeting Summary**  
**Wednesday, April 5, 2017, AHCCCS, 701 E. Jefferson, Gold Room**  
**1:00 p.m. – 3:00 p.m.**

<p><b>Members in attendance:</b> Tom Betlach Tara McCollum Plese (via telephone) Kathleen Collins Pagels Kim VanPelt Marcus Johnson Leonard Kirschner Gina Judy (telephone)</p>	<p>Steve Jennings Nic Danger Timothy Leffler Daniel Haley (telephone) Joyce Millard Hoie Vernice Sampson Greg Ensell Deborah Gullett</p>
<p><b>Members Absent:</b> Cara Christ, Kathy Waite, Kevin Earle, Amanda Aguirre, Peggy Stemmler, , Frank Scarpati, Phil Pangrazio</p>	
<p><b>Staff and public in attendance:</b> Yisel Sanchez, HRC Coordinator, AHCCCS Paul Galdys, Assistant Director, AHCCCS Lorie Mayer, AHCCCS Liz Lorenz, AHCCCS Mr. Steadman</p>	<p>Scott Cummings, Care 1<sup>st</sup> Brandy Petiere, GSPA Brittany Page, AHCS Scott Allocco, Sellers Dorsey Matt Jewett, Mountain Park Jennifer Carusetta, HSAA</p>

**AGENDA**

- |   |                    |
|---|--------------------|
| <b>I. Welcome &amp; Introductions</b>                                 | <b>Tom Betlach</b> |
| <b>II. Introductions of Members</b>                                   | <b>All</b>         |
| <b>III. Approval of February 3, 2017 Meeting Summary/<br/>Minutes</b> | <b>Unanimous</b>   |

**AGENCY UPDATES**

- |  |                       |
|--|-----------------------|
| <p><b>IV. Vitalyst</b></p> <ul style="list-style-type: none"> <li>• Mission and Vision</li> <li>• Health Impact Pyramid</li> <li>• Elements of a Healthy Community</li> <li>• Workshops</li> <li>• Webinars</li> <li>• Affordable Housing: Native American Connections</li> <li>• Southern Arizona Community Food Bank</li> <li>• Priority Areas</li> <li>• Access to Care and Coverage/Strategies</li> <li>• Healthy Community Design</li> <li>• Community Capacity Building</li> </ul> | <b>Marcus Johnson</b> |
|--|-----------------------|

- Community Innovation and Collaboration
- Policy Priorities Framework

**V. Intergovernmental Relations Update**

**Liz Lorenz**

- Repeal and Replace Update
- Letter to the Governor
- Flexibilities from Price/Verma Letter
- Other Flexibility Examples
- State Legislative Update
- HB 2084
- Adult Emergency Dental
- State Budget

**VI. Arizona Perinatal Trust**

**Leonard Kirschner**

- APT Executive Summary
- Arizona's Regionalized Perinatal System
- Voluntary Certification Program
- Certified Hospitals
- Value of Certification
- Recommendations and Guidelines for Perinatal Care Centers
- R&G's Content
- Levels of Care
- Certification Periods
- Annual Review
- Annual Perinatal Data

**VII. Justice System Efforts**

**Michal Rudrick**

- History of AHCCCS and Justice Partnerships
- Targeted Investment Programs
- TI Focus Areas
- Projects
- Co-located Justice Clinics
- Timeline Overview

**VIII. AHCCCS Update**

**Tom Betlach**

- Quality Health Care for Those in Need
- Long Term Strategies
- Quality Improvement
- Reducing Fragmentation
- Maintaining Core Organizational Capacity and Workforce Planning

**IX. Integrated Contractor RFP Update**

**Paul Galdys**

- RFP Input Received In February
- RFP Community Involvement
- Proposed Activities

**X. Call to the Public**

**Tom Betlach**

**XI. Adjourn at 3:00 p.m.**

**All**

**Arizona Alliance for Community Health  
Centers**

# What you may not know about Federally Qualified Health Centers (Community Health Centers)!



# An Enduring Legacy, Value for Today and Tomorrow



**OVER 9,200 COMMUNITIES**

# National perspective of the Community Health Center Program

- ▶ For over 50 years, Community Health Centers have delivered affordable, accessible, quality and cost-effective primary care to patients regardless of insurance status and are mandated to see the uninsured on a sliding fee scale.
- ▶ Community Health Centers are an essential provider for America's most vulnerable populations.
- ▶ Community Health Centers are known for their advanced model of coordinate, comprehensive and patient-entered care, coordinating a comprehensive primary care services including medical, dental, behavioral health and support services.
- ▶ Many Community Health Centers serve special populations-
  - Health Care for the Homeless
  - Migrant Health Centers
  - Public Housing Primary Care

Source: HRSA/ Bureau of Primary Health Care health center fact sheet

# National perspective of the Community Health Center Program

- ▶ Nearly 1,400 health centers with 10,400 service delivery sites provider care in every state, the District of Columbia, Puerto Rico, the U.S. Virgin Islands and the Pacific Basin.
- ▶ More than 24 million people or 1 of 13 people nationwide. One in ten children and nearly four in ten children living in poverty.
- ▶ More than 8.4 million patients are served by rural CHCs in approximately 4,000 sites.
- ▶ More than 305,000 veterans use CHCs as their medical home as more health centers participate in the Veterans Access, Choice and Accountability Act.

# FQHCs must meet 19 requirements

## 19 Requirements

### NEED

1. Needs Assessment

### SERVICES

2. Required and Additional Services
3. Staffing Requirements
4. Accessible Hours of Operation/Locations
5. After Hours Coverage
6. Hospital Admitting Privileges and Continuum of Care

7. Sliding Fee Discount

8. Quality Improvement/Assurance Plan

### MANAGEMENT & FINANCE

9. Key Management Staff
10. Contractual/Affiliation Agreements
11. Collaborative Relationships
12. Financial Management and Control Policies

13. Billing and Collections

14. Budget

15. Program Data Reporting Systems

16. Scope of Project

### GOVERNANCE

17. Board Authority

18. Board Composition

19. Conflict of Interest Policy

# HRSA Operational Site Visits (OSV)

- ▶ HRSA on-site visits are based on the 19 requirements under three categories:
  - Clinical
  - Financial
  - Administration and Governance
- ▶ Failure to meet even one of the sub-requirements means that the entire section/requirement was not met.
- ▶ In 2016-17 Arizona On Site Visits resulted in the following findings:
  - Four CHCs with NO findings
  - Six CHCs with only one or two findings

# Performance measures

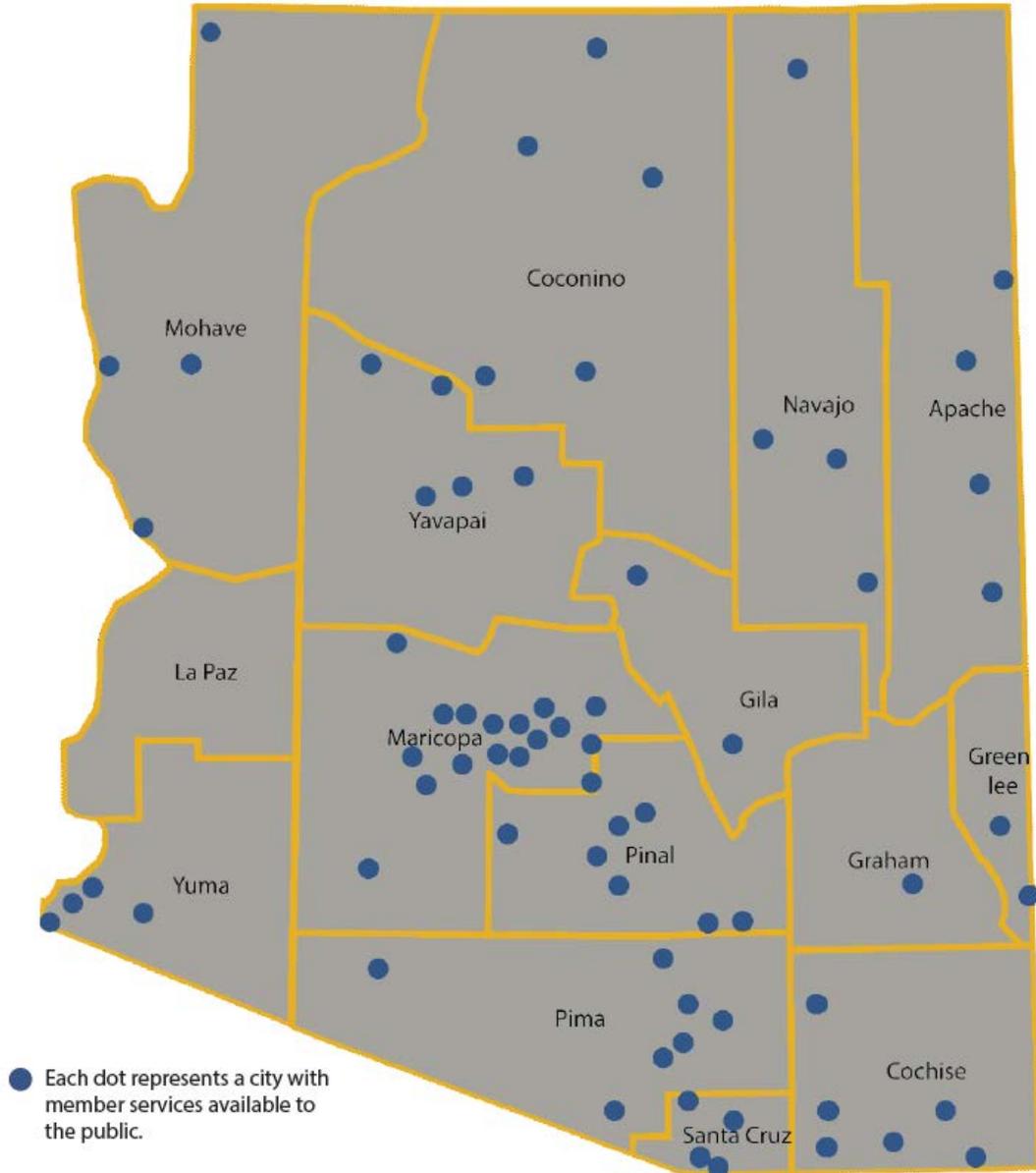
- ▶ HRSA-funded health centers are evaluated on a set of performance measures emphasizing health outcomes and the value of care delivered. These measures provide a balanced, comprehensive look at a health center's services toward common conditions affecting underserved communities.
- ▶ Performance measures align with national standards and are commonly used by Medicare, Medicaid, and health insurance and managed care organizations.
- ▶ All grantees report on over *20 quality measures* in the *Uniform Data System (UDS)*. The measures are included in the Clinical and Financial Measure for Service Area Competition and Budget Period Renewal grant opportunities. The UDS report includes data on:
  - Quality of Care
  - Health outcomes and disparities
  - Financial viability and costs

