



Quarterly Tribal Consultation

July 11, 2019





Gila River
HEALTH CARE

GILA RIVER HEALTH CARE

Derrick Glum,
Chief Operating Officer

GRHC Overview



VISION

To be the premier Native American health care delivery system empowered to serve the lifelong needs of our people.

MISSION

To provide high-quality healthcare and improve the health of the Gila River and Ak-Chin Indian Communities.

PROMISE

We promise to treat you with dignity and respect.

VALUES

- Accountability
- Commitment
- Patients & Families
- Culture
- Quality
- Self-Governance
- Trust

Our Business:

- Community oriented, focused health care system; Providing primary care & specialty services for the Gila River Indian Community (GRIC) & the Ak-Chin Indian Community.
- Our focus is to keep pace with the continually growing community we serve.
- To be positioned to meet their vast and unique medical needs.

GRHC Historical Timeline

1940s

- IHS opens hospital in Sacaton, AZ.

1995

- GRHC established as a 638 Non Profit Entity.

2002

- New Physical Therapy/Wellness Center.

1988

- Hu Hu Kam Memorial Hospital built by IHS.

1997

- State of the art Emergency Department and Podiatry Clinic opened (HHK).

GRHC Historical Timeline

2004

- Behavioral Health Services Building constructed.
- EMS, Transportation, Public Health Nursing transitioned to GRHC.

2006

- New Optometry and Life Center Buildings opened.

2009

- Komatke Health Center opened.



2005

- East and West Dialysis opened.

2007

- GRHC opened Ak-Chin Clinic.

GRHC Historical Timeline

2011

- Residential Treatment Center and OASIS (formerly ADAP) outpatient services transitioned to GRHC.

2013

- Dining Room renovation and expansion completed (HHK).
- Komatke EMS Station completed (KHC).

2015

- Viola L. Johnson Administration building opened.
- The Caring House transitioned to GRHC
- Ground Breaking for SEACC.

2018

- Hau'pal (Red Tail Hawk) Health Center Opens.

2012

- Cultural Sensitivity/Awareness Orientation mandated for all GRHC employees.

2014

- New Women's Health Center opened (HHK). New Diabetes Support Center opened (HHK).

2016

- GRHC unveils new name for SEACC, Hau'pal Health Center.

Operations Data FY18



Hu Hu Kam Memorial Hospital (HHKMH)

- 165,771 Ambulatory visits
- 25,830 Patients



Komatke Health Care (KHC)

