

Welcome to today's Tribal Consultation Meeting!

We will begin shortly. All lines have been automatically muted.

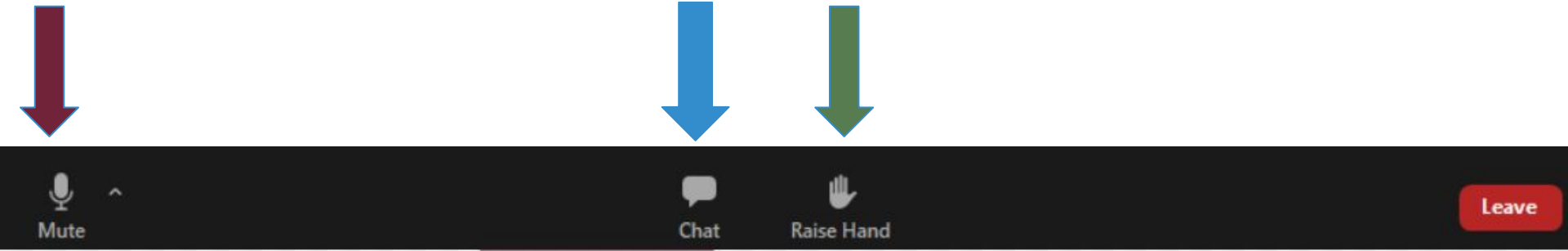
You may ask questions or make comments utilizing the following functions:

1. Chat feature
2. Raise your hand to be unmuted

When unmuted by the host, avoid feedback by:

- Ensuring your phone AND computer microphone are muted
 - Refraining from putting us on hold

How to Navigate This Zoom Webinar



- **Windows:** You can also use the **Alt+Y** keyboard shortcut to raise or lower your hand.
- **Mac:** You can also use the **Option+Y** keyboard shortcut to raise or lower your hand.

Silent Invocation



Quarterly Tribal Consultation Meeting

August 13, 2020



AHCCCS Updates

Jami Snyder, AHCCCS Director



Update on 2020 Priorities

- **HEAplus M&O Contract**
 - On track for 10/1 start date
- **AZ Provider Enrollment Portal**
 - Original go-live: 6/1/2020
 - Now: 8/31/2020
- **Electronic Visit Verification**
 - Original go-live: 6/2020
 - Now: 1/1/2021
- **1115 Waiver Renewal Application**
 - Original submission date: 10/1/2020
 - Now: 12/31/2020



Update on 2020 Priorities

- **CMDP Integrated Care Transition**
 - Original go-live: 10/1/2020
 - Now: 4/1/2021
- **Enhanced School Based Claiming Program**
 - Original go-live: 10/1/2020
 - Now: 10/1/2021
- **RBHA Competitive Contract Expansion**
 - Original go-live: 10/1/2021
 - Now: 10/1/2022
- **Development of MMIS Roadmap**
 - Finalize in Fall 2021
 - On hold



Public Health Emergency (PHE) Extension

The U.S. Secretary of the Department of Health and Human Services may extend the COVID-19 Public Health Emergency (PHE) declaration for 90-day periods for as long as the PHE continues to exist, and may terminate the declaration whenever he determines that the PHE has ceased to exist.

Currently, the PHE is scheduled to expire on October 22, 2020, unless renewed by the Secretary.

The [AHCCCS COVID-19 Flexibilities document](#) has been updated.

HHS Provider Relief Funding Announcement

- **APPLICATION EXTENSION:** HHS [announced a second extension](#) of the application period for Medicaid and CHIP providers to apply for payments from the Provider Relief Fund (PRF) by **Friday, August 28**.
- **SECOND CHANCE:** Providers who received automatic payments from the initial \$30 billion from the PRF that HHS distributed based on Medicare FFS utilization, and did **not** apply to receive additional funds at that time will be given another opportunity to apply. This should allow providers who received nominal payments to apply and receive the **intended total payment** of two percent of net patient revenue
- **APPLICATION INSTRUCTIONS:** [Medicaid and CHIP Provider Distribution Instructions](#) and the [Medicaid and CHIP Provider Distribution Application Form](#) are available at hhs.gov/providerrelief. HRSA recommends downloading and reviewing these documents to help providers complete the process through the [Enhanced Provider Relief Fund Payment Portal](#).

Flexibilities Under Consideration Post PHE

As discussed in 7/7/2020 Tribal Consultation, AHCCCS wishes to receive feedback.

- Telehealth code expansion
- Dialysis services in a nursing facility
- Electronic signature for ALTCS documents, including eligibility documents and all care and treatment documentation
- Verbal consent in lieu of written signature (for up to 30 days for LTSS services; no limit for other services) for all care and treatment documentation when identity can be reliably established (documented in member's record)
- Exceptions when federally and state reimbursable medication shortages occur. This would include coverage for brand name medications when generic/multi-source drugs are not available.

Whole Person Care Initiative

- WPCI survey posted for tribal feedback for four months
- Limited responses
- Next steps:
 - Options for advancing WPCI outside of the 1115 waiver renewal
 - Closed-loop referral system
 - Moving forward with housing administrator

AHCCCS Whole Person Care Initiative (WPCI)

[Update Me on Whole Person Care](#)

There is growing national attention on the impact social factors can have on a person's health and well-being. It is believed that a person's socio-economic status, behaviors, and physical environment contribute more to health outcomes than access to health care. AHCCCS understands these complex issues and has historically worked to provide housing, employment, criminal justice, non-emergency transportation as well as home and community-based services interventions to our members, which facilitates the appropriate utilization of Medicaid services, while also utilizing a broad range of funding sources for services that are not available under the Arizona Medicaid program.

