



# AHCCCS CEO Meeting

January 20, 2016



# Topics

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- Budget
- Website
- Fingerprint Check Background Check
- Procurement Timelines
- Standalone EDs
- Delivery System Reform Incentive Payment (DSRIP)
- Access Regulatory Requirement

# Governor Ducey's Budget

- Increased Funding: \$549.7M General Fund
- Major Issues:
  - Shift of Behavioral Health to AHCCCS
  - Restores ALTCS dental benefit - \$1,000 cap
    - \$1.4M GF AHCCCS
    - \$1.2M GF DES/DDD
  - Inspector General Staff - \$107,300 GF
  - IT Security - \$743,900 GF

# Legislative Baseline Budget

- GF Increase: \$596M
- Shift of Behavioral Health to AHCCCS
- 1.5% capitation rate growth
- \$(1.4)M GF in cost sharing savings
- \$(5.2)M GF savings for increased TPL for BH



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# Welcome to Arizona Health Care Cost Containment System (AHCCCS)

Arizona Health Care Cost Containment System (AHCCCS) is Arizona's Medicaid agency that offers health care programs to serve Arizona residents. Individuals must meet certain income and other requirements to obtain services.

# Fingerprint/Background Check

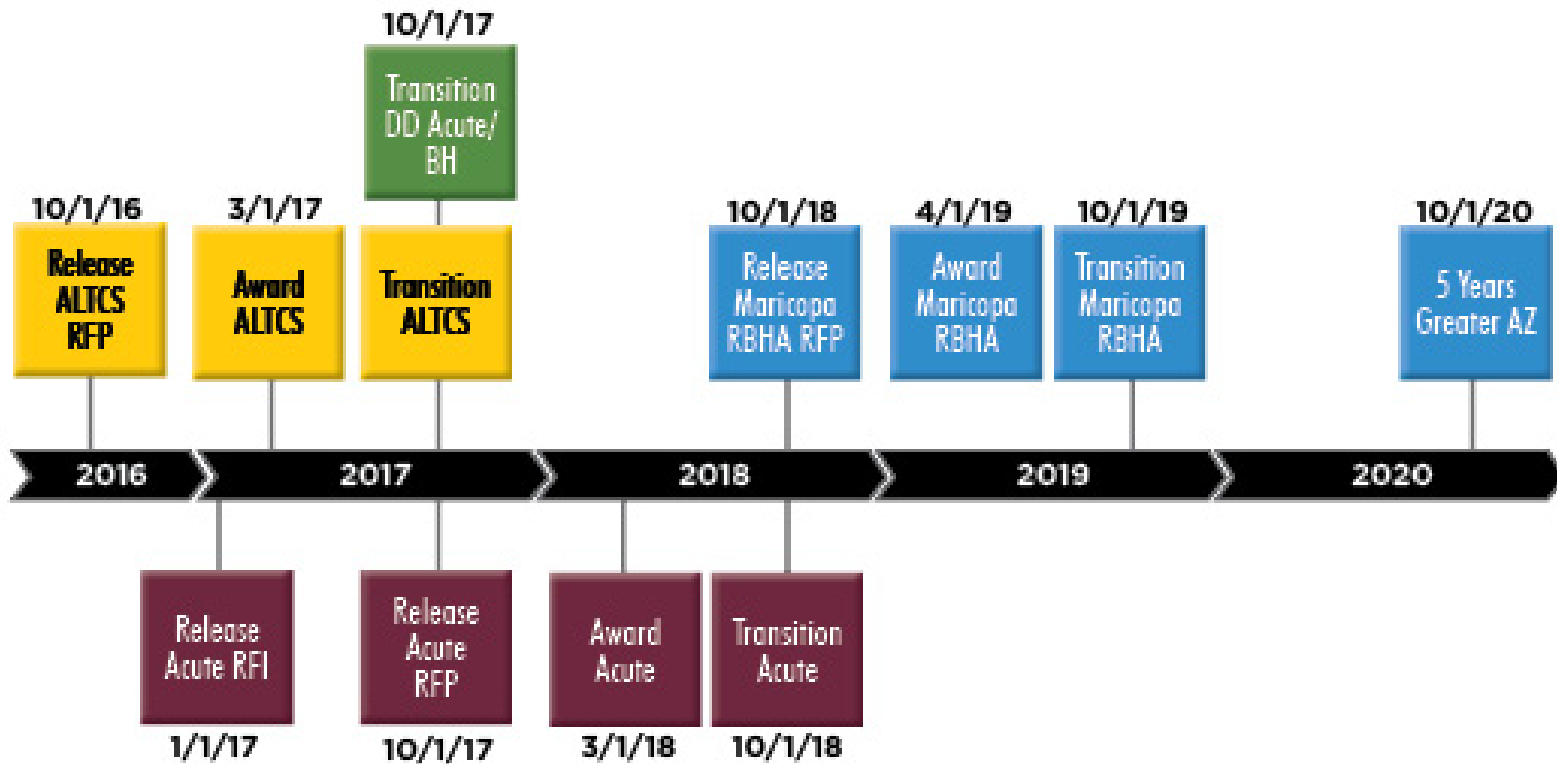
- Federal regulations require state to establish provider FWA risk levels.
- For high-risk providers, must conduct background checks, including fingerprinting.
- Applies to provider and anyone with 5% interest in provider

