



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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# Purpose of Forum

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

# Public Comment Process

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- Sign-in Sheet
- Comment Form
  - All comments must be written on the form
  - Choose to speak or not to speak
- Time Allotted
- Public Comment Submissions by February 15<sup>th</sup>  
(refer to agenda)
- ListServ (refer to agenda)

# ALTCS E/PD Program Overview



# AHCCCS Mission and Vision

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- **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

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- Choice
- Dignity
- Independence
- Individuality
- Privacy
- Self-Determination



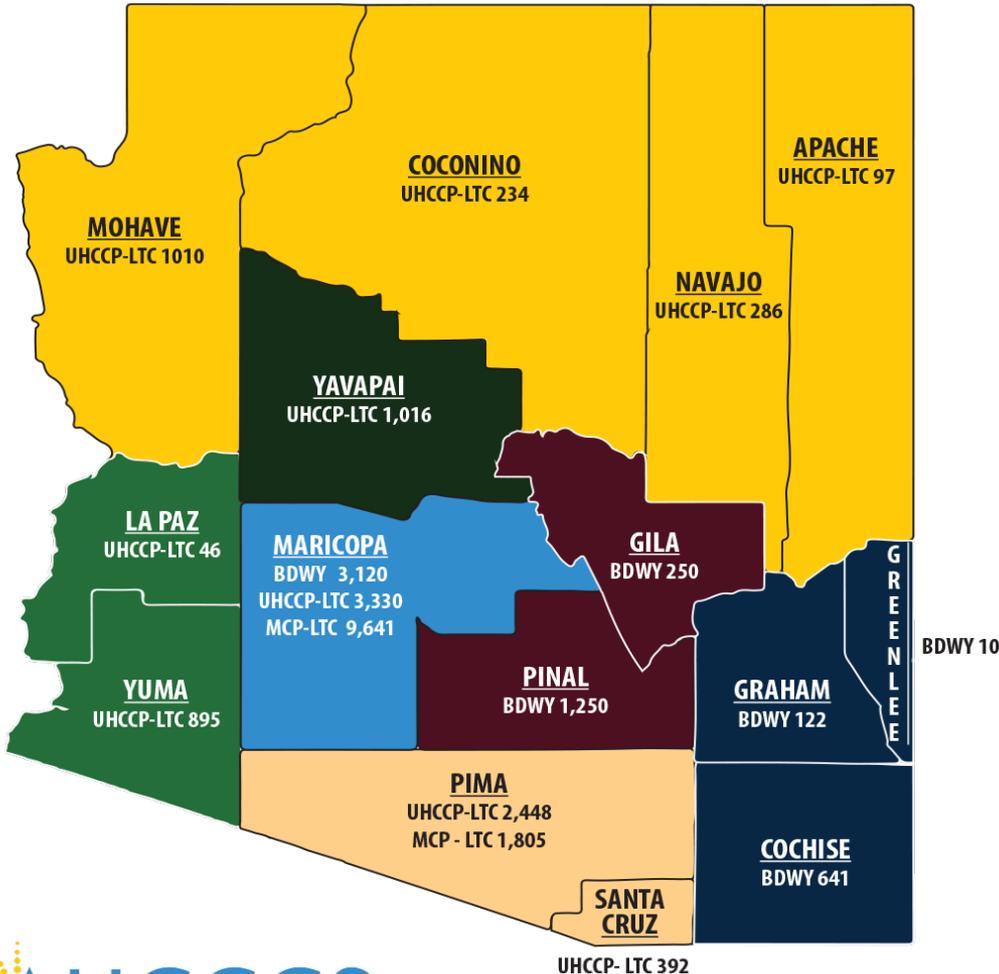
# ALTCS Program Guiding Principles

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

# ALTCS E/PD – Current Program

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

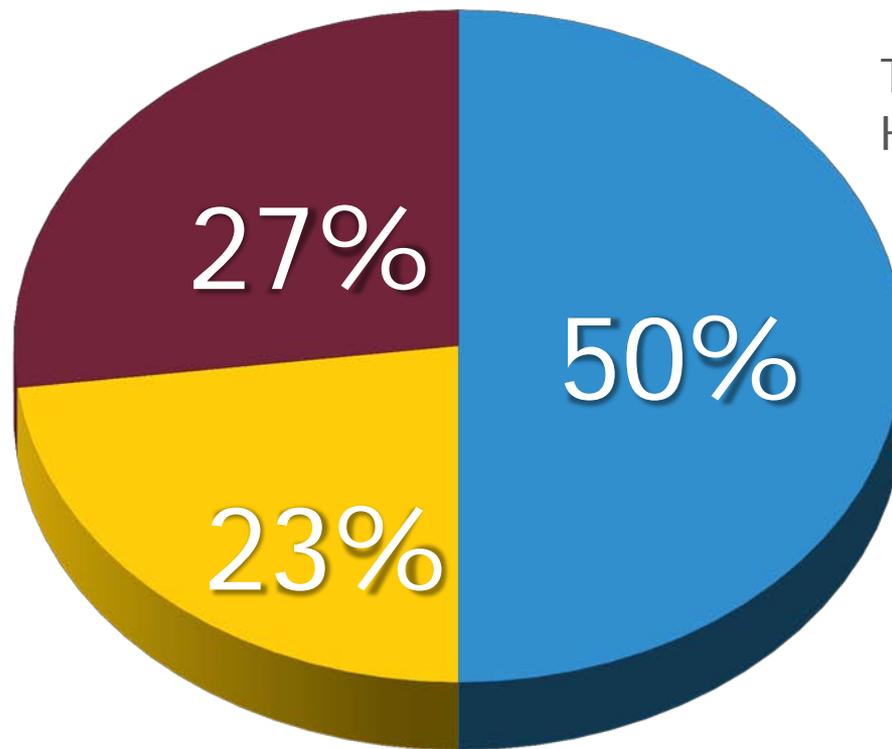
# ALTCS E/PD – Current Program



GSA 44	Apache, Coconino, Mohave & Navajo County
GSA 46	Cochise, Graham, & Greenlee County
GSA 40	Gila & Pinal County
GSA 42	La Paz and Yuma County
GSA 52	Maricopa County
GSA 50	Pima & Santa Cruz County
GSA48	Yavapai County

# ALTCS E/PD – Current System

## E/PD Placements – December 2015



Total = 26,856  
HCBS Placements = 73%

- Own Home
- Residential
- Institutional

# ALTCS Programmatic Discussion



# End of Life Care

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

# End of Life Care

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- How to help members plan?
  - Identify when to plan
  - Identify who can support the member
  - Identify goals
  - Identify main concerns, worries, and fears
  - Identify values and priorities
  - Consider cultural, religious and socioeconomic factors

# End of Life Care

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- What services and supports should be available for members, caregivers, and families?
  - 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

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- 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

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

# Electronic Visit Verification

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

# Electronic Visit Verification

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- Why is AHCCCS considering EVV?
  - Ensure timely service delivery – real time service gap reporting and monitoring
  - Reduce administrative burden associated with hard copy timesheet processing by providers
  - 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

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- 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?
  - 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?
  - Activities of daily living e.g. eating/drinking, hygiene, mobility, sleep
  - Safety
  - Medication Management
  - Vital signs, weight, glucose

# Remote Health Monitoring

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

# Remote Health Monitoring

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- 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

# Value-Based Purchasing - Purchasing Initiatives

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- 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

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- To ensure that MCOs are directing members to providers who participate in VBP initiatives and who offer value as determined by measureable outcomes
  - Current VBP participants are primarily acute care service providers

