



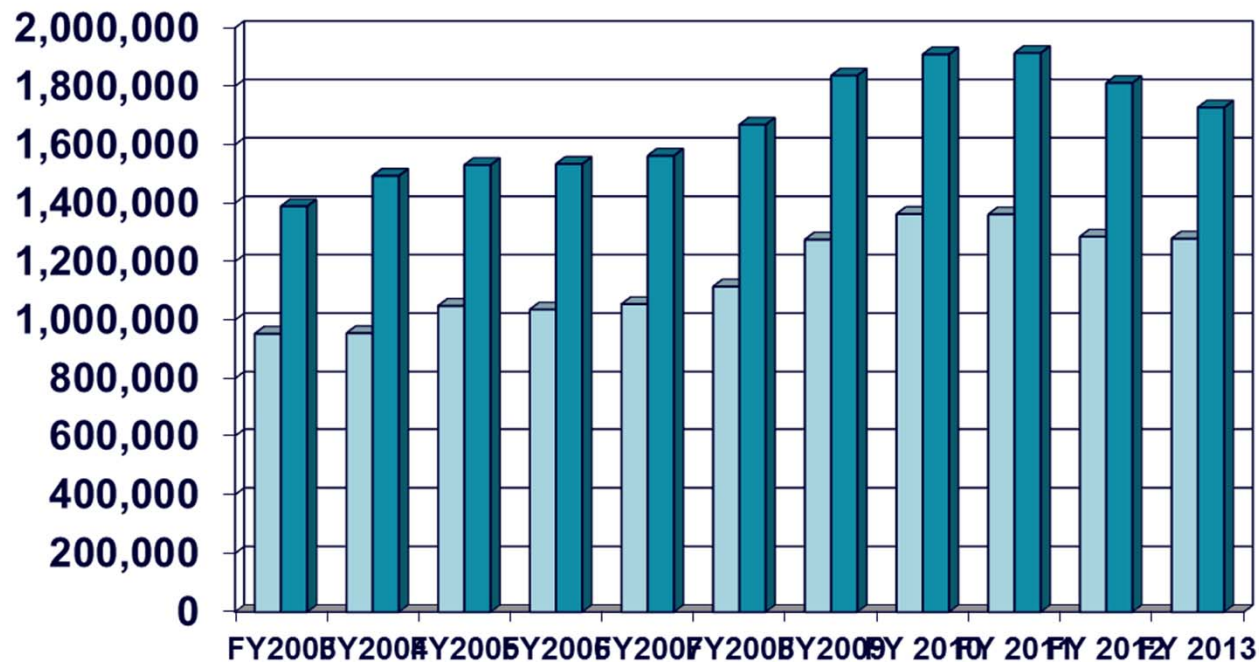
AHCCCS Update



Our first care is your health care
Arizona Health Care Cost Containment System

“Reaching across Arizona to provide comprehensive quality
health care for those in need”

AHCCCS Population



□ June 30 Enrollment

■ FY Unduplicated Count



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HEAplus Update

- HEAplus went live to public on 10-19-13
- Sending Account Transfers to FFM –
- FFM to State
 - Testing as of 1-10-14
 - Ongoing challenges
- Next Phase - Roll out to eligibility workers
- Marketplace Enrollment – AZ – 57,611 (thru 3-1)



Medicaid Restoration

	<u>12-1-13</u>	<u>4-1-14</u>	<u>Change</u>
Prop 204 Restoration	67,770	180,693	112,923
Adult Expansion	-	14,000	14,000
KidsCare	46,761	2,098	(44,663)
Family Planning	5,105	-	(5,105)
AHCCCS for Families & Children (1931)	672,135	675,607	3,472
All Other	505,379	544,542	39,163
Total Enrollment	1,297,150	1,416,940	119,790





