NASHP: States' Use of Technology to Support Older, Rural Adults Aging in Place: Spotlight on Arizona

For audio, please dial:
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464753

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2-3 pm ET

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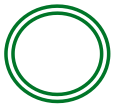
Agenda



- Introduction
- Value Based Payment
- Arizona's ridesharing model
- Electronic Visit Verification (EVV)
- Discussion
- Wrap up and evaluation

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Issue: Compounding age and location

- **Aging US Population:** Currently over 46 million adults over age 65
  - Within the next decade, the youngest group of the Baby Boom generation will turn 65, increasing that total by nearly 18 million.
  - Following that increase, 20% of Americans will be age 65 years old and over as of 2030
- **Rural Demographics:** Current rural populations are older than urban populations
  - Older adults represent a disproportionate share of rural populations
  - As of 2010, 25% of Americans age 65 and older lived in rural areas

Sources: https://www.ruralhealthinfo.org/toolkits/aging/1/demographics & https://www.census.gov/content/dam/Census/library/publications/2015/demo/p25-1143.pdf & https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3615459/

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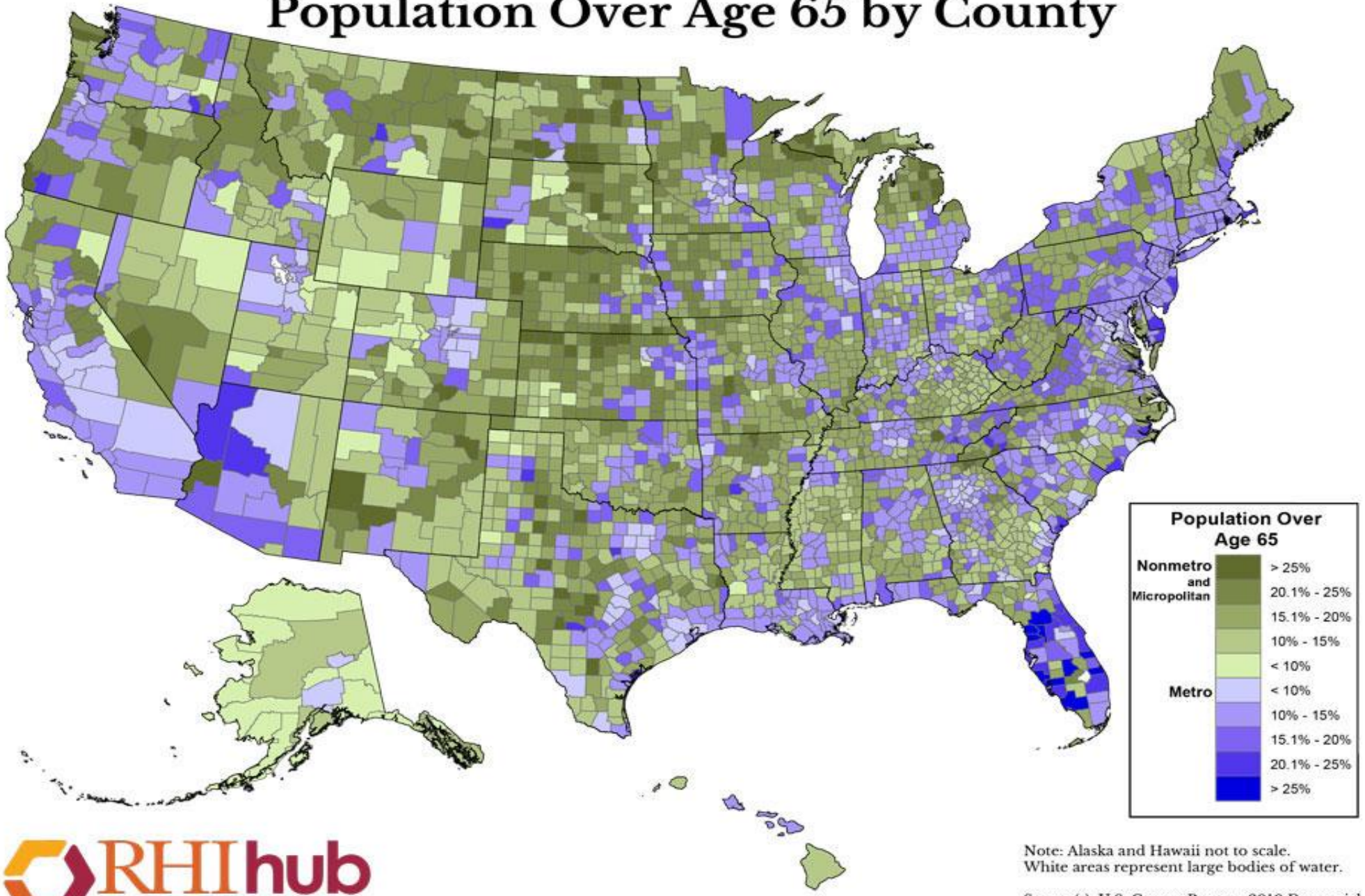
Population Over Age 65 by County