Source: HRSA Health Center Program. Quality improvement and performance measures

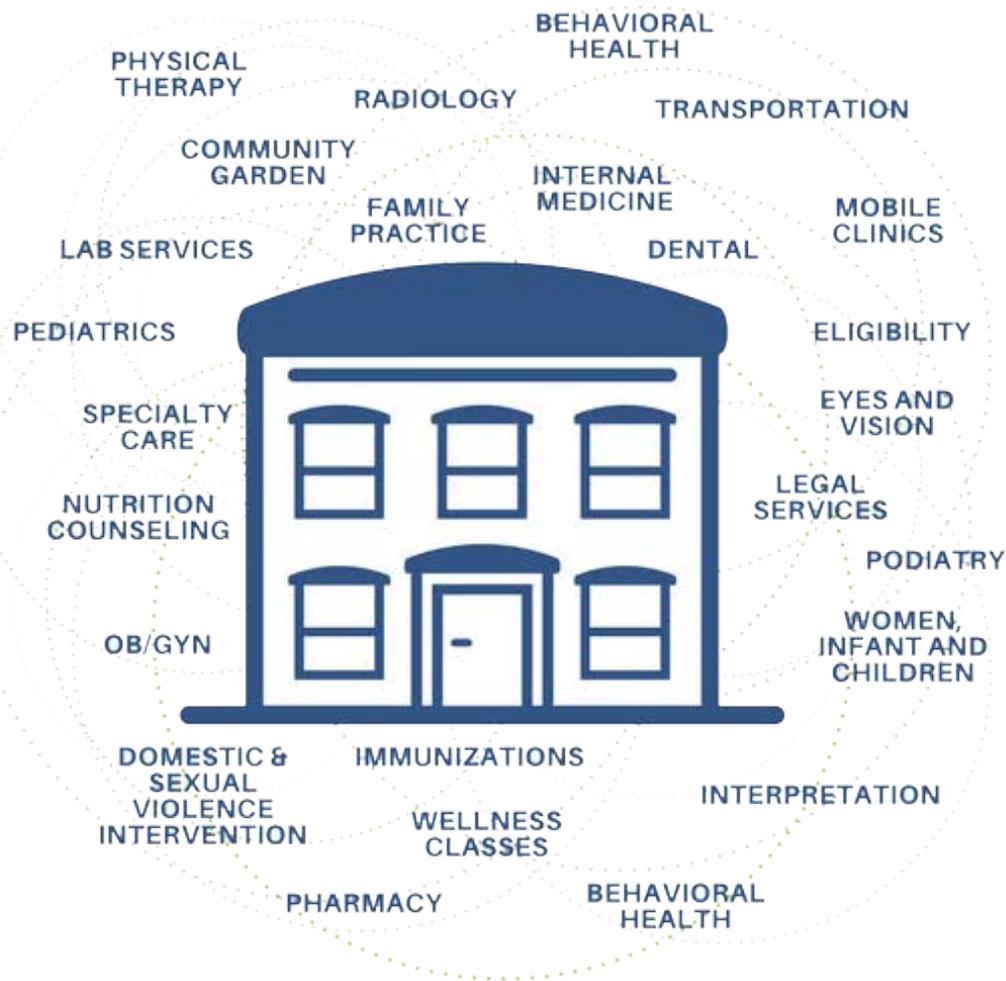
# AACHC Reach

AACHC represents the largest primary healthcare network in the state.

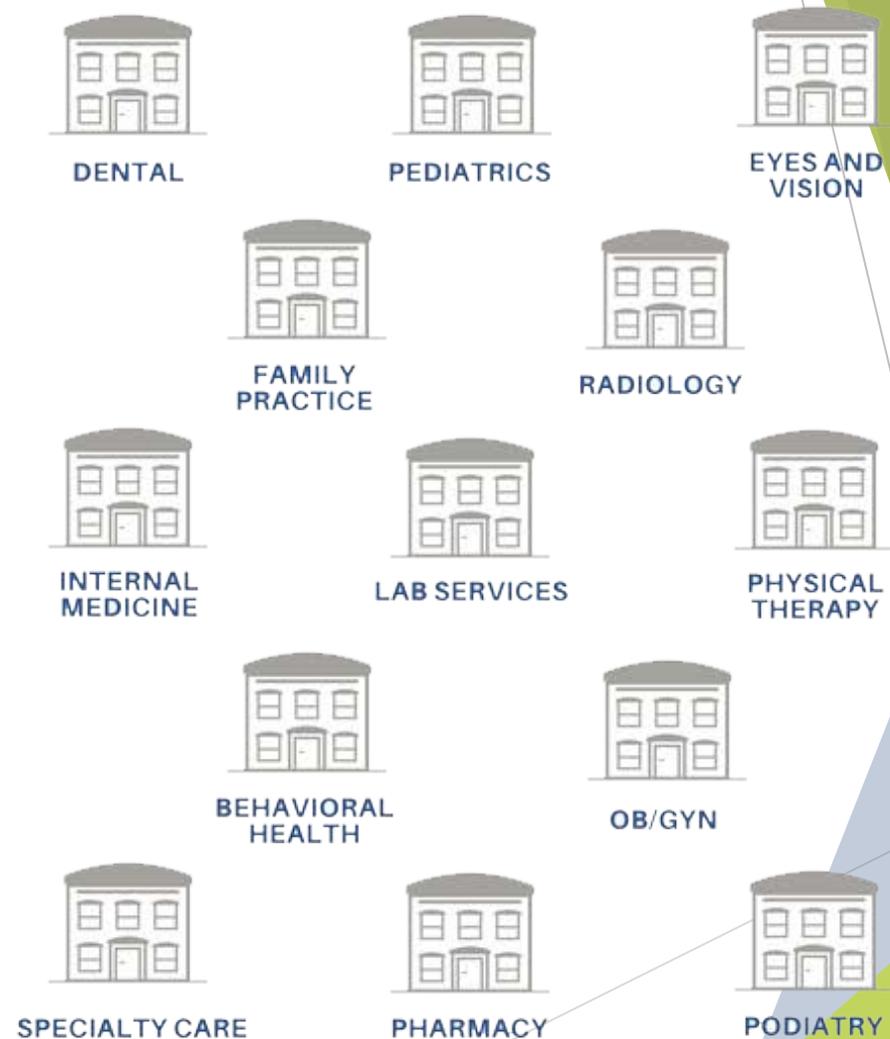
AACHC has 25 full members and 9 associate members. Of those, 23 are Federally Qualified Health Centers or Look-Alikes with over 153 sites throughout the state of Arizona where 611,255 patients receive a wide array of primary healthcare services.



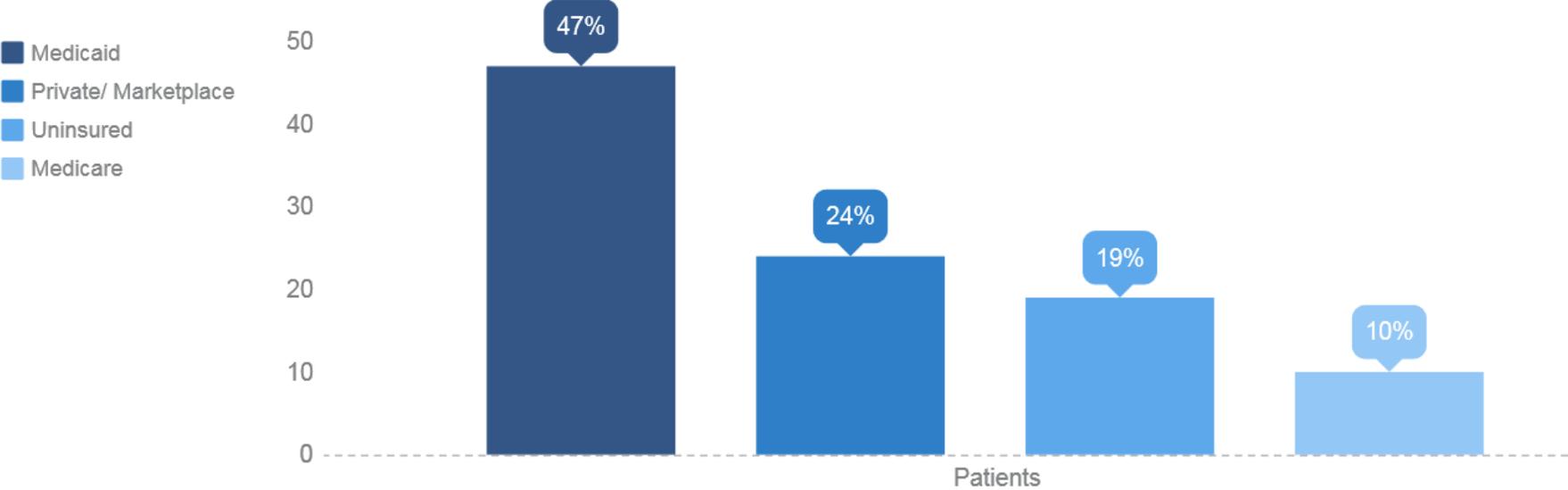
# Services Provided by Community Health Centers



# Services Provided by Individual Practices



# 2015 UDS Payer Mix



## SPECIAL POPULATIONS SERVED IN 2015 BY ARIZONA'S CHCS



9,548  
Agricultural  
Workers



10,677  
School-Based  
Children



8,866  
Veterans



22,692  
Individuals Experiencing  
Homelessness



107,563  
People Living In or  
Near Public Housing

## 2015 CLINICAL FTE TYPES

193.03  
Nurse  
Practitioners

166.42  
Pharmacy

130.28  
Family Practice  
(MD/DO)

89.75  
Pediatric  
(MD/DO)

84.63  
Dentists

47.55  
OB/GYN  
(MD/DO)

44.17  
Internists  
(MD/DO)

38.65  
Physician  
Assistants

24.90  
Certified  
Midwives

34.6  
Behavioral Health  
Specialists (LCSW)

27.14  
Dental  
Hygienists

14.93  
Psychologists/  
Psychiatrists



95%

Electronic Health Records (EHR)



70%

Patient Centered Medical Home (PCMH)



19%

Health Center Quality Leaders

### Prenatal and Child Health



67%  
Entry into Prenatal Care in First Trimester



5.8%  
Low Birth Weight



76%  
Childhood Immunizations (0-3 years old)



61%  
Child and Adolescent Weight Assessment and Counseling (3-17 years old)

