Opioid Epidemic: AHCCCS Role in Ending

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Chief Medical Officer-
AHCCCS
May 1, 2019
Learning Objectives

1. Understand the AHCCCS’ strategic plan to decrease the morbidity and mortality associated with Opioid Epidemic
2. Describe resources available to address the opioid epidemic
3. Describe the AHCCCS healthcare system integration efforts underway including AHCCCS Complete Care (ACC) in the context of this strategy
Putting it in Perspective

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

37% increase just since 2015

More than 72,000 Americans died from drug overdoses in 2017

Total U.S. Drug Deaths
12 Month-ending Provisional Number of Drug Overdose Deaths by Drug or Drug Class

Based on data available for analysis on: 9/5/2018

Select Jurisdiction

United States

Figure 2. 12 Month-ending Provisional Number of Drug Overdose Deaths by Drug or Drug Class: United States

Legend for Drug or Drug Class

- **Opioids (T40.0-T40.4, T40.6)**
- **Heroin (T40.1)**
- **Natural & semi-synthetic opioids (T40.2)**
- **Methadone (T40.3)**
- **Synthetic opioids, excl. methadone (T40.4)**
- **Cocaine (T40.5)**
- **Psychostimulants with abuse potential (T43.6)**

- **Predicted Value**
- **Reported Value**
Opioid and Opiate Deaths in Arizona

Total Opioid Deaths

Rx/Synthetic Opioid Deaths

Heroin Deaths

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<tr>
<th>Year</th>
<th>Opioid Deaths</th>
<th>Rx/Synthetic Opioid Deaths</th>
<th>Heroin Deaths</th>
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<td>2017</td>
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AHCCCS
Arizona Health Care Cost Containment System
ADHS Dashboard: 2018

January 1, 2018 – December 31, 2018

1,375 suspect opioid deaths
9,335 suspect opioid overdoses
443 neonatal abstinence syndrome cases
27,596 naloxone doses dispensed by pharmacists
6,961 naloxone doses administered pre-hospital

Reaching across Arizona to provide comprehensive quality health care for those in need
Oxycodone and heroin were the opiate drugs most commonly noted to be involved in verified opioid overdoses. January 1, 2018 - December 31, 2018.
58% of verified *fatal* opioid overdoses and 65% of *non-fatal* opioid overdoses involved polydrug use of at least one opioid and at least one other type of drug in 2018.
Among the verified opioid overdoses with multiple drugs identified, the most common drug combination in fatal & non-fatal overdoses was **heroin & methamphetamine** in 2018.

![Bar chart](chart.png)
Public Health Concern—Populations at Greater Risk of Morbidity and Mortality secondary to OUD

- **Criminal Justice population**
  - 1 in 10 opioid overdose deaths – most within 24 hours of release

- **American Indians**
  - 3x more likely for drug-related overdoses

- **Veterans**
  - 55% spike in OUD in the past 5 years

- **Medicaid**
  - 6x more likely to die from an opioid overdose

- **High MEDDs**
  - Risk doubles at 50 MEDDs, 10x at 90 MEDDs
What Else Have We Learned?
Mental Health and Substance Use

- Half of individuals who experience a mental health condition during their lives will also experience a SUD versa.

- 43% of individuals currently in Tx for nonmedical use of Rx opioids have symptoms of mental health conditions – specifically depression and anxiety.
THE TRUTH ABOUT ACES

WHAT ARE THEY?

ACEs are ADVERSE CHILDHOOD EXPERIENCES

HOW PREVALENT ARE ACES?

The ACE study revealed the following estimates:

ABUSE

- Physical Abuse: 29.3%
- Sexual Abuse: 20.7%
- Emotional Abuse: 15.6%

NEGLECT

- Neglect: 34.8%
- Physical Neglect: 5.6%

HOUSEHOLD DYSFUNCTION

- Ritualized Substance Abuse: 38.9%
- Parental Divorce: 26.6%
- Parental Mental Illness: 10.6%
- Parental Incarceration: 10.7%

OF 17,000 ACE study participants:

- 26% experienced 0 ACEs
- 21% experienced 1 ACE
- 14% experienced 2-3 ACES
- 13% experienced >4 ACES

WHAT IMPACT DO ACES HAVE?

