



**PLANNING THE FUTURE OF
INTEGRATED HEALTHCARE**

Request for Proposal (RFP)

Integrated Contractors for AHCCCS Acute and CRS Program

In February 2017...

- **5** community forums
- **21** formal responses received
- Community engagement & communication will continue throughout implementation

How We Will Communicate

- Collect 2-way feedback from key stakeholders
 - AHCCCS-enrolled members, family members, tribal nations, local/regional government partners, and justice system
- **Recommendations or opportunities?**

AHCCCS RFP Resource Page

Posting information and resources include:

- Schedule of Community Forum Events;
- The Request for Information (RFI) Released in January 2017;
- Solicitation Amendment 1 – Responses to Submitted Questions;
- Appendix - Service Utilization Data; *and*
- Forum Presentations.
- <https://www.azahcccs.gov/AHCCCS/Initiatives/CareCoordination/2018IntegratedContractors>

Integrated Contractor Request For Information (RFI) Timeline

Activity	Target Date
Released Request for Information (RFI)	January 23, 2017
Deadline for RFI Questions	February 6, 2017
RFI Responses Due	February 27, 2017

Note: *Dates are subject to change*

Integrated Contractor Anticipated Procurement Timeline

Activity	Target Date
Issue Request for Proposal	November 1, 2017
Prospective Offerors' Conference and Technical Interface Meeting	November 8, 2017
Proposals Due	January 25, 2018
Contracts Awarded	By March 8, 2018
Transition Activities Begin	March 9, 2018
Contract Start	October 1, 2018

Note: *Dates are subject to change*

Integrated Contractor RFI

- RFI puts forth for consideration:

Integration of physical and behavioral health for individuals enrolled in an “acute care plan” (other than CMDP) or CRS who are not currently integrated.... Also examines:

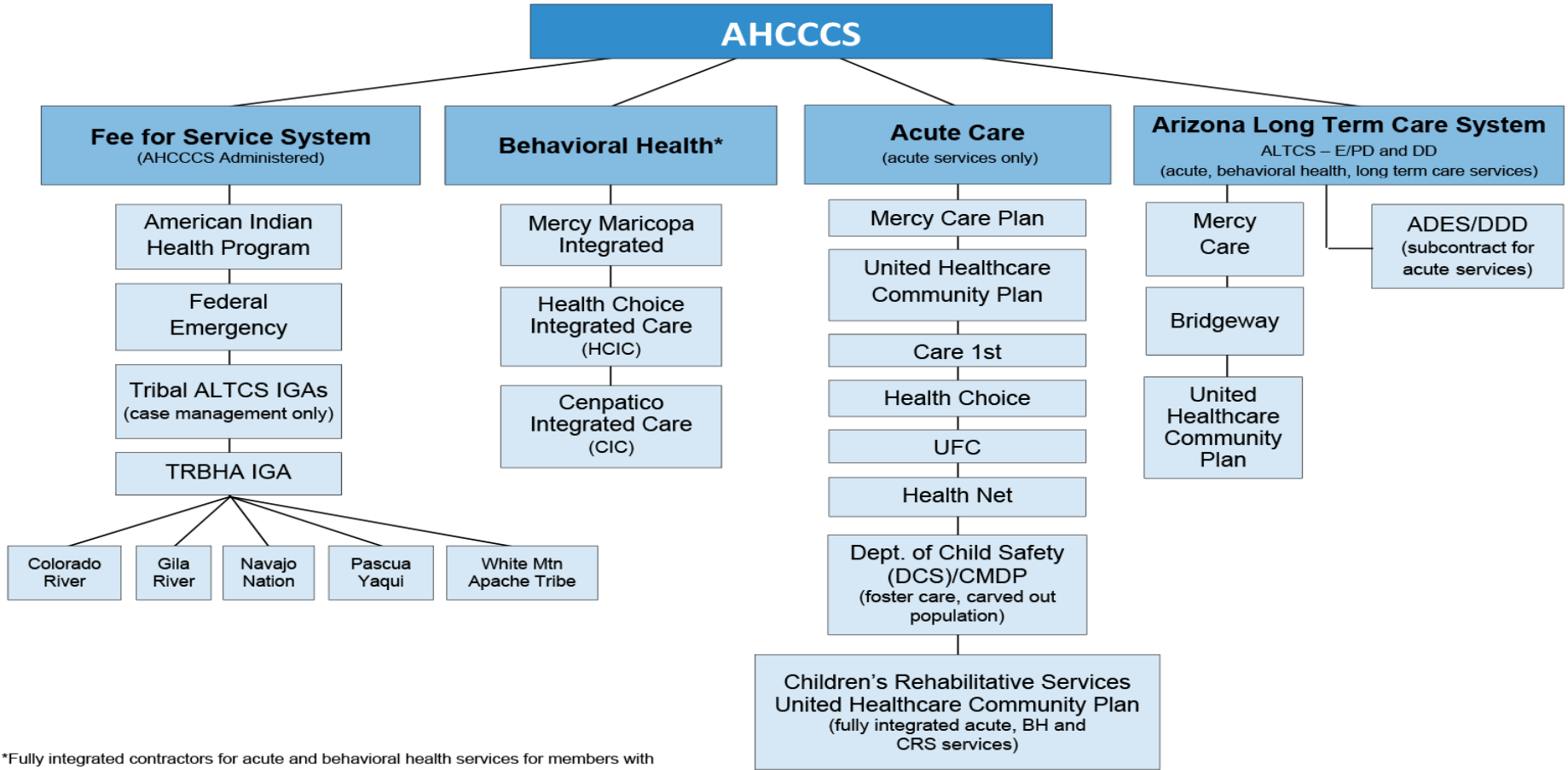
- Crisis services currently provided by RBHAs
- Grant funded services - TBD

