Delivery System Reform Incentive Payment (DSRIP) Initiative

American Indian Health Program (AIHP) Care Management Collaboratives

AHCCCS
Arizona Health Care Cost Containment System

Today's Presentation

- Briefly review AHCCCS's overarching care delivery and transformation strategy
- Describe the Delivery System Reform Incentive Program (DSRIP) opportunity
- Review the proposal for regional Care Management Collaboratives for AIHP members

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

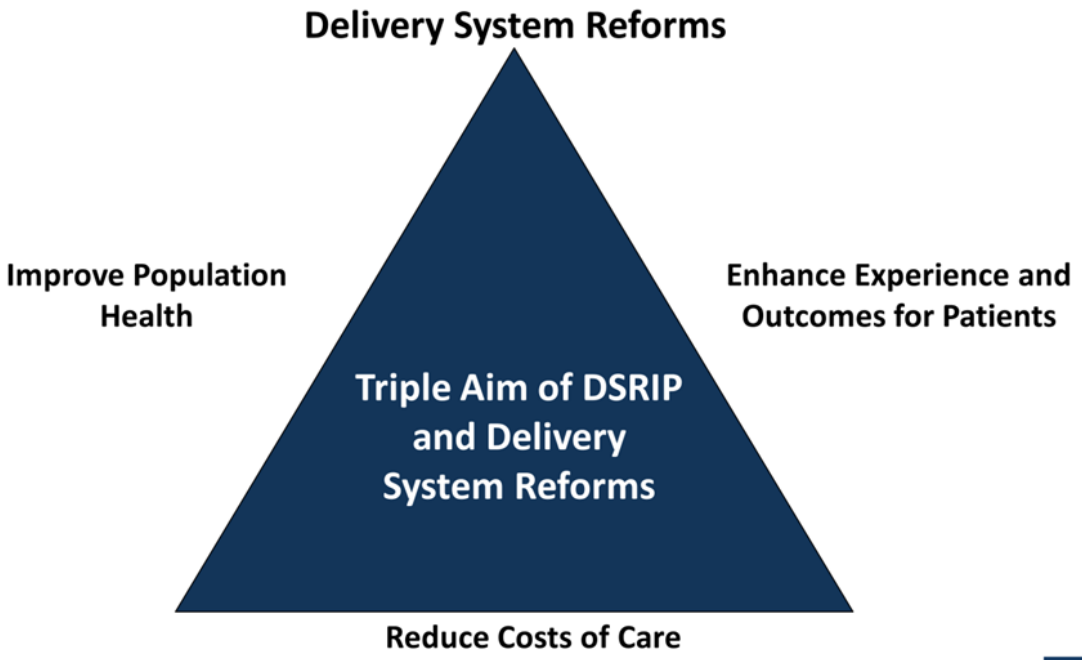
What is DSRIP?

- 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.



