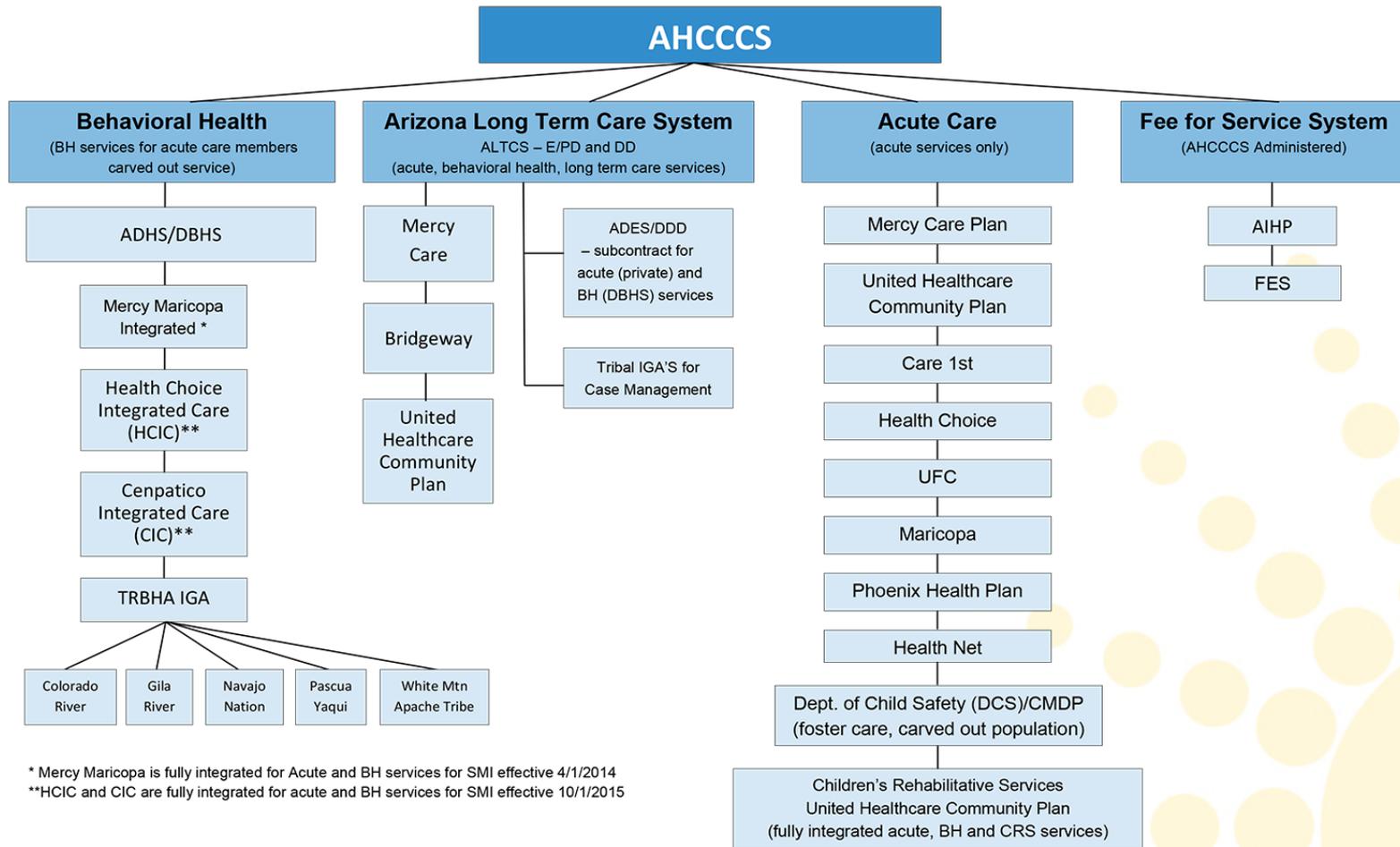




AHCCCS Update

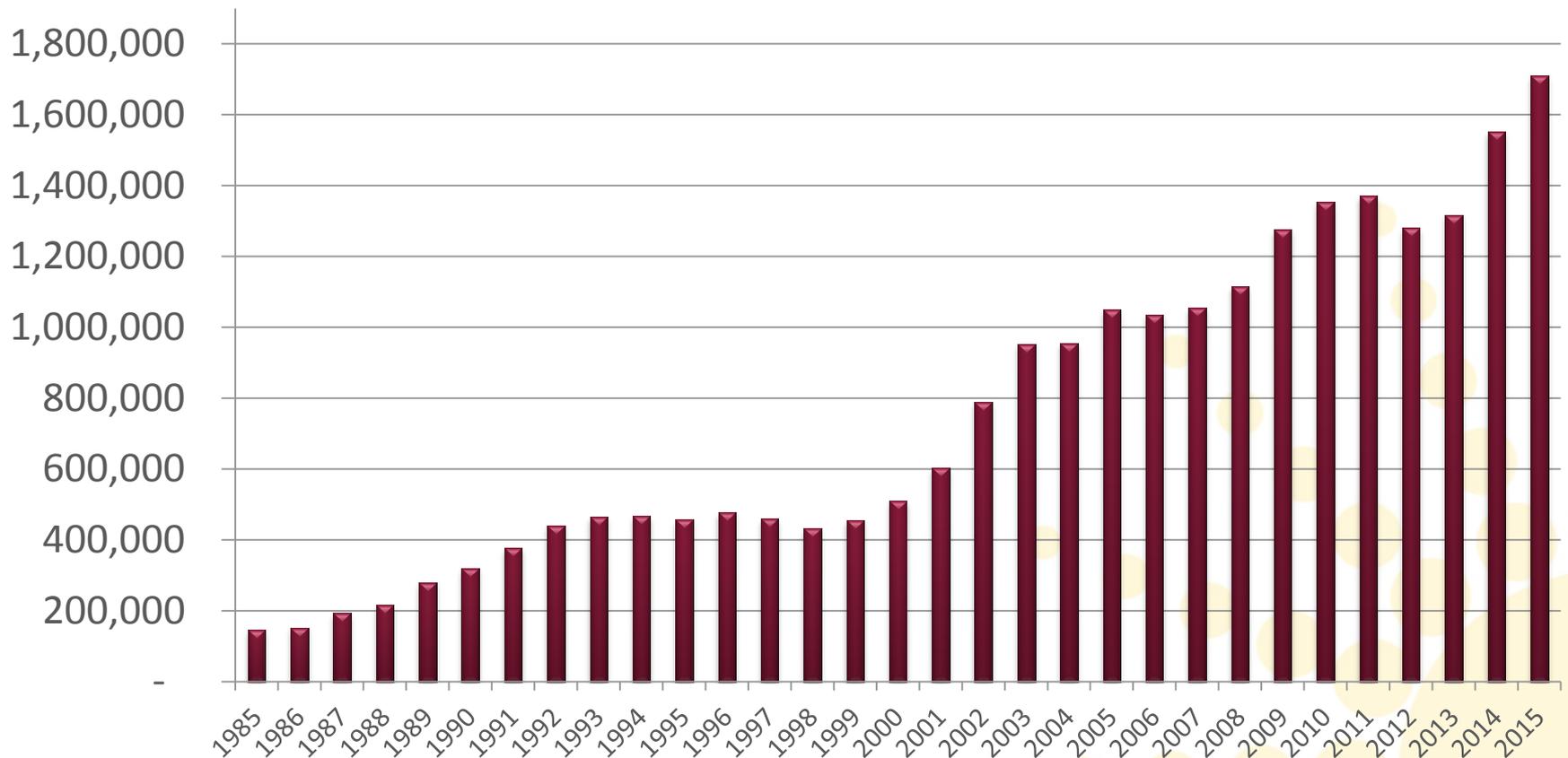


AHCCCS Care Delivery System

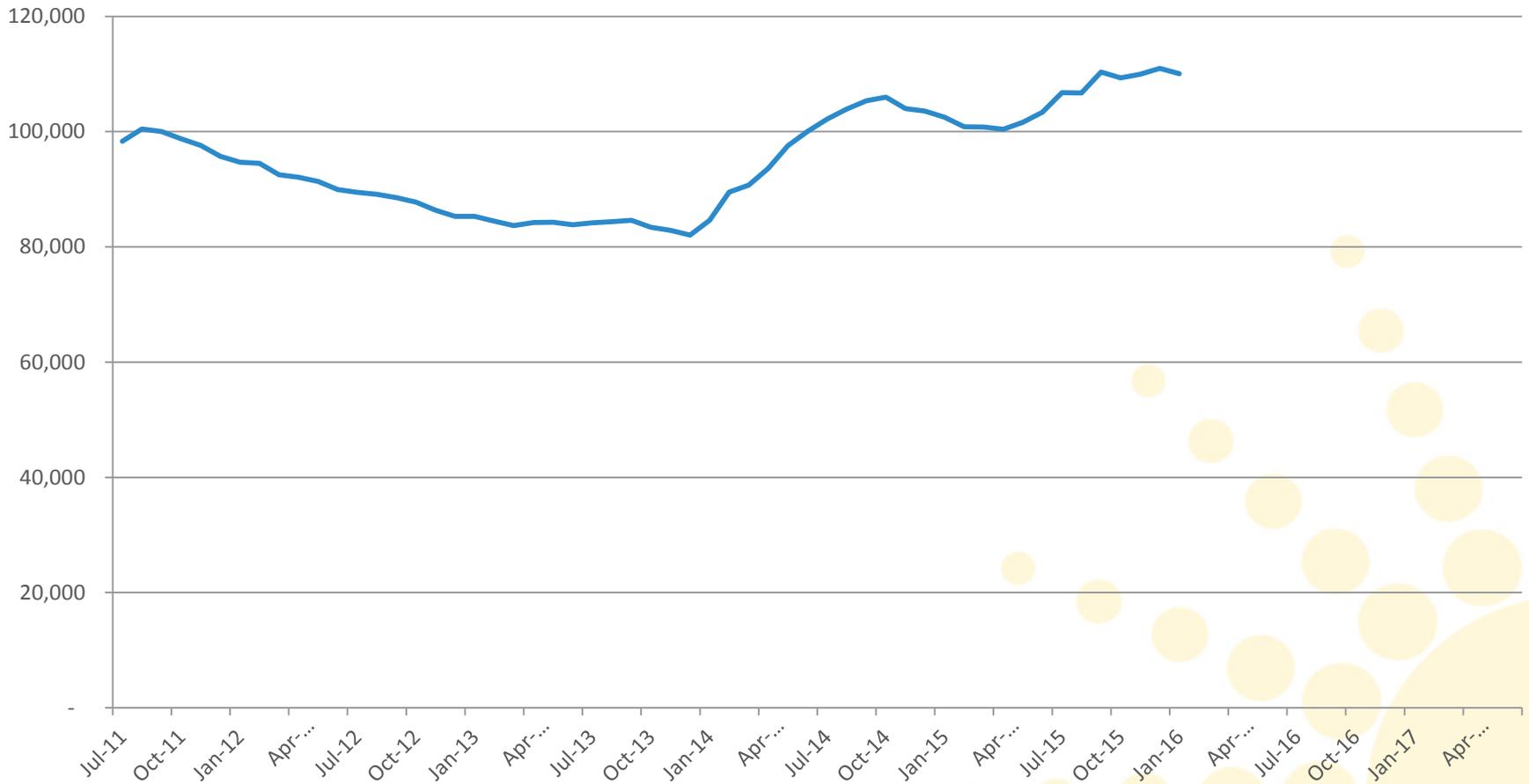


* Mercy Maricopa is fully integrated for Acute and BH services for SMI effective 4/1/2014
 **HCIC and CIC are fully integrated for acute and BH services for SMI effective 10/1/2015