Current AHCCCS Program Overview



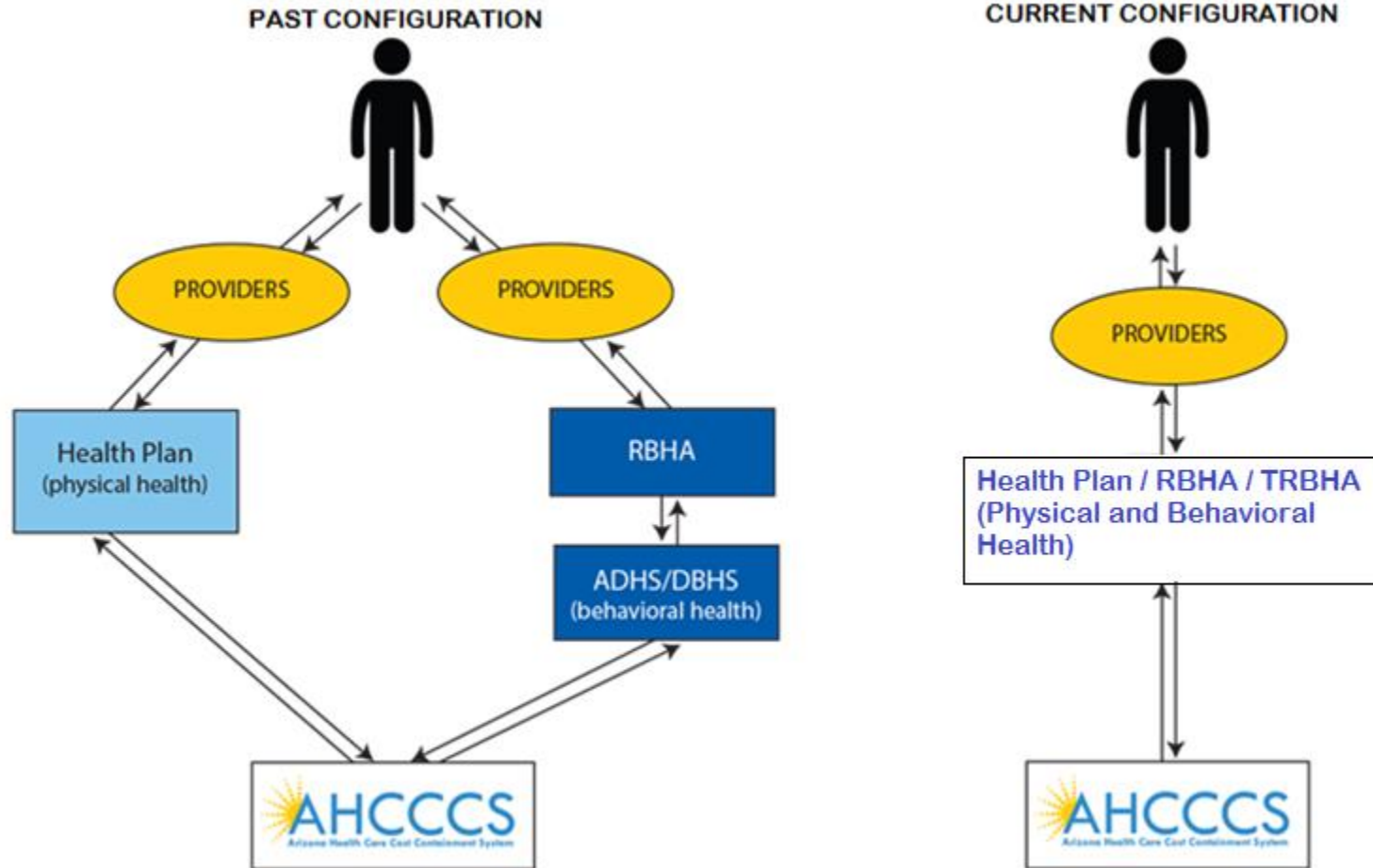


Care Delivery System



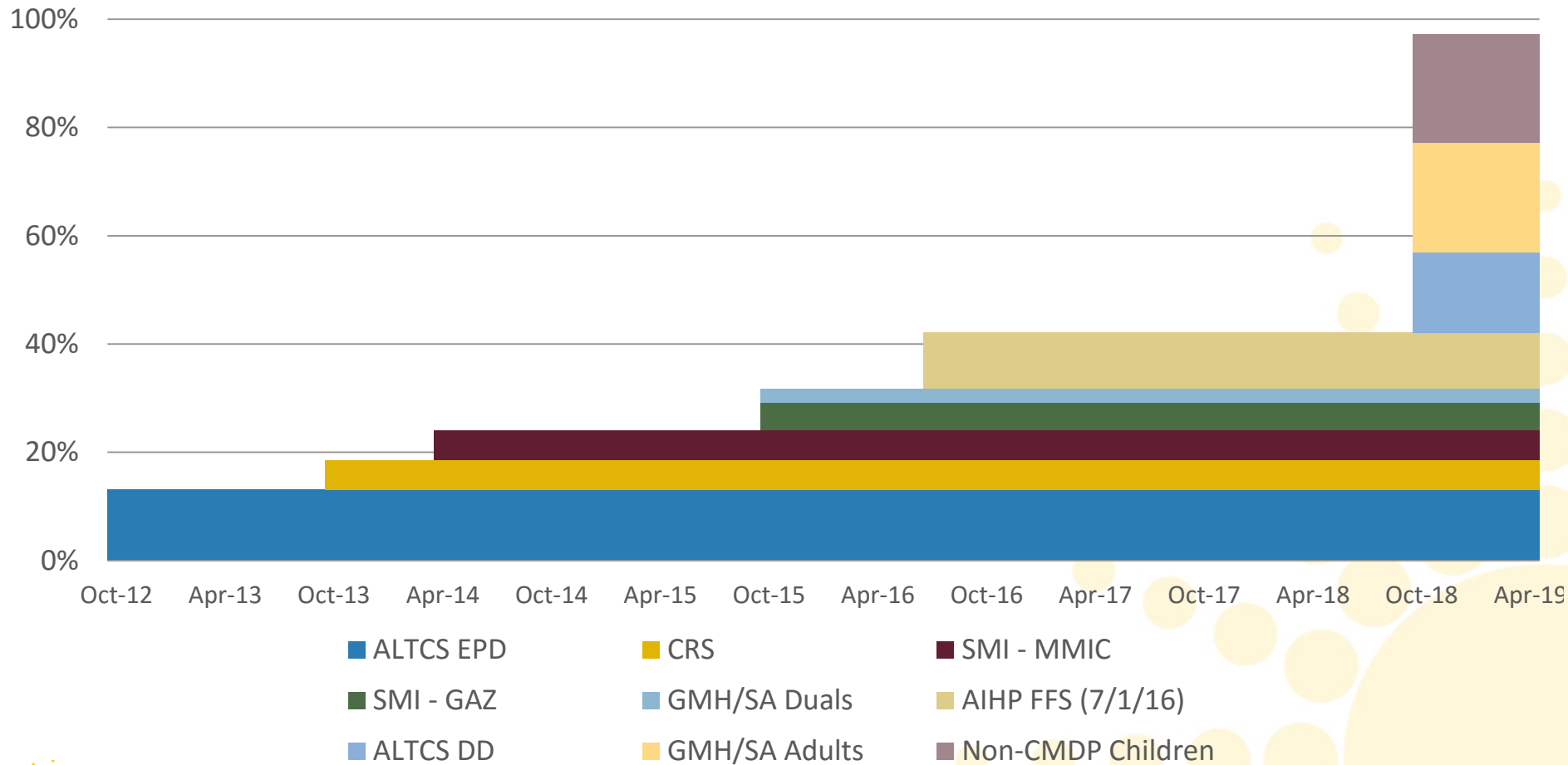
*Fully integrated contractors for acute and behavioral health services for members with serious mental illness (SMI) and carved out behavioral health services for Acute Care/DD adults with general mental health and substance abuse needs (GMH/SA) and children.