### Chronic Disease Management

74%

HIV Linkage to Care

87%

Heart Attack/Stroke Treatment (18+ years old)

84%

Asthma Treatment Plan (5-40 years old)

79%

Cholesterol Treatment (18+ years old)

60%

Blood Pressure Control (18-85 years old)

53%

Diabetes Control (18-75 years old)

### Health Screenings



58%

Cervical Cancer Screening (females, 24-64 years old)

47%

Colorectal Cancer Screening (51-74)



62%

Adult Weight Screening and Follow-up (18+ years old)

81%

Tobacco Use Screening and Cessation Intervention



69%

Depression Screening and Follow-up (18+)

50%

Dental Sealants to First Molars





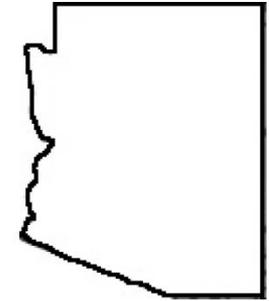
# Tara McCollum Plese, MPA Chief External Affairs Officer

700 E. Jefferson St. | Suite 100 | Phoenix, AZ 85034

Phone: 602-288-7547 | Cell: 602-739-1830 | Fax: 602-252-3620

[tarap@aachc.org](mailto:tarap@aachc.org)

# **American Indian Update**



# American Indian Medical Home (AIMH)



# American Indian Medical Home

MCOs	Provide members with PCPs, case management and call lines as an administrative service
IHS/638 Facilities	No administrative dollars for case management or call lines
AIMH	Provide a PMPM payment to qualified IHS/638 facilities to support care coordination services for AIHP members

# American Indian Medical Home



- AIMH Medical Homes provide:

Required	Optional	Voluntary
Primary Care Case Management	Diabetes Education	Availability of AIMH program to AI/AIHP enrolled members only
24 Hour Call Line	Participation in the state HIE	

# AIMH Provider Requirements

- IHS or Tribal 638 facility
- Receive one of the following:
  - PCCM Accreditation through NCQA
  - Accreditation through another appropriate accreditation body
  - National IHS Improving Patient Care (IPC) - annual attestation that the site has completed the IPC requirements

# AIMH Providers Requirement (Cont'd)

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- Enter into AIMH IGA
- Annual renewal



# AIMH Provider Requirements

- **Diabetes Education**
  - Diabetes education accreditation through a recognized accreditation agency
- **HIE**
  - Participates in the state Health Information Exchange

# AIMH Services

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- **AIMH service levels for prospective PMPM reimbursement**
  - Primary care case management
  - 24 hour call line
- **Optional services for additional PMPM**
  - Diabetes education
  - Participate in HIE

# AIMH Implementation Timeline

- SPA approved by CMS- June 14, 2017
- First workgroup with IHS/638 facilities- July 6, 2017
- Go Live- October 1, 2017

# Questions?



Thank You.



# **OOD Communications**



# Communications Update

Heidi Capriotti

PIO



# Public Information/Relations



Respond to media & public inquiries

- 82 local/national
- 20 requests for data/information

Plan risk mitigation communication

Find great stories for media to tell

# Website



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Phoenix, Az 85034  
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**General Information**  
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In-State Toll Free: 1-800-654-8713  
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- DHCM: Acute-CRS-RFPYH19 Integrated Contractor Request for Proposal information
- DHCM: AHCCCS Minimum Subcontract Provisions
- DHCM: Behavioral Health Covered Services Guide Notifications
- DHCM: Electronic Health Records Notifications
- DHCM: Notification for ACOM, AMPM, Tribal Consult Notification / Public comment
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Supplemental Rebate

Pharmacy Member Information – American Indian Health Program

Pharmacy Rates



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## AHCCCS News & Updates

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### New Program Will Enhance Health Care Coordination for American Indian AHCCCS Members

June 30, 2017

The Arizona Health Care Cost Containment System (AHCCCS) received federal approval to provide American Indian Medical Home (AIMH) services to support approximately 120,000 American Indian/Alaska Native (AI/AN) AHCCCS members who receive health care through the American Indian Health Program.

[Read more...](#)

### Summary of BCRA Impacts

June 23, 2017

The Arizona Health Care Cost Containment System (AHCCCS) has compiled an analysis of the Better Care Reconciliation Act (BCRA) as of June 22, 2017. Currently, 1.9 million low-income Arizonans are covered under AHCCCS. Approximately 400,000 are included in the main eligibility groups initially affected by the changes included in the BCRA (320,000 in the 0-100% Proposition 204 Childless Adult population and 82,000 in the 100-133% Expansion Adult population). This analysis is based on a preliminary review of the BCRA and is subject to revision. See the full summary below.

[Summary of BCRA Impacts](#) 

### State Plan to End Suicide Open for Public Comment

June 19, 2017

The 2017 [Arizona State Plan to End Suicide](#)  is now open for public comment. The annual plan is updated each summer, taking into account the many community coalitions and endeavors across the state.

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### STUDIES & ARTICLES ABOUT AHCCCS

[Moving Toward Value-Based Payment for Medicaid Behavioral Health Services](#)

*June 2017, Center for Health Care Strategies, Inc.*

Value-based payments (VBP) shift the way Medicaid health plans and providers pay for health care services. Instead of the traditional model of paying for volume, VBPs rewarding high-quality outcomes, and have been shown to slow cost growth. The Center for Health Care Strategies, Inc. report illustrates how innovative states and Medicaid managed care organizations (MCOs) in Arizona, Maine, New York, Pennsylvania and Tennessee are using physical health VBP models to create new arrangements in their behavioral health programs.

[State and Health Plan Strategies to Grow Enrollment in Integrated Managed Care Plans for Dually Eligible Beneficiaries](#)

*June 2017, Integrated Care Resource Center*

Arizona is highlighted in this report from the Integrated Care Resource Center as one state that serves dually eligible Medicaid and Medicare beneficiaries by contractually requiring its health plans to serve as Medicare Advantage Dual Eligible Special Needs Plan (D-SNP) and promoting enrollment or alignment of dual eligible members into the same health plan for both Medicaid and Medicare to the greatest extent.

[How Arizona Medicaid Accelerated the Integration of Physical and Behavioral Health Services](#)

*May 2017, The Commonwealth Fund*

Where most states still divide the responsibility of physical and behavioral health across different agencies, Arizona consolidated these Medicaid services under AHCCCS in 2015. The Commonwealth Fund report highlights how AHCCCS' efforts increased attention to behavioral health services, improved cross-communication and mutual trust, and streamlined service delivery for the health care plans, the providers and the members.

[State Strategies: Value-Based Payment for Medicaid Populations with Complex Care Needs](#)

*April 2017, Robert Wood Johnson Foundation*

To improve care coordination and manage costs, the Arizona Long Term Care System (ALTCS) managed by AHCCCS uses a value-based model to purchase and assess long-term services and supports.

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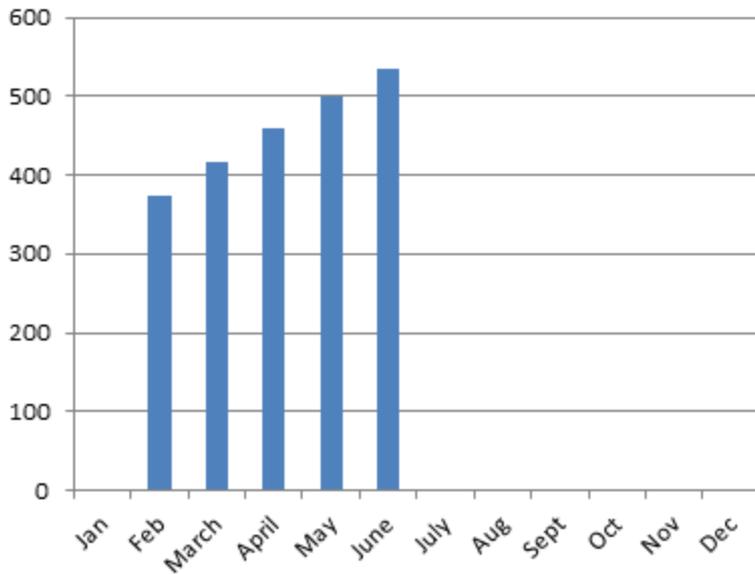
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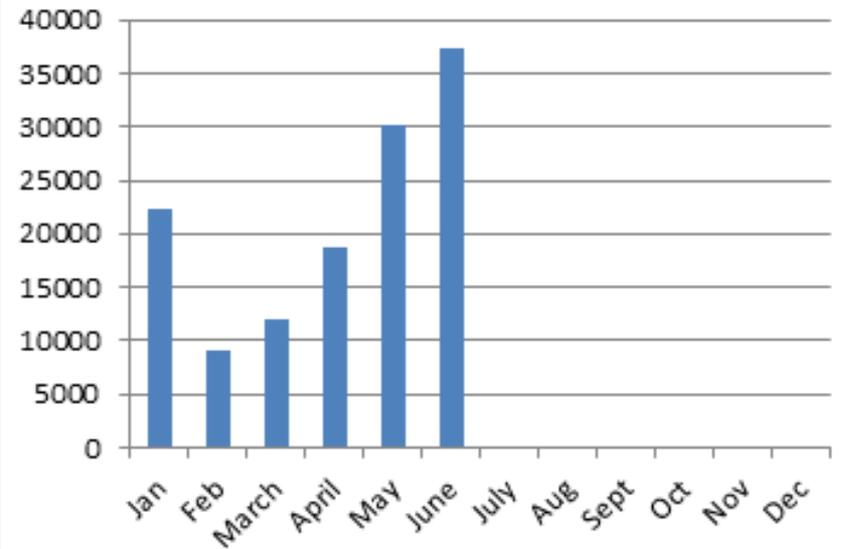
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### Impressions/Mo.



# Social @AHCCCSgov



## Members



**Megan Granata** @MeganGranata 1d  
Cried on the phone with @AHCCCSgov today: for the first time, I'm certain of having insurance after 26. Thank you. #HealthcareIsAHumanRight



**David Hudson**  
@DavidHud80

Replying to @DavidHud80 @AHCCCSgov  
An amazing response from @AHCCCSgov today... Of all things! The person who monitored @Twitter caught the shot in the dark... Thx!!!

4:12pm · 23 May 2017 · Twitter for iPhone

## State Agencies & Governor



Patrick Ptak liked



**Doug Ducey** @dougducey 20m  
BIG NEWS: Arizona awarded \$12 million grant to help fight the opioid crisis. @AHCCCSgov @AZDHS @AZGOYFF  
[hhs.gov/about/news/201...](https://hhs.gov/about/news/201...)