RHIhub
Rural Health Information Hub

Note: Alaska and Hawaii not to scale.
White areas represent large bodies of water.

Source(s): U.S. Census Bureau, 2010 Decennial Census, Summary File 1

Themes in accessing authority to support policy change

Areas of Opportunity

- Increasing workforce and training opportunities
- Providing facilitation for access to services
- Addressing social determinants of health

Leverage

- **Legislation** to establish programs/**budget** items to support
- **Regulation** and often, accompanying **guidance** for providers and facilities
- MCO **Contracts** and system **partnerships**
- **1115 Medicaid waivers** to demonstrate innovative programs

Spotlight on Arizona

- NASHP highlighted initiatives from a diverse cohort of states – Alaska, Arizona, Georgia, Idaho, Minnesota, New Mexico, Tennessee, and Washington
- Today, we'll look specifically to Arizona to take a deep dive into a range of programs and policies designed to support older adults in rural areas

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AHCCCS
Arizona Health Care Cost Containment System

NASHP Webinar: VBP Initiatives to Support Older, Rural Adults Aging in Place

November 12, 2019

Value Based Payments (VBP)

- Arizona Medicaid is an Integrated Managed Care state
  - Integrated physical, behavioral, and LTSS services
  - Including Arizona Long-Term Care System (ALTCS) for the Elderly & Physically Disabled (EPD)
- Multiple VBP Initiatives:
  - APM Performance Based Payments (PBP) incentive arrangements
    - MCOs Contracting with Providers for Quality Outcomes
  - APM Withhold and Quality Measure Performance (QPM) incentive
    - MCOs Achieving Quality Outcomes
  - Differential Adjusted Payments (DAP) directed payments
    - Providers Achieving Quality Outcomes

Performance Based Payments (PBP)

- Incentive arrangements with MCOs that contract with providers under the Alternative Payment Model – Learning Action Network (APM-LAN)
- Required to contract a % of payments under 2B and higher:
  - ALTCS EPD: CYE 18 35%; CYE 19 50%; CYE 20 60%; CYE 21 70%
  - https://www.azahcccs.gov/shared/Downloads/ACOM/PolicyFiles/300/307.pdf

Quality Performance Measures (QPM)

- Must meet PBP % of payments requirements to participate
- 1.0% capitation MCO withhold – earn back based on QPMs
- CYE 20 ALTCS EPD QPM Minimum Performance Standards
  - Ambulatory Care - ED Utilization (AMB): All Ages <=73 Per 1,000 MMs
  - Plan All-Cause Readmissions (PCR) <=14%
  - Diabetes Short-Term Complications Admission Rate (PQI 01) 20 Per 100k
  - Annual Monitoring for Patients on Persistent Medications (MPM): Combo Rate 87%
  - Heart Failure Admission Rate (PQI 08) 128 Per 100k
- https://www.azahcccs.gov/shared/Downloads/ACOM/PolicyFiles/300/306.pdf

Differential Adjusted Payments (DAP)

- Directed Payments – 438.6(c) and State Plan Amendment
- Positive adjustment to fee schedule rates
- Purpose is to distinguish providers committed to supporting designated actions that:
  - Improve patients' care experience
  - Improve members' health, and
  - Reduce cost of care growth
- One year, time-limited increases based on meeting criteria

CYE 2020 DAP Initiatives

- 19 separate initiatives across nearly all provider types
- Increases ranging from 0.5% to 40% on select services
- Initiatives that support technology and older rural adults:
  - Promoting Health Information Exchange (HIE) activities
  - Ensuring financial viability of Critical Access Hospitals (CAHs)
  - Measuring quality outcomes for older members in nursing facilities
  - Provider input into the Electronic Visit Verification (EVV) system
- https://www.azahcccs.gov/AHCCCS/Downloads/PublicNotices/rates/FinalNoticeOfPublicInformationDifferentialAdjustedPaymentsEffectiveOctober_1_2019-September_30_2020_DatesOfService.pdf

