May 31, 2018

Annie Hollis
Project Officer, Division of State Demonstrations, Waivers & Managed Care
Center for Medicaid, CHIP and Survey & Certification
Centers for Medicare and Medicaid Services
Mailstop: S2-01-16
7500 Security Blvd.
Baltimore, Maryland 21244-1850

Dear Ms. Hollis:

In accordance with Special Terms and Conditions paragraph 41, enclosed please find the Quarterly Progress Report for January 1, 2018 through March 31, 2018, which also includes the Quarterly Budget Neutrality Tracking Schedule, the Quarterly Quality Initiative, and the Arizona Medicaid Administrative Claiming Random Moment Time Study results.

If you have any questions about the enclosed report, please contact Mohamed Arif at (602) 417- 4573.

Sincerely,

[redacted]

Elizabeth Lorenz
Assistant Director
AHCCCS Office of Intergovernmental Relations

AHCCCS Quarterly Report
January 1, 2018 – March 31, 2018

TITLE

Arizona Health Care Cost Containment System – AHCCCS
A Statewide Approach to Cost Effective Health Care Financing

Section 1115 Quarterly Report
Demonstration Year: 35
Federal Fiscal Quarter: 2st (January 1, 2018 – March 31, 2018)

INTRODUCTION

As written in Special Terms and Conditions, paragraph 41, the State submits quarterly progress reports to CMS. Quarterly reports inform CMS of significant demonstration activity from the time of approval through completion of the Demonstration.

ENROLLMENT INFORMATION

Table 1 contains a summary of the number of unduplicated enrollees for January 1, 2018 through March 31, 2018, by population categories. The table also includes the number of voluntarily and involuntary disenrolled members during this period.

Table 1

Population Groups	Number Enrollees	Number Voluntarily Disenrolled-Current Qtr	Number Involuntarily Disenrolled-Current Qtr
Acute AFDC/SOBRA	1,189,384	1,322	336,557
Acute SSI	193,193	105	26,490
Prop 204 Restoration	491,871	530	79,316
Adult Expansion	126,275	135	36,849
LTC DD	32,191	19	4,103
LTC EPD	32,391	18	4,680
Non-Waiver	33,468	115	13,466
Total	**2,098,773**	**2,244**	**501,461**

Table 2 is a snapshot of the number of current enrollees (as of January 1, 2018) by funding categories as requested by CMS.

Table 2

State Reported Enrollment in the Demonstration (as requested)	Current Enrollees
Title XIX funded State Plan [1]	**1,327,230**
Title XXI funded State Plan [2]	**27,863**
Title XIX funded Expansion [3]	**381,820**
• **Prop 204 Restoration (0-100% FPL)**	76,568
• **Adult Expansion (100% - 133% FPL)**	305,252
Enrollment Current as of	4/1/18

OPERATIONAL/POLICY DEVELOPMENTS/ISSUES

Waiver Update

The Arizona Health Care Cost Containment System (AHCCCS) submitted a waiver amendment request on April 6, 2018, to CMS seeking to limit retroactive coverage to the month of application, consistent with Arizona's historical waiver authority prior to January 2014. AHCCCS sought stakeholder feedback regarding the Proposal to Waive Prior Quarter Coverage in accordance with 42 C.F.R 431.408. The Agency conducted public forum meetings on January 18th in Flagstaff, on January 26th in Phoenix, and on January 29th in Tucson. In addition, the waiver amendment was presented at the State Medicaid Advisory Committee (SMAC) meeting on February 7, 2018, and in a tribal consultation meeting on January 11, 2018.

Targeted Investment Program Update

Below is a summary of the Targeted Investments (TI) program implementation activities conducted by AHCCCS or AHCCCS Managed Care Organizations (MCOs) from January 1, 2018 through March 31, 2018:

- Made Year One incentive payments to providers that met the TI program eligibility requirements;
- Opened participation to additional sites for organizations/practice already participating in the Program;
- Established the reporting system for TI program participants to submit attestations of milestone completion, and to upload documents for validation;
- Collaborated with the state Health Information Exchange (HIE) to onboard approximately forty provider organizations to prepare them to receive admission, discharge, and transfer alerts from the HIE by September 2018;
- Developed and posted 24 education and guidance modules to support TI program participants' efforts to understand and meet milestones;
- Made numerous presentations on the TI program to a range of internal and external stakeholders, explaining the integration and whole person care goals and objectives of the TI program;

[1] SSI Cash and Related, 1931 Families and Children, 1931 Related, TMA, SOBRA child and pregnant, ALTCS, FTW, QMB, BCCP, SLMB, QI-1
[2] KidsCare
[3] Prop 204 Restoration & Adult Expansion

- Initiated development of the Year Two TI program incentive payment systems and processes; and
- Established an ongoing dialogue between AHCCCS and AHCCCS MCOs to facilitate alignment between the TI program guidance on enhanced provider level integration and the MCOs' provider network initiatives.

State Plan Update

During the reporting period, the following State Plan Amendments (SPA) were filed and/or approved:

SPA #	Description	Filed	Approved	Eff. Date
Title XIX				
SPA 17-009 Share of Cost	Updates the State Plan to make changes to the share of cost deduction by expanding the list of services eligible for a share of cost deduction and adding a reasonable restriction on the period in which the expense occurred.	12/07/2017	02/13/2018	04/01/2018
SPA 17-012 LTAC and Rehab Rates	Updates the State Plan to update long term acute care (LTAC) and Rehab rates.	12/11/2017	02/07/2018	10/01/2017
SPA 17-013 Outpatient Hospital Rates	Updates the State Plan to update OP Hospital Rates.	12/11/2017	01/26/2018	10/01/2017
SPA 17-014 Other Provider Rates	Updates the State Plan to update the other provider rates.	12/11/2017	01/26/2018	10/01/2017
SPA 17-015 Inpatient Differential Adjusted Payments	Updates the State Plan to establish a differential adjusted payments for inpatient care.	12/12/2017	02/08/2018	10/01/2017

SPA 17-016 Differential Adjusted Payments	Updates the State Plan to establish a differential adjusted payments for Integrated Clinic, Physician, Physician's Assistants and Registered Nurse Practitioners.	12/12/2017	02/22/2018	10/01/2017
SPA 17-017 Nursing Facilities Differential Adjusted Payments	Updates the State Plan to establish a differential adjusted payments for nursing facilities.	12/12/2017	02/07/2018	10/01/2017
Title XXI				
SPA 17-010 Mental Health Parity Regulations	Updates the State Plan to make technical changes and assurances related to Mental Health Parity regulations	12/08/2017	02/16/2018	10/01/2017

CONSUMER ISSUES

In support of the quarterly report to CMS, presented below is a summary of advocacy issues received in the Office of Client Advocacy (OCA) for the quarter January 1, 2018 – March 31, 2018.

Advocacy Issues[4]	January	February	March	Total
9+Billing Issues • Member reimbursements • Unpaid bills	11	4	9	**24**
Cost Sharing • Co-pays • Share of Cost (ALTCS) • Premiums (Kids Care, Medicare)	4	4	3	**11**
Covered Services	21	22	14	**57**
ALTCS • Resources • Income • Medical	9	2	4	**15**

[4] Categories of good customer services, bad customer service, documentation, policy, and process are captured under the category it may relate to.