As the number of ACES increases, so does the risk for negative health outcomes:

- 0 ACES: 24.5%
- 1 ACE: 39.4%
- 2 ACES: 57.6%
- 3+ ACES: 69.4%

Possible risk outcomes:

- Physical & Mental Health
  - Chronic medical conditions
  - Sleep disturbances
- Physical Health
  - Heart disease
  - Cancer
  - Stroke
- Substance Use
  - Alcoholism
  - Drug use
- Behavioral
  - High risk of suicide

rwj.org/vulnerablepopulations

Source: Healthypeople.gov/2010/healthy-children
The Role of Trauma and ACES

ACE Score and Drug Abuse

Percent With Health Problem (%)

ACE Score

0 1 2 3 4 >=5

Ever had a drug problem

Ever addicted to drugs

Ever injected drugs
Arizona Youth w/Past 30 Day Substance Use

- 1 out of 3 youth said they used to cope with stress or feelings of sadness
- 8 out of 10 had experienced 1 or more ACEs
- 1 out of 4 had experienced 4+ ACEs
- 1 out of 3 have lived with someone who had a substance abuse problem
History of substance use disorder and chronic pain were the most common pre-existing conditions for verified opioid overdoses during 2018.

- History of substance abuse
- Chronic pain
- Anxiety
- Depression
- Suicidal ideation
- Bipolar disorder
- Diabetes
- COPD
- PTSD
- Cancer
- Schizophrenia or schizoaffective
What is Arizona Doing to Solve the Opioid Crisis?

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Arizona Strategies

- Naloxone
- Prescribing Practices and Policies
- Chronic Pain Management
- Patient Education
- Community-Based Prevention
- Law Enforcement and CJ collaboration
- Access to Medication Assisted Treatment (MAT)
- Access to Recovery Supports

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Opioid Omnibus Legislation

- 5 Day Limit on First Fills
- 90 MME Dosage Limits for opioid naïve
- Good Samaritan Law
- $10 million for treatment
- Hospitals to refer for behavioral health services
- Reporting of treatment capacity
- Medical student education
- Reporting number of Good Samaritan calls
- E-prescribing
- Warnings on pill bottles
- Restricts dispensing by prescribers, including veterinarians
- Pharmacists check the PDMP
- Criminal penalties for fraud by drug manufacturers
- Expanded naloxone use
- Continuing education
- Hospice providers inform families of safe disposal
AHCCCS Strategic Plan

1. Harm Reduction
2. Prescribing/Dispensing Practices and Patient Education
3. Access to MAT
Strategic Plan

• STRATEGY #1: Enhance Harm Reduction Strategies to Prevent Overdose
  ○ GOAL #1: Provide education and training on Naloxone to prescribers, pharmacists, members and the community
  ○ GOAL #2: Increase access to Naloxone
Co-Prescribing Naloxone

• >90 MEDDs
• Any combination of opioids with benzos, muscle relaxers and sleep medication
• Education and instructions key
Sonoran Prevention Works Community Distribution, January 1, 2017 – February 28, 2019

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<th>Number of Naloxone Kits Distributed</th>
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<td>Kits to Law Enforcement</td>
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<th>Number of Reported Overdose Reversals</th>
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Strategic Plan

• STRATEGY #2: Promote responsible prescribing and dispensing policies and practices
  ○ GOAL #1: Reduce the number of opioid-naïve patients unnecessarily started on opioid treatment
  ○ GOAL #2: Improve care processes for chronic pain and high-risk patients
WHY Opioid-Naïve Individuals?