AHCCCS Population as of July 1, 1985 – 2015



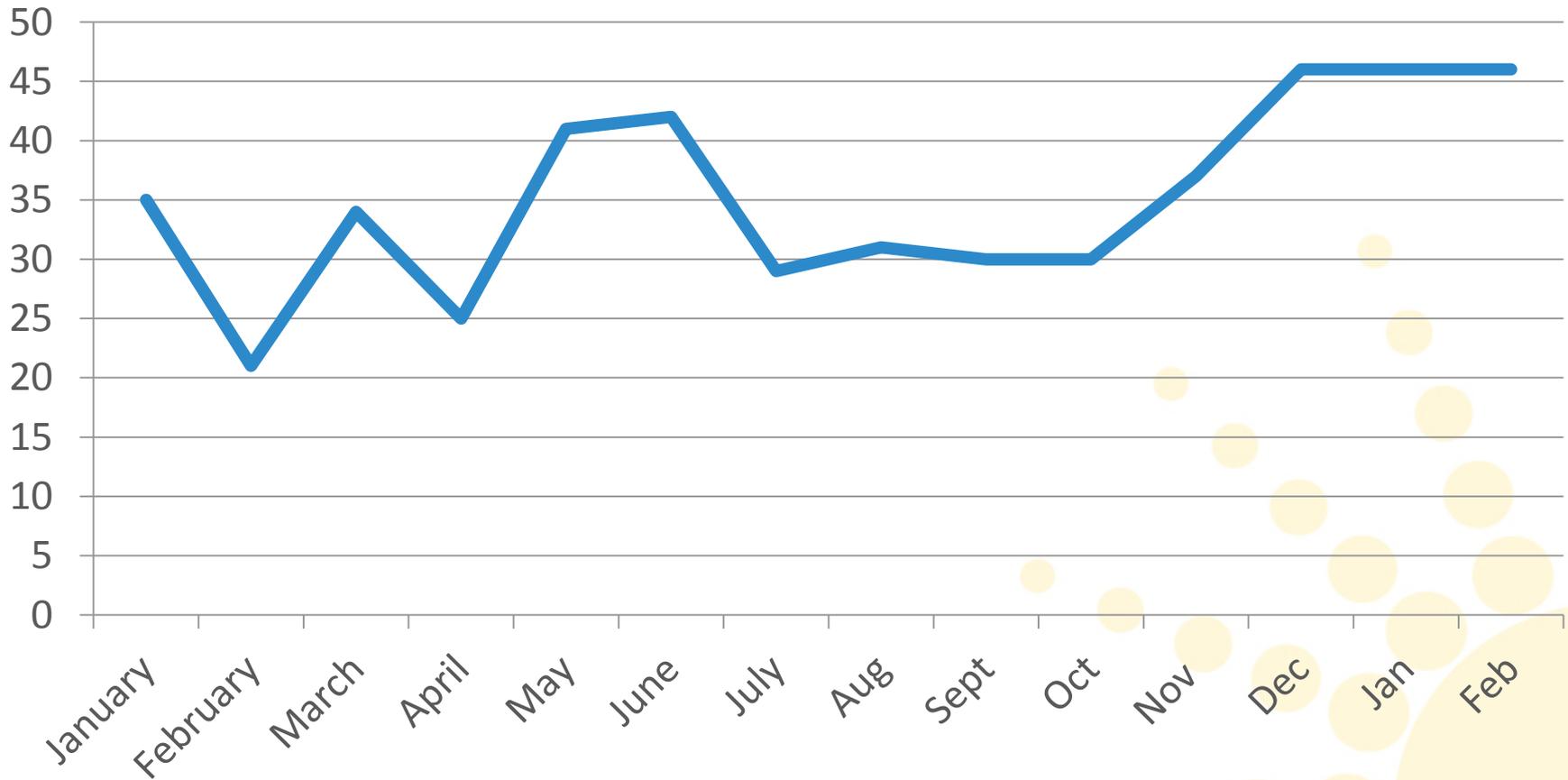
AIHP Enrollment



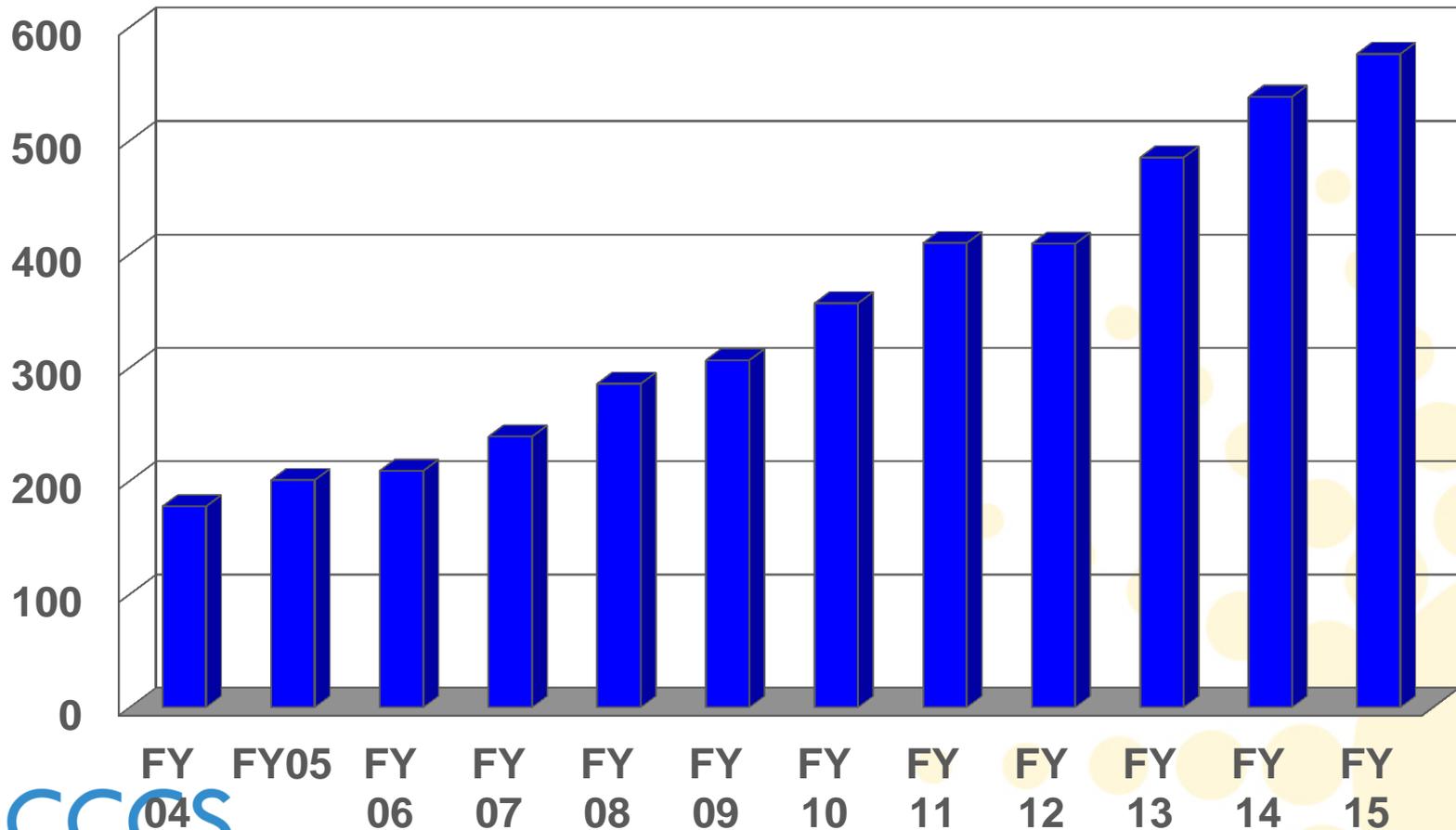
Kaiser Medicaid Survey

- 37 states real time eligibility
- 39 allow online account to manage
- 34 states auto renewal
- 10 of 26 reported >50%
- AZ 25-50%
- 18 States integrated 1 non health

