



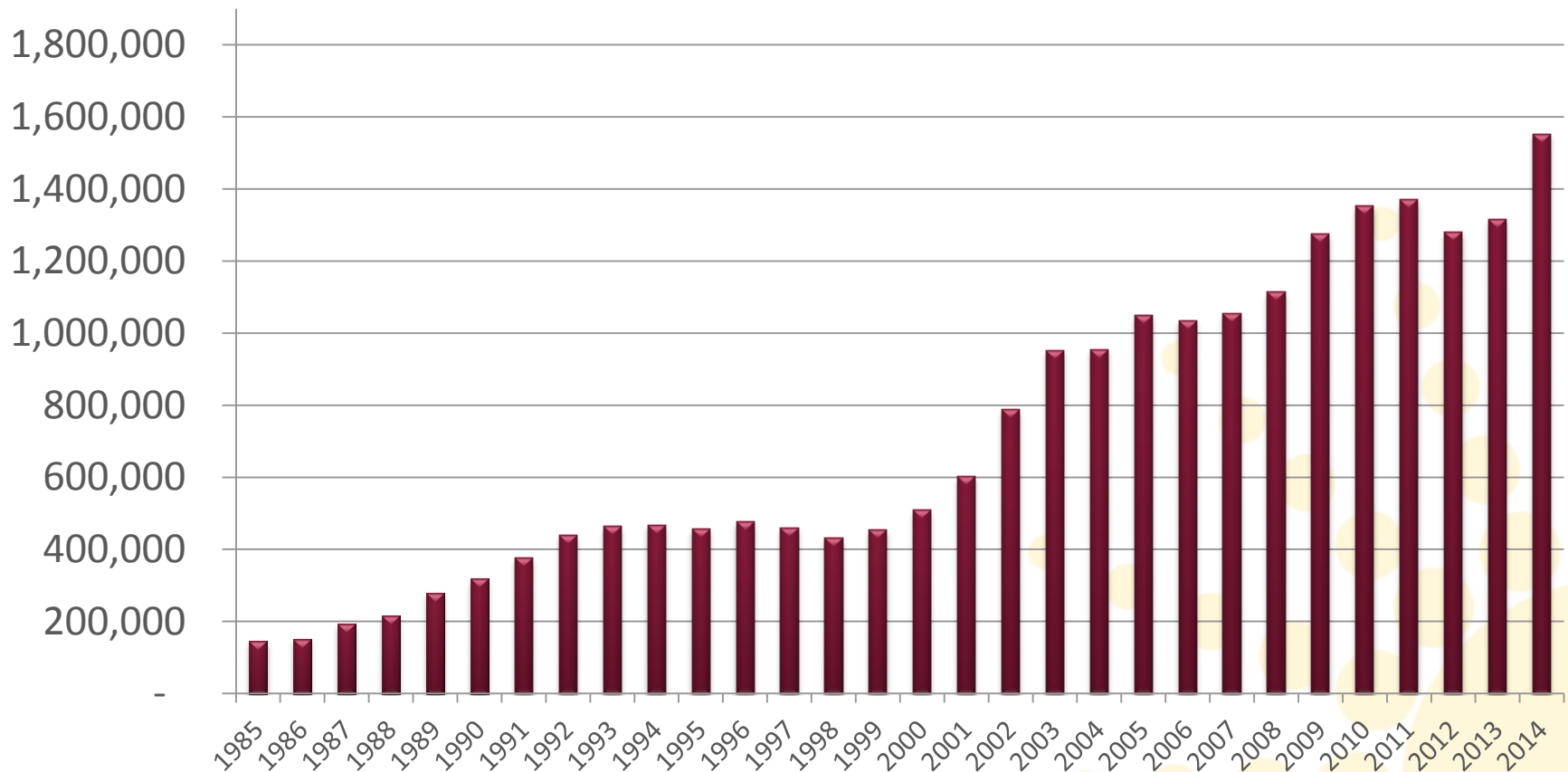
AHCCCS Update



AHCCCS Today

- Largest Insurer in State
- \$11.0 billion Program and growing
- Covers over 50% of all births
- Covers two-thirds of nursing facility days
- Provides coverage for over 150,000 American Indians
- Places strong emphasis on Tribal Consultation – importance of sovereignty – government to government relationships

