


BEHAVIORAL HEALTH INTEGRATION DISCUSSION

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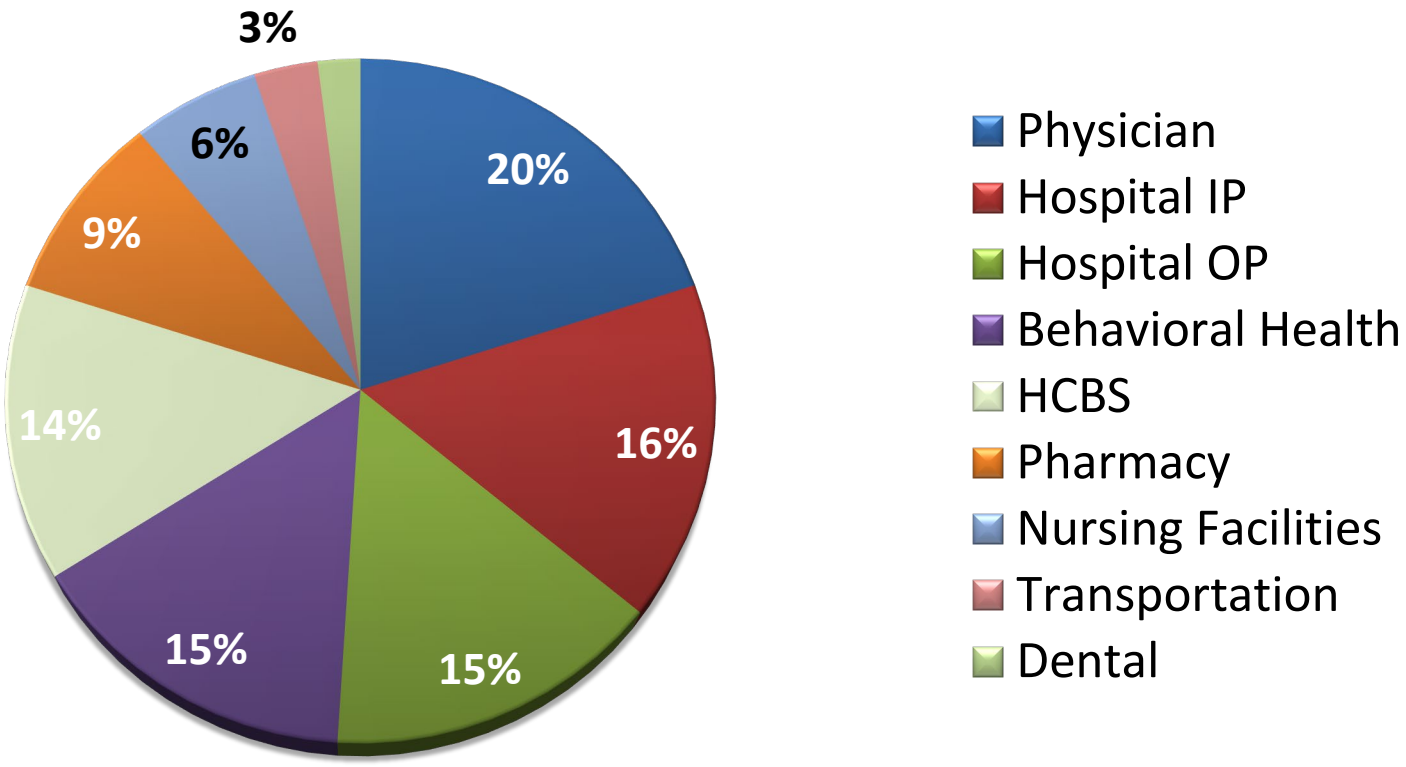
HEALTHCARE STRATEGIES

25-30 Years

Challenge – Not traditional Insurance



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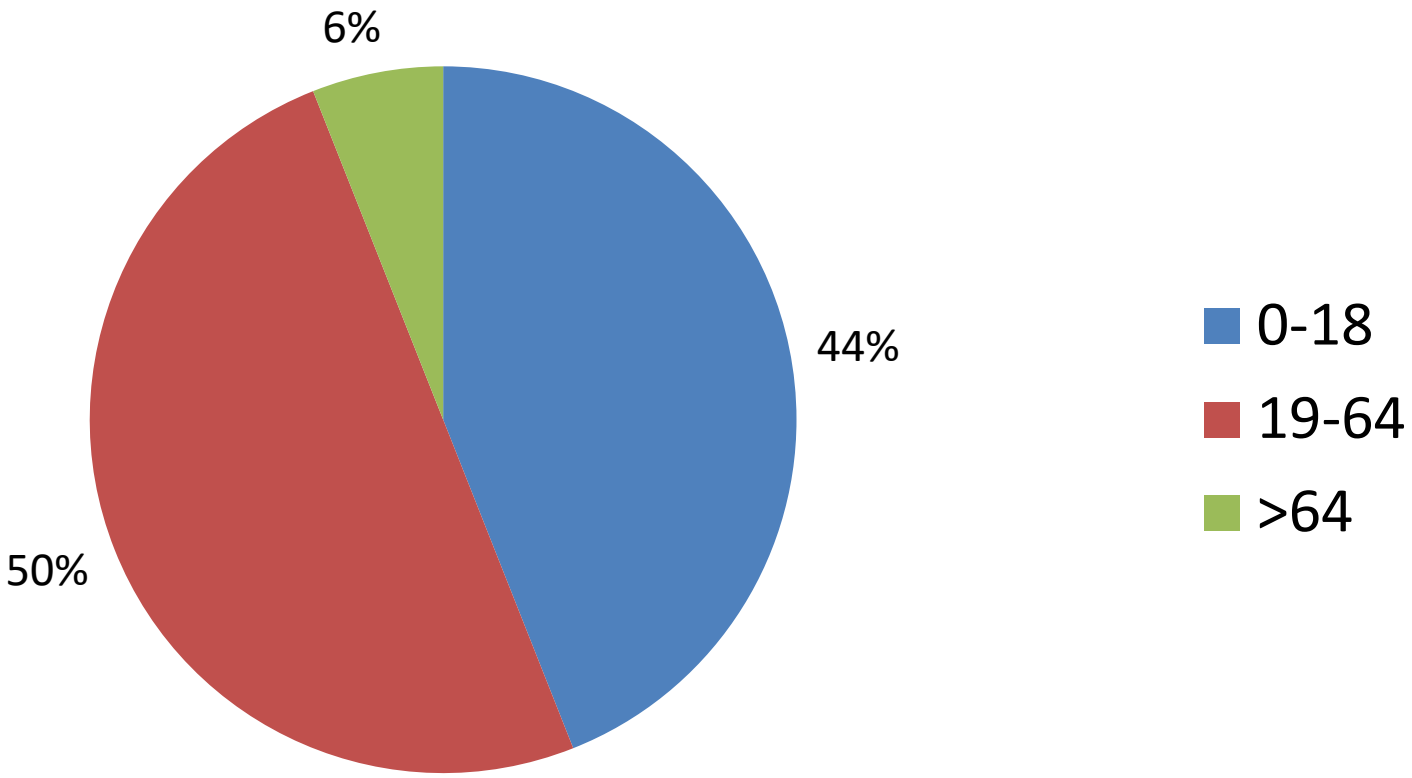
Medicaid Challenge: New Populations