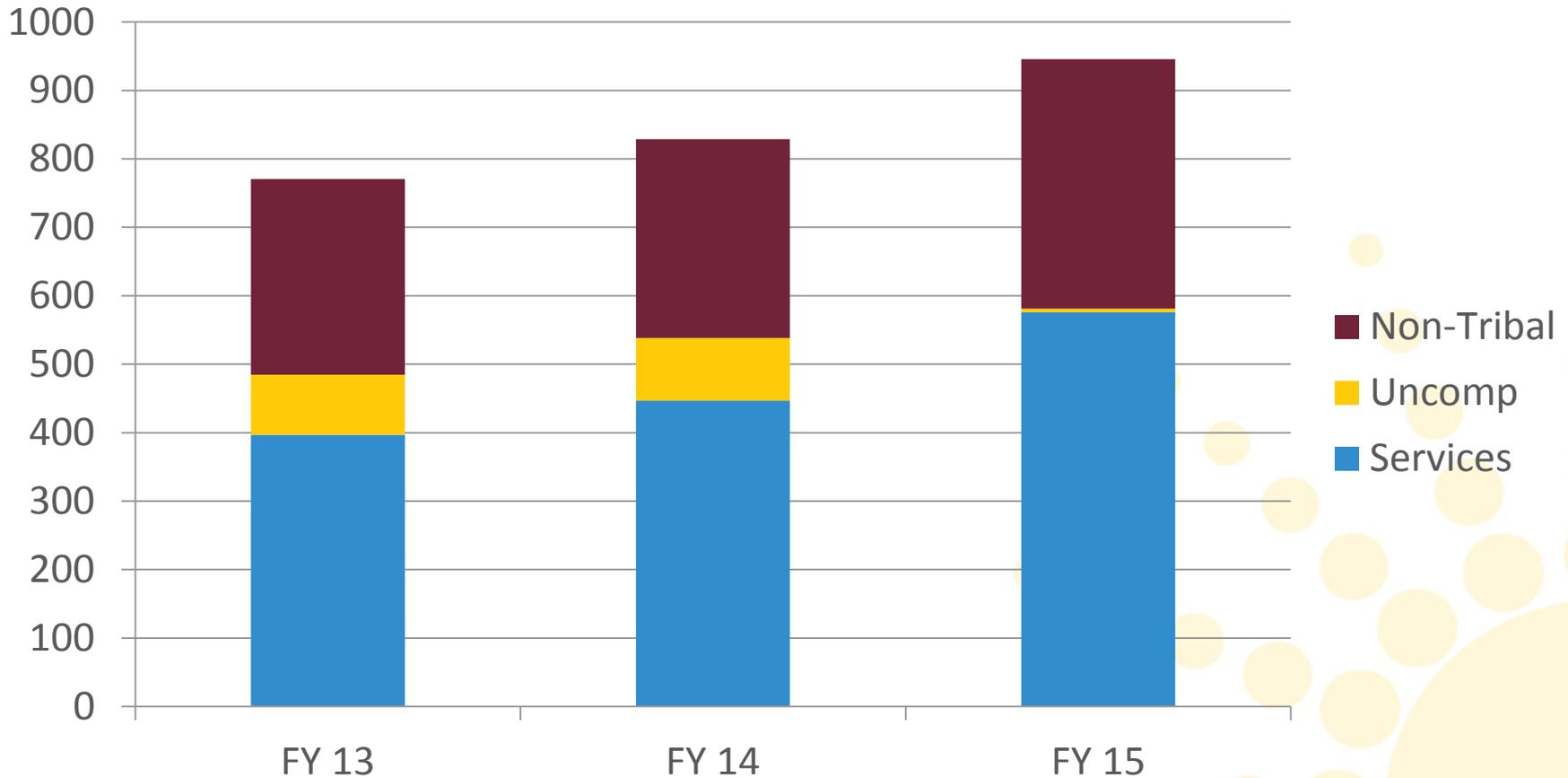
Percent of Auto-Renewals



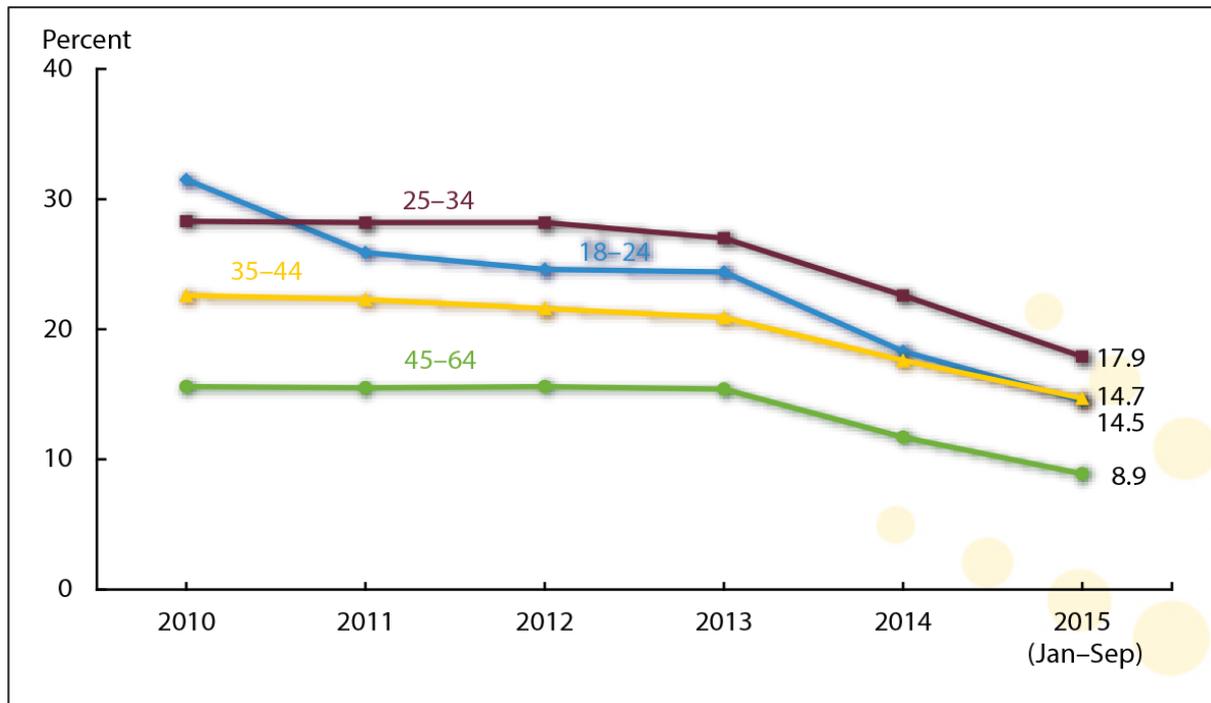
100% Federal Indian Health Services & Tribal Facility Payments (In Millions)



AIHP Payments for Services (in millions)

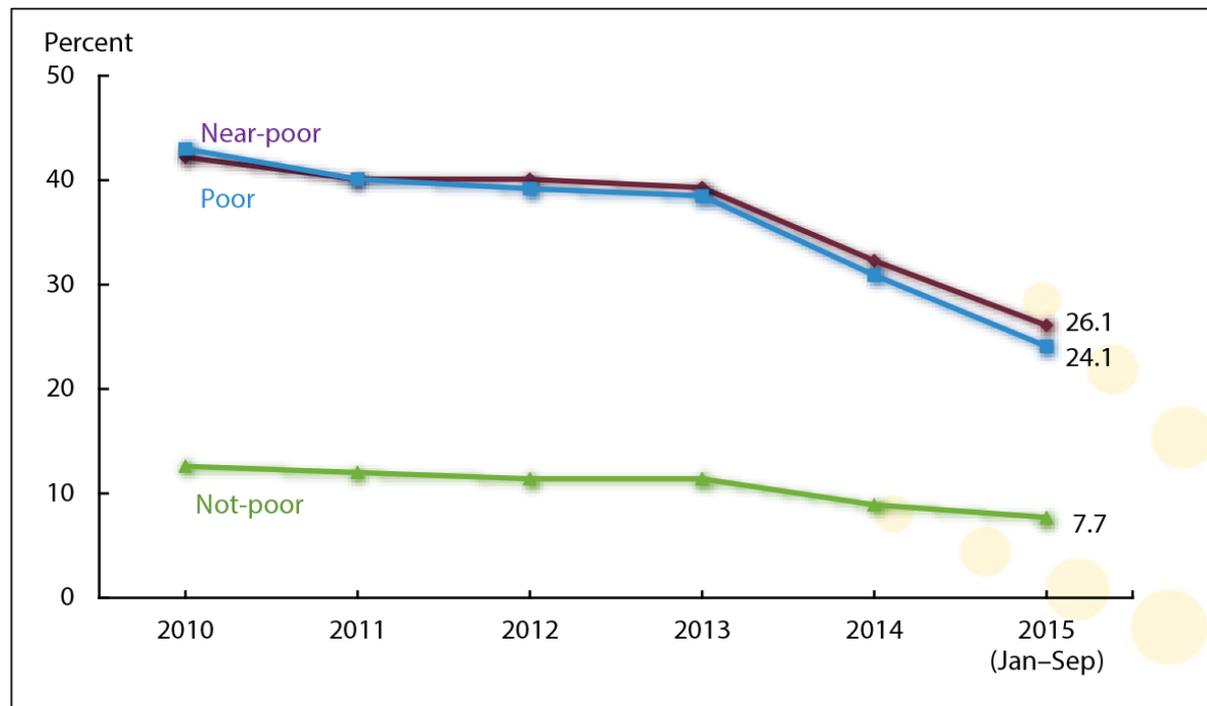


18-64 Uninsured Nationally



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.