AHCCCS Population as of July 1, 1985 – 2014



Policy Options

Options	Lives covered	GF Impact (FY 14-16)	Federal \$ available	Prop 204 Vote Honored
Governor's Proposal	300,000	\$(100) m savings	\$4.1 billion	Yes
Continued Freeze (assume state only)	63,000 and shrinking	\$850 m plus cost	\$0	No
Terminate Coverage 1-1-14	0 (63,000 lose coverage)	\$0	\$0	No

Final Legislation

- Authorizes Prop 204 Restoration and Expansion
- Provides AHCCCS Director with ability to levy an assessment against hospitals – includes ability to exempt
- Includes circuit breakers Governor had requested in case federal funding is reduced
- Restores Well-exams

Hospital Assessment & Litigation

Assessment

- AHCCCS worked with consultant and hospital stakeholders
- Assessed \$75 m in FY 2014 - \$240 m in FY 2015
- Model shows no systems negatively impacted

Litigation

- Lawsuit brought by 36 Republican Legislators
- Hearing held on Dec. 13th to determine standing
- Won at Superior Court – Standing
- Court of Appeals - 4-22-14 rules legislature has standing
- August 26 – State Supreme Court

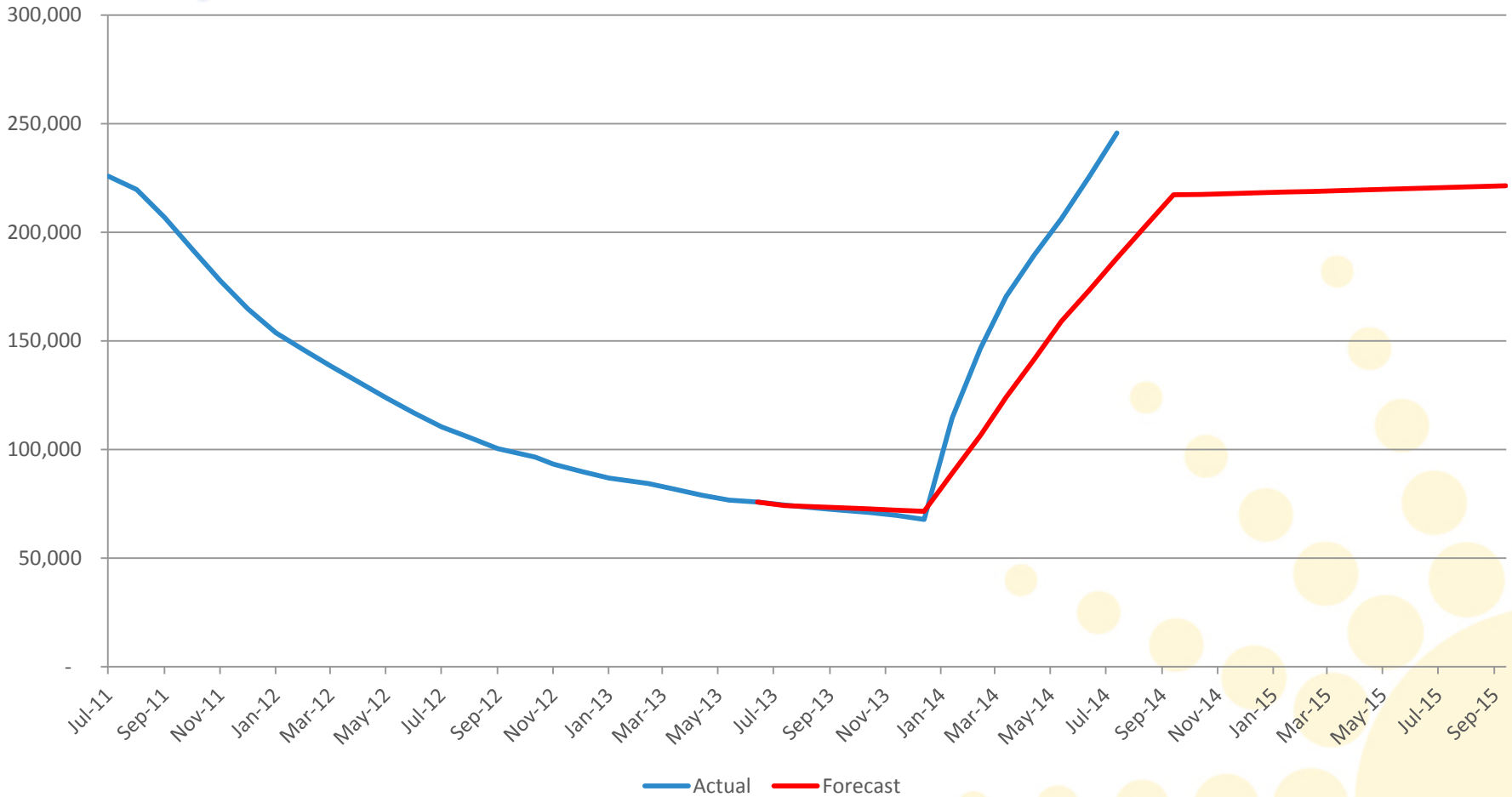
Medicaid Restoration

	12/1/2013	7/1/2014	Change
Prop 204 Restoration	67,770	235,478	167,708
Adult Expansion	0	24,560	24,560
KidsCare	46,761	2,012	-44,749
Family Planning	5,105	0	-5,105
AHCCCS for Families & Children (1931)	672,135	723,369	51,234
All Other	505,379	566,749	61,370
Total Enrollment	1,297,150	1,552,168	255,018

