

February 10, 2020

The Honorable Douglas A. Ducey
Governor of Arizona
1700 W. Washington
Phoenix, AZ 85007

Dear Governor Ducey:

Pursuant to A.R.S. §36-2917.01, please find enclosed the 2019 AHCCCS Report on Clinical Oversight Review Committee Activities. Please do not hesitate to contact me if I can answer any questions or provide additional information.

Sincerely,



Jami Snyder
Director

cc: The Honorable Karen Fann, President, Arizona State Senate
The Honorable Russell Bowers, Speaker, Arizona House of Representatives
The Honorable Nancy Barto, Arizona House of Representatives
The Honorable Kate Brophy McGee, Arizona State Senate



**Report to Governor Doug Ducey, Senate President Karen Fann,
House Speaker Russell Bowers, Senator Kate Brophy McGee,
and Representative Nancy Barto Regarding the AHCCCS
Clinical Oversight Committee Activities for 2019**

February 2020

Jami Snyder, Director

BACKGROUND

Pursuant to A.R.S. §36-2917.01, annually on or before February 1st, AHCCCS shall provide a report to the Governor, the President of the Senate, the Speaker of the House of Representatives, the chairperson of the health and human services committee, or its successor, in the senate and the chairperson of the health committee, or its successor, in the House of Representatives and shall provide a copy of this report to the Secretary of State.

The report shall include:

1. A summary of topics reviewed by the clinical oversight review committee in the preceding year; and
2. Any recommendations relating to quality performance metrics stemming from the committee's activities.

COMMITTEE STRUCTURE

The AHCCCS Clinical Oversight Committee was established in 2016. For 2019, the Committee met on the following dates:

- March 27, 2019
- June 26, 2019
- September 25, 2019
- December 19, 2019

The Committee includes representatives from the following Divisions:

- Office of the Director (OOD)
 - Agency Leadership
 - Clinical Project Management
- Information Services Division (ISD)
 - Office of Business Intelligence
- Division of Health Care Management (DHCM)
 - Clinical
 - Operations (including Network)
 - Finance
- Division of Community Advocacy and Intergovernmental Relations (DCAIR)
 - Office of Human Rights (OHR)
 - Office of Individual and Family Affairs (OIFA)
 - Federal Relations and Communications Unit
- Division of Fee-for-Service Management (DFSM)

Information from the Committee is presented at the following meetings to ensure transparency and frequent communication with/feedback from members and stakeholders:

- AHCCCS Community Quality Forum
- OIFA Advisory Council
- AHCCCS Opportunities and Trends Committee (led by OHR)
- Arizona Long Term Care System (ALTCS) Advisory Council (as needed)
- AHCCCS Policy Committee

COMMITTEE TOPICS AND RECOMMENDATIONS

March 2019 Committee Meeting

The March meeting was chaired by Dr. Sara Salek, Chief Medical Officer, and was facilitated by Jakenna Lebosck, Clinical Administrator and Eric Tack, Program Manager, Maternal Child Health (MCH)/Early Periodic Screening, Diagnostic and Treatment (EPSDT), with all appropriate areas from the agency represented. The agenda and recommendations were as follows:

- **Follow-Up from Previous Meeting:**
 - A report of gap data, based on discussion and recommendations from the prior meeting, was provided.
- **Standing Reports/Updates:**
 - *Consumer and Community Involvement:*
 - The OIFA report was deferred for the March meeting
 - AHCCCS Community Quality Forums:
A summary of the March 19th meeting was provided. Meeting topics included an overview of the crisis system, including the identification of resources outlined on the AHCCCS website. Policy updates were provided along with an overview of the policy process. Various other department updates were offered (e.g. OIFA and Workforce Development as they relate to AHCCCS quality endeavors). An update was provided on the status of the QOC portal, and the RBHAs provided overviews of their behavioral health referral processes.
 - *Network Updates:*
Updates regarding efforts with DDD to improve efficiencies in submitted deliverables were provided, and network gaps were summarized (primarily in the northern region).
Follow-Up: The committee will continue to monitor Managed Care Organization (MCO) efforts to address maintenance of pediatric dentistry network sufficiency.
 - *Division of Developmental Disabilities (DDD) Oversight:*
Integrated contracts were awarded to Mercy Care and United. No bids were submitted for the Quality Management (QM) RFP; DES/DDD will identify external consultant(s) for QM issues.
Recommendations: The AHCCCS Clinical Administrator will continue her engagement with DES/DDD.
Follow-Up: The Clinical Administrator will participate in any future effort that the Division undertakes to procure QM support.
 - *Comprehensive Medical and Dental Program (CMDP) Oversight:*
Updates indicate that approximately 30 weeks of data is available and weekly counts have been provided for 21 Day Shelter Status. Quarterly meetings are occurring with RBHAs regarding trends in the data.
 - *Delivery System:*
AHCCCS is in the process of completing re-evaluation of the AHCCCS Medical Policy Manual (AMPM) policies related to peer review and QM. The goal is to have these processes more closely align with the quality strategy to ensure consistency across programming, reporting, performance measures and outcome expectations.
Follow-Up: Once all processes are outlined, the Committee would like an overview of any substantive changes.
- **Opioid Update:**
 - Review of the data indicates that raw numbers are still increasing for deaths due to opioid use.

Oxycodone and heroine are still #1 and #2; most deaths are due to polysubstance use. Arizona's statistics are improving (e.g. improvement from being 6th worse in 2015 to 26th worse in 2017).

Follow-Up: The committee would like an annual update (or more frequently if major developments warrant more timely discussion).

June 2019 Committee Meeting

- **Follow-Up from Previous Meeting:**

- *None noted*

- **Standing Reports/Updates:**

- *Community & Consumer Involvement:*

OIFA Operations and Trends: An overview of OIFA, which was originally implemented under the strategic plan of the Arizona Department of Health Services/Behavioral Health Services division, was provided. Changes since Administrative Simplification were noted, including the addition of a Foster Care Liaison and development of "One Pagers" that are on the AHCCCS website.

- *Network Update:*

An update was provided on DDD's Notice to Cure related to service delivery and authorization. No material changes were reported for MCOs.

- *DDD Oversight:*

Ongoing monitoring efforts will occur through operational reviews and ad-hoc reports. AHCCCS will also work with recent health plan awardees (Mercy Care and United) to ensure coordination efforts are well understood, particularly for DD members with mental health diagnoses.

- *CMDP Oversight:*

A data dashboard update was provided regarding 21 Day Shelter Status and foster care counts. Summary graphs were presented regarding new coordination efforts between RBHAs and CMDP for children receiving psychotropic medication; efforts began on April 1st.

- *Quality Improvement (QI) Update:*

- *Exclusive Pharmacy Prescribers:* AHCCCS is evaluating overutilization and indicators of potential medication/prescribing fraud via coordination with the AHCCCS Office of the Inspector General (OIG);
- *ED Wait Times:* MCOs continue to monitor ED Wait Times; a workgroup will be convening to identify deliverable requirements.
- *Alignment of Performance Measures:* AHCCCS will begin using an external data steward for analysis of performance measure data. Strategies to improve performance measure data analysis will include utilization of a steering committee and an increase in whole agency involvement. AHCCCS will also proactively move toward alignment with CMS scorecard 2024 requirements for Medicaid plans.
- *Clinical Dashboard Revision:* Attendees discussed suggested changes in the clinical dashboard presentation, seeking ideas on presentation, formatting, frequency, and content, with a focus on providing increased insight on health plan performance.

Recommendations: A sub-group should work on a future reporting template and report back to the committee for final review/approval.

Follow-Up: Once CYE 2018 performance measures are available, the committee would like to review the results and how they align with the CMS Scorecard and other available benchmark data.

September 2019 Committee Meeting

- **Follow-Up from Previous Meeting:**

- *None noted*

- **Standing Reports/Updates:**

- *Network Update:*

A Notice to Cure for DDD was issued, to improve methodology processes for gathering data. Material changes were reported for both Steward and Care 1st for their contracted pharmacy networks.

Follow-Up: The committee would like to better understand the DDD metrics once a final methodology is selected and consistent data is available for review.