- 47,560 Ambulatory visits
- 8,027 Patients



Ak-Chin Clinic

- 3,144 Ambulatory visits
- 935 Patients



Hau'pal (Red Tail Hawk) Health Center

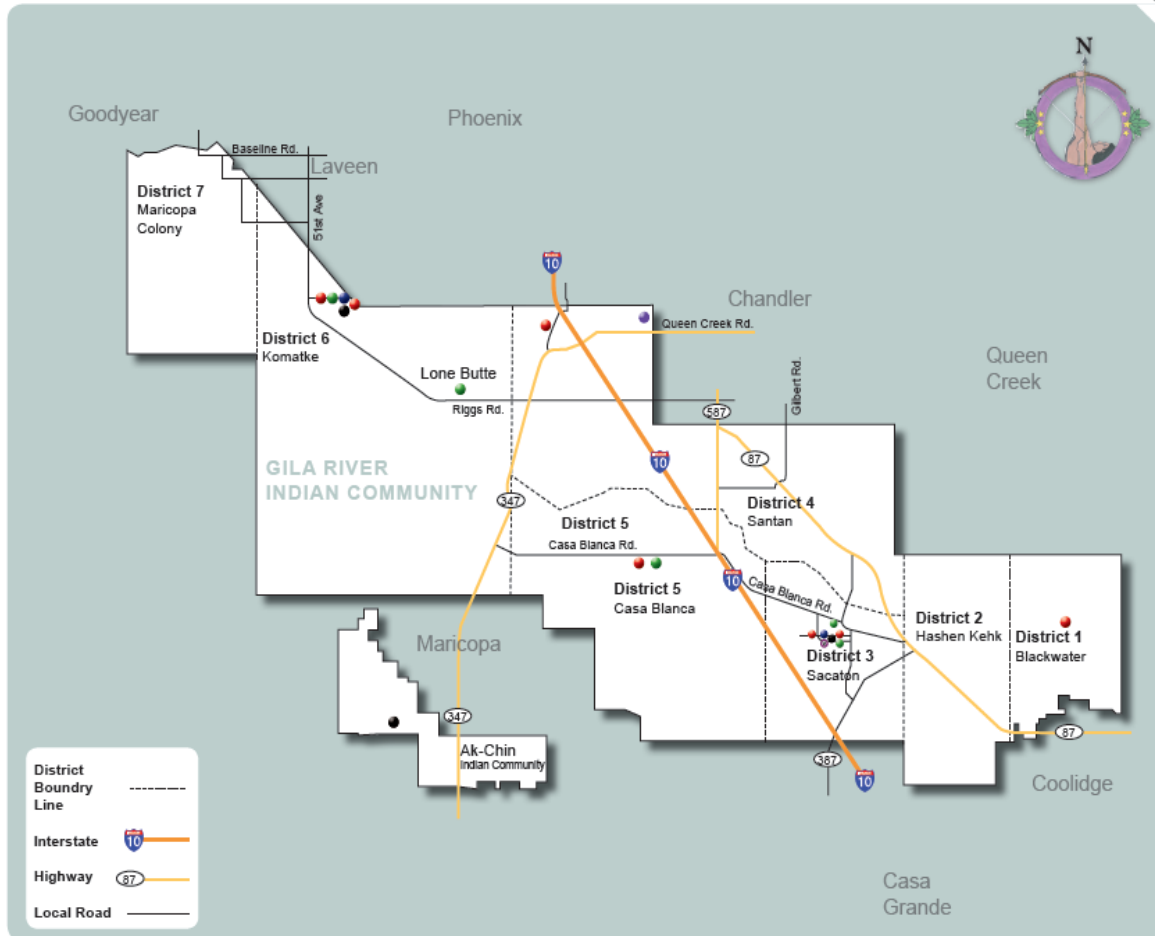
- 1,768 Ambulatory visits
- 1,040 Patients

*As of August 2018








The Caring House (TCH)

- Average length of stay is 297 days
- Average daily census is 82



LEGEND

-  **GRHC Campus**
Hu Hu Kam Memorial Hospital
Komatke Health Center
Ak-Chin Clinic
-  **Viola L. Johnson Admin Bld.**
(Sacaton)
-  **Dialysis Center**
Dialysis East (Sacaton)
Dialysis West (Komatke)
-  **Behavioral Health**
New Beginnings (Sacaton)
OASIS 3 (Sacaton)
OASIS 5 (Casa Blanca)
RTC (Lone Butte)
Shegoi (Komatke)
-  **EMS Base Stations**
Station 421
District 1, Blackwater
829 W. Blackwater School Rd.
- Base 100**
District 3, Sacaton
433 W. Seed Farm
- Station 423**
District 3, Sacaton
599 W. Seed Farm Rd.
- Station 425**
District 5, Bapchule
962 N. Orchard Rd.
- Station 429**
District 4, Wild Horse Pass
5002 N. Maricopa Rd.
- Base 200**
District 6, Komatke
17425 S. Healthcare Dr.
-  **Hau'pal (Red Tail Hawk) Health Care**
District 4, Santan
3042 W Queen Creek Rd,
Chandler, AZ 85286

RTHHC Project History

Part of a comprehensive project to update and improve outpatient services and renovate the Phoenix Indian Medical Center (PIMC)

- Planning started in 2001

One of 3 satellite outpatient health centers planned to improve Native American access to health care

- Komatke Health Center (KHC)
- Red Tail Hawk Health Center
- Northeast Ambulatory Care Center (NEACC) at Salt River Pima-Maricopa Indian Community
- Renovate the outpatient and inpatient facilities at existing PIMC location
- GRIC provided a Resolution of Support and Land Use Agreements for Komatke and Red Tail Hawk Health Centers in 2007 to support the PIMC update initiative

RTHHC Program of Requirements

Design based on Indian Health Service (IHS) requirements

- Authorized services
- Design templates
- Maximum/minimum space
- 135,600 square feet authorized

Authorized Staffing (for which IHS provides funding)

- 322 Full Time Equivalent (FTE) authorized for RTHHC
- IHS added 112 FTEs for PIMC staff (visiting professionals)
 - 17 KHC
 - 44 RTHHC
 - 51 NEACC