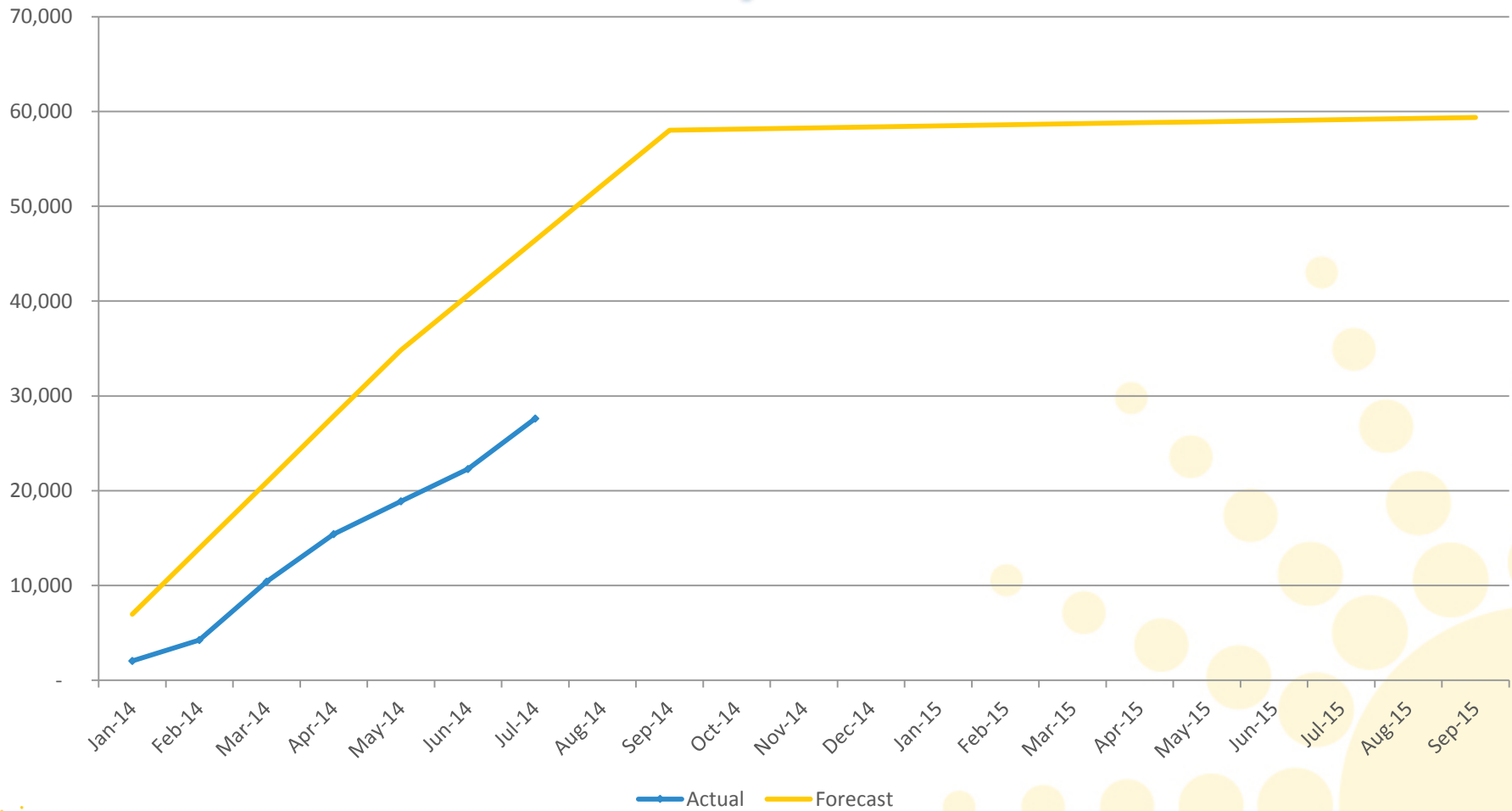
HEAplus Update

- HEAplus went live to public on 10-19-13
- Sent over 200,000 Account Transfers to FFM –
- Received over 140,000 from FFM
- Started pilot for roll out to eligibility workers
- Marketplace Enrollment – AZ – 120,071 (4-19-14)
- HHS OIG Review starting already
- Performance Evaluation ongoing