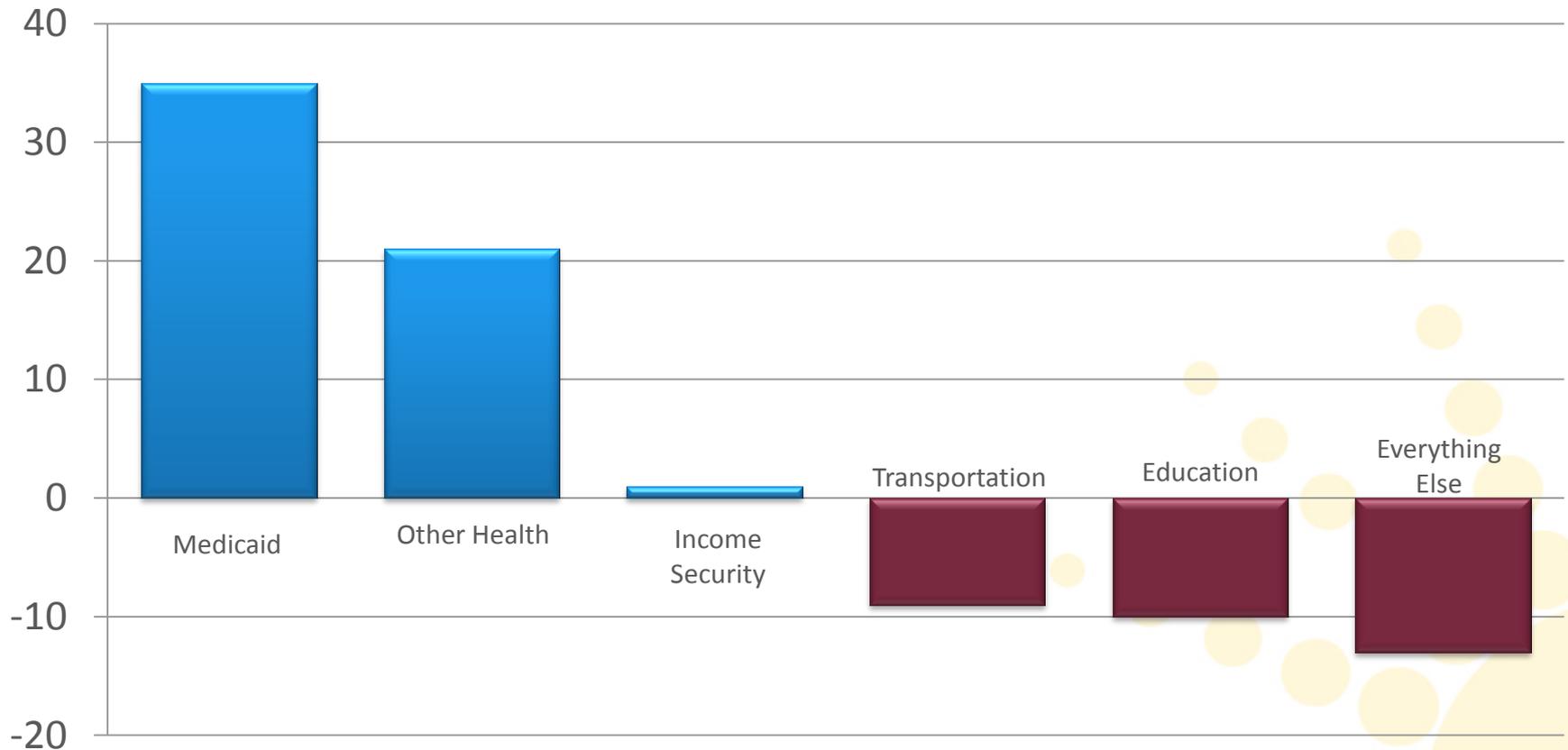
2015 Accomplishments

- BHS/AHCCCS Merger
- Greater AZ RBHAs
- Duals BH Integration
- CRN – SMI Determination
- Avoided 5% Provider Rate Reduction
- Moved DES Medicaid Eligibility to HEAPlus
- AIHP Care Coordination - >80 members
- Successfully Transitioned New Governor

