

# Stakeholder Forum

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

February 2016

# Welcome

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# 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 27<sup>th</sup>
- RFI and ListServ on AHCCCS Website

# Session Agenda

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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

Activity	Target Date
Issue Request for Proposal	November 1, 2017
Prospective Offerors' Conference and Technical Interface Meeting	November 8, 2017
Proposals Due	January 25, 2018
Contracts Awarded	By March 8, 2018
Transition Activities Begin	March 9, 2018
Contract Start	October 1, 2018

**Note:** *Dates are subject to change*

# Current AHCCCS Program Overview



# Arizona Health Care Cost Containment System

## Funding

• Federal

• State

• County

• Private

➤ Member Cost Sharing

**AHCCCS Administration**

• 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

- Medical Care

- Long Term Care

- Behavioral Health

• Health Plans

Acute  
Behavioral Health  
Long Term Care

• State Agencies

➤ DES/DCF

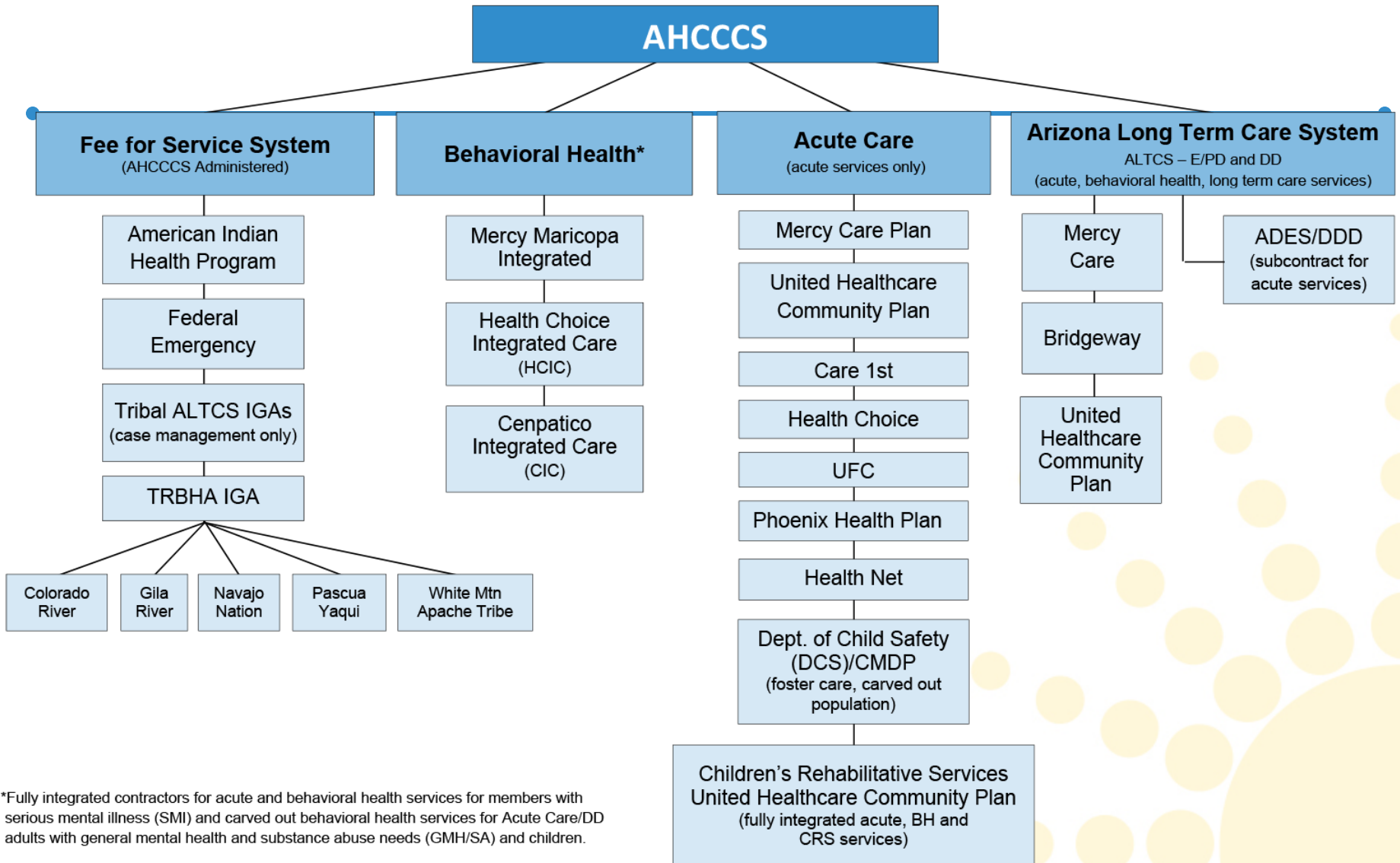
• Eligibility/DDD/CMDP

• Fee-For-Service

➤ Native Americans

➤ Emergency Services

# Care Delivery System



\*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

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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