AHCCCS announces the Whole Person Care Initiative to augment our options to address social risk factors. We welcome our community's continued partnership as we strive to improve the health of Arizonans. Additional programmatic details will be released over the next several months. If you would like to sign up for email notifications when new information please click the link above.



News

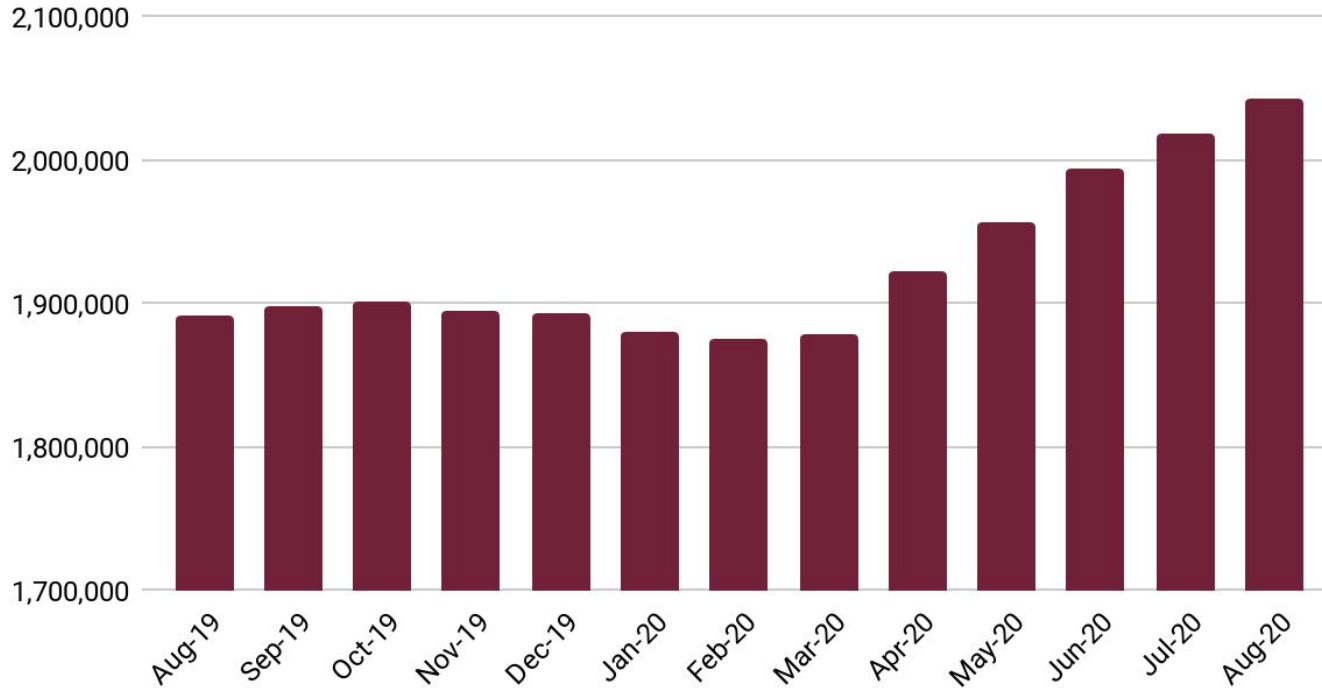
Resources

Send Feedback to AHCCCS on the Whole Person Care Initiative

Abuse and Neglect Task Force Update

- Convened by the Governor's Executive Order to ensure the health and safety of Arizona's most vulnerable citizens.
- Met monthly from March- September 2019.
- [Abuse and Neglect Prevention Task Force Report](#) - approximately 30 recommendations
- Posted **Minimum Subcontract Provisions** in August, effective 10/1/20 for AHCCCS Providers:
 - **ADULT PROTECTIVE SERVICES (APS) REGISTRY CHECK**
 - **ABUSE, NEGLECT, AND EXPLOITATION PREVENTION**
 - **CORPORATE GOVERNANCE FOR PROVIDERS**
- AHCCCS and our contractors will continue to develop and enforce policies and processes to implement, oversee and monitor the operation of these provisions.

AHCCCS Enrollment: August 2019 - August 2020



AHCCCS Enrollment Renewal Activity

- Resuming with October member renewals, AHCCCS will send requests for information (RFI) to those members who need to submit documentation.
 - However, **NO MEMBER WILL BE DISENROLLED during the PHE (except for death, voluntary withdrawal, KC age out, residency change).**
 - RFIs for the October renewals will be mailed during the last weeks in August.
- Approximately 75,162 members need to submit additional information before we can complete the renewals that were placed on hold at the beginning of the PHE.
 - At least a portion of these members will continue to be eligible and we can complete them in their entirety if the member responds to the RFI.

Key Variables

- State budget forecast
- Enrollment growth projections
- FMAP increase
 - Expiration date
 - Maintenance of effort requirement
 - Legislative efforts underway
- Economic downturn precipitated by public health emergency



Open Discussion



Future Integration



DDD-AIHP Update

Markay Adams, DFSM Assistant Director



Future Integration

- DES and AHCCCS are contemplating future integration efforts and overall improved system delivery for DD-AIHP members
- Tribal Consultations: Department of Economic Security- June 25, 2020 and AHCCCS- Tribal Consultation on July 7, 2020 and July 31, 2020
- Goal: Improve care coordination and increase system transparency for members and providers

Guide to Acronyms

BH	Behavioral Health
CRS	Children's Rehabilitative Services
DDD-AIHP	DDD-American Indian Health Plan
DDD	Division of Developmental Disabilities
DFSM	Division of Fee-for-Service Management
LTSS	Long Term Care Services and Supports
PH	Physical Health
TRBHA	Tribal Regional Behavioral Health Authorities
SMI	Serious Mentally Ill