KidsCare Update – changes for 2-1

- KidsCare I

- 5,800 Kids

- roughly 3,500 to Medicaid
 - 2,300 stay in KidsCare

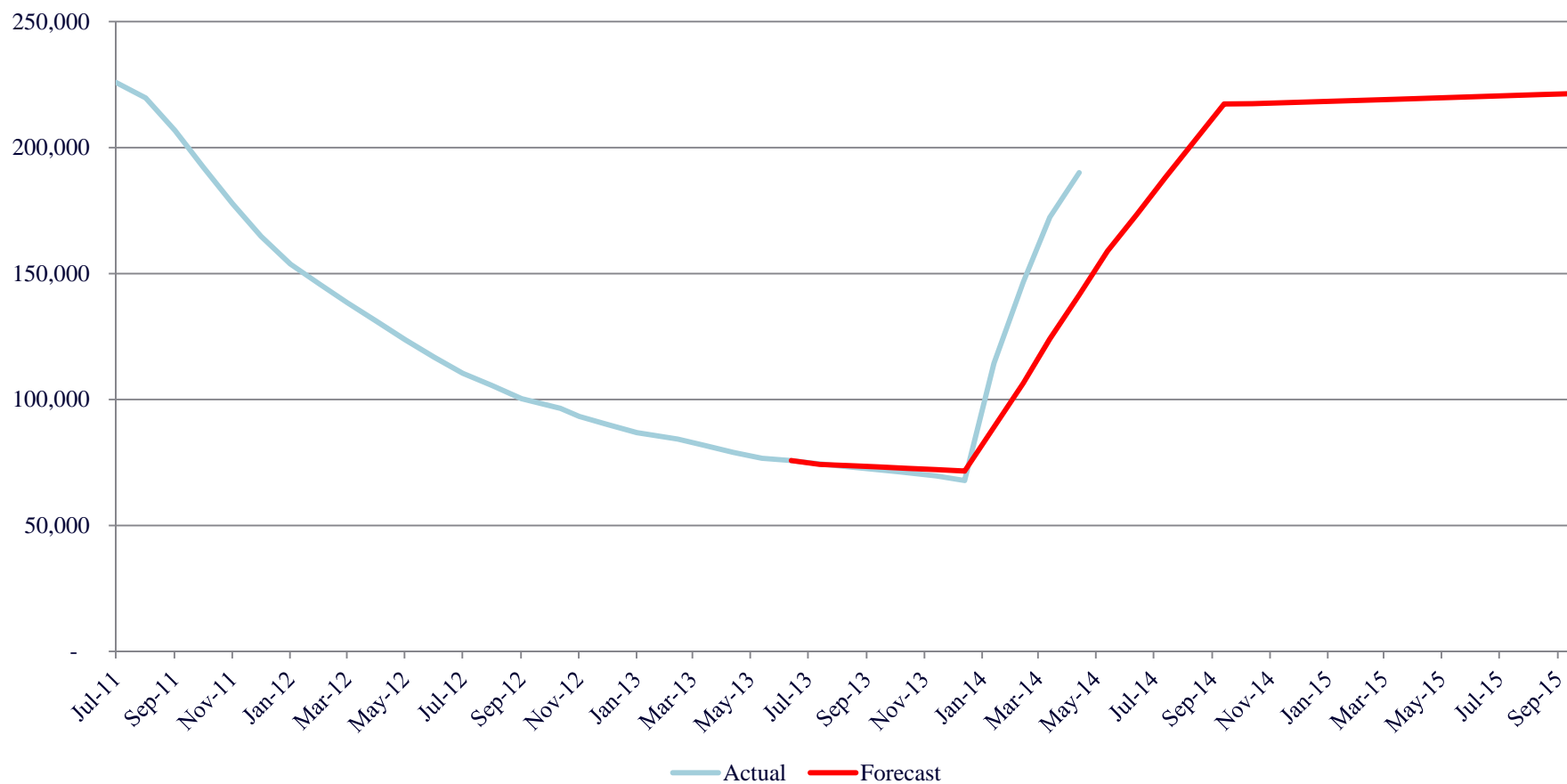
- KidsCare II

- 37,000 Kids

- 23,000 Medicaid