Services Programmed for RTHHC

I. Ambulatory Services

- Pediatric
- OB / GYN
- Audiology
- Dental Care
- Eye Care
- Primary Care
- Podiatry

II. Ancillary Services

- Diagnostic Imaging
- Laboratory
- Pharmacy
- Physical Therapy

III. Behavioral Health

- Behavioral Health
- Social Service
- Alcohol & Substance Abuse (ASAP)

IV. Preventative Care

- Public Health Nursing
- Public Health Nutrition
- Environmental Health
- Education
- Contract Health Representative (CHR)
- Diabetes Program
- Women, Children, & Infant Nutrition Program
- Wellness Center
- Telehealth

Thank You



Respecting People and Culture



AHCCCS Update

Director Snyder



Follow Up Items from Prior Tribal Consultation Meetings

- Workgroup Status
 - Tribal Consultation Policy: First meeting held on 6/6
- Department of Education and Department of Housing presentations
- Utilization data – pre/post integration
- Acupuncture – non-title 19 funds available
- First Things First – dental study

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



Update on AHCCCS Works



AHCCCS Works Requirements

- No sooner than **Spring 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

Exemption for American Indian and Alaska Native members

- Members of federally recognized tribes and their children and grandchildren are exempt from the AHCCCS Works community engagement requirement
- AHCCCS will use information in Health-e-Arizona Plus (HEAplus) to exempt individuals who have self-identified as tribal members
- Members seeking tribal exemption must ensure demographic information in HEAplus is updated

IF Selected for Post-Eligibility Verification (PEV)

- AHCCCS will first check databases for supporting documentation verifying tribal membership
- If no documentation is in system, selected members must submit documentation to verify exemption

Community Forum Feedback

- Conducted six forums on tribal land
- Concern regarding exemption documentation
 - Recommended that AHCCCS incorporate additional time for members who are selected for post-eligibility verification to track down and supply tribal membership documentation before suspension timeframe kicks in
 - Concern regarding how AHCCCS Works program will handle cases of tribal membership in which members are pending tribal enrollment
 - Longstanding operationalization of definition “eligible to receive services through IHS or 638 facility”

Community Forum Feedback

- Concern about lack of job, educational and community service opportunities on rural tribal land for tribal and non-tribal members living on tribal land
- Concern regarding managed care organization understanding of exemption process
 - Recommend AHCCCS ensure proper training for MCOs regarding self-attestation and documentation process
- Work requirement program introduces an increased level complexity into the Medicaid program
 - Communication must be robust and must be tailored to individual tribal communities
 - Recommended that AHCCCS enrollment staff and community assistors provide routine training to tribal facilities



Geographic Phase-in Recommendation

- Gradually phase-in AHCCCS Works program by geographic areas, in direct response to community forum concerns
- 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

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

Dental Benefit Extension

- Current dental benefit
 - \$1,000 a year for adult emergency dental
 - \$1,000 a year for comprehensive dental for ALTCS members
- Current AIR rate - \$455
- AHCCCS will submit State Plan Amendment to allow for reimbursement in full for the third encounter submitted at the all-inclusive rate
 - Payment up to third encounter will extend benefit by \$365

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

Questions?



AHCCS Tribal Consultation Meeting

Andrew Rael

Assistant Deputy Director of Programs, Arizona Department of Housing

July 11, 2019



Arizona
Department
of Housing

Arizona Department of Housing

- Create and Preserve Affordable Housing for Low Income, Special Needs, Homeless and Formerly Incarcerated
- Revitalize Communities in Balance of State
- Prevent Foreclosure and Eviction
- Commitments of \$347 Million Annually

Arizona Department of Housing

- Regulate Construction and Installation of Manufactured Homes
 - Oversaw Production of 2,726 Homes



Tribal Initiatives

- LIHTC Multifamily Development Set Aside
 - 2019 Toka Homes IV – 49 units
 - 2019 White Mountain Apache – 28 units
 - 2018 Pascua Yaqui VI – 30 units
 - 2018 Yavapai Apache VII – 35 units
- 738 units on tribal land since 2010

Tribal Initiatives

- Groundbreaking Tohono O'odom



LIHTC Set-Asides

- Supportive Housing – Two Projects 30 unit
- Tribal - \$2,250,000
- Balance of State – one in each COG region
- Non-Profit
- State Special Projects – RAD, Choice Neighborhoods

