



# AHCCCS Update

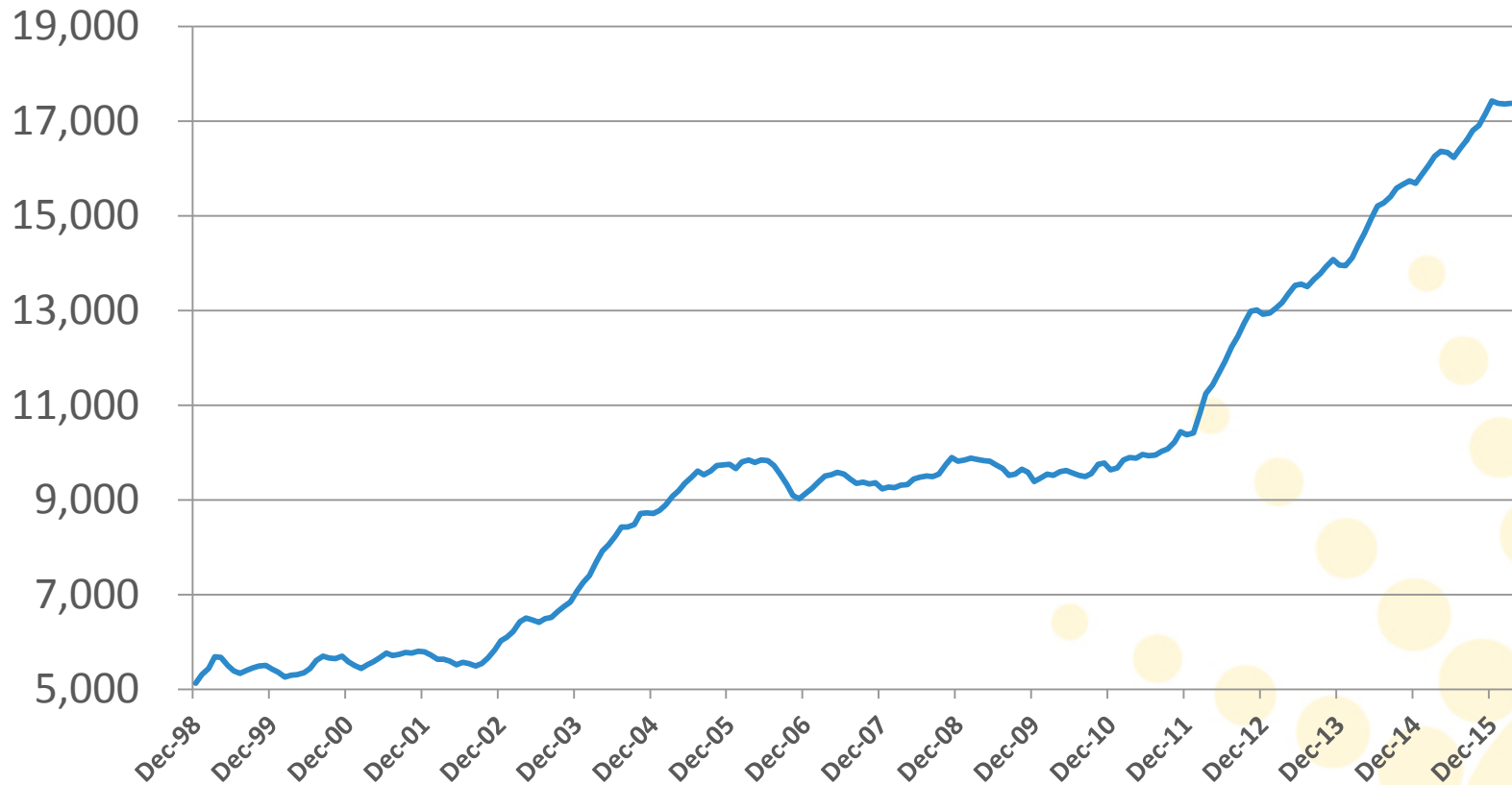


# Issues

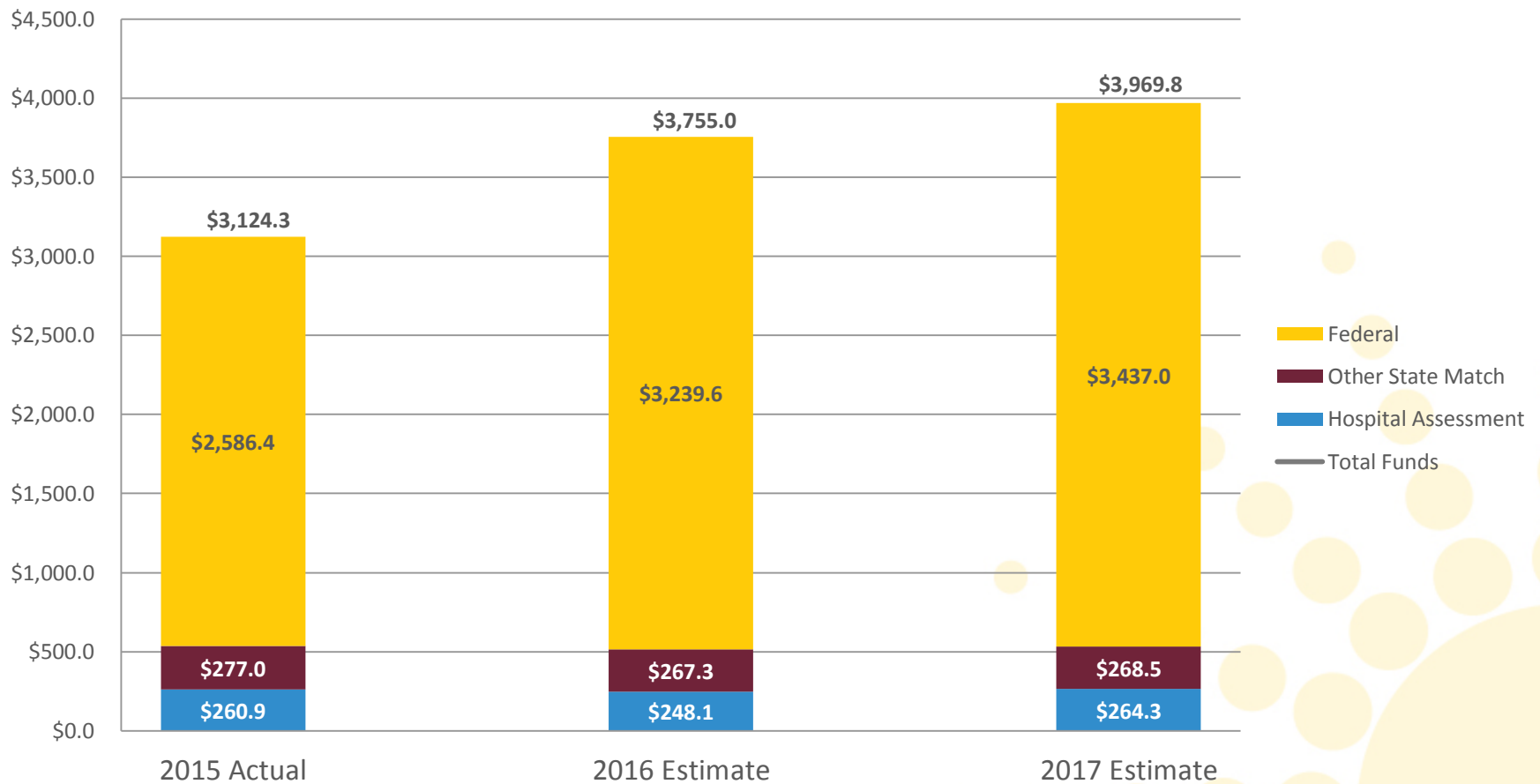
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- FY 2017 Budget
  - KidsCare
  - ALTCS Dental
- BHS Merger Status
  - TRBHA IGAs
  - Staffing
  - Administrative Reporting – Open Episode of Care