Medicaid Challenge: Complex Member

Condition	Asthma	Diabetes	HIV/AIDS	MH	SUD	Delivery	LTC	None
Asthma		24.5	3.9	65.1	29.1	6.5	7.3	17
Diabetes	18.5		2.6	52.4	23.9	3.1	12.7	29.7
HIV/AIDS	17.9	15.6		48.1	39.4	2.1	7.2	29
MH	17.6	18.7	2.8		26.7	4.0	11.9	42.9
SUD	20.8	22.6	6.0	70.8		4.5	10.2	15.6
Delivery	9.3	5.9	0.7	21.3	9.0		0.5	66
LTC	12.5	28.6	2.8	74.7	24.4	0.6		14.1

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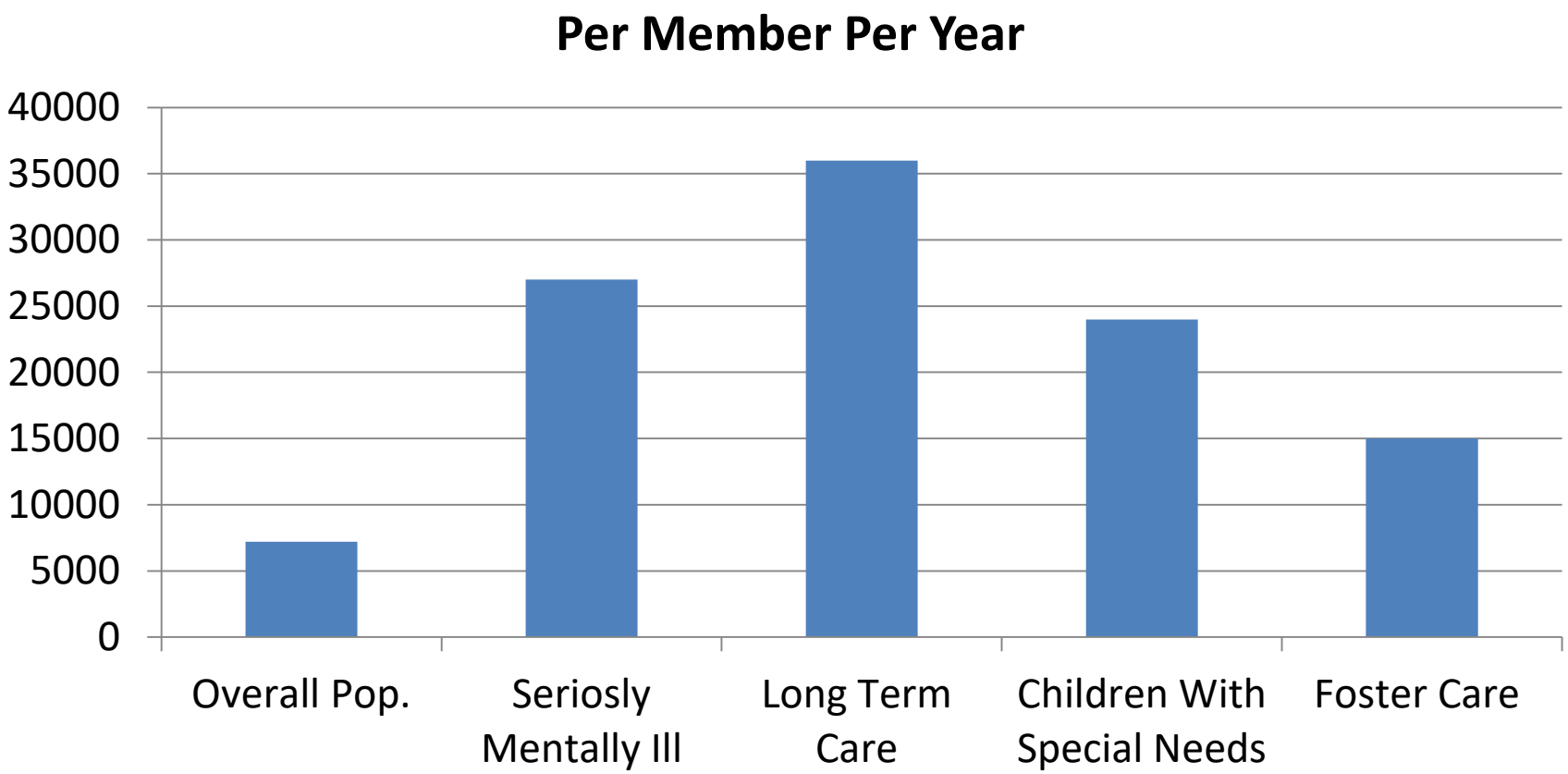
Medicaid Challenge - Complex Populations –



