Update

• Budget and Enrollment
• ACC
• Waiver Update
• VBP - Targeted Investment – AI MH
• Opioid Epidemic
• Social Determinants of Health
• Telehealth/Telemedicine policy update

Reaching across Arizona to provide comprehensive quality health care for those in need
AHCCCS Complete Care (ACC)

What, Who, When and Why?
Vision - Integration at all 3 Levels

CURRENT DELIVERY SYSTEM

PROVIDERS

Health Plan (physical health)

PROVIDERS

Health Plan/RBHA (behavioral health)

AHCCCS

AHCCCS COMPLETE CARE (ACC) DELIVERY SYSTEM

PROVIDERS

ACC Health Plans

AHCCCS

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

- Medicaid Behavioral Health
- MLTSS
- Crisis System
- MCO
- Care Mgmt.
- Housing & Employment
- Medicaid Physical Health
- Medicare A, B & D
- Housing & Employment

AHCCCS
Arizona Health Care Cost Containment System
Reaching across Arizona to provide comprehensive quality health care for those in need
Who Is Affected and When?

Starting on October 1, 2018!

- Affects most adults and children on AHCCCS through integration and choice
- Members enrolled in Children’s Rehabilitative Services (CRS)

It does not affect:

- Members on ALTCS (EPD and DES/DD);
- Adult members with a serious mental illness (SMI); and
- Most CMDP
ACC Plan Geographic Service Areas

Note: Zip codes 85542, 85192, 85550 representing San Carlos Tribal area are included in the South GSA.
**Projected Membership Transition**

Based on February 2018 enrollment.
Pima county projection – 105,200

<table>
<thead>
<tr>
<th>GSA</th>
<th>Estimated Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central</td>
<td>10,400</td>
</tr>
<tr>
<td>South</td>
<td>199,575</td>
</tr>
<tr>
<td>North</td>
<td>83,445</td>
</tr>
<tr>
<td>Total</td>
<td>293,420</td>
</tr>
</tbody>
</table>

Based on February 2018 enrollment.
Pima county projection – 105,200
AHCCCS Complete Care Timeline

What Happens Next?

- **March 5, 2018**
  - Seven ACC health plan contracts awarded

- **Spring 2018**
  - AHCCCS holds public forums to explain ACC changes and choices (schedule announced in March)

- **June 2018**
  - AHCCCS sends letters to members with assigned health plan information and choices

- **July 2018**
  - AHCCCS members make health plan choices by July 31.

- **October 1, 2018**
  - AHCCCS members begin service with integrated ACC health plans
Education Materials

• 4 Videos on our website
• Powerpoint slides
• FAQ
• Public Forums
• MCO meetings – Transition planning
• Member communications
• Provider forums
Members who are American Indians with CRS conditions

KEY

P  PHYSICAL SERVICES
B  BEHAVIORAL SERVICES
C  CHILDREN’S REHABILITATIVE SERVICES (if applicable)

Population Group

Plan
Duals Strategies

- Have been using Default enrollment for over a year
- Based on 3rd party review MN significant benefits of alignment
- 12,000 duals will fall out of alignment
- First state to pursue passive enrollment authority
Waiver Updates

Reaching across Arizona to provide comprehensive quality health care for those in need
Estimated Population Impacted by AHCCCS Works Requirements

- Started with approximately 400,000 AHCCCS members (out 1.9 million total AHCCCS members)
  - Includes adults without dependent children at 0-100% FPL and expansion adults at 100-138% FPL
- After removing American Indians, Individuals with SMI and those 50 and over - 226,000 remain
- Additional exemptions
  - 40,000 participate in SNAP-TANF cash requirements
  - 17,600 Student indicator
  - 25,000 Homeless indicator
  - 4,400 unemployment or disability income
- Approximately 139,000 remaining factoring in additional exemptions above (not comprehensive list)
Current Status

- Working through American Indian issues, including state statutory provision exempting American Indians
- CMS guidance sent to states stating exemption would not be provided for Tribal members – concerns equal opportunity
- Tribal leaders have communicated concerns to CMS, including Supreme Court rulings recognizing Tribes as sovereign political entities
- Kentucky waiver on hold and back out for public comment
- Lifetime limits not included in discussions
- Prior Quarter modifications also part of discussion
Tribal Unemployment Rates

Reaching across Arizona to provide comprehensive quality health care for those in need
# AHCCCS Value Based Purchasing Goals

<table>
<thead>
<tr>
<th>Plan</th>
<th>CYE 15</th>
<th>CYE 16</th>
<th>CYE 17</th>
<th>CYE 18</th>
<th>CYE 19</th>
<th>CYE 20</th>
<th>CYE 21</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACC</td>
<td>10%</td>
<td>20%</td>
<td>35%</td>
<td>50%</td>
<td>50%</td>
<td>60%</td>
<td>70%</td>
</tr>
<tr>
<td>LAN 3 &amp; 4</td>
<td></td>
<td></td>
<td>30%</td>
<td>40%</td>
<td>50%</td>
<td>60%</td>
<td></td>
</tr>
<tr>
<td>ALTCS Medicare</td>
<td>5%</td>
<td>15%</td>
<td>25%</td>
<td>35%</td>
<td>50%</td>
<td>60%</td>
<td>70%</td>
</tr>
</tbody>
</table>