DES • Income • Incorrect determination • Improper referrals	37	52	35	**124**
KidsCare • Income • Incorrect determination	4	0	1	**5**
SSI/Medical Assistance Only • Income • Not categorically linked	14	13	13	**40**
Information • Status of application • Eligibility Criteria • Community Resources • Notification (Did not receive or didn't understand)	41	33	44	**118**
Medicare • Medicare Coverage • Medicare Savings Program • Medicare Part D	0	1	0	**1**
Prescriptions • Prescription coverage • Prescription denial	38	14	15	**67**
Fraud-Referred to Office of Inspector General (OIG)	0	0	0	**0**
Quality of Care-Referred to Division of Health Care Management (DHCM)	4	4	7	**15**
Total	**183**	**149**	**145**	**477**

Table 2 **Issue Originator**[5]	Jan.	Feb.	Mar.	Total
Applicant, Member or Representative	159	127	115	401
CMS	2	1	1	4
Governor's Office	2	4	4	10
Ombudsmen/Advocates/Other Agencies…	18	12	21	51
Senate & House	2	5	4	11
Total	**183**	**149**	**145**	**477**

[5] This data was compiled from the OCA logs from the OCA Client Advocate and the Member Liaison.

COMPLAINTS AND GRIEVANCES

Presented below is a summary of the number of complaints and grievances filed on behalf of beneficiaries participating in the SMI and CRS integration projects, broken down by access to care, health plan and provider satisfaction.

SMI Member Grievances and Complaints	Jan-18	Feb-18	Mar-18	Total
Access to Care	49	35	38	**122**
Health Plan	126	124	141	**391**
Provider Satisfaction	574	798	907	**2279**
Total	**749**	**957**	**1086**	**2792**

CRS Member Grievances and Complaints	Jan-18	Feb-18	Mar-17	Total
Access to Care	0	0	0	**0**
Health Plan	2	0	0	**2**
Provider Satisfaction	9	11	20	**40**
Total	**11**	**11**	**20**	**42**

OPT-OUT FOR CAUSE

Attached is a summary of the opt-out requests filed by individuals with SMI in Maricopa County and Greater Arizona, broken down by months, health plans, counties, reasons for opt-out requests, opt-out outcome, and post-appeal opt-out outcomes.

QUALITY ASSURANCE/MONITORING ACTIVITY

Attached is a description of AHCCCS' Quality Assurance/Monitoring Activities during the quarter. The attachment also includes updates on implementation of the AHCCCS Quality Assessment and Performance Improvement Strategy, in accordance with Balanced Budget Act (BBA) requirements.

ENCLOSURES/ATTACHMENTS

Attachment 1: SMI Opt-Out for Cause Report

Attachment 2: Quality Assurance/Monitoring Activities

Attachment 3: Arizona Medicaid Administrative Claiming Random Moment Time Study Report

Attachment 4: Budget Neutrality Tracking Schedule

STATE CONTACT(S)

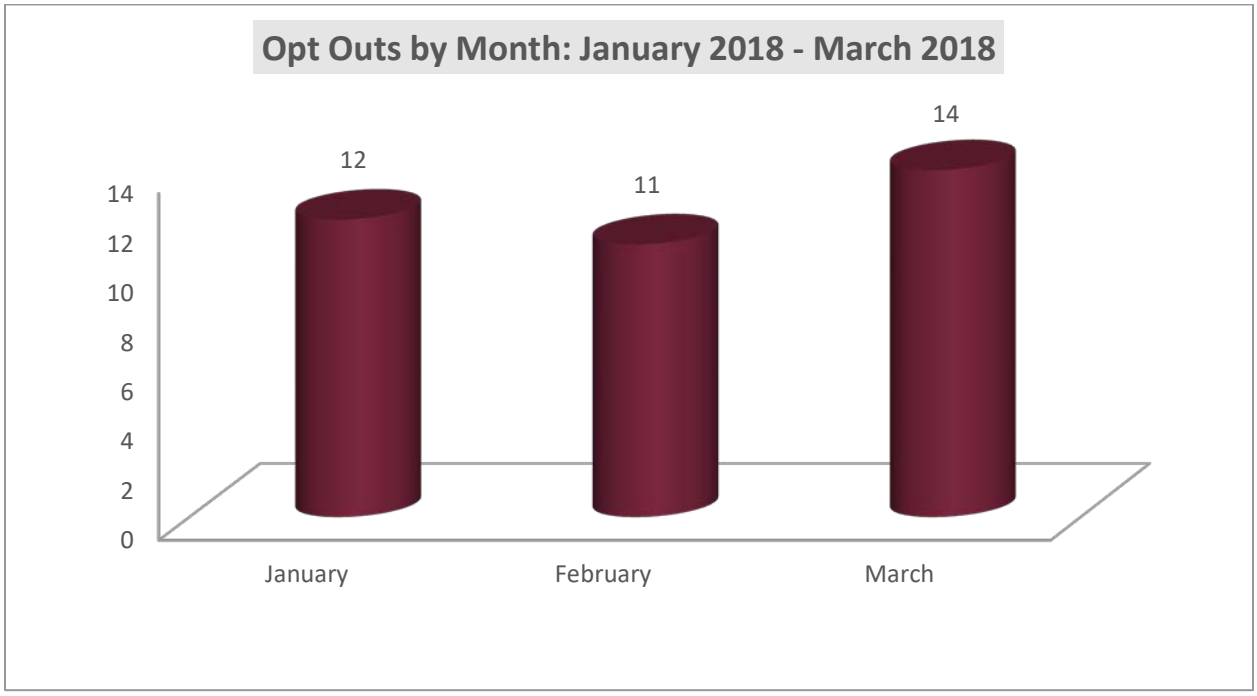
Elizabeth Lorenz
Assistant Director
AHCCCS Office of Intergovernmental Relations
801 E. Jefferson St., MD- 4200
Phoenix, AZ 85034

