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