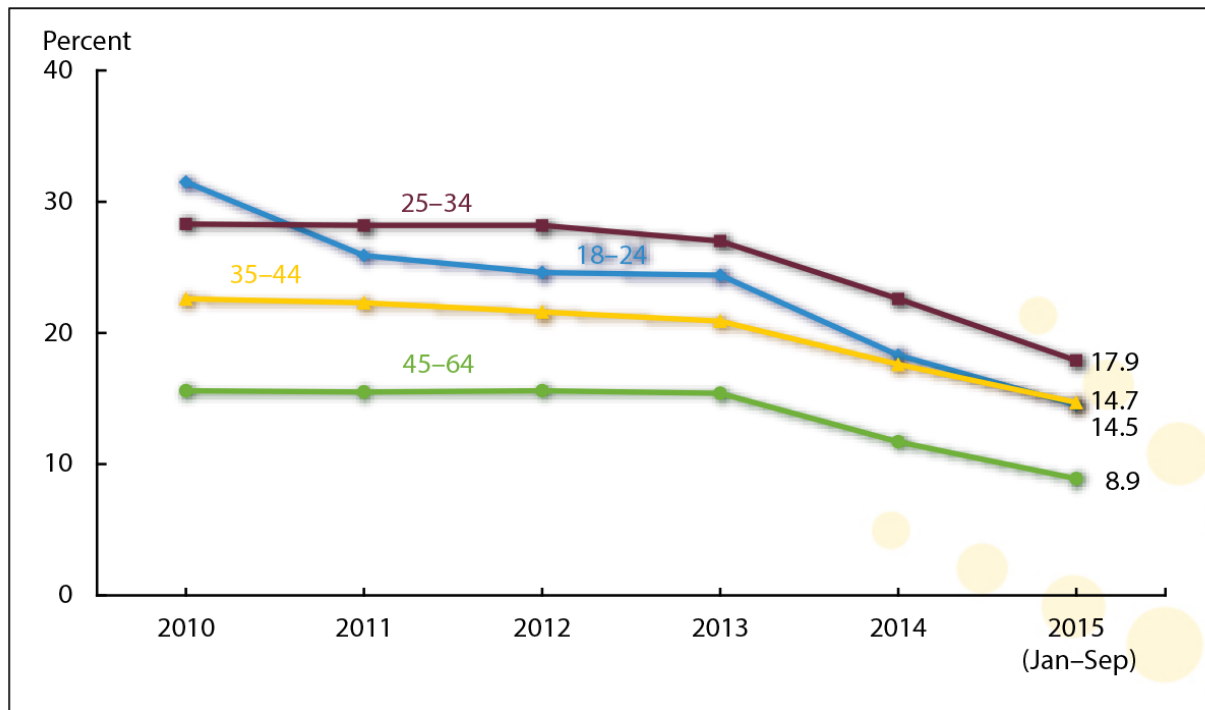
# CMDP



# Expenditures for Restoration and Expansion

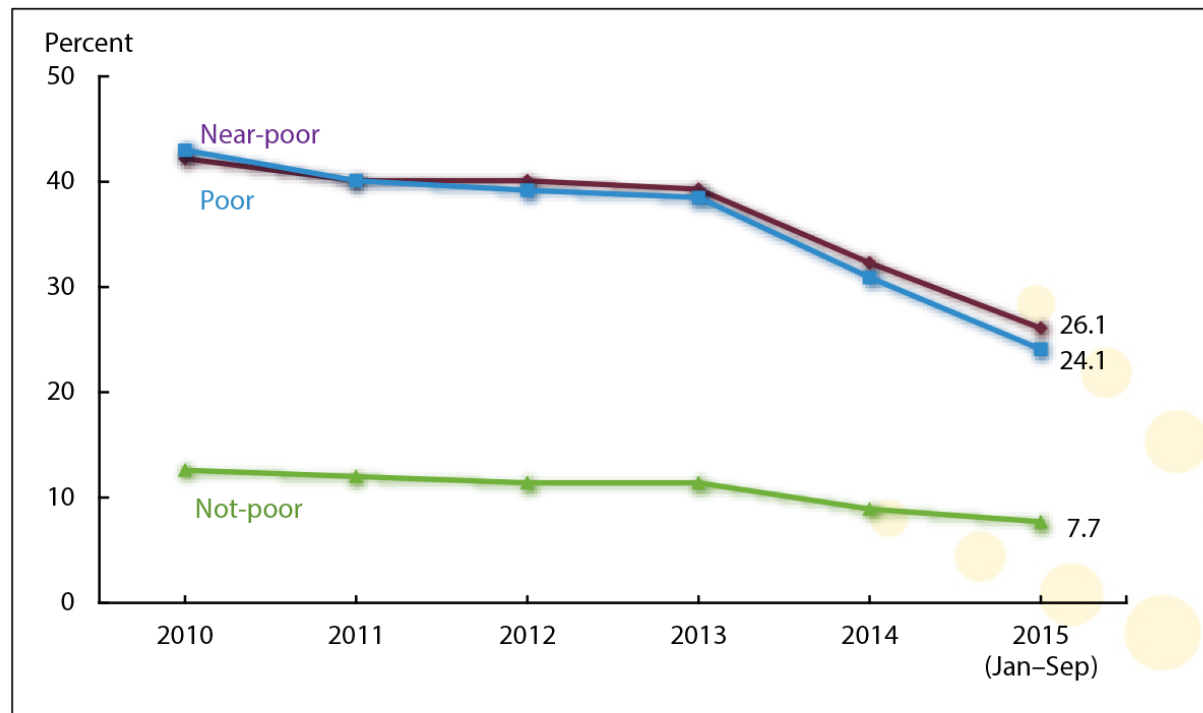


# 18-64 Uninsured Nationally



NOTE: Data are based on household interviews of a sample of the civilian noninstitutionalized population.  
SOURCE: CDC/NCHS, National Health Interview Survey, 2010–2015, Family Core component.

