Community Presentation

April 3, 2019

Phoenix
Recent Integration Efforts
MCO Integration Progress To Date

% Program Funding

- **1989**: 98%
- **2013**: 40%
- **2014**: 20%
- **2015**
- **2016**
- **2018**: 0%

**ALTCS / EPD**
- 1989: 29,200
- 2013: 17,000
- 2014: 18,000
- 2015: 17,000
- 2016: 18,000
- 2018: Approximately 1.5 million

**CRS**
- 2013: 17,000
- 2014: 18,000

**SMI Maricopa**
- 2015: 17,000

**SMI Greater AZ**
- 2016: 80,000

**AIHP/TRBHA**
- 2018: Approximately 1.5 million

**GMH/SA Adults & Non CMDP Children**
- 2018: 80,000
AHCCCS Complete Care

A HUGE step to integrate healthcare in a single ACC Health Plan that:

• Includes physical and behavioral healthcare service providers (including CRS – 18k)
• Manages the provider network for all healthcare services
• Provides comprehensive managed care for the whole person
Integration at all 3 Levels

- New provider type - Integrated Clinics
- Licensure changes
- Provider payment incentives
- Targeted Investment - $300M

- ALTCS – EPD
- Individuals with SMI
- Non-SMI Dual Eligible Members
- Children’s Rehabilitative Services (one plan)
- Oct 2018 – ACC/AIHP - 1.5M Children/Adults
- ALTCS DD – 2019/2020
- Foster Children - 2020

- Administrative Simplification – ADHS/BHS joins AHCCCS Administration
- Grant/Housing Funding into Medicaid System

Reaching across Arizona to provide comprehensive quality health care for those in need
Integration Effort
Outcomes
Methodology: SMI Evaluation

Timeframe

Pre-Integration Baseline
October 1, 2012 – March 31, 2014

Post-Integration Period 1
April 1, 2014 – March 31, 2015

Post-Integration Period 2
April 1, 2015 – March 31, 2016

Post-integration Period 3
April 1, 2016 – March 31, 2017

Reaching across Arizona to provide comprehensive quality health care for those in need
SMI Integration Evaluation Findings

• All measures of ambulatory care, preventive care, and chronic disease management demonstrated improvement
  
  o Adult access to preventive/ambulatory health services: +2%
  
  o Comprehensive Diabetes Care - HbA1c: +4%
  
  o Medication management for people with Asthma (50% compliance): +32%
  
  o Medication management for people with Asthma (75% compliance): +35%

Reaching across Arizona to provide comprehensive quality health care for those in need
SMI Integration Evaluation Findings

• All indicators of patient experience improved, with 5 of the 11 measures exhibiting double digit increases

  o Rating of Health Plan: + 16%
  o Rating of All Health Care: + 12%
  o Rating of Personal Doctor: + 10%
  o Shared Decision Making: + 61%
  o Coordination of Care: + 14%
SMI Integration Evaluation Findings

• Of the 8 hospital-related measures:
  o 5 measures showed improvement
    ▪ Emergency Department Utilization rate decreased by 10%
    ▪ Readmission rate declined by 13%
    ▪ Admissions for short term complications for diabetes decreased by 6%
    ▪ Admissions for COPD/Asthma decreased by 25%
    ▪ 30-day post hospitalization for mental illness follow up rate increased by 10%
Integration... still to go...
AHCCCS Contract Timeline

2016
- Release Acute RFI
  - 1/17

2017
- Release RFP
  - 10/17
- Award ACC
  - 3/18
- Transition ACC
  - 10/1/18

2018
- Transition ALTCS
  - 10/1/17
- Award ALTCS
  - 3/17

2019
- Award DDD Acute/BH
  - 4/1/18
- DDD Acute/BH
  - 10/1/19

2020
- CMDP Integrated Care
  - 10/1/20

5 Years Greater AZ MMIC Contract Expires
- 10/1/20
RBHA Services Transfer RFI

Requests for Information (RFIs)

YH19-0084 RBHA Services Transfer

- **Due Date:** March 14, 2019, 3:00 P.M. Arizona Time
- **Deadline for Questions:** February 21, 2019 5:00 P.M. Arizona Time
- **Notice of Request for Information**
  - Questions and Answers Form
  - Solicitation Amendment 1
  - Appendix
  - Revised Appendix 3/8/19
  - Solicitation Amendment 2
What is an RFI?

