



DSRIP Community Forum

June 6 & 7, 2016



Today's Meeting

- Discuss AHCCCS's overarching care delivery and payment reform strategies.
- Describe the Delivery System Reform Incentive Program (DSRIP) opportunity and Arizona's proposal
- Community input and engagement.

Transformation Strategies

- Behavioral-Physical Health Integration
 - Care Management for members with complex needs
 - Health Information Exchange
 - Value Based Payments
- Justice System Transitions
- American Indian Care Management capacity

Persons with Complex Needs-BH

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

Justice System Transitions

- Have 9,000 unique Medicaid members incarcerated at some point monthly
- 50% of population entering Pima county jail are AHCCCS enrolled – another 30% enrolled in past 2 years
- Many individuals released from incarceration have mental health and/or chronic physical conditions, and substance use disorder

American Indian Health Program

- 120,000 Americans Enrolled in FFS – one-third of Arizona American Indian population
- \$1 billion per year - \$650 m to IHS/tribal 638 providers
- Limited care management infrastructure – compared to MCO capacity – staffing and payment
- Vast geography – majority of members in 3 counties – Coconino – Apache – Navajo – 33,638 square miles – 2 MA and 1 Maryland
- Healthcare disparities – American Indians 4 times more likely to die from diabetes than non-American Indians AZ

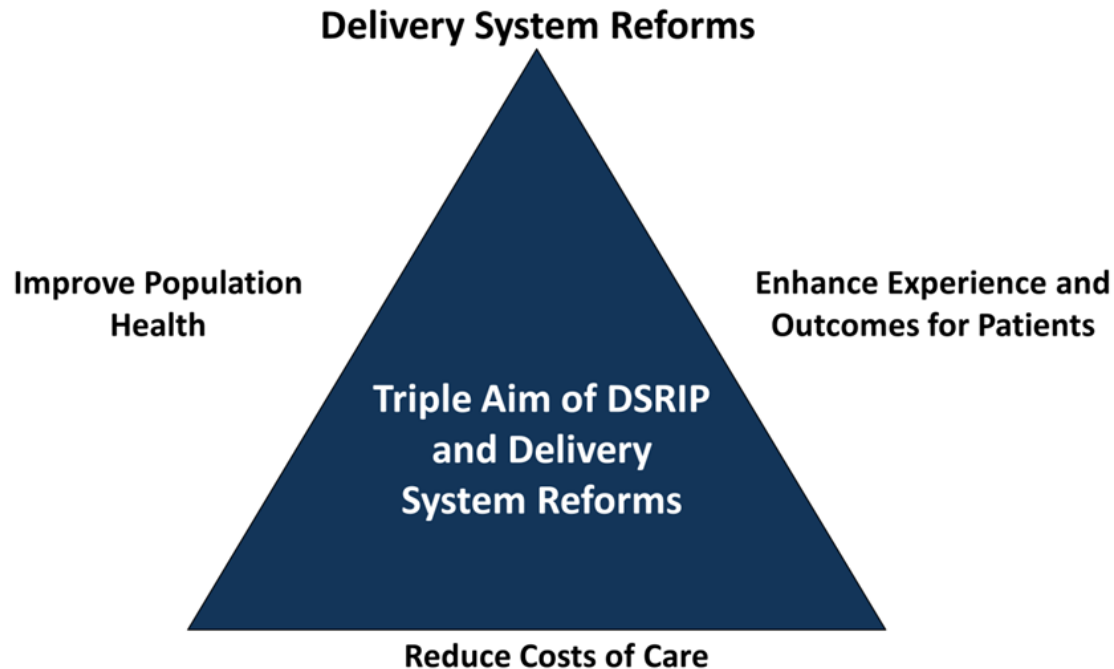
What is DSRIP?

- Federal funds administered by the Centers for Medicare & Medicaid Services (CMS)
- DSRIP initiatives provide states with funding that can be used to support providers in changing how they provide care to Medicaid beneficiaries.
- DSRIP initiatives are part of broader Section 1115 Waiver programs.

DSRIP Initiatives

Figure 2

States are using DSRIP waivers to help achieve larger health system and Medicaid goals for delivery system reforms.