AHCCCS Division of Fee for Service Management & DES Division of Developmental Disabilities

Current Health Plan Enrollment/Assignments	Proposed Division of Developmental Disabilities Options for American Indians/Alaska Natives	
Health Plan (United or Mercy Care)= PH +BH (CRS/SMI), DDD= LTSS	Member choice will remain	Approx. 1,780 members
Health Plan (United or Mercy Care)= PH (CRS), TRBHA= BH (SMI), DDD= LTSS	Member choice will remain	Approx. 212 members
DDD-AIHP= PH (CRS) TRBHA= BH (SMI) DDD= LTSS	Member choice will remain *AHCCCS DFSM would become responsible for PH claims/care management, no sooner than 10/1/21 (including SMI) *DDD = LTSS	Approx. 313 members
DDD-AIHP= PH +BH (CRS/SMI), DDD= LTSS	Member choice will remain *AHCCCS DFSM would become responsible for PH and BH claims/care management, no sooner than 10/1/21 (including SMI) *DDD = LTSS	Approx. 209 members

Open Discussion



Division of Fee for Service Management



Referring, Ordering, Prescribing and Attending (ROPA) Providers

Chris Ray, DFMS Claims Operations and Policy Administrator



Referring, Ordering, Prescribing and Attending (ROPA) Providers

Per 42 CFR 455.410 of the Affordable Care Act, the State Medicaid agency (AHCCCS) **must require all ordering or referring physicians, or other professionals providing services** to be enrolled as participating providers.


- This means that referring, ordering, prescribing and attending (ROPA) providers must be AHCCCS-registered providers. Providers must be registered with AHCCCS to ensure payment of items and/or services.


Referring, Ordering, Prescribing and Attending (ROPA) Providers

Even if a provider does not intend to submit claims to Medicaid, providers who are not registered with AHCCCS, but who may be the Referring, Ordering, Prescribing, or Attending (**ROPA**) provider, ***may keep members from getting needed health care, unless they enroll with AHCCCS by January 1, 2021.***

Enroll with AHCCCS to become a Referring, Ordering, Prescribing or Attending provider by **January 1, 2021.**

Referring, Ordering, Prescribing and Attending (ROPA) Providers



DON'T BE THE WEAK LINK IN THE CLAIM



Even if you don't submit Medicaid claims, providers who are not registered with AHCCCS, but who may be the Referring, Ordering, Prescribing, or Attending (ROPA) provider, *may keep members from getting needed health care.*

Enroll with AHCCCS to become a Referring, Ordering, Prescribing or Attending provider by **January 1, 2021.**


Referring



UNREGISTERED PROVIDER REFERRAL REGISTERED PHYSICAL THERAPIST

REFERRAL **NOT ACCEPTED** AND CLAIM FROM PHYSICAL THERAPIST **NOT PAID** OR MEMBER GOES **WITHOUT** NEEDED CARE


Ordering



UNREGISTERED PCP ORDER REGISTERED DME SUPPLIER

ORDER **NOT ACCEPTED** AND CLAIM FROM DME SUPPLIER **NOT PAID** OR MEMBER GOES **WITHOUT** DME


Prescribing



UNREGISTERED PCP PRESCRIPTION REGISTERED PHARMACIST

PRESCRIPTION **NOT COVERED** AND CLAIM FROM PHARMACIST **NOT PAID** OR MEMBER GOES **WITHOUT** PRESCRIPTION

Attending



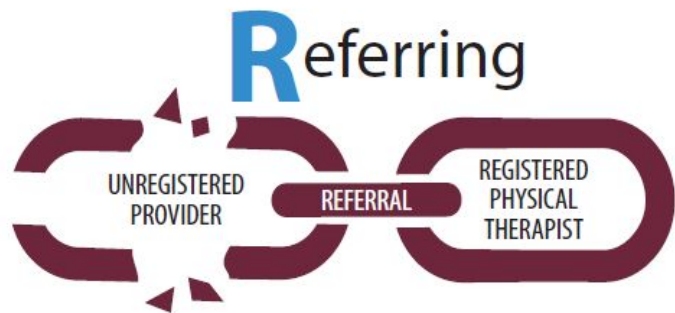
UNREGISTERED ATTENDING PROVIDER TREATMENT REGISTERED HOSPITAL

ATTENDING **NOT APPROPRIATE** AND CLAIM FROM HOSPITAL **NOT PAID** OR MEMBER GOES **WITHOUT** NEEDED CARE

Rev. 7/23/20

Referring, Ordering, Prescribing and Attending (ROPA) Providers

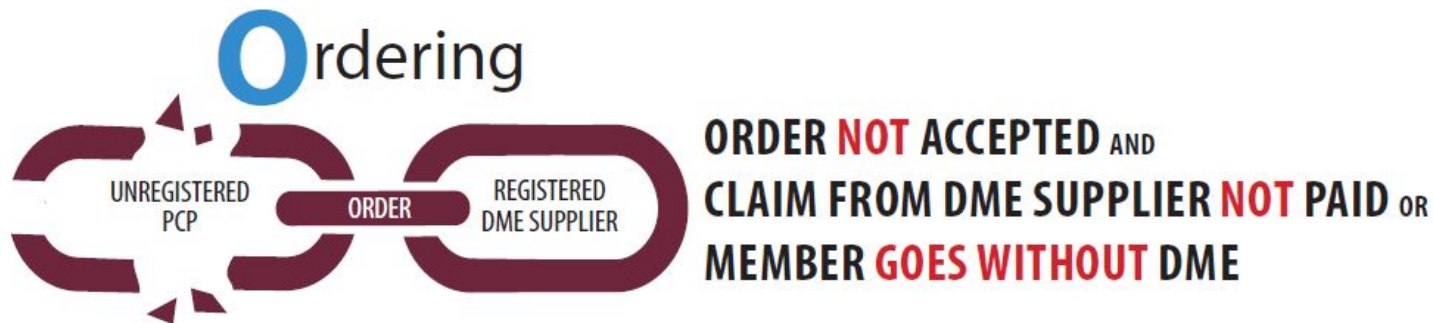
Enroll with AHCCCS to become a Referring, Ordering, Prescribing or Attending provider by January 1, 2021.