• A request for information allows AHCCCS to engage stakeholders and gain feedback on a path forward continuing the journey of integrated health care in Arizona.

• Responding to an RFI allows you the chance to inform AHCCCS of opinions and matters to be considered in next steps.
Regional Behavioral Health Authorities (RBHAs) currently continue to provide and serve:

- Foster children enrolled in CMDP
- Members enrolled with DES/DD;
- Individuals determined to have a serious mental illness (SMI)
- Crisis services, grant funded, and state-only funded services
  - Populations:
    - Northern GSA Enrollment 5,725
    - Central GSA Enrollment 21,597
    - South GSA Enrollment 13,352
Geographic Service Areas

AHCCCS Complete Care (ACC) Services Map

Note: Zip codes 85542, 85192, 85550 representing San Carlos Tribal area are included in the South GSA.

RBHA/TRBHA and Crisis Services Map
Next steps

- In ACC RFP it announced AHCCCS sole discretion to allow at least one ACC plan in each GSA to expand services to those served by a RBHA
- No sooner than 10-1-20
Announcements

1. Mercy Care extended so all RBHA services will be transitioned at same time - Oct 2021

2. We will be limiting our RFP (or transfer of services) to the current ACC plans in each area - known contractors already with providers and members.
Let’s talk about our questions...

Should AHCCCS allow choice of plan by allowing more than one ACC plan to address unique RBHA services for Central and Pima?

Note: Zip codes 85542, 85192, 85550 representing San Carlos Tribal area are included in the South GSA.
Should decertification remain?

Individuals with an SMI who have not received behavioral health services in two years are allowed to decertify as SMI to receive services through another ACC Plan. Should this remain?
What about Crisis Services?

- Should there be a single statewide vendor for crisis services? Single regional vendor?
- Should there be a single statewide number for crisis services?
- Other thoughts to improve the first 24 hours of crisis service delivery?
- For more info on crisis services now: www.azahcccs.gov/AHCCCS/Downloads/ACC/View_Crisis_System_FAQs.pdf
Crisis and NTXIX Services on Tribal Lands

• What feedback do you have on AHCCCS coordinating crisis services with the 22 Tribes across Arizona?
American Indian Members

• AHCCCS is meeting with the 22 Tribes in Arizona to discuss:
  o Should AI members continue to have choice of enrollment with portions of their services delivered through managed care, AIHP, RBHAs and TRBHAs?
  o Should the change be consistent with ACC choice for members not determined to be SMI, allowing integrated options.
Payment for Court Ordered Evaluations (COE)

- Currently each Regional Behavioral Health Authority (RBHA) pays some or all COE services within one county of their service area.
- As of October 1, 2021, how should COE payment per county be delegated?
OIFA

• AHCCCS, RBHAs and ACC Plans are required to have an Individual and Family Affairs (OIFA) Administrator and unit including a member liaison for adults and children. Any thoughts?
SMI Specific Responsibilities

• What should AHCCCS consider to maintain focus on the needs of individuals with an SMI as the responsibilities are blended within one plan?
Next Steps

What other feedback should AHCCCS consider during our next step of integration?
Questions?
AHCCCS Works & Prior Quarter Coverage Overview
Section 1115 Waiver

• Section 1115 of the Social Security Acts gives states authority to be waived from selected Medicaid requirements in federal law

• Centers for Medicare & Medicaid Services (CMS) is the federal agency responsible for the oversight of 1115 waivers

• States must obtain approval from CMS before implementing 1115 waivers
The Waiver Allows Arizona to

• Run its unique Medicaid model built around a statewide managed care system
• Serve members enrolled in the Arizona Long Term Care System (ALTCS) in the community rather than more costly institutions
• Provide health care to expanded populations
• Implement AHCCCS Works and Prior Quarter Coverage changes
2015
AZ law amended to include work requirements & 5-year lifetime limit for AHCCCS members