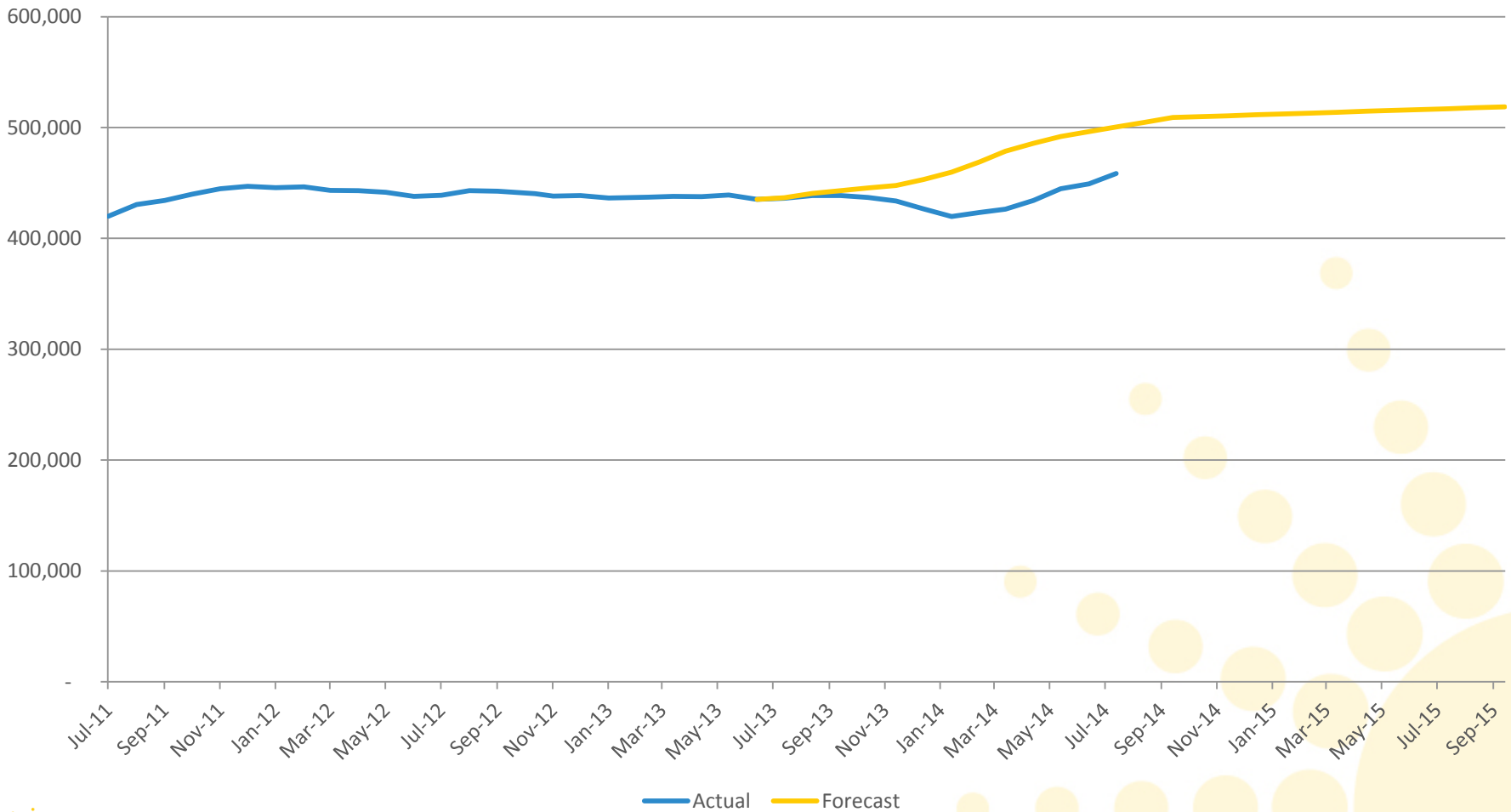
Prop 204 Adult Restoration



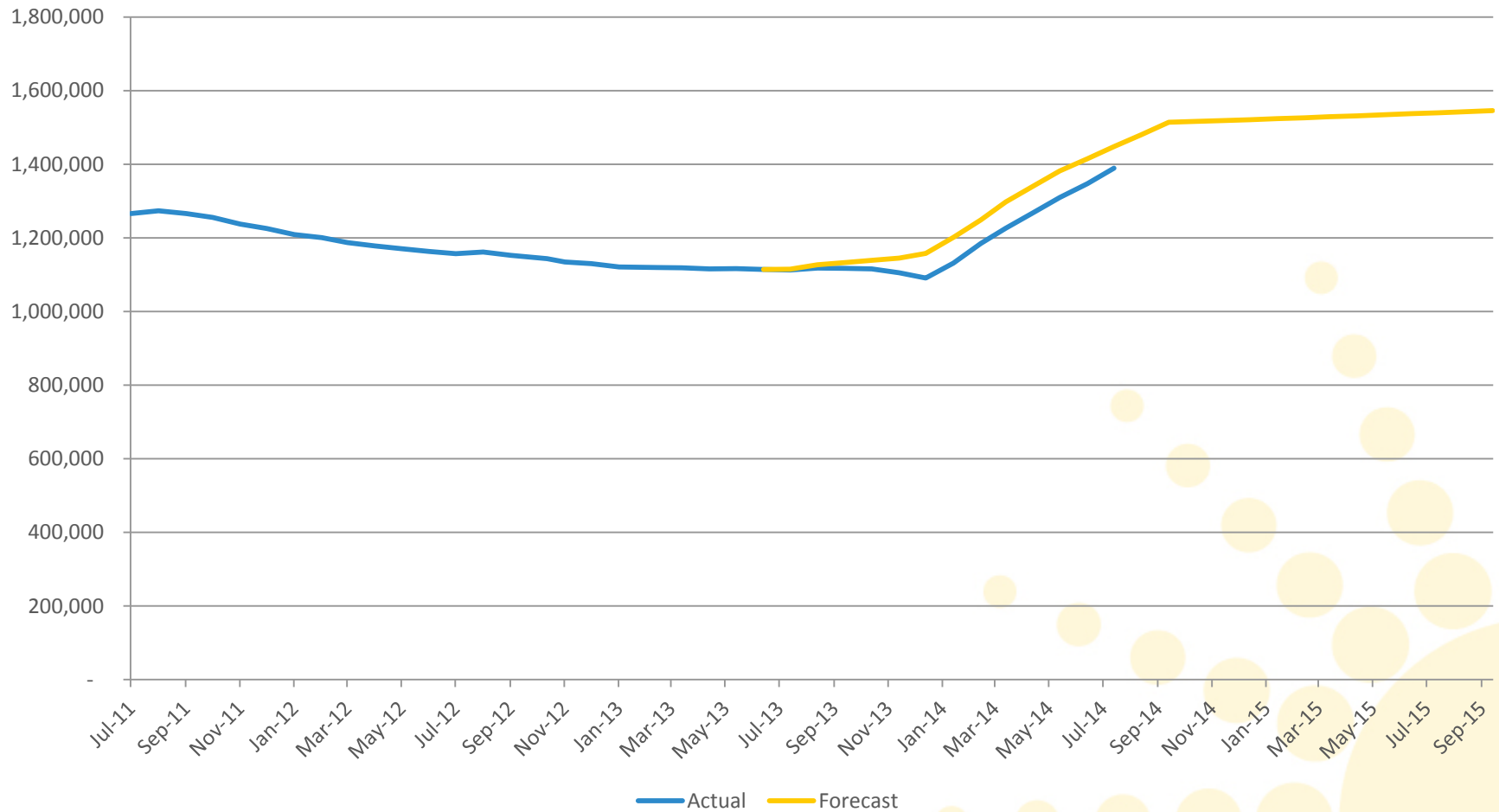
AHCCCS Adult Expansion



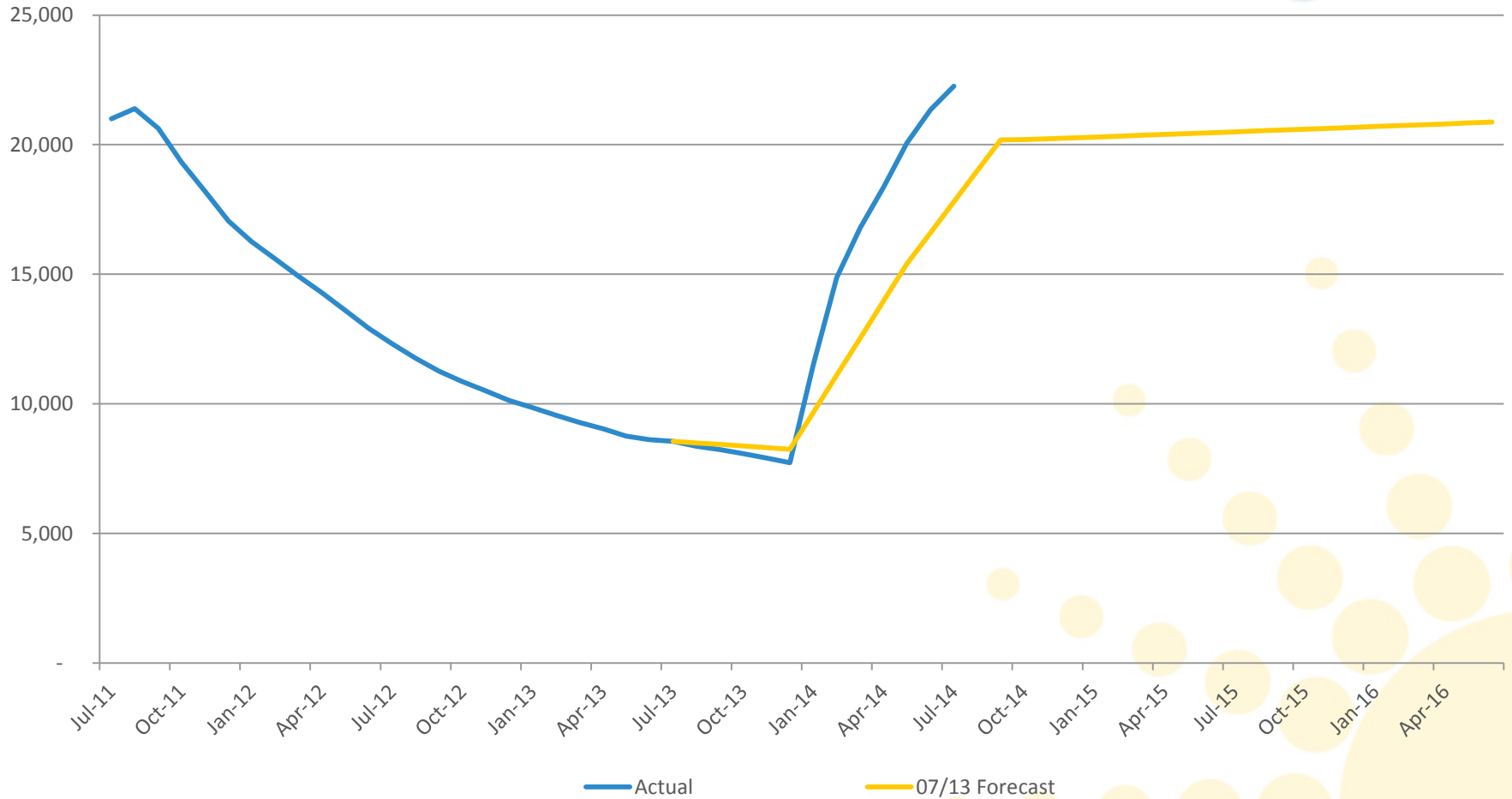
AHCCCS Traditional Families



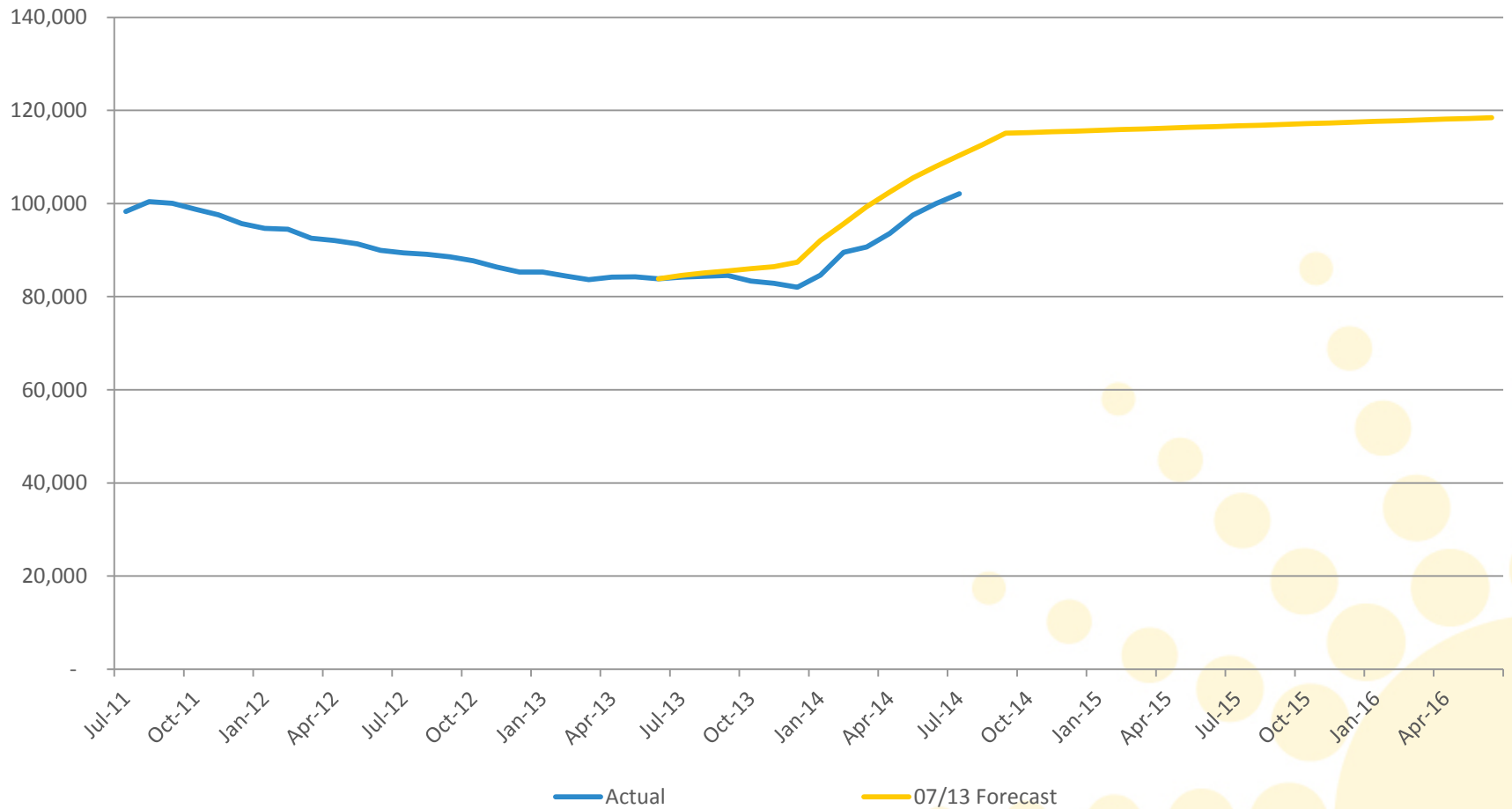
Total AHCCCS Acute



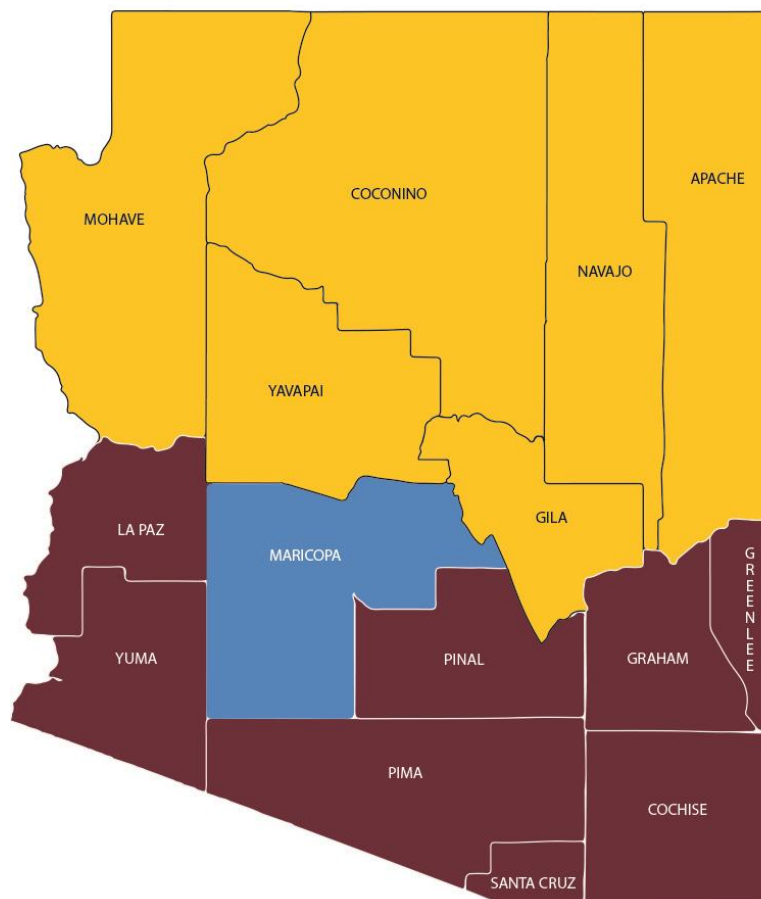
AIHP – Adults Restored Coverage



AIHP Enrollment



DHS Procurements



North includes San Carlos Apache Tribe in Graham county with zip codes 85530 and 85550

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

DHS Greater AZ Guidance

1. Serious Mental Illness (SMI) Eligibility Determination will not be a Regional Behavioral Health Authority (RBHA) function.
