Request for Proposal (RFP)

Integrated Contractors for AHCCCS Acute and CRS Program
In February 2017...

- **5** community forums
- **21** formal responses received
- Community engagement & communication will continue throughout implementation
How We Will Communicate

• Collect 2-way feedback from key stakeholders
  - AHCCCS-enrolled members, family members, tribal nations, local/regional government partners, and justice system

• Recommendations or opportunities?
Posting information and resources include:

- Schedule of Community Forum Events;
- The Request for Information (RFI) Released in January 2017;
- Solicitation Amendment 1 – Responses to Submitted Questions;
- Appendix - Service Utilization Data; and
- Forum Presentations.

# Integrated Contractor Request For Information (RFI) Timeline

<table>
<thead>
<tr>
<th>Activity</th>
<th>Target Date</th>
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<tbody>
<tr>
<td>Released Request for Information (RFI)</td>
<td>January 23, 2017</td>
</tr>
<tr>
<td>Deadline for RFI Questions</td>
<td>February 6, 2017</td>
</tr>
<tr>
<td>RFI Responses Due</td>
<td>February 27, 2017</td>
</tr>
</tbody>
</table>

Note: *Dates are subject to change*
# Integrated Contractor Anticipated Procurement Timeline

<table>
<thead>
<tr>
<th>Activity</th>
<th>Target Date</th>
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<tbody>
<tr>
<td>Issue Request for Proposal</td>
<td>November 1, 2017</td>
</tr>
<tr>
<td>Prospective Offerors’ Conference and Technical Interface Meeting</td>
<td>November 8, 2017</td>
</tr>
<tr>
<td>Proposals Due</td>
<td>January 25, 2018</td>
</tr>
<tr>
<td>Contracts Awarded</td>
<td>By March 8, 2018</td>
</tr>
<tr>
<td>Transition Activities Begin</td>
<td>March 9, 2018</td>
</tr>
<tr>
<td>Contract Start</td>
<td>October 1, 2018</td>
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</tbody>
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*Note: Dates are subject to change*
Integrated Contractor RFI

• RFI puts forth for consideration:

  Integration of physical and behavioral health for individuals enrolled in an “acute care plan” (other than CMDP) or CRS who are not currently integrated.... Also examines:

  o Crisis services currently provided by RBHAs
  o Grant funded services - TBD
Current AHCCCS Program Overview

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

AHCCCCS

Care Delivery System

Fee for Service System
( AHCCCCS Administered)

- American Indian Health Program
- Federal Emergency
- Tribal ALTCS IGAs (case management only)
  - TRBHA IGA
  - Colorado River
  - Gila River
  - Navajo Nation
  - Pascua Yaqui
  - White Mtn Apache Tribe

Behavioral Health*

- Mercy Maricopa Integrated
- Health Choice Integrated Care (HCIC)
- Cenpatico Integrated Care (CIC)

Acute Care
(acute services only)

- Mercy Care Plan
- United Healthcare Community Plan
- Care 1st
- Health Choice
- UFC
- Health Net
- Dept. of Child Safety (DCS)/CMDP
  (foster care, carved out population)

Arizona Long Term Care System
ALTCS – E/PD and DD
(acute, behavioral health, long term care services)

- Mercy Care
- Bridgeway
- United Healthcare Community Plan
- ADES/DDD (subcontract for acute services)

*Fully integrated contractors for acute and behavioral health services for members with serious mental illness (SMI) and carved out behavioral health services for Acute Care/DD adults with general mental health and substance abuse needs (GMH/SA) and children.
Vision - Integration at all 3 Levels

Reaching across Arizona to provide comprehensive quality health care for those in need.
Reaching across Arizona to provide comprehensive quality health care for those in need
AHCCCS Contract Timeline

Reaching across Arizona to provide comprehensive quality health care for those in need
Potential Impact on AI Members

• Integrated choices within fee-for-service and managed care;

• CRS Services; and

• Autism Spectrum Disorder (ASD) Services.
Geographic Service Area - Composition

- Current “acute” contractor areas have been in place for years
- These do not align with the RBHA or ALTCS areas
- Should the GSA composition change? Consider:
  - Access to care
  - Network sufficiency
  - Rural and Urban areas
  - Cultural factors
  - Member placement
  - MCO financial viability
  - Capitation rate credibility

Reaching across Arizona to provide comprehensive quality health care for those in need
Acute Geographic Service Areas

Acute Enrollment As of January 1, 2017

GSA Number Acute Health Plan Enrollment

<table>
<thead>
<tr>
<th>GSA Number</th>
<th>Acute Enrollment</th>
<th>Health Plan Enrollment</th>
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</thead>
<tbody>
<tr>
<td>2</td>
<td>75,562</td>
<td>UHC, UFC</td>
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<tr>
<td>4</td>
<td>110,968</td>
<td>UHC, HCA</td>
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<tr>
<td>6</td>
<td>46,463</td>
<td>UHC, UFC</td>
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<tr>
<td>8</td>
<td>69,443</td>
<td>HCA, UFC</td>
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<tr>
<td>10</td>
<td>266,933</td>
<td>UHC, HCA, UFC, Care1st, MCP</td>
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<tr>
<td>12</td>
<td>927,504</td>
<td>UHC, Care 1st, HCA, MHP, MCP, PHP, HNA</td>
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<tr>
<td>14</td>
<td>46,914</td>
<td>UHC, UFC</td>
</tr>
</tbody>
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Map showing the distribution of health plan enrollment across different counties in Arizona.
Current RBHA GSAs

North GSA 7
Health Choice Integrated Care

Central GSA 6
MMIC

South GSA 8
Cenpatico
Integrated Integrated Care
Contemplated Acute GSA Structure
We want your feedback on…

- Crisis System
  - Statewide crisis vendor for system coordination;
  - Single statewide crisis line vendor; and/or
  - Single statewide crisis phone number.
- CRS
  - Designation
  - MSICs

Reaching across Arizona to provide comprehensive quality health care for those in need
Next Steps & Questions

• Post updates to the AHCCCS website
• Do you want AHCCCS to offer RFP presentations to tribal members?
• Should we produce an FAQ for American Indians?
• Other thoughts?
• Thank you!