



AHCCCS Update

Contractor Meeting

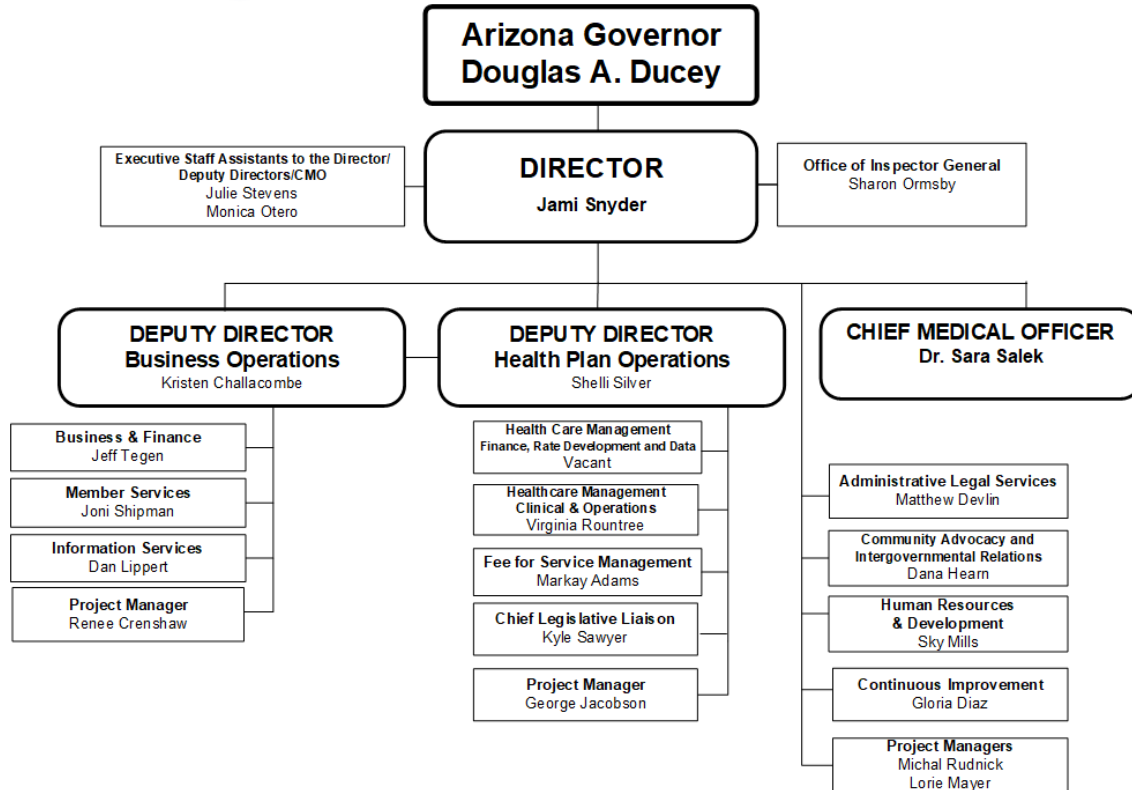
March 28, 2019



Organizational Structure



AHCCCS Organizational Structure

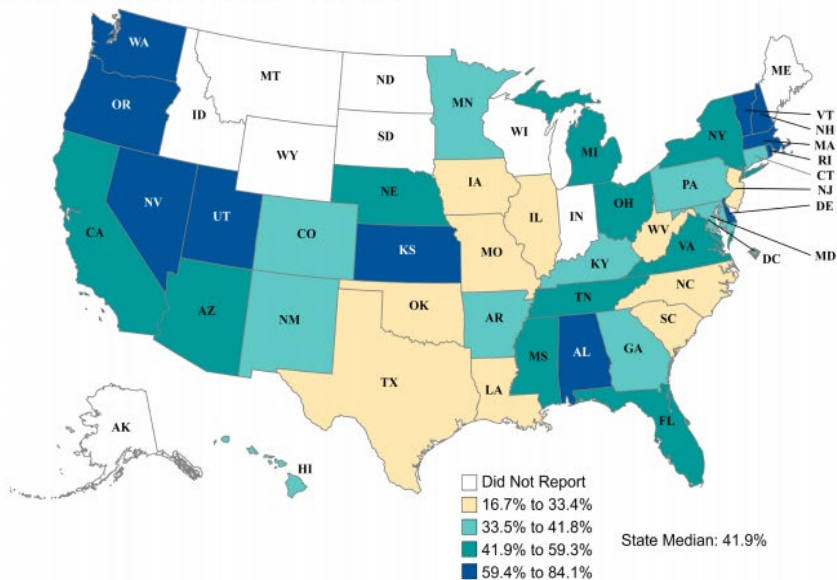


Quality Strategy Initiative



Promote Effective Communication & Coordination of Care

Geographic Variation in the Percentage of Adults* Hospitalized for Treatment of Mental Illness Receiving a Follow-Up Visit within 7 Days of Discharge, FFY 2017 (n = 42 states)

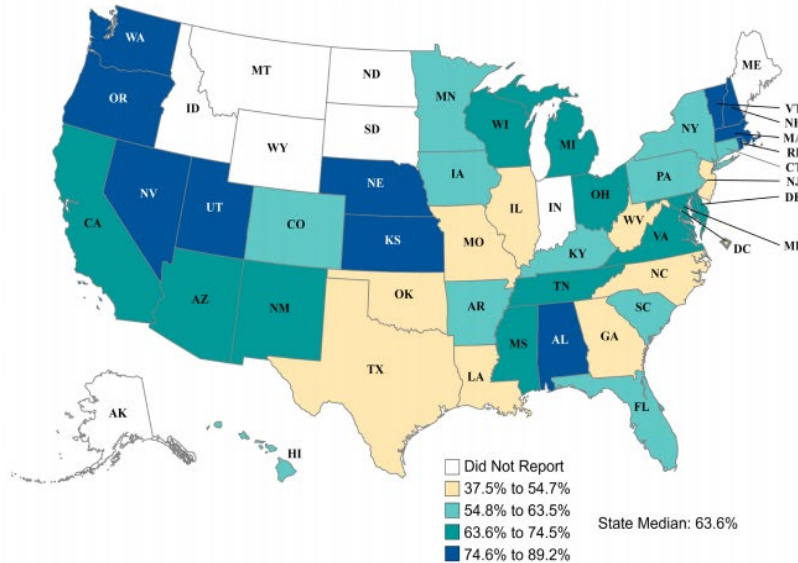


Source: Mathematica analysis of MACPro reports for the FFY 2017 reporting cycle.

