AHCCCS Update

Consultation with Tribes and I/T/U
August 24, 2011
AHCCCS Update

• Short Term – Survival (Largest Cuts Ever)
  – Preserving the Core
  – Maintaining the Core Infrastructure

• Long Term - Bend Cost Curve (Largest Expansion Ever)
  – Exchange and Expansion – Care Coordination
  – Integration and System Modernization
  – Payment Reform
  – Program Integrity
  – HIT
Governor’s Medicaid Reform Status

Implemented/In Process

• 5-1-11 - MED Freeze – 10-1 Term
• 7-8-11 - Childless Adults Freeze
• 5% Provider Rate Cuts - 10-1-11
• Benefit Limits – IP & Respite – No ED
Governor’s Medicaid Reform Status

Waiver request to continue eligibility and services for Tribal members at 638/I.H.S. facilities

• Coordinated discussion with Tribal representatives and federal CMS staff
• Conducted match comparing AHCCCS data on non Tribal members with I.H.S and 638 facilities data
• Results of match decreased amount in AHCCCS system from $13 million to approximately $3.0 million
• Validated that self reported information in AHCCCS system has shortcomings
• Have started work on operational issues – Targeting 1-1-12
Governor’s Medicaid Reform Status

TBD

- Parents >75% Freeze
- 6 Month Redetermination
- Additional Cost Sharing
- Medicare Liability
- FES Elimination
- Tribal Eligibility/Benefit exemption – IHS/638
State Budget Status

• Revenues for FY 2011 finished higher
• State has significant debt-accounting maneuvers to address
• FY 2014 – one cent ends – FY 2015 HCR
• Request FY 2013 (July 1, 2012)
  – Childless Adults assumptions
  – Parents >75%
  – Capitation
  – More Details in September
Federal Budget Status

• Super Committee – 12 members
• Need to cut $1.2 trillion over 10 yrs by Nov 23.
• If no plan then cuts imposed
  – Medicaid – None
  – Medicare – 2%
• Medicare Doc Fix – 30% cut 1-1-12 has one year cost $25 B
Medicare and Medicaid Are the Primary Drivers of Future Federal Spending Growth and Deficits


Health Management Associates
10-1-11 Waiver Status

- IHS/638 Services Exemption
- Sustain current flexibilities
- Payment Reform
- Uncompensated Care Pool
- MOE Waiver
Long Term – Improve Care & Bend the Curve

• Expansion-Exchange Coordination
• Integration – CRS – Duals – SMIs
• Payment Reform
• Program Integrity
• HIT
Exchange/Expansion Procurement and Coordination Challenges

- Churn - 70,000 fall off and get added each month
- Of those being added – 65% are coming on with a gap of 12 months or less
- What is the best way to manage the population that will move between Exchange and Medicaid coverage?
- What types of data can be shared between Medicaid and Exchange plans?
- How does the Exchange ensure adequate network for American Indians?
<table>
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<tr>
<th>Services</th>
<th>SMI Dual</th>
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<tr>
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<td>Part D or MA Plan or RBHA/AIHP</td>
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SMI Specialty RBHA Authority with Health Homes

• Goal-improve quality for members by eliminating fragmentation and create accountable integrated system with aligned incentives

Accomplishments
• Date – Oct 1, 2013 – Maricopa County
• Steering Committee with DHS
• July 15 Announcement
• Stakeholder Engagement
  – Consumer-Family Meetings
  – Providers
  – Plans – RFI – 9 Responses
SMI Specialty RBHA Authority with Health Homes

Next Steps

• Conduct Tribal Consultation (9-22-11) – 350 Tribal member that are SMI in Maricopa County
• Meet with RFI Respondents
• Establish RFP Process – Milestones – Resources
• Continue Stakeholder Dialogue
• Develop Scope of Health Home
• Continue Data Analysis
Dual Eligible Members

Goal – *Leverage unique moment in history when CMS is trying to improve the model for dual members*

**Accomplishments**

- Hired Staff –
- Responded to July 8 CMS Letter on 3 way contract
- Exploring options for SMI and ALTCS
- Conducting ongoing data analysis
Dual Eligible Members

Next Steps

• Delve into more details with CMS on potential flexibility
  – Enrollment – Marketing – Grievances
• Engage Plans
• Monitor continued efforts of CMS – very fluid topic
• Conduct Tribal Consultation
• Support Mathematica study of AHCCCS
Goal – Create plan structure that integrates all acute care services including potentially BH into one statewide plan

Accomplishments

• Statutorily program now in AHCCCS
• Continue to refine relevant issues - >21
• Held session with plans
• Established tool and engaged external resource to handle family consultation
• Met with providers/clinic
CRS Continued

Next Steps

- Conduct Tribal Consultation
- Behavioral Health and JK
- Continue to refine data
- Complete and summarize stakeholder input
- Develop RFP
HIT

Accomplishments

• Medicaid Incentive Payment Systems
• HINAZ HIE progress

Next Steps

• Make Incentive Payments
• Get connected to HIE for AIHP
• Work on tracking meaningful use