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Economic Impact of Integration (Milliman)

- Costs for chronic medical conditions for those with co-occurring MH/SA are 2 to 3X
- Diabetes PMPM
  - w/o MH/SA - $1,068 – w/ $2,368
- Total Opportunities
  - Medicaid $100 B (Pre-Expansion)
  - Medicare $30 B
  - Commercial $162 B
  - ***Total Achievable $26-48 B***

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SYSTEM DESIGN MATTERS

”EVERY SYSTEM IS PERFECTLY DESIGNED TO GET THE RESULTS IT GETS” EDWARD DEMING OR DR. PAUL BATALDEN

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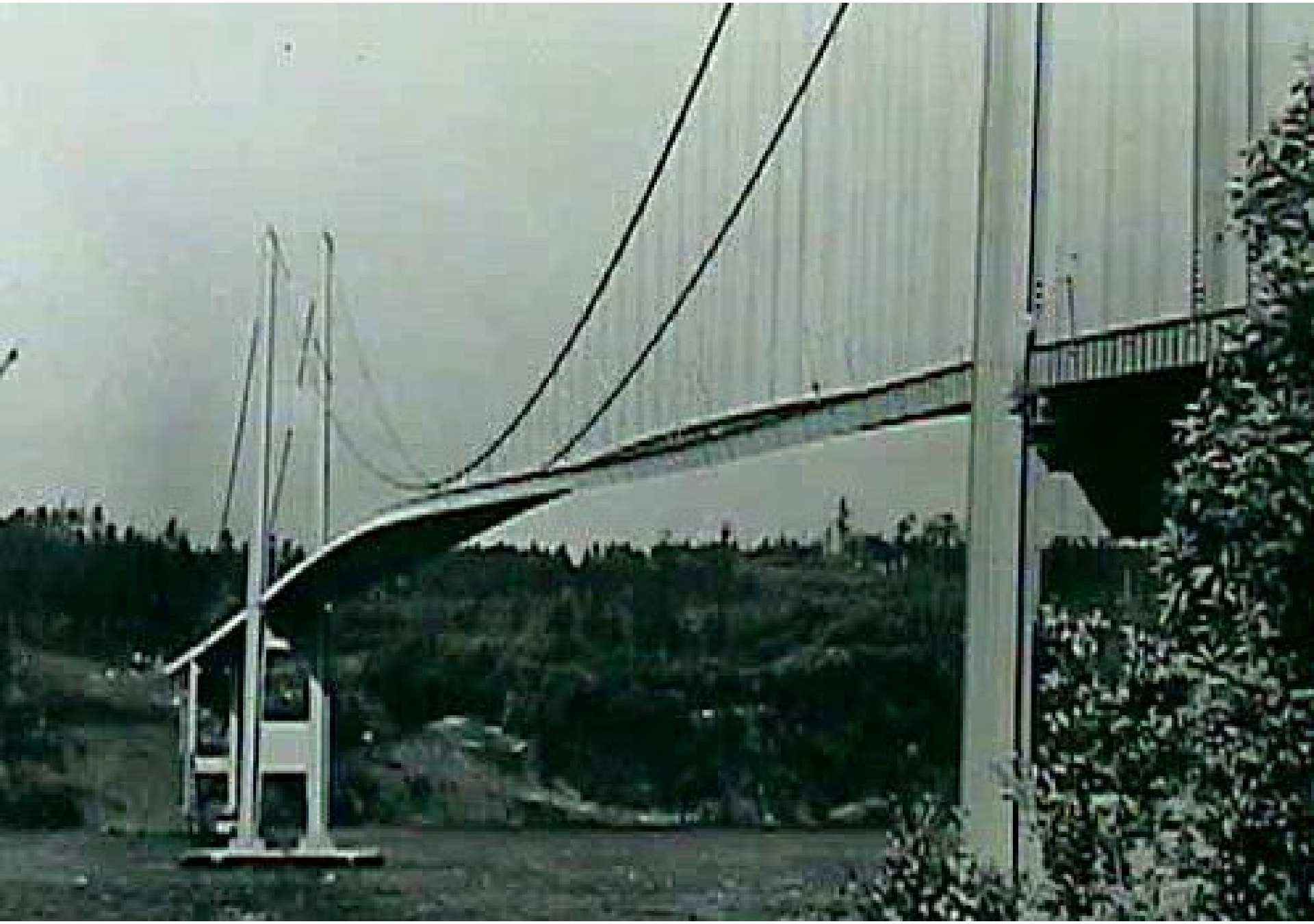
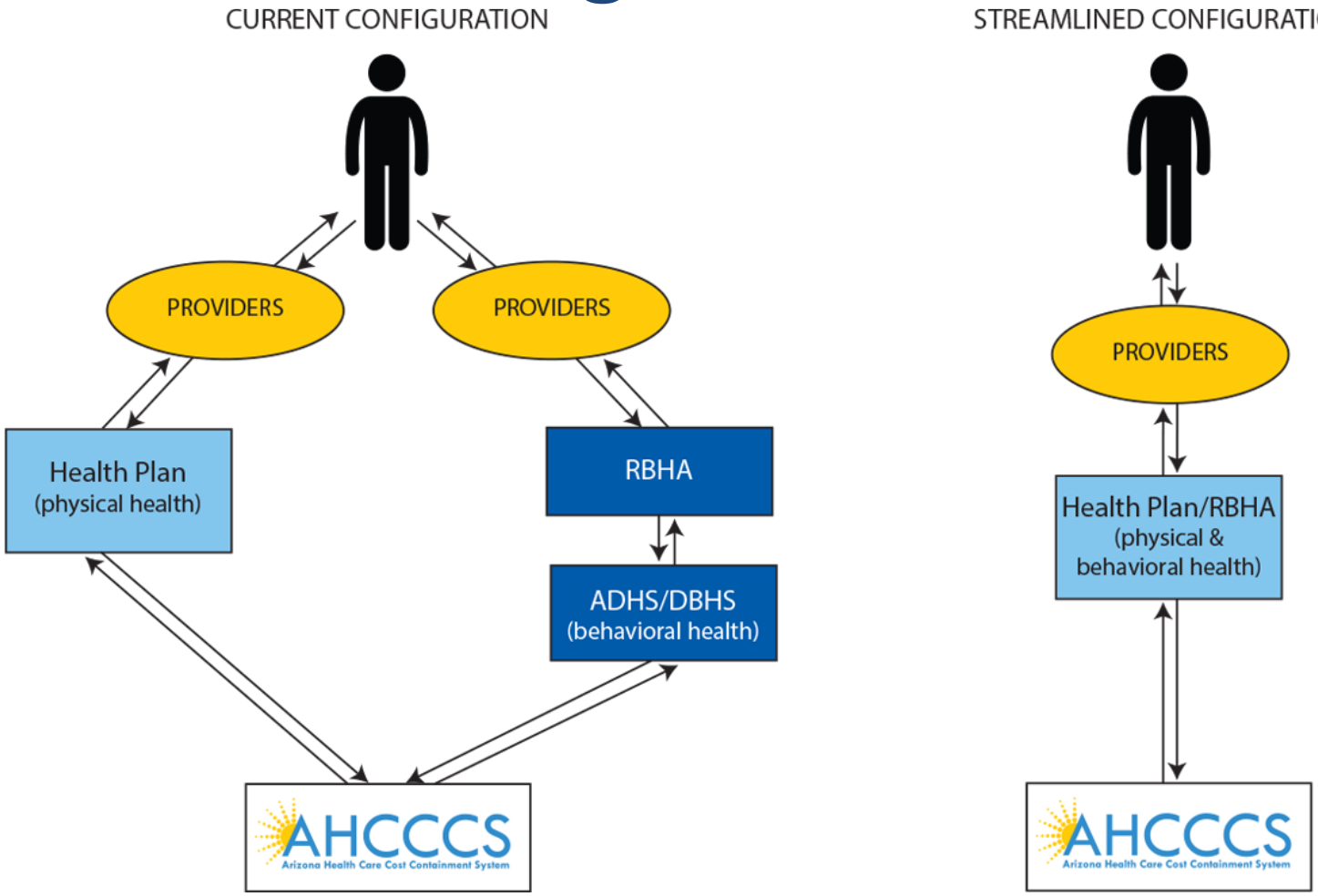