Reaching across Arizona to provide comprehensive quality health care for those in need
LAN Payment Reform Framework

Figure 1. APM Framework (At-A-Glance)

Category 1
Fee for Service – No Link to Quality & Value

Category 2
Fee for Service – Link to Quality & Value

Category 3
APMs Built on Fee-for-Service Architecture

Category 4
Population-Based Payment

A
Foundational Payments for Infrastructure & Operations

B
Pay for Reporting

C
Rewards for Performance

D
Rewards and Penalties for Performance

A
APMs with Upside Gainsharing

B
APMs with Upside Gainsharing/Downside Risk

A
Condition-Specific Population-Based Payment

B
Comprehensive Population-Based Payment
VPB Efforts

Differential Adjusted Payments

- 3% hospitals connected to HIE sharing ADT – lab – radiology – milestones – June 30th
- .5% hospitals Pediatric prepared Emergency Care certification
- NFs – 2% for pressure ulcers – above avg.
- 10% for IC for physical health
- 1% Physicians – PA NP – 60% eprescribe

Proposal to CMS on FQHC APM
## Targeted Investment Funding Allocation

<table>
<thead>
<tr>
<th>Focus Area</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
<th>Year 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>TI Overall</td>
<td>6.7% $19 M</td>
<td>23.3% $66.5 M</td>
<td>30.0% $85.5 M</td>
<td>22.3% $66.5M</td>
<td>16.7% $47.5M</td>
</tr>
<tr>
<td>Ambulatory (Primary Care &amp; BH Services)</td>
<td>92% $17.5 M</td>
<td>92% $61.2 M</td>
<td>92% $78.7 M</td>
<td>92% $61.8 M</td>
<td>92% $43.7 M</td>
</tr>
<tr>
<td>Justice</td>
<td>5% $950,000</td>
<td>5% $3,325,000</td>
<td>5% $4,275,000</td>
<td>3% $3,325,000</td>
<td>3% $2,321,000</td>
</tr>
<tr>
<td>Hospital</td>
<td>3% $570,000</td>
<td>3% $1,995,000</td>
<td>3% $2,565,000</td>
<td>3% $1,995,000</td>
<td>3% $1,425,000</td>
</tr>
</tbody>
</table>

Reaching across Arizona to provide comprehensive quality health care for those in need
AIMH Service Tier Levels

**First Tier Level AIMH**
- PCCM services
- 24 hour telephonic access to the care team
  PMPM $13.87

**Second Tier Level AIMH**
- Tier 1 Plus Diabetes Education
  PMPM $15.96

**Third Tier Level AIMH**
- Tier 1 Plus Participates in State HIE
  PMPM $21.71

**Fourth Tier Level AIMH**
- Tier 2 plus Participates in State HIE
  PMPM $23.81

Note:
There will be an annual renewal process every October at which time the medical home can select a new tier level. The medical home provider will be required to include the appropriate supporting documents with their application.
Opioid Epidemic

Real Time Opioid Data

For the first time, statewide opioid data is available in real time. Check out the details of the five categories of data we are now collecting.

- 1,176 suspect opioid deaths
- 7,437 suspect opioid overdoses
- 722 neonatal abstinence syndrome
- 13,994 naloxone doses dispensed
- 4,917 naloxone doses administered

- The final rule for Opioid Reporting has been released and is now in effect. Review the final reporting rules
- Arizona Opioid Prescribing Guidelines - 2018
- Learn about the new Arizona Opioid Epidemic Act | Español
- The final rule for Opioid Prescribing and Treatment has been released and is now in effect.
- Check out our latest progress on the opioid response.

Figures from 7/11/17 12:42 PM

AHCCCS
Arizona Health Care Cost Containment System

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

- AHCCCS implemented 7 day limits 4-1-17 – moved to 5 day 1-1-18 – PA on long acting
- New Federal Grants - Worked with Plans and providers expand MAT and access to other services
- Increased funding through Medicaid
- Allocated state only funding for un-insured and under insured from Special Session

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

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

• AHCCCS is 3rd largest housing authority
• AHCCCS Employment support and workforce development programs
• Justice involved member work
• Social Determinant data on ICD-10 – homeless data – Role of HIE?
• Efforts by MCOs to address - funding
• Work on TI with SDOH screening

APM Opportunities

Reaching across Arizona to provide comprehensive quality health care for those in need
**Dental Health Aide**

- HB 2235 Formally recognizes and establishes scope of practice for Dental Health Aide Therapists (DHAT).

- Limits DHATs to practice settings or locations, including mobile units, that are operated or served by FQHCs/FQHC look-alikes, community health centers, a nonprofit dental practice or organization that provides dental care to low-income and underserved individuals.

- I.H.S/638 and Urbans are exempt from state licensure requirements

**January 1, 2019 Targeted Implementation**
Telehealth & Telemedicine

Reaching across Arizona to provide comprehensive quality health care for those in need
**Agency Business Reviews**
- Goals, Metrics, & Targets Connecting the Organization
- Business/Performance Reviews
- Review of Quarterly & Strategic Plans

**Visual Management**
- Visual Management Boards
- Tiered Huddles
- Process Standardization & Standardized Work

**Employee Development & Engagement**
- Training
- Huddle Board Management
- Problem Solving

**Leader Standard Work**
- Performance Management
- Gemba Walks
Questions???