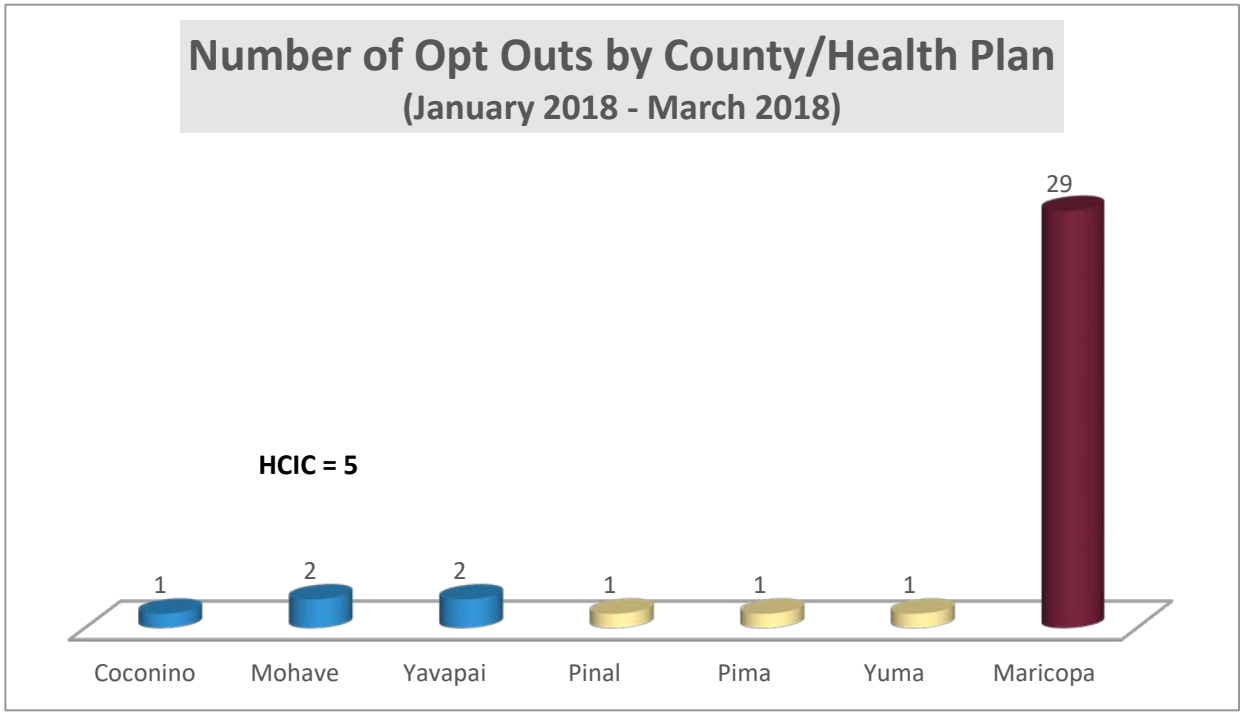
(602) 417-4534

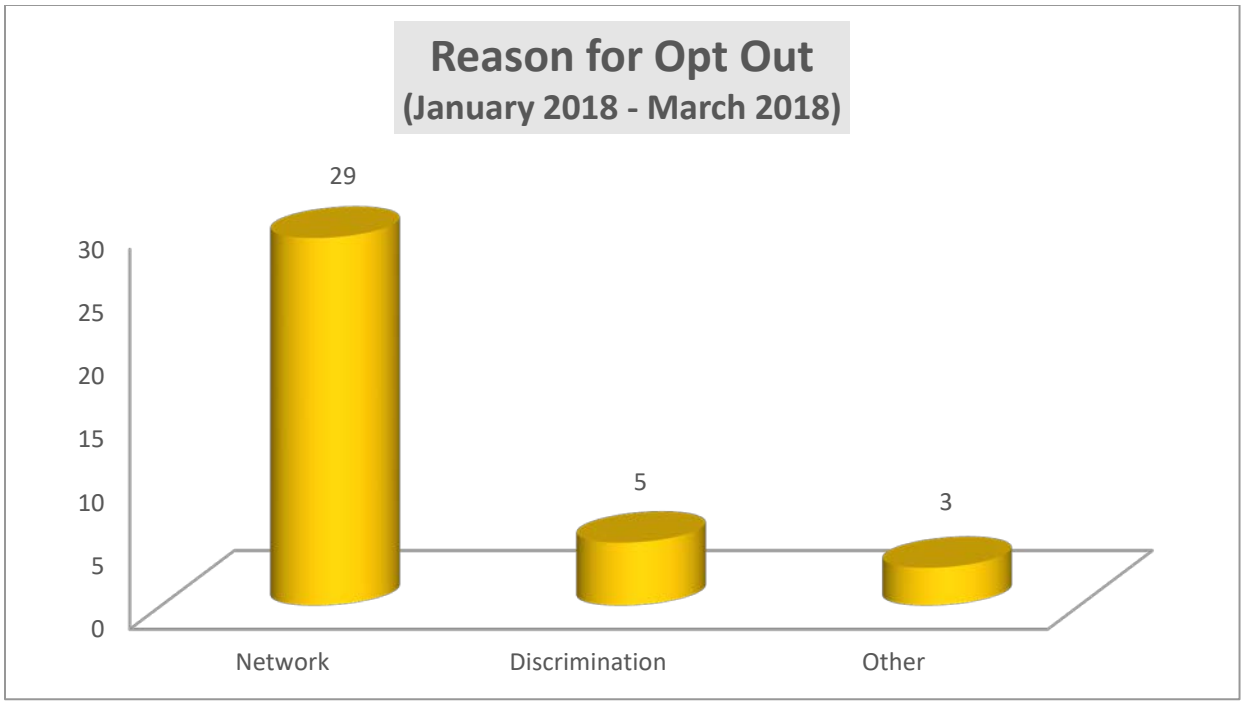
DATE SUBMITTED TO CMS

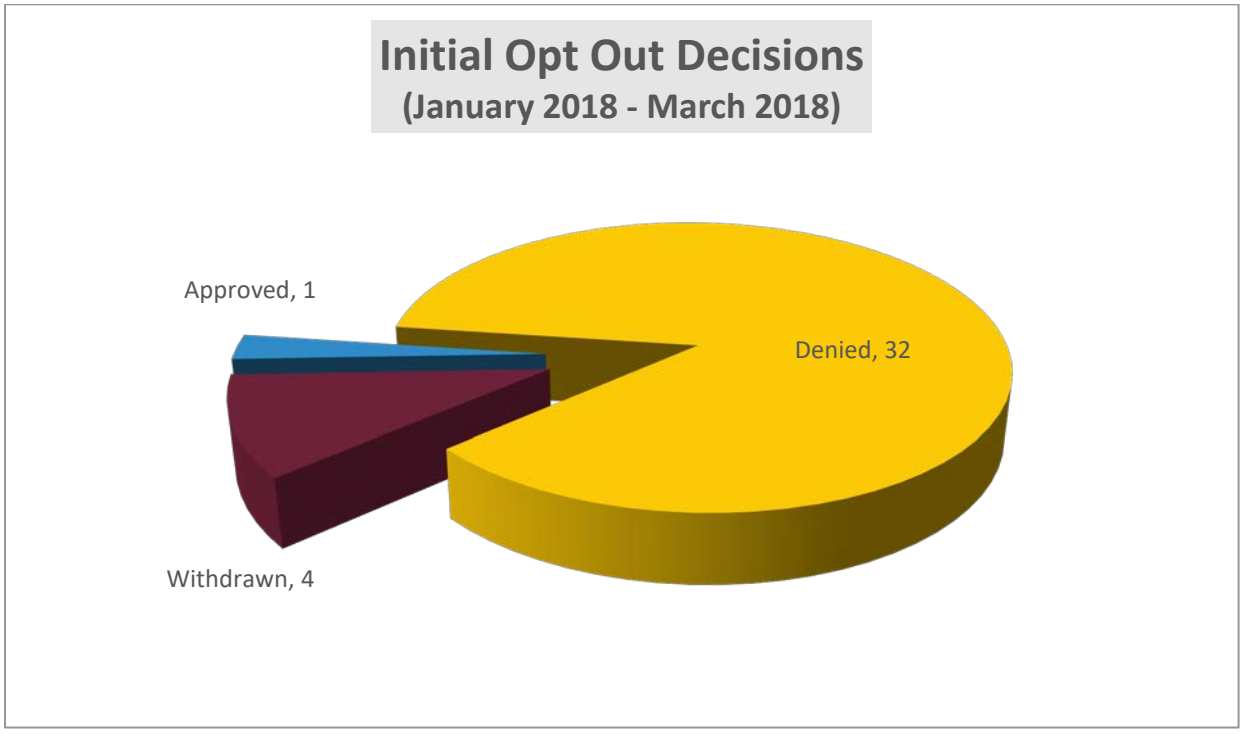
May 31, 2018

Attachment 1: SMI Opt-Out for Cause Report

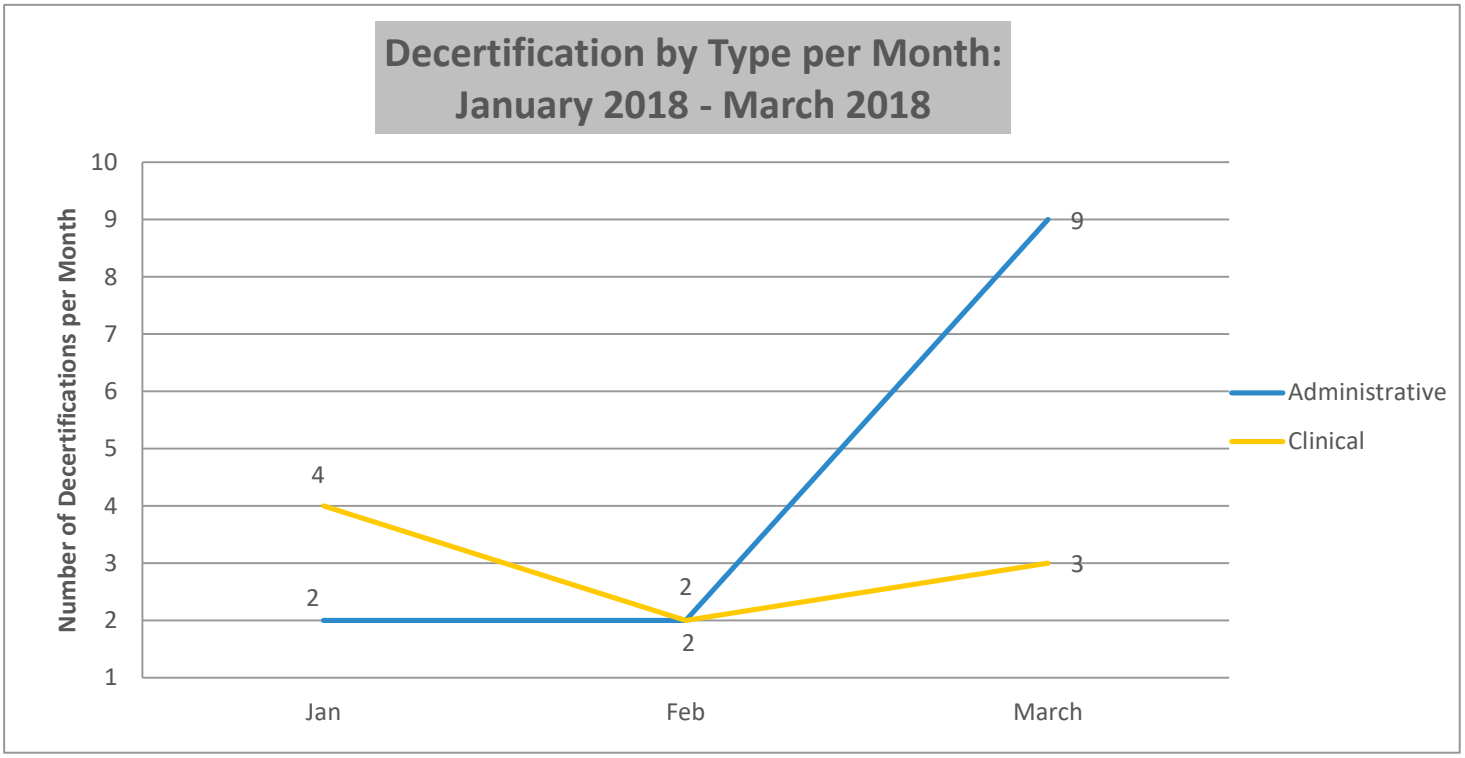








Appeal Outcomes (January 2018 - March 2018)			
Approved	**Withdrawn**	**Denied**	**Pending**
0	1	3	4



Note:

There are two established mechanisms for changing an individual's designation and service eligibility as Seriously Mentally Ill (SMI) as follows:

- Administrative decertification. This process is an administrative option that allows for an individual to elect to change their behavioral health category from SMI to GMH. This process is available to individuals who have a designation of SMI in the system but have not received behavioral health services for two or more years. This process is facilitated by AHCCCS.

- Clinical decertification. Eligibility for SMI services is based upon a clinical determination involving whether a person meets a designated set of qualifying diagnostic and functional criteria. Clinical decertification involves a review of the criteria to establish whether or not an individual continues to meet SMI criteria. If a clinical review finds that a person no longer meets the established criteria, the person's SMI eligibility is removed. In this case the person will be eligible for behavioral health services under the general mental health (GMH) program category. These determinations are made by CRN.

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

Attachment II to the

Section 1115 Quarterly Report

Quality Assurance/Monitoring Activity

Demonstration/Quarter Reporting Period

Demonstration Year: 35

Federal Fiscal Quarter 2/2018 (1/1/18 – 03/31/18)

Prepared by the Division of Health Care Management
April, 2018

Introduction

This report describes the Arizona Health Care Cost Containment System (AHCCCS) quality assurance and monitoring activities that took place during the second quarter of federal fiscal year 2018, as required in STC 41 of the State's Section 1115 Wavier. This report also includes updates related to AHCCCS' Quality Assessment and Performance Improvement Strategy, in accordance with the Balanced Budget Act requirements.