2. GMH/SA Duals will have behavioral health services integrated into AHCCCS acute plans.
3. The Greater Arizona RFP will include integration of behavioral and physical health for the SMI population similar to the Geographical Service Area (GSA) 6 Contract.
4. The preferred GSA model will be a north/south split. The north/south split is contingent upon a waiver being granted by the Centers for Medicare and Medicaid Services (CMS) concerning choice of plans for acute care. If a waiver is not granted the GSA model will provide for member choice within the defined GSA(s).

DHS Greater AZ Guidance Cont.

5. It is the intent of the ADHS to make every attempt to align GSA's so that tribal nations will be kept whole in the assignment to a RB
6. Delivery of Crisis Services within Greater Arizona is dependent upon the CMS waiver determination. If a waiver is granted the crisis system will be the responsibility of each individual RBHA awarded a contract. If a waiver is not granted the RBHAs that are awarded contracts may be required to jointly create and manage a crisis system through a joint governance agreement as delineated within the RFP.
7. A RBHA will not be allowed to be awarded or hold a contract in more than one (1) GSA. For the purposes of this section a RBHA includes any entity holding a substantial financial, operational or organizational attachment to another entity operating as a RBHA within Arizona
8. Decisions around Dual Eligible-Special Needs Plan D-SNP. See Attachment

SIM Overview

- CMS established State Innovation Model (SIM) Initiative for multi-payer efforts around payment reform and health system transformation.
- Goal is to achieve statewide transformation for the preponderance of care delivered within the state and:
 - Improve health
 - Transform delivery system
 - Lower costs

Arizona SIM Vision

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 Strategies

Strategy	Funding
Implement SHIP strategies to accelerate transformation	\$ 5 million
Accelerate use of HIT/HIE in delivery system – BH emphasis	\$ 10 m
Competitive grants to large provider systems that partner with community based behavioral health providers	\$20 m
Workforce initiatives – training and best practices	\$7.5 m
EMS Partnerships for ED diversion	\$2 m
Accelerate care coordination for high need adults	\$6 m
QHP/Medicaid Care Coordination transition	\$2 m
Enhance and expand American Indian care coordination	\$3 m
Fund 4 regional care coordination models	\$10 m
American Indian Health Plan member education	\$1 m
Justice System Care Coordination	\$5 m
Value Based Payment Modernization	\$5 m

