

AHCCCS Update

Topics to Cover

- Tribal Consultation Update
- Health Care Reform
- Budget

AHCCCS Strategies

- Consult in timely manner
- Educate
- Collaborate
- Leverage All Inclusive Rate Resources
- Improve Health outcomes

Tribal Consultation

- 20 Consultations since 2006 – This is the first one not held at AHCCCS
- 2010 – 7th Consult – 2 more scheduled – Tri-agency meeting on budget – Direct Care worker requirements – DSH payments – Medicaid incentive payments for E.H.R. – budget changes
- 2009 – 7 Consultations – budget – benefit changes – rate cuts – tribal case management methodology change
- 2008 – 1 Consultation
- 2007 – 3 Consultations
- 2006 – 2 Consultations

Educate and Collaborate

- Carol made comprehensive presentation to 70 managers at AHCCCS educating them on I/T/U.s and some of the unique issues facing Tribal members enrolled in AHCCCS
- AHCCCS is seeking collaboration on various issues
 - Medicaid Incentive Payments
 - Health Information Network
 - Health Care Reform

Health Outcomes

- Managed Care Organizations go through extensive evaluations of measures
 - Immunizations
 - Well child check up
 - Dental visit
- AHCCCS would like to work toward getting a better understanding of the existing measures in place today

Health Care Reform

Several Components exist in Arizona

- Population Expansion
- Appropriate Payment to ensure access
- Emphasize home and community services
- Develop models to meet challenges of dual eligible population

Health Care Reform

Challenges

- Meet continued maintenance of effort requirements
- Develop Exchange Plan and Implement
- Meet vast number of new programmatic mandates
 - Non-payment for health care acquired
 - FFS focused Program Integrity mandates
 - MCO Drug Rebate Program
 - Timelines

Health Insurance Exchange

- Nationally anticipated to enroll up to 24 m
- Provide electronic marketplace for those receiving subsidy
- Legislation establishes variety of plans
- Exchange is responsible for regulating plans offered
- Exchange is responsible for interfacing with Medicaid to determine if eligible

Exchange Policy Questions

- Should the State Run an Exchange?
- If Yes where should it be housed? – Insurance – AHCCCS – New Entity
- How do we get a decision by the Spring of 2011?
- What is role of AHCCCS in exchange and can current member enrollment infrastructure be leveraged?
- How can product on the Exchange be established to meet unique needs of Native Americans?

AHCCCS Budget

- FMAP Extension - \$150 m short for FY 11
- FMAP FY 2012 - \$1 billion shortfall
- Agency will be looking at options to close FY 11 gap
- FY 2012 will be one of the biggest issues facing new legislature
- Population Growth Slowing –
 - CY 2008 - 65,000
 - CY 2009 - 210,000
 - CY 2010 – (9,000) – up 30,000 adjusted for KidsCare and FES

AHCCCS Budget Cont.

- AHCCCS still working to determine what provider reductions may occur this year
- MOE limits main budget option
- Approval of sales tax helped program avoid 10% rate reduction
- State continues to make overall fiscal progress but combination of slow economic growth and loss of FMAP will keep budget as main issue
- Provider Tax needs to be explored

Other Challenges

- Behavioral Health Integration
- Program Integrity
- Operational Challenge – Staffing down over 30% - Additional 35% can retire over the next 5 years