The AHCCCS Division of Health Care Management (DHCM) is responsible for directly overseeing the quality of health care services provided to its members enrolled with managed care organizations. DHCM is also responsible for the administrative and financial functions of the contracted health plans (Contractors). DHCM, in conjunction with other AHCCCS Divisions, sister agencies and community partners, continually focuses on the provision of "comprehensive, quality health care for those in need", as delineated in the Agency mission.

DHCM is the division that houses the Quality Management (QM), Quality Improvement (QI), and Maternal and Child Health /Early and Periodic Screening, Diagnostic and Treatment (MCH/EPSDT) Units. Those -three units are the primary driver of efforts outlined in the Quality Strategy and the teams closely collaborate to ensure thoughtful processes for members, stakeholders, policies, and improvement activities.

The following sections provide an update on the State's progress and activities under each of the components of the 1115 Wavier and AHCCCS Quality Strategy.

Stakeholder Involvement

The success of AHCCCS can be attributed, in part, to concentrated efforts by the agency to foster partnerships with its sister agencies, contracted Managed Care Organizations (MCOs – also referred to as "Contractors"), providers, and the community. During the first and second quarters of CYE 2018, AHCCCS continued these ongoing collaborations to improve the delivery of health care and related services to Medicaid recipients and KidsCare members, including those with special health care needs. AHCCCS also continued to address common issues and solve problems through ongoing networking activities. Feedback from sister agencies, providers and community organizations are included in the Agency's process for identifying priority areas for quality improvement and the development of new initiatives. AHCCCS has also made a concentrated effort to include member and stakeholder feedback in most facets of Agency operations, including Policy Committee, quarterly meetings for Quality Management related to adult systems of care, and separate quarterly meetings for Maternal Child Health/EPSDT, new advisory councils, and specialty workgroups (e.g. Autism and Foster Care).