*Data displayed in this chart include adults ages 21 to 64 for 27 states, age 21 and older for 2 states, age 6 and older for 12 states, and ages 6 to 64 for 1 state.

Promote Effective Communication & Coordination of Care

Geographic Variation in the Percentage of Adults* Hospitalized for Treatment of Mental Illness Receiving a Follow-Up Visit within 30 Days of Discharge, FFY 2017 (n = 43 states)



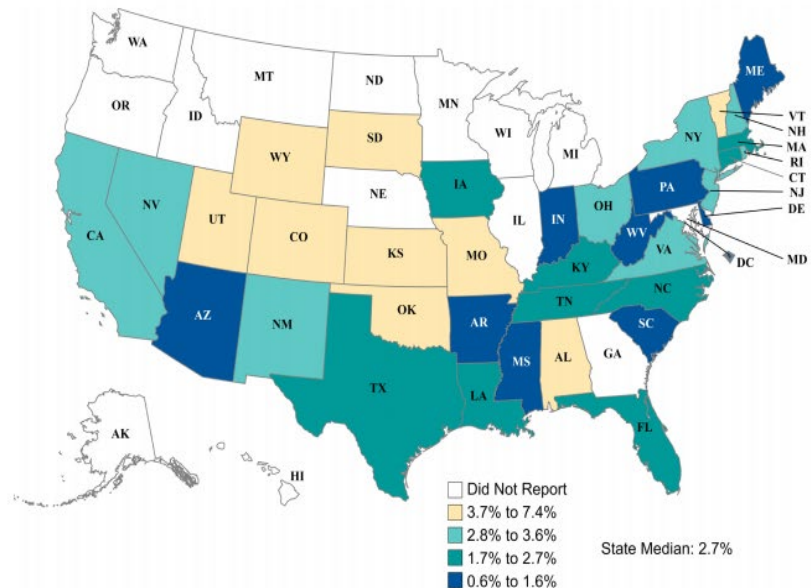
Source: Mathematica analysis of MACPro reports for the FFY 2017 reporting cycle.