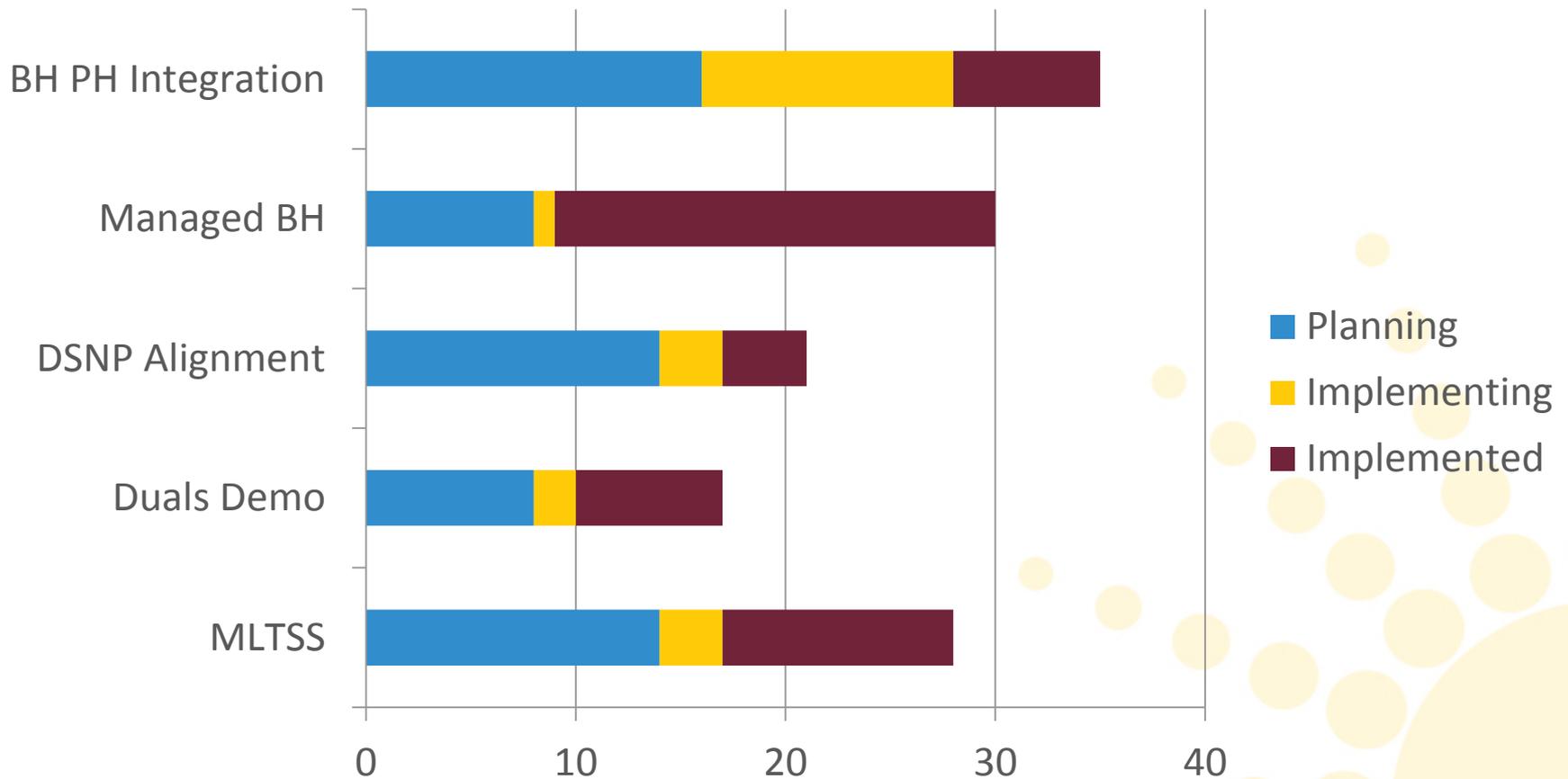
2016 Opportunities

- 7-1-16 – Complete Merger – Contracts – TRBHA IGAs
- 10-1-16 – New 1115 Waiver – Tribal Issues
- ALTCS EPD Procurement
- DD Acute Procurement – BH Integration
- Integration 2.0 Planning – Stakeholders
- Justice System Transitions
- Value Based Purchasing - DSRIP
- Health Information Exchange
- Hospital Assessment Case

Percentage Change in Federal Funding (2008-2014)



Delivery System Initiatives

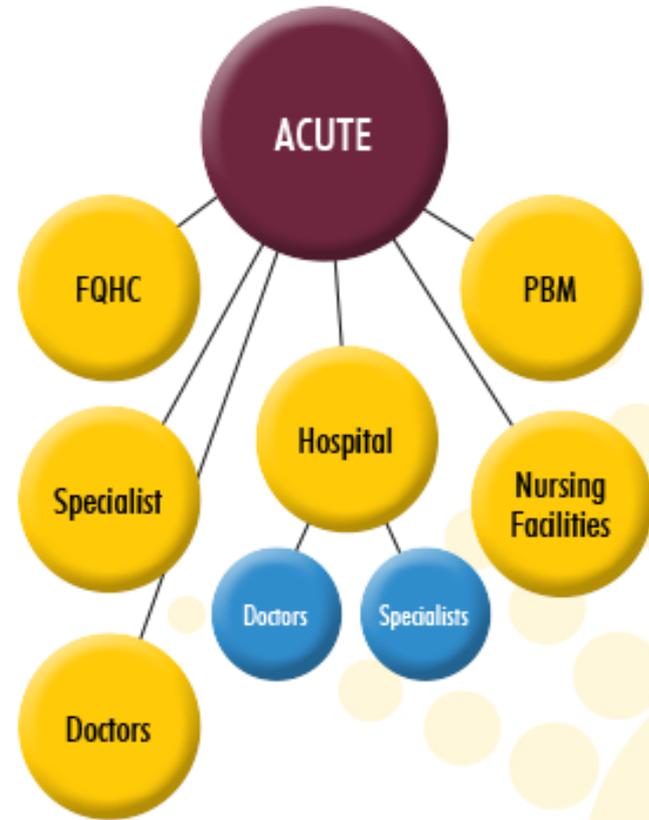
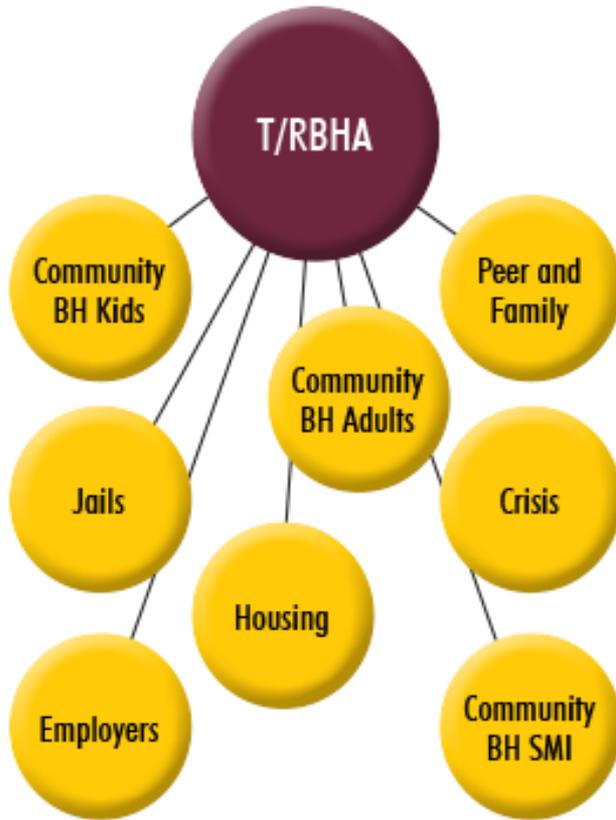


Reaching across Arizona to provide comprehensive quality health care for those in need

GAO - Conditions of Members (%)