REFERRAL NOT ACCEPTED AND
CLAIM FROM PHYSICAL THERAPIST NOT PAID OR
MEMBER GOES **WITHOUT** NEEDED CARE

Referring, Ordering, Prescribing and Attending (ROPA) Providers

Enroll with AHCCCS to become a Referring, Ordering, Prescribing or Attending provider by January 1, 2021.



Referring, Ordering, Prescribing and Attending (ROPA) Providers

Enroll with AHCCCS to become a Referring, Ordering, Prescribing or Attending provider by January 1, 2021.



Referring, Ordering, Prescribing and Attending (ROPA) Providers

Enroll with AHCCCS to become a Referring, Ordering, Prescribing or Attending provider by January 1, 2021.



Referring, Ordering, Prescribing and Attending (ROPA) Providers

Providers must be registered with AHCCCS by January 1, 2021, even if they have no intention of submitting claims to AHCCCS, if they intend to make any referrals, place any orders, prescribe any supplies/medications, or serve as an attending provider for any AHCCCS member.

If a rendering provider submits a claim to AHCCCS based on the order, referral, or prescription of a provider who is not registered with AHCCCS then that claim will be denied.

The ordering/referring/prescribing/attending provider must be both registered with AHCCCS and their NPI number shall be on the submitted claim.

Open Discussion



Alternate Care Site Guidance for IHS and Tribal-638 Organizations

Karen Grady, DFSM Deputy Assistant Director



What is an Alternate Care Site?

An ACS is an extension of a hospital or clinic that will treat members during a public health emergency. These ACS may include locations that need to be converted (e.g., schools and stadiums) or they may include facilities like mobile field hospitals.

An ACS can be established (owned and operated) by an individual hospital, a group or partnership of hospitals or health systems, a local community (such as the local health department), a state (such as a state health department), or the federal government.

The ACS that is set up must provide the required level of medical care necessary to meet the patient's medical needs.

ACS Waiver

In June 2020, AHCCCS requested an 1135 Waiver from CMS to permit reimbursement for services offered by hospitals and clinics owned or operated by the Indian Health Service, or tribes or tribal organizations with a 638 agreement, in Alternate Care Sites (ACS), during the public health emergency.

CMS has indicated that an additional waiver is not required, since ACS are covered under the CMS blanket waiver.

Federal and/or tribal entities will be required to attest that the ACS meets the minimum standards ensuring that safety and comfort for patients and staff are sufficiently addressed.

ACS Covered Services

Reimbursement for medically necessary Title XIX and Title XXI AHCCCS covered services are permissible in an established ACS site, so long as those services are:

- medically necessary
- cost-effective
- federally and state reimbursable
- provided by an AHCCCS-registered provider

Services for members being treated at an ACS site are subject to the same medical necessity requirements that apply to services provided within the associated hospital/clinic facility.

ACS Covered Services

Per the [CMS blanket waiver](#), CMS will permit facility and non-facility space that is not normally used for patient care to be utilized for patient care or quarantine, provided the location is approved by the state (ensuring that safety and comfort for patients and staff are sufficiently addressed) and is consistent with the state's emergency preparedness or pandemic plan. This allows for increased capacity and promotes appropriate cohorting of COVID-19 patients.

"Quarantine" per CMS refers to the concept of allowing treatment of COVID positive members (or potential positive members), who are receiving medically necessary hospital/clinic services (inpatient, observation, etc), to occur in an environment secluded from the rest of the patient population.

ACS and Clinic Services

CMS released FAQs on January 18, 2017, regarding the review of services furnished by IHS/Tribal clinic providers “outside the Four Walls” of the clinic prior to January 30th, 2021. This can be found in Question#16, in the FAQs at:

<https://www.medicaid.gov/sites/default/files/federalpolicy-guidance/downloads/faq11817.pdf>.

Consistent with the CMS guidance, AHCCCS is holding off on auditing compliance with the “Four Walls” component until January 31st of 2021.

AHCCCS will continue to follow the “Four Walls” issue, since CMS is considering extending that timeline.

Reimbursement Guidelines

Retroactive to March 1, 2020, through the end of the emergency declaration, medically necessary Title XIX and Title XXI AHCCCS covered services provided in an ACS established by an IHS/638 will be reimbursed as follows:

- 1) At either the inpatient or outpatient All-Inclusive Rate depending on the level of care provided to **Title XIX** eligible members; or
- 2) At the current FFS rates for **Title XXI** eligible members receiving services in an ACS.
- 3) Note: For billing as a 638 FQHC, please refer to the [IHS/Tribal Provider Billing Manual](#).