*Data displayed in this chart include adults ages 21 to 64 for 27 states, age 21 and older for 2 states, age 6 and older for 13 states, and ages 6 to 64 for 1 state.



Make Care Safer by Reducing Harm Caused in the Delivery of Care

Geographic Variation in the Percentage of Children and Adolescents Ages 1 to 17 who were on Two or More Concurrent Antipsychotic Medications, FFY 2017 (n = 37 states) [Lower rates are better for this measure]

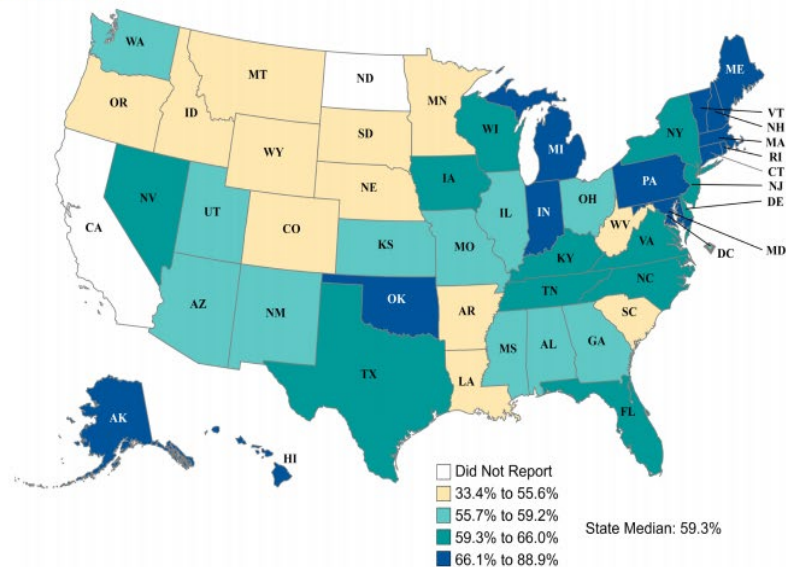


Source: Mathematica analysis of MACPro reports for the FFY 2017 reporting cycle.

Note: When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.

Promote Effective Prevention & Treatment of Chronic Diseases

Geographic Variation in the Percentage of Children Receiving Six or More Well-Child Visits in the First 15 Months of Life, FFY 2017 (n = 49 states)