Health Information Exchange (HIE)

- Participation in key HIE activities
  - Transfer admission, discharge, and transfer (ADT) information
  - Submit patient identifiable immunization data
  - Complete a data quality profile

- Critical Access Hospitals (CAHs) meeting HIE critieria
  - 35 miles from another hospital; provide 24/7 emergency care
  - <=25 acute IP beds; <=96 hrs average length of stay
  - 8.0% increase on all inpatient and outpatient services

Nursing Facility Quality Outcomes

- Pressure Ulcer Performance Measure (+1.0%)
  - <=State-Wide Arizona Average percentage measure
  - Medicare Nursing Home Compare website
  - % of long-stay, high-risk residents with State II-IV pressure ulcers
  - Reported in Minimum Data Set (3.0)
- Urinary Tract Infection Performance Measure (+1.0%)
  - <=State-Wide Arizona Average percentage measure
  - Medicare Nursing Home Compare website
  - % of long-stay residents with a UTI
- Developed in partnership with providers & stakeholders

EVV Provider Survey Participation

- Home and Community Based Services (HCBS) Providers
  - Receive 1.0% increase on select EVV qualifying services
  - Participate in EVV provider readiness survey
- Gathered key information to inform implementation
  - Current provider practices and technologies
  - Expected usage of new system
  - Feedback on device and connectivity options
- https://www.azahcccs.gov/AHCCCS/Downloads/EVV/SurveyMonkey_171872956.pdf

Discussion

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Arizona Health Care Cost Containment System

Non-Emergency Medical Transportation: Addition of Ride Share Provider Type

Background

- MCOs mandated to provide enrolled members non-emergency medical transportation (NEMT) services to and from medically necessary services
- Majority of the MCOs contract with a broker to supply NEMT
- FFY 2018
  - 13.7% of AHCCCS members used NEMT
  - $283 million
  - 2.8% of total FFY 18 service spend

Assessing the Need

- Ongoing concern related to capacity, particularly during "high volume" months
- Increased demand due to expansion of OUD treatment
- Specific populations served by Arizona Medicaid program that could benefit from additional "curb to curb" capacity

Rideshare Model

- Established new provider type for rideshare (transportation network companies/TNCs) on May 1, 2019
- The TNC may, but is not deemed to own, operate, or control a personal motor vehicle of a TNC driver
- The TNC must meet requirements of Title 28, Chapter 30, Article 3 of the A.R.S. and have been issued a permit by the Arizona Department of Transportation pursuant to A.R.S. § 28-9552

Rideshare Model

- TNCs must use a digital network or software application to connect members to transportation services provided by TNC drivers
- TNCs must provide services to members, and bill, through an NEMT broker contracted with an MCO
- Member rides coordinated through the NEMT broker
- Information provided to TNC driver limited to member's first name, "masked" phone number and pick-up and drop-off address