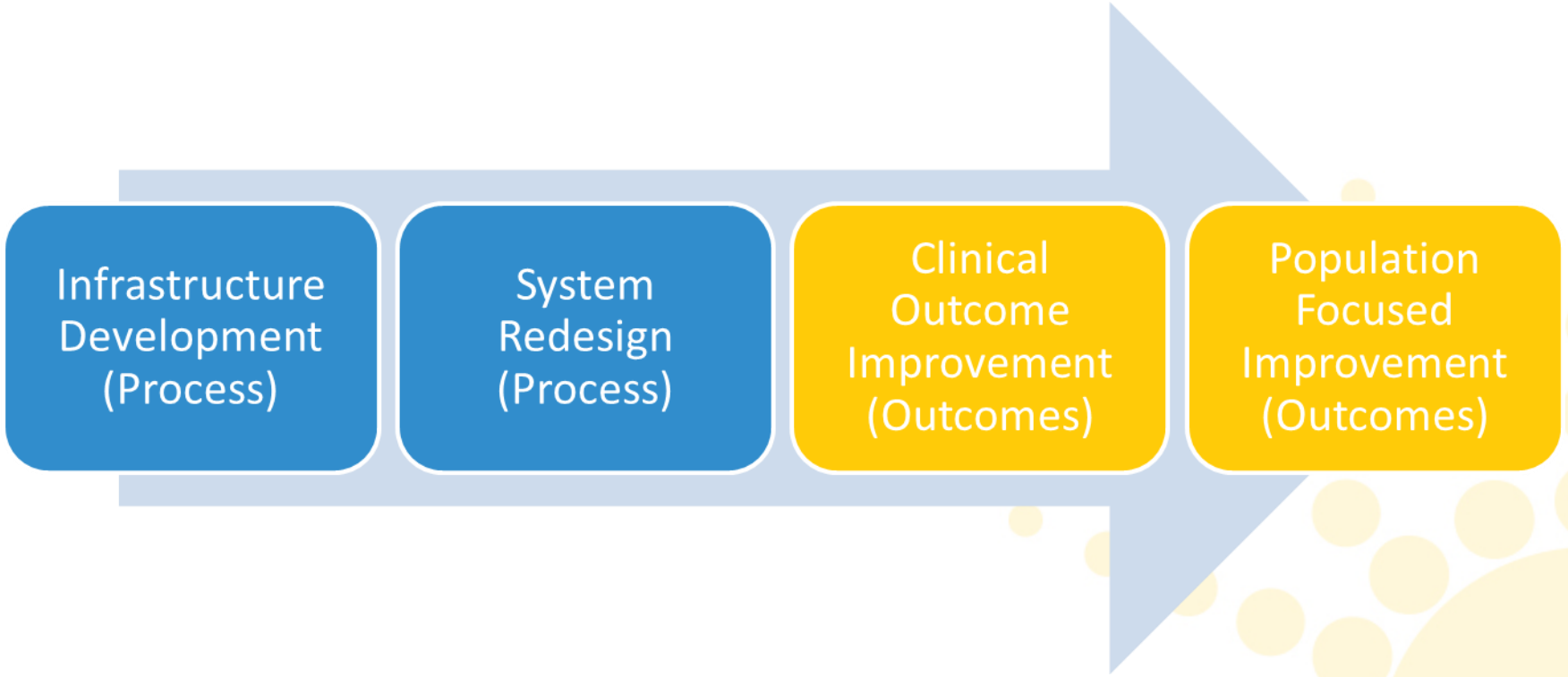
DSRIP Initiatives

- 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 (cont')

- 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



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.

Arizona's 4 DSRIP Focus Areas

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

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

Current System Limitations and Challenges

- Scale of fragmentation is significant given broad network that American Indians may access for services and the geography of Arizona
- Resource limitations of Indian Health Provider Organizations to share or receive actionable data
- Limited resources within AHCCCS to create more scale around care management platform
- Historical limitations of Medicaid and other payers to cover costs of care management infrastructure

AIHP Efforts to Date

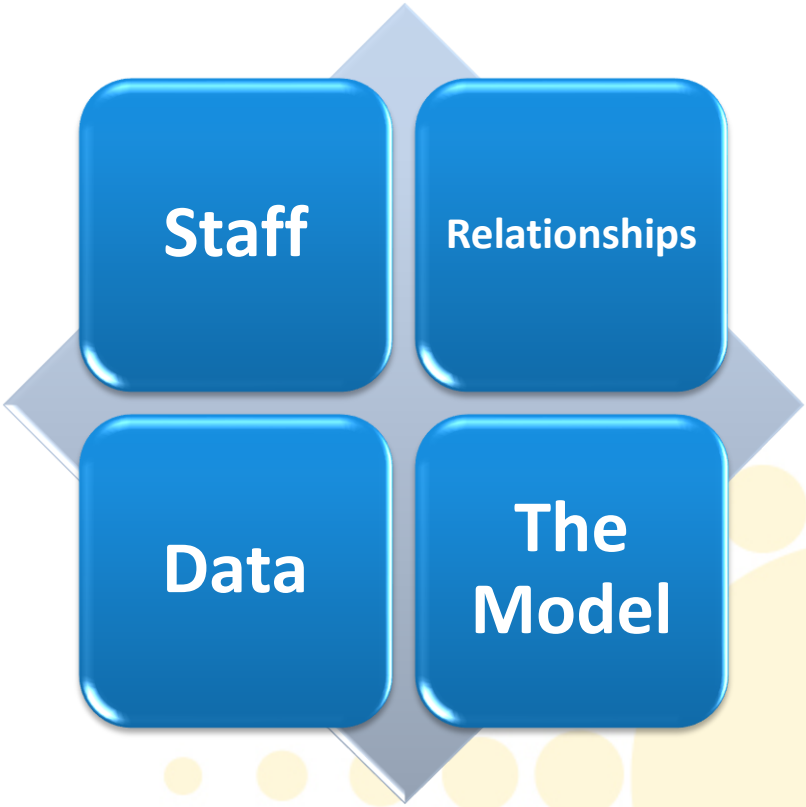
Staff – added new resources including BH manager and physician