January - March 2017
AHCCCS Works Public Comment Period

December 19, 2017
AHCCCS Works Waiver submitted to CMS
January 18, 2019
CMS approves AHCCCS Works

March/April 2019 Presentations

No Sooner Than Spring 2020 Implementation
Presentation Overview

- AHCCCS Works & Prior Quarter Coverage Background
- AHCCCS Works Requirements
- AHCCCS Works Exemptions
- Community Engagement Orientation Period
- Reporting Requirements, Suspensions, & Automatic Reinstatement
- Denied AHCCCS Works Waiver Provisions
- Waiver of Prior Quarter Coverage
- Populations Affected by Waiver of Prior Quarter Coverage
- Next Steps
National Landscape: Community Engagement Waivers
National Landscape: Community Engagement Waivers
AHCCCS Works Unique Program Features

- First in the nation to exempt members of federally recognized tribes
- First in the nation to allow members who are suspended to automatically re-enrolled at the expiration of the Suspension Period as long as they meet all other eligibility criteria
AHCCCS Works Requirements

- No sooner than **January 1, 2020**, able-bodied adults* 19-49 who do not qualify for an exemption must, for at least 80 hours per month:
  - Be employed (including self-employment);
  - Actively seek employment;
  - Attend school (less than full time);
  - Participate in other employment readiness activities, i.e., job skills training, life skills training & health education; or
  - Engage in Community Service.

* Adults = SSA Group VIII expansion population, a.k.a, Adult group
## Who is Exempt

- Members of federally recognized tribes
- Former Arizona foster youth up to age 26
- Members determined to have a serious mental illness (SMI)
- Members with a disability recognized under federal law and individuals receiving long term disability benefits
- Individuals who are homeless
- Individuals who receive assistance through SNAP, Cash Assistance or Unemployment Insurance or who participate in another AHCCCS-approved work program
- Pregnant women up to the 60th day post-pregnancy
- Members who are medically frail
- Caregivers who are responsible for the care of an individual with a disability
- Members who are in active treatment for a substance use disorder
- Members who have an acute medical condition
- Survivors of domestic violence
- Full-time high school, college, or trade school students
- Designated caretakers of a child under age 18
In this example, January represents the first month any new AHCCCS member is required to comply.

JANUARY
AHCCCS sends an AHCCCS Works orientation packet. Her 3-month grace period begins February 1.

FEBRUARY
Jane learns about the AHCCCS Works requirements and explores opportunities to engage in her community. In April, she receives a reminder notice that she must participate in at least 80 hours of community engagement activities per month beginning in May.

MARCH

APRIL

MAY
Jane completes 80 hours of community engagement activities in May. She begins reporting these hours and must complete May’s reporting by June 10.

JUNE
By June 10, Jane reports the 80 hours of community engagement activities she completed in May. She also completes 80 hours of community engagement activities in June.

✓ May reporting
✓ June participation

AUGUST
Because Jane failed to comply in July, AHCCCS sends her a notice on August 11 that her AHCCCS coverage will be suspended for two months beginning September 1.

✓ July reporting
✗ July participation

JULY
Jane reports her June hours by July 10, but does not complete 80 hours of community engagement activities in July. If Jane has good cause for not complying in July, she can tell AHCCCS anytime next month.

✓ June reporting
✗ July participation

SEPTEMBER

OCTOBER
Jane’s coverage is suspended for two months. In October, AHCCCS reminds Jane that her enrollment in AHCCCS will be automatically reinstated on November 1.

NOVEMBER
Jane’s AHCCCS coverage is automatically reinstated as of November 1. She completes 80 hours of community engagement activities in November, and must report them by December 10.