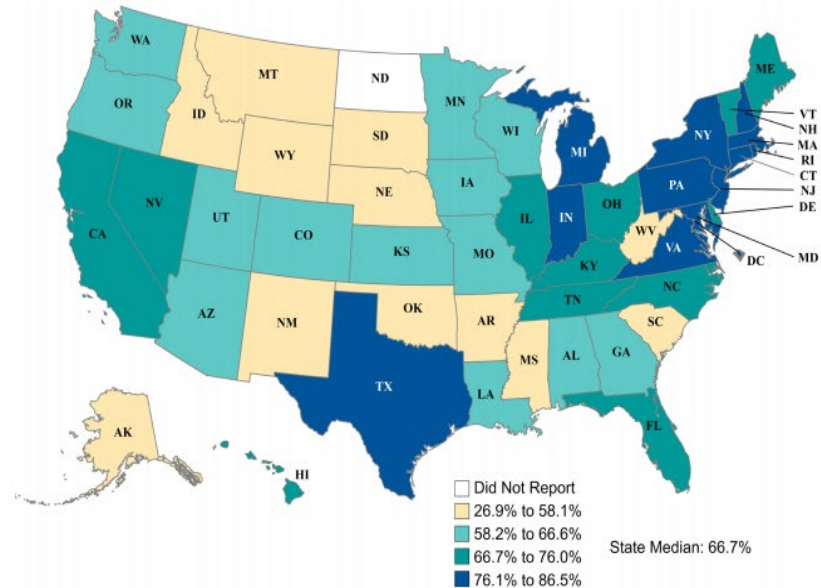


Source: Mathematica analysis of MACPro reports for the FFY 2017 reporting cycle.

Note: When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.

Promote Effective Prevention & Treatment of Chronic Diseases

Geographic Variation in the Percentage of Children Receiving At Least One Well-Child Visit in the Third, Fourth, Fifth, and Sixth Years of Life, FFY 2017 (n = 50 states)



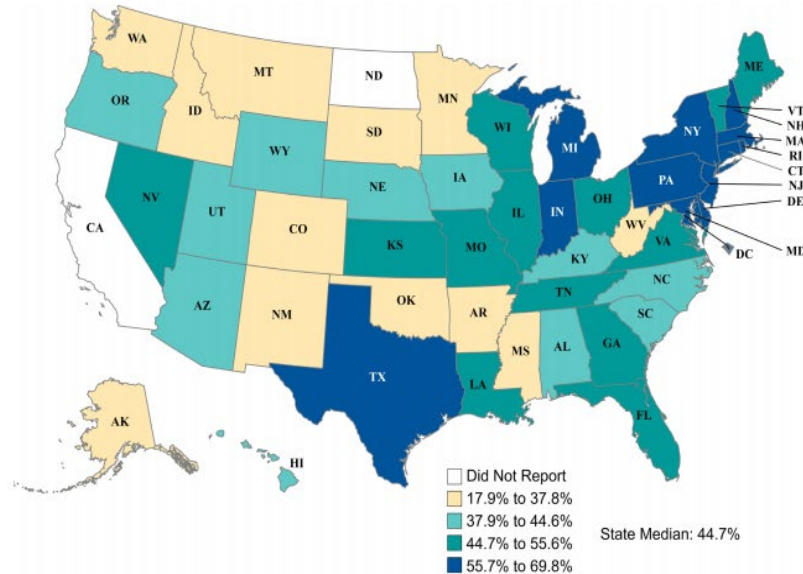
Source: Mathematica analysis of MACPro reports for the FFY 2017 reporting cycle.

Note: When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.



Promote Effective Prevention & Treatment of Chronic Diseases

Geographic Variation in the Percentage of Adolescents Ages 12 to 21 Receiving At Least One Well-Care Visit, FFY 2017
(n = 49 states)



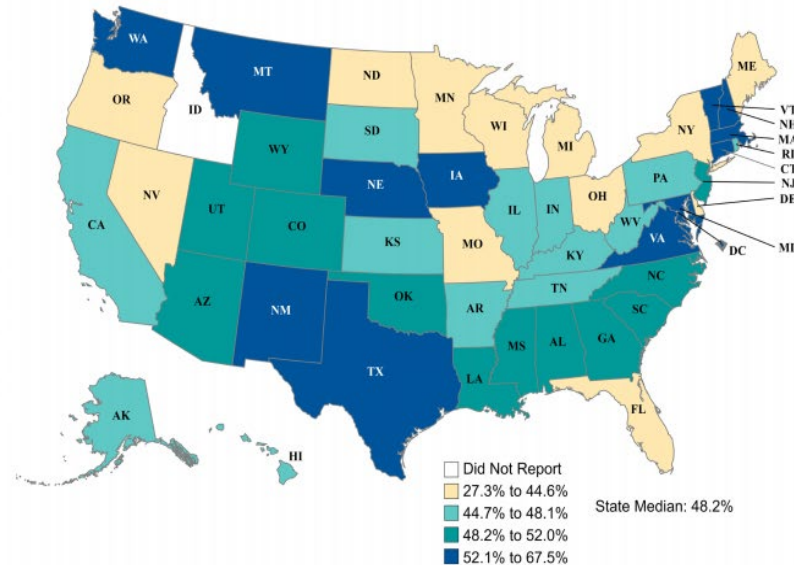
Source: Mathematica analysis of MACPro reports for the FFY 2017 reporting cycle.

