AHCCCS Request for Proposal for the Elderly and Physical Disability Program for Members of the Arizona Long Term Care System (ALTCS E/PD) YH18-0001

Stakeholder Forum
January, 2016
Welcome

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AHCCCS, Division of Health Care Management

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AHCCCS, Division of Health Care Management
Purpose of Forum

• ALTCS E/PD Procurement
• ALTCS E/PD Program Overview
• ALTCS Programmatic Discussion
  o End of Life Care
  o Electronic Visit Verification
  o Remote Health Monitoring
  o Value-Based Purchasing
• ALTCS E/PD RFP Discussion
  o Geographic Service Area Composition
Public Comment Process

• Sign-in Sheet

• Comment Form
  o All comments must be written on the form
  o Choose to speak or not to speak

• Time Allotted

• Public Comment Submissions by February 15th
  (refer to agenda)

• ListServ (refer to agenda)
ALTCS E/PD Program Overview

Reaching across Arizona to provide comprehensive quality health care for those in need
AHCCCS Mission and Vision

• **Mission:** Reaching across Arizona to provide comprehensive, quality health care to those in need.

• **Vision:** Shaping tomorrow's managed care...from today's experience, quality and innovation.

• **Values:** Passion, Community, Quality, Respect, Accountability, Innovation, Teamwork, Leadership

• **Credo:** Our first care is your health care.
AHCCCS ALTCS Program Values

- Choice
- Dignity
- Independence
- Individuality
- Privacy
- Self-Determination
ALTCS Program Guiding Principles

- Member-Centered Case Management
- Member-Directed Options
- Consistency of Services
- Accessibility of Network
- Most Integrated/Least Restrictive Setting
- Collaboration with Stakeholders

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ALTCS E/PD – Current Program

• Fully Integrated Program
  o Case Management
  o Long Term Services and Supports (LTSS)
    ▪ Home and Community Based Services (HCBS)
  o Acute Care (inclusive of children with special health care needs)
  o Behavioral Health

• Three Incumbent Contractors
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ALTCS E/PD – Current System

E/PD Placements – December 2015

Total = 26,856
HCBS Placements = 73%

27% Own Home
23% Residential
50% Institutional

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ALTCS Programmatic Discussion

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End of Life Care

• Average deaths in the ALTCS E/PD Program
  o 462/month or 5,542/year (over 5 years of 2010 - 2015)
• What is End of Life Care?
  o Caring for individuals during the terminal phase of life
  o Assisting individuals to live as comfortably as possible and die with dignity
  o Medical care and other supports during this time such as counseling and legal assistance
End of Life Care

• How to help members plan?
  o Identify when to plan
  o Identify who can support the member
  o Identify goals
  o Identify main concerns, worries, and fears
  o Identify values and priorities
  o Consider cultural, religious and socioeconomic factors
End of Life Care

• What services and supports should be available for members, caregivers, and families?
  o How can Hospice Care help?
    ▪ Comprehensive set of services managed by an interdisciplinary group providing for the physical, psychosocial, spiritual, and emotional needs of a terminally ill patient and/or family members.
End of Life Care

- How can Palliative Care help?
  - Improves quality of life for patients/families facing life-threatening illness, through prevention and relief of suffering via early identification, assessment, treatment of pain and other problems, addressing physical, psychosocial and spiritual needs
End of Life Care

- What information and training should be available for providers?
  - Communication skills
  - Cultural sensitivity
  - Initiating end of life discussions
  - Understanding aging
Electronic Visit Verification

• What is Electronic Visit Verification (EVV)?
  o An electronic system that verifies in-home service delivery
    ▪ Date of service
    ▪ Site of service
    ▪ Provider of service
    ▪ Duration of service
Electronic Visit Verification

• Why is AHCCCS considering EVV?
  o Ensure timely service delivery – real time service gap reporting and monitoring
  o Reduce administrative burden associated with hard copy timesheet processing by providers
  o Generate cost savings – prevention of fraud, waste and abuse
Electronic Visit Verification

- Considerations for EVV
  - Members
    - Privacy
    - Technology access in the home
    - Scheduling flexibility for member directed options
  - Providers
    - Prior investment in systems
    - Contracts with multiple states and MCOs
Electronic Visit Verification

- Options for EVV
  - AHCCCS selects and mandates the use of a single statewide vendor
  - MCOs jointly select a single statewide vendor
  - MCOs individually select a vendor for their contracted providers
  - MCOs allow providers to individually select a vendor to use
Remote Health Monitoring