Tribal Projects

- HOME Funded Owner Occupied Housing Rehabilitation
 - Tohono O'odom
- CDBG Colonia – 150 miles of border
 - Tohono O'odom
 - Cocopah

Governor's Breakthrough End Chronic Homelessness

- ADOH working to increase Permanent Supportive Housing Units
- AHCCCS working with Community Bridges to street outreach
- AHCCCS Medicaid Insurers setting aside 3% of profits for affordable housing

Plans

- Weatherization State Plan
- Consolidated Plan (HOME, CDBG, ESG, HOPWA, NHTF)
- LIHTC Annual Qualified Allocation Plan

ADOH Public Process

- Public Meeting Housing Forum August 20th and 21st Scott Resort
- More meeting in September, March
- Accepting Written Comments now
- Public Meetings October and March
- Submit Plans to HUD May 2020

Community Development Block Grant

State: \$11,743,486



CDBG

- Demolition, Historic Preservation



Home Investment Partnership Program

Housing Rehab and Rental Development_(LIHTC)

State: \$6,141,681



LIHTC Developments

- LIHTC Developments



Home Investment Partnership Program

Housing Rehabilitation Programs



Housing Rehabilitation



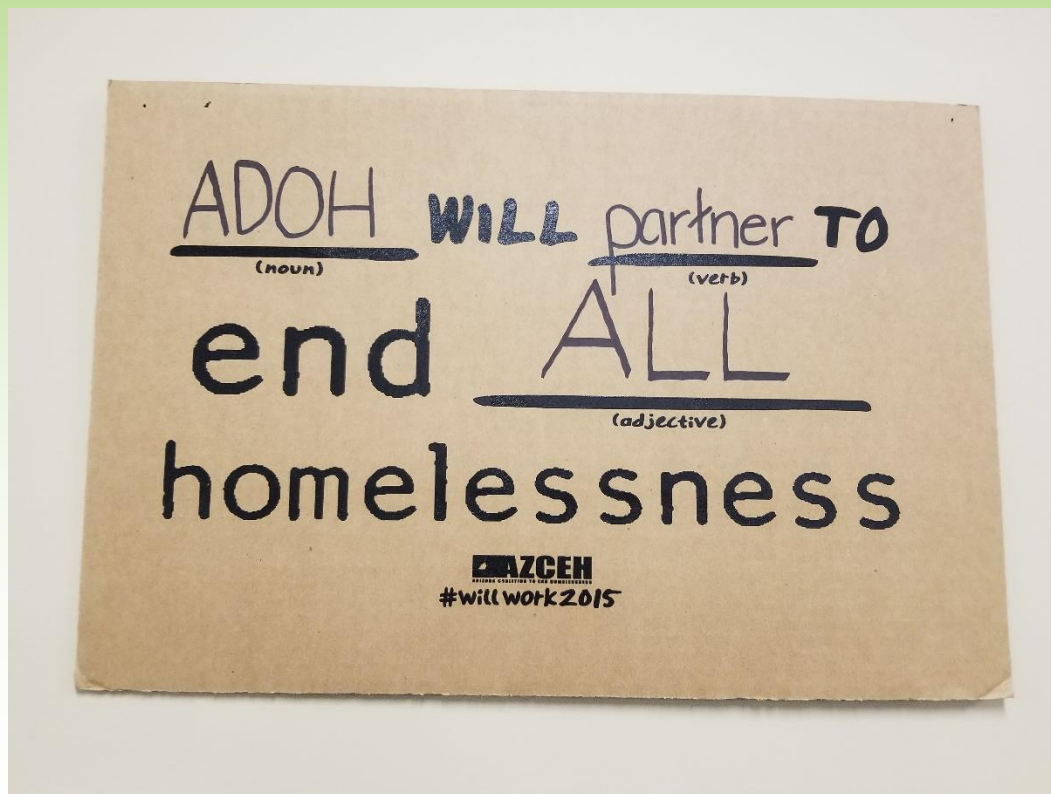
Weatherization Assistance Program (DOE, HHS)

- State: \$5,752,507 (728 units)



Housing Homeless (CoC, HTF, HOPWA)

State: \$4,688,988



Housing Homeless

- Perm Supp Hous: 1,900 units since 2009
- Rapid Rehousing: 1,000 units since 2018

Housing Homeless

- HOPWA: \$221,439 (52 units)
- Eviction Prevention: (300 units)