ACS Attestation & Memo

Hospitals and clinics owned or operated by the Indian Health Services, tribes or tribal organizations with a 638 agreement, who have chosen to establish an ACS, shall sign an attestation form, which can be found at:

https://www.azahcccs.gov/Resources/Downloads/DFMSTraining/2020/ACS_Attestation.pdf

Additional information regarding billing for services provided at an ACS can be found in the DFSM ACS Memo, located at:

<https://www.azahcccs.gov/Resources/Downloads/DFMSTraining/2020/AlternateCareSitesMemo.pdf>

IHS/638 facilities with an attestation for an ACS shall be posted here:

https://www.azahcccs.gov/Resources/Training/DFSM_Training.html

Alternate Care Site Tools

For technical assistance regarding the setup of an ACS in your community, refer to:

<https://files.asprtracie.hhs.gov/documents/acs-toolkit-ed1-20200330-1022.pdf>

For additional information on funding sources, refer to:

<https://files.asprtracie.hhs.gov/documents/aspr-tracie-acs-funding-sources-establishment-and-operationalization.pdf>

For additional information on Alternate Care Sites, refer to:

<https://asprtracie.hhs.gov/technical-resources/111/covid-19-alternate-care-site-resources/99>

Open Discussion

Federal Relations Updates



State Plan Amendments

Alex Demyan, AHCCCS State Plan Manager



Nursing Facility AIR/Tribal Dental SPA Updates

The NF AIR and Tribal Dental (HB 2244) SPAs are being closely reviewed by CMS, currently.

- For the Tribal Dental SPA, CMS has requested data as part of their first round of informal questions.
 - Some of the requested data includes: utilization of the dental benefit as a whole, cost of member emergency dental care (FFS vs Managed care), member access to dental care (FFS vs Managed Care), data on the higher cost of care for IHS/638 facilities to provide dental services.
 - AHCCCS has been working internally and with the ITCA to gather the requested data.

Withdrawal of SPA 20-007 “COVID-HCBS Directed Payment”

- On June 11, 2020, AHCCCS submitted a SPA seeking approval for a directed payment program directed at HCBS providers.
- After subsequent dialogue with CMS, this language has since been moved under 1115 Appendix K authority, negating the need for this SPA.
- On July 16th, 2020, AHCCCS submitted an official withdrawal of this SPA 20-007.

Nutritional Assessment Services

AHCCCS will be submitting language to clarify the coverage of Nutritional Assessment Services.

- The language will live under the “Rehabilitative Services” benefit in the state plan.
- This change is administrative in nature

Disproportionate Share Hospital (DSH) 2021

- AHCCCS will submit three SPAs related to our DSH program for fiscal year 2021:
 - One SPA will detail the amounts and facilities participating in DSH Pool 5 Funding (other political entities),
 - Another SPA will detail the amounts for all other DSH Pool funding (non-governmentally operated hospitals & governmentally operated hospitals),
 - The third SPA will detail the DSH Pool 4 re-allocation methodology for 2021 funding.

Graduate Medical Education (GME) 2021

- Similar to DSH, AHCCCS will be submitting two SPAs related to our GME program for FY 2021:
 - 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 Updates

- SPA will update the State Plan to reflect the fee schedule changes set as of October 1, 2020
- FFS Other Ground Emergency Transportation Rates for IHS and Tribal 638 Facilities
 - Rate Increase averaging 1.5%
 - POS codes for place of service 06 and 08

Public notice for all Fee Schedule rate updates can be found here: https://www.azahcccs.gov/AHCCCS/Downloads/PublicNotices/rates/NOPI_Rate_Changes_20201001.pdf

Fee Schedule Rate Updates

Behavioral Health Outpatient Rates

Beginning October 1, 2020 and for both FFS and MCO fee schedules:

- 25.6% Increase: H0025- BH Prevention Education
- 25.3% Increase: H0038- Peer Support

The following codes have a 3% increase as of October 1,2020

- H0018- Behavioral Health; Short Term Residential
- S5109- Home Care Training to Home Care Client

Public notice for all Fee Schedule rate updates can be found here: https://www.azahcccs.gov/AHCCCS/Downloads/PublicNotices/rates/NOPI_Rate_Changes_20201001.pdf

Fee Schedule Rate Updates- Other

- 20.2% - Durable Medical Equipment Fee Schedule rates
- 15.3%- Physician Fee Schedule rates
- 14.3%- Dental Fee Schedule rates
- 3.8%- Ground Ambulance Emergency (statutory adjustment)
- 1.4%- Federally Qualified Health Center and Rural Health Center Prospective Payment System rates
- -3.9%- Physician Drug Schedule rates

Hospice, Inpatient Hospital APR-DRG, Outpatient Hospital, Inpatient Hospital Long-Term Acute Care and Rehabilitation Hospitals all have minor changes related to cost of charge updates or adjustments due to CMS.

Public notice for all Fee Schedule rate updates can be found here:

https://www.azahcccs.gov/AHCCCS/Downloads/PublicNotices/rates/NOPI_Rate_Changes_2020_1001.pdf

Fee Schedule Rate Updates- Other

The following fee schedules will be updated to reflect changes to the Medicare fee schedules on which they are based:

- Ambulatory Surgical Center Fee Schedule rates for an aggregate change of 2.1%.
- Clinical Laboratory Fee Schedule rates for an aggregate change of 0.0%.

The following fee schedules will remain unchanged:

- AzEIP Speech Therapy Fee Schedule rates
- Behavioral Health Inpatient Fee Schedule rates
- Freestanding Dialysis Facility Composite rates
- Home and Community Based Services Fee Schedule rates
- Hospital-Based Freestanding Emergency Department Fee Schedule rates
- Multi-Specialty Interdisciplinary Clinic rates
- Nursing Facility Per Diem rates
- Transportation, Air Ambulance Fee Schedule rates
- Transportation, Non-Emergency Fee Schedule rates

Public notice for all Fee Schedule rate updates can be found here:

https://www.azahcccs.gov/AHCCCS/Downloads/PublicNotices/rates/NOPI_Rate_Changes_20201001.pdf

Childhood Flu Vaccine Updates

AHCCCS will be submitting a SPA to increase rates for in office and pharmacy vaccination and administration codes by 10%.

- This change will be effective on 09/01/20.
- This increase is only applicable to the FFS fee schedule, and will not affect the AIR.

