Stakeholder Forum

Request for Information (RFI) for Integrated Contractors for Members in AHCCCS Acute and CRS Program

February 2016
Welcome

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AHCCCS, Division of Health Care Advocacy and Advancement

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AHCCCS, Office of the Director

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

- 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 27th
- RFI and ListServ on AHCCCS Website

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Session Agenda

1. Examine the targeted procurement cycle timeline

2. Provide an overview of the existing health plan contract structure

3. Review data related to populations served through AHCCCS

4. Discuss efforts to integrate behavioral and physical health in Arizona

5. Highlight system design concepts contemplated in the RFI
## Integrated Contractor Anticipated Procurement Timeline

<table>
<thead>
<tr>
<th>Activity</th>
<th>Target Date</th>
</tr>
</thead>
<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>
</tr>
</tbody>
</table>

**Note:** Dates are subject to change
Current AHCCCS Program Overview

Reaching across Arizona to provide comprehensive quality health care for those in need
Arizona Health Care Cost Containment System

Funding

- Federal
- State
- County
- Private
  - Member Cost Sharing

AHCCCS Administration

- Medical Care
- Long Term Care
- Behavioral Health

- Health Plans
  - Acute
  - Behavioral Health
  - Long Term Care

- State Agencies
  - DES/DCF
    - Eligibility/DDD/CMDP

- Fee-For-Service
  - Native Americans
  - Emergency Services

- Medical Policy
- Eligibility (Special Populations)
- Contract for Medical and Long Term Care Services
- Monitor Quality of Care and Financial Viability
- Information Services
- Budget and Claims Processing
- Legal
- Intergovernmental Relations

Funding

- Federal
- State
- County
- Private
  - Member Cost Sharing
Reaching across Arizona to provide comprehensive quality health care for those in need

*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.*
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
AHCCCS Strategic Plan

Reaching Across Arizona to Provide Comprehensive, Quality Health Care for Those in Need

- Bend the cost curve while improving the member’s health outcomes
- Pursue continuous quality improvement
- Reduce fragmentation in healthcare delivery driving towards an integrated system
- Maintain core organizational capacity, infrastructure and workforce.

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Program Guiding Principles

AHCCCS collaborates with Contracted Health Plans to:

• Support member choice in the delivery of the highest quality care;

• Implement program innovation and best practices; and

• Evaluate ways to reduce program complexity, improve care coordination and chronic disease management, reduce administrative burdens, leverage joint purchasing power, and reduce unnecessary administrative and medical costs.
AHCCCS Population as of July 1st 1985 – 2016 (1,913,627 as of January 2017)

Reaching across Arizona to provide comprehensive quality health care for those in need
Who Does AHCCCS Serve?*

<table>
<thead>
<tr>
<th>AHCCCS population:</th>
<th>8/1/16</th>
<th>9/1/16</th>
<th>10/1/16</th>
<th>11/1/16</th>
<th>12/1/16</th>
<th>1/1/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHCCCS Acute</td>
<td>1,647,021</td>
<td>1,661,184</td>
<td>1,668,646</td>
<td>1,674,200</td>
<td>1,677,496</td>
<td>1,672,984</td>
</tr>
<tr>
<td>KidsCare</td>
<td>528</td>
<td>2,819</td>
<td>5,911</td>
<td>9,184</td>
<td>9,701</td>
<td>13,389</td>
</tr>
<tr>
<td>ALTCS ¹</td>
<td>58,413</td>
<td>58,519</td>
<td>58,665</td>
<td>58,807</td>
<td>58,819</td>
<td>58,952</td>
</tr>
<tr>
<td>Partial Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(FES, SLMB, QI-1, Transplant Option 1 &amp; 2)</td>
<td>163,785</td>
<td>165,484</td>
<td>167,570</td>
<td>169,782</td>
<td>170,655</td>
<td>168,302</td>
</tr>
<tr>
<td>Total Population ²</td>
<td>1,869,747</td>
<td>1,888,006</td>
<td>1,900,792</td>
<td>1,911,973</td>
<td>1,916,671</td>
<td>1,913,627</td>
</tr>
</tbody>
</table>