- *DDD Oversight:*

New leadership is in place; DDD is in the process of restructuring. There will be an upcoming meeting between AHCCCS and DDD to address the new quality vendor.

- *CMDP Oversight:*

AHCCCS dashboard results for August were reviewed. Rapid response results are potentially negatively affected due to families declining the option of this service.

Recommendations: The committee discussed if there was any kind of education around rapid response services, the purpose, and benefit of a timely assessment. It was believed that the Department of Child Safety (DCS) case managers do educate on this; however, this was to be confirmed at the next DCS/CMDP/AHCCCS Operations meeting.

- *QI Update:*

A performance measure update was provided on performance measures related to opioid use, alcohol and drug abuse or dependence; results were presented for RBHA population differences (SMI vs. General Mental Health).

Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey results were summarized for coordination of care; the majority of findings rated at 3 stars or higher.

Recommendations: The performance measure data should be discussed at the next AHCCCS Community Quality Forum in order to obtain stakeholder insight on the data elements and variance between populations specific to alcohol/drug dependence treatment.

- *Substance Use Programming:*

An overview was provided of the program purchased through grant funding, to utilize a web-based platform (AZ WITS) for use with the American Society of Addiction Medicine (ASAM) Continuum model of substance use assessment and treatment. The goal is to implement by summer of 2020.

- *Out of State Placement:*

A review of the frequency graph that identified placements by age and location was provided. The goal is to have capability set up to allow for direct data input by plans into the AHCCCS QM portal.

Recommendations: The Integrated Care Team should assess the current data available, determine if any other teams would benefit from the data, and also work to ensure that internal validation checks match what is being reported by the MCOs.

Follow-Up: The committee would like to know when the process change is in place regarding the new portal.

- *Agency Scorecard:*

The Agency Scorecard for 2020 will include 37 overall metrics, including 15 strategic and 22

operational metrics. DHCM will be responsible for 12 of the total overall metrics.

Recommendations: The committee chair/facilitators may want to consider an annual report of the metrics that are specifically driven by clinical efforts so that the group is aware of the progress or improvement opportunities.

○ *Community & Consumer Involvement:*

● *Continuum of Care Update:*

An overview of the Continuum of Care meetings that have been ongoing since May 2019 was provided. Workgroups include members from the community with a focus of identifying gaps, using solutions based on potential impacts (fiscal, statutory/policy, regulatory, and research/assessment).

A review of recent and upcoming general public forums, as well as tribal forums, was provided. Forum topics have included integration, findings of integration efforts, contract updates, 1115 Waiver and social determinants.

Follow-Up: The committee would like updates on any new initiatives that impact clinical as these efforts continue.

December 2019 Committee Meeting

● **Follow-Up from Previous Meeting:**

- Eric Tack provided update on outreach to First Things First for assistance with recruitment of pediatric dentists; awaiting follow-up response from First Things First. AHCCCS outreach will continue.

● **Standing Reports/Updates:**

○ *Quality Strategy Update:*

For 2019, there is a focused effort on alignment of the Quality Strategy with the CMS Scorecard, along with both Adult and Children's Core Set Measures.

AHCCCS will utilize Health Services Advisory Group (HSAG) for external data validation; HSAG utilizes NCQA-Certified software to analyze performance measure data.

There is increased focus on improvement of EPSDT-related metrics with emphasis on "back-to-basics" of EPSDT requirements.

○ *Community & Consumer Involvement/OIFA Update (OIFA 2.0):*

The history of OIFA was reviewed, along with the Arizona implementation structure and philosophy. The 2019 OIFA Summit recommendations were outlined.

○ *Network Update:*

Northern area updates included transportation vendor changes to increase capacity and a decision to suspend the pharmacy network change.

The Care 1st transition to Advantica (dental administrator) occurred with no complaints.

AHCCCS is working with DDD regarding recent suspension of a therapy provider along with the process to transition members to other therapy providers.

Follow-Up: The committee would like an update on the therapy impacts if there are any barriers or concerns noted as part of the transition process.