In addition, AHCCCS will be implementing a policy change to expand the pharmacist scope of practice in policy to allow provision of influenza vaccinations to children ages 3 to 18 years old.

Tribal Consultation and Public Comment Process

- Public Comments or Written Testimony from tribes and I/T/Us may be submitted to AHCCCS via:
 - The Tribal Consultation and Public Comment portal: <https://comments.azahcccs.gov>.
 - Email: publicinput@azahcccs.gov
 - Mail: AHCCCS Attn: Office of Intergovernmental Relations 801 E. Jefferson St., MD 4200 Phoenix, AZ 85034



Waiver Update

Shreya Prakash, AHCCCS Waiver Manager



Arizona's 1115 Waiver Renewal Timeline



Tribal Authorities

- Authority to maintain IHS/638 Uncompensated Care Pool
- Authorities for direct payments made to IHS or Tribal 638 providers by the state, which are offset from the managed care capitation rate

1115 Waiver Evaluation

The Independent evaluator is evaluating Arizona's Section 1115 Waiver demonstrations by three main phases of work:

- Phase I: Develop the Evaluation Design Plans;
- Phase II: Conduct Interim Evaluations & Develop Interim Evaluation Reports; and
- Phase III: Conduct Summative Evaluations & Develop Summative Evaluation Reports

1115 Waiver Evaluation

- ACC, ALTCS, AHCCCS Works*, CMDP, RBHA, PQC and TI demonstrations included in the Evaluation
- Objectives of the 1115 Waiver Evaluation:
 - (1) quality health care to members
 - (2) ensuring access to care for members
 - (3) maintaining or improving member satisfaction with care, and
 - (4) continuing to operate as a cost-effective managed care delivery model within the predicted budgetary expectations.

* Not included in the Interim evaluation as the program has not been implemented.

1115 Waiver Evaluation Hypotheses

AHCCCS Complete Care (ACC)

- H1: Health plans encourage and/or facilitate care coordination among primary care practitioners (PCPs) and behavioral health practitioners.
- H2: Access to care will maintain or improve as a result of the integration of behavioral and physical care.
- H3: Quality of care will maintain or improve as a result of the integration of behavioral and physical care.
- H4: Beneficiary self-assessed health outcomes will maintain or improve as a result of the integration of behavioral and physical care.
- H5: Beneficiary satisfaction with their health care will maintain or improve as a result of the integration of behavioral and physical care.
- H6: The ACC program provides cost-effective care.

Arizona Long Term Care System (ALTCS)

- H1: Access to care will maintain or improve over the waiver demonstration period.
- H2: Quality of care will maintain or improve over the waiver demonstration period.
- H3: Quality of life for beneficiaries will maintain or improve over the waiver demonstration period.
- H4: ALTCS encourages and/or facilitates care coordination among PCPs and behavioral health practitioners.
- H5: ALTCS provides cost-effective care.

Comprehensive Medical and Dental Program (CMDP)

- H1: Access to care will be maintained or increased during the demonstration.
- H2: Quality of care for beneficiaries enrolled in CMDP will be maintained or improved during the demonstration.
- H3: CMDP encourages and/or facilitates care coordination among PCPs and behavioral health practitioners.
- H4: CMDP provides cost-effective care.

Regional Behavioral Health Authority (RBHA)

- H1: Access to care for adult beneficiaries with an SMI enrolled in a RBHA will be maintained or increased during the demonstration.
- H2: Quality of care for adult beneficiaries with an SMI enrolled in a RBHA will be maintained or improved during the demonstration.
- H3: Health outcomes for adult beneficiaries with an SMI enrolled in a RBHA will be maintained or improved during the demonstration.
- H4: Adult beneficiary satisfaction in RBHA health plans will be maintained or improved over the waiver demonstration.
- H5: RBHAs encourage and/or facilitate care coordination among PCPs and behavioral health practitioners.
- H6: RBHAs will provide cost-effective care for beneficiaries with an SMI.

1115 Waiver Evaluation Hypotheses Contd.

Prior Quarter Coverage (PQC) Waiver

- H1: Eliminating prior quarter coverage will increase the likelihood and continuity of enrollment.
- H2: Eliminating prior quarter coverage will increase enrollment of eligible people when they are healthy relative to those eligible people who have the option of prior quarter coverage.
- H3: Health outcomes will be better for those without prior quarter coverage compared to Medicaid beneficiaries with prior quarter coverage.
- H4: Eliminating prior quarter coverage will not have adverse financial impacts on consumers.
- H5: Eliminating prior quarter coverage will not adversely affect access to care.
- H6: Eliminating prior quarter coverage will not result in reduced member satisfaction.
- H7: Eliminating prior quarter coverage will generate cost savings over the term of the waiver.
- H8: Education and outreach activities by AHCCCS will increase provider understanding about the elimination of PQC.

Targeted Investments (TI)

- H1: The TI program will improve physical and behavioral health care integration for children.
- H2: The TI program will improve physical and behavioral health care integration for adults.
- H3: The TI program will improve care coordination for AHCCCS-enrolled adults released from criminal justice facilities.
- H4: The TI program will provide cost-effective care.
- H5: Providers will increase the level of care integration over the course of the demonstration.
- H6: Providers will conduct care coordination activities.