Vision - Integration at 3 Levels



Carve Out System Design Impacts

Policy

- Enormous energy focused on billing rules
- Sister agency tension – expertise not shared

Payer

- Inability to meet full needs for complex members - Limited Accountability
- Incentivize cost shifting behavior

Provider

- Inability to fully meet needs of complex members
- Limited relationships to key payer – difficult to innovate for partial services

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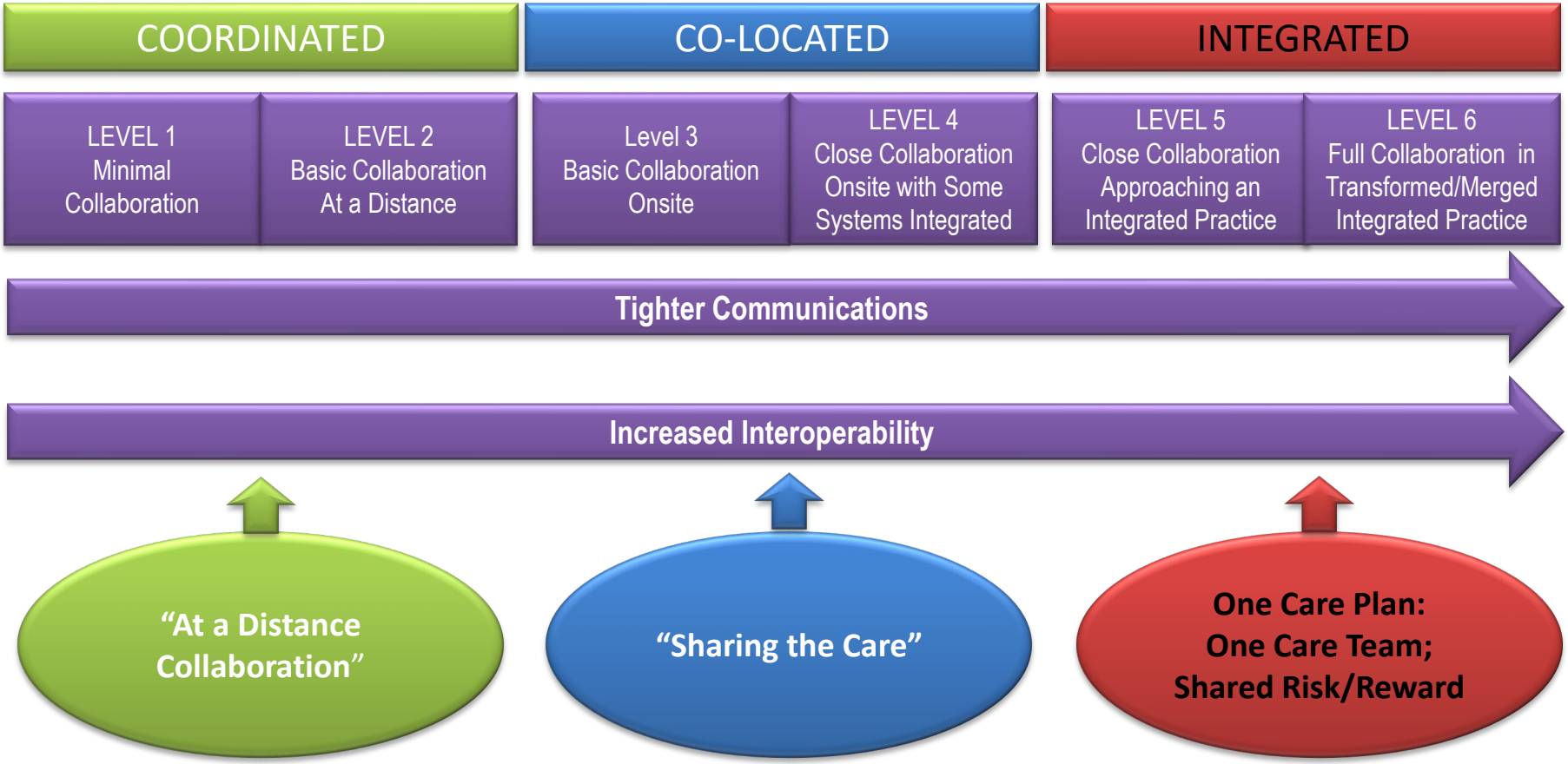
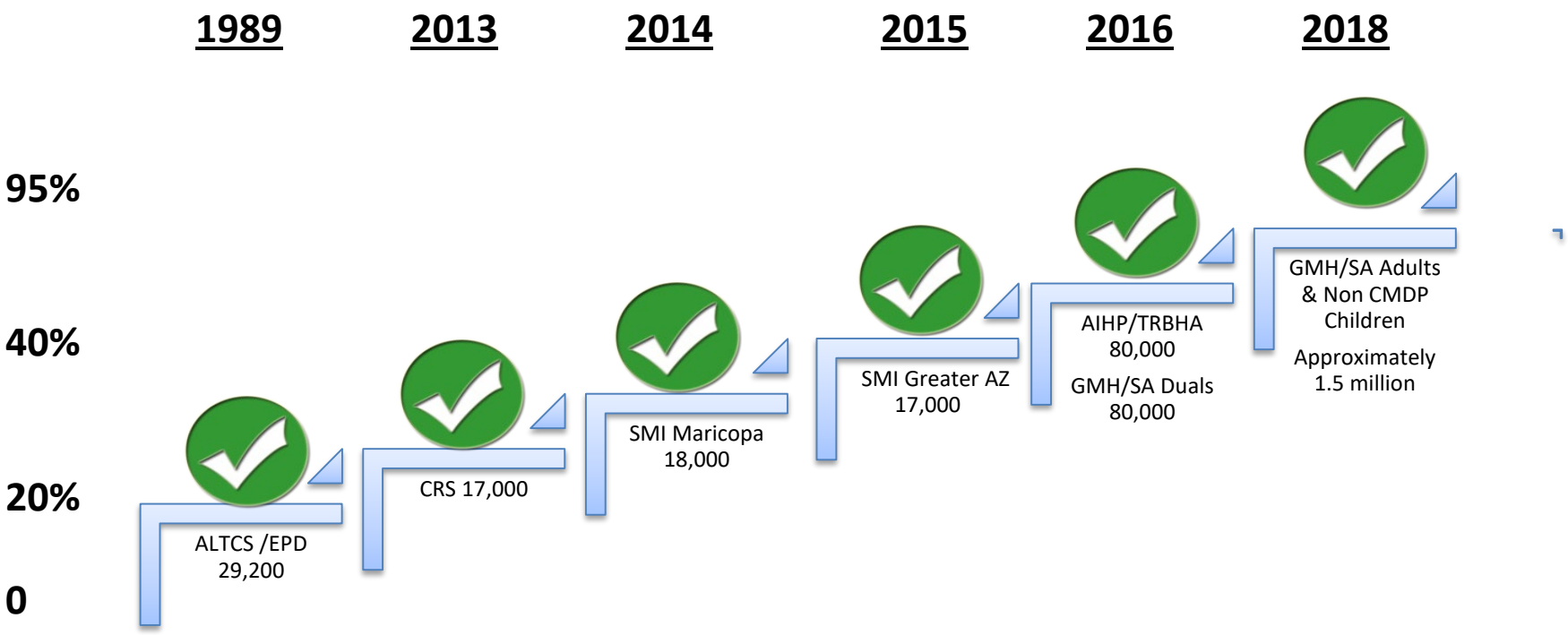
SAMHSA Framework for Integration