1. Includes both the ALTCS population and the Freedom to Work (FTW) ALTCS members.
2. Updated to include SLMB/QI-1 & Transplant Option 1 & 2
AHCCCS Population Age Breakout

- 0-18: 50%
- 19-64: 44%
- >64: 6%

Reaching across Arizona to provide comprehensive quality health care for those in need
## GAO - Conditions of Members (%)
### High Expenditure Medicaid Enrollees

<table>
<thead>
<tr>
<th>Condition</th>
<th>Asthma</th>
<th>Diabetes</th>
<th>HIV/AIDS</th>
<th>MH</th>
<th>SUD</th>
<th>Delivery</th>
<th>LTC</th>
<th>None</th>
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</thead>
<tbody>
<tr>
<td>Asthma</td>
<td>24.5</td>
<td>3.9</td>
<td>65.1</td>
<td>29.1</td>
<td>6.5</td>
<td>7.3</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td>18.5</td>
<td>2.6</td>
<td>52.4</td>
<td>23.9</td>
<td>3.1</td>
<td>12.7</td>
<td>29.7</td>
<td></td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>17.9</td>
<td>15.6</td>
<td>48.1</td>
<td>39.4</td>
<td>2.1</td>
<td>7.2</td>
<td>29</td>
<td></td>
</tr>
<tr>
<td>MH</td>
<td>17.6</td>
<td>18.7</td>
<td>2.8</td>
<td>26.7</td>
<td>4.0</td>
<td>11.9</td>
<td>42.9</td>
<td></td>
</tr>
<tr>
<td>SUD</td>
<td>20.8</td>
<td>22.6</td>
<td>6.0</td>
<td>70.8</td>
<td>4.5</td>
<td>10.2</td>
<td>15.6</td>
<td></td>
</tr>
<tr>
<td>Delivery</td>
<td>9.3</td>
<td>5.9</td>
<td>0.7</td>
<td>21.3</td>
<td>9.0</td>
<td>0.5</td>
<td>66</td>
<td></td>
</tr>
<tr>
<td>LTC</td>
<td>12.5</td>
<td>28.6</td>
<td>2.8</td>
<td>74.7</td>
<td>24.4</td>
<td>0.6</td>
<td>14.1</td>
<td></td>
</tr>
</tbody>
</table>

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Incentivizing Quality: Payment Modernization

• Align Payer & Provider Incentives
• Payment and Care Delivery Transformation
• Innovate through Competition
• Pay for Value
Vision - Integration at all 3 Levels

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

10/1/16
Release ALTCS RFP

3/1/17
Award ALTCS

10/1/17
Transition DD Acute/BH

10/1/18
Release Maricopa RBHA RFP

4/1/19
Award Maricopa RBHA

10/1/19
Transition Maricopa RBHA

10/1/20
5 Years Greater AZ

2016
Release Acute RFI
1/1/17

2017
Release Acute RFP
10/1/17

2018
Award Acute
3/1/18
Transition Acute
10/1/18

2019

2020

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# Current Contract Terms
## RBHA, CRS, Acute

<table>
<thead>
<tr>
<th>Contract Year</th>
<th>Maricopa RBHA</th>
<th>Greater AZ RBHAs</th>
<th>Acute/CRS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>4/14-3/15</td>
<td>10/15-9/16</td>
<td>10/13-9/14</td>
</tr>
<tr>
<td>3</td>
<td>4/16-3/17</td>
<td>10/17-9/18</td>
<td>10/15-9/16*</td>
</tr>
<tr>
<td>4</td>
<td>4/17-3/18*</td>
<td>10/18-9/19*</td>
<td>10/16-9/17*</td>
</tr>
<tr>
<td>5</td>
<td>4/18-3/19*</td>
<td>10/19-9/20*</td>
<td>10/17-9/18*</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>10/20-9/21*</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td>10/21-9/22*</td>
<td></td>
</tr>
</tbody>
</table>

*Extension Year (CYE 9/16 applicable to CRS only)

New Integrated Contractor Term: 10/18-9/23 (5yr)
The AHCCCS Acute Care Program will celebrate its 35th anniversary on 10/1/17

Provides coverage for a wide array of services including, but not limited to:

- Hospital services (Inpatient & Outpatient)
- Professional Practitioner Services
- Pharmacy
- Lab & x-ray
- Transportation

Competitive bids every five years

Members are offered a choice of health plans in every county
Current Program Highlights

• “Acute Plans” provide physical health (PH) services to Medicaid enrolled individuals not in another integrated program and also behavioral health (BH) services for individuals who have not been determined to have a serious mental illness (SMI) who are dually enrolled in Medicare.

