

Supporting better care for foster children and youth: Arizona

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Presentation to the CA Foster Care Model of Care Workgroup

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Who we serve

- 2 million total members (as of August 1, 2020)
 - 1.6 million enrolled in integrated acute physical and behavioral health plans in a program called AHCCCS Complete Care (ACC)
 - 13.4k kids enrolled in acute physical health plan for foster care youth called the Comprehensive Medical and Dental Program (CMDP)
 - All CMDP kids also assigned to a behavioral health plan called a Regional Behavioral Health Authority (RBHA)
 - 66.2k enrolled in integrated long term care physical and behavioral health plans in a program called the Arizona Long Term Care System (ALTCS)
 - 243.4k enrolled in Fee-For-Service (American Indian members with choice and Federal Emergency Services Program)

Description

- AHCCCS is a managed care model and has been since its inception in 1982 (Acute Program - now ACC) and 1989 (ALTCS)
- Now fully integrated managed care model (except CMDP), including physical, behavioral and dental care
 - Previously all Acute/ACC members received physical and dental care from one MCO and behavioral health care from a RBHA
- 3 geographical service areas (GSA) - North, Central, South, with choice of plan in every GSA
 - 2-7 plans depending on GSA awarded via competitive bid
 - Prior RFPs had been awarded for 5 years; last bids for 7 years, and now extended to 9 years

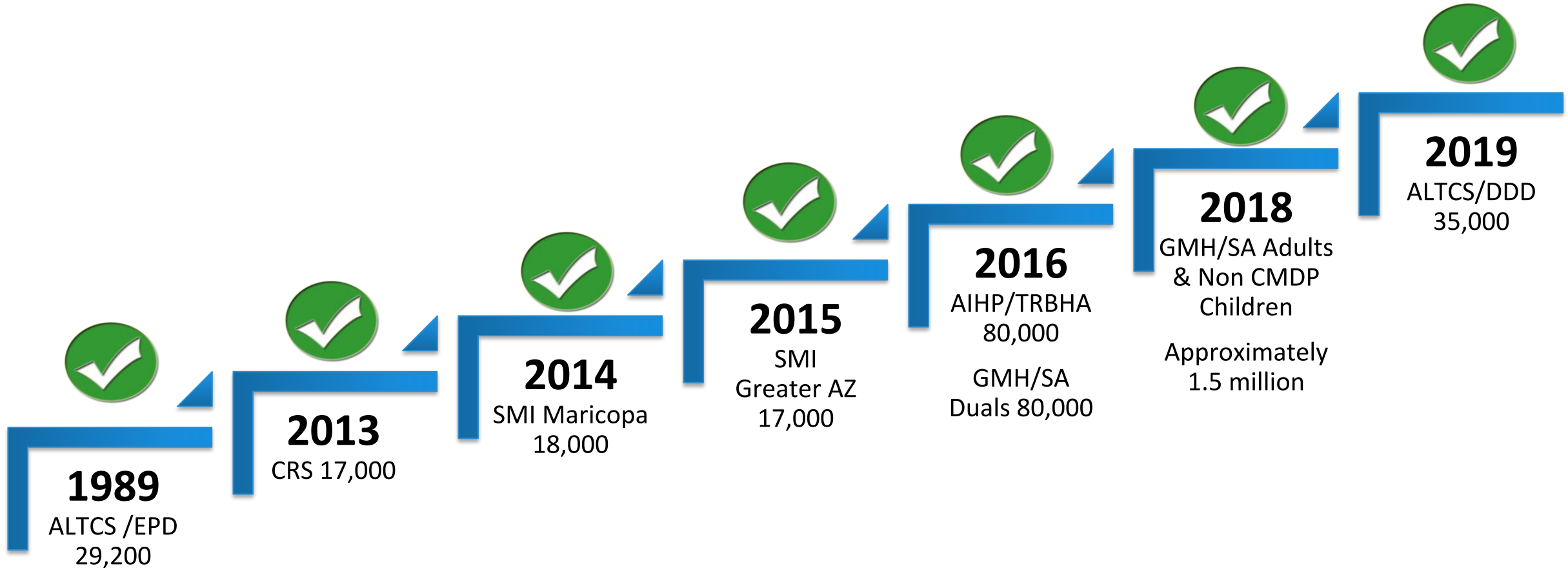
Description, continued

- RBHAs are also awarded via competitive bid and there is only 1 per GSA
 - Many changes have occurred with the RBHAs over the last 10 years due to integration efforts
 - Today the RBHAs are the integrated MCO for members determined to be Seriously Mentally Ill (SMI), and the behavioral health MCO for CMDP kids
- CMDP is a statewide health plan and, via statutory mandate, is managed by the state's Department of Child Safety (DCS)
 - Still considered a Managed Care Organization (MCO), has a contract with AHCCCS which is approved by CMS, and paid under capitated model like all other MCOs