• What is Remote Health Monitoring?
  o Using technology to collect medical and other forms of health data from individuals in one location and electronically transmitting that information securely to health care providers in a different location for assessment and recommendations

• What is being monitored?
  o Activities of daily living e.g. eating/drinking, hygiene, mobility, sleep
  o Safety
  o Medication Management
  o Vital signs, weight, glucose
Remote Health Monitoring

• Why is AHCCCS considering Remote Health Monitoring?
  o Empowers the member, improves self-care management
  o Improves disease management
  o May improve medical condition/quality of life
  o Provides a positive impact on service utilization
  o Cost savings
Remote Health Monitoring

• What opportunities exist for implementing Remote Health Monitoring?
• What challenges exist for implementing Remote Health Monitoring?
• How can Remote Health Monitoring be utilized to improve member outcomes?
Value-Based Purchasing

• What is Value-Based Purchasing (VBP)?
  ○ Strategy to bend upward trajectory of health care costs by implementing initiatives to leverage managed care whereby:
    ▪ Members’ experience/population health improved
    ▪ Per-capita health costs limited to rate of general inflation via aligned incentives for MCO/provider
    ▪ Commitment to continuous quality improvement and learning
To encourage MCO activity in area of quality improvement by aligning the incentives of the Contractor and provider through VBP purchasing strategies, e.g.:

- Performance-based incentives
- Shared savings
- Shared risk
- Capitation
Value-Based Purchasing – Valued Providers

• To ensure that MCOs are directing members to providers who participate in VBP initiatives and who offer value as determined by measurable outcomes
  o Current VBP participants are primarily acute care service providers
Value-Based Purchasing - LTSS

- How can we incorporate VBP in an LTSS environment specific to long term care services (HCBS and NFs)?
  - What do these VBP initiatives look like?
  - What are the measurable outcomes to determine valued providers?
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Geographic Service Area – Composition

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### Geographic Service Area – Composition

<table>
<thead>
<tr>
<th>Counties</th>
<th>GSA</th>
<th>Members</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apache, Coconino, Mohave, Navajo</td>
<td>44</td>
<td>1,627</td>
<td>6%</td>
</tr>
<tr>
<td>Cochise, Graham, Greenlee</td>
<td>46</td>
<td>773</td>
<td>3%</td>
</tr>
<tr>
<td>Gila, Pinal</td>
<td>40</td>
<td>1,500</td>
<td>6%</td>
</tr>
<tr>
<td>La Paz, Yuma</td>
<td>42</td>
<td>941</td>
<td>3%</td>
</tr>
<tr>
<td>Maricopa</td>
<td>52</td>
<td>16,091</td>
<td>61%</td>
</tr>
<tr>
<td>Pima, Santa Cruz</td>
<td>50</td>
<td>4,645</td>
<td>17%</td>
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<tr>
<td>Yavapai</td>
<td>48</td>
<td>1,016</td>
<td>4%</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>26,593</strong></td>
<td><strong>100%</strong></td>
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<table>
<thead>
<tr>
<th>MCO</th>
<th>Members</th>
<th>%</th>
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<tbody>
<tr>
<td>Bridgeway</td>
<td>5,393</td>
<td>20%</td>
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<tr>
<td>Mercy Care Plan - LTC</td>
<td>9,754</td>
<td>37%</td>
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<tr>
<td>UHCCP – LTC</td>
<td>11,446</td>
<td>43%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>26,593</strong></td>
<td><strong>100%</strong></td>
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Geographic Service Area - Composition

• Current composition has been in place for many years

• Should the GSA composition change?
  o Considerations
    ▪ Access to care
    ▪ Network sufficiency
    ▪ Rural and Urban areas
    ▪ Cultural factors
    ▪ Member placement
    ▪ MCO financial viability
    ▪ Capitation rate credibility
Anticipated Procurement Timeline

<table>
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<tr>
<th>Activity</th>
<th>Date and Time</th>
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<tbody>
<tr>
<td>Issue Request for Proposal</td>
<td>November 1, 2016</td>
</tr>
<tr>
<td>Prospective Offerors’ Conference and Technical Interface Meeting</td>
<td>November 8, 2016</td>
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<tr>
<td>Proposals Due</td>
<td>January 18, 2017</td>
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<tr>
<td>Contracts Awarded</td>
<td>March 7, 2017</td>
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<tr>
<td>Transition Activities Begin</td>
<td>March 8, 2017</td>
</tr>
<tr>
<td>Contract Start</td>
<td>October 1, 2017</td>
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</tbody>
</table>

*Note: Dates are subject to change*
Questions?

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Thank You.

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