



# AHCCCS Tribal Consultation

January 20, 2016

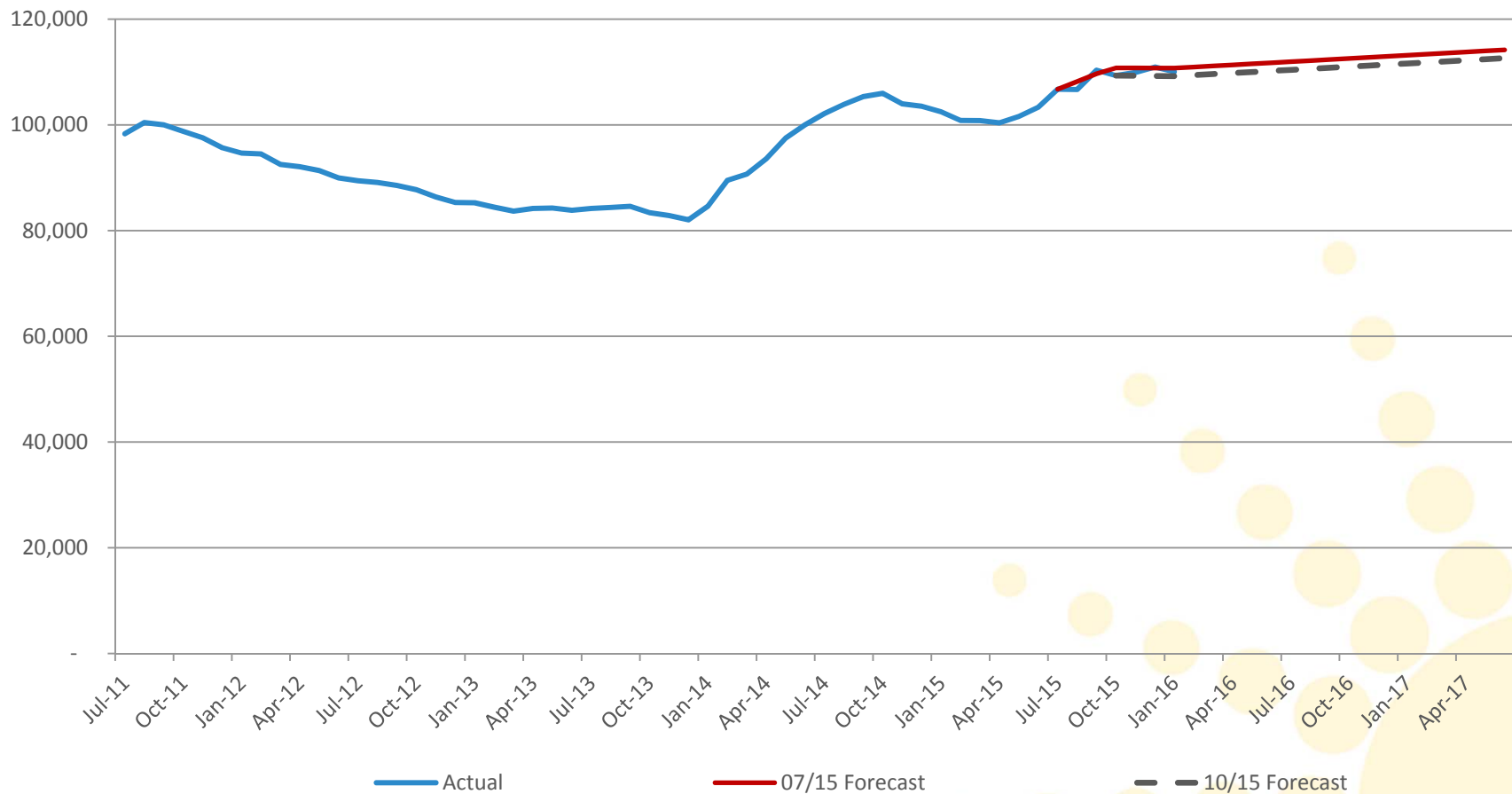


# Topics

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- Enrollment
- Budget
- Delivery System Reform Incentive Payment (DSRIP)
- Access Regulatory Requirement
- Value Based Purchasing (VBP)