# 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

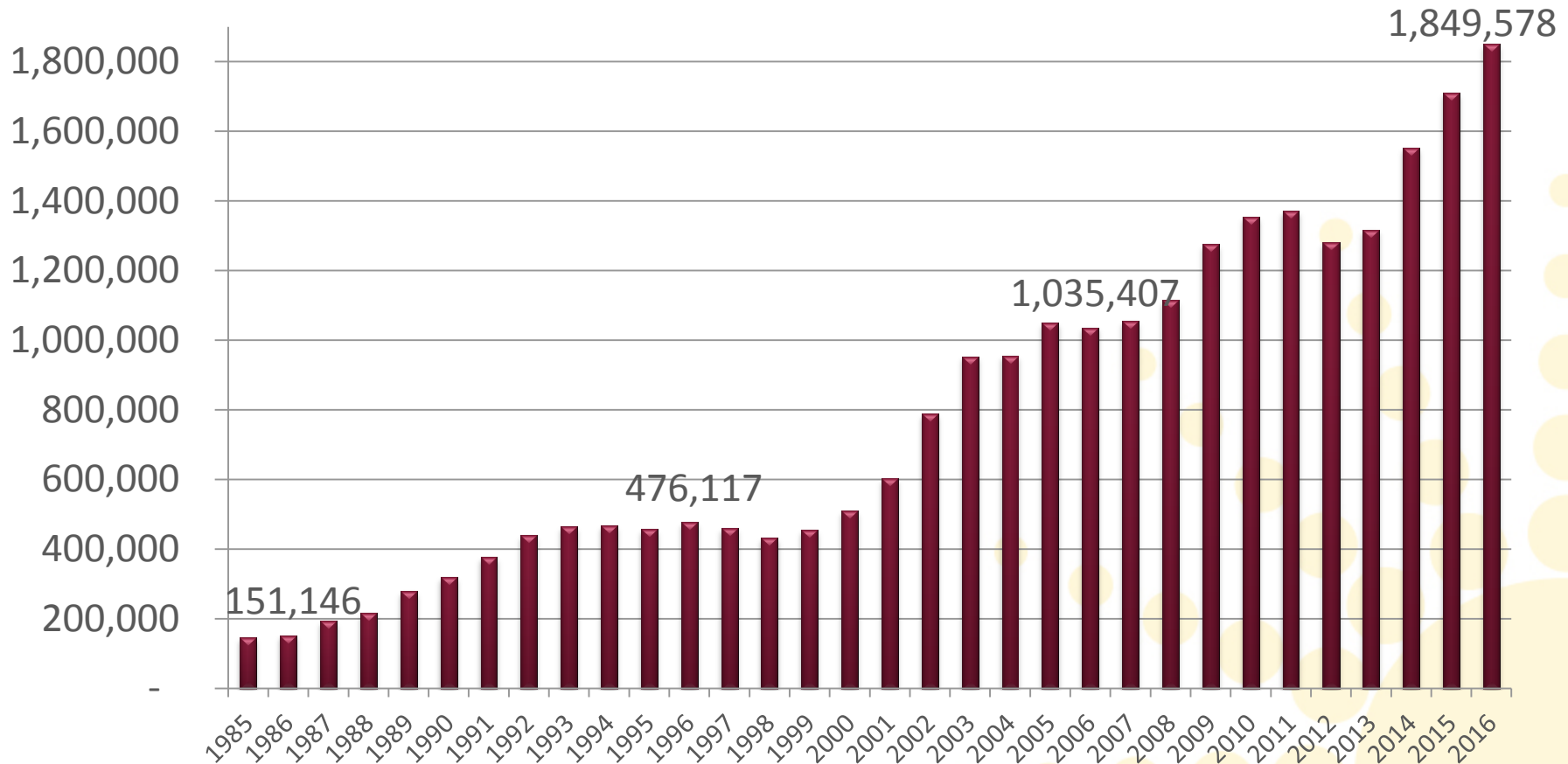
Maintain core organizational capacity, infrastructure and workforce.

# 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 1<sup>st</sup> 1985 – 2016 (1,913,627 as of January 2017)





# Who Does AHCCCS Serve?\*

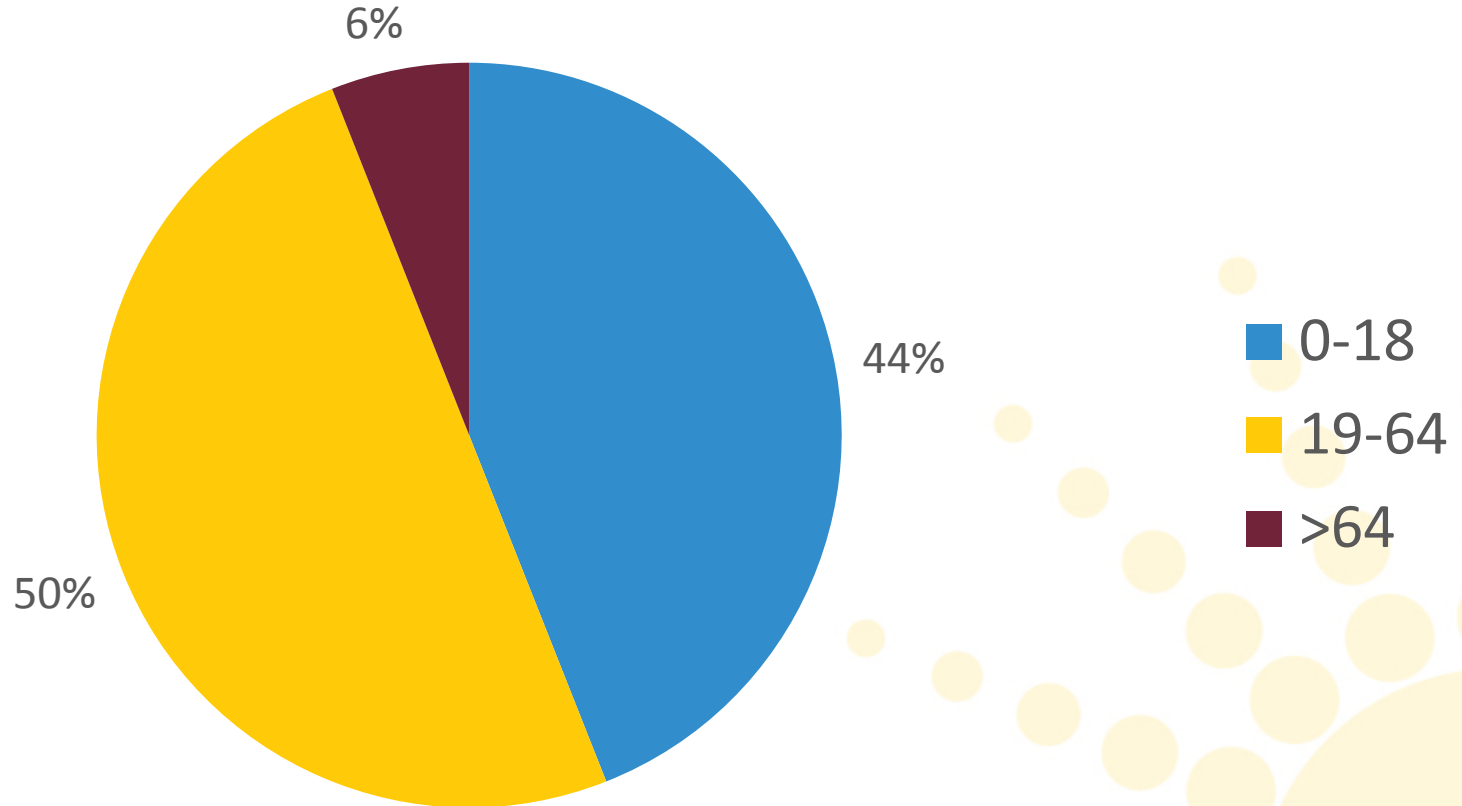
## AHCCCS population:

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

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



# GAO - Conditions of Members (%)

## High Expenditure Medicaid Enrollees

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



# Incentivizing Quality: Payment Modernization

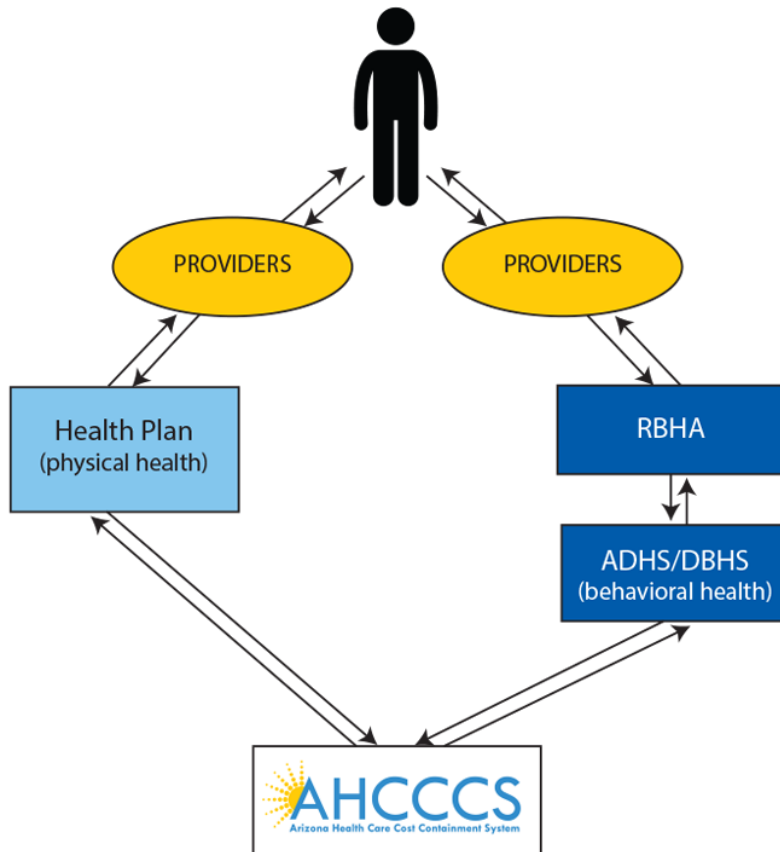
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- Align Payer & Provider Incentives
- Payment and Care Delivery Transformation
- Innovate through Competition
- Pay for Value