Eviction Prevention

- AZ Courts processed 45K evictions 2017
- Up 400% in 10 years
- Most evicted over less than \$1,000
- ADOH funding \$2M Pilot Eviction Prevention Program

Eviction Prevention

- Maricopa County – Country Meadows
- Glendale CAP – Manistee
- Pima County - Tucson
- WACOG –Bullhead City, Kingman, Mohave County, Yuma County
- NACOG – Prescott, Verde Valley
- CAHRA – Apache Junction, Casa Grande, San Tan

Eviction Prevention

- Targeting these Justice Precincts Only
- 60% AMI
- 90 day sustainability window or referral – counseling, legal, etc.
- Track process - learn more about problem
- Each agency has max cap ~\$1,700
- 15 Month Contracts

AHCCCS State Plan Updates

Alex Demyan

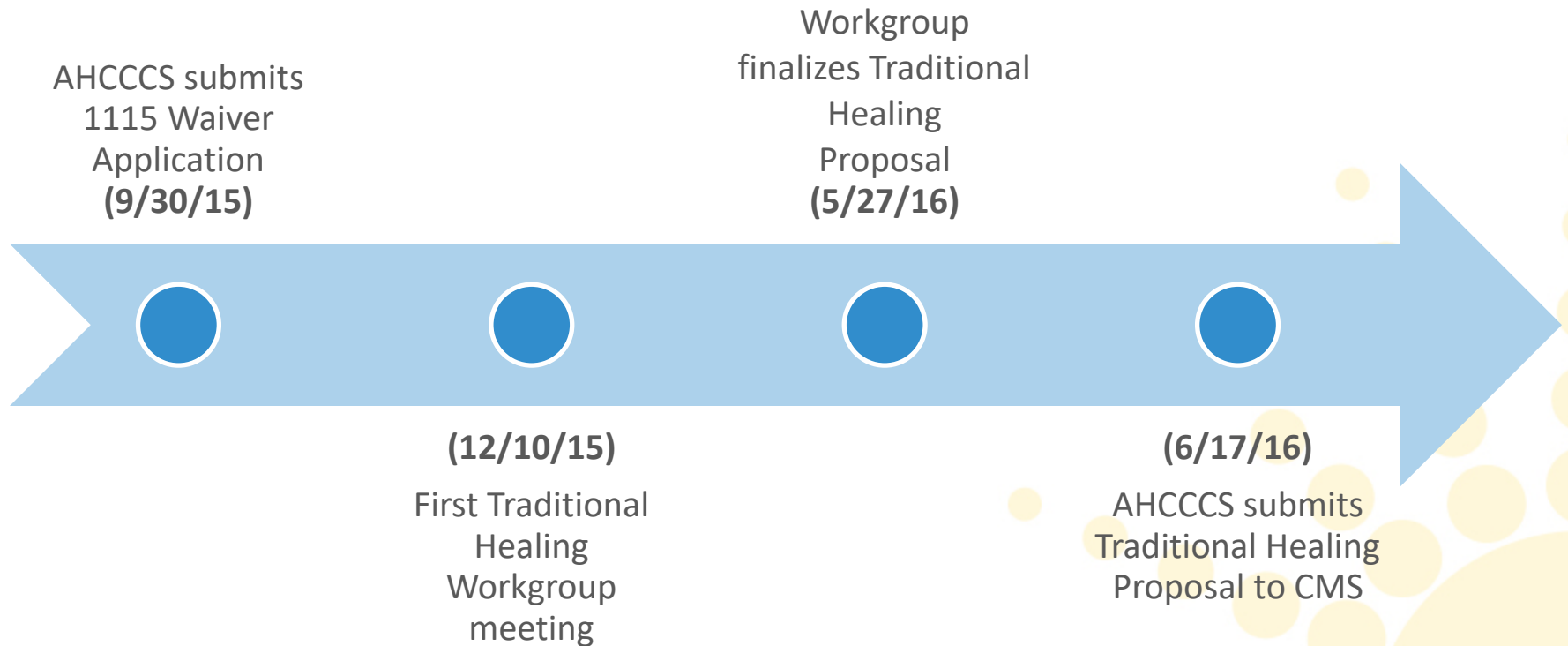
State Plan Manager & Health Policy
Consultant, DCAIR



Traditional Healing Update

- AHCCCS is seeking authority to reimburse for Traditional Healing services as a covered service
- Current Status: awaiting CMS guidance on the traditional healing state plan amendment
 - Note: Traditional Healing is currently covered in Arizona as a non-Title XIX benefit through qualifying funding sources.