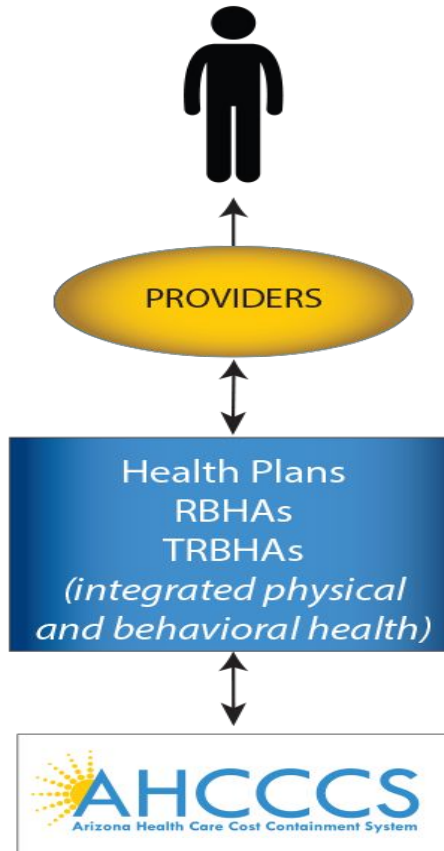
Description, continued

- Integration has been a 10 year journey for AHCCCS using a phased approach
- CMDP will be the last program to be integrated - originally planned for 10/1/20 - now will be implemented 4/1/21
- CMDP will manage physical and behavioral health services statewide for all members
 - Arizona will be first state in nation to integrate service delivery in a dedicated health plan housed within child welfare agency
 - Awarded a sub-contract via competitive bid to full risk MCO Partner to share in management of the program

Integration Progress To Date



Integration at all 3 Levels



- New provider type - Integrated Clinics
- Licensure changes
- Provider payment incentives
- Targeted Investment - \$300M

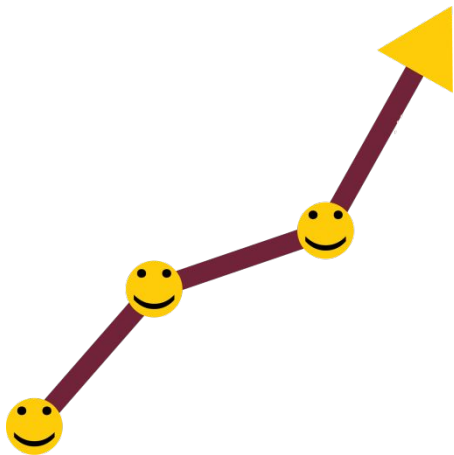
- ALTCS – EPD
- Individuals with SMI
- Non-SMI Dual Eligible Members
- Children’s Rehabilitative Services (one plan)
- **Oct 2018 – ACC/AIHP - 1.5M Children/Adults**
- **Oct 2019 – ALTCS DD - 35,000 Members**
- **Foster Children - 2021**

- Administrative Simplification – ADHS/BHS joins AHCCCS Administration
- Grant/Housing Funding into Medicaid System

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

SMI Integration Evaluation Findings

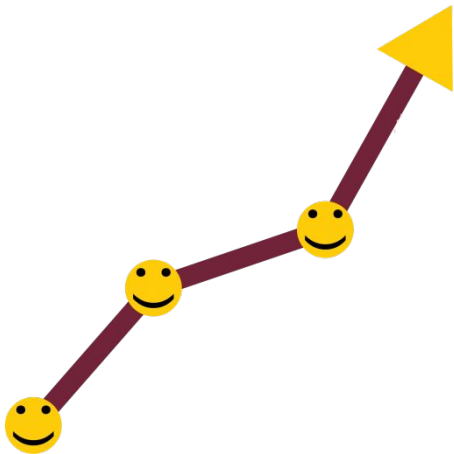
- All measures of ambulatory care, preventive care, and chronic disease management demonstrated improvement
 - Adult access to preventive/ambulatory health services: **+2%**
 - Comprehensive Diabetes Care - HbA1c: **+ 4%**
 - Medication management for people with Asthma (50% compliance): **+ 32%**
 - 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%**

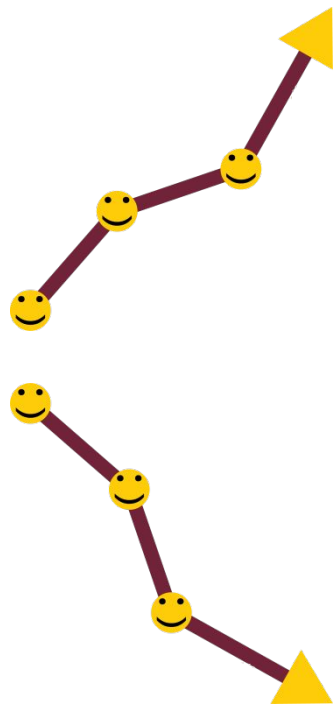


SMI Integration Evaluation Findings

- Of the 8 hospital-related measures:

- 5 measures showed improvement

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



Challenges and Successes

- Communication, communication, communication - there is no such thing as too much communication
- Success depends on shared commitment that members remain at the center of all decision making
- Despite significant planning, challenges will invariably surface – may need to resolve some issues after the fact
- And that may include resolving payment issues afterwards

Challenges and Successes, continued

- Number of member protections in place during transition which extend for the duration of treatment or six months, whichever occurs first, and include:
 - Members receiving behavioral health services from a specialist (treatment must be identified in the member's service plan)
 - Members receiving an active course of treatment or ongoing care from a specialist for a serious and chronic physical, developmental or behavioral health condition (treatment must be identified in the member's service plan)
 - Honor previously approved authorizations for a minimum of 30 days

Challenges and Successes, continued

- Significant Need for Post-Implementation and Transition Monitoring
 - Daily/weekly calls and reporting with MCOs
 - Issue identification and resolution
 - Pharmacy/transportation transition
 - Member care coordination
 - Member and provider call center stats
 - Provider contracting issues
 - Claims processing updates

Next steps

- Full integration of CMDP effective 4/1/2021
- Will be renamed DCS Comprehensive Health Plan (DCS CHP)
- Pre-transition meetings will begin 6 months prior to go-live
- Post-implementation meetings will begin immediately after go-live