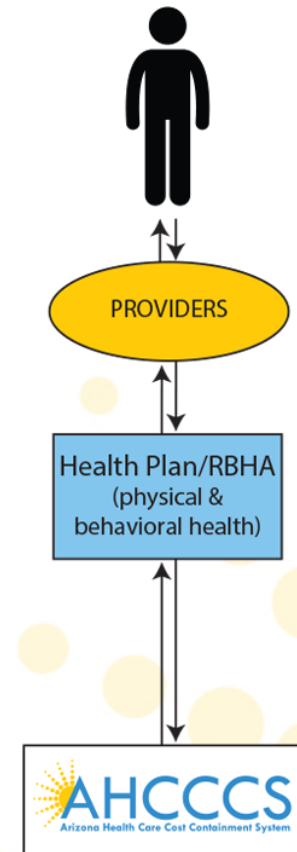


# Vision - Integration at all 3 Levels

CURRENT CONFIGURATION

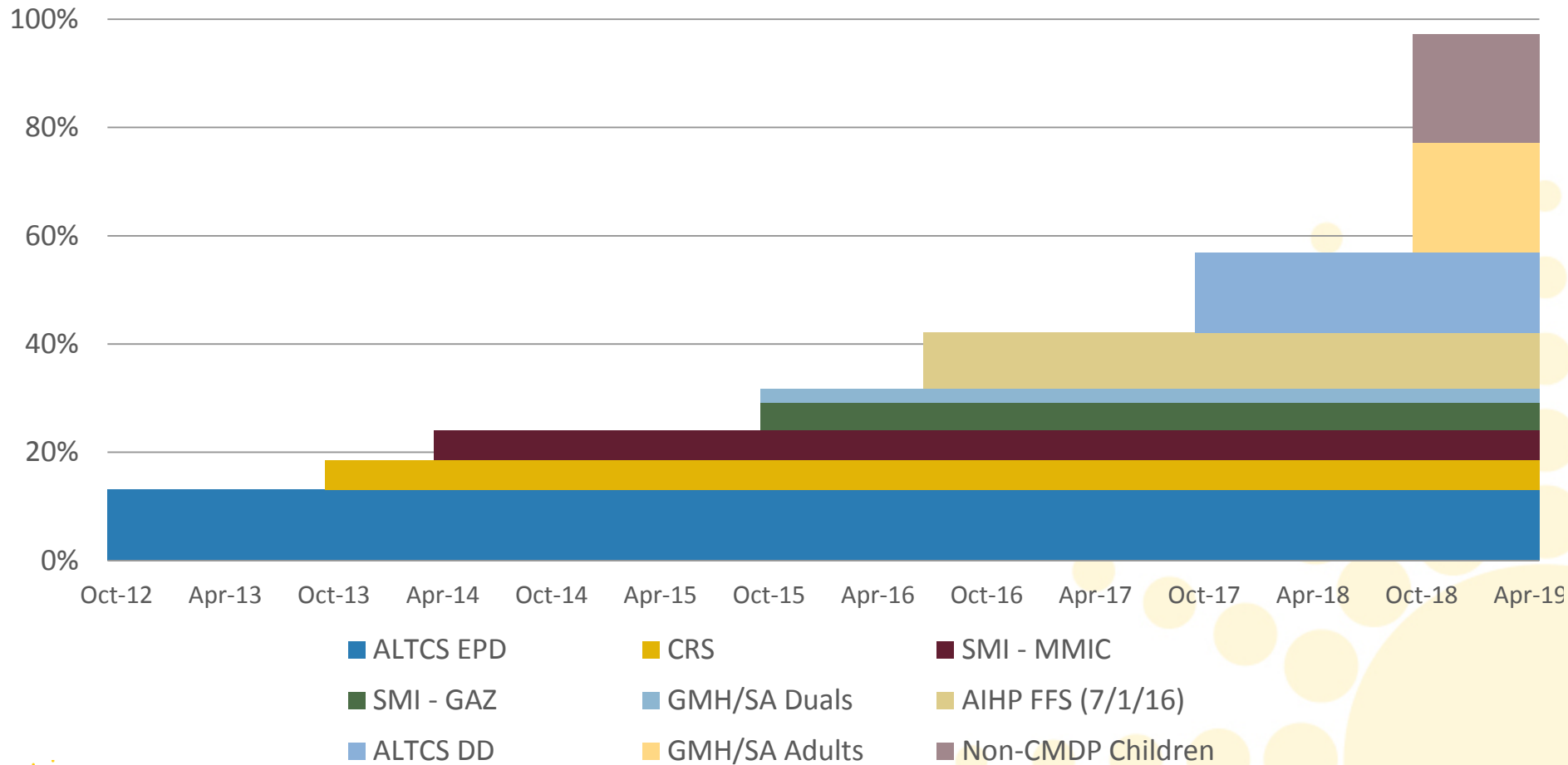


STREAMLINED CONFIGURATION

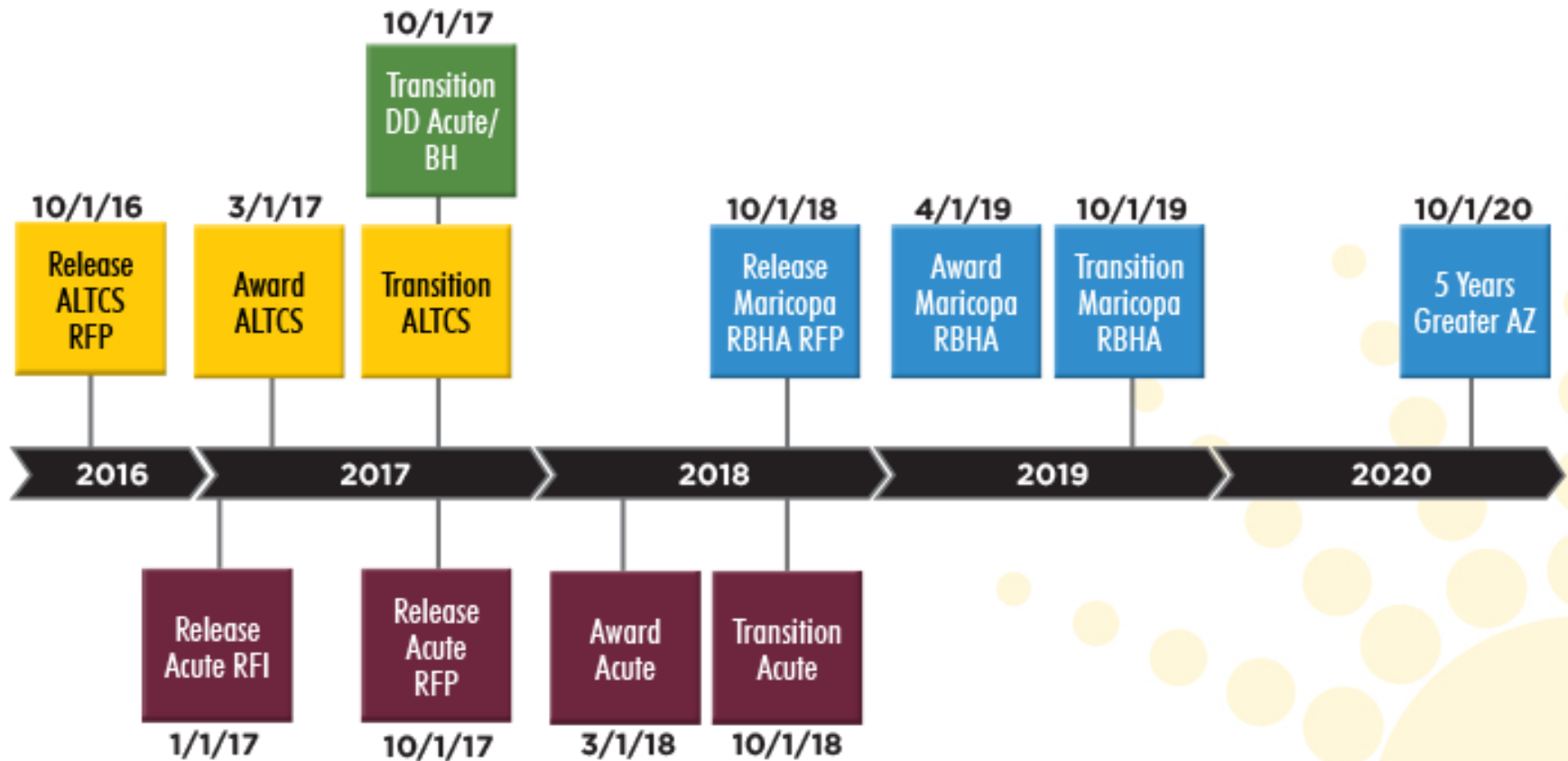


Reaching across Arizona to provide comprehensive quality health care for those in need

# Integration Efforts



# AHCCCS Contract Timeline



# Current Contract Terms

## RBHA, CRS, Acute

Contract Year	Maricopa RBHA	Greater AZ RBHAs	Acute/CRS
1	4/14-3/15	10/15-9/16	10/13-9/14
2	4/15-3/16	10/16-9/17	10/14-9/15
3	4/16-3/17	10/17-9/18	10/15-9/16*
4	4/17-3/18*	10/18-9/19*	10/16-9/17*
5	4/18-3/19*	10/19-9/20*	10/17-9/18*
6		10/20-9/21*	
7		10/21-9/22*	

**New Integrated Contractor Term:**  
10/18-9/23 (5yr)

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