• Regional Behavioral Health Authorities (RBHAs)
  o Carved out BH services for children
  o Carved out BH services for adults not served by an integrated plan
  o Integrated services for individuals with a serious mental illness (SMI)
  o Crisis services all populations
  o Grant and other non-TXIX funded services

• Members have access to a robust network of health care providers.
Acute/CRS – Current Program

Children’s Rehabilitative Services

- Program for children with chronic conditions specified in rule
- One statewide CRS Contracted Health Plan to provide:
  - Physical and BH services for most CRS members
  - CRS and BH services to children in foster care and children determined developmentally disabled
  - Various service options for American Indians
Request For Information (RFI) and Program Proposals

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

• Published on AHCCCS website on January 25th

• Comments due February 27th

• https://www.azahcccs.gov/Resources/OversightOfHealthPlans/SolicitationsAndContracts
Geographic Service Area - Composition

- Current “acute” contractor areas have been in place for many 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

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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>Enrollment</th>
<th>Plans</th>
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</thead>
<tbody>
<tr>
<td>2</td>
<td>75,562</td>
<td>UHC, UFC</td>
</tr>
<tr>
<td>4</td>
<td>110,968</td>
<td>UHC, HCA</td>
</tr>
<tr>
<td>6</td>
<td>46,463</td>
<td>UHC, UFC</td>
</tr>
<tr>
<td>8</td>
<td>69,443</td>
<td>HCA, UFC</td>
</tr>
<tr>
<td>10</td>
<td>266,933</td>
<td>UHC, HCA, UFC, Care1st, MCP</td>
</tr>
<tr>
<td>12</td>
<td>927,504</td>
<td>UHC, Care 1st, HCA, MHP, MCP, PHP, HNA</td>
</tr>
<tr>
<td>14</td>
<td>46,914</td>
<td>UHC, UFC</td>
</tr>
</tbody>
</table>

*Measure Area Enrollments are estimated by AHCCCS and may not add up due to rounding.*
Acute Geographic Service Areas

CRS - Fully Integrated Enrollment As of January 1, 2017

Total Health Plan Enrollment = 16,771
Current RBHA GSAs

North GSA 7
Health Choice Integrated Care

Central GSA 6
MMIC

South GSA 8
Cenpatico Integrated Care
Geographic Service Area (GSA) Questions

- Additionally, soliciting feedback on:
  - Number of plans by GSA
  - Plan limit on # of GSAs awarded
  - Pima County differentiation from rest of affiliated Southern Region
Further Integration of Care Delivery

• RFI puts forth for consideration:

  Integration of physical and behavioral health for individuals previously enrolled in an acute care plan or CRS. Excludes:

  o Individuals determined to have a SMI
  o Foster children
  o Crisis services currently provided by RBHAs
  o Grant funded services - TBD
Affiliated Organization Proposals

• RFI defines an *Affiliated Organization* as:
  
  o *An entity bidding on the Integrated Contract which also has 50% or more ownership or control interest of a current RBHA or is a current RBHA in Arizona*

• Potential for merging Integrated Contractor and RBHA.....with awards to Affiliated Organizations
Affiliated Organizations Continued

- Awards to Affiliated Organizations with a RBHA and an incumbent Acute Contractor in same GSA (or county within GSA)
  - Organizations and branding (IC and RBHA) may be consolidated under single corporate entity;
  - Incumbent Acute membership is moved under consolidated Integrated Contractor; and
  - Unique RBHA requirements move under consolidated Integrated Contractor (SMI, CMDP BH, Crisis).
## Northern Affiliated Organization