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

Fragmented Delivery System

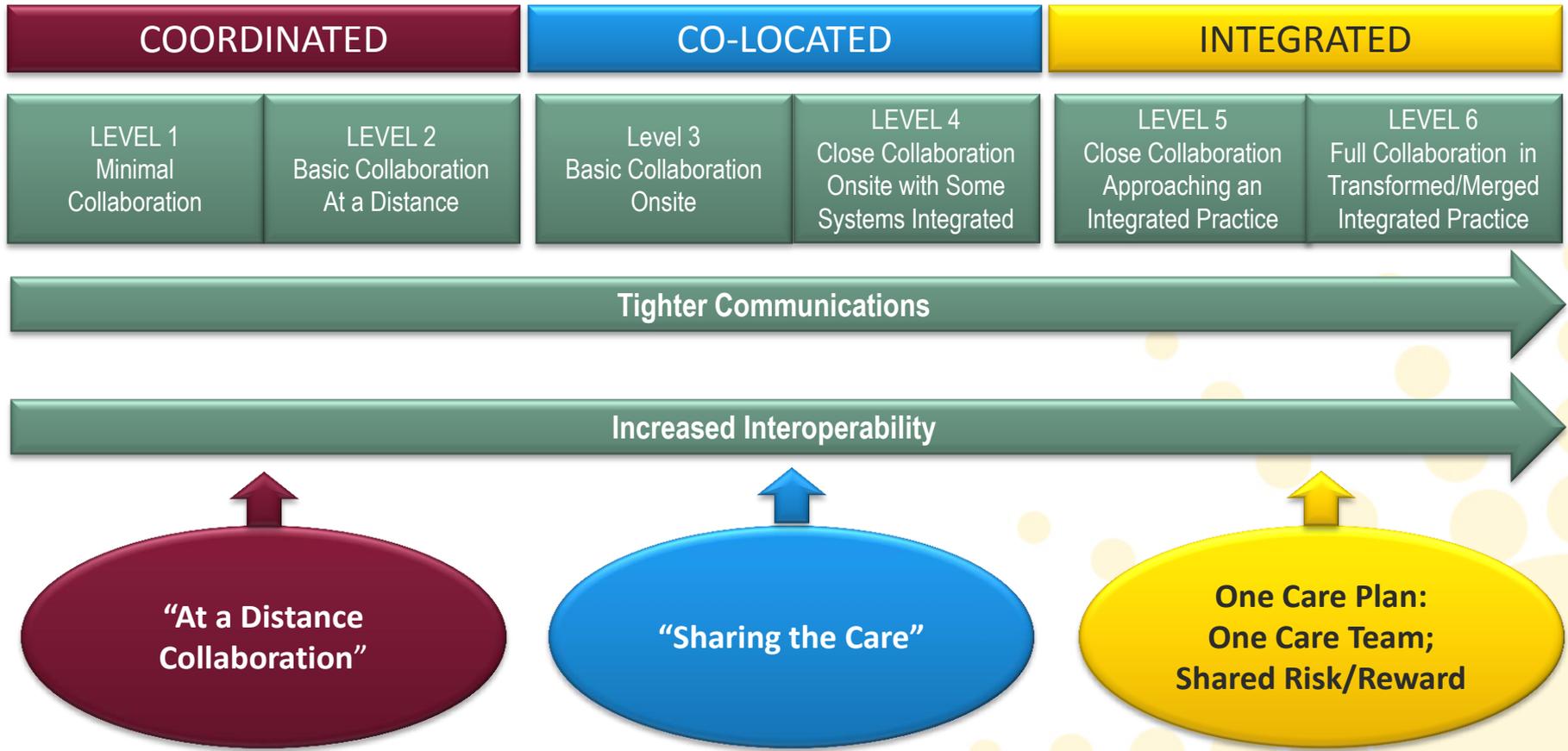


Reaching across Arizona to provide comprehensive quality health care for those in need

Economic Impact of Integration (Milliman)

- Costs for chronic medical conditions for those with co-occurring MH/SA are 2 to 3X
- Diabetes PMPM
 - w/o MH/SA - \$1,068 – w/ \$2,368
- Total Opportunities
 - Medicaid \$100 B (Pre-Expansion)
 - Medicare \$30 B
 - Commercial \$162 B
 - ***Total Achievable \$26-48 B***

A standard Framework for Levels of Integrated Care



Social Determinants - Opportunities

HOME



9k-30k Savings

FOOD



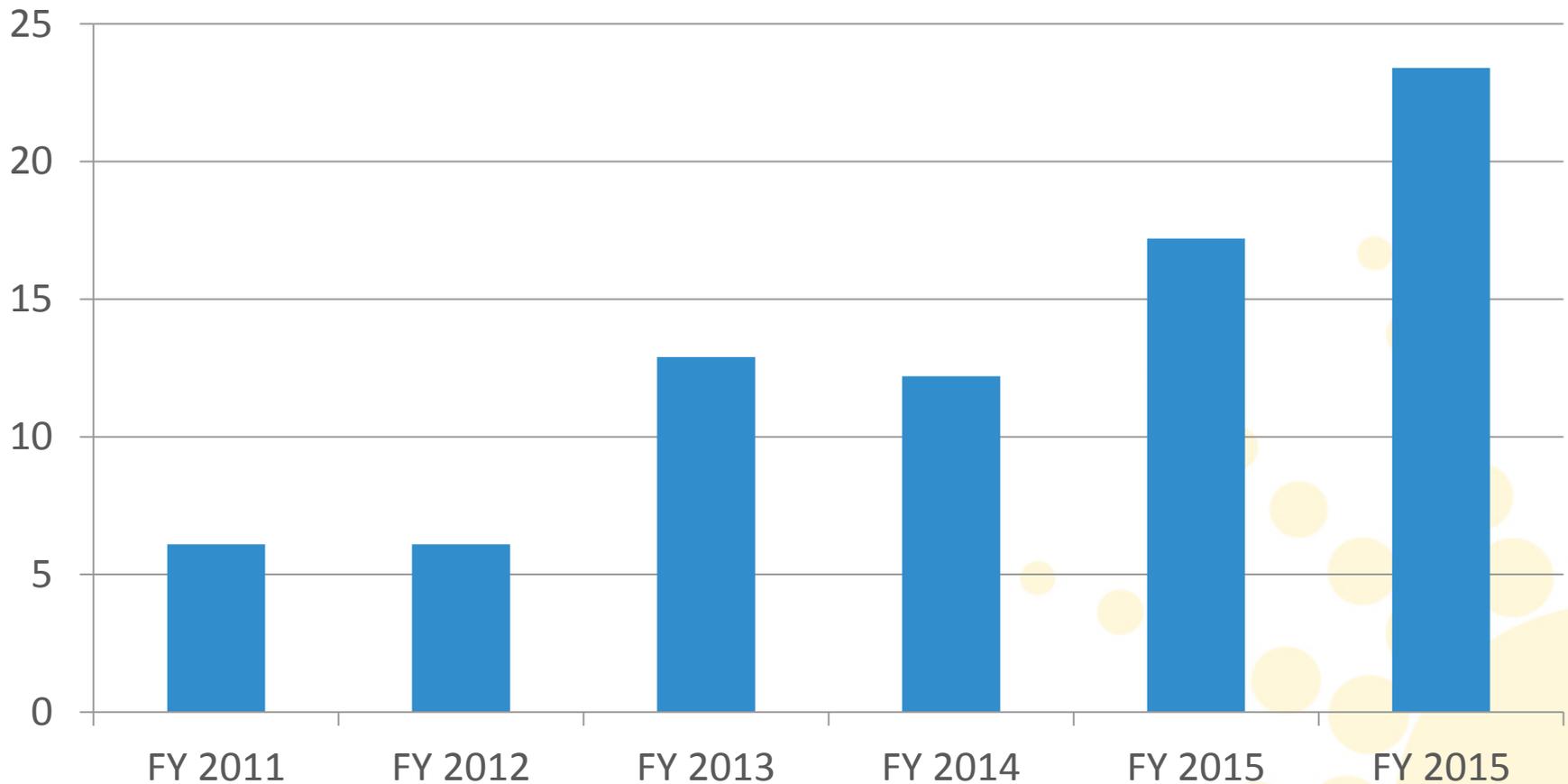
2 x ROI

CARE MANAGEMENT



**20% Inpatient
30% Emergency**

Housing Funding for Individuals with Serious Mental Illness (in millions)