# Acute Care Program Highlights

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The AHCCCS Acute Care Program will celebrate its 35<sup>th</sup> 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

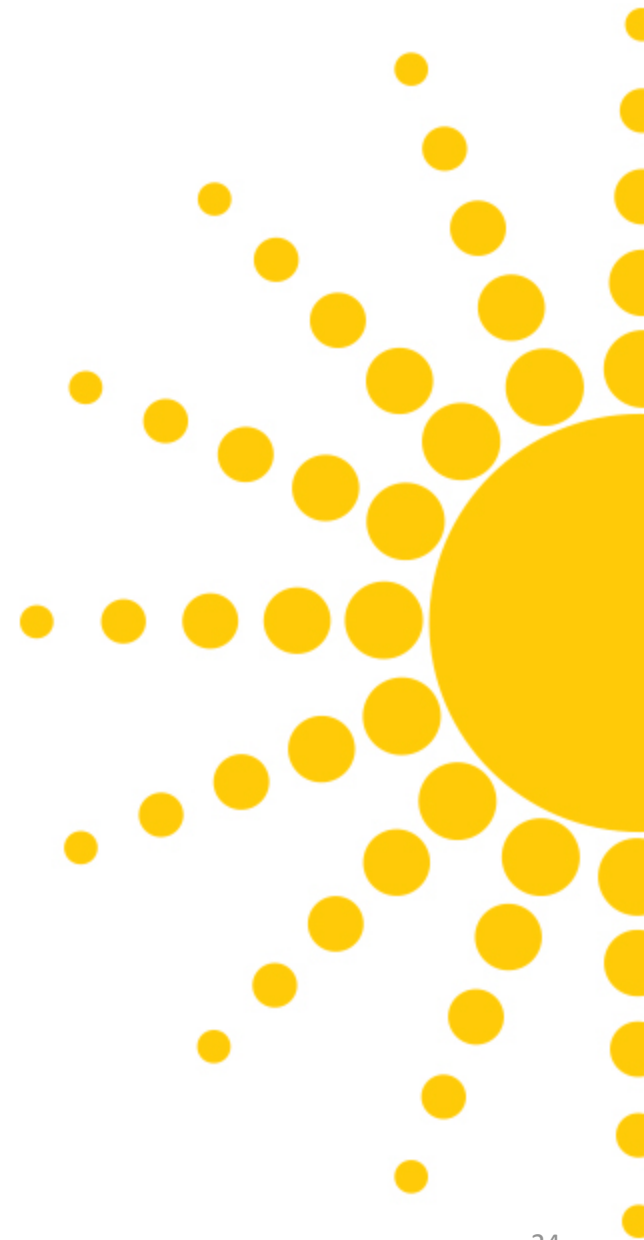
- “Acute Plans” provide physical health (PH) services to Medicaid enrolled individuals not in another integrated program and also behavioral health (BH) services for individuals who have not been determined to have a serious mental illness (SMI) who are dually enrolled in Medicare
- Regional Behavioral Health Authorities (RBHAs)
  - Carved out BH services for children
  - Carved out BH services for adults not served by an integrated plan
  - Integrated services for individuals with a serious mental illness (SMI)
  - Crisis services all populations
  - 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