Relationships–Have traveled statewide to visit Tribal providers and stakeholders

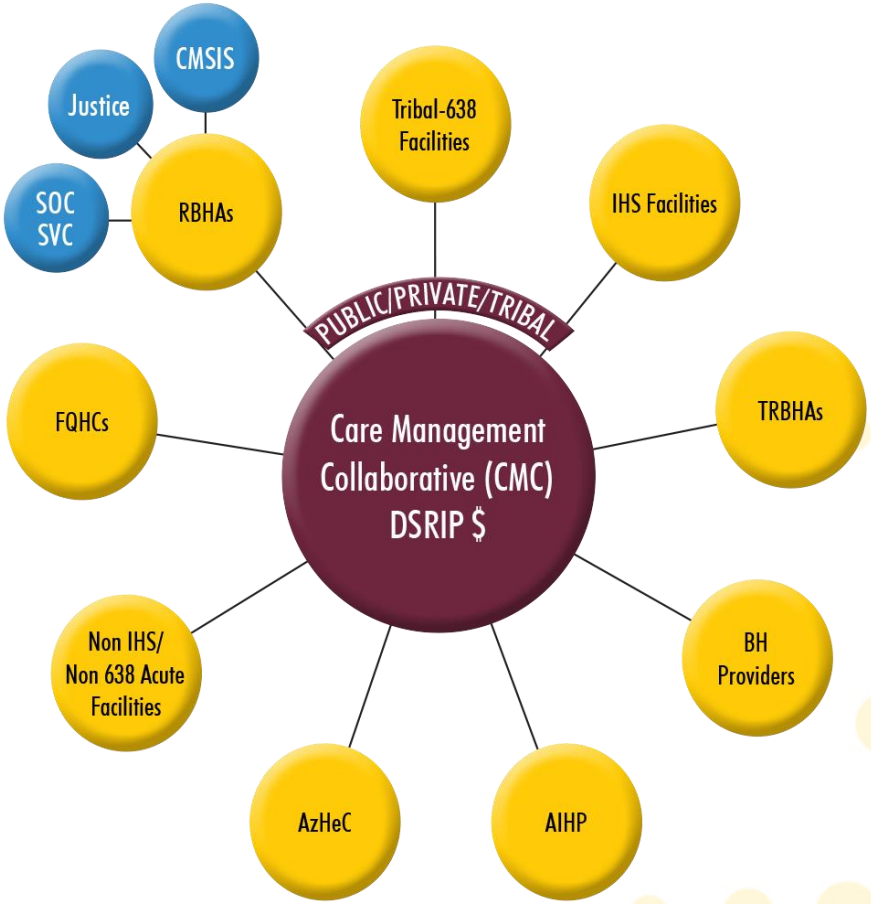
Data – Sharing data with 14 different organizations on member utilization

Model – Have 130 members in active care management with providers

Care Management Model



AIHP DSRIP Framework



Care Management Collaboratives

- Funding targeted towards Indian health providers (ITU) and select non-ITU providers that either:
  - Care for a high volume of AIHP members
  - Are vital to AIHP care management efforts
- Both Physical and Behavioral Health Provider organizations potentially eligible
- Requesting 100% federal participation/match
- Funding would also help support CMC Infrastructure
- Funding would complement Medical Home Waiver

Draft Goal Statement for CMCs

Dynamic regional collaboratives will develop a structured, efficient, and effective care management system that achieves targeted population health outcomes for AIHP members.