# Insurance coverage by Economic Status

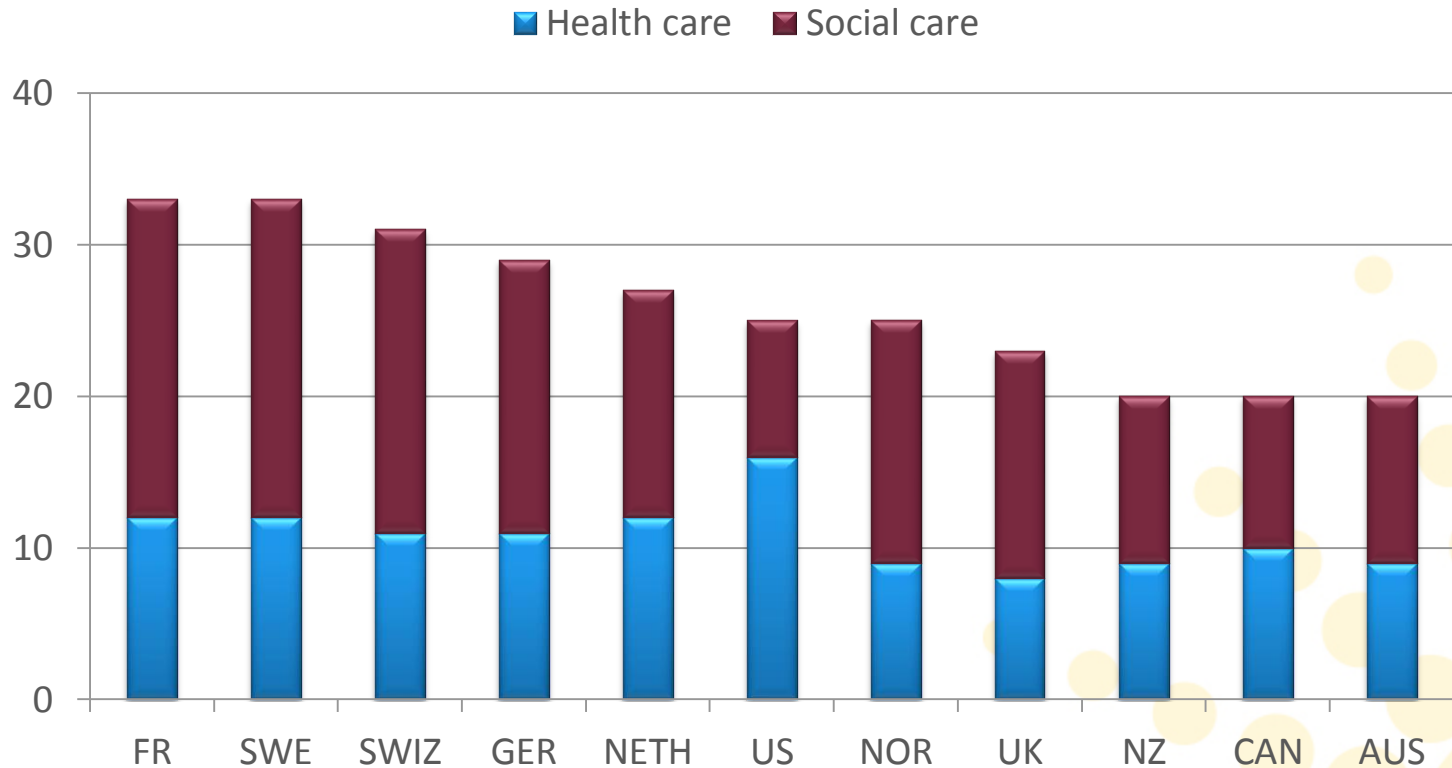


NOTE: Data are based on household interviews of a sample of the civilian noninstitutionalized population.  
SOURCE: CDC/NCHS, National Health Interview Survey, 2010–2015, Family Core component.