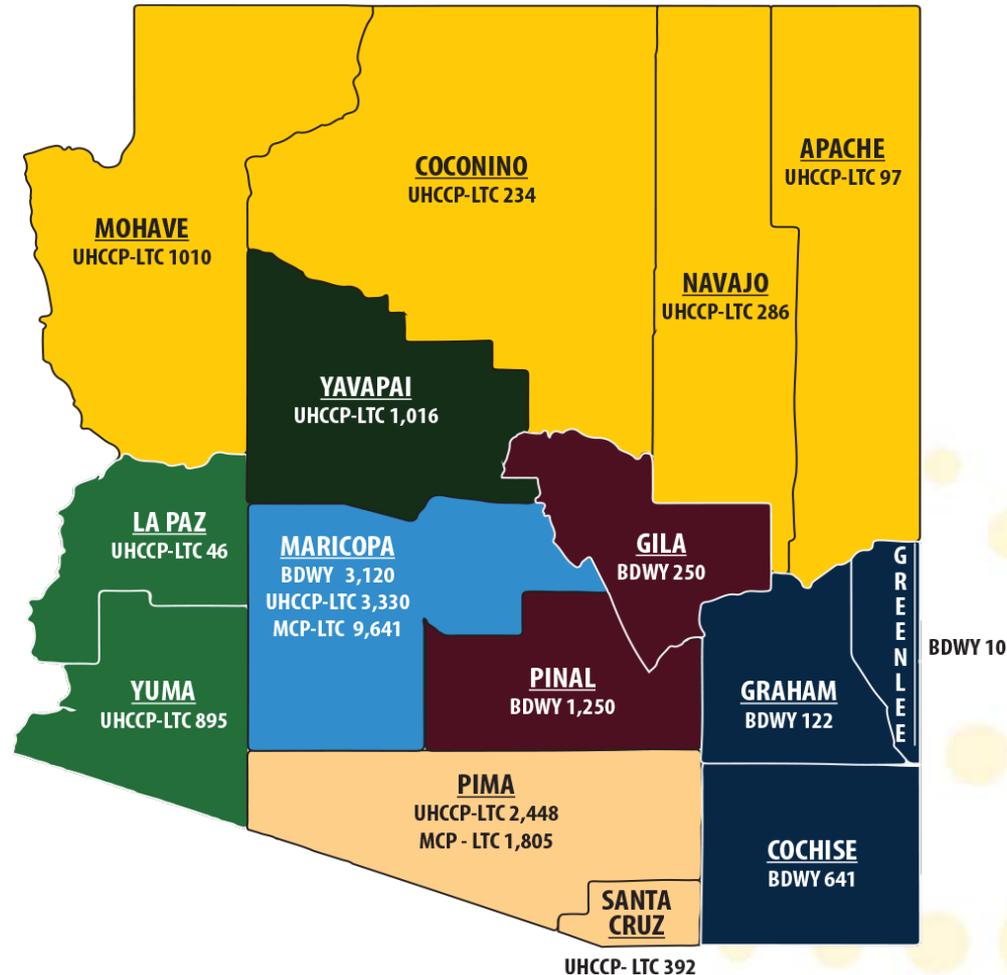
# Value-Based Purchasing - LTSS

- 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?

# ALTCS E/PD RFP Discussion



# Geographic Service Area – Composition



# Geographic Service Area – Composition

MCO	Members	%
Bridgeway	5,393	20%
Mercy Care Plan - LTC	9,754	37%
UHCCP – LTC	11,446	43%
<b>Total</b>	<b>26,593</b>	<b>100%</b>

Counties	GSA	Members	%
Apache, Coconino, Mohave, Navajo	44	1,627	6%
Cochise, Graham, Greenlee	46	773	3%
Gila, Pinal	40	1,500	6%
La Paz, Yuma	42	941	3%
Maricopa	52	16,091	61%
Pima, Santa Cruz	50	4,645	17%
Yavapai	48	1,016	4%
<b>Total</b>		<b>26,593</b>	<b>100%</b>

# Geographic Service Area - Composition

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- Current composition has been in place for many years
- Should the GSA composition change?
  - Considerations
    - Access to care
    - Network sufficiency
    - Rural and Urban areas
    - Cultural factors
    - Member placement
    - MCO financial viability
    - Capitation rate credibility

# ALTCS E/PD

## Anticipated Procurement Timeline

Activity	Date and Time
Issue Request for Proposal	November 1, 2016
Prospective Offerors' Conference and Technical Interface Meeting	November 8, 2016
Proposals Due	January 18, 2017
Contracts Awarded	March 7, 2017
Transition Activities Begin	March 8, 2017
Contract Start	October 1, 2017

*Note: Dates are subject to change*

# Questions?



Thank You.