Vision - Integration at all 3 Levels

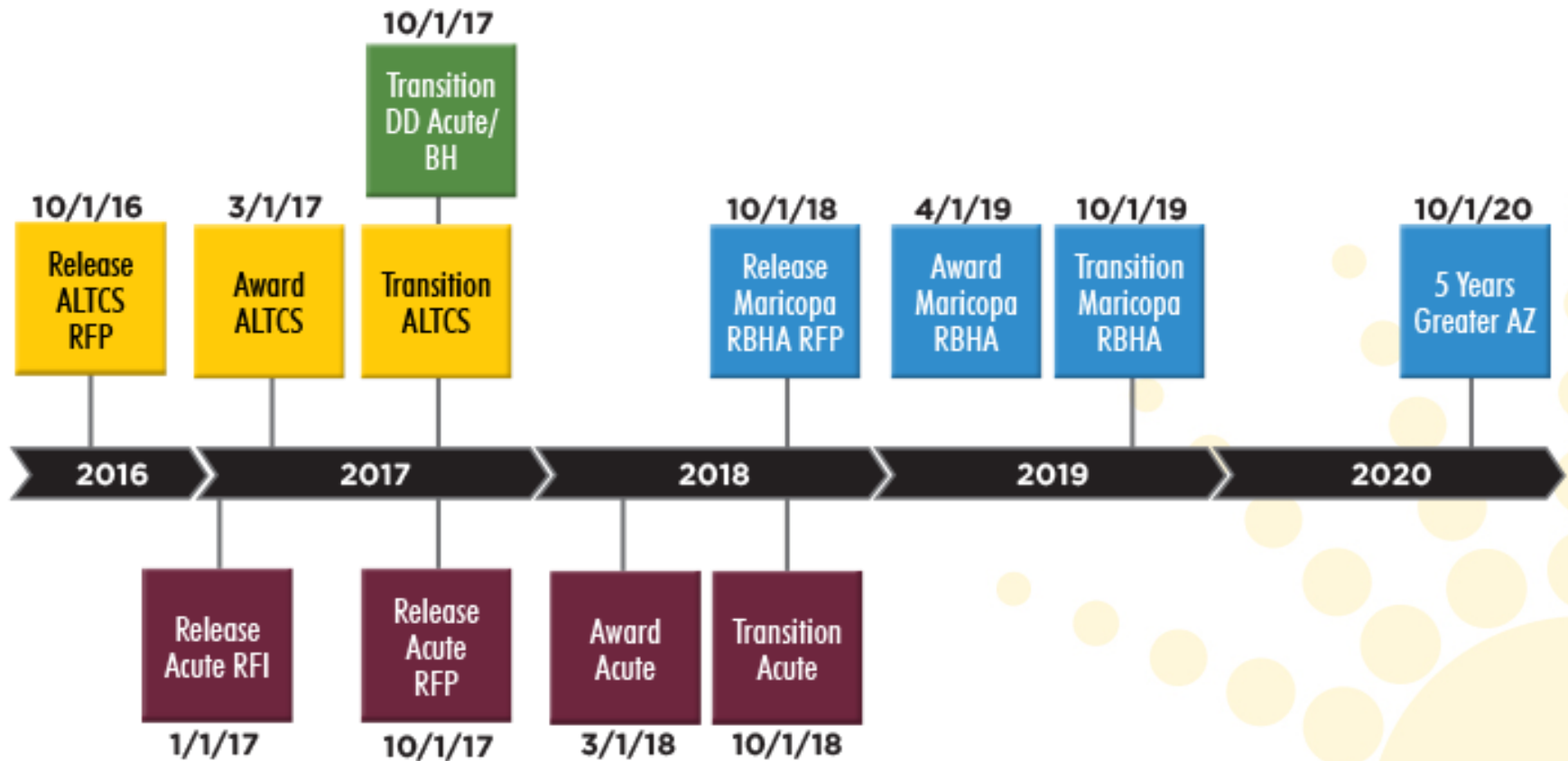


Reaching across Arizona to provide comprehensive quality health care for those in need

Integration Efforts



AHCCCS Contract Timeline



Potential Impact on AI Members

- Integrated choices within fee-for-service and managed care;
- CRS Services; *and*
- Autism Spectrum Disorder (ASD) Services.