# AHCCCS Contract Timeline



# Health and Social Care Spending as a Percentage of GDP



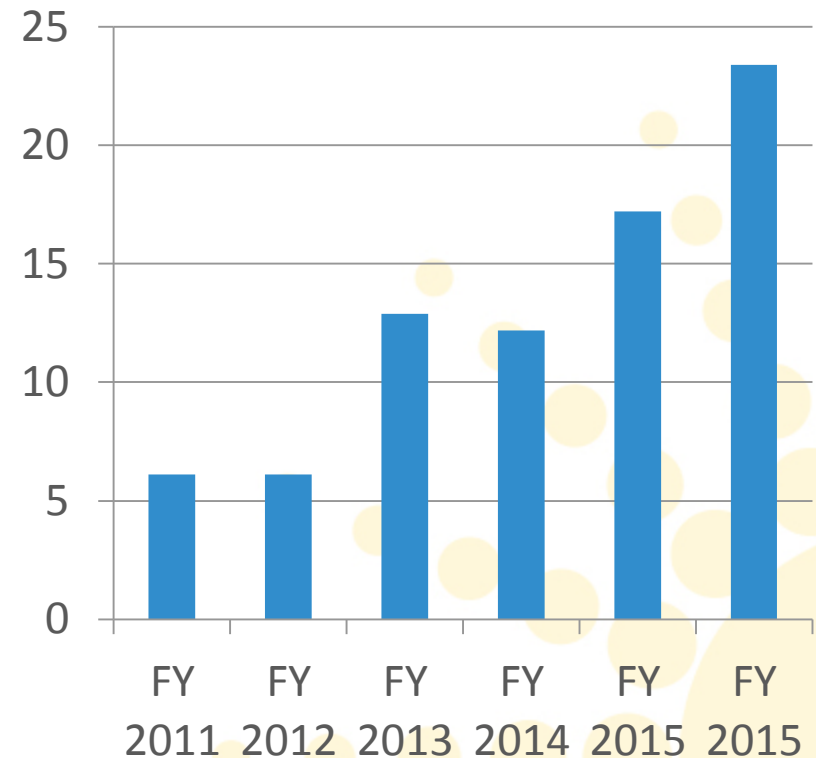
Source: E. H. Bradley and L. A. Taylor, *The American Health Care Paradox: Why Spending More Is Getting Us Less*, Public Affairs, 2013.