FIGURE 1. One- and 3-year probabilities of continued opioid use among opioid-naïve patients, by number of days’ supply* of the first opioid prescription — United States, 2006–2015

FIGURE 2. One- and 3-year probabilities of continued opioid use among opioid-naïve patients, by number of prescriptions* in the first episode of opioid use — United States, 2006–2015

CDC MMWR, March 2017

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5 day opioid supply limit to opioid-naïve individuals

- A prescriber shall limit the **initial and refill** prescriptions for any short-acting opioid medication for a member under 18 years of age to no more than a 5-day supply.
- A prescriber shall limit the **initial** prescription for any short-acting opioid medication for a member over 18 years of age to no more than a 5-day supply.
AHCCCS Drug Lists

- All long-acting opioids for pain require PA
- Methadone for pain removed from AHCCCS Drug List
- QLs on abuse potential medications
- Addition of naloxone
- No PA required for MAT

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Facilitate Use of Best Practices

SUMMARY OF ARIZONA OPIOID PRESCRIBING GUIDELINES FOR THE TREATMENT OF CHRONIC NON-TERMINAL PAIN (CNTP)

1: A comprehensive medical and pain related evaluation that includes assessing for substance use, psychiatric comorbidities, and functional status should be performed before initiating opioid treatment for chronic pain.

2: A goal directed trial of opioid therapy is considered appropriate when pain is severe enough to interfere with quality of life and function and the patient has failed to adequately respond to indicated non-opioid and non-drug therapeutic interventions. Potential benefits should be determined to outweigh risks. The patient should agree to participate in other aspects of a pain care plan such as physical therapy and cognitive behavioral therapy when these therapies are recommended and available.

3: The provider should assess for risk of misuse, addiction, or adverse effects, and perform a risk stratification before initiating opioid treatment.

4: Initiating opioids in patients with CNTP should ideally be limited to the evidence-based indication of short term therapy with the purpose of facilitating participation in a comprehensive care plan; however, if chronic opioid therapy (COT) is considered, a goal directed trial lasting 30-90 days should be the starting point. Continuing opioid treatment after the treatment trial should be a deliberate decision that weighs the risks and benefits of chronic opioid treatment for that

SUMMARY OF ARIZONA OPIOID PRESCRIBING GUIDELINES FOR THE TREATMENT OF ACUTE PAIN

The goal of these guidelines is to balance the appropriate treatment of pain with approaches to more safely prescribe opioids. Thoughtful opioid prescribing for acute and post-operative pain can improve safety, reduce harm, and prevent the unintended or inappropriate long-term use of opioid medications.

Note: These guidelines are not intended to apply to hospice or palliative care patients (as defined by the World Health Organization), patients at end of life, or cancer-related pain.

1: Opioid medications should only be used for treatment of acute pain when the severity of the pain warrants that choice, and non-opioid pain medications or therapies will not provide adequate pain relief.

2: When opioid medications are prescribed for treatment of acute pain, the number dispensed should be no more than the number of doses needed. This should be based on the expected duration of pain severe enough to justify prescribing opioids for that condition.

3: When opioid medications are prescribed for acute pain, the patient should be counseled on the following:
   - Sharing with others is illegal.

Arizona Guidelines For Dispensing Controlled Substances

The abuse of prescription drugs is a serious social and health problem in the United States. Arizona is no exception to this problem. According to data from Arizona's Prescription Drug Monitoring Program, there are approximately 10 million Class II-IV prescriptions written...
Sign Up and **USE** the CSPMP

- Ensure Patient Safety
- Limit Liability
- Now Easier than Ever with Delegate Option
Increase E-Prescribing

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Identification and Care Coordination

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Short-Acting Opioids Prescribed Rate per 100,000 Adult AHCCCS Members, 2014-2017

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Rate per 100,000 Members

2014 2015 2016 2017

22,599 27,983 27,094 23,823

5.4% cumulative increase, 2014-2017
12.1% decrease, 2016-2017
Short-Acting Opioids Days Supply Prescribed
Rate per 100,000 AHCCCS Adult Members, 2017