# RFI INFORMATION

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- Published on AHCCCS website on January 25<sup>th</sup>
- Comments due February 27<sup>th</sup>
- <https://www.azahcccs.gov/Resources/OversightOfHealthPlans/SolicitationsAndContracts>

# Geographic Service Area - Composition

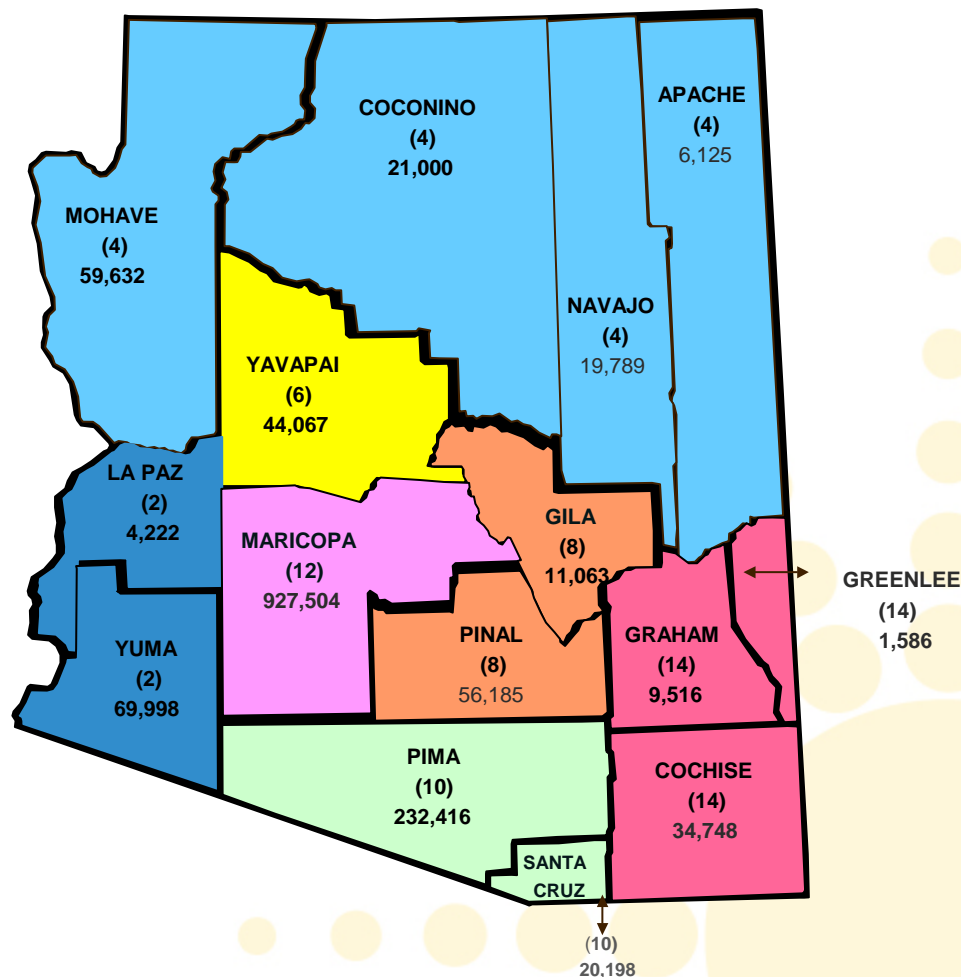
- Current “acute” contractor areas have been in place for many years
- These do not align with the RBHA or ALTCS areas
- Should the GSA composition change? Consider:
  - Access to care
  - Network sufficiency
  - Rural and Urban areas
  - Cultural factors
  - Member placement
  - MCO financial viability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

# Acute Geographic Service Areas

Acute Enrollment As of January 1, 2017

## GSA Number Acute Health Plan Enrollment

2	75,562	UHC, UFC
4	110,968	UHC, HCA
6	46,463	UHC, UFC
8	69,443	HCA, UFC
10	266,933	UHC, HCA, UFC, Care1st, MCP
12	927,504	UHC, Care 1 <sup>st</sup> , HCA, MHP, MCP, PHP, HNA
14	46,914	UHC, UFC