# Social/Economic Determinant Efforts

- Multiple Plans have partnered to create and support community social service centers
- MCO pilot to invest in low-income housing subsidy
- AHCCCS has dedicated staff resources focused on housing – employment – peer services
- State only investments made through RBHAs

## State Housing Funding for Individuals with SMI



# American Indian DSRIP Proposed Solution – Care Management Collaborative

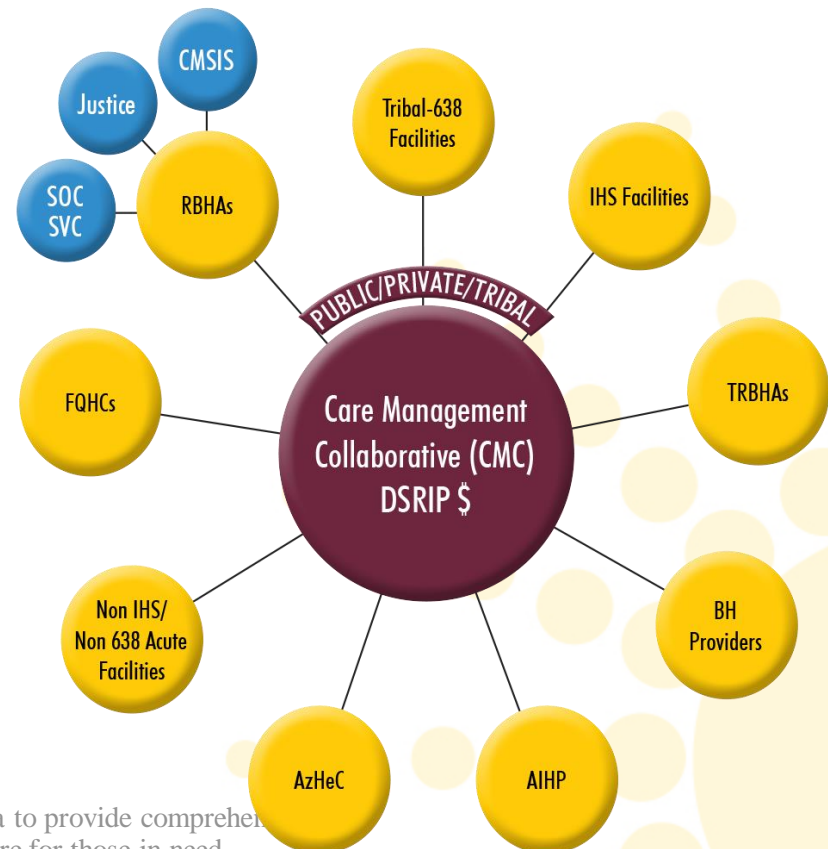
**Project 1. CMC Formation, Governance, and Management**

**Project 2. Care Management and Care Coordination.** Develop a care management and coordination system that will support the care delivered to American Indian populations enrolled in AHCCCS.