Traditional Healing Proposal Timeline



Traditional Healing Proposal Timeline

CMS indicates SPA as preferred method for converging Traditional Healing services
(1/18/17)

AHCCCS Submits Draft Traditional Healing SPA proposal for CMS review/comment
(5/1/2017)

2/13/17
Traditional Healing Workgroup reconvenes

5/1/2017-present
AHCCCS Continues to engage CMS but is still waiting for guidance on the best path forward to obtain federal approval for Traditional Healing proposal

Dental All Inclusive Rate (AIR)

- Updates the dental benefit description in section 3.1-A Limitations
 - Changes will reflect the emergency dental benefit cap as being the higher of \$1000, or the full AIR complete payment methodology in accordance with the OMB rate for IHS/638 facilities

Advanced Directives

- Updates the advanced directives section of the State Plan to ensure the advanced directives brochure is always current
- SPA will remove the outdated brochure, and replace it with a reference link to the Arizona Attorneys General's website
 - The AzAG's office maintains and periodically updates the advanced directive brochure required by the state

Pharmacy Value Based Purchasing (VBP)

- AHCCCS will be submitting a SPA providing the authority to enter into Value Based Purchasing (Outcome-Based) Agreements with drug manufactures
- Agreements of this nature assist in lowering the cost of high-cost pharmacy drugs

Disproportionate Share Hospital (DSH) 2020

- AHCCCS will submit two SPAs related to our DSH program for fiscal year 2020
 - One SPA will detail the amounts and facilities participating in DSH Pool 5 Funding (other political entities)
 - The other SPA will detail the amounts for all other DSH Pool funding (non-governmentally operated hospitals & governmentally operated hospitals)

Graduate Medical Education (GME) 2020

- Similar to DSH, AHCCCS will be submitting two SPAs related to our GME program for FY 2020
 - One SPA will detail the state General Fund payment methodology and amounts for GME
 - The other SPA will detail the payment methodology and amounts for other political subdivisions related to GME

Fee Schedule Rate Update

- SPAs will update the State Plan to reflect the fee schedule changes set as of October 1, 2019
- FFS Other Ground Emergency Transportation Rates for IHS and Tribal 638 facilities
 - Increase of 1.1%
 - POS codes for place of service 06, 08

Budgeted Rate Increases

Date	Change	HCBS (AHCCCS / DES)	Nursing Facilities
10/1/2019	Additional ALTCS Provider Funding	5.0% / 4.4%	2.6%
10/1/2019	Prop. 206/414 Funding	3.6% / 3.9% ^{1/}	1.8%
1/1/2020	Prop. 206/414 Funding for 1/1/20 minimum wage increase	2.6% ^{1/}	1.3%
	FFY 20 Rate Increase (compounded)	11.4% / 11.1%	5.8%
	1/ Increases were to select HCBS codes		

Behavioral Health Outpatient Rates

- Aggregate 23% increase (FFS-Only Rates; 10/1/19)
 - 19.6% for Behavioral Health Residential Facilities (BHRF)
 - 30.9% Counseling and Therapy
 - 40% for Crisis Intervention
- BHRF Rates (MCO and FFS; 10/1/19)
 - 2.6% per diem increase for all BHRFs
 - Further 4.8% increase for licensed personal care BHRFs

Other 10/1/19 Rate Adjustments

- 8.1% - Air Ambulance Services
- 1.3% - Physician Drugs
- 1.1% - Ground Ambulance Emergency (statutory adjustment)
- 0.8% - Federally Qualified Health Centers
- 0.5% - Hospice (federally calculated)

Eligibility Groups

- The State Plan Amendment would exclude earnings from temporary census employment for additional AHCCCS populations
 - Currently this income is only excluded for the Medicare Savings Programs categories
- The proposed SPA would add the SSI-MAO and Freedom to Work categories
- This will result in fewer people losing AHCCCS coverage due to temporary income earned working for the 2020 census

AHCCCS Waiver Updates

Shreya Prakash

Waiver Manager, DCAIR



Next Steps: AHCCCS Works

February 18, 2019
Waiver Acceptance
Letter and Technical
Corrections

July 17, 2019
Draft Waiver
Evaluation
Design Plan

**No sooner than
Spring 2020**
Implementation

July 1, 2019
Draft
Implementation
Plan

August 16, 2019
Draft Monitoring
Protocol



DFSM Integrated Services

American Indian Medical Home
and Care Coordination



American Indian Medical Home (AIMH) Program

- AIMH initiative aligns with:
 - National IHS efforts to advance Patient Centered Medical Homes through the IHS Improving Patient Care (IPC) program
 - Coordinating care with IHS/Tribal 638 facilities
 - State-wide focus on integrated care, health information exchange, and care coordination
- Concept of PCCM and PMPM strategy as an AIMH brought to fruition thru efforts of a Tribal Workgroup

Active American Indian Medical Homes

Phoenix Indian Medical Center (PIMC) – Tier 2

- 3,590 members; monthly payment \$59,953
- Annual payment based on current membership \$719,436

Chinle Comprehensive Health Care Facility – Tier 4

- 11,339 members; monthly payment \$282,341
- Annual payment based on current membership \$3,388,093

Winslow Indian Health Care Center – Tier 3

- 2,414 members; monthly payment \$54,822
- Annual payment based on current membership \$657,863

Whiteriver Indian Hospital–Tier 2

- 2,520 members; monthly payment \$42,084
- Annual payment based on current membership \$505,008

San Carlos Apache Healthcare–Tier 2

- Established June, 2019

Facilities Actively Pursuing AIMH Status

Facility	Readiness
Fort Yuma Health Care Center	<ul style="list-style-type: none"> • PCCM accreditation in place • 24/7 care line established
Hopi Health Care Center	<ul style="list-style-type: none"> • PCCM accreditation in place • 24/7 care line in progress
Hu Hu Kam Memorial Hospital	<ul style="list-style-type: none"> • PCCM accreditation in progress • 24/7 care line in place
Fort Defiance Indian Hospital	<ul style="list-style-type: none"> • PCCM accreditation in progress • 24/7 care line in progress
Tuba City Regional Health Care Corporation	<ul style="list-style-type: none"> • PCCM accreditation in place • 24/7 care line in progress
Tohono O'odham (Sells Hospital, San Xavier Clinic)	<ul style="list-style-type: none"> • Assessing readiness

AIMH Outreach

- Upcoming summit and site tour
- Opportunity to learn first-hand about the process and benefits of becoming a medical home
- Hosted by active AIMH - Chinle Comprehensive Health Care Facility
 - July 17, 2019
 - 10:00am to 3:00pm
- Contact Amanda Bahe if interested in attending in person or via Webinar at:
Amanda.Bahe@azahcccs.gov

AIMH and Care Coordination

- Care Coordination Priorities
 - Identify, create, and support care coordination opportunities within the IHS and Tribal 638 health care delivery system to improve member health outcomes
 - AIMHs help address health disparities by enhancing case management and care coordination
 - Encourage the building and fostering of care coordination partnerships among those involved in members' care
 - Integrated Services working to identify and refer members to an AIMH

American Indian Medical Home

- Webpage information includes IGA templates, application packet, and contact information:
- <https://www.azahcccs.gov/AmericanIndians/AmericanIndianMedicalHome/>

Questions?





Integration Update

American Indian Health
Program (AIHP)



10/1/18 Member Movement to AIHP

40,601 RBHA
members

- HCIC (Steward):
10,572
- CIC (AzCH): 19,846
- MMIC (Mercy Care):
10,183

876 CRS members

- UHC/CRS: 876

Integration update

- Ongoing engagement with BH providers
 - Southern AZ Summit 11/30/18; Northern AZ Summit 5/30/19; Central TBD
 - Ongoing training & technical assistance
- Development of preferred provider lists:
<https://www.azahcccs.gov/PlansProviders/Downloads/FFS ProviderManual/FFS Preferred Provider List.pdf>
- FFS BH Outpatient rates increase October 1

Integration update

- Provider Training:
 - ProviderTrainingFFS@azahcccs.gov
- Claims Technical assistance:
<https://www.azahcccs.gov/AmericanIndians/AIHP/technicalassistance.html>
- AIHP Case Managers (if barriers to care):
 - casemanagers@azahcccs.gov

Questions?





Pharmacy Update

July 2019



AHCCCS Fee-For-Service Pharmacy

April 1, 2019 PBM Changes:

- Reimbursement for
 - The All Inclusive Rate
 - Specialty Medications
- Online eligibility identified issues have been corrected.
 - AHCCCS is currently sending a full file of all AHCCCS Members to Optum, 1.9M members.
 - Members whose claims reject for Cardholder ID not found, please check the AHCCCS website. If the member is found on the AHCCCS website, please email Robin Davis at Robin.Davis@azahcccs.gov and Suzi Berman at Suzanne.Berman@azahcccs.gov.

AIR & Specialty Medication Plans PBM Transition

The transition of the AIR and Specialty Prescription claims to the PBM allows for the:

- Incorporation of the member's entire profile of prescription claims into one claim system allowing for:
 - Drug-Drug interactions & monitoring of all prescriptions in the profile;
 - Evaluation of excessive dosing and duplicate therapy; and
 - Morphine Equivalent Daily Dose monitoring;
- Implementation of the Governor's and the AHCCCS opioid parameters located in the **AHCCCS Medical Policy 310-V** Prescription Medications/Pharmacy Services Sections F and G.

AIR & Specialty Medication Plans PBM Transition

Allows for the implementation of the Governor's and the AHCCCS opioid parameters located in the AHCCCS Medical Policy 310-V Prescription Medications/Pharmacy Services Sections F and G

- The 5-day supply limit of short-acting opioids became effective on July 1st.
- The requirement to prior authorize long-acting opioids became effective on July 1st.
- The Morphine Equivalent Daily Dosing Edit of 90 will begin August 1st and the MEDD upper and our goal will be to move to 90 over a 5-6 month time period based on utilization.

Federal Opioid Legislation Monitoring Requirements To Be In Place By October 1st

- Opioid safety edits at the Point-of-Sale;
- Member utilization when the cumulative current utilization of opioid(s) is a Morphine Equivalent Daily Dose of greater than 90;
- ***Members are with concurrent use of an opioid(s) in conjunction with a benzodiazepine(s) and/or a antipsychotic(s);***
- Antipsychotic prescribing for children;
- Fraud, Waste and Abuse by enrolled members, pharmacies and prescribing clinicians;

AHCCCS Fee-For-Service Pharmacy

- Most chronic medications were grandfathered July 1st.
 - The Pharmacy Work Group received an email with an attached spreadsheet of all grandfathered medications
- Generic substitution is a requirement under the AMPM 310 V Section III. B. 1 through 4.
- Drugs dispensed must be federally and state reimbursable.
 - Approximately 35% of the product not covered rejects (NCPDP 70) are due to the drug is not federally and state reimbursable.

AHCCCS Fee-For-Service Pharmacy

- Reasons for Rejected Claims cont'd
 - Prior authorization required;
 - Member has alternate insurance or Medicare;
 - Drug has been discontinued;
 - Member's first name, date of birth, or gender code is missing;
 - Drug filled after member termination date;
 - Refill has been submitted too soon to Optum according to utilization parameters'
 - Drug Utilization Review reject- drug-drug interaction, member is allergic to submitted drug, duplicate therapy, etc.

AHCCCS Fee-For-Service Drug Lists

- FFS Acute & Long Term Care Drug List
https://www.azahcccs.gov/Resources/Downloads/PharmacyUpdates/AHCCCS_FFS_Drug_List.pdf
- FFS TRBHA Behavioral Health Drug List
https://www.azahcccs.gov/Resources/Downloads/PharmacyUpdates/AHCCCS_TRBHA_Drug_List.pdf
- FFS Dual Eligible Drug List
<https://www.azahcccs.gov/Resources/Downloads/PharmacyUpdates/AHCCCSDualFormulary.pdf>

AHCCCS Fee-For-Service Pharmacy

For additional questions please contact
Suzi Berman at
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Ordering & Referring Provider

July 2019



ORP Update

- 21st Century Cures Act
 - The State Medicaid Agency **must** require all ordering and referring physicians and other professionals (ORPs) providing services under the State Plan or under a waiver of the plan to:
 - ✓ Be **enrolled** providers, and
 - ✓ Have their National Provider Identification (NPI) number appear on all claims for payment for items or services ordered or referred by an ORP.

ORP Update

- Implementation by January 2021
- Internal workgroup
- Effects IHS and Tribal 638 facilities submitting professional claims, ACC plans and providers.
- More communication to come.

For additional questions or
comments please contact
John Archunde at
John.Archunde@azahcccs.gov



Questions?



Next Quarterly Tribal Consultation: November 5, 2019



Thank You.