Note: When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.



Promote Effective Prevention & Treatment of Chronic Diseases

Geographic Variation in the Percentage of Eligibles Ages 1 to 20 who Received Preventive Dental Services, FFY 2017
(n = 50 states)

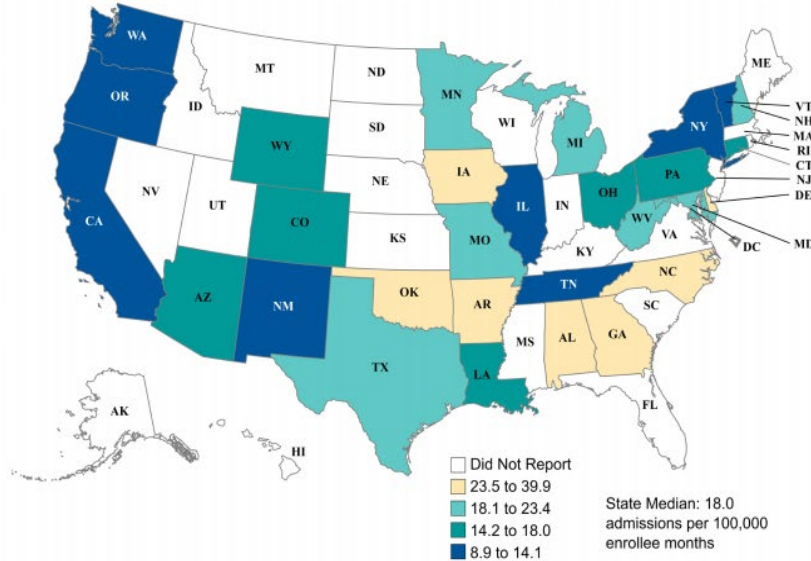


Source: Mathematica analysis of Form CMS-416 reports (annual EPSDT report), Lines 1b and 12b, for the FFY 2017 reporting cycle.

Note: This chart excludes Idaho, which reported the measure but did not use Child Core Set specifications.

Make Care Affordable

Geographic Variation in the Number of Inpatient Hospital Admissions for Diabetes Short-Term Complications per 100,000 Enrollee Months for Adults,* FFY 2017 (n = 29 states) [Lower rates are better for this measure]



Source: Mathematica analysis of MACPro reports for the FFY 2017 reporting cycle.

*Data displayed in this chart include adults ages 18 to 64 for 28 states and age 18 and older for 1 state.

Quality Strategy Initiative - Purpose

- Respond to heightened attention
- Develop a strategic framework for our quality efforts in order to drive meaningful change and quality improvement
- Align work in quality arena with corresponding efforts around payment reform, waiver evaluation, etc.
- Strengthen our commitment to consistency with national standards, expectations

Quality Strategy Initiative – Next Steps

- Dr. Salek is spearheading this effort with SMEs across AHCCCS, including representation from ISD, DHCM, DFSM, and OOD
- Input from external stakeholders will be critical to finalization of a comprehensive quality strategy
- Next Medical Directors meeting will be dedicated to soliciting feedback on AHCCCS' quality strategy
- AHCCCS will also rely upon input from the Arizona Health Plan Association