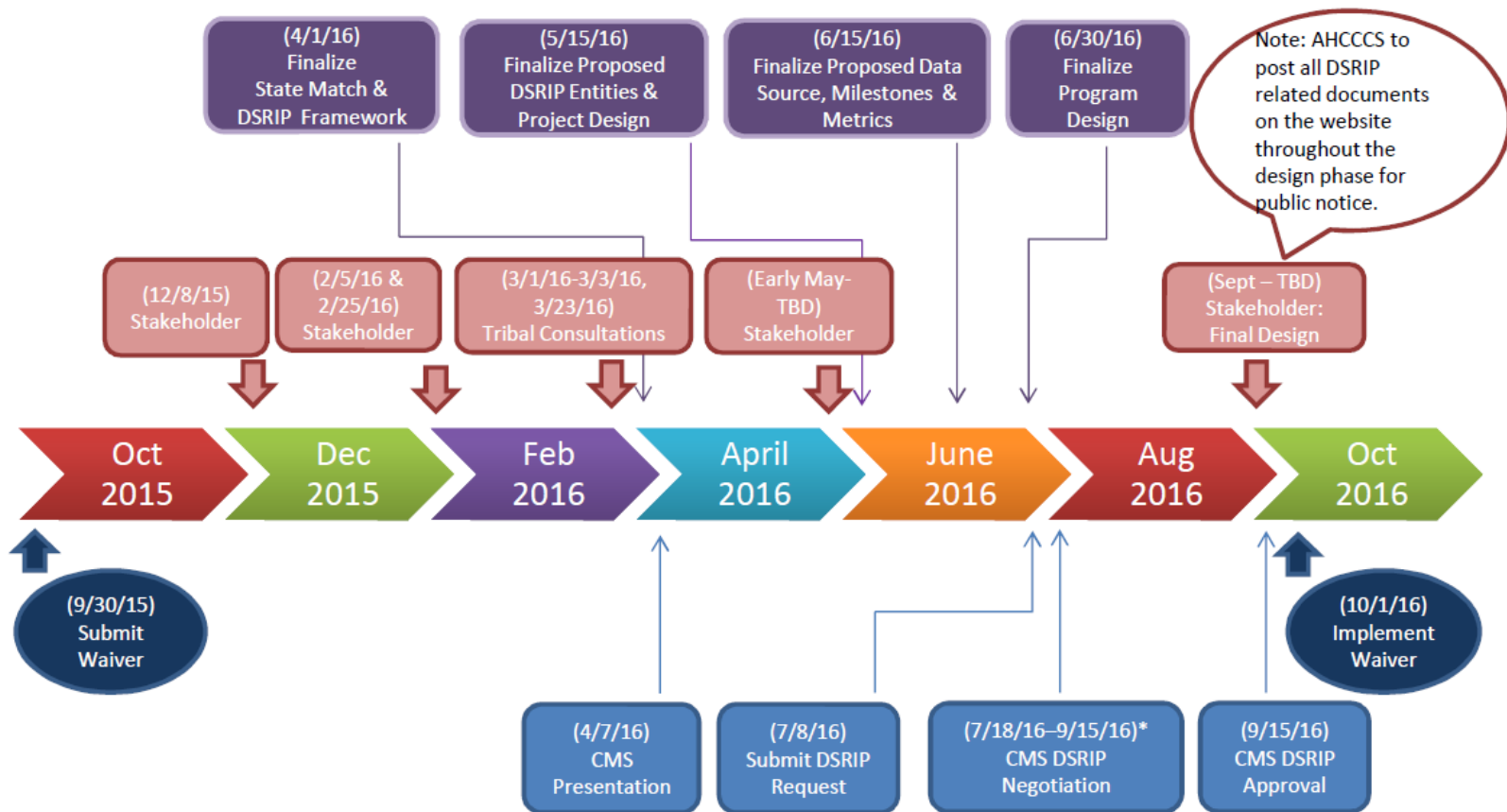
**Project 3. Care Management Data Infrastructure.** Develop a data infrastructure that can support data analytics for both clinical data and claims data for participating providers through the CMC.

Compliments Medical Home Waiver

## Care Management Collaborative Framework



# DSRIP Timeline



\*Need to coordinate with the 1115 waiver negotiation.

# CMS Regulations/Guidance

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- 100% FFP claiming – I.H.S and 638
- Access Requirements
- New Outpatient Drug
- Proposed MCO requirements
- Parity Requirements
- Home and Community Based Requirements
- DOL – Overtime Requirements
- Capitation Rate Reviews

# New 100% Guidance

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Covered Service eligible for 100% match

1. Established relationship between patient and clinician at I.H.S./Tribal facility
2. Care must be provide pursuant to a written care coordination agreement under which I.H.S./Tribal practitioner remains responsible
  1. Provide request for specific service
  2. Information provided back by non-tribal provider
3. I.H.S Tribal facility retains control of the patient's medical record

# Questions?