System Design Considerations

1. Vision
2. MCO Structure, Financing and subcontracting
3. Support for Integrated Providers
4. Alternative Payment Models
5. Crisis System Responsibility
6. Dual Eligible Members
7. Health Information Technology
8. Transition Planning
9. Justice System Transitions
10. Regulatory Structure and MCO Oversight

Integration Progress To Date



Initial Integration Steps - Maricopa

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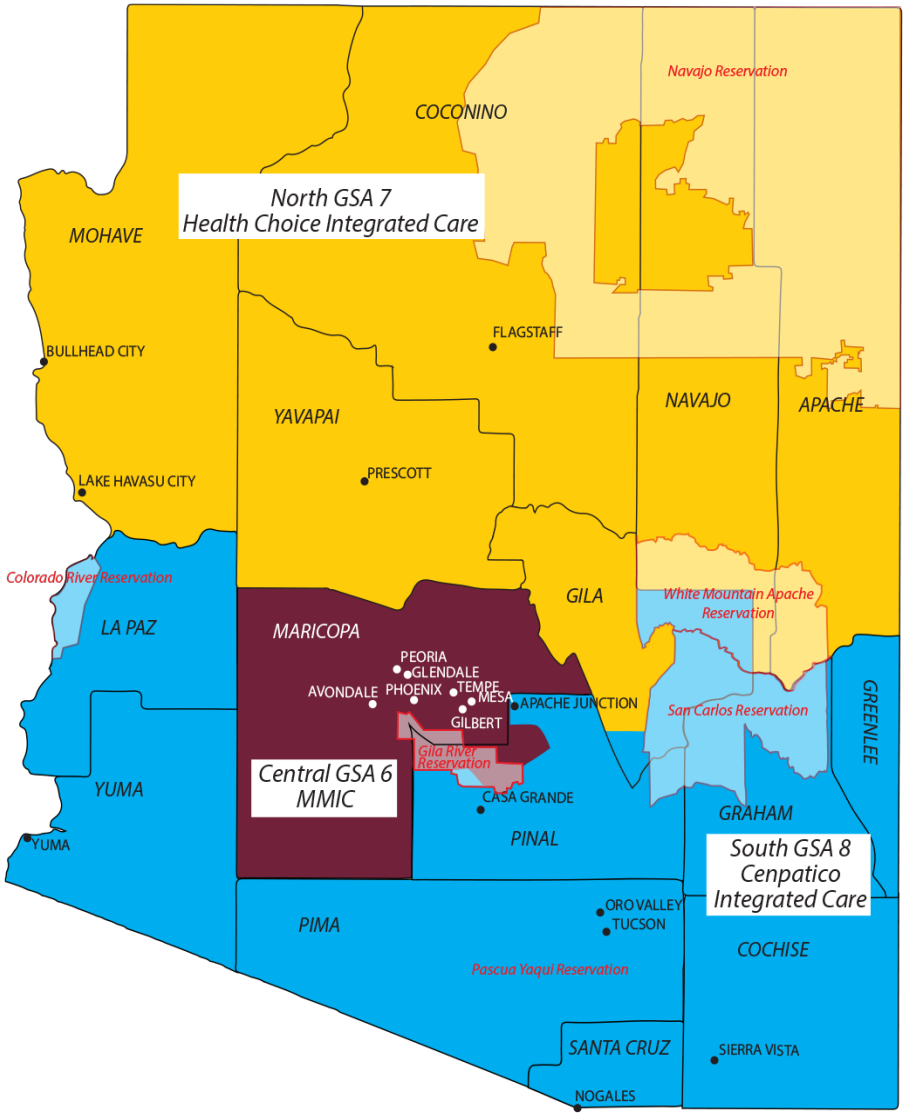
Current Service Areas