# Fingerprint/Background Check (ctd.)

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- AHCCCS high risk providers:
  - Home Health Agencies (Newly Enrolled/Not Medicare Certified)
  - DME (Newly Enrolled/Not Medicare Certified)
- Implementation June 1
- Utilize existing DPS process; AHCCCS to review all “hits”
- Conduct stakeholder engagement re: expanding process to other providers

# AHCCCS Contract Timeline

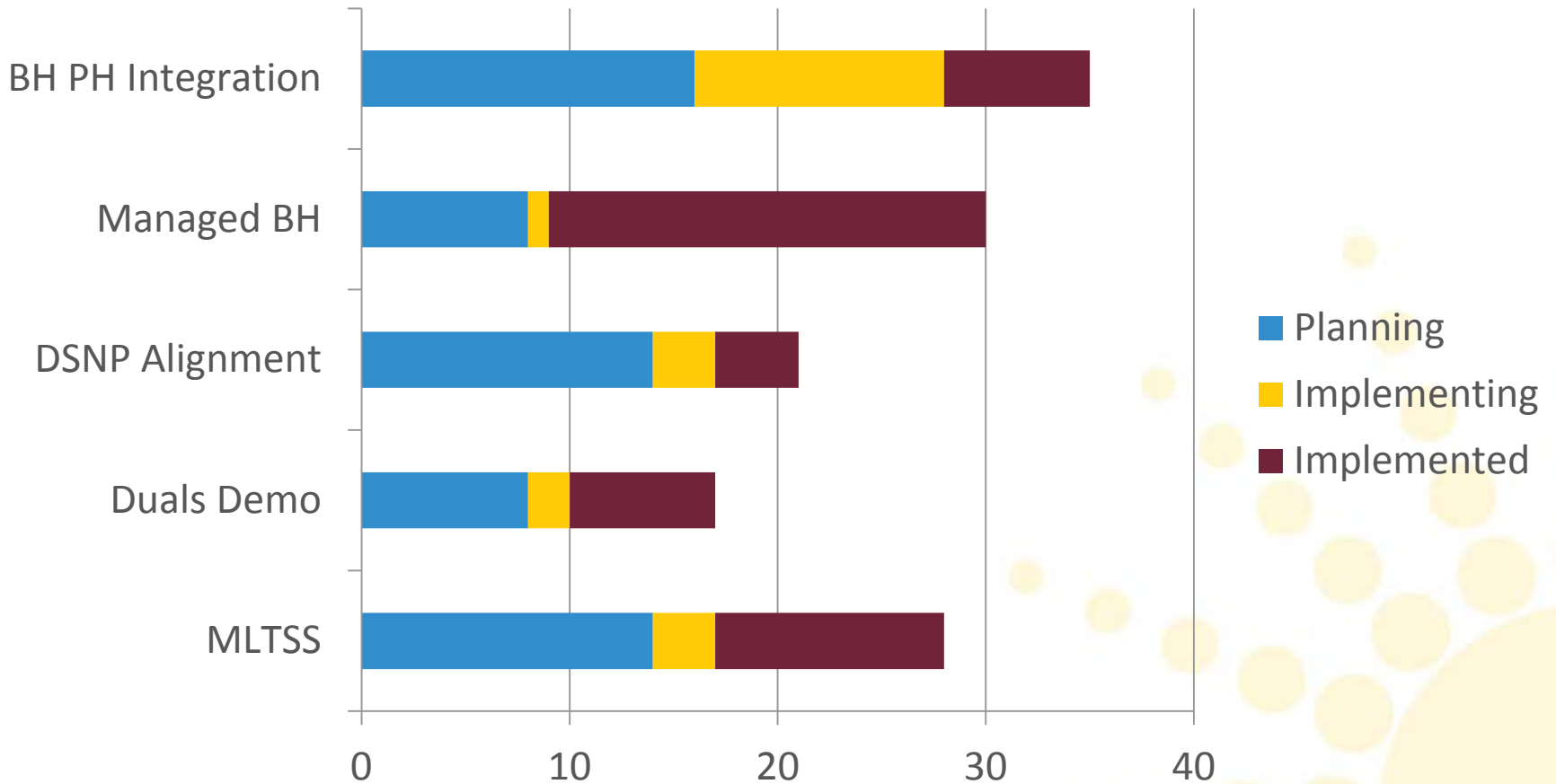




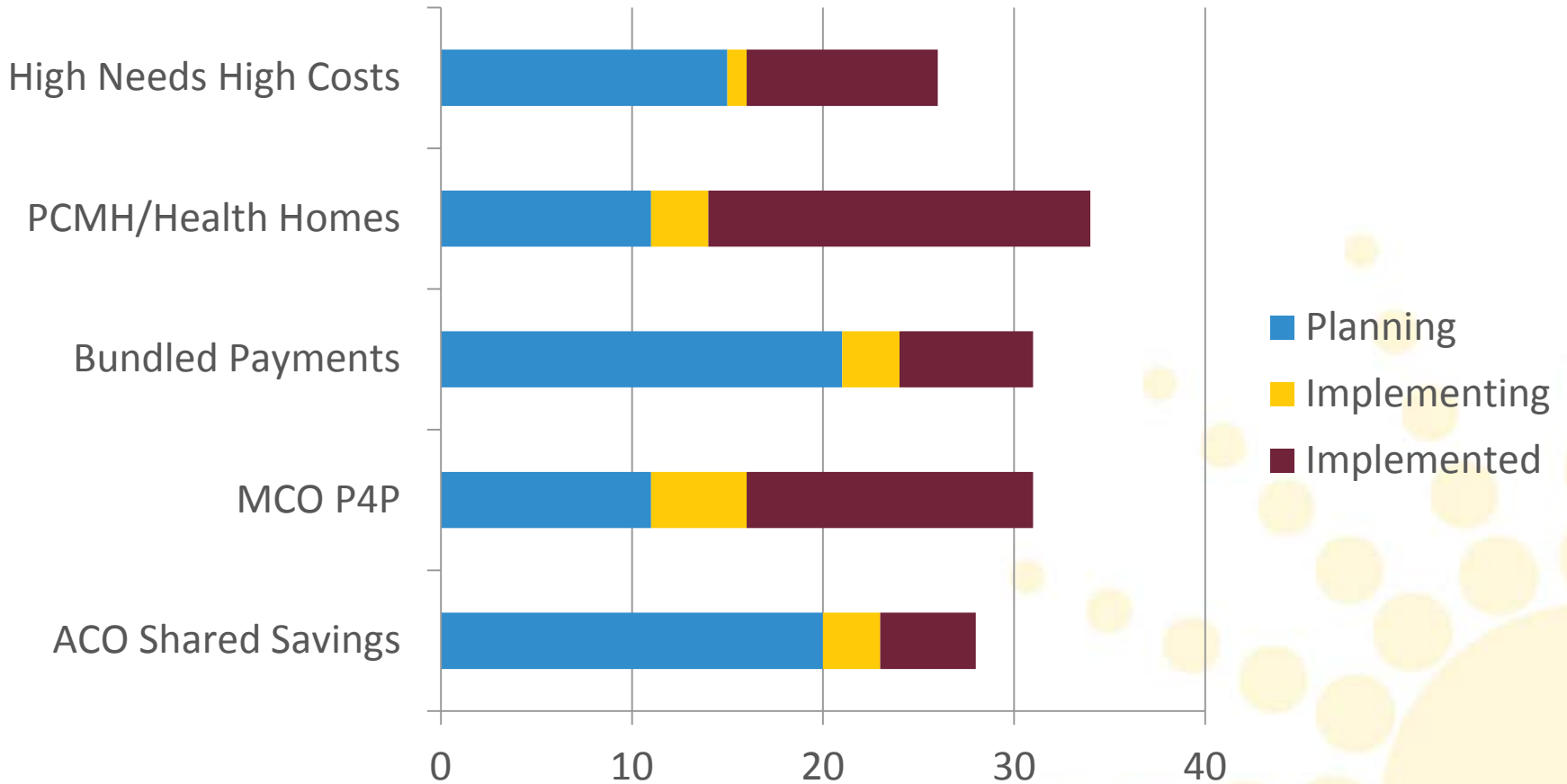
# Standalone EDs



# Delivery System Initiatives



# Delivery System Reforms



# Arizona SIM Vision

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*Accelerate the delivery system's evolution towards a value-based, integrated model that focuses on whole person health in all settings regardless of coverage source.*

# SIM/DSRIP Strategies

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- Target strategies to High Cost/High Need populations to achieve better outcomes and more efficient/cost effective care