Project H2: Healthcare and Housing



Project H2: Healthcare and Housing

Goal: Reduce homelessness in downtown Phoenix by 80% by 2021

- Team Partners: AHCCCS, Mercy Care, ACC Plans, CBI, Maricopa County Housing Authority, Tempe Housing Authority, Phoenix Housing Department, Maricopa Association of Governments and Single's Coordinated Entry System
- Approach: Braiding several funding sources to create a pool of flexible housing subsidy dollars
- Mercy Care spearheading operational efforts
- Public Housing Authorities (PHAs) committing 100 subsidies in total
- Members will have the option to choose where they want to live based on PHA's area of coverage



Project H2: Healthcare and Housing

- AHCCCS through Mercy Care will fund the first 12-24 months of rental assistance as needed
- Project H2 will house 100 unsheltered homeless in downtown Phoenix area from January – December 2019
- CBI providing the initial housing navigation support
- This pilot aligns with Housing First and will connect members to services based on clinical recommendation
- For GMH/SU members, ongoing services will be provided through the appropriate health plan

Timeline

- **January 2019**
 - Initial roster of members within the target area identified and served using a hybrid eligibility schema inclusive of standard coordinated entry elements, along with behavioral and physical health elements
 - Status: 50 individuals identified as of 02/06/19
- **February and ongoing**
 - Begin referrals to services and housing
 - 20 referrals made to date
 - Initiate issuance of subsidies
- **April-September 2019**
 - Lease up of all available subsidies (100 members successfully housed)
- **October 2019-December 2020**
 - Stabilize pilot population and begin transitioning to permanent Housing Choice Vouchers through Public Housing Authorities (as applicable)

Maricopa County SMI Integration Evaluation



Arizona's Medicaid Integration Goals

**Reduce
Fragmentation of
Care**

**Effectively
Manage
Utilization**

**Improve Access to
Care**

**Improve Member
Experience &
Health Outcomes**

Independent Evaluation Overview

- Special Terms and Conditions (STCs) of Arizona's 1115 Waiver required an independent evaluation of the SMI integration effort
- AHCCCS contracted with Mercer to conduct the independent evaluation
- Final Evaluation Report was submitted to CMS in November 2018

Methodology: Performance Measures

The difference between pre- and post-integration outcomes were evaluated using a variety of performance measures related to

- Primary care & preventive service utilization
- Emergency room utilization
- Inpatient hospital utilization & readmissions
- Member experience with care

Methodology: SMI Evaluation Timeframe

Pre-Integration Baseline

October 1, 2012 –
March 31, 2014

Post-Integration Period 1

April 1, 2014 –
March 31, 2015

Post-Integration Period 2

April 1, 2015 –
March 31, 2016

Post-integration Period 3

April 1, 2016 –
March 31, 2017

SMI Integration Evaluation Findings

All measures of ambulatory care, preventive care, and chronic disease management demonstrated improvement

- Adult access to preventive/ambulatory health services: **2%**
- Comprehensive Diabetes Care - HbA1c: **4%**
- Medication management for people with Asthma (75% compliance): **35%**

SMI Integration Evaluation Findings

All indicators of patient experience improved, with 5 of the 11 measures exhibiting double digit increases

- Rating of Health Plan: **16%**
- Rating of All Health Care: **12%**
- Rating of Personal Doctor: **10%**
- Shared Decision Making: **61%**
- Coordination of Care: **14%**

SMI Integration Evaluation Findings

Of the 8 hospital-related measures:

- 5 measures showed improvement
 - Emergency Department Utilization rate **declined by 10%**
 - Readmission rate **declined by 13%**
 - 30-day post hospitalization for mental illness follow up rate **increased by 10%**
 - Admissions for short term complications for diabetes **decreased by 6%**
 - Admissions for COPD/Asthma **decreased by 25%**

SMI Integration Evaluation Findings

Of the 8 hospital-related measures:

- 3 measures showed a performance decline.
 - Inpatient utilization rate **increased by over 100%**
 - Rate of admissions for asthma in younger adults **increased by 12%**
 - Congestive heart failure admission rate **increased by 14%**

Questions