Collaborative Stakeholders

The AHCCCS QM and MCH/EPSDT teams partner with a number of stakeholders, including but not limited to:

Arizona Department of Health Services (ADHS) Bureau of Tobacco and Chronic Disease	*Attorney General's Health Care Committee*
ADHS Bureau of USDA Nutrition Programs	*Healthy Mothers/Healthy Babies*
ADHS Immunization Program and Vaccines for Children Program	*Arizona Health-E Connection/Health Information Network of Arizona*
ADHS Office of Environmental Health – Targeted Lead Screening	*Arizona Diabetes Steering Committee*
Arizona Early Intervention Program (AzEIP)	*Injury Prevention Advisory Council*
Arizona Head Start Association	*Arizona Newborn Screening Advisory Committee*
Task Force on Prevention of Prenatal Exposure to Alcohol and other Drugs	*First Things First*
Arizona Medical Association	*Arizona Women, Infants, And Children Program*
Arizona Chapter of the American Academy of Pediatrics	*Strong Families*
The Arizona Partnership for Immunization (TAPI)	*ADHS Emergency Preparedness Office*
Arizona Perinatal Trust	*National Alliance on Mental Illness (NAMI) Arizona*
ADHS/HSAG Statewide Workgroup on Psychiatric Inpatient Readmissions	*ADHS Cancer Prevention and Control Office*

Innovative Practices

AHCCCS is continually reviewing opportunities to improve the effectiveness of Arizona's health care delivery system as well as methods to promote optimized health for members, transparency, and efficiency. There are teams throughout the Agency that promote innovation for both internal and external processes. Below are some of the efforts in which the QM, QI, and MCH/EPSDT teams are involved.

Developing and Implementing Projects to Improve the Delivery System

Administrative Simplification

Following successful efforts around Administrative Simplification, the Clinical team initiated several new initiatives to enhance the knowledge and understanding of behavioral health care. The Medical Management (MM) Unit, which regularly partners with the QM and MCH/EPSDT units, has added a second Behavioral Health Coordinator to support efforts for the Clinical team as a whole. The addition of Behavioral Health Coordinators enhances the ability for clinical considerations, service delivery, program and contract development to encompass a holistic approach in all aspects of care. AHCCCS continues to hire additional behavioral health expertise within its workforce.

Within the QM, QI, and MCH/EPSDT units, other activities designed to enhance integration have involved utilization of performance and quality measurement activities that provide a greater focus on specific aspects of integrated care. Highlights include:

- Required tracking of performance on frequency of diabetic screening for individuals with schizophrenia or bipolar disorder;
- Tracking performance on prenatal and postnatal timeliness of care with supplemental training to contracted health plan staff, relative to physical and behavioral health aspects of perinatal mood disorders; and
- Implementation of regular community-based meetings open to AHCCCS membership with a focus on enhancing member/stakeholder involvement and investment in performance and quality improvement activities for physical and behavioral health care.

Integration Efforts

AHCCCS released its Arizona Long Term Care System/Elderly and Physically Disabled (ALTCS/EPD) program Request for Proposals, continuing its integrated service delivery model. Contracts were awarded to three MCOs throughout Arizona to administrator Arizona's integrated long term care system; the contracts were executed as of October 1, 2017. Contracts were awarded based on the bidder's proposed approaches for the care and treatment of individuals enrolled in the ALTCS/EPD program, using a fully integrated care perspective at both the systemic and direct care levels (e.g. use of health homes, electronic health records, coordinated case management, collaboration between behavioral and physical health). An additional expectation centers on their ability to demonstrate a more thorough understanding and use of Arizona's long-standing model of behavioral health service delivery, in conjunction with traditional ALTCS physical health care activities. Although Arizona's ALTCS model has historically provided integrated care that included behavioral health treatment, emphasis was added to promote greater use of Arizona's behavioral health model, particularly with regard to individuals who have been determined to have a serious mental illness (SMI).

Additional integration efforts during the first quarter of 2018 were focused on a statewide integrated contract, known as AHCCCS Complete Care. The AHCCCS Complete Care Request for Proposals was issued on November 2, 2017, with proposal responses due by January 25, 2018. The proposed implementation date for the AHCCCS Complete Care contract is October 1, 2018. Contract awards were announced March 5, 2018

Contractors under AHCCCS Complete Care will be responsible for provision of integrated physical and behavioral health care for the following populations:

- Adults who are not determined to have a Serious Mental Illness (excluding members enrolled with Department of Economic Security/Division of Developmental Disabilities – DES/DDD);

- Children, including those with special health care needs, (excluding Department of Economic Security/Division of Developmental Disabilites – DES/DDD and Department of Child Safety/Comprehensive Medical Dental Plan – DCS/CMDP); and
- Members determined to have SMI who opt out to transfer to the Contractor for the provision of physical health services.

AHCCCS, as part of its preparation efforts for the October 1, 2018 implementation, began providing technical assistance to Contractors during quarterly meetings that focus on Maternal Child Health and adult aspects of coordinating and integrated care. Examples of technical assistance include:

- Behavioral Health Resources including: AHCCCS Behavioral Health Services Guide and Billing Guides, Clinical Guidance tools for working with very young children and adolescents, Adult and Children's Behavioral Health Systems of Care within Arizona;
- Techniques for operationalizing and integrating behavioral health services into the physical health services world;
- CMS Performance Measures that combine physical and behavioral health indicators; and
- Guidance regarding the relationship between quality measurements and clinical intervention to ensure a coordinated approach.

Behavioral Health Learning Opportunities

With the advent of Administrative Simplification, AHCCCS recognized the need to provide further learning opportunities for staff in order to increase behavioral health knowledge and expertise. As such, on July 1, 2016, AHCCCS began offering formal meetings and informal workshops/lunch-hour trainings to ensure staff had opportunities to increase behavioral health system knowledge. Internal behavioral health subject matter experts, licensed behavioral health practitioners and community professionals were procured to offer training on topics such as infant/toddler mental health, trauma informed care, perinatal mood disorders and adult system of care processes for individuals with general mental health needs and serious mental illnesses.

To further enhance integration efforts, and facilitate quality of care reviews utilizing a behavioral health perspective, QM has scheduled additional Behavioral Health "Lunch and Learn" trainings for QM and QOC staff in particular, with attendance open to other departments based on department need. Topics include:

- Regulatory requirements for individuals determined to have a serious mental illness (SMI) versus general mental health and/or substance abuse needs (GMHSA);
- Grant-based housing for individuals with SMI;
- Short term behavioral health residential services;
- Crisis process and requirements;
- Diagnostic categories/symptoms;
- Best and Evidence-practice clinical approaches for adults and children;

- Mental Health Awareness;
- AHCCCS Waiver process; and
- Meeting the needs of members with developmental disabilities and behavioral health challenges.