Geographic Service Area - Composition

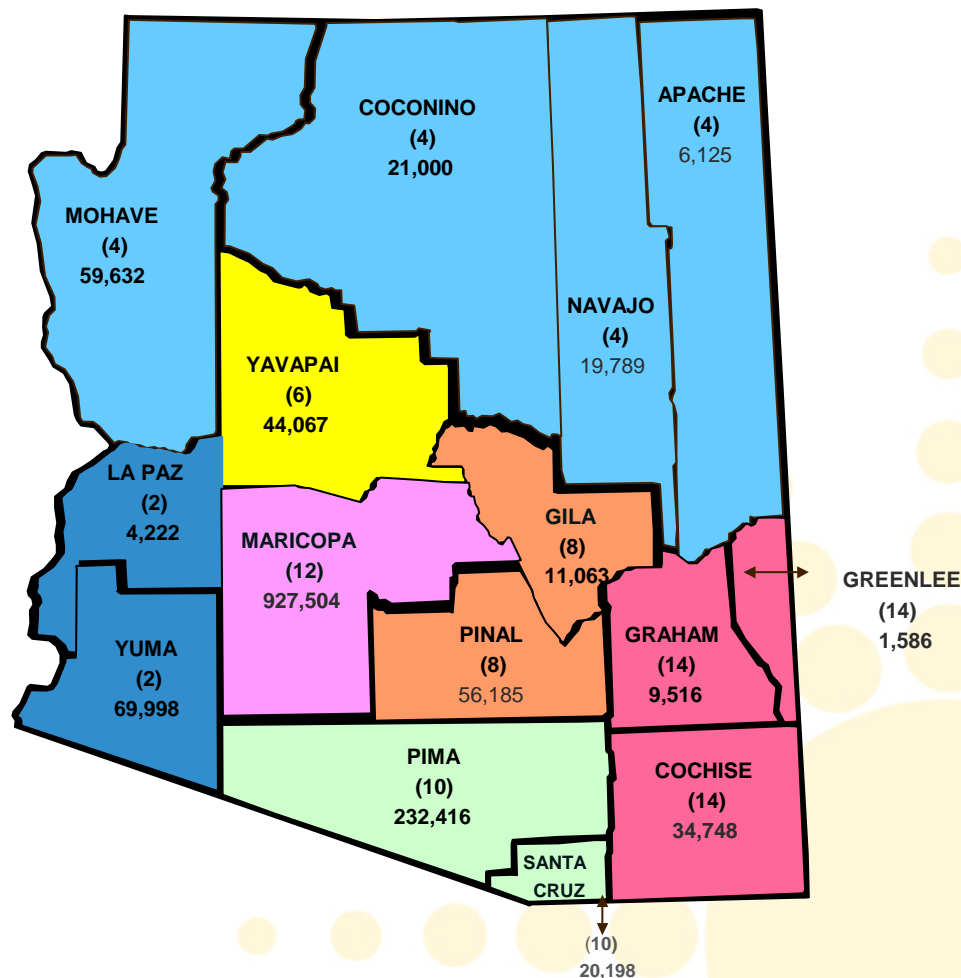
- Current “acute” contractor areas have been in place for years
- These do not align with the RBHA or ALTCS areas
- Should the GSA composition change? Consider:
 - Access to care
 - Network sufficiency
 - Rural and Urban areas
 - Cultural factors
 - Member placement
 - MCO financial viability
 - Capitation rate credibility

