AHCCCS Tribal Consultation
January 20, 2016
Topics

- Enrollment
- Budget
- Delivery System Reform Incentive Payment (DSRIP)
- Access Regulatory Requirement
- Value Based Purchasing (VBP)
AIHP Combined Population

Reaching across Arizona to provide comprehensive quality health care for those in need
Governor Ducey’s Budget

• Increased Funding: $549.7M General Fund

• Major Issues:
  o Shift of Behavioral Health to AHCCCS
  o Restores ALTCS dental benefit - $1,000 cap
    ▪ $1.4M GF AHCCCS
    ▪ $1.2M GF DES/DDD
  o Inspector General Staff - $107,300 GF
  o IT Security - $743,900 GF
Legislative Baseline Budget

- GF Increase: $596M
- Shift of Behavioral Health to AHCCCS
- 1.5% capitation rate growth
- $(1.4)M GF in cost sharing savings
- $(5.2)M GF savings for increased TPL for BH

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Delivery System Initiatives

- BH PH Integration
- Managed BH
- DSNP Alignment
- Duals Demo
- MLTSS

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Delivery System Reforms

- High Needs High Costs
- PCMH/Health Homes
- Bundled Payments
- MCO P4P
- ACO Shared Savings

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Arizona SIM Vision

Accelerate the delivery system’s evolution towards a value-based, integrated model that focuses on whole person health in all settings regardless of coverage source.
SIM/DSRIP Strategies

• Target strategies to High Cost/High Need populations to achieve better outcomes and more efficient/cost effective care

• Leverage SIM strategies into a DSRIP
  o Support BH/PH Integration
    ▪ HIE
    ▪ Value Based Payments
    ▪ Care Management for High Needs High Cost members
  o Justice System Transitions
  o American Indian Care Management capacity
Dec 8 Provider and Health Plan Stakeholder Meeting

- Overview of Delivery System Reform Improvement Program (DSRIP) in other states/CMS
- Begin engagement
- Start discussion of overarching strategies
- Discussion of next steps

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SIM Measures

• Population Health
  o Obesity – Since 1993 AZ has had largest increase
  o Substance Abuse – prescription drug deaths – 141% increase from 2006 to 2010
  o Diabetes – rate grown from 7.5% in 2005 to 9.1% in 2010 – American Indians 4 times more likely to die than non-American Indian pop
  o Recidivism

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CMS Access to Care Rule

• AHCCCS submitted comments on final rule and CMS RFI on January 4: http://www.azahcccs.gov/shared/downloads/AccessToCareFinalRuleComments.pdf

• States must evaluate and report on member access to care compared to the general population
CMS Access to Care Rule (ctd.)

- Focus on FFS population
- States must conduct triennial access to care analyses:
  - Member needs
  - Availability of care and providers
  - Service utilization
  - Comparison of rates to other payers
- Analysis includes PCP, specialty, BH, OB, Home Health
- Additional analyses for rate reductions
CMS Access to Care Rule – Implications for AZ

- Current detail from I.H.S. and 638 facilities insufficient to meet CMS reporting requirements
- CMS should
  - Work with federal partners on improving data
  - Conduct tribal consultation on implications
  - Exempt AI/AN populations from requirements
Value Based Purchasing

AHCCCS: A model which aligns payment more directly to the quality and efficiency of care provided by rewarding providers for measured performance across the dimensions of quality

CHCS: Broad set of payment strategies that link financial incentives to providers’ performance on a set of defined measures of quality and/or cost or resource use
VBP Rate Differential (ctd.)

- Hospitals must meet both criteria for a 0.5% increase in payments
  - Participation in Network by June 1, 2016
    - Executed agreement AND
    - Submission of data including ADT
  - Meet Meaningful Use 2 for 2015
- NFs must meet or exceed June 2016 state Medicare average for pneumococcal vaccine to get 1% increase in payments