Systems Focus



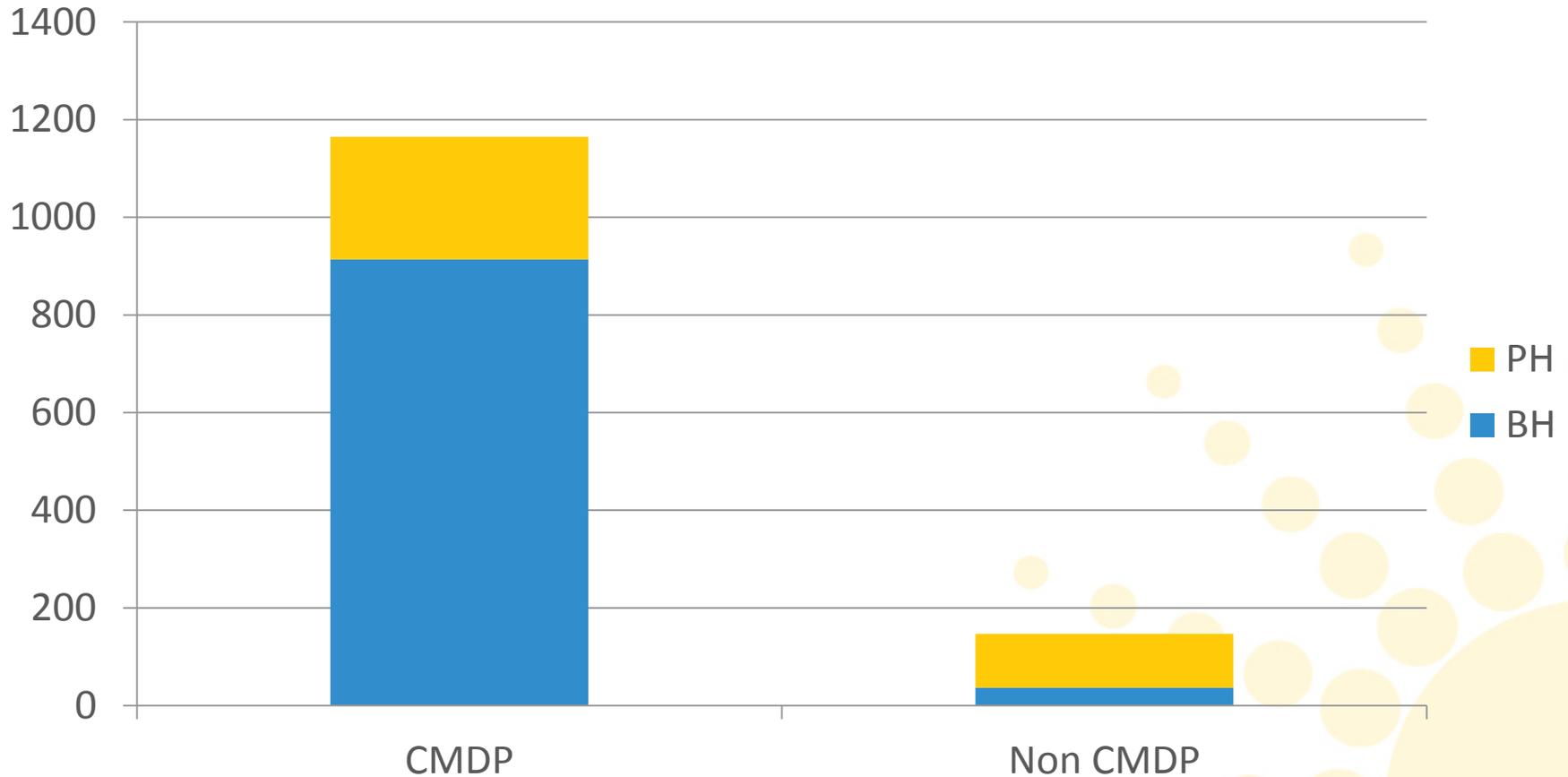
9,000



4,000

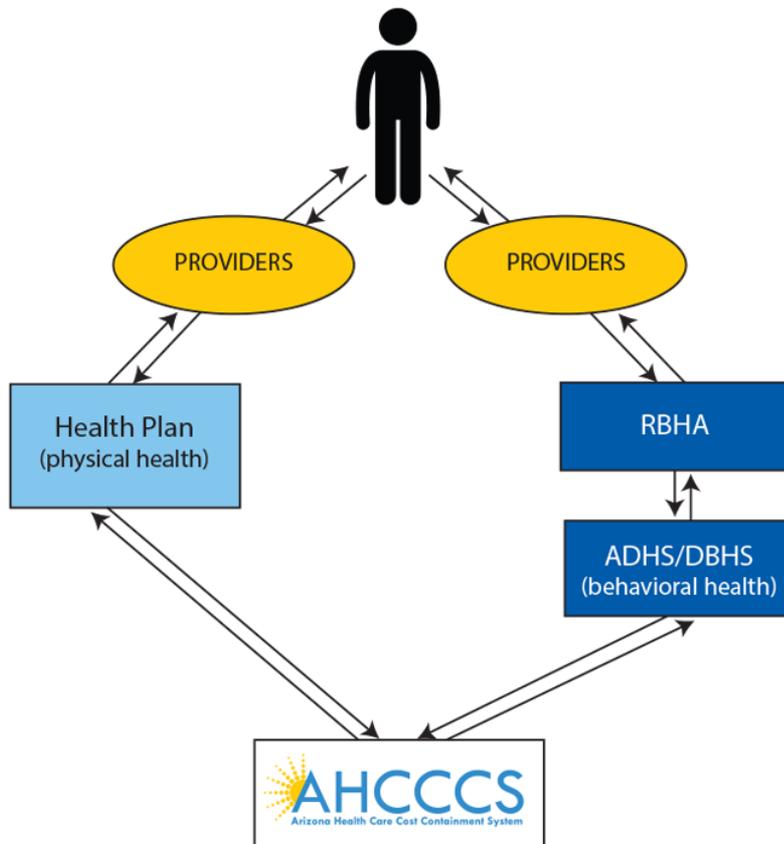


Children in Foster Care PMPM

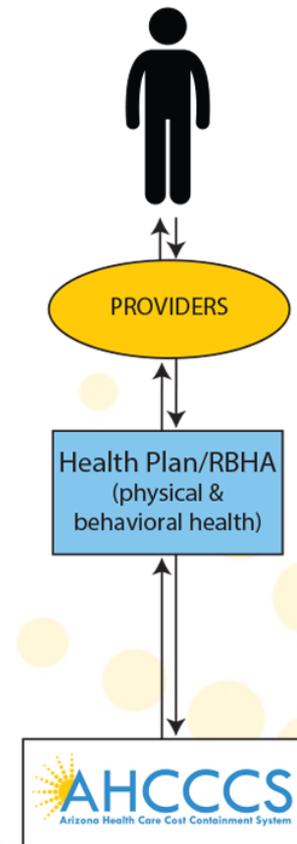


Administrative Simplification

CURRENT CONFIGURATION



STREAMLINED CONFIGURATION



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

Merger Status

- Approximately 95 of 100 staff re-located
- Working to have new TRBHA IGAs in place
- Working with stakeholders to simplify Episode of Care requirements
- Working on transition of IT system
- Working to have new contracts/agreements in place
- Transitioning Grants and SSA authority

AHCCCS Strategic Plan

Reaching Across Arizona to Provide Comprehensive, Quality Health Care for Those in Need

Bend the cost curve while improving the member's health outcomes

Pursue continuous quality improvement

Reduce fragmentation in healthcare delivery to develop an integrated system of healthcare

Maintain core organizational capacity, infrastructure and workforce.