Community Initiatives

AHCCCS Opioid Initiative: The overarching goal of this initiative is to reduce the prevalence of Opioid Use Disorders and opioid-related overdose deaths. The initiative approach includes developing and supporting state, regional, and local level collaborations and service enhancements to develop and implement best practices to comprehensively address the full continuum of care related to opioid misuse, abuse and dependency. Strategies include:

1. Increasing access to Naloxone through community-based education and distribution, as well as a co-prescribing campaign for individuals receiving opioid prescriptions in excess of 90 morphine equivalent daily doses and combinations of opioids and benzodiazepines;
2. Increasing access to and participation and retention in Medication Assisted Treatment;
3. Reducing the number of opioid-naïve members unnecessarily started on opioid treatment; and
4. Promoting best practices and improving care process models for chronic pain and high-risk members.

The Opioid State Targeted Response grant, awarded to AHCCCS in May 2017, will enhance community-based prevention activities and treatment activities that will include 24/7 access to care points in "hotspot" areas throughout the state, increasing the availability of peer supports, providing additional care coordination efforts among high risk and priority populations, and adding recovery supports.

AHCCCS' Medication Assisted Treatment – Prescription Drug Opioid Addiction Program (MAT-PDOA) grant focuses on the need for medication assisted treatment to treat opioid use disorder for adults involved with the criminal justice system. This program has three primary goals:

- Create a bridge to connect those incarcerated to treatment services when re-rentering into the community;
- Reduce stigma associated with MAT for individuals in the criminal justice system; and
- Support individuals participating in drug courts, probation and parole.

The Quality Caregiver Initiative (QCI): The objective of the QCI is to improve relationship-based, trauma-informed service supports for foster, kinship and adoptive parents by identifying a matrix of evidence-based intervention programs that are developmentally appropriate and span

the continuum of service intensity needs from basic trauma trainings to brief intervention to intensive in-home services. In doing so, the goal is provide the right services and the right time to the family unit as a mechanism to decrease disruptions, increase permanency and ultimately, the social and emotional outcomes of the children in the child welfare system. The collaborative consists of several state agencies, behavioral health providers and experts in infant-toddler mental health, child development, family systems and trauma-informed care. The group is currently reviewing the matrix of options and identifying training needs, provider capacity and ways to integrate with developmental screening and referral processes from pediatrics and other acute care settings.

Arizona Association of Health Plans (AzAHP)

The Arizona Association of Health Plans (AzAHP) is an Association comprised of all AHCCCS Contractors for Medicaid business except CMDP and DES/DDD.The Association is a welcome partner for AHCCCS because it offers a singe point of contact for the Contractors and promotes consistency across the system. The Association works closely with AHCCCS to discuss Contractor concerns, barriers, and challenges to the efforts they are asked to undertake. It also provides valuable feedback for consideration as the direct link to the care and services being provided. AHCCCS utilizes the Association to provide stakeholder insight and to collaborate and promote new initiatives.

AHCCCS has also been collaborating with AzAHP to provide consistent monitoring of physical health providers. This collaboration has allowed for consistent statewide review of Primary Care Practitioners including Internists, Family Practice and Obstetricians. During the first quarter of 2018, AHCCCS began discussions with AzAHP regarding their capacity to also monitor behavioral health providers throughout Arizona. Utilizing AzAHP as a monitoring agent facilitates consistency in quality monitoring and it reduces burden on practitioners because AzAHP serves as the single reviewing entity for multiple MCOs. AHCCCS is currently combining this effort with development of a consistent tool via meetings conducted with the RBHAs during 2017.

<u>Identifying Priority Areas for Improvement</u>

AHCCCS has established an objective, systematic process for identifying priority areas for improvement. This process involves a review of data from both internal and external sources, while also taking into account such factors as: (1) the prevalence of a particular condition and population affected, (2) the resources required by both AHCCCS and its Contractors to conduct studies and affect improvement, (3) whether the areas currently are priorities of CMS or state leadership and/or can be combined with existing initiatives, and (4) whether CMS priorities can be combined with current initiatives. Of importance is whether initiatives focused on the topic area are actionable and have the potential to result in improved quality improvement, member

satisfaction and system efficiencies. Contractor input is also sought in prioritizing areas for improvement. Some of the ongoing efforts include:

1. The first is an initiative on behavioral health care for children in the foster care system. Development of these metrics focused on children served under Comprehensive Medical and Dental Plan (CMDP), Arizona's health plan for children in Arizona's Foster Care system. AHCCCS' goal for these measures is to identify whether access and timeliness standards are met, and assess overall utilization trends for CMDP children needing behavioral health care.

2. AHCCCS updated two guidance tools that provide best practice strategies for infants and toddlers, including psychotropic prescribing, and early childhood mental health intervention and trauma informed care. The focus of the documents is on the most current prescribing practices and psychotherapeutic approaches during early childhood, with the recommendation that psychotherapeutic approaches be the preferred method of treatment prior to implementation of psychopharmacologic intervention. To further ensure realization of the treatment recommendations within these tools, AHCCCS has begun a statewide Birth to Five Initiative to address the unique needs of infants and toddlers. Additionally, AHCCCS is collaborating with CMDP for their Birth to Five Learning Collaborative.

4. AHCCCS has embarked on an initiative to develop a consistent, statewide tool for monitoring behavioral health service delivery. Contracted Regional Behavioral Health Authority (RBHA) staff were brought together to evaluate relevancy of current requirements. Feedback from these meetings was used to build a draft tool, which is under review and finalization by an internal AHCCCS committee of subject matter experts. The finalized tool will be shared with AzAHP as discussions ensue regarding their capacity to add behavioral health providers to their existing monitoring activities for AHCCCS MCOs.

<u>Establishing Realistic Outcome-Based Performance Measures</u>

AHCCCS has long been a leader in developing, implementing and holding Contractors accountable to performance measure goals. AHCCCS developed and implemented HEDIS-*like* measures before HEDIS existed. AHCCCS' consistency in performance expectations has resulted in many performance measures performing at a rate close to the NCQA HEDIS national Medicaid mean. For AHCCCS, the HEDIS-*like* measures have been a reasonable indicator of health care accessibility, availability and quality.

AHCCCS has transitioned to measures found in the CMS Core measure sets that provide a better opportunity to shift the system toward indicators of standardized health care outcomes, access to care, and patient satisfaction. The AHCCCS decision to transition to a new measure set was

partially driven by a desire to align with measures sets, such as the Children's Core Measure Set, the Adult Core Measure Set, Meaningful Use, and other measure sets being implemented by CMS. AHCCCS has also aligned the measure sets with contracts to reflect changes on measures implemented by CMS for the current contract year. This transition will also result in the ability to compare AHCCCS' rates with those of other states as the measure sets are implemented.

AHCCCS regularly develops new performance measure sets for all lines of business, based on system changes and/or any changes within CMS Core measure sets. Typically, these changes are implemented on October 1st and based on new contracts or renewal of existing contracts. For 2017, behavioral health measures were added for adults, such as: "Follow-up After Hospitalization for Mental Illness", "Mental Health Utilization" and "Use of Opioids at High Dosage". With the advent of AHCCCS Complete Care, measures will be added to capture "Use of Opioids from Multiple Providers" and "Concurrent Use of Opioids and Benzodiazapines". These new measures and related Minimum Performance Standards/Goals will become effective October 1, 2018. A new table is under development for CYE 2019 and will be presented in the next quarterly submission.