- Leverage SIM strategies into a DSRIP
  - Support BH/PH Integration
    - HIE
    - Value Based Payments
    - Care Management for High Needs High Cost members
  - Justice System Transitions
  - American Indian Care Management capacity

# Dec 8 Provider and Health Plan Stakeholder Meeting

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- Overview of Delivery System Reform Improvement Program (DSRIP) in other states/CMS
- Begin engagement
- Start discussion of overarching strategies
- Discussion of next steps

# Key Questions

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- Beyond technology and data infrastructure, what are existing barriers to effective contractual partnerships in developing an integrated continuum of care that includes hospitals, PCPs, community behavioral health, social services, health plans etc.?
- What are barriers to providers being able to enter into VBP models and how can these efforts help?
- How do we scale and support initiatives that address complex populations such as the AIHP Care Coordination Initiative?
- ***ROLE OF MANAGED CARE/PLANS***

# CMS Access to Care Rule

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- AHCCCS submitted comments on final rule and CMS RFI on January 4:  
<http://www.azahcccs.gov/shared/downloads/AccessToCareFinalRuleComments.pdf>
- States must evaluate and report on member access to care compared to the general population



# CMS Access to Care Rule (ctd.)

- Focus on FFS population
- States must conduct triennial access to care analyses:
  - Member needs
  - Availability of care and providers
  - Service utilization
  - Comparison of rates to other payers
- Analysis includes PCP, specialty, BH, OB, Home Health
- Additional analyses for rate reductions

# CMS Access to Care Rule – Implications for AZ

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- Current detail from I.H.S. and 638 facilities insufficient to meet CMS reporting requirements
- CMS should
  - Work with federal partners on improving data
  - Conduct tribal consultation on implications
  - Exempt AI/AN populations from requirements