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

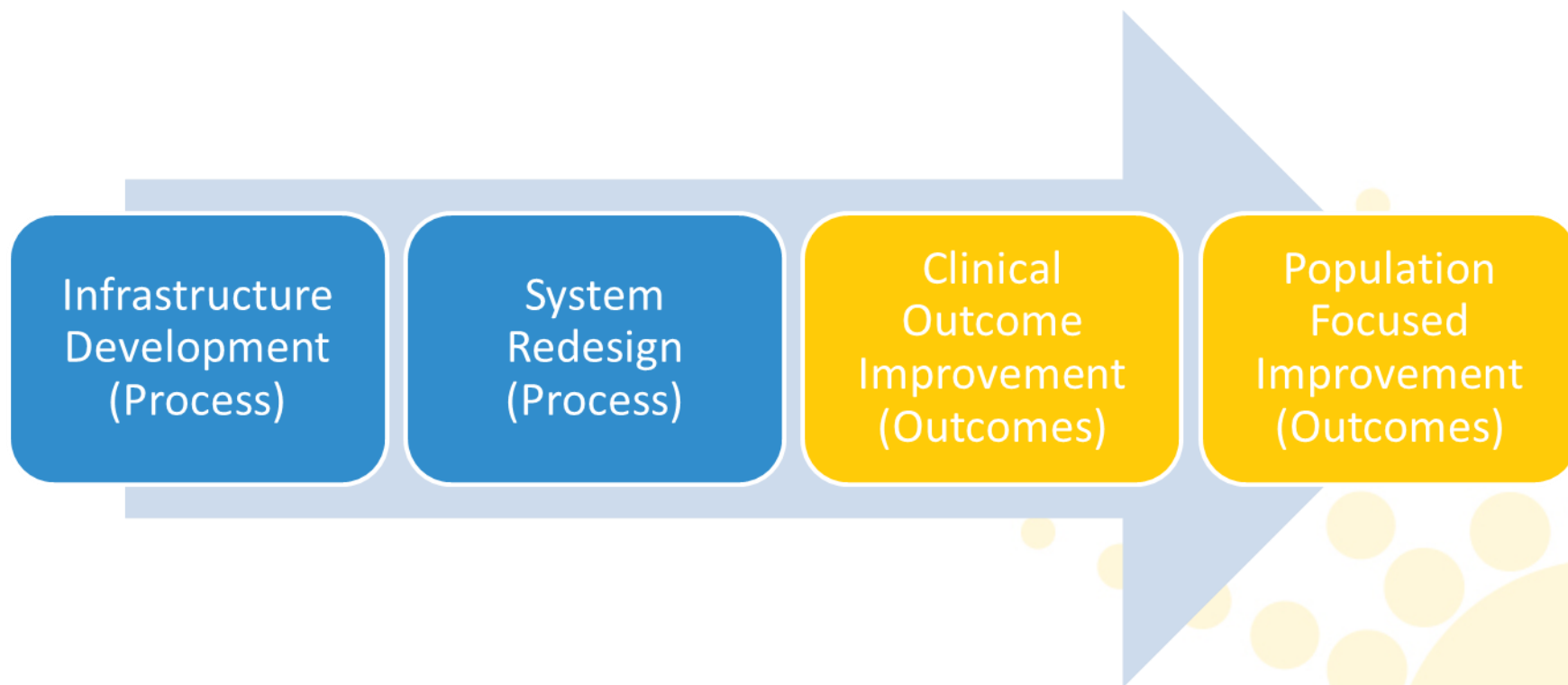
DSRIP Initiatives

- Five years long.
- There is no official federal criteria for DSRIP program qualification.
- States have taken varying approaches.
- Federal funds are matched to state funding for certain qualifying health programs

DSRIP Initiatives (con't)

- DSRIP is an incentive program where payment incentives are distributed for meeting performance outcome requirements.
- Providers can use funds to develop systems, infrastructure, and/or processes.

DSRIP Focus on Four Main Areas



Infrastructure
Development
(Process)

System
Redesign
(Process)

Clinical
Outcome
Improvement
(Outcomes)

Population
Focused
Improvement
(Outcomes)

Arizona's DSRIP Proposal

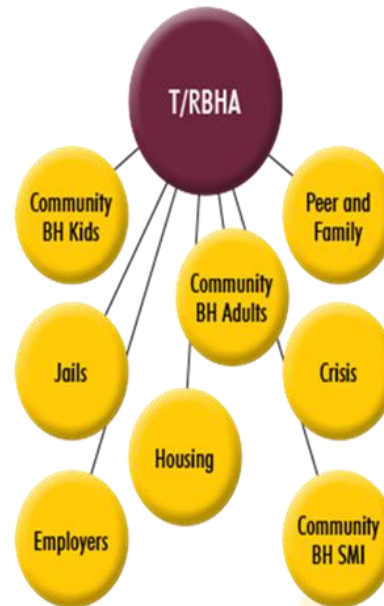
Focuses on targeted populations of vulnerable Medicaid members, where care integration, coordination, and data exchange will likely have an immediate positive impact for enrollees and providers.