✓ November reporting
✓ November participation

✓ December participation

DECEMBER
By December 10, Jane reports November’s hours and completes 80 hours of community engagement activities in December.
Reporting Requirement

- Must complete at least 80 hours of qualifying activities each month and report these hours by the 10th day of the following month
- Members will be allowed report AW activities through several methods including in a state portal, by phone, and in person
Reactivation of Eligibility During Suspension Period

• Member is automatically reinstated immediately following the 2 month suspension period

• Member who is suspended will have eligibility reactivated immediately during the suspension period if:
  o Member is found eligible for another eligibility category
  o Verifies that he or she currently qualifies for an AW exemption
Waiver of Prior Quarter Coverage

• CMS has approved Arizona’s waiver request to limits retroactive coverage to the month application for all AHCCCS members except for children under the age of 19 and women who are pregnant (including post-partum) once they become eligible

• The waiver of Prior Quarter Coverage is effective July 1, 2019
Next Steps: AHCCCS Works

- **February 18, 2019**: Waiver Acceptance Letter and Technical Corrections
- **June 17, 2019**: Implementation Plan (In Progress)
- **July 17, 2019**: Waiver Evaluation Design Plan (In Progress)
- **August 16, 2019**: Monitoring Protocol (In Progress)
- **No sooner than January 1, 2020**: AHCCCS Works program begins

Reaching across Arizona to provide comprehensive quality health care for those in need
What’s Next on the Horizon

Social Determinants of Health (SDOH)
Who We Are

A managed care system that mainstreams recipients, allows members to select their providers, and encourages quality care and preventive services.

Largest Insurer in AZ
Covers 1.9 million individuals and families

Covers 54%
Of all Births

Covers 2/3 of nursing facility days

AHCCCS uses federal, state, and county funds to provide health care coverage to the State’s Acute and Long-Term Care Medicaid populations.

$14,000,000,000
Program

88,000+
Registered Healthcare Providers

Payments are made to 17 contracted health plans, known as Managed Care Organizations (MCOs), responsible for the delivery of care to members.

Reaching across Arizona to provide comprehensive quality health care for those in need
Socioeconomic Factors
- Education
- Job Status
- Family/Social Support
- Income
- Community Safety

50% can be traced back to your zip code!

Physical Environment

Health Behaviors
- Tobacco Use
- Diet & Exercise
- Alcohol Use
- Sexual Activity

Only 20% include those moments in a healthcare environment

Health Care
- Access to Care
- Quality of Care

Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)
Social Determinate Diagnosis Codes

• Encouraging providers to routinely screen for and document the presence of social determinants (guidance disseminated to providers on 4/1/18)

• Pulling data to determine the level of adoption and use, by diagnosis, to assess the success of the strategy and identify any additional outreach needed

• Identifying a resource to assist providers with adoption and appropriate use of SDOH codes

• More information, including a list of SDOH Z-codes, can be found at https://www.azahcccs.gov/PlansProviders/Downloads/Demographics/UseOfSocialDeterminantsOfHealthCodesForMemberOutcomes.pdf
Targeted Investments Program

- Incentive payments for SDOH screening and appropriate intervention & referral - Primary Care & Behavioral Health providers
- Incentive payments for establishing relationships with community-based resources - Primary Care & Behavioral Health providers
- Incentive payments for identifying SDOHs that impact the member’s ability to transition from the hospital, including documentation in the EHR - Hospitals
Housing

- AHCCCS funds approximately $30 million in housing subsidies per year
- AHCCCS provides $2 million in acquisition/rehab dollars per year
- All funds are non-federal/state dollars
- Housing programs are administered through partnership with RBHAs and TRBHAs
- If AHCCCS were a public housing authority, it would be the 3rd largest program in the state
Measuring Success - Housing

• Scattered site voucher programs
  o Mercy Care - 1,477 units
    - 46% reduction in behavioral health facility costs
    - 24% decrease in overall healthcare costs
  o Arizona Complete Health - 307 units
    - 253% increase in wellness visits
    - 131% decrease in hospital readmissions
    - 69% decrease in inpatient stays
    - 50% decrease in crisis services
    - 21% decrease in Medicaid spend

Reaching across Arizona to provide comprehensive quality health care for those in need
THANK YOU

VERY MUCH!

AHCCCS
Arizona Health Care Cost Containment System