04/01/17: 7 day limit enacted
Long-Acting Opioids Prescribed Rate per 100,000 Adult AHCCCS Members, 2014-2017

6.2% cumulative decrease, 2014-2017
27.3% decrease, 2016-2017
Strategic Plan

• STRATEGY #3: Enhance Access to Medication Assisted Treatment
  ○ GOAL #1: Assess statewide capacity of MAT providers
  ○ GOAL #2: Increase access to integrated MAT for members
Myths of MAT

MAT JUST TRADES ONE ADDICTION FOR ANOTHER: MAT bridges the biological and behavioral components of addiction. Research indicates that a combination of medication and behavioral therapies can successfully treat SUDs and help sustain recovery. (10)

MAT IS ONLY FOR THE SHORT TERM: Research shows that patients on MAT for at least 1-2 years have the greatest rates of long-term success. There is currently no evidence to support benefits from stopping MAT. (11)

MY PATIENT’S CONDITION IS NOT SEVERE ENOUGH TO REQUIRE MAT: MAT utilizes a multitude of different medication options (agonists, partial agonists and antagonists) that can be tailored to fit the unique needs of the patient (2).

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Methadone Critique

• “We might as well let people carry on taking drugs if they're going to be on methadone....obviously it's painful to abstain, but at least it's hope-based.”
  --Russell Brand August 2012

• “If you're going to keep somebody permanently enslaved to methadone for the rest of their lives, then I have real questions about your common sense.”
Methadone Critique

- Assumptions:
  - Methadone is just as risky as illicit opioid use
  - Methadone is not hope-based
  - Chronic therapy with methadone limits freedom
Harm in Critique without Open Dialogue?

• Assumptions without exploration can lead to:
  ○ Worsening Stigma
  ○ Individuals reluctant to attempt other forms of therapy if non-pharmacological unsuccessful
  ○ Divides within community
Goals of Treatment

• Risk reduction vs. complete abstinence

• Overarching themes
  ◦ Pro-social behavior
    ▪ Employment
    ▪ Caring for family
  ◦ Emotional and physical health
  ◦ Avoid justice involvement
Methadone Tx Outcomes

Cochrane 2009 Review

• Methadone is an effective maintenance therapy compared to non-opioid based treatment based on:
  ◦ Retains patients in treatment
  ◦ Decreases heroin use

• Did not show a statistically significant superior effect on criminal activity or mortality
Buprenorphine Effectiveness

- Cochrane 2014 meta-analysis
  - Improved treatment retention (any dose of buprenorphine)
  - Reduced opioid use (16 mg buprenorphine)
Methadone vs. Buprenorphine for Opioid Dependence Maintenance Tx

Cochrane 2014 meta-analysis

• Methadone is superior to buprenorphine in retaining people in treatment
• Methadone equally suppresses illicit opioid use
Injectable Naltrexone Effectiveness

- No review studies or meta-analyses published to date

- 2011 Lancet, double-blind, placebo-controlled, randomised, 24-wk trial
  - Median proportion of weeks of confirmed abstinence was 90% compared with 35% in the placebo group
Solutions

• Risk vs. benefit
• Reality is level of gray
• No “one size fits all”
STR and SOR
Opioid State Targeted Response

- Naloxone expansion
- MAT education and outreach
- Increase peer support services
- MAT COEs for 24/7 access to care; med units; new OTPs
- Hospital and ED discharge projects
- Diversion and incarceration alternatives
- Early ID and connection for re-entry population

- Prescriber education
- Public awareness campaigns
- Support for the OAR line
- PPW projects
- Street-based outreach
- Community prevention
- SBIRT screenings
- Community TIP development
- Data bulletins
Six 24/7 Centers of Excellence