AHCCCS Retweeted



**Dr. Cara Christ** @drcarachrist Jun 26  
Full room at the #opioid breakthrough project kickoff! Working to curb the AZ opioid epidemic with @AZDHS, @AHCCCSgov, @AZGOYFF & partners.



## Partners



**Raising Special Kids** @Rai... Jun 6  
TONIGHT: Medicaid in Arizona (AHCCCS) and how it benefits...working families.  
[fb.me/xEM63VJu](https://fb.me/xEM63VJu)



**AHCCCS** @AHCCCSgov Jun 20  
Thx @CenpaticoAZ for hosting our #integratedhealthcare community meeting. Members can learn more & take a survey: [azahcccs.gov/AHCCCS/Initiat...](https://azahcccs.gov/AHCCCS/Initiat...)





## New Film Explores Future of the VA

Heidi Capriotti  
April 19, 2017  
Community  
[Leave a comment](#)

The [Office for Veteran and Military Academic Engagement](#) at ASU is screening “VA – The Human Cost of War,” a new film about the VA by Rick Burns. From emotional and personal contemporary accounts to a revealing history of the VA itself, the film aims to have a national conversation about the future of the VA. Creator/producer, Lois Pope, and director Rick Burns will attend the screening, scheduled for May 16 and 17, 2017. Times and location will be announced soon. For more information, please contact Nancy Dallett at [Nancy.Dallett@asu.edu](mailto:Nancy.Dallett@asu.edu).

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## Crisis Management Training Offered for Families

Heidi Capriotti  
April 18, 2017  
Community  
[Leave a comment](#)

[Marc Community Resources, Inc.](#) is holding a four-hour training on Saturday, May 20, 9 a.m. to 1 p.m. Participants will be trained to prevent potential crises, improve communication with loved ones, and use positive verbal interventions. For more information, please contact Dawn McReynolds at 480.244.8110 or email [dawn.mcreynolds@marccr.com](mailto:dawn.mcreynolds@marccr.com).

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# Questions?

Heidi Capriotti  
Public Information Officer  
602-417-4729 (o)  
602-281-5390 (c)



# **Dignity Health**

# Dignity Health Opioid Misuse Resources/Plans

Sandy Indermuhle, MD  
Medical Director  
Chandler Regional Medical Center  
Emergency Department



# Dignity Health Addressing the Opioid Epidemic

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# Part of the Problem

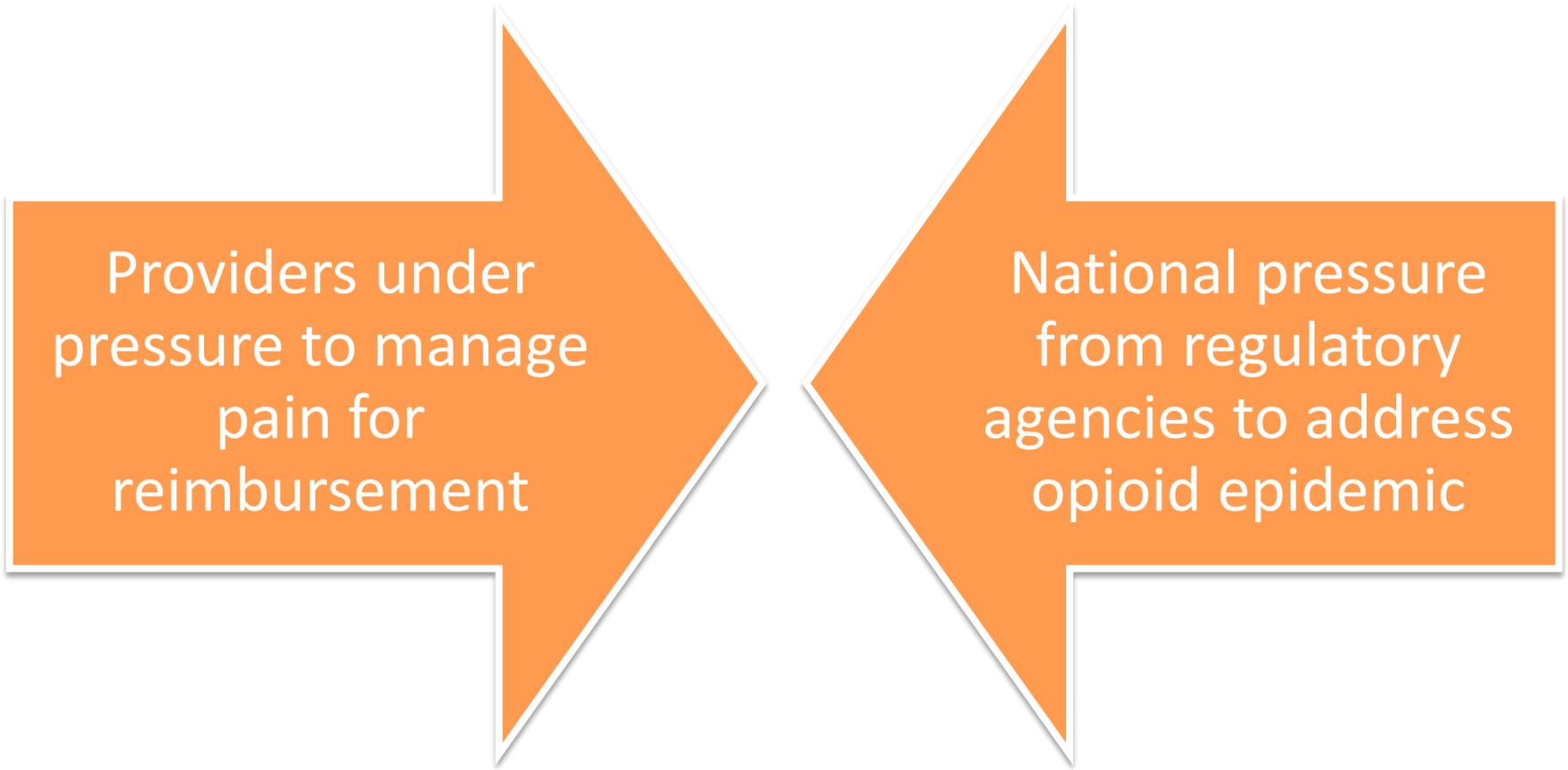
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- Centers for Medicare & Medicaid Studies' use of patient satisfaction surveys to determine payments to hospitals
- Hospitals Under Pressure to Manage Pain due to financial incentives
  - (HCAHPS) to measure patients' perception of their hospital experience, including three questions on pain management.



# Conflict: Satisfaction Scores vs. Opioid Epidemic

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Providers under pressure to manage pain for reimbursement

National pressure from regulatory agencies to address opioid epidemic

# Survey Questions Need to Change

## HCAHPS Questions on Pain Management

12. During this hospital stay, did you need medicine for pain?

- 1  Yes
- 2  No ➔ If No, Go to Question 15

13. During this hospital stay, how often was your pain well controlled?

- 1  Never
- 2  Sometimes
- 3  Usually
- 4  Always

14. During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?

- 1  Never
- 2  Sometimes
- 3  Usually
- 4  Always

Questions are being changed to address overall patient comfort rather than addressing pain

HCAHPS Hospital Care Quality Information from the Consumer Perspective. CAHPS® Hospital Survey  
[http://www.hcahpsonline.org/files/HCAHPS%20V8.0%20Appendix%20A%20-%20HCAHPS%20Mail%20Survey%20Materials%20\(English\)%20March%202013.pdf](http://www.hcahpsonline.org/files/HCAHPS%20V8.0%20Appendix%20A%20-%20HCAHPS%20Mail%20Survey%20Materials%20(English)%20March%202013.pdf). Accessed September 10, 2014.

# Hospital Policies/Resources

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- Chronic pain policy at CRMC and MGMC
  - Limits ED meds and prescriptions
  - Pain Management resource list and pain policy letter
  - Identify patients for subsequent visits
    - “ED Chronic Pain patient” order in EHR
    - Icon populates during next visit in events column



# Pain Services

- Pain Service: St. Joe's is one of two in Dignity Health system dedicated to management of hospitalized patients in pain
  - Med director, three nurse practitioners, two RNs
- Pain Management Physician Consultant at CRMC and MGMC
  - Evaluation and recommendations

## Pain Consultation Service



Hez Naylor  
Senior Nurse Practitioner  
Pager 602.201.1317



Shima Washington  
Nurse Practitioner  
Pager 602.201.9077



Cyndi Braun  
Nurse Practitioner  
Pager 602.201.0918

### When to call for a pain consult

- ✓ Pain not reduced by at least 50% in 24 hours
- ✓ History of pain syndrome with opioid use  $\geq$  or = to 60mg morphine daily
- ✓ Doses of opioid exceed primary provider's level of comfort/expertise
- ✓ Patient is awaiting surgery expected to produce significant pain
- ✓ Provider assessment and judgement

### Contact Information

Request a new consult in Cerner by entering "Consult to Pain Management" and then select the appropriate reason for the consult from the drop-down menu.

If the patient has already been seen by the Pain Service, please page the provider who wrote the most recent progress note on the patient.

Any primary team physician, nurse practitioner, or physician assistant may order a pain consult. Any registered nurse can recommend a pain consult to the primary team based on clinical judgement.

350 W. Thomas Rd  
Phoenix, AZ 85013  
Ph: 602.406.PAIN  
ASCCM: 602.406.4214



# Hospital Policies/Resources

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- Use of the AZ Board of Pharmacy Prescription Monitoring Program with web link in HER
  - Working on a direct link through the patient's chart
  - Use is encouraged with updates at departmental meetings
- Safe prescribing habits encouraged at departmental meetings
  - Use non-opiates and multimodal analgesia when possible (ibuprofen, acetaminophen, lidocaine patch, etc.)
  - Limit supply to 5 days for acute pain
  - Website for guidelines
    - <http://azdhs.gov/audiences/clinicians/index.php#clinical-guidelines-and-references-rx-guidelines>

# Education

- **Pain Resource Nurse Committee**
  - Provides continuing nursing education
- **St. Joe's Annual Dignity Health Pain Symposium**
  - Promote education to the medical and nursing communities
- **Pre-op Education**
  - Post-op expectations for patients
- **RX 360 Community Education by Chandler/Gilbert Task Force**
  - Community and healthcare education



## Chandler/Gilbert Substance Use & Treatment Task Force

A conversation about opiates with prevention & treatment professionals

Opioid overdose is the #1 cause of accidental death in the U.S. Ninety-one Americans die everyday from opioid overdose (CDC).