AIHP CMC DSRIP Proposal

- Project 1 – Care Management Collaborative formation
- Project 2 – Care management system development
- Project 3 - Care management data & analytics infrastructure
- Project 4 - Primary care site transformation to Patient-Centered Medical Homes (PCMH)

Project 1: CMC Formation

- Develop CMC governance & management framework, with Core Components focused on:
  - Development/execution of agreements
  - Active leadership in steering committee meetings, workgroups, & CMC functions
  - Development & implementation of care management operational protocols
  - Reporting progress on projects and core components
  - Training for participating organizations

Project 2: Care Management Capability

- Develop regional care management systems, with Core Components focused on:
  - Care management protocol adoption
  - Member attribution and engagement
  - Involvement of site care managers or development of agreements to receive care management services
  - 24/7 care management capability for complex members
  - Protocols for members transitioning from hospital, justice, & crisis stabilization

Project 3: Data & Analytics

- Develop data sharing and analytics capability, with Core Components focused on:
  - Detailed claims information reporting
  - Bidirectional data exchange with AZ HIE
  - Descriptive and predictive analytic tool development
  - Active use of AZ's CS PMP
  - Appropriate utilization of e-prescribing
  - Appropriate sharing of hospital information (ADT and ED) to enable timely care management interventions

Project 4: PCMH Development

- Transform primary care practices into patient-centered medical homes, through the adoption of the change package used by the IHS IPCMH (Improving Patient Care Medical Home) Initiative
  - 4 Levels of the SNMHI
  - Core Components drafted to help primary care practices transform to possible PCMH certification

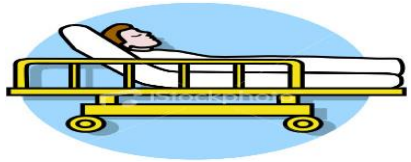
Safety Network Med Home Initiative

Medical Home Waiver

- The AZ 1115 waiver proposal includes an American Indian Medical Home waiver which would pay a PMPM to qualifying facilities
- IHS/Tribal 638 workgroup finalized the medical home waiver proposal in early June
- CMC project 4 has been proposed to align with the medical home waiver

DSRIP Requires Measures

- Both process and outcome measures are under development
- Current milestone documents highlight *draft* process measures and a candidate pool of outcome measures which would:
  - Align, as appropriate, with other measure sets, such as IHS IPCMH measures, CMS core measures, GPRA, etc.
  - Be achieved through structured care processes and care management protocols and systems



AIHP Member Scenario #1 (fictional)

- 59 year old male – has unstable housing, frequent medical crises, and does not routinely take meds as prescribed
- Medical history includes uncontrolled diabetes, advanced heart disease, and behavioral health issues related to chronic substance use
- Past 6 months:
  - 23 ED visits
  - 6 IP admissions in which 3 were 30 day re-admissions
  - Member has filled >30 prescriptions at IHS/638 facilities.
- Enrolled with the TRBHA, but has not yet accessed any services

After CMC Development:

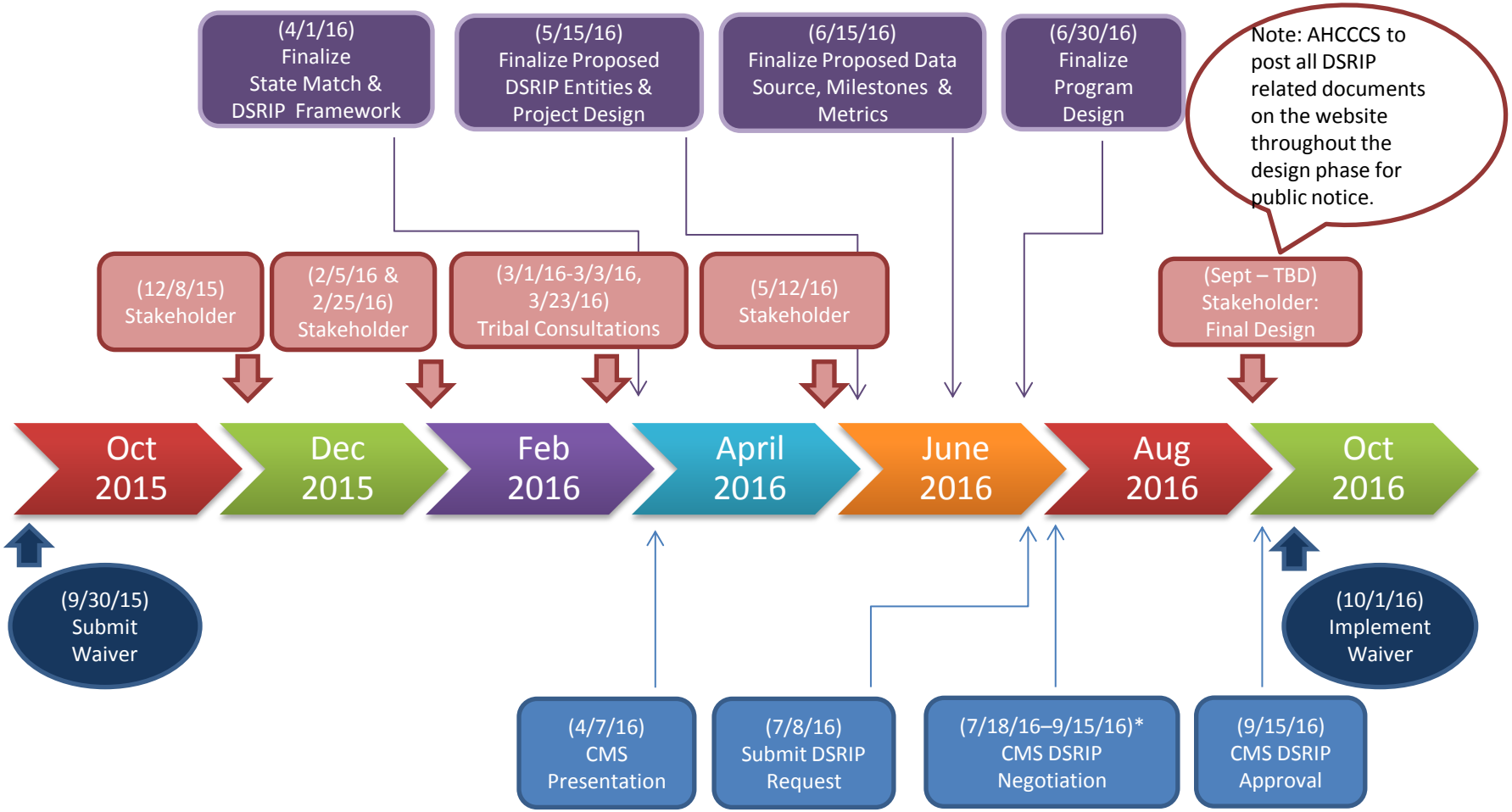
(fictional)

- Member lives in Chinle but presents to FMC ED @ 10PM on Saturday
  - Regional care management is notified by a real-time 24 hour notification (via HIE) that the member is in the ED
- Regional on-call care manager contacts the FMC ED and supports the evaluation and disposition
- BH evaluation/support occurs real-time in the ED
  - Temporary housing, peer support, & BH follow-up are arranged
  - Admission is avoided 2ndary to access to care plan & post-discharge supports
- Follow-up appointments are scheduled, including transportation, and the member is safely discharged from the FMC ED
  - Care mgmt closely monitors– with CHR/PHN visits - to help with diabetes care and assure understanding of the treatment plan
- Chinle medical home engages member & outcomes gradually improve

MERCER
MAKE TOMORROW, TODAY

bailit health

DSRIP Design Timeline



*Need to coordinate with the 1115 waiver negotiation.

Rev. Date: 4/18/2016

Some Questions Reviewed During Stakeholder Process

1. What are recommendations re: the proposed projects and milestones? What is missing?
2. Is there interest in participation in small groups to continue work on project milestone development?
3. How should the CMC regions be determined?
4. How should regional funding be allocated?
5. How to best build the regional Steering Committees?
6. How to help all 3 Steering Committees collaborate?

CMS Preliminary Feedback

- The proposed AIHP focus area on CMC development is unique and important

CMS Preliminary Feedback (cont')

- CMS indicated that support for IHS/Tribal 638 organizations may need to be structured as payments for services rather than payments for projects:
  - IHS/Tribal 638 provider organizations would be eligible for care management and medical home service payments, with expectations similar to previously-designed project core components
  - These services would be separate from those services currently eligible for the all-inclusive-rate (AIR) & payments would occur separate from existing AIR payments for services

Next Steps

- Final proposal planned for submission to CMS by July 15
  - Comments and suggestions received during the stakeholder process have guided the proposal development
- If/once the final plan is approved by CMS, Care Management Collaborative development and DSRIP projects would begin after October 1, 2016

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