- Southwest Behavioral Health Services, Kingman Recovery and Observation Unit 1301 W. Beale Street, Kingman, AZ 86401, 928-263-6515
- West Yavapai Guidance Clinic, Crisis Stabilization Unit 8655 E. Eastridge Drive, Prescott Valley, AZ 86314, 928-445-5211
- Community Medical Services 2301 W. Northern Avenue, Phoenix, AZ 85021, 602-866-9378
- Community Bridges, East Valley Addiction Recovery Center 560 S. Bellview, Mesa, AZ 85204, 480-461-1711
- CODAC Health, Recovery and Wellness 380 E. Ft. Lowell Road, Tucson, AZ 85705, 520-202-1786
- Intensive Treatment Systems, 4136 N. 75th Ave #116, Phoenix, AZ 85033, 623-247-1234
Medication Units and OTPs

- Casa Grande, Safford and Sierra Vista are open
- Coming Soon: Lake Havasu (MU), Nogales (MU), Kingman (OTP), Show Low (OTP), San Tan Valley (OTP), Yuma (OTP), Buckeye (Satellite); expanded hours in existing OTPs
- Others opening outside of STR and SOR
Access Points

- OTPs and Medication Units
- OBOTs
- Residential Treatment Centers
- Detoxification Units
- IOP and OP
- Peer and Family Supports
Treatment Locators

• **http://substanceabuse.az.gov/**

• **OAR Line**

• **NTXIX options:**
  - [https://www.mercycareaz.org/](https://www.mercycareaz.org/)
  - [https://www.azcompletehealth.com/](https://www.azcompletehealth.com/)
  - [https://www.stewardhealthchoiceaz.com/](https://www.stewardhealthchoiceaz.com/)

• **Crisis Lines**
  - Maricopa County: 1-800-631-1314
  - Northern Arizona: 877-756-4090
  - Southern Arizona: 866-495-6735
24/7 Statewide Call-Line

A free 24/7 hotline that assists providers with complex patients with pain and opioid use disorders, answered by medical experts at the Poison and Drug Information Centers in Arizona.

Arizona OAR Line
1-888-688-4222

Reaching across Arizona to provide comprehensive quality health care for those in need
A Major Game-Changer!

Peer support changes lives.
High Impact Points

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State Opioid Response

1. Sustaining and Enhancing Naloxone Distribution
2. Increasing Localized Community Opioid Prevention Efforts
3. Expanding Trauma-Informed Care Prevention, Treatment and Recovery Efforts
4. Expanding Navigation and Access to MAT
5. Expanding access to recovery support services (i.e. housing, peer supports, job assistance and supportive recovery programming) and
6. Increasing public access to real-time prevention, treatment and recovery resources to create a real “no-wrong door” approach
7. Expanding prescriber training and public awareness campaigns
8. Major focus on populations with disparities
Recovery Supports

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SOR Infusion Projects

- Healthy Families
- PAX Good Behavior Game
- Expanded Naloxone and Street-Based Outreach
- Expanded MAT mentoring program
- Specialized projects
  - Veterans, services members and military families
  - Individuals with disabilities
  - Re-entry
So, What Can You Do?
Understand and Educate: Naloxone

Contact Haley Coles
hcoles@spwaz.org

Call or text for a kit: 480-442-7086

Access through local pharmacies with the standing order
Understand and Educate: MAT

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https://www.samhsa.gov/medication-assisted-treatment

https://cabhp.asu.edu/medication-assisted-treatment

AHCCCS
Arizona Health Care Cost Containment System
Help Arizona Become Trauma-Informed

The Arizona Adverse Childhood Experiences Consortium

http://azaces.org/


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Help Stop Diversion

http://azdhs.gov/gis/rx-drop-off-locations

You would do anything for your friends...

but when it comes to medicine, sharing isn’t caring!
Your meds are just for you.

Prescription Drug & Heroin Dealing is a CRIME

Text Anonymously to 847411 (tip411) use Keyword TIPDEA

report

FRAUD, WASTE, or ABUSE

Reporting is easy, safe, and secure.

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TALK
EARLY.
TALK
OFTEN.
HIDTA Resources

Prescription Drug Abuse in Tribal Communities:
A Call to Protect our Elders,
Children and Nations
from an Epidemic
AHCCCS