Acute Geographic Service Areas

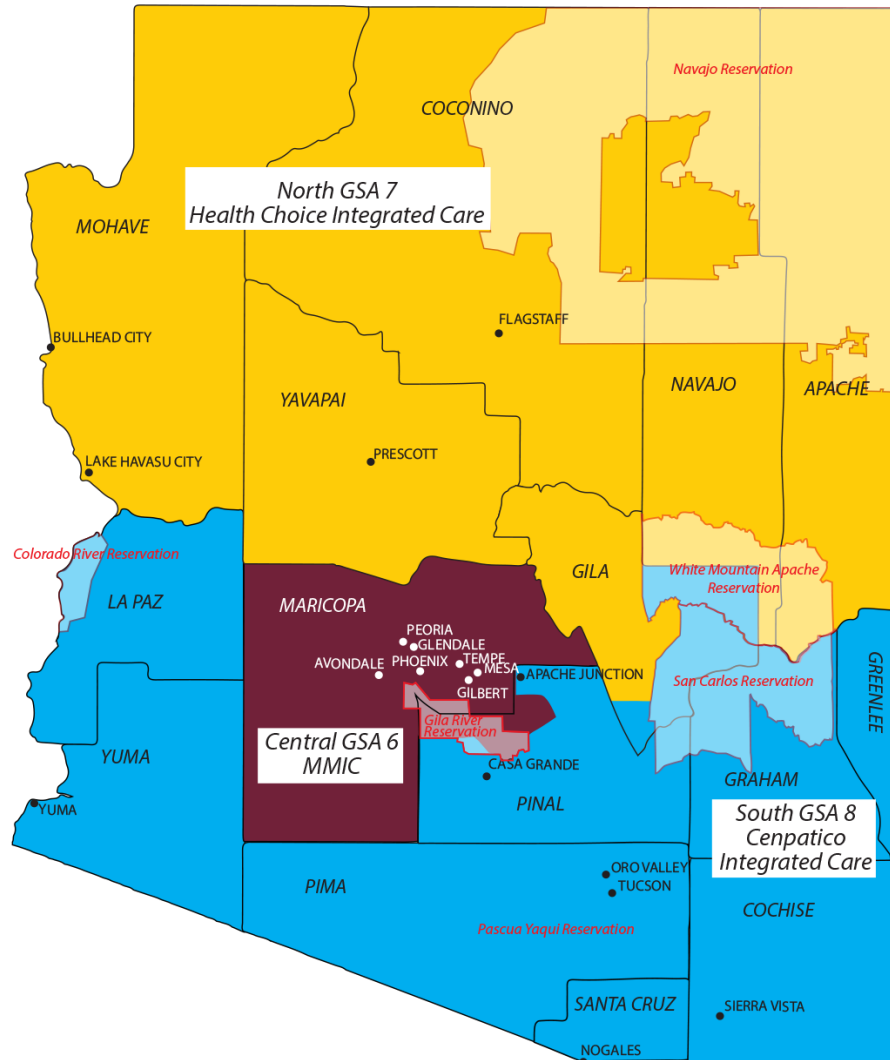
Acute Enrollment As of January 1, 2017

GSA Number Acute Health Plan Enrollment

2	75,562	UHC, UFC
4	110,968	UHC, HCA
6	46,463	UHC, UFC
8	69,443	HCA, UFC
10	266,933	UHC, HCA, UFC, Care1st, MCP
12	927,504	UHC, Care 1 st , HCA, MHP, MCP, PHP, HNA
14	46,914	UHC, UFC