○ *DDD Oversight:*

DDD has interim management in place; Liberty Healthcare is on board for the next three years to support the QM units.

○ *CMDP Oversight:*

Dashboard results were shared with the group; discussion involved clarification of criteria for

measuring mobile crisis and rapid response time frames and differences in authorization and utilization of therapeutic foster care services. AHCCCS is in the process of developing formal AMPM policy to cover therapeutic foster care placement and service criteria.

- Discussion ensued regarding ideas to have individual plans explain variations in foster care data to AHCCCS during one of the upcoming quarterly meetings with the plans.

Follow-Up: The OOD Clinical Project Manager will ensure that the new data points/discussion is added to the next MCO/DCS/AHCCCS quarterly meeting. If there are any specific notations or take-away items, those will be reported back to the committee for informational purposes.

○ *QI Update:*

MCO-specific 2018 performance measure data should be available toward the end of 2019 or beginning of 2020. A brief review was provided regarding statewide hospital psychiatric data with AHCCCS showing performance levels higher than the national mean on the same measures. Results for the initial engagement for opioid treatment show higher rates than ongoing engagement in treatment.

Follow-Up: The committee would like a comprehensive overview of MCO-specific and statewide performance measure data once it is available. The QI team should highlight areas for improvement either by specific MCOs or as a state, in comparison to CMS Scorecard data and other relevant national metrics.

○ *Overdue Case Management Visit Data:*

AHCCCS is working with the ALTCS MCOs to improve the ability to consistently measure overdue case management visits across all three plans; however, the majority of the work is still with ISD.

Recommendations: The Case Management Program Manager should again follow-up with ISD to see if a timeline has been established for issue resolution. The Assistant Director should be engaged as necessary to ensure that the solution is moved forward in a timely manner.

Follow-Up: The committee would like an update on the progress of these efforts at the next meeting.

○ *Medicaid Waiver Update:*

AHCCCS will soon begin to prepare for the next 1115 Waiver update. The history and requirements of the Waiver process were provided to educate staff.

Follow-Up: If any specific metrics impact the clinical aspects of operation, ongoing updates should be provided to the committee.

○ *Pregnancy Data:*

Per SB1040 requirement, data was presented on underage pregnancy according to age, race, county, health plan and method of delivery.

Recommendations: The data should be evaluated based on per 1,000 members to normalize the rates.

Follow-Up: The committee would like to review this data annually.

○ *Behavioral Health in Schools:*

An update for 2019 indicated services have been provided to 13,937 children in 568 schools.

○ *Opioid Treatment Update:*

An update was provided on the development of the "Oxford House" program, which focuses on opioid treatment for men, women, pregnant women and women with children. AHCCCS has partnered with Arizona Complete Health, Mercy Care and Steward to develop community-based residential settings. Both the Opioid State Targeted Response (STR) and State Opioid Response (SOR) grant funding is being utilized to assist with treatment programming.

- Discussion regarding availability of outcome data: data does exist to show that there is only a 13% relapse rate for individuals that have gone through Oxford House programming.

Recommendations: Information should be shared with the AHCCCS Complete Care (ACC) plans to increase opportunities for awareness of Oxford House programming that is open to anyone (e.g. Title XIX, Non-Title XIX or private pay).

- *Agency Scorecard Healthcare and Housing (H2) Program:*

As part of the Governor's Scorecard initiative, AHCCCS has been involved in reducing homelessness in downtown Phoenix. Significant partnerships have taken place with other multidisciplinary agencies and three housing authorities to improve access to available housing. To date, 23 individuals have been placed in housing.

The Committee continues to support greater awareness of clinical activities across the Agency while providing a forum for member and stakeholder feedback to be evaluated and incorporated into clinical operations. As a result of the Committee, there is enhanced monitoring and oversight of MCO performance and new opportunities to review system-wide clinical performance in areas such as network adequacy and quality of care. In recognition of continuous improvement opportunities, management of the Clinical Oversight Committee is transferred to OOD under the auspices of the Chief Medical Officer beginning in calendar year 2020. The Chief Medical Officer and her team will conduct a review of the Committee, its charge and focus, and implement changes as appropriate.