Delivery System Limitations and Challenges

Medical care providers, behavioral health care providers, and social service organizations rarely collaborate in a way that addresses complex needs of members.

Due to fragmented funding streams providers have little or no relationship or recognition of critical potential partners.

Previous system design really limited ability to drive toward alternative payment models. Because of fragmentation providers do not have the network, capacity or infrastructure to manage risk.



Arizona's 4 DSRIP Strategic Focus

- Individuals enrolled in the American Indian Health Program (AIHP)
- Adults Transitioning from the Justice System

Arizona's DSRIP Strategic Focus

- Children with Behavioral Health Needs, Children with and At-Risk for Autism Spectrum Disorder, and Children Engaged in the Child Welfare System
- Adults with Behavioral Health Needs

AIHP Efforts to Date

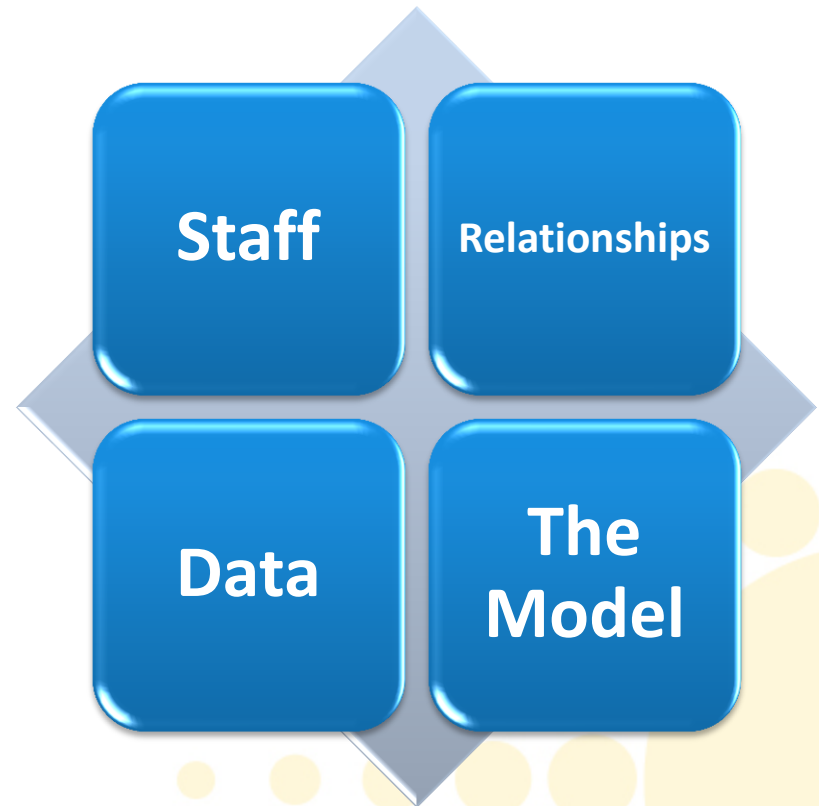
Staff – added new resources including BH manager and physician