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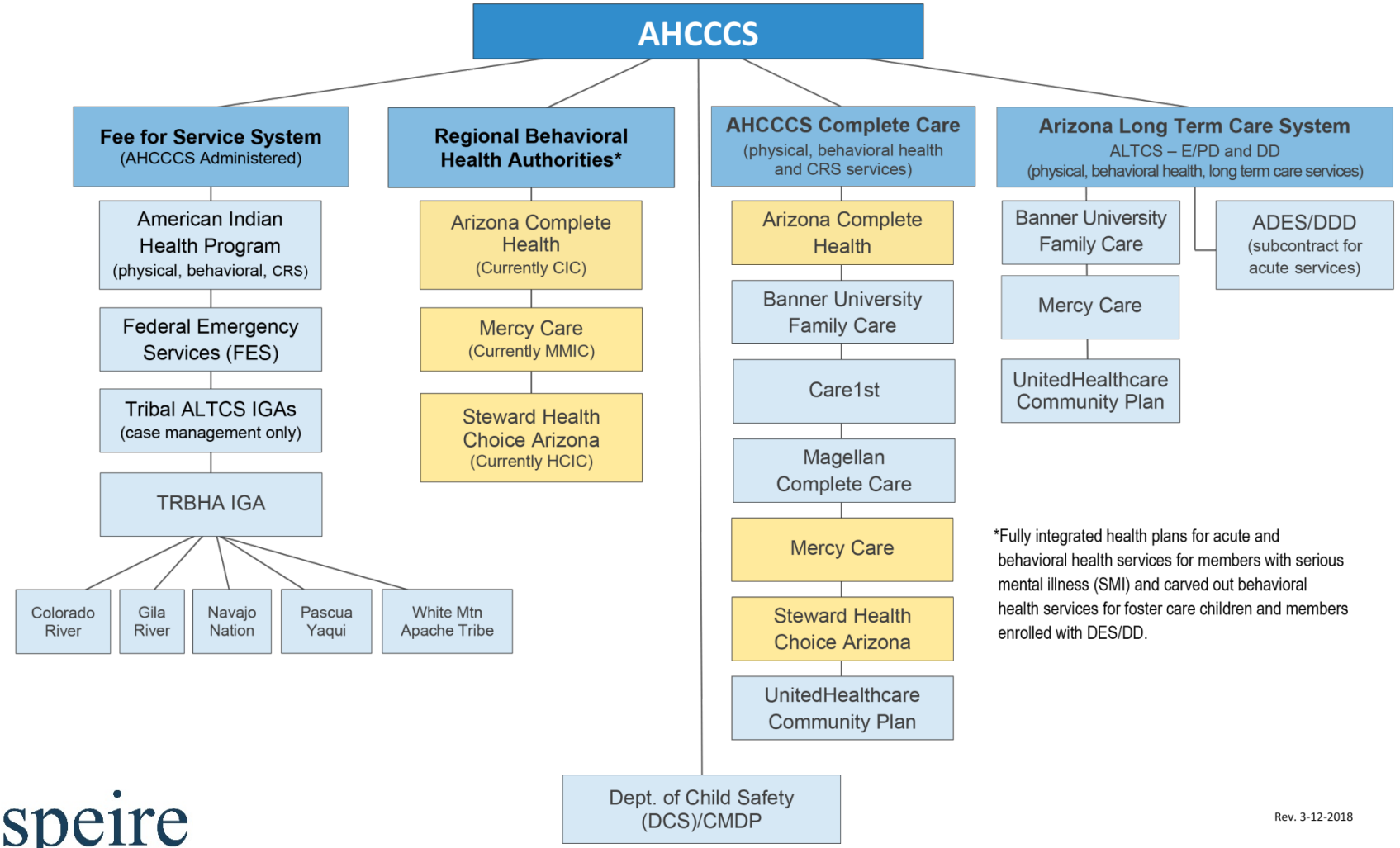
Care Delivery System as of Oct. 1, 2018



*Fully integrated health plans for acute and behavioral health services for members with serious mental illness (SMI) and carved out behavioral health services for foster care children and members enrolled with DES/DD.

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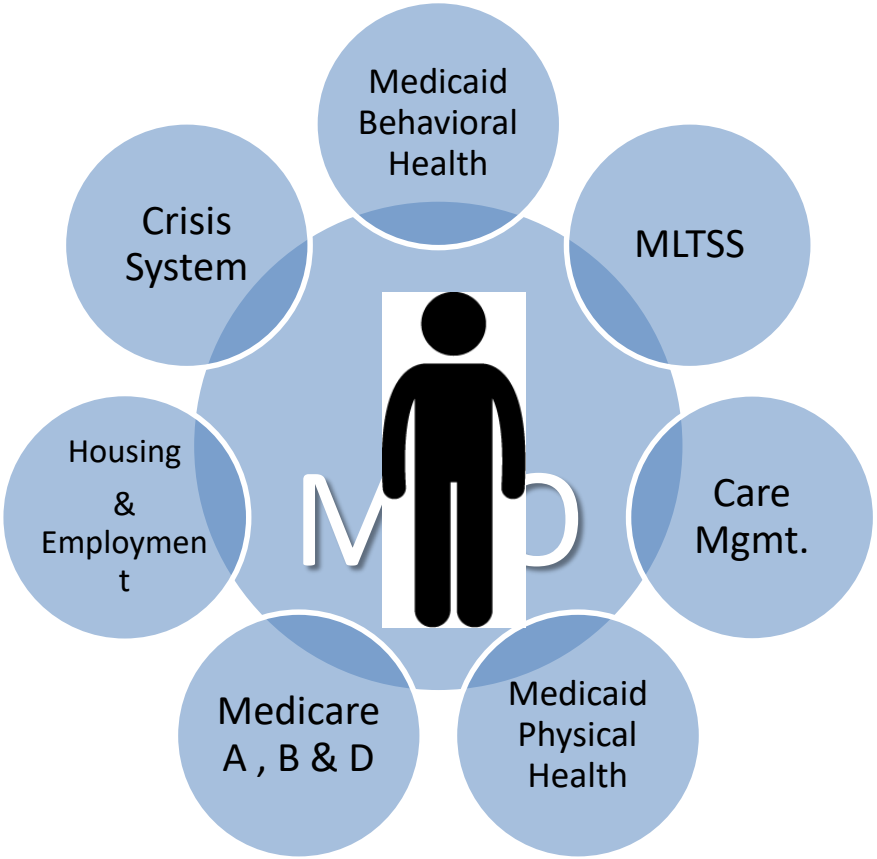
Rev. 3-12-2018

Integrated Plan Requirements

MCOs cannot delegate critical functions

1. Grievance System
2. Quality Management/Medical Management
3. Provider Relations
4. Network and Provider contracting and oversight
5. Member Services
6. Corporate Compliance

Integration for Complex Members



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Transition Planning Expectations

1. Network Requirements – matching to existing needs of members – top 500
2. Complex Members – identification and planning – care management engagement
3. Staffing by critical areas
4. Community outreach and education
5. Member Communication
6. Data Analytics Capabilities – historical and receipt from transitioning plan
7. Crisis System readiness and interfaces
8. Court Ordered Evaluation and Treatment processes