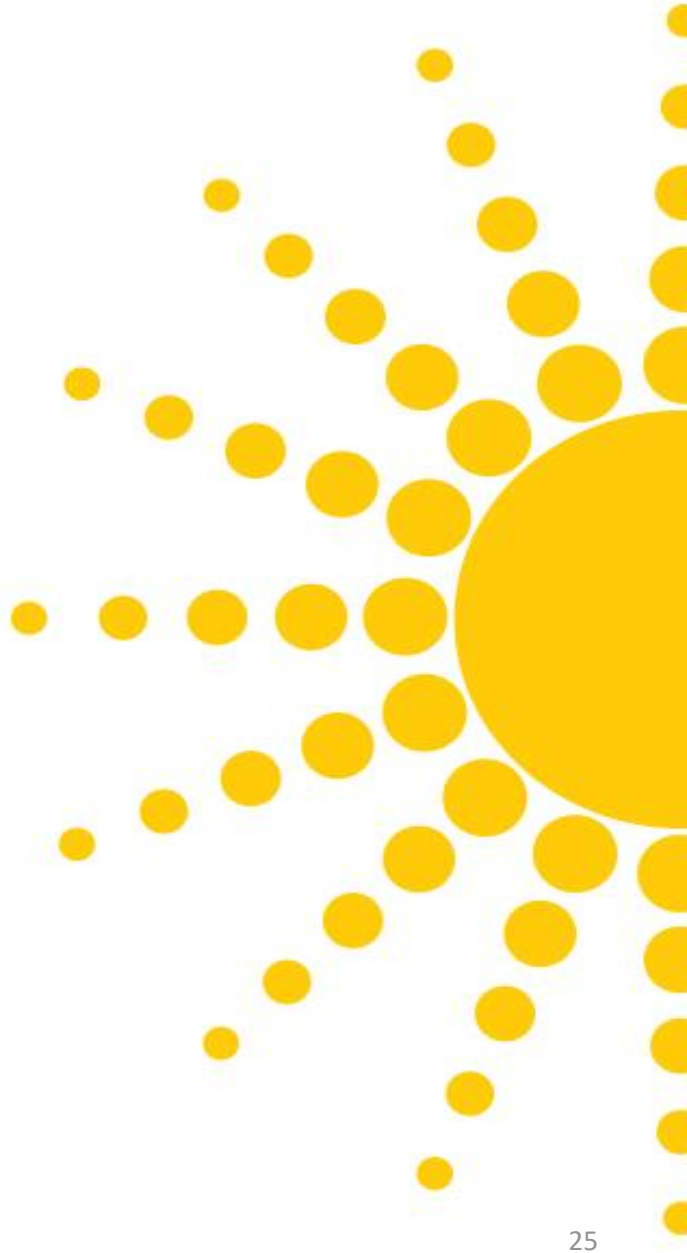
Rideshare Model

- TNC is required to maintain all driver records
  - Criminal background records
  - Federal health care program exclusion information
  - Vehicle inspections and reports
  - Service logs
  - Trip logs
  - Enforcement actions

Rideshare Model

- Reduced training requirements for TNCs
- Reduced rate of reimbursement
  - Base rate: 60.3% of urban NEMT base rate and 60.3% of rural NEMT base rate
  - Mileage rate: 52.3% of urban NEMT mileage rate and 60.3% of rural mileage rate
- For more information: https://www.azahcccs.gov/AHCCCS/Downloads/PublicNotices/rates/TNCPublicNotice050119revised.pdf

Questions



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AHCCCS E.V.V.

ELECTRONIC VISIT VERIFICATION

www.azahcccs.gov/EVV

What is EVV?

- A Federal Mandate per Section 1903 of the Social Security Act (42 U.S.C. 1396b) requires electronic verification of personal care and home health services that span across all lines of AHCCCS business (ACC, RBHA, ALTCS):
  - Type of service performed
  - Individual receiving and providing the service
  - Date and Time the service begins and ends
  - Location of the service
- AHCCCS is planning to implement EVV within the first half of 2020.

Open-Vendor Model

- AHCCCS is employing the system as an Open Vendor Model with one statewide EVV contractor, Sandata Technologies.
- Providers will be able to continue to use existing EVV systems or choose an alternate EVV vendor that has been approved by AHCCCS to meet general and Arizona specific requirements for EVV.

AHCCCS' Strategy for EVV

- EVV will help AHCCCS make sure that members get the services they need when they need them.
- EVV will support AHCCCS to further mitigate and track access to care issues by providing data to monitor network adequacy and workforce development planning.

Access to Care: Initial Service

- All services will require an **authorization** from the Health Plan including the date an assessment was made for medical necessity of the service
- The EVV system will help to track if the service was initiated within:
  - 14 days for existing members
  - 30 days for newly enrolled members

Access to Care: Gaps in Care

- Providers will enter a **plan of care** including services and tasks/goals to be performed
- Providers will enter the **schedule** for DCWs based upon the plan of care
- Providers will discuss a **contingency plan** with the member and enter the member's preferences when visit does not occur as scheduled

Access to Care: Gaps in Care

- If a visit does not occur as scheduled, the EVV system will generate **alerts** at 15 and 30 minute intervals
  - 1st Alert - Case manager/service coordinator with the provider agency
  - 2nd Alert – Supervisor of the case manager/service coordinator
- Alerts will stop after action has been taken (i.e. service is initiated, service rescheduled. etc.)
- AHCCCS will be able to track the reasons visits did not occur as scheduled and whether or not the contingency plan was utilized

Workforce Development

- AHCCCS will use data on Direct Care Workers (i.e. hire and end dates) to support workforce development planning
- Data will be used to track retention including the number of DCWs:
  - Serving only one member
  - Providing services through multiple agencies
  - Leaving one agency to work for another agency

Question & Answer

To ask a question, please type it into the **‘chat’ box**.

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Thank You!

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