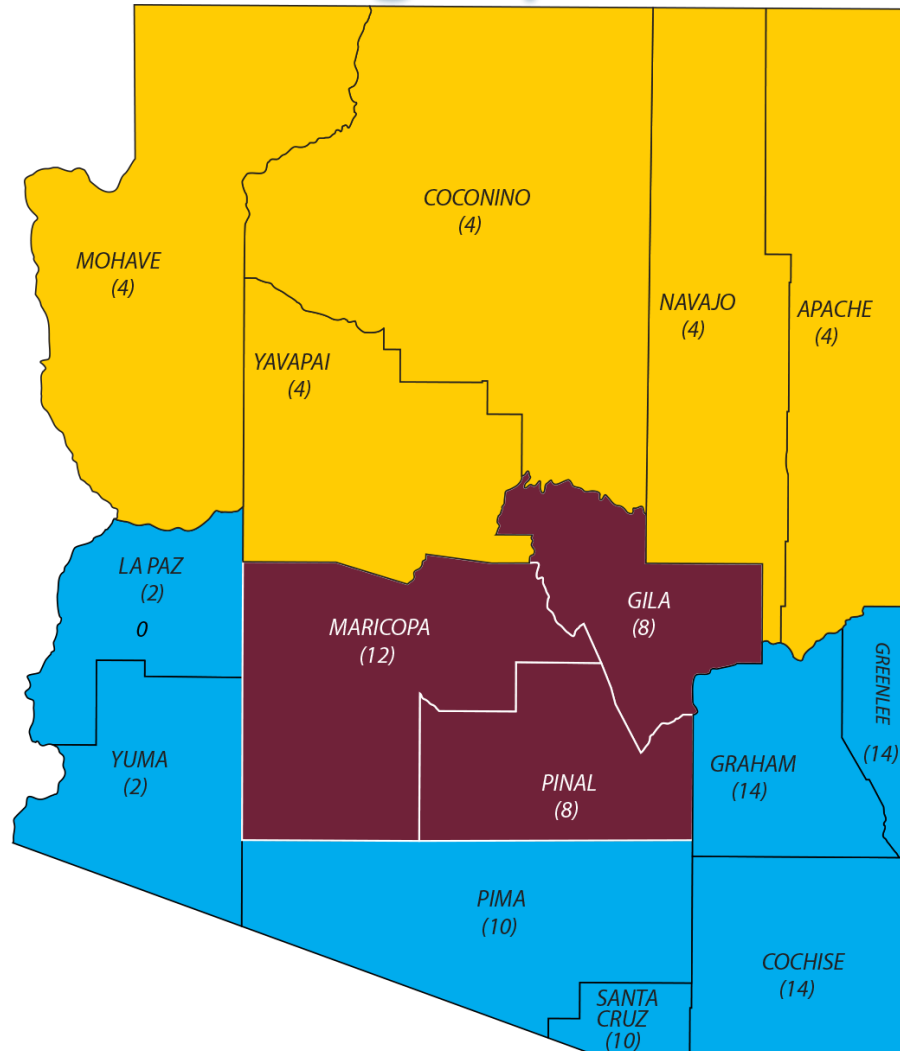


Current RBHA GSAs



ALTCS-EPD Geographic Service Areas

Contemplated
Acute GSA
Structure



We want your feedback on...

- Crisis System
 - Statewide crisis vendor for system coordination;
 - Single statewide crisis line vendor; *and/or*
 - Single statewide crisis phone number.
- CRS
 - Designation
 - MSICs

Next Steps & Questions

- Post updates to the AHCCCS website
- Do you want AHCCCS to offer RFP presentations to tribal members?
- Should we produce an FAQ for American Indians?
- Other thoughts?
- **Thank you!**