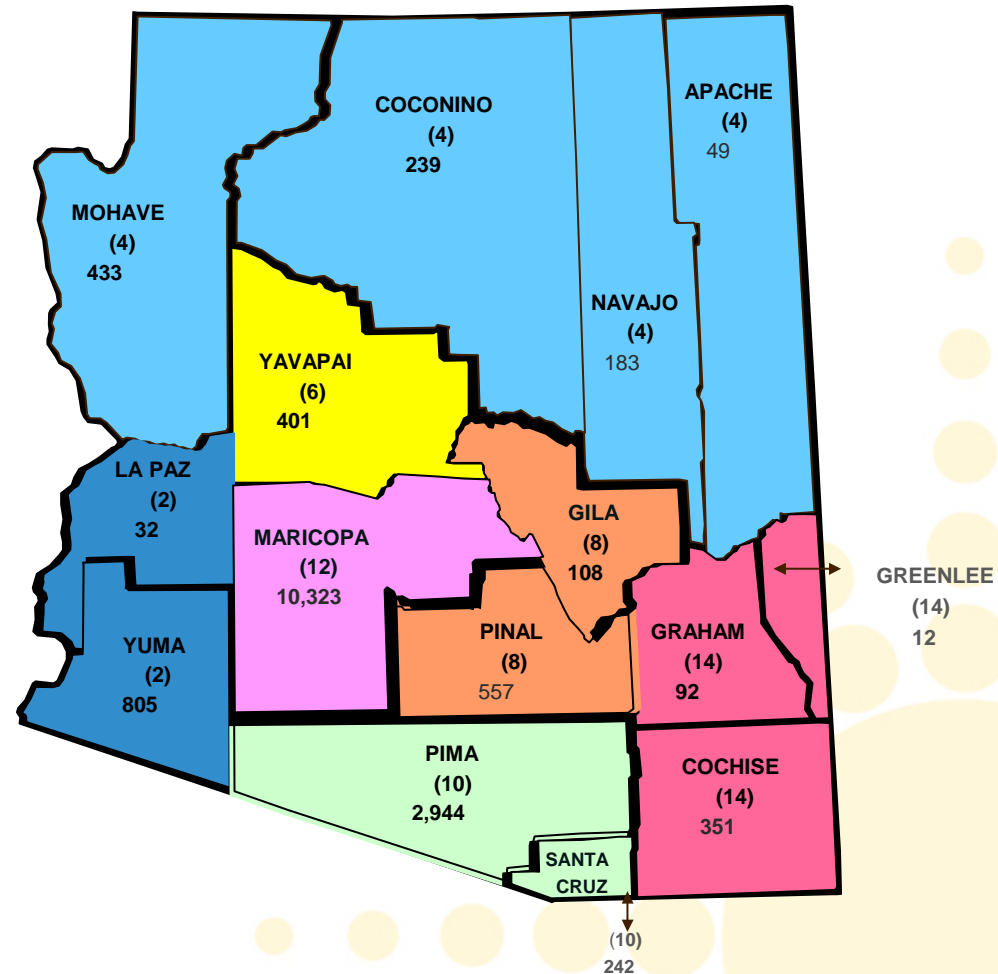


# Acute Geographic Service Areas

CRS - Fully Integrated Enrollment As of January 1, 2017

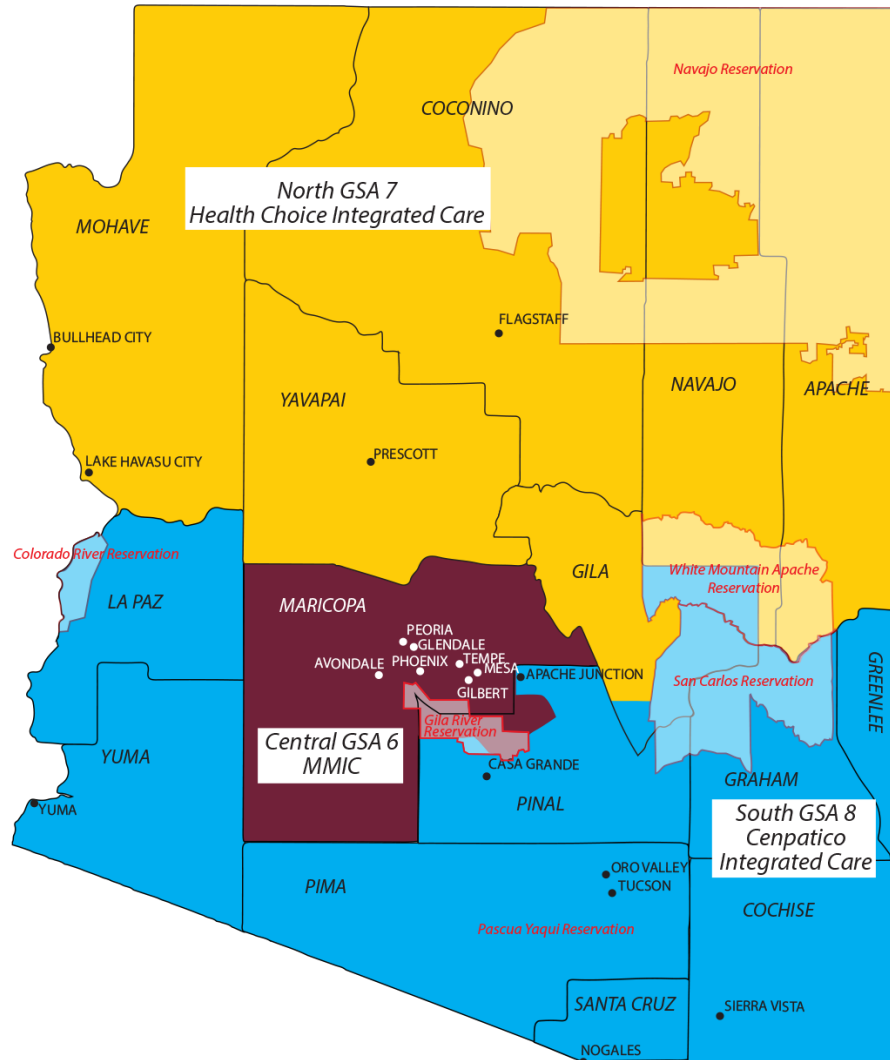
GSA Number Health Plan Enrollment

2	837
4	904
6	401
8	665
10	3,186
12	10,323
14	455



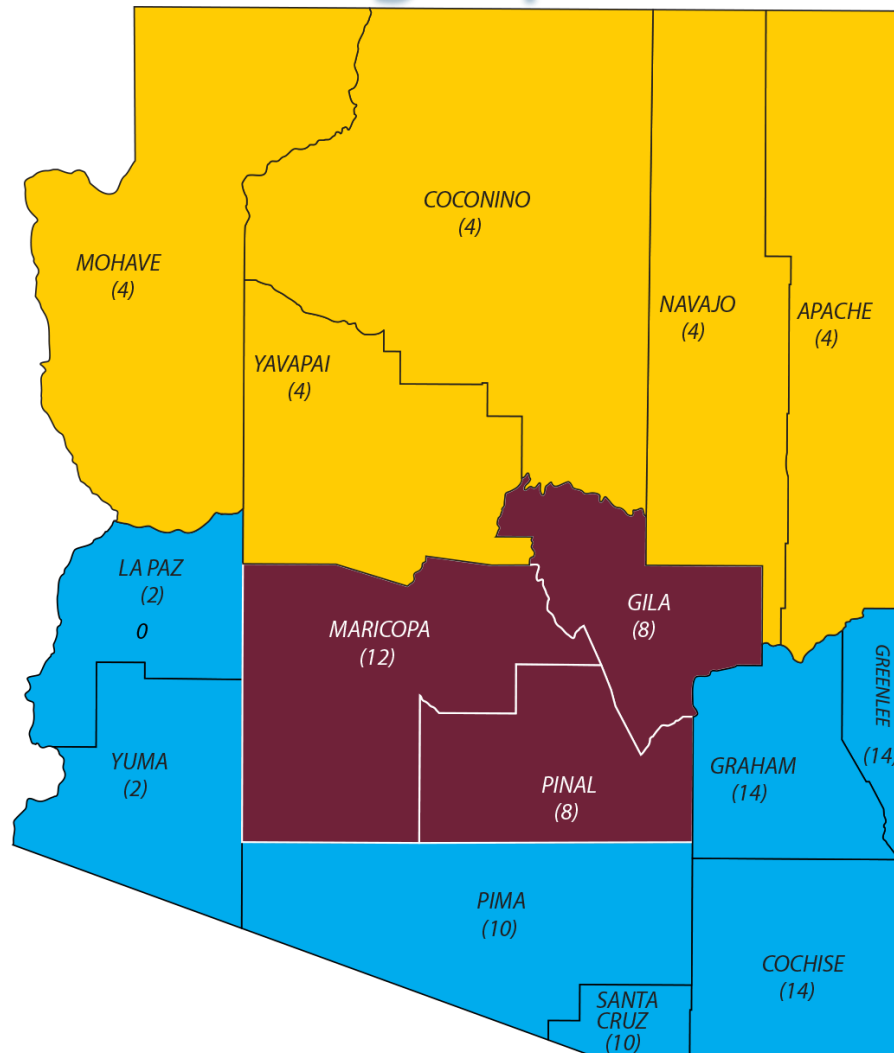
Total Health Plan Enrollment = 16,771

# Current RBHA GSAs



# ALTCS-EPD Geographic Service Areas

Contemplated  
Acute GSA  
Structure



# Geographic Service Area (GSA) Questions

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- 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:

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



# Affiliated Organization Proposals

- RFI defines an *Affiliated Organization* as:
  - *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

	Current				
Proposed North GSA:	Acute GSA	Acute Plan	Acute Plan	RBHA GSA	RBHA
Mohave	GSA 4	HCA	United	North	HCIC
Coconino	GSA 4	HCA	United	North	HCIC
Apache	GSA 4	HCA	United	North	HCIC
Navajo	GSA 4	HCA	United	North	HCIC
Yavapai	GSA 6	UFC	United	North	HCIC

# Central Affiliated Organization

	Current							
Proposed Central GSA:	Acute GSA	Acute Plan	Acute Plan	Acute Plan	Acute Plan	Acute Plan	RBHA	RBHA GSA
Maricopa	GSA 12	Care 1st	HCA	HNA	MCP	United	MMIC	Central
Gila	GSA 8	HCA	UFC				HCIC	North
Pinal	GSA 8	HCA	UFC				CIC	South

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

	Current							
Proposed South GSA:	Acute GSA	Acute Plan	Acute Plan	Acute Plan	Acute Plan	Acute Plan	RBHA	RBHA GSA
Pima	GSA 10	UFC	United	Care 1st	HCA	MCP	CIC	South
Cochise	GSA 14	UFC	United				CIC	South
Graham	GSA 14	UFC	United				CIC	South
Greenlee	GSA 14	UFC	United				CIC	South
LaPaz	GSA 2	UFC	United				CIC	South
Santa Cruz	GSA 10	UFC	United				CIC	South
Yuma	GSA 2	UFC	United				CIC	South

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
  - Statewide crisis vendor for system coordination
  - Single statewide crisis line vendor
  - 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...

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



# RFI solicits feedback on...

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- 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

# Acute RFP Contact Information

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- Web Address
  - <https://azahcccs.gov/Resources/OversightOfHealthPlans/SolicitationsAndContracts/open.html>
- E-mail Address
  - [AcuteRFP@azahcccs.gov](mailto:AcuteRFP@azahcccs.gov)

# Public Comments



# Thank You.