Provider Integration Support

1. Reduce reporting burdens
2. Licensure improvements for Integration
3. Created new provider type - $ Incentives
4. $300 m over 5 years in Investments
5. Provided resources to connect to HIE
6. Direct Voice on Policy Teams
7. Established direct communication platforms
8. Focused MCO reporting BH providers–network-claims

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Crisis System Requirements

Call Center

- 24*7 capability
- Answer calls in 3 rings
- Patch capability 911

Mobile Crisis

- On site in 90 minutes or less
- Ability to provide on site interventions

Stabilization

- Offer 24*7 stabilization including 23 hour
- Daily data on bed availability

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Crisis System Services

Call Centers	$22.0 m
Mobile Crisis	$45.0 m
Stabilization Services	$95.0 m
Total	$165.0 m
PMPM Adult	$8.79
PMPM Child	$1.36

Crisis System Outcomes

Law Enforcement

- 23,000 drop offs – 100% acceptance
- Average drop off – minutes – equivalent of 37 FTE officers time saved –
- Savings for incarceration not even quantified

Healthcare

- Save 45 years in ED wait times saving $37m in costs
- Save estimated $260 m in healthcare costs which is two times Crisis System investment

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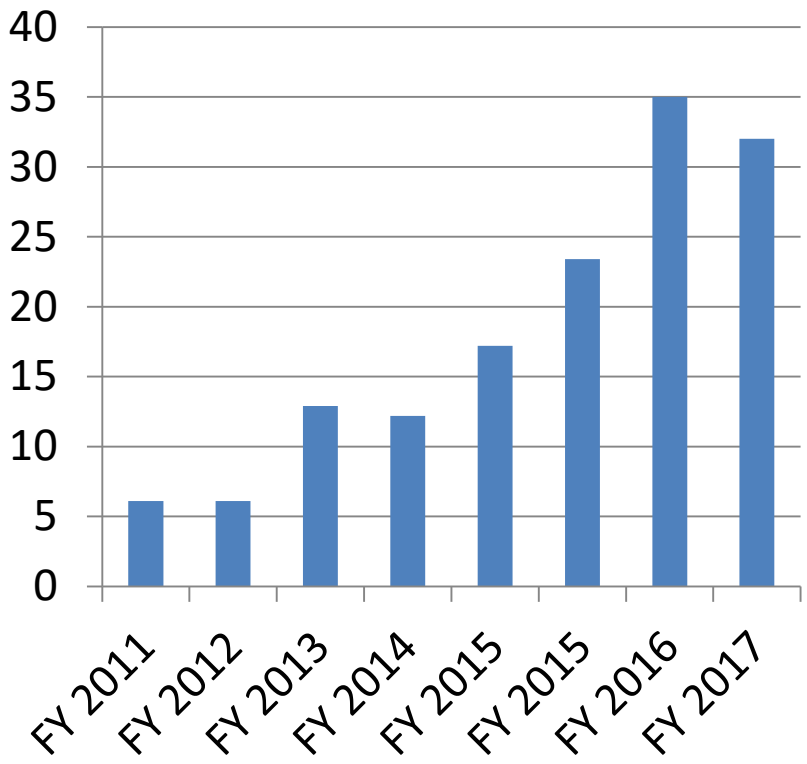
Social/Economic Determinant Efforts

- Multiple Plans have partnered to create and support community social service centers
- MCO pilot to invest in low-income housing subsidy
- AHCCCS has dedicated staff resources focused on housing – employment – peer services
- State only investments made through MCOs for SMI

- State Housing Funding Individuals with SMI



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Justice System Transition Efforts

- Establish 13 co-located clinics with probation
- Daily feeds with DOC/Jails +>90% pop.
- Member suspense – reinstatement
- Daily feed to plans - $30m cap savings
- Over 9,000 Pre-release apps processed
- 1,100 care coordination efforts with MCOs
- 49.2% receive service post incarceration
- New reach-in requirements for MCOs
- Working on HIE connectivity

VBP Ex. Leveraging Integration

Mercy Care Forensic Assertive Community Treatment

August 1, 2014 through September 30, 2016 – 3 Teams

1. 31% reduction in psychiatric hospital admissions
2. 18% reduction in the number of members who use ED
3. 19% reduction in the number of homeless members
4. 76% reduction in number of jail bookings
5. 84% increase in the percent of members who have seen medical provider at least once per year

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Arizona Integration Outcomes

- All indicators of patient experience improved, with 5 of the 11 measures exhibiting double digit increases for SMI
  - Rating of Plan: +16%
  - Rating of Health Care: +12%
  - Rating of Personal Doctor: +10%
  - Coordination of Care: +14%
  - Shared Decision Making: + 61%

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Arizona Integration Outcomes

- All measures of ambulatory care, preventive care, and chronic disease management demonstrated improvement
  - Medication management for people with Asthma: + 35%
  - 30-day post follow-up for MH admission: +10%
- 5 of 8 Hospital Measures improved
  - Admissions for COPD/Asthma: -25%
  - Readmission: - 13%
  - Emergency Dept Utilization (10%)
  - Overall IP admissions increased

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Lessons Learned

1. Change is Incremental
2. Stakeholder Engagement – cannot overcommunicate
3. Create Space and Strategies to Learn
   - RFI process - Plans
   - Community outreach - members – families
   - Targeted workgroups - providers – state staff
4. Leadership required to start somewhere
5. Allow realistic timelines for implementation
6. Provide updates on decisions to community
7. Develop Strategies to Support all 3 levels
8. Agency integration key for AZ

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QUESTIONS