<table>
<thead>
<tr>
<th>Proposed North GSA:</th>
<th>Current</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Acute GSA</td>
</tr>
<tr>
<td>Mohave</td>
<td>GSA 4</td>
</tr>
<tr>
<td>Coconino</td>
<td>GSA 4</td>
</tr>
<tr>
<td>Apache</td>
<td>GSA 4</td>
</tr>
<tr>
<td>Navajo</td>
<td>GSA 4</td>
</tr>
<tr>
<td>Yavapai</td>
<td>GSA 6</td>
</tr>
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</table>
### Central Affiliated Organization

<table>
<thead>
<tr>
<th>Proposed Central GSA:</th>
<th>Current</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Acute GSA</td>
</tr>
<tr>
<td>Maricopa</td>
<td>GSA 12</td>
</tr>
<tr>
<td>Gila</td>
<td>GSA 8</td>
</tr>
<tr>
<td>Pinal</td>
<td>GSA 8</td>
</tr>
</tbody>
</table>

Note: Due to movement of Gila and Pinal, need to put RBHAs on notice that they will be losing these counties and associated members/services effective 10/1/18.
### Southern Affiliated Organization

<table>
<thead>
<tr>
<th>Proposed South GSA:</th>
<th>Acute GSA</th>
<th>Acute Plan</th>
<th>Acute Plan</th>
<th>Acute Plan</th>
<th>Acute Plan</th>
<th>RBHA</th>
<th>RBHA GSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pima</td>
<td>GSA 10</td>
<td>UFC</td>
<td>United</td>
<td>Care 1st</td>
<td>HCA</td>
<td>MCP</td>
<td>CIC</td>
</tr>
<tr>
<td>Cochise</td>
<td>GSA 14</td>
<td>UFC</td>
<td>United</td>
<td></td>
<td></td>
<td></td>
<td>CIC</td>
</tr>
<tr>
<td>Graham</td>
<td>GSA 14</td>
<td>UFC</td>
<td>United</td>
<td></td>
<td></td>
<td></td>
<td>CIC</td>
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<tr>
<td>Greenlee</td>
<td>GSA 14</td>
<td>UFC</td>
<td>United</td>
<td></td>
<td></td>
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<td>CIC</td>
</tr>
<tr>
<td>LaPaz</td>
<td>GSA 2</td>
<td>UFC</td>
<td>United</td>
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<td></td>
<td></td>
<td>CIC</td>
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<tr>
<td>Santa Cruz</td>
<td>GSA 10</td>
<td>UFC</td>
<td>United</td>
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<td>CIC</td>
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<td>Yuma</td>
<td>GSA 2</td>
<td>UFC</td>
<td>United</td>
<td></td>
<td></td>
<td></td>
<td>CIC</td>
</tr>
</tbody>
</table>

Note: Centene is defined as an Affiliated Organization, UFC is not due to less than 50% ownership in CIC. Centene does not also have an incumbent Acute plan in the South so would not take any membership. Centene or Affiliated Organization owned by Centene could consolidate with CIC if awarded in this GSA.
Affiliated Organization continued

- Affiliated Organization not awarded contract:
  - Current RBHA remains until RBHA contract expiration;
  - Unique RBHA contract requirements remain with RBHA (SMI, CMDP BH, Crisis and Grants);
  - RBHA may be available for choice to members for remaining RBHA contract term for integrated services; and
  - Expansion of RBHA services to include physical health for non-dual, GMH/SA adults and non-CMDP children.
RFI solicits feedback on...

• Crisis System
  o Statewide crisis vendor for system coordination
  o Single statewide crisis line vendor
  o Single statewide crisis phone number
• Timing of implementation of integrated services post award;
• Administration of grant funding; and
• Future plan choice for individuals with SMI in Maricopa County.
RFI solicits feedback on...

- Possible expansion of Integrated Contractor Scope of Services to include unique RBHA services
- CRS
  - Integration
  - Designation
  - MSICs
  - American Indian choices
RFI solicits feedback on...

- ASD Advisory Committee recommendations
  - Integrate care for children with or at risk of autism with the acute care contractor
- Engaging community in development of RFP
- Length of contract term – 5 or 7 years

Reaching across Arizona to provide comprehensive quality health care for those in need
Acute RFP Contact Information

• Web Address
  - https://azahcccs.gov/Resources/OversightOfHealthPlans/SolicitationsAndContracts/open.html

• E-mail Address
  - AcuteRFP@azahcccs.gov
Public Comments

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Thank You.

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