**DATE AND TIME**  
Thursday, June 22  
6 p.m. - 8 p.m.

**LOCATION**  
Dignity Health Mercy Gilbert Medical Center  
McAuley Conference Rooms, 3rd floor  
3420 S. Mercy Dr.  
Gilbert, AZ 85297

[Click here to RSVP](#)

For more information contact Theresa Dettler at **480.728.5717**



# Patient Education

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## Discharge instructions/education

- Safe storage and disposal of medications
- Alternatives to opiates for chronic pain
- Choosing Wisely for migraines
- Substance Misuse/Treatment Resource List
- Naloxone availability and how to use

# Educational Flyer

- Discussing at departmental meetings
- Plan to deliver to community providers and dentists
- Urges safety and awareness

## Controlled Substance Prescription Monitoring Program

# CSPMP

[What is CSPMP?](#)

The Controlled Substance Prescription Monitoring Program (CSPMP) is a program developed to promote public health and welfare by detecting diversion, misuse and addiction of controlled substances.



<p><b>Why use CSPMP?</b></p> <ul style="list-style-type: none"> <li>• To DO NO HARM and SAVE LIVES!</li> <li>• To keep your patients safe and minimize diversions of prescription medications</li> <li>• Prevent unnecessary misuse and addiction to RX medications</li> </ul>	<p><b>Helpful Tips</b></p> <ul style="list-style-type: none"> <li>• Save Time, appoint a designee who can access every patients medication history</li> <li>• Sign in and use it often, when prescribing any opioids or benzodiazepines</li> </ul>
<p><b>Educate and Communicate</b></p> <ul style="list-style-type: none"> <li>• Communicate the importance of taking medications as prescribed</li> <li>• Educate your patients on the dangers of misusing prescription medications which can lead to addiction</li> </ul>	<p><b>Discuss an Exit Strategy</b></p> <ul style="list-style-type: none"> <li>• When prescribing potentially addicting medications</li> </ul>
<p><b>Referral and Treatment</b></p> <ul style="list-style-type: none"> <li>• Assess for signs of substance use disorder (SUD) and familiarize yourself with treatment providers in your area</li> <li>• Warm hand offs work best</li> </ul>	<p><b>Safeguard</b></p> <ul style="list-style-type: none"> <li>• Explain how to properly store and dispose of any unused or expired medication</li> <li>• To find a drop off location visit: <a href="http://www.AZCJC.gov">www.AZCJC.gov</a></li> </ul>
<p><b>Practice Safe Prescribing Habits</b></p> <ul style="list-style-type: none"> <li>• Refer to Arizona Department of Health Services for guidelines: <a href="http://azdhs.gov/audiences/clinicians/index.php#clinical-guidelines-and-references-rx-guidelines">http://azdhs.gov/audiences/clinicians/index.php#clinical-guidelines-and-references-rx-guidelines</a></li> <li>• Consider prescribing naloxone to anyone who has suffered from or is at risk of an opiate overdose (It is also available OTC)</li> </ul>	

Sources: <http://pharmacympa.az.gov> and <http://substanceabuse.az.gov/>



# Referral To Treatment

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- Social workers in the Emergency Department and on the floors
- Comprehensive list of community resources
- Will arrange placement



# Future Collaborative projects

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- Peer support program
  - Real time guidance in the ED
  - Collaboration with community resources
  - Anchor ED in Rhode Island as model



Thank You

# **AHCCCS Update**



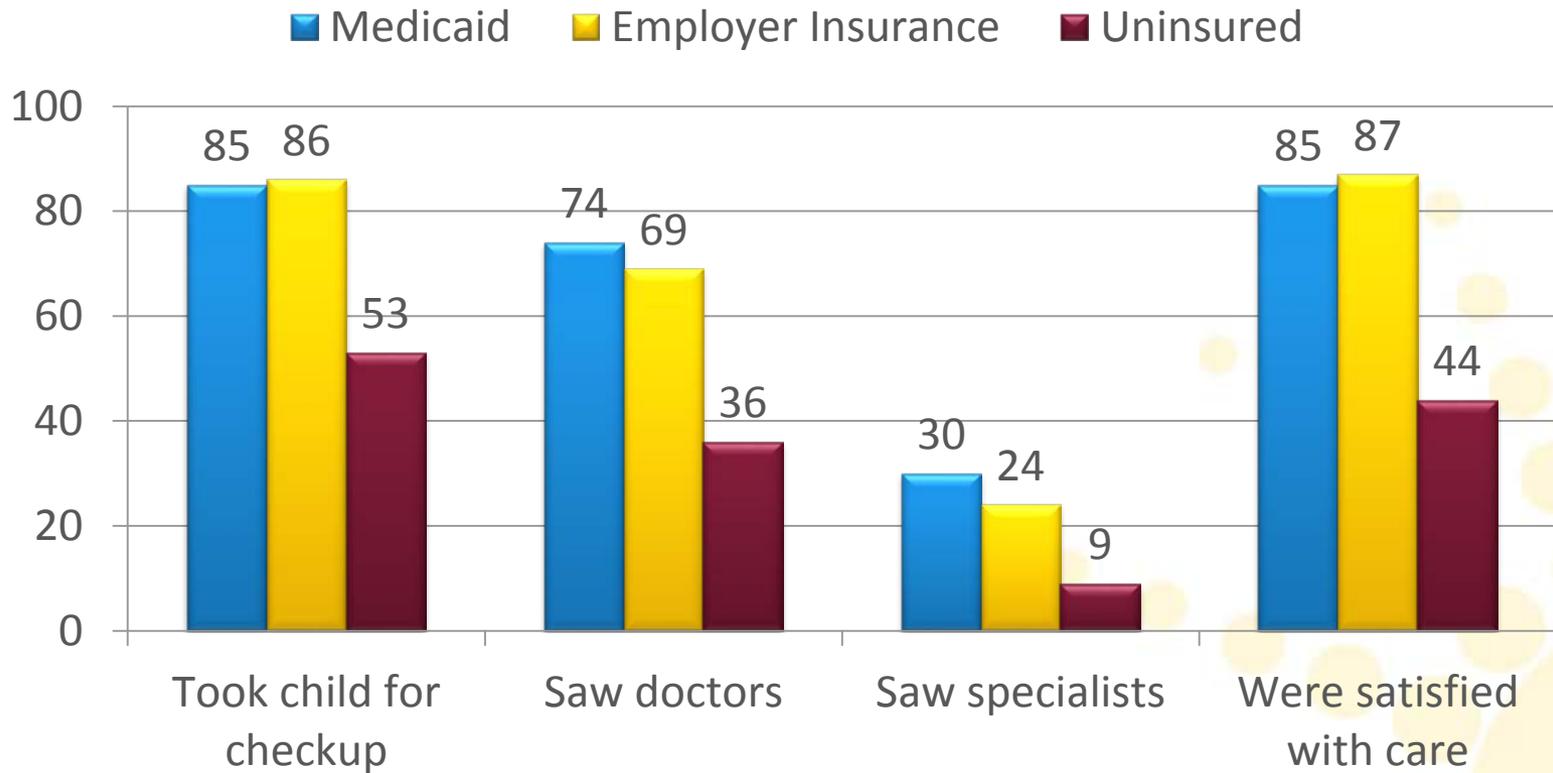
# SMAC Update



# Senate proposal analysis



# Value of Medicaid Coverage



Data: Kaiser Commission on Medicaid and the Uninsured analysis of 2015 NHIS data;  
Chart: Andrew Witherspoon / Axios

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

# Budget Update

## Adult Emergency Dental

- \$1,000 limit
- Target October 1, 2017

## Occupational Therapy

- Target October 1, 2017

## Opioid Initiative

- 3 OIG Staff
- 2 Clinical Staff

## Proposition 206

- -Ongoing 1-1-17
- -Sick Leave 7-1-17
- -Network Adequacy Study
- -Flagstaff 7-1-17
- -Increase in Min. Wage 1-1-18

# AHCCCS

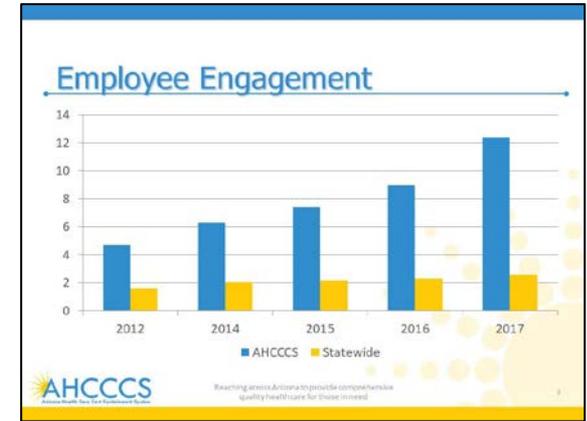
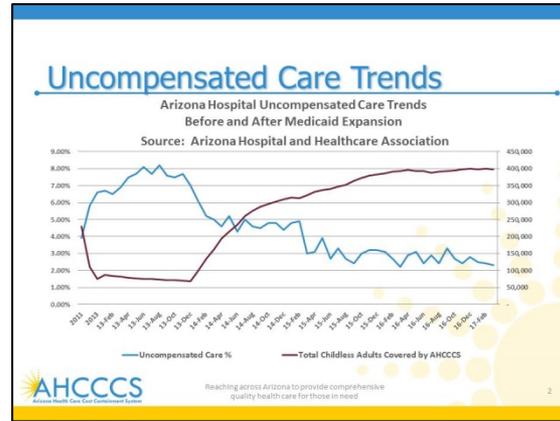
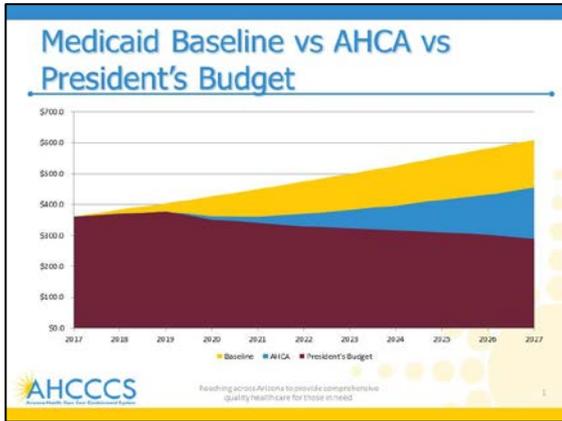
Director: Tom Betlach  
SFY2017 Q4

Vision: Shaping tomorrow's managed care... from today's experience, quality and innovation.

Mission: Reaching across Arizona to provide comprehensive, quality health care to those in need.

**Budget FY17: \$12,201,541,300**

**Employees: 1,042**



## Biggest Wins Last Quarter

- Transitioned 50,000 PHP members on May 1<sup>st</sup>.
- Implemented 7-day opioid fill limit.
- Increased employee engagement score from 9.0 to 12.4.