 - 14,000 to FFM - Marketplace

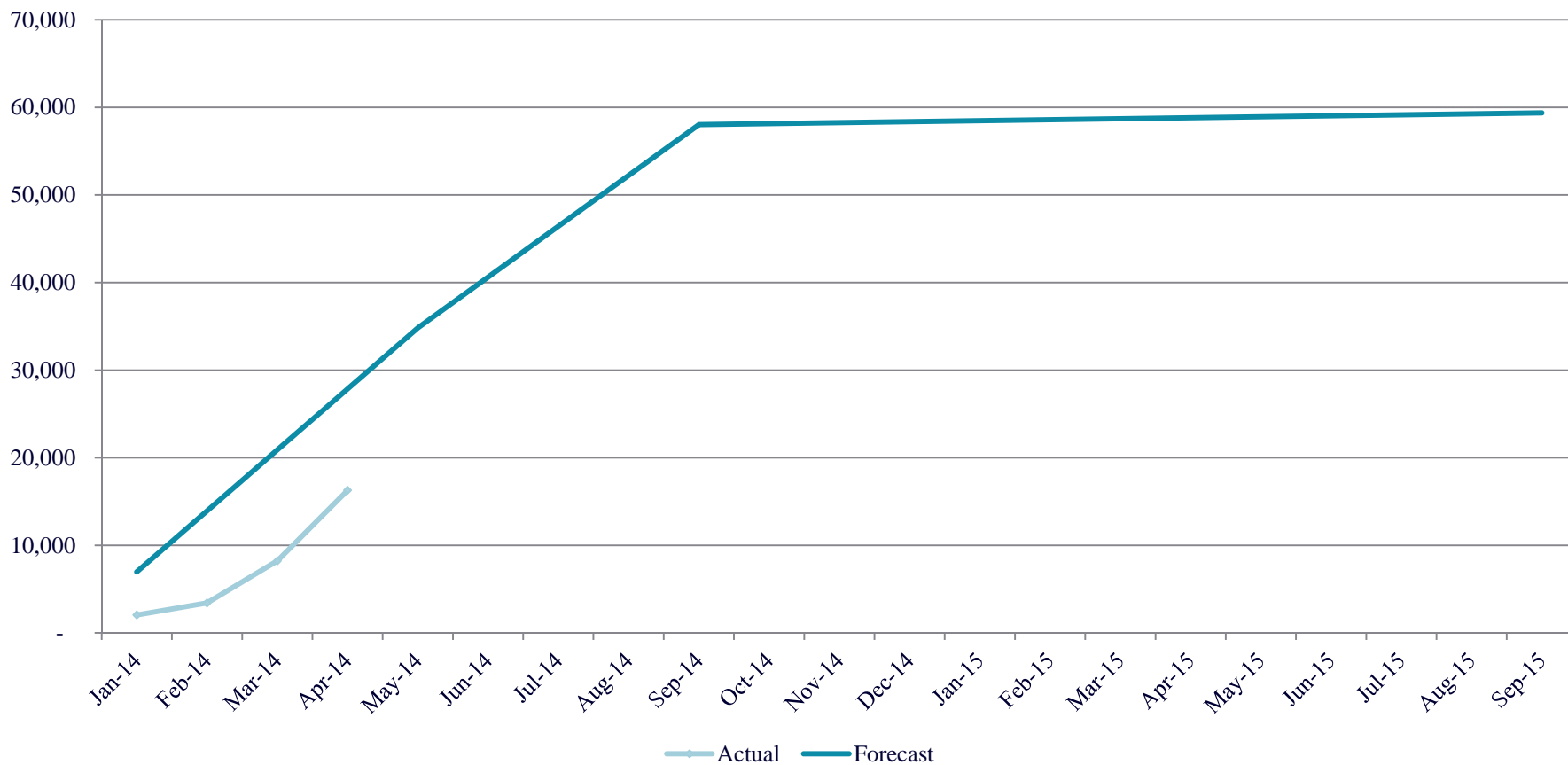


Prop 204 Childless Adult Restoration



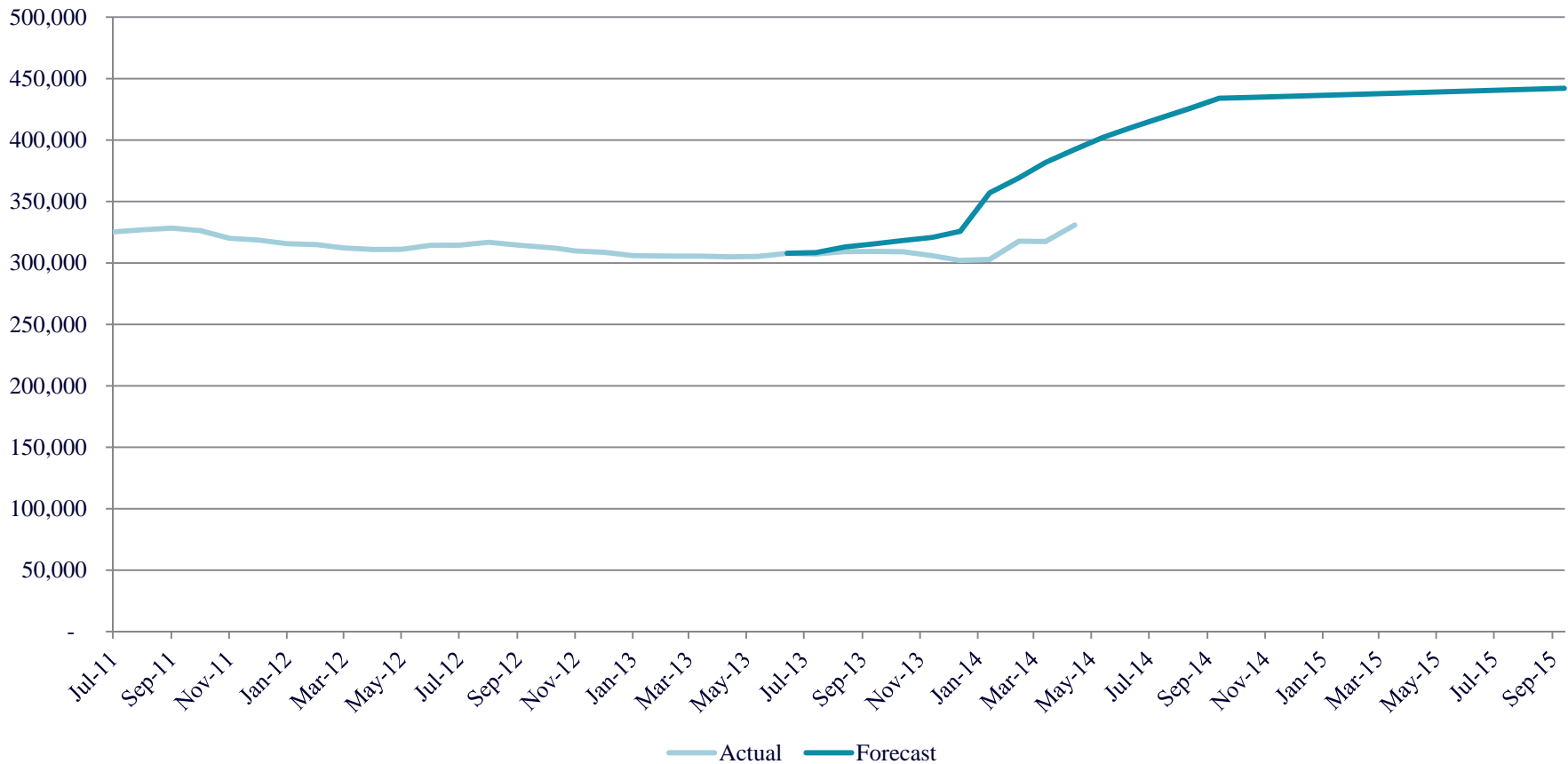
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AHCCCS Adult Expansion