Strategies to Address Sustainability

1. System Design Matters – Most Complex Populations = Most Complex System
 1. Dual Eligible Members
 2. Individuals with Serious Mental Illness
 3. Children With Special Needs
 4. Individuals with Disabilities
2. Better Align Incentives – Value Based Purchasing

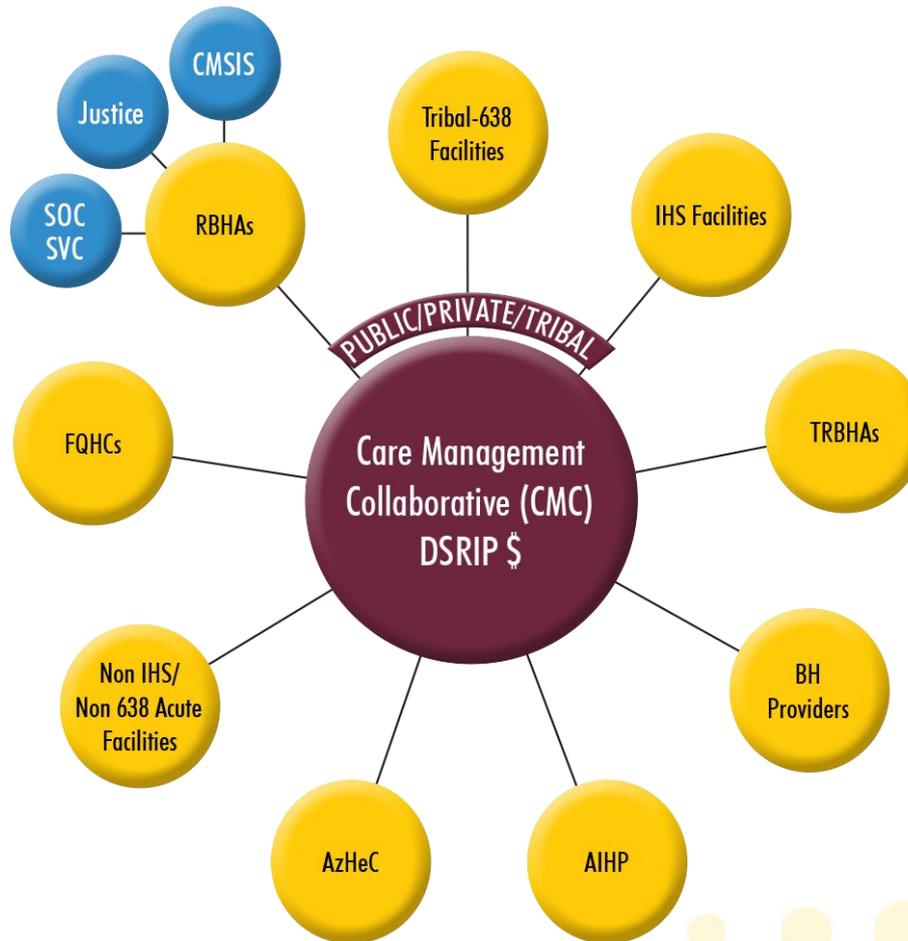
Integration Efforts

1. 2013 – 17,000 CRS Kids
2. 2014 – 20,000 Individuals with SMI – Maricopa
3. 2015 – 19,000 Individuals with SMI – Greater AZ
4. 2015 – 80,000 dual eligible members
5. Future Possibilities
 1. 2017 – 29,000 members with DD – BH & PH
 2. 2018 – 34,000 Children with Autism or at risk
 3. 2018 or future date – Adults GMH/SA

DSRIP Projects

1. American Indian Care Management Collaboratives
2. Physical Health - Behavioral Health integration
 - a. Adults
 - b. Children
3. Justice System Transitions

CMC DSRIP Framework



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

CMC DSRIP Projects

Project 1 – Care Management Collaboration Formation

1. Join CMC through executing MOU – One Time Payment
2. Regularly participate in CMC meetings with appropriate staff – ongoing

CMC DSRIP Projects

Project 2 – Care Management Execution

1. Regular Care Management staffings of members with CMC and other providers as appropriate – ongoing
2. Establishment and Maintain Attribution Model for Complex Members – ongoing
3. Complex Member Engagement – Transition to Medical Home Waiver PMPM - onetime
4. Establish and Execute Transition Planning for IP – Justice System - Crisis - ongoing

CMC DSRIP Projects

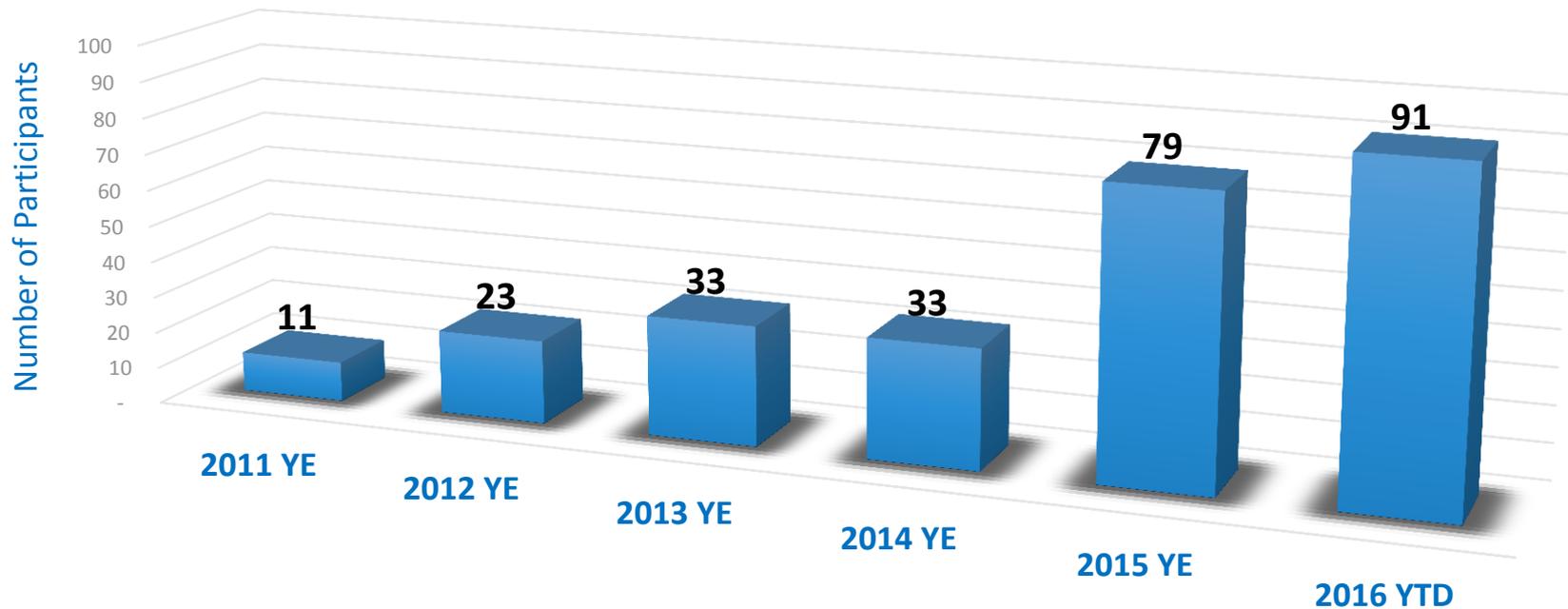
Project 3 Data Infrastructure

1. IHS/Tribal 638 Providers submit more robust claim detail – onetime
2. Dedicated support of CMC Data analytics tools - ongoing
3. Ability to identify complex members accessing internal/external delivery system - ongoing
4. AZHEC Connectivity – receive data & push data-onetime each
5. Register and use CSPMP - ongoing

CMC DSRIP Aligns and Complements Medical Home Waiver

- 1115 waiver proposal includes Medical Home waiver which would pay a PMPM to qualifying facilities
- Current IHS/tribal 638 workgroup is working to update formal proposal
- DSRIP is focused on building care coordination and care management across system (IHS/tribal 638 and non-IHS/tribal 638 providers organizations)
- Medical Home waiver is focused on building internal facility/organizational capacity

The Network – Growth All Participants



88% of the 2015/2016 growth occurred after the implementation of the new HIE Infrastructure.

DSRIP Next Steps

- March 17th – Met with Indian Health Medical Home workgroup
- March 23 – Tribal Consultation
- April 7– review DSRIP concepts with CMS
- Early May – post DSRIP waiver for public comment
- Summer 2016 – negotiate with CMS

AHCCCS Supporting Integration

- Rate Adjustments
 - 2015 - BH IP 19.6% increase
 - 2016 - Select OP service
 - 2016 – Integrated providers PH bump
- Restructuring TRBHA Agreements
 - Reduce Requirements – focus on care coordination – no network -
- Providing support to tribes through efforts to partner with DFSM
- Working to get better data - NDC