## Biggest Concerns

- Uncertainty with regard to federal policy-making and financing for Medicaid and CHIP.
- Need to transition over 9,000 long-term care members who are elderly or have a physical disability.

## What to Expect Next Quarter

- Allocate opioid grant funding to RBHAs.
- Establish and begin AHCCCS Leadership Academy.
- Have eligibility system contract strategy established.

# AHCCCS Awards

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- AHCCCS, the Arizona Health Care Cost Containment System, recently received Gold level recognition from the Healthy Arizona Worksite Program for excellence in worksite wellness.
- AHCCCS, has been honored with a 2017 When Work Works Award for exemplary workplace practices. With more than 1000 employees, AHCCCS is the largest of the 10 organizations in Arizona – and the only state government agency – to receive the 2017 national recognition. This is AHCCCS' sixth When Work Works award in the last seven years.

# Arizona Management System

- **Issue:** Backlog of 50,000+ FFS claims resulted in a turnaround time of 30 days resulting in loss of claims discounts and/or financial penalties.
- **Countermeasures:** Trained, coached, and cross-trained all staff, filled vacant positions, re-assigned staff to work queues as dictated by workflow and volume; created new productivity standards and accountability;
- **Results:** Reduced the backlog to < 1,000/day and Reduced turnaround time to ≤ 5 days.

# Arizona Management System

- **Issue:** There was a backlog of 1,400+ unanswered requests from Community Assistors for assistance with applications and delays as long as 60 days to resolve application issues. Additionally, there was no way to identify requests pertaining to urgent medical needs.
- **Countermeasures:** Partnered with HEAplus Ops, ISD, and DES to: 1) create a Community Partner Hotline, 2) eliminate the DES email box, and have call center agents with expertise filter and forward requests to the appropriate staff at AHCCCS or DES,
- **Results:** 95% of issues are resolved in  $\leq 3$  days 70% of issues are resolved the same day

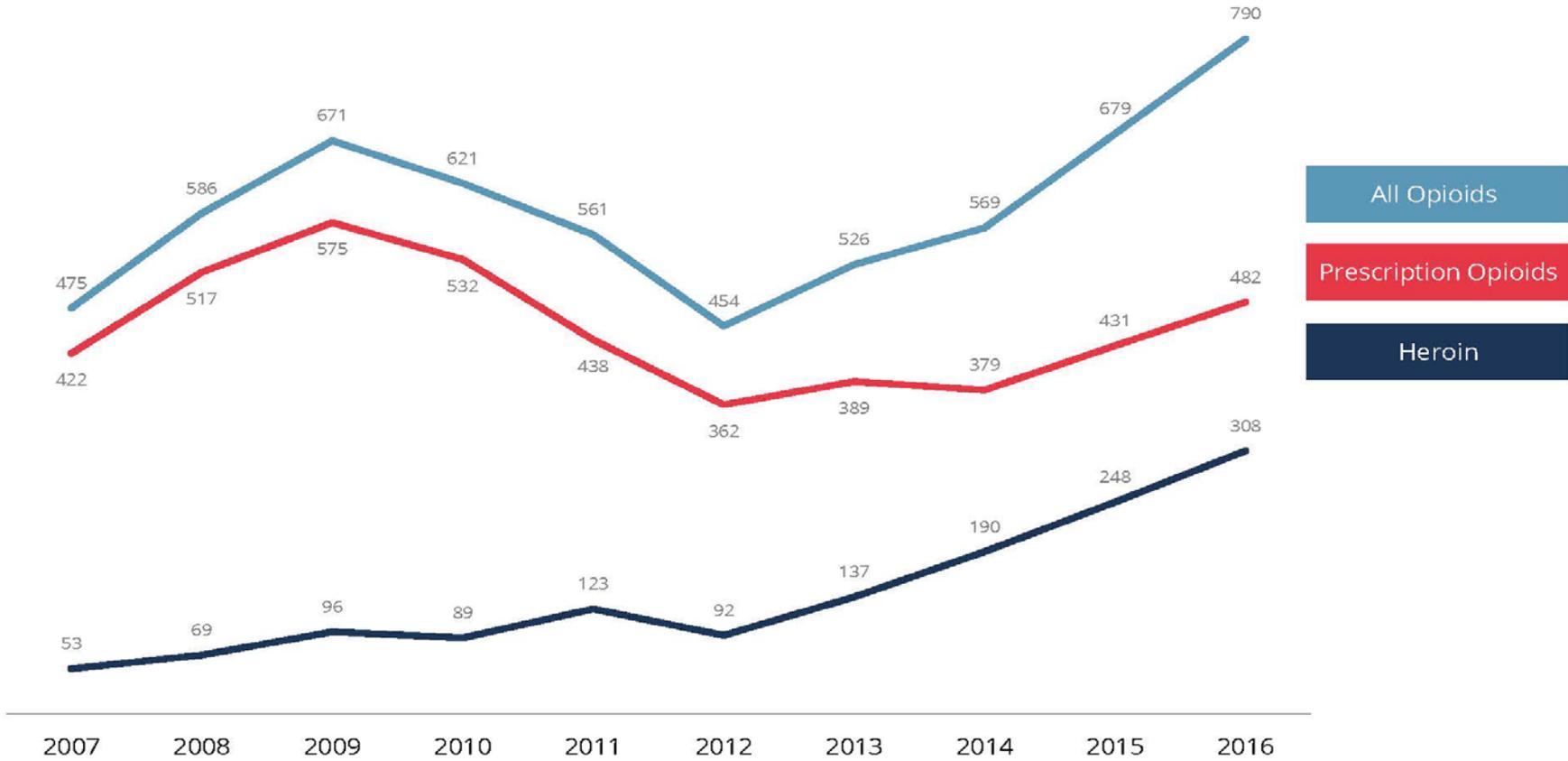
# Arizona Management System

- **Issue:** In May 2016, only 26% of FFS claims disputes were completed in  $\leq 60$  days
- **Countermeasure:** Mapped the process, identified improvements, developed and standardized a revised process.
- **Results:** 91% of disputes are resolved in  $\leq 60$  days

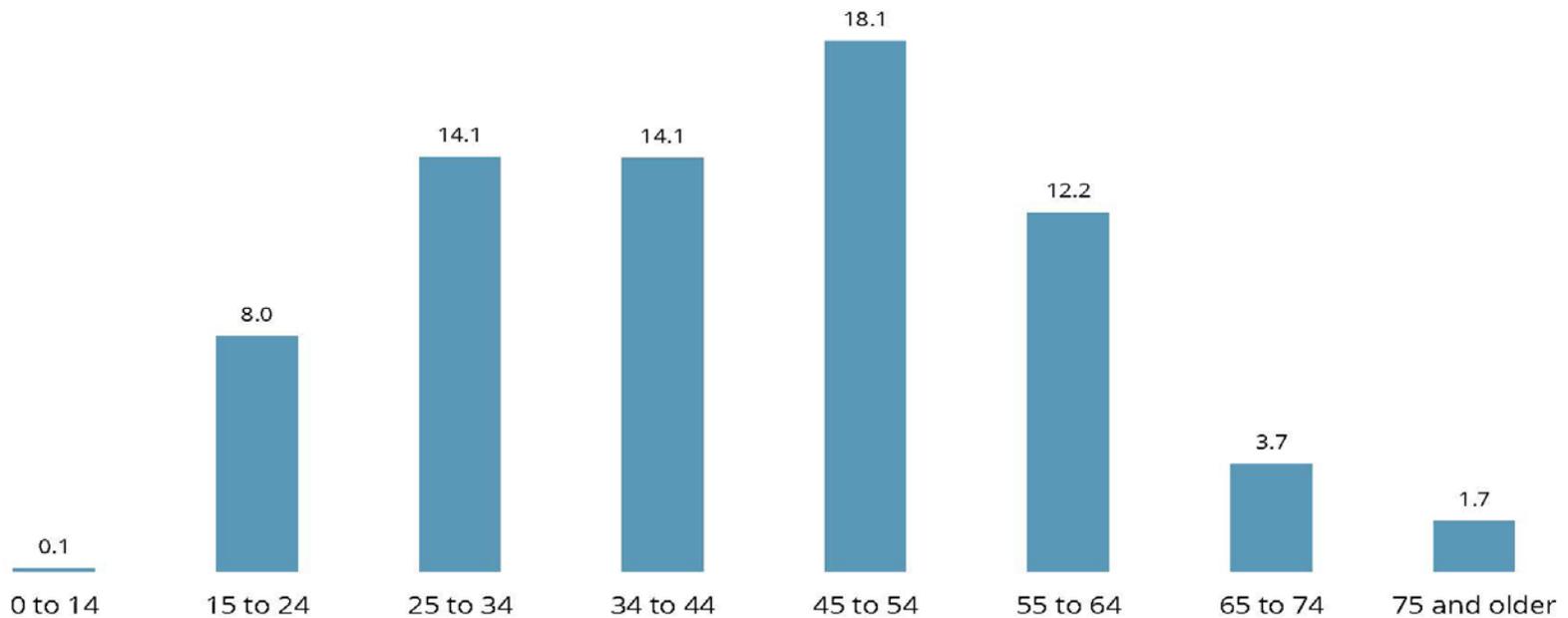
# 10-1-18 RFP Major Decisions

- Decisions regarding certain members with CRS qualifying conditions – SMI – CMDP
- Crisis System – current structure remains
- GSA structure for Integrated Contractors will align with ALTCS – RBHA structure remains unchanged
- Unique RBHA services – remain in place
- Number of awards - may increase to reflect non affiliated RBHA award - Central at least 4 - South 2 + at least 1 more for Pima - North – 2
- Multi-service Interdisciplinary Clinic requirements