It is AHCCCS' goal to continue development and implementation of additional Core measures as the data sources become valid and reliable. Initial measures were chosen based on a number of criteria that included member needs, system ability to impact/improve results, alignment with national measure sets, and comparability across lines of business.

The health care system is evolving in relation to measuring quality. It is in a transitional phase in that the data sources and methodologies that previously existed will no longer be enough. The systems, data sources and processes to fully achieve the next level in clinical outcomes and satisfaction measures are not yet fully developed or implemented. Informatics, such as electronic health records, health information exchanges plus data and information available through public health connectivity, are yet to become fully available. Transitioning the AHCCCS measure sets is anticipated to support the adoption of electronic health records and use of the health information exchanges. This will in turn, result in efficiencies and data/information designed to achieve the following:

1. transform care practices;
2. continue evolution to fully integrated care across all statewide systems;
3. improve individual patient outcomes;
4. guide population health management;
5. improve patient satisfaction with the care experience;
6. increase efficiencies; and
7. reduce health care costs.

CYE2018 Performance Measures are provided below:

MEASURES *"R" denotes "Reserve" Status*	Acute	ALTCS/ EPD	CMDP	CRS	DDD	GMH/SA	SMI	HEDIS	CMS Adult Core Measures	CHIPRA Core Measures
Inpatient Utilization - General Hospital/Acute Care (IPU)	X	X	R	X	X		X	X		
Ambulatory Care - ED Utilization (AMB)	X	X	R	X	X		X	X		
Mental Health Utilization (MPT)	X	X		X		X	X	X		
Adult Measures										
Plan All-Cause Readmissions (PCR-AD)	X	X		X	X		X		X	
Breast Cancer Screening (BCS-AD)	X				X		X		X	
Cervical Cancer Screening (CCS-AD)	X				X		X		X	
Chlamydia Screening in Women Ages 21-24 (CHL-AD)	X				X		X		X	
Colorectal Cancer Screening (COL)	X	R					X	X		
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing (HA1C-AD)	X	X			X		X		X	
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (HPC-AD)	X	X			X		X		X	
Comprehensive Diabetes Care - Eye Exam (CDC)	X	X			X		X	X		
Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC-CH)	X						X			X
Prenatal and Postpartum Care: Postpartum Care (PPC-AD)	X						X		X	
Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD)	X	X	X	X	X	X	X		X	
Use of Opioids from Multiple Providers (UOP)	X	X	X	X	X	X	X	X		

MEASURES *"R" denotes "Reserve" Status*	Acute	ALTCS/ EPD	CMDP	CRS	DDD	GMH/SA	SMI	HEDIS	CMS Adult Core Measures	CHIPRA Core Measures
Adults' Access to Preventive/Ambulatory Health Services (AAP)	R	R			X		X	X		
Flu Vaccinations for Adults Ages 18 to 64 (FVA-AD)	R	X - 18 to 64, 65 and Older			X		R		X	
PQI 01: Diabetes Short-Term Complications Admission Rate (PQI01-AD)	R	R			R		R		X	
PQI 05:Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI05-AD)	R	R			R		R		X	
PQI 08: Heart Failure Admission Rate (PQI08-AD)	R	R			R		R		X	
PQI 15: Asthma in Younger Adults Admission Rate (PQI15-AD)	R				R		R		X	
Screening for Clinical Depression and Follow-Up Plan (CDF-AD)		R							X	
Annual Monitoring for Patients on Persistent Medications (MPM-AD)		R			R		R		X	
Advance Directives		X			X				AHCCCS	
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medication (SSD-AD)							R		X	
Follow-Up after Emergency Department Visit for Mental Illness or Alcohol and Other Drug Dependence (FUA-AD) - 7 Days, 30 Days						R	R		X	

CYE 2018 Performance Measures Continued

MEASURES *"R" denotes "Reserve" Status*	Acute	ALTCS/ EPD	CMDP	CRS	DDD	GMH/SA	SMI	HEDIS	CMS Adult Core Measures	CHIPRA Core Measures
Follow-Up After Hospitalization for Mental Illness (FUH) - 7 Days, 30 Days (Adult/Children)		X		R - Children Only		X	X		X	

Identifying, Collecting and Assessing Relevant Data

Performance Measures

AHCCCS has implemented several efforts over the past few years in preparation for the performance measure transition described above. First and foremost, the Agency undertook extensive internal planning efforts, including evaluation of new requirements, future goals and desired capabilities, as well as barrier identification and associated risk. One risk identified was the possibility that the reduction of information system and data analytic staff resources would not allow the level of review and validation of performance measure programming necessary to ensure the validity and accuracy of Performance Measurement activities. To address this concern, the Agency is utilizing its External Quality Review Organization to perform the measurement calculations. AHCCCS has finalized the contract with an external vendor to support future performance measurements.

Contractors have been provided the data to enhance their planning and implementation efforts related to the new performance measures, as well as sustaining and improving continuing measures. Some of these efforts will include new work groups, new reporting mechanisms, increased opportunities for technical assistance, and a more transparent reporting process with plans for proactive reporting prior to the end of the measurement period. Such efforts should facilitate the Contractors' ability to make necessary adjustments/final pushes and payment reform initiatives that align with performance measure thresholds.

Performance Improvement Projects

Providing Incentives for Excellence and Imposing Sanctions for Poor Performance

AHCCCS regularly monitors Contractors to ensure compliance with contractually-mandated performance measures. Contracts outline Minimum Performance Standards (MPS) that the Contractor must meet and Goals that the Contractor should strive to achieve. Those measures are evaluated to determine what regulatory actions should be taken. At a minimum, measures that fail to meet the MPS require a Corrective Action Plan. Additional actions could include mandatory technical assistance, Notices to Cure, and financial sanctions.

Re-evaluation/Re-development of Performance Measures

AHCCCS has implemented a payment reform initiative (PRI) for the Acute Care, Childrens Rehabilitative Services (CRS) and ALTCS populations that is designed to encourage Contractor activity in the area of quality improvement, particularly those initiatives that are conducive to improved health outcomes and cost savings, and those related to child and adolescent health. This PRI process will be performed annually on a contract year basis.

The contracts executed with health care providers, governed by shared savings arrangements will have increases according to the tables immediately below:

Acute:

YEAR	INTENDED MINIMUM VALUE PERCENTAGE AND CONTRACTOR
CYE 16	20% - ACUTE
CYE 17	35% - ACUTE
CYE 18	50% - ACUTE
CYE 19	50% - ACC
CYE 20	60% - ACC
CYE 21	70% - ACC

ALTCS/EPD & MA/DSNP:

ALTCS	
YEAR	INTENDED MINIMUM VALUE PERCENTAGE (ALTCS/EPD AND MA-DSNP)
CYE 16	15%
CYE 17	25%
CYE 18	35%
CYE 19	50%
CYE 20	60%
CYE 21	70%

CRS:

YEAR	INTENDED MINIMUM VALUE PERCENTAGE
CYE 18	50%
CYE 19	60%
CYE 20	70%
CYE 21	70%

Performance Improvement Projects (PIPs)

AHCCCS currently has a two Performance Improvement Projects (PIPs) under way, The PIP for E-prescribing is required for all Contractors including the Regional Behavioral Health Authorities (RBHAs). The Developmental Screening PIP is required for all Contractors (excluding RBHAs) for all lines of business. Both are designed to improve enrollee health outcomes and satisfaction.