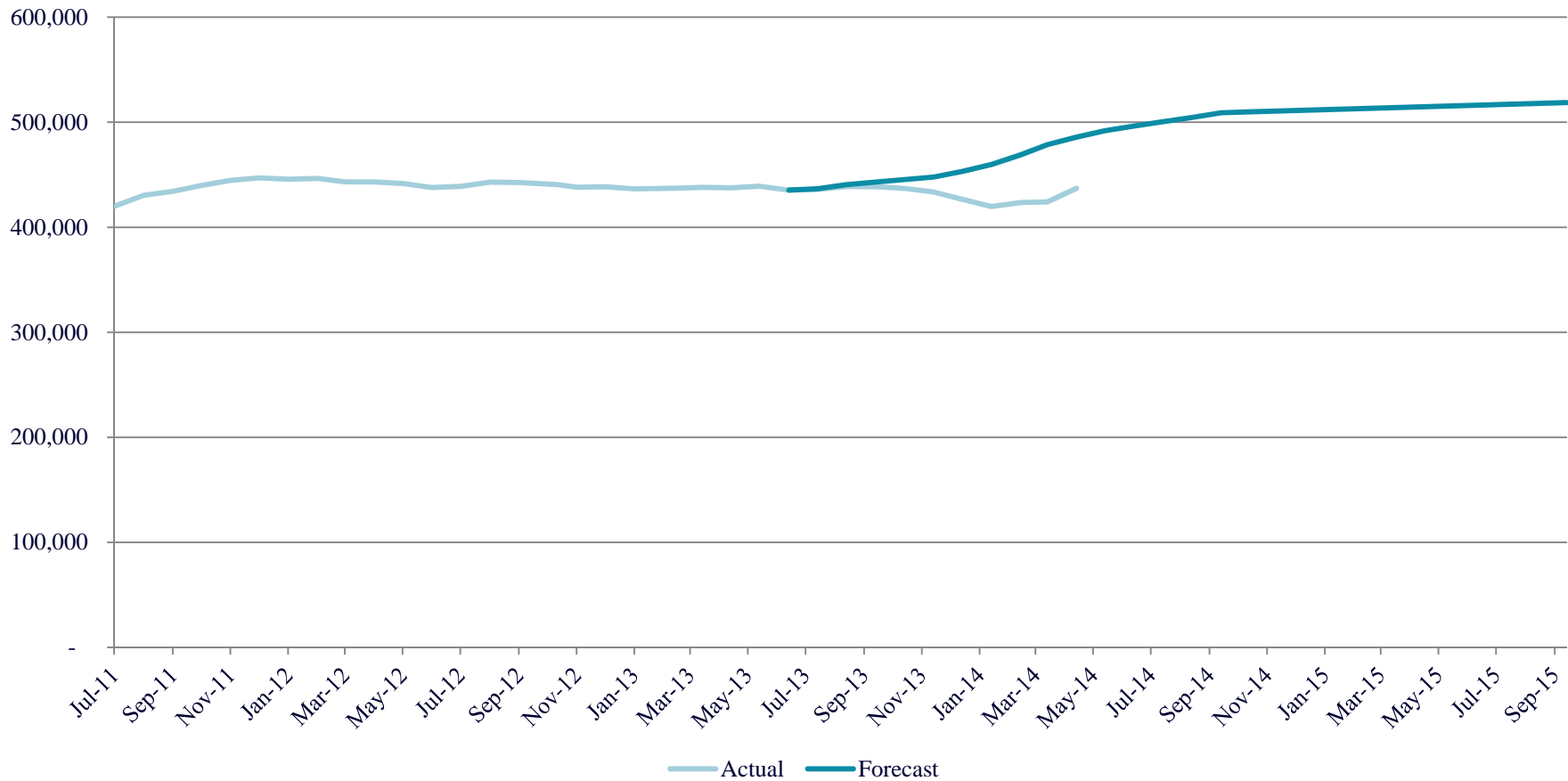
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AHCCCS SOBRA Children and Child Expansion Population



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AHCCCS Traditional Families



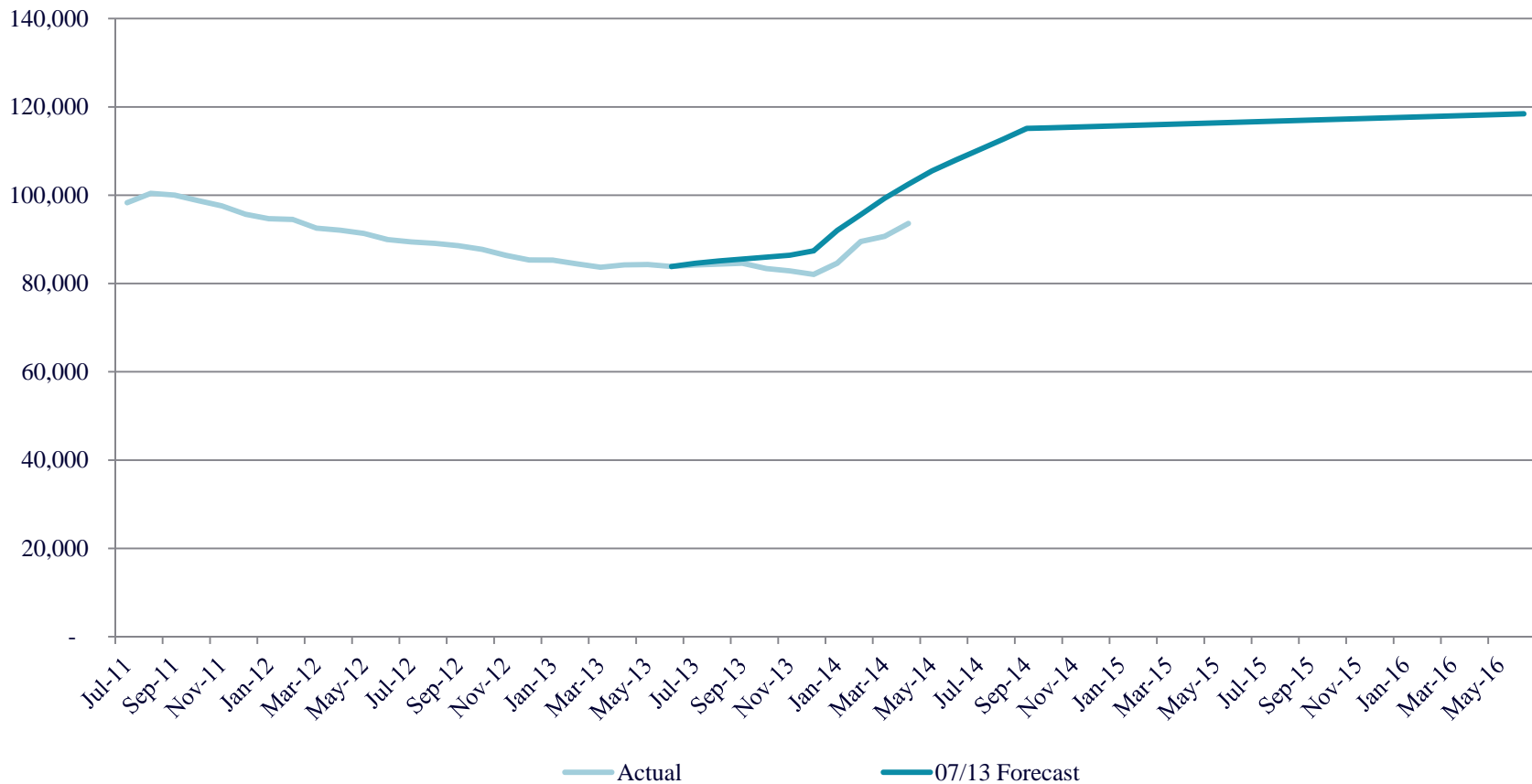
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AHCCCS Childless Adults AIHP Population



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AHCCCS Combined AIHP Population



Hospital Assessment & Litigation

Assessment

- AHCCCS worked with consultant and hospital stakeholders
- Assessed \$75 m in FY 2014
- Model shows no systems negatively impacted
- Working with hospitals on new rate for 7-1-14 – 3 models

Litigation

- Lawsuit brought by 36 Republican Legislators
- Hearing held on Dec. 13th to determine standing
- Won at Superior Court – Standing
- Oral arguments – Court of Appeals – 3-26-14



Bend the cost curve while improving the member's health outcomes

Pursue continuous quality improvement

AHCCCS
Strategic Goals

Reduce fragmentation in healthcare delivery to develop an integrated system of healthcare

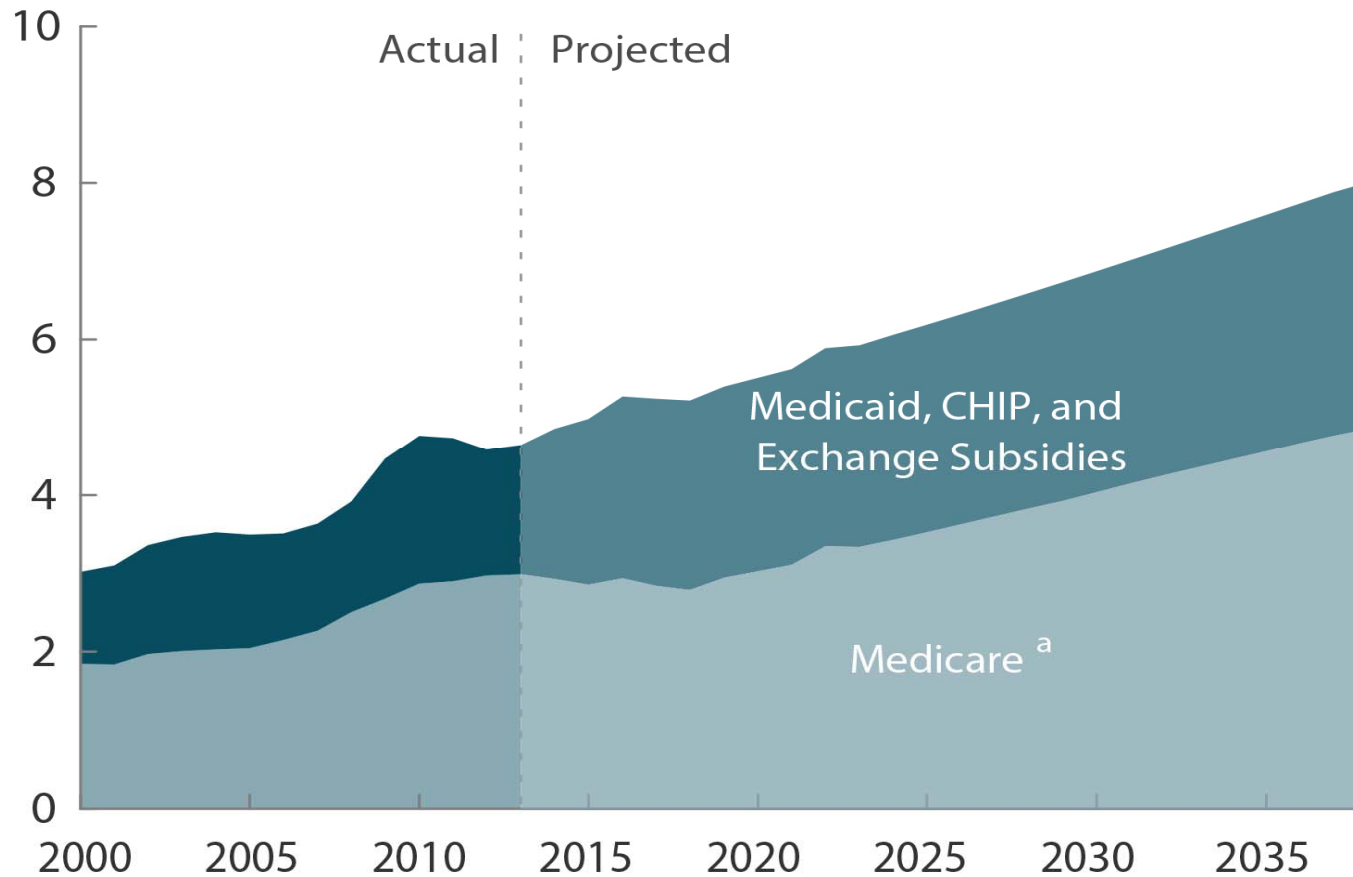
Maintain core organizational capacity, infrastructure and workforce



Growth in National Health Exp.



CBO Projected Healthcare Expenses

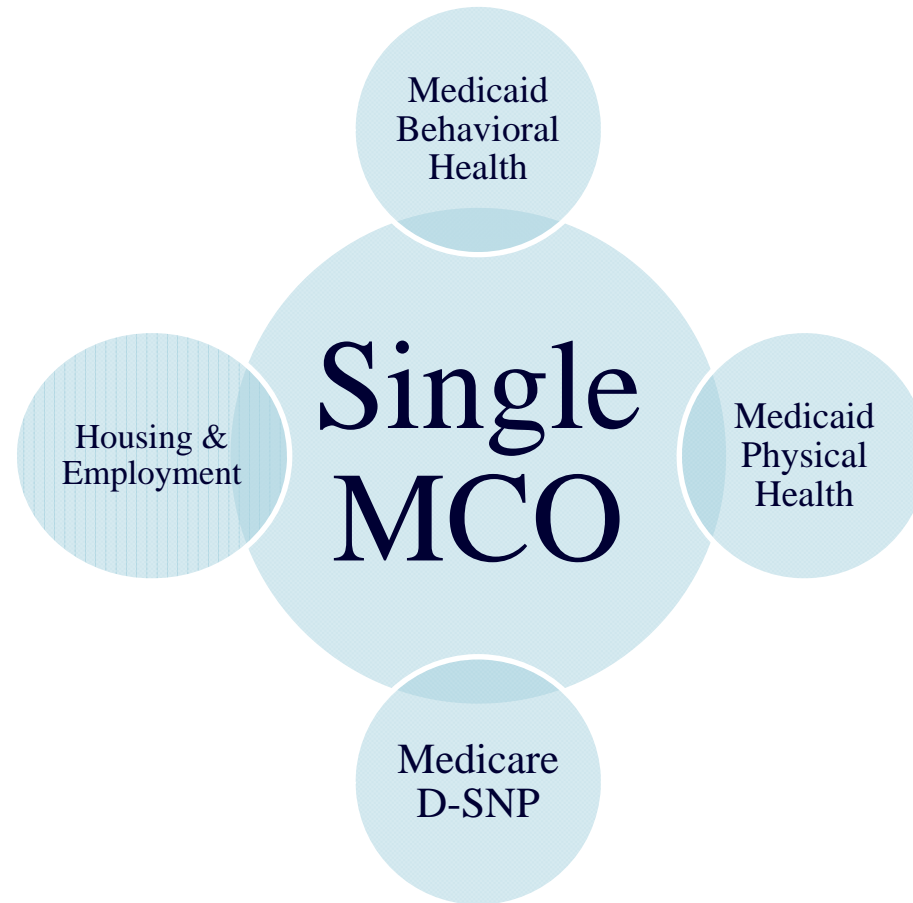


CAHPS Results

	Children	Adult	CRS	SMI
Health Plan	4	3	1	1
Health Care	5	3	4	1
Doctor	4	2	5	1
Specialist	4	3	5	2
Needed Care	3	3	3	2
Care Quickly	2	2	2	1
Dr. Communication	2	3	2	1
Plan Customer Service	4	4	2	2
Members Surveyed	10,302	5,077	1,360	555



Maricopa Integration for Members with Serious Mental Illness



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RBHA Update

- 4-1-14 – Implemented Maricopa RBHA MMIC
- Letters went out to members at end of February
- Work has started on Greater AZ RFP for RBHA services – 10/1/2015 contract term
 - RFIs
 - Timeline – July Release – December Award
 - Waiver of Choice Posted
 - Decisions



DHS Greater AZ Guidance

1. Serious Mental Illness (SMI) Eligibility Determination will not be a Regional Behavioral Health Authority (RBHA) function.
2. GMH/SA Duals will have behavioral health services integrated into AHCCCS acute plans.
3. The Greater Arizona RFP will include integration of behavioral and physical health for the SMI population similar to the Geographical Service Area (GSA) 6 Contract.
4. The preferred GSA model will be a north/south split. The north/south split is contingent upon a waiver being granted by the Centers for Medicare and Medicaid Services (CMS) concerning choice of plans for acute care. If a waiver is not granted the GSA model will provide for member choice within the defined GSA(s).

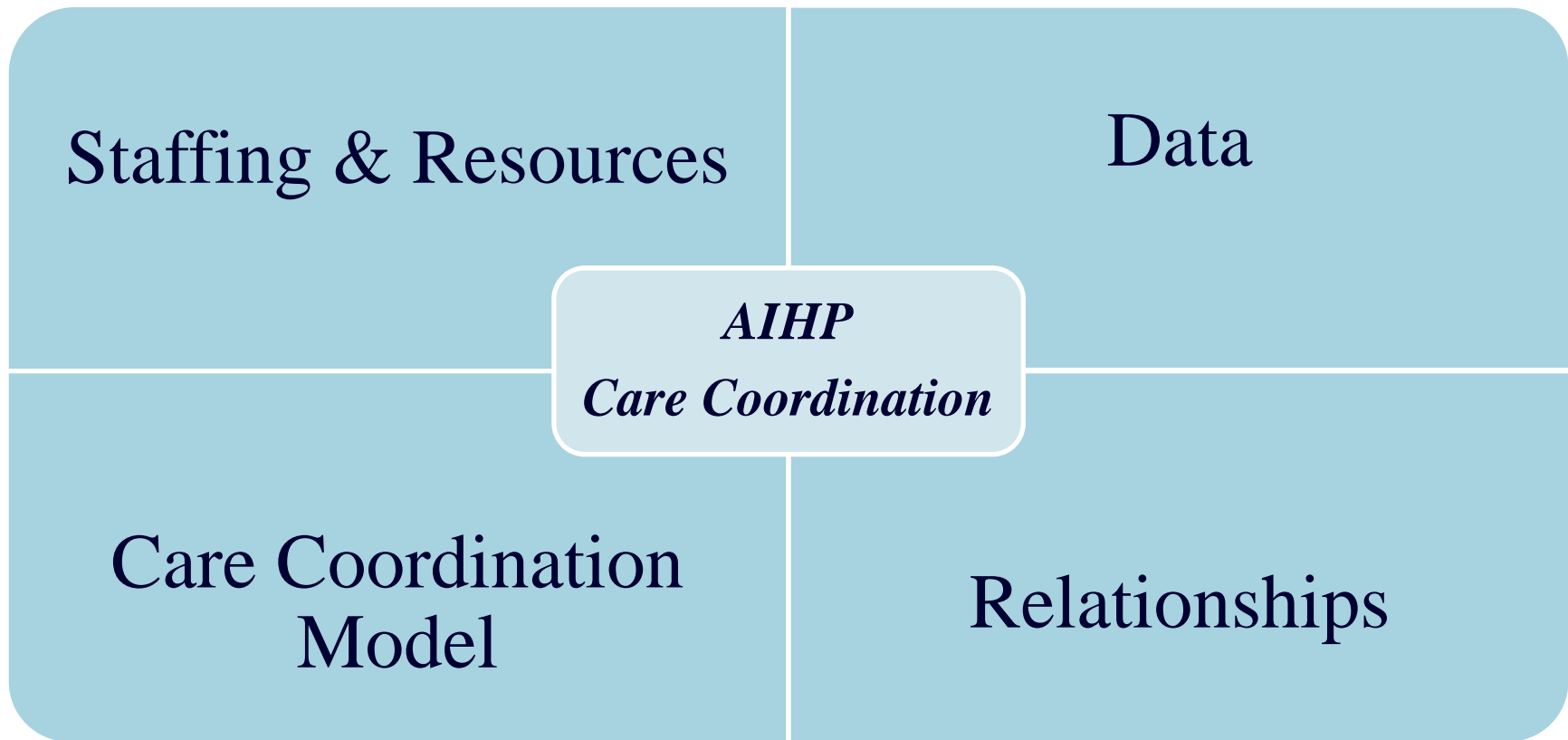


DHS Greater AZ Guidance Cont.

5. It is the intent of the ADHS to make every attempt to align GSA's so that tribal nations will be kept whole in the assignment to a RBHA.
6. Delivery of Crisis Services within Greater Arizona is dependent upon the CMS waiver determination. If a waiver is granted the crisis system will be the responsibility of each individual RBHA awarded a contract. If a waiver is not granted the RBHAs that are awarded contracts may be required to jointly create and manage a crisis system through a joint governance agreement as delineated within the RFP.
7. A RBHA will not be allowed to be awarded or hold a contract in more than one (1) GSA. For the purposes of this section a RBHA includes any entity holding a substantial financial, operational or organizational attachment to another entity operating as a RBHA within Arizona.
8. Decisions around Dual Eligible-Special Needs Plan D-SNP. See Attachment



American Indian Health Plan



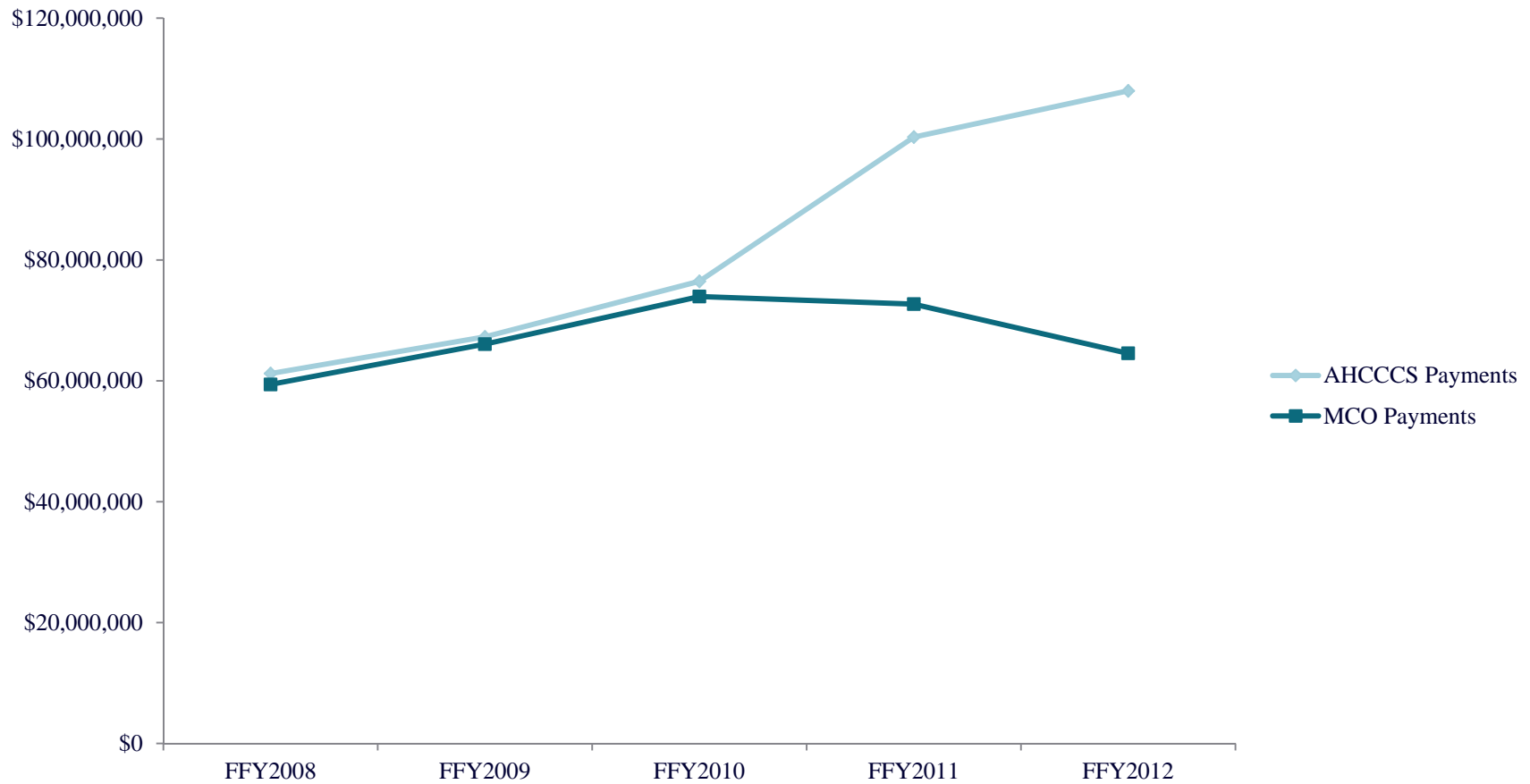


NEMT Changes

- 4-1-14 – Providers obtain Tribal Business License
- 4-1-14 – Recertification
 - Site visits – vehicle inspections – sign and logo on vehicles - employee review
- AIHP Transportation Broker
 - Current - RFI Process
 - Fall – RFP
 - Late Summer 2015 - Implementation



FQHC Payments



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FQHC/MCO Payment Alignment

- ❑ October 1, 2014 implementation
- ❑ Creating new Provider type – FQHC/RHC
- ❑ Streamlined process
- ❑ Modest claiming process changes
- ❑ MCOs will need to pay FQHC unique PPS rate for each “visit” (separate service not within same discipline)
- ❑ AHCCCS will continue quarterly/recon process
- ❑ Have workgroup with FQHCs



Hospital Presumptive Eligibility

- Requirement of the ACA
- Hospitals and affiliated facilities eligible to submit streamlined PE applications
- Application can not require:
 - SSN
 - Documentation of Citizenship
 - Verification of income
 - Signature of application
- AHCCCS submitted SPA and Draft policy to CMS:
 - Emphasis on Program Integrity and leveraging HEAplus
 - Requirement of hospital staff to be subscribed users of HEAplus
 - Submission of complete application for 90% within PE period
 - 95% accuracy for PE determinations
 - Operational issues need to be resolved



HIT Update

- AZHEC/HINAZ – Board Affiliations
- E-prescribe opportunities/requirements

	Adopt- Implement	Meaningful Use	Payments (in millions)
Providers	2,506	409	\$56.5
Hospitals	67	34	\$111.5
Totals	2,573	445	\$168



HIT Payments (I.H.S/638s)

	Adopt-Implement	Meaningful Use	Payments (in millions)
I.H.S Facilities	3	0	\$3.2
I.H.S Providers	265	28	\$5.9
638 Facilities	5	2	\$8.1
638 Providers	127	0	\$2.7
Total			\$19.9