# AIHP Combined Population



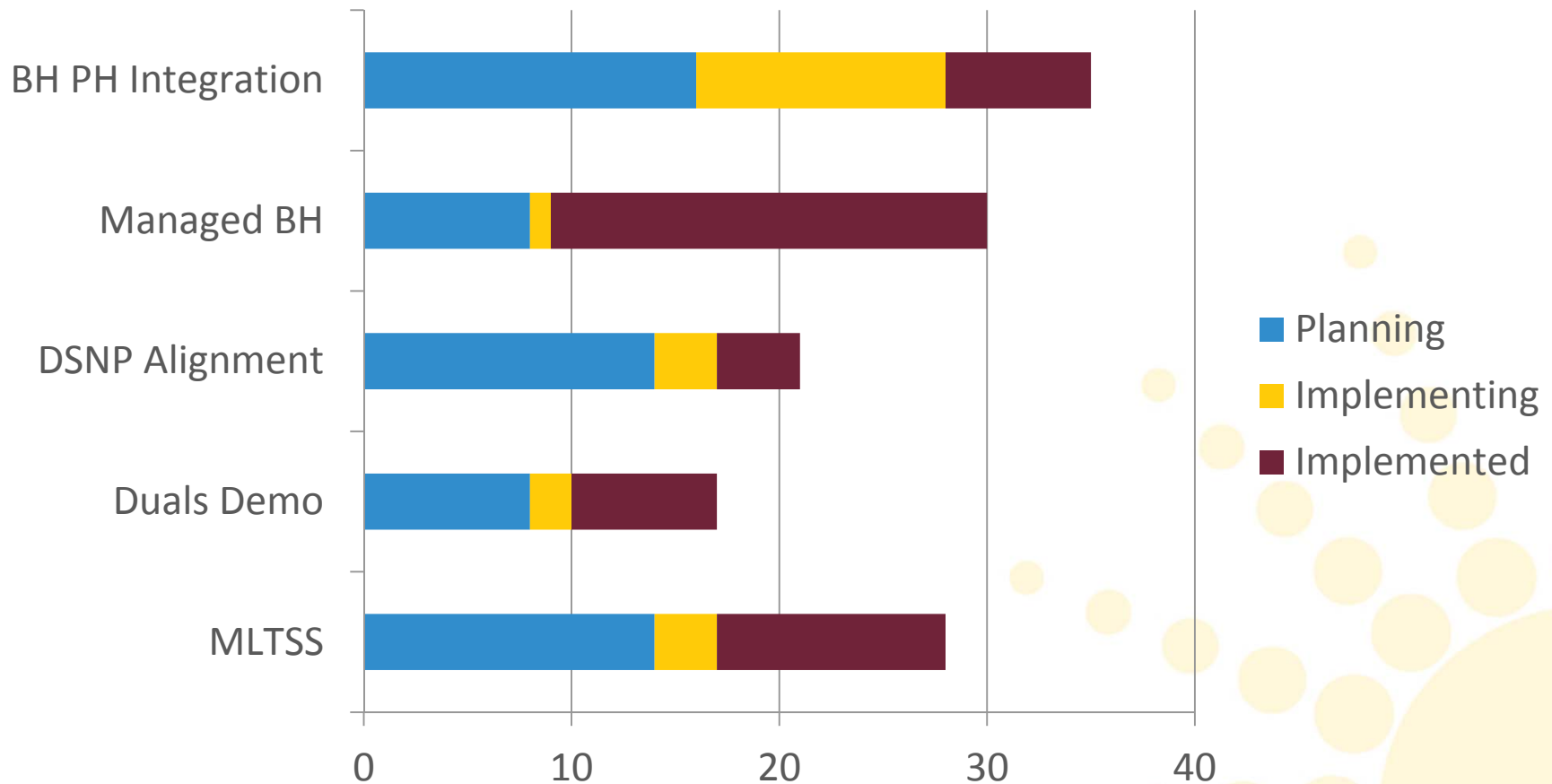
# Governor Ducey's Budget

- 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

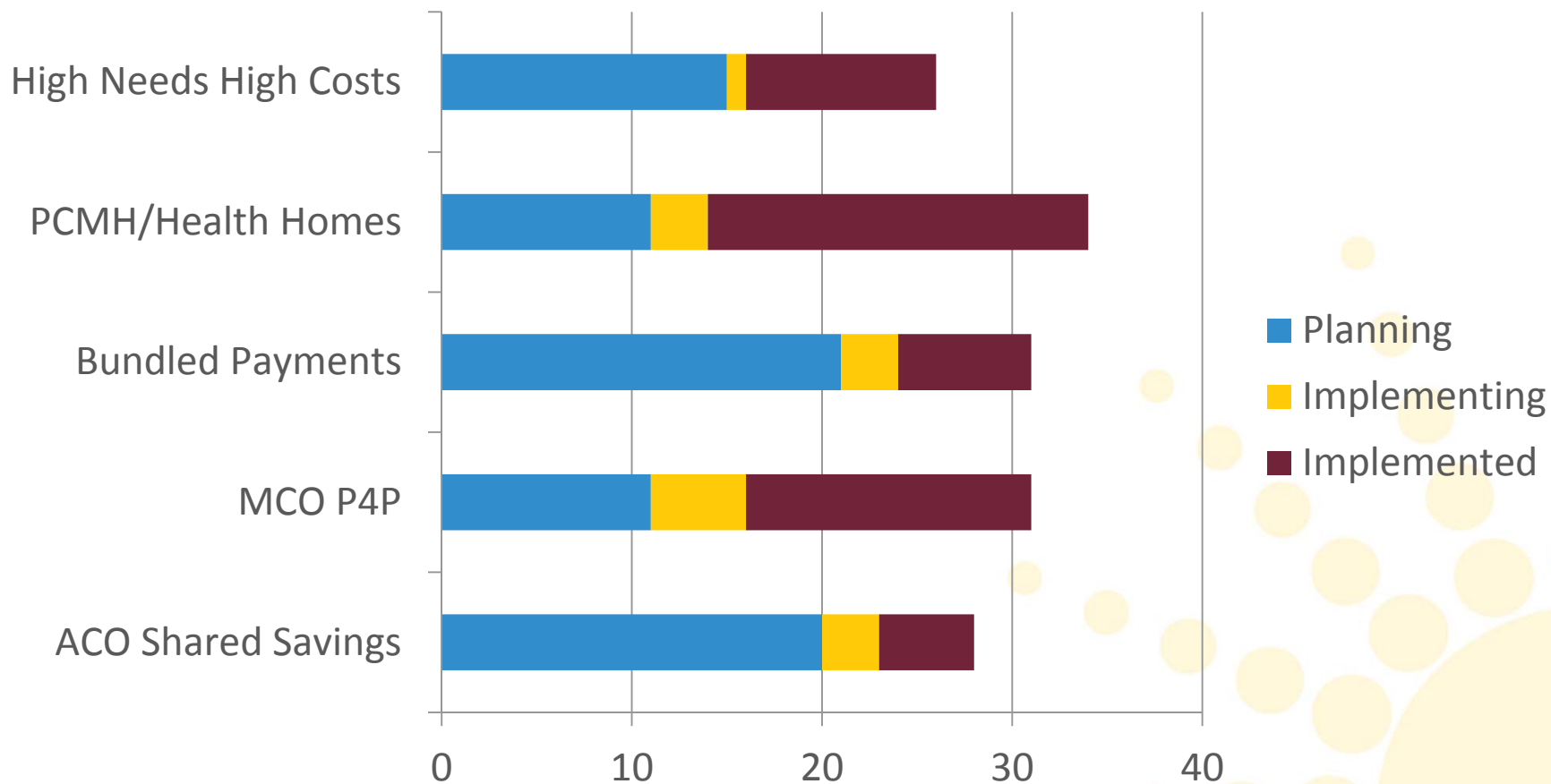
# Legislative Baseline Budget

- 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

# Delivery System Initiatives



# Delivery System Reforms



## 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/DSRIP Strategies

- 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

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

# SIM Measures

- Population Health
  - Obesity – Since 1993 AZ has had largest increase
  - Substance Abuse – prescription drug deaths – 141% increase from 2006 to 2010
  - Diabetes – rate grown from 7.5% in 2005 to 9.1% in 2010 – American Indians 4 times more likely to die than non-American Indian pop
  - Recidivism

# CMS Access to Care Rule

- 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

- 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

# Value Based Purchasing

*AHCCCS: A model which aligns payment more directly to the quality and efficiency of care provided by rewarding providers for measured performance across the dimensions of quality*

*CHCS: Broad set of payment strategies that link financial incentives to providers' performance on a set of defined measures of quality and/or cost or resource use*

## VBP Rate Differential (ctd.)

- Hospitals must meet both criteria for a 0.5% increase in payments
  - Participation in Network by June 1, 2016
    - Executed agreement AND
    - Submission of data including ADT
  - Meet Meaningful Use 2 for 2015
- NFs must meet or exceed June 2016 state Medicare average for pneumococcal vaccine to get 1% increase in payments