MCO Integration Progress To Date

% Program Funding

1989

1995%

2013

40%

2014

20%

2015

ALTCS /EPD 29,200

20%

2016

CRS 17,000

0

2018

SMI Maricopa 18,000

GMH/SA Adults & Non CMDP Children

SMI Greater AZ 17,000

Approximately 1.5 million

AIHP/TRBHA 80,000

GMH/SA Duals 80,000

AHCCCS

Arizona Health Care Cost Containment System
Integration at all 3 Levels

- New provider type - Integrated Clinics
- Licensure changes
- Provider payment incentives
- Targeted Investment - $300M

- ALTCS – EPD
- Individuals with SMI
- Non-SMI Dual Eligible Members
- AIHP Integration for Tribal Members
- Children’s Rehabilitative Services (one plan)
  - Oct 2018 – ACC/AIHP - 1.5M Children/Adults
  - ALTCS DD – 2019/2020 - Foster Children - 2020

- Administrative Simplification – ADHS/BHS joins AHCCCS Administration
- Grant/Housing Funding into Medicaid System

Reaching across Arizona to provide comprehensive quality health care for those in need
Post 10-1 Issues

1. COE-COT-Crisis
2. Claims Payment to BH providers and ICs—paid—pending—denied
3. Ongoing Network Development
4. Transportation – NEMT
Budget Update

Reaching across Arizona to provide comprehensive quality health care for those in need
AHCCCS Population
as of July 1, 1985 – 2018

Reaching across Arizona to provide comprehensive quality health care for those in need
FY 20 Request

- Population and cost growth - $58
- Population down 15 out of last 22 months
- KidsCare - $8 m
- MCHIP - $12 m
- No Health Insurer Fee – ($18) m
- Transfer BH Funding DD – ($31) m
- Total Increase = $29
Hospital Assessments

Reaching across Arizona to provide comprehensive quality health care for those in need
Hospital uncompensated care and profitability

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

- PBM
- Any willing provider
- Provider Rates – HCBS and other rates impacted by minimum wage/economy
Lifeline Calls

Reaching across Arizona to provide comprehensive quality health care for those in need
AMS Success! ALTCS Applications

Percent of ALTCS Applications Dispositioned in 45 Calendar Days or Less

Month of Disposition
Reaching across Arizona to provide comprehensive quality health care for those in need
Reducing Provider Burden

• Leverage Hawaii partnership for new Provider Registration System – 2019
• Demographic User streamline reporting for BH
• Evaluating some of the CMS proposals
• VBP streamlining
Member Burden Reduction

- Renewal Processing
  - Arizona is one of 7 states that currently process at least 75% of its Medicaid renewals automatically through the system with no action required by a State worker
  - 2016 – 75% Renewed Automatically
  - 2017 – 76% Renewed Automatically

- Arizona is one of 12 states where:
  - Consumers can start/stop an application and return later to complete
  - Consumers can scan and upload documents
  - Online portal available for application assistors
  - Can be used for seniors and individuals with disabilities
  - Can be used for at least one non-health program (such as SNAP or TANF)
Arizona Commonwealth Study Results
Commonwealth Study Summary

- Arizona overall went from 34 in last study to 29
- Improved on 15 measures
- Down in 3
- 12 no change
- Bottom quartile 12 measures
- Top quartile 7
Commonwealth Study Summary

**Access ranked 42**
- Bottom quartile
- Uninsured children
- Adults without usual source of care

**Avoidable hospital use - 17**
- None in bottom quartile
- Healthy lives 17
- Bottom quartile
- Suicide alcohol and drug use deaths
Commonwealth Study Summary

Prevention 39th – Bottom quartile

- Adults without all recommended vaccines
- Children without medical home
- Children who did not receive needed mental Health care
- Hospital patients did not receive patient centered care
- Home health patients without improved mobility
- Mentally ill adults who did not receive treatment

Disparity 13 – bottom quartile

- Uninsured children
- Adults without usual source of care
- Avoidable ED use duals - FFS data
Top 10 Trends/Strategies

1. Role of Managed care will only continue to grow – and for more complex populations including strategies for duals

2. The Feds and states will enhance efforts around quality measures/transparency for both states and plans

3. States continue to look more and more at the important role of BH services – social determinants of health and integration of those services

4. More states will expand coverage – some through work requirements policies – VA – Utah – Idaho – KS – some will expand Medicaid into portions of marketplace

5. States will continue to pursue flexibility - Work requirements/community engagements
Top 10 Continued

6. VBP is still a priority and very much a work in progress

7. Leadership turnover has been a challenge and with large gubernatorial election cycle will be even more pronounced near term

8. Overall current economic growth has resulted in slowing enrollment growth – that said states are not ready for the next recession

9. During the next economic downturn states/providers/other policy priorities are going to pursue Pharma changes

10. States have an important role to play in supporting HIE and other data aggregation