- E-Prescribing - The purpose of this PIP is to increase the number of prescribers electronically prescribing at least one prescription and increase the percentage of prescriptions which are submitted electronically, in order to improve patient safety. The baseline measurement period for this PIP was Contract Year Ending (CYE; federal fiscal year) 2014. Baseline data has been collected, validated and released to Contractors. Efforts are currently underway to collect and validate data for remeasurement year 1. Additionally, the three RBHA Contractors have divergent baseline years due to different contract start-up dates. The baseline measure for two RBHAs began in 2016, whereas one RBHA had a baseline year beginning in 2015. Efforts are underway to collect and validate data from each of the RBHAs.

- Developmental Screening - The purpose of the Developmental Screening PIP is to increase the number of early life screenings for members at 9, 18, and 24 months of age to ensure that developmental delays are identified early and referred for appropriate follow-up and treatment. The PIP measure has focused on the number of children receiving a developmental screening at the appropriate age intervals versus the total number of children in each age group. Although not formally tied to the PIP measurement, AHCCCS will be evaluating whether or not follow-up appointments are scheduled and maintained for any concerns identified through the screening process. Additionally, AHCCCS will monitor the care coordination process and Contractor oversight of the screening and referral processes. The baseline measurement was reflective of Contract Year Ending (CYE) 2016. Efforts continue for collection and validation of data for remeasurement year 1.

Including Medical Quality Assessment and Performance Improvement Requirements in AHCCCS Contracts

Contracts with MCOs are reviewed at least annually to ensure that they include all federally required elements prior to renewal. In addition, contracts are reviewed for clarity and for opportunities to strengthen expectations and/or promote new opportunities. AHCCCS has begun efforts to identify Performance Improvement Projects targeted to begin CYE 2018.

Regular Monitoring and Evaluating of Contractor Compliance and Performance

AHCCCS monitors and evaluates access to care, organizational structure and operations, clinical and non-clinical quality measurement and performance improvement outcomes through the following methods.

- *On-site Operational Reviews* - Operational and Financial Reviews (ORs) are used by AHCCCS to evaluate Contractor compliance related to access/availability and quality of services, including implementation of policies and procedures and progress toward plans of correction to improve quality of care and service for members.

- *Review and analysis of periodic reports* - A number of contract deliverables are used to monitor and evaluate Contractor compliance and performance. AHCCCS reviews, provides feedback and approves these reports as appropriate.

    - Quarterly EPSDT and Adult Monitoring Reports - AHCCCS requires CRS, Acute, ALTCS and RBHA Contractors to submit quarterly EPSDT and Adult Monitoring Reports, demonstrating their efforts to sustain or improve annual performance rates for all contractually mandated performance measures as well as their efforts to inform families/caregivers and providers of EPSDT/Adult services. AHCCCS has developed a template for Contractors to report data on member and provider outreach, as well as Contractor rates for various EPSDT and adult services. The template prompts Contractors to evaluate the effectiveness of activities, including care coordination, follow up and new or revised interventions to improve quality and access to care. These reports are received and reviewed on a quarterly basis.

    - Annual Plans - QM/QI, EPSDT, MCH and Dental – AHCCCS requires all lines of business to submit an annual plan which will address details of the Contractors' methods for achieving optimal outcomes for their members. A separate report is submitted for Quality Management and Improvement (QM/QI).

    - Integrated Care Reports – Previously, only those plans (e.g. Integrated RBHAs) that followed an integrated model, were required to submit distinct Integrated Care reports. However, as of October 1, 2017 all Contractors for ALTCS/EPD were also required to submit integrated care reports. These reports focus on the quality and quantity of coordination and integration activities.

- *Review and analysis of program-specific Performance Measures and Performance Improvement Projects* - AHCCCS considers a Performance Improvement Project (PIP) as a planned process of data gathering, evaluation, and analysis to determine interventions or activities that are anticipated to have a positive outcome. PIPs are designed to improve the quality of care and service delivery and usually last at least four years. While

Contractors may select and implement their own PIPs to address problems specific to their plans, AHCCCS mandates other program-wide PIPs in which Contractors must participate, and monitors performance until each Contractor meets requirements for demonstrable and sustained improvement.

Another method by which AHCCCS monitors the quality and appropriateness of care provided to members is through Performance Measures. Contractors submit encounter data to AHCCCS, which measures each Contractor's performance and evaluates its compliance in meeting contractual performance standards for specific health care services. Under their contracts with AHCCCS, Contractors are required to improve their rates for Performance Measures and achieve specific goals for each. AHCCCS requires corrective action plans from Contractors that do not meet the Minimum Performance Standard, or that show a statistically significant decline in their rates. Significant financial sanctions can be imposed by AHCCCS if Contractors do not improve performance to a level that meets or exceeds the minimum standard.

Maintaining an Information System that Supports Initial and Ongoing Operations

AHCCCS maintains a robust information system—the Prepaid Medical Management Information System (PMMIS)—that documents all members, their claims and encounter data, plus many other data points. PMMIS data feeds into the AHCCCS Data Warehouse, which is the centralized system used for data analytics. There is a newly formed Data Integrity team that supports maintaining valid, accurate, and reliable data; this team is made up of data users and system experts from across the Agency and meets at least quarterly to discuss any issues or opportunities around the data and systems. AHCCCS has focused on building data expertise within every division of the Agency, promoting data analytics as the cornerstone of operations and monitoring/oversight activities.

Reviewing and Revising the Quality Strategy

AHCCCS continues its efforts to implement the new Managed Care Rule through revisions of the Agency's Quality Strategy. The focus of revisions is to create a cohesive reflection of numerous efforts underway around integrated care, increased member satisfaction, and improvement of clinical outcomes. QM is in the process of leading a cross-functional Agency team to draft a practical Quality Strategy that brings together the requirements of the Rule as well as the mission, vision, and operational goals of the Agency.

Attachment 3: Arizona Health Care Cost Containment System (AHCCCS)
Quarterly Random Moment Time Study Report
January 2018 – March 2018

The January through March 2018 quarter for the Medicaid School Based Claiming (MSBC) program Random Moment Time Study (RMTS) was completed successfully with the administrative, direct service, and personal care time study cost pools.

Active Participants

The "*Medicaid Administrative Claiming Program Guide*" mandates that all school district employees identified by the district's RMTS coordinator as being qualified to provide direct services or administrative activities participate in a RMTS. Staff rosters are updated by RMTS coordinators on a quarterly basis to ensure accuracy of participants in the time study. The table below shows the number of participants in the administrative, direct service, and personal care time study staff pools at the beginning of the quarter.

Staff Pool	January – March 2018
Administrative	3,097
Direct Service	3,262
Personal Care	5,384

The table below demonstrates the administrative, direct service, and personal care time study achieved the 85% return rate in the January to March 2018 quarter.

The return rate reflects number of responses received divided by the total number of moments generated per quarter.

Return Rate

Cost Pool	Moments Generated	Valid Response	Return Rate
Administrative	3,200	3,110	97.19%
Direct Service	3,400	3,251	95.62%
Personal Care	3,500	3,170	90.57%