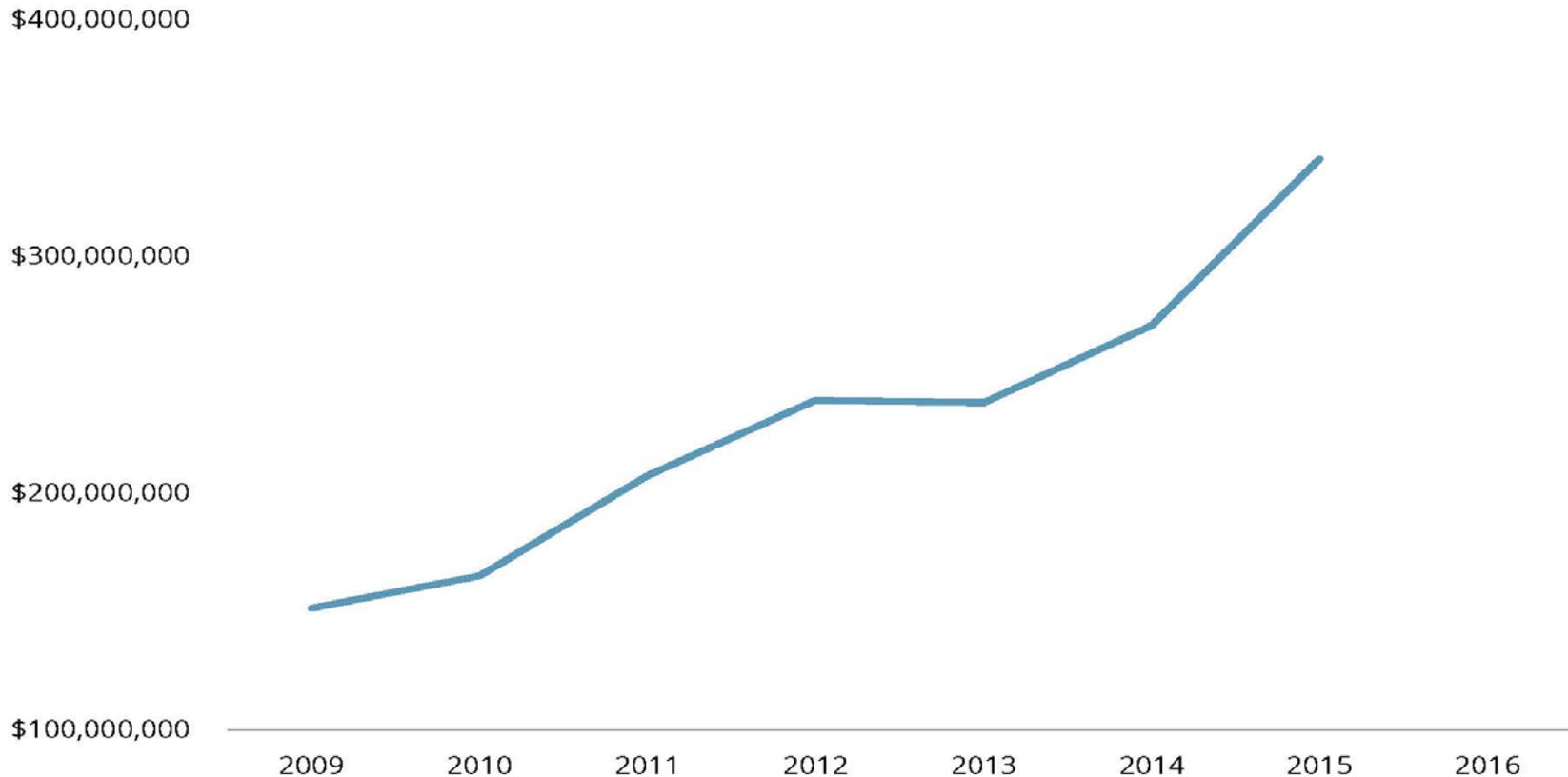
# Opioid death counts among Arizona residents and non-residents in Arizona from 2007 to 2016.



## Opioid average 10-Year death rate per 100,000 population by age group from 2007 to 2016.



The cost of all opioid-related encounters has **increased 125%** from 2009 to 2015.

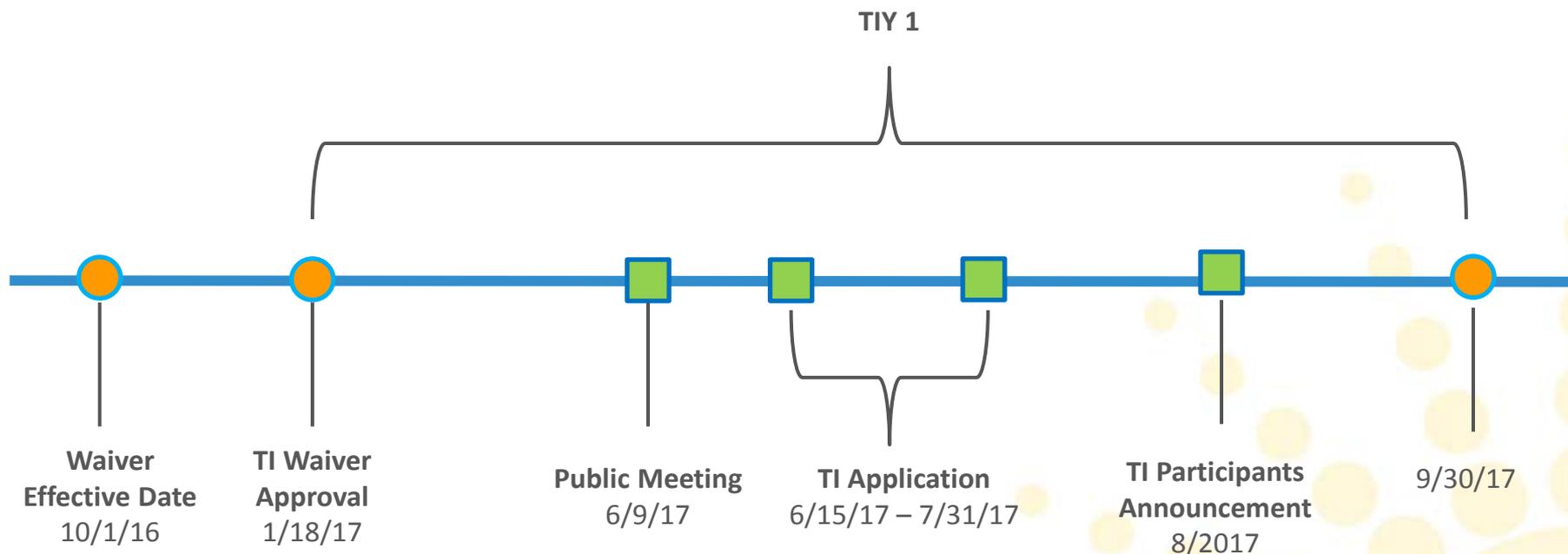


\* Cost for encounters are calculated by applying the annual cost-to-charges ratio (produced by the Agency for Healthcare Research and Quality, Healthcare Cost Utilization Project) to reported encounter charges. This will estimate the actual cost paid to the provider for the healthcare services of the encounter. For this report, 2015 costs were estimated using the 2010-2014 average cost-to-charges-ratio by facility since 2015 and 2016 ratios were not available. When facility-specific ratios were not provided, the group ratio was used, or the state average ratio. These estimated costs are reasonable, estimates of actual cost, and are a more accurate measure than reported charges.

# Estimated Distribution of Funds Across Each Strategic Focus Area per Year

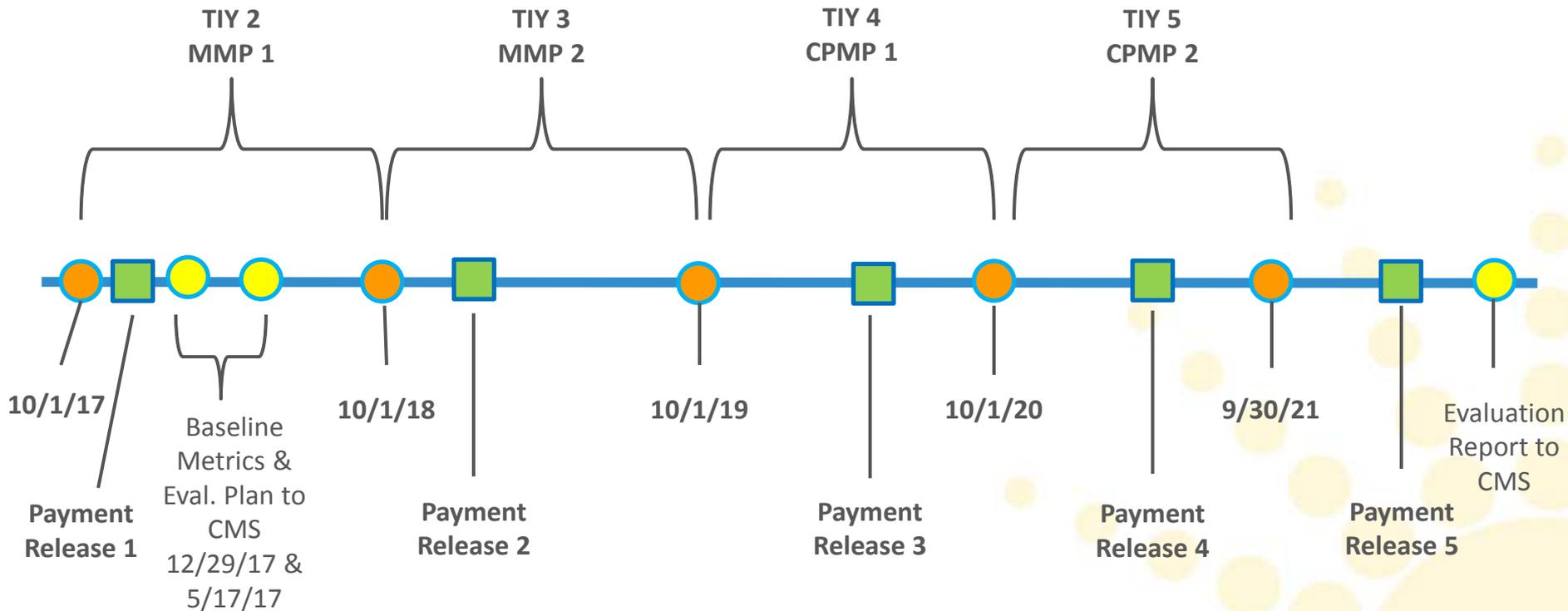
Focus Area	Year 1	Year 2	Year 3	Year 4	Year 5
<b>TI Overall</b>	6.7% \$19 M	23.3% \$66.5 M	30.0% \$85.5 M	22.3% \$66.5M	16.7% \$47.5M
<b>Ambulatory (Primary Care &amp; BH Services)</b>	92% \$17,480,000	92% \$61,180,000	92% \$78,660,000	92% \$61,180,000	92% \$43,700,000
<b>Justice</b>	5% \$950,000	5% \$3,325,000	5% \$4,275,000	3% \$3,325,000	3% \$2,321,000
<b>Hospital</b>	3% \$570,000	3% \$1,995,000	3% \$2,565,000	3% \$1,995,000	3% \$1,425,000

# Program Timeline (TI Year 1)



**Key:**  
TIY – Targeted Investments Year

# Program Timeline (TI Years 2 – 5)



**Key:**

- MMP – Milestone Measurement Period
- CPMP – Clinical Performance Measurement Period
- TIY – Targeted Investments Year

# Application Process Timeline

Applications will be available to view and submit through an AHCCCS provider website.