Arizona 1115 Waiver Evaluation Timeline

Phase I- Waiver Evaluation Design Plan Timeline - May 2019- December 2020 Milestones					Phase II- Interim Evaluation and Report Timeline- January, 2020- June,2021 Milestones							Phase III- Summative Evaluation Report Timeline - Due March 30, 2023 Milestones	
2019					2020				2021		2023		
May 22 Kick off meeting with HSAG	Jul 17 AHCCCS Submits AW and PQC Design plans	Sept 20 CMS recommends revisions to AW/ PQC Design Plans	Nov 13 AHCCCS Submits Core programs & TI Design plans Nov 19 AHCCCS submits revised AW & PQC Design plans	Dec 30 CMS provides feedback on all 7 design plans	Feb 28 AHCCCS submits revised design plans	May 27 CMS recommends further revisions	Jul 24 AHCCCS submits revised evaluation design plans	TBD Receive approval from CMS					
					Feb 5 Began Interim Evaluation work	March - June Qualitative measures put on hold due to COVID-19	July 24 RBHA data extract provided	Sept 25 HSAG submits final draft of Interim Evaluation report to AHCCCS	Oct 1- Nov 30 AHCCCS presents findings of the Interim Evaluation	Dec 31 AHCCCS Submits Interim Evaluation report along with Waiver renewal packet to CMS	May/Jun AHCCCS submits revised Interim report with qualitative analysis		
												March 30 AHCCCS Submits a summative evaluation report CMS provides feedback TBD Within 60 days of receipt of CMS' comments-AHCCCS submits the revised summative evaluation report.	

Traditional Healing Waiver Update

- Traditional Healing Workgroup comprised of subject matter experts from tribal communities.
- AHCCCS reconvened Traditional Healing Workgroup to resubmit a Traditional Healing Waiver proposal.
 - Waiver language changes discussed
- DEADLINE for Traditional Healing workgroup language revisions and other feedback for inclusion in Waiver Draft:
August 14, 2020.

Open Discussion

AHCCCS Policy Updates



Quarterly Published Policies and AHCCCS Policy Committee Update

Amanda Bahe, AHCCCS Tribal Liaison



Quarterly Published Policies List

- Located on [Tribal Consultation Meeting Material](#) website two days prior to each quarterly meeting
- Updates to list based on feedback from Tribal Consultation:
 - Now denotes when comments or written testimony specific to tribal concerns have been received for each policy listed

AHCCCS MEDICAL POLICY MANUAL (AMPM)				
	POLICIES	CONSULT/COMMENT PERIOD	TRIBAL COMMENTS RECEIVED	PUBLISHED DATE
12.	AMPM POLICY 320-W, THERAPEUTIC FOSTER CARE FOR CHILDREN Revisions: AMPM Revision Memo 07/09/20	04/16/20 - 05/31/20	1	07/09/20



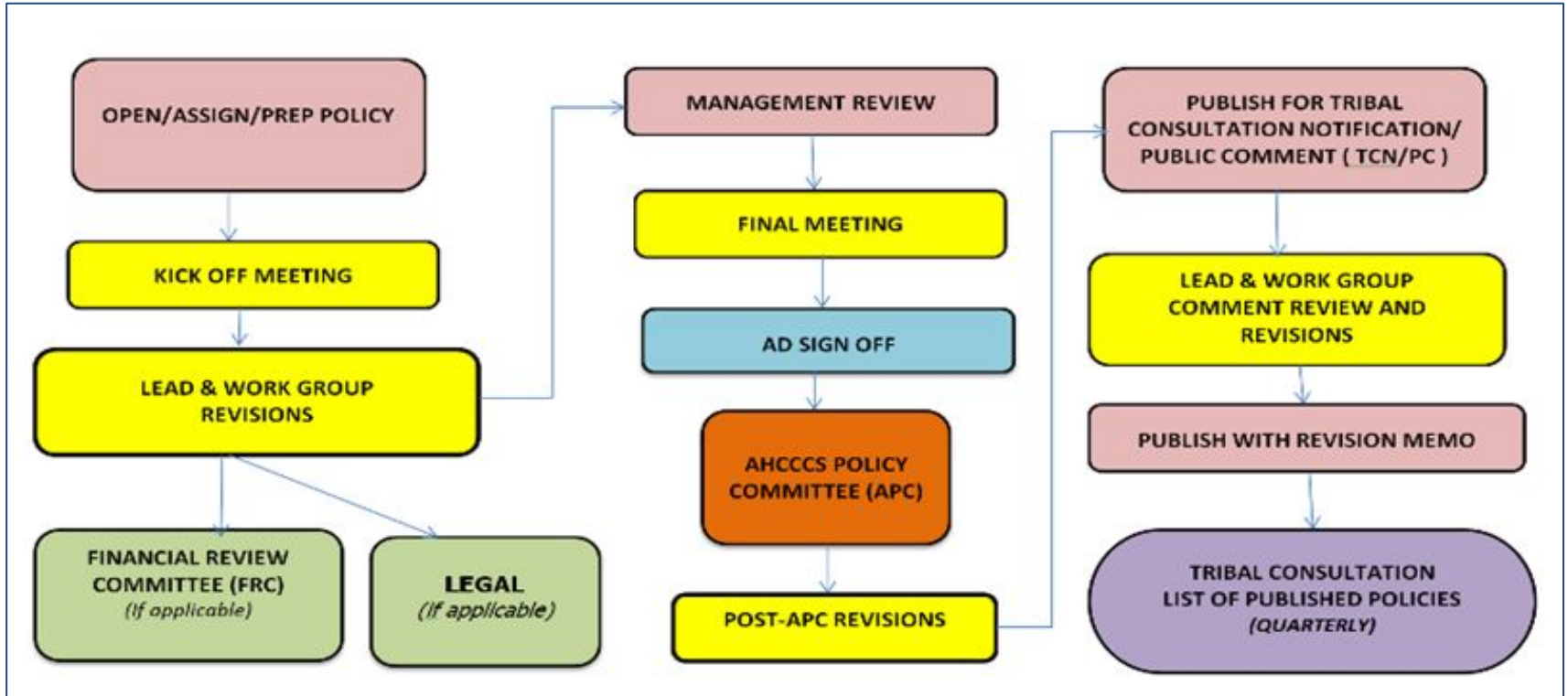
AHCCCS Policy Committee (APC)