Relationships–Have traveled statewide to visit Tribal providers and stakeholders

Data – Sharing data with 14 different organizations on member utilization

Model – Have 130 members in active care management with providers

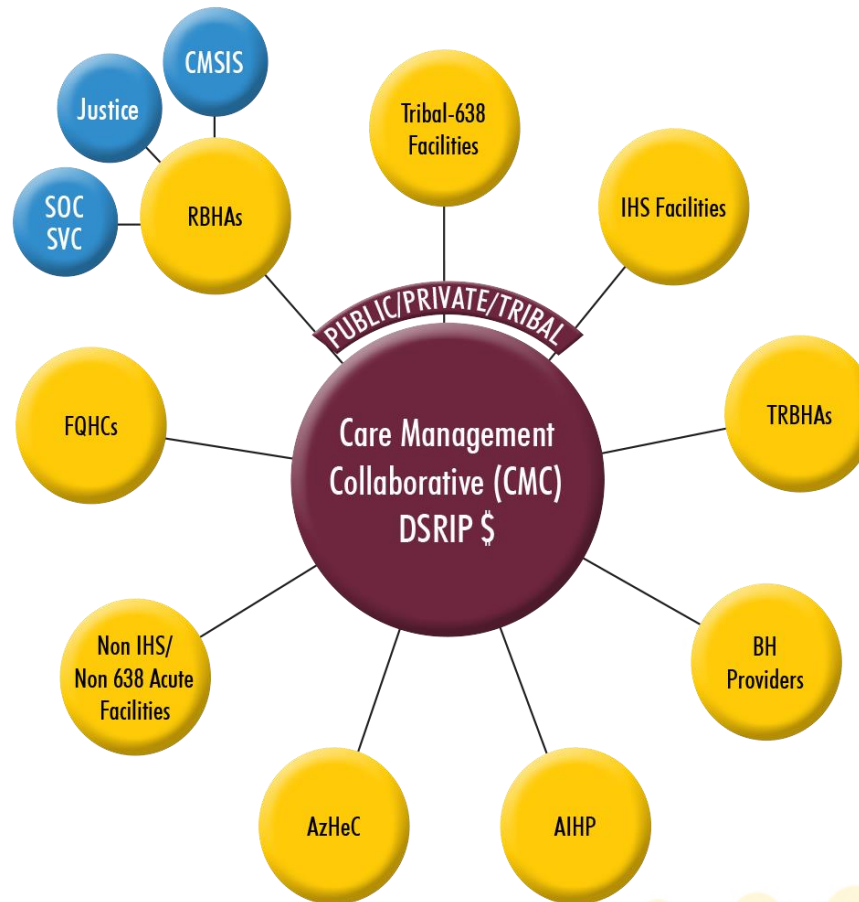
Care Management Model



AIHP CMC DSRIP Proposal

- Project 1 – Care Management Collaboration Formation
- Project 2 – Care Management System Development
- Project 3 Care Management and Data Infrastructure
- Primary Care site transformation to Patient Centered Medical Homes (Optional)

AIHP DSRIP Framework



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

Justice System Efforts to Date

- Daily match with county jails >90% population and DOC to suspend/reinstate – saved >\$30m cap
- Make incarceration data available to plans daily
- RBHAs staff established in jails – Creating reach in requirements for other MCOs
- Partnering with DOC/Jails resulted in 1,500 pre-release apps processed
- 1,100 transitions included select care coordination efforts through manual process

Current System Challenges

- Continue to improve partnership with Justice System
- Need to be more strategic in delivering services – right service – right place – right time
- Need ability to make more scalable

Justice Transitions DSRIP Proposal

- Project 1- Develop an integrated health care setting within select county probation offices or Dept. of Corrections parole offices to address health needs of individuals transitioning from incarceration upon release and throughout the term of probation/incarceration

Children with Behavioral Health Needs, Including Children with and At-risk for Autism Spectrum Disorder, and Children Engaged in the Child Welfare System

- Behavioral health care accounts for approximately 38 percent of Medicaid expenditures for children
- Children in child welfare system represent one-third of the Medicaid child population using behavioral health care, but represent 56 percent of total behavioral health expenses
- Almost 50 percent of children in Medicaid prescribed psychotropic medications receive no accompanying identifiable behavioral health services, such as medication management

Children with Behavioral Health Needs

- Project 1: Integrate behavioral health services within the primary care site
- Project 2: Integrate primary care services into the community behavioral health care site for better care management of the preventive and chronic illness care for children

Children with Behavioral Health Needs

- Project 3: Improving Treatment for the Care of Children with and At-risk for Autism Spectrum Disorders (ASD) (primary care site)
- Project 4: Improving Treatment for the Care of Children Engaged in the Child Welfare System (primary care site)

Children with Behavioral Health Needs

- Project 5: Improve the care of Medicaid-enrolled children who are engaged in the child welfare system and ensure continuity in care across providers over the continuum of the child's involvement in the child welfare system.

Adults with Behavioral Health Needs

GAO Report:

- nationally over half of the Medicaid-only enrollees in the top 5% of expenditures had a mental health condition and one-fifth had a substance use disorder
- Although individuals with mental health conditions have some of the greatest health care needs the health care system is often too fragmented to effectively and efficiently serve them

Adults with Behavioral Health Needs

- Project 1: Integrate behavioral health services into the primary care site
- Project 2: Integration of Primary Care and Behavioral Health Services in community behavioral health care sites

Adults with Behavioral Health Needs

- Project 3: Achieve maximum impact from integration of primary care and behavioral health services and maximize the impact of service co-location to better address mental and physical health and addiction disorders.
- Project 4: More effectively coordinate the care for adults with behavioral health conditions who are being discharged from an inpatient behavioral health stay.

Arizona DSRIP-Additional Information

- <https://www.azahcccs.gov/AHCCCS/Initiatives/DSRIP/>
- <http://kff.org/report-section/an-overview-of-delivery-system-reform-incentive-payment-waivers-issue-brief/>
- <https://www.azahcccs.gov/shared/fiveyear.html>

Questions?



Thank You.