- 6/15/2017- Expected application released date
- 7/31/2017- Application submission due date
- 8/2017- Notice of application approval date

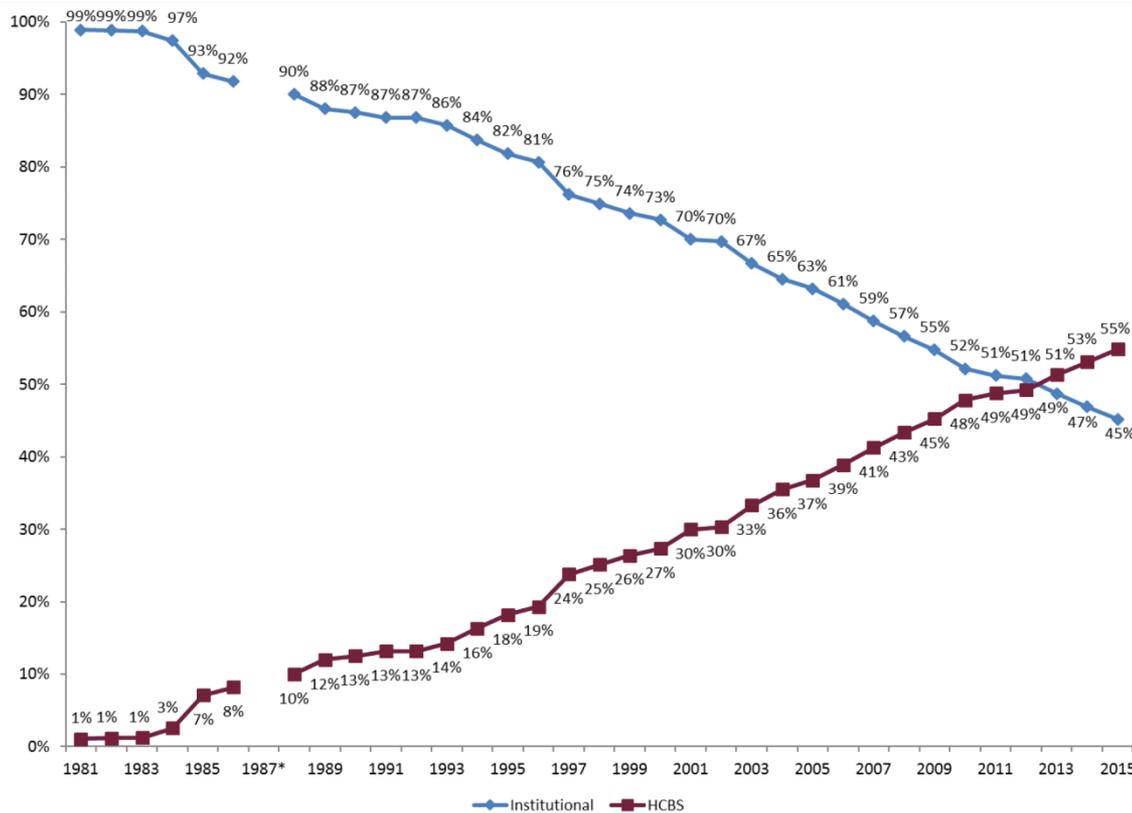
# Waiver Update

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- IMD – working with CMS on path forward for SUD – no ability at this point on MH
- Continue to look at potential flexibilities
- AHCCCS Care and Work Requirements and Time limits awaiting Repeal and Replace discussion resolution

# The Percentage of Total LTSS Spending for HCBS

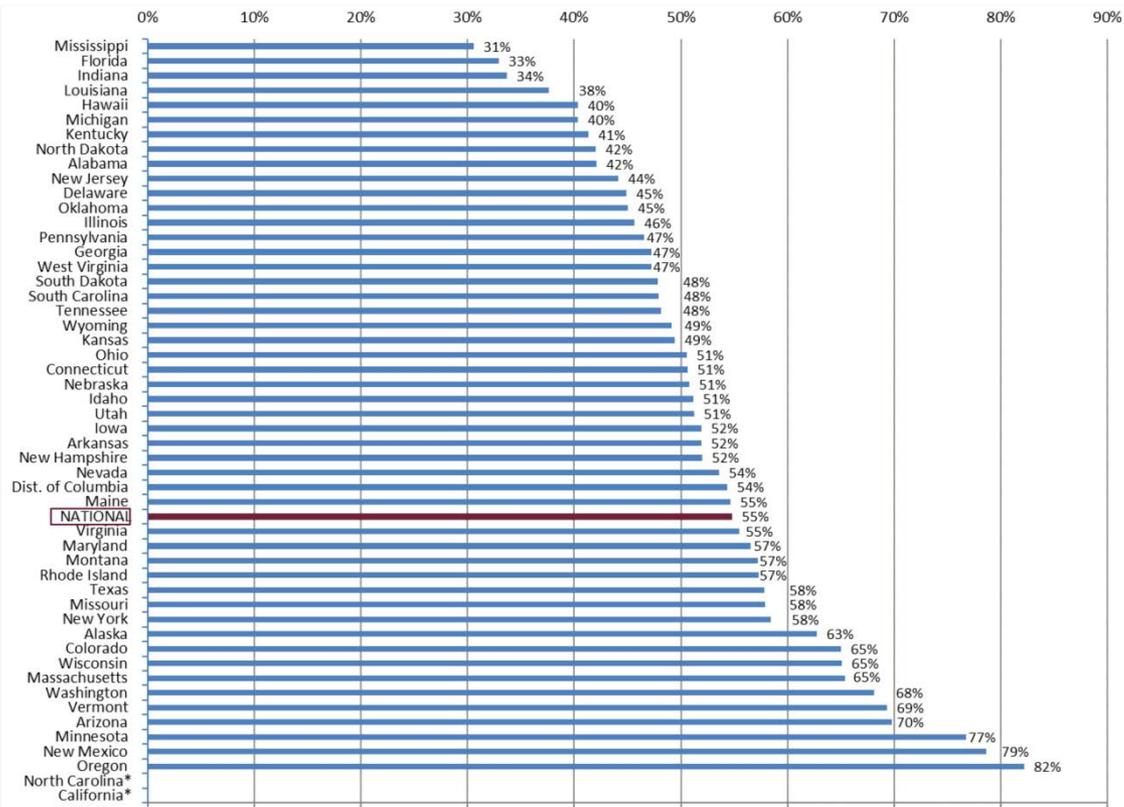
Medicaid HCBS and Institutional LTSS Expenditures as a Percentage of Total Medicaid LTSS Expenditures, FY 1981–2015



\* ICF/IID data for FY 1987 were nearly double expenditures for FY 1986 and for FY 1988. The reason for the one-time reported increase in expenditures is not known, and data from this outlier year are excluded.

# The Percentage of Total LTSS Spending for HCBS

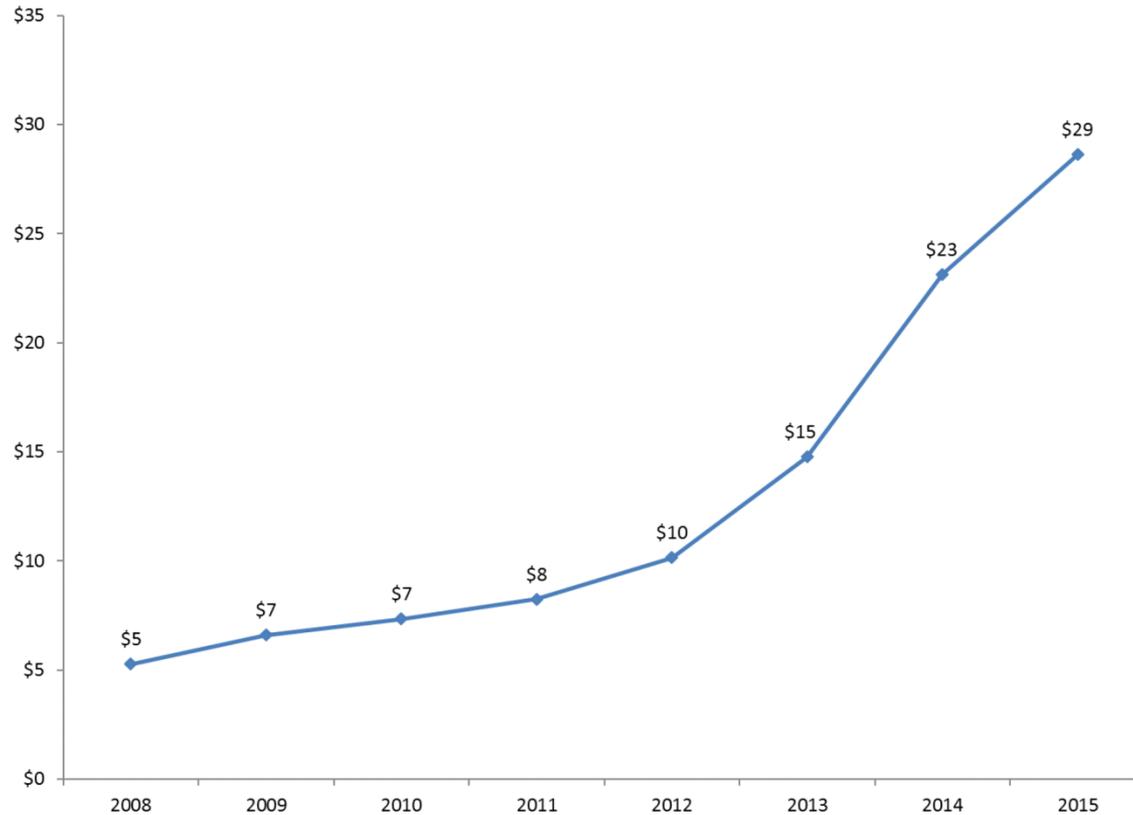
Medicaid HCBS Expenditures as a Percentage of Total Medicaid LTSS Expenditures, by State, FY 2015



\* California and North Carolina were excluded from this figure because a high proportion of LTSS were delivered through managed care and detailed managed care information was not available for FY 2015.

# Growth of Managed Long-Term Services and Supports

Medicaid Managed LTSS Expenditures, in billions, FY 2008–2015



Managed LTSS includes the Program of All-Inclusive Care for the Elderly (PACE) and the following services provided through managed care organizations: nursing facilities, ICF/IID, personal care, home health, section 1915(c) waivers, and HCBS provided through managed care programs (e.g., a section 1115 demonstration or section 1915(b) waiver) that were not authorized under another state plan or waiver authority (called “HCBS – unspecified” in the data tables).