- Meet at least twice a month with representatives from Divisions throughout AHCCCS to assess and endorse proposed Operational and Medical policy revisions
 - APC reviews policies within the AHCCCS Contractor Operations Manual (ACOM) and AHCCCS Medical Policy Manual (AMPM)
- Designed to allow equal voice in developing agency policy
- An individual from approved organizations are permitted to attend and participate in APC meetings

UPDATE: APC Tribal Representation

- Addition of Arizona Advisory Council on Indian Health Care as a key stakeholder group
 - To appoint 1 individual
- Three additional tribal-specific representatives
- Responsibilities:
 - Attend annual training on policy and tribal consultation
 - Attend at least 75% of APC meetings
 - Review drafted policy revisions prior to APC meetings
 - Provide feedback on drafted policy revisions

Policy Workflow





New Policies

Dr. Sara Salek, AHCCCS Chief Medical Officer



AMPM 961 - Incident, Accident, and Death (IAD) Reporting Draft Policy

- New AHCCCS policy
 - Tentative APC date: 10/01/2020
 - Tentative publishing date: 45 days after APC (mid-December to early January)
- Sets forth minimum requirements of provider IAD reporting through AHCCCS QM portal
- Timeframe: 24 hours for providers to report sentinel IADs and 48 hours for all other IADs
- Updates to AHCCCS QM Portal IAD User Guide to provide IAD category definitions

AMPM 961 Draft: Reportable IADs

- a. Allegations of Abuse, Neglect, or Exploitation of a member,
- b. Death of a member,
- c. Delays or difficulties in accessing care,
- d. Health-care acquired conditions and other provider preventable conditions (refer to AMPM Policy 960 and 1020),
- e. Injury occurring on the premises or during a registered provider sponsored activity that requires medical services,
- f. Injury resulting from the use of a personal, chemical, or mechanical restraint or seclusion (refer to AMPM Policy 962),
- g. Medication error occurring at a licensed residential provider site including, Behavioral Health Residential Facility (BHRF), DDD Group Home, Assisted Living Facility (ALF), Skilled Nursing Facility (SNF), Adult Behavioral Health Therapeutic Home (ABHTH) or Therapeutic Foster Care Home (TFC),
- h. Missing person from a licensed Behavioral Health Inpatient Facility (BHIF), Behavioral Health Residential Facility (BHRF), DDD Group Home, Assisted Living Facility (ALF), Skilled Nursing Facility (SNF), Adult Behavioral Health Therapeutic Home (ABHTH) or Therapeutic Foster Care Home (TFC),
- i. Suicide attempt resulting in medical attention, and
- j. Any other incident that causes harm or has the potential to cause harm to a member.

AMPM 961 Draft: Sentinel IADs

- a. Member death or serious injury associated with member disappearance (missing person),
- b. Member suicide, attempted suicide, or self-harm that results in serious injury, while being cared for in a healthcare setting,
- c. Member death or serious injury associated with a medication error,
- d. Member death or serious injury associated with a fall while being cared for in a healthcare setting,
- e. Any stage 3, stage 4, and any unstageable pressure ulcers acquired after admission/presentation to a healthcare setting,
- f. Member death or serious injury associated with the use of seclusion and/or restraints while being cared for in a healthcare setting
- g. Sexual abuse/assault on a member or staff member within or on the grounds of a healthcare setting,
- h. Death or serious injury of a member or staff member resulting from a physical assault that occurs within or on the grounds of a healthcare setting, and
- i. Homicide committed by or allegedly committed by a member.

Open Discussion

Announcements

The State Medicaid Advisory Committee (SMAC) is Accepting Nominations for Open Board Member Positions

SMAC:

- Provides guidance on the strategic direction of Arizona's Medicaid program.
- Provides input on agency planning efforts and operational protocols that may impact the member services and supports.
- Acts in an advisory capacity to AHCCCS' Director on topics including the 1115 waiver, system transformation efforts, and the prioritization of initiatives aimed at enhancing and/or maintaining a stable health care delivery system.

OPEN POSITIONS (term runs Oct. 2020 - Sept. 2022):

- **Five public member positions**
- **Two professional member positions**

Find the nomination form and more information on the [SMAC web page](#).

**YOUR INPUT
MATTERS**



AHCCCS on the Road (Virtually!)

The Arizona Health Care Cost Containment System (AHCCCS) is hosting online forums to inform the community and gather feedback on the upcoming AHCCCS initiatives:

- The Future of Regional Behavioral Health Agreements (RBHA)
- Competitive Contract Expansion
- Whole Person Care Initiative
- Waiver
- AHCCCS COVID 19 Response

August 24, 2020

10:30 am -12:00 pm

Location: Webinar

Register in advance for this webinar: ahcccs.zoom.us/webinar/register/WN_b3K2KO8gTxyCnRvSvOvFPQ

After registering, you will receive a confirmation email containing information about joining the webinar.

Watch the [OIFA newsletter](#) next week for more information and virtual access.





DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

Division of Developmental Disabilities (DDD) Tribal Informational Forums

August 19, 2020, 10am – 11am MST

or

August 27, 2020, 1pm – 2pm MST

TRBHAs, DDD-AIHP members and providers encouraged to attend!
Virtual meeting information will be issued soon.

Questions or comments can be sent to the following:

Eva Bighorse, DDD Tribal Liaison

ebighorse@azdes.gov

Next AHCCCS Tribal Consultation:

September 16, 2020 at 2 pm (AZ time)

Please check [AHCCCS Tribal Consultation Webpage](#) for meeting information.

*Please send any agenda item recommendations to Amanda.Bahe@azahcccs.gov by September 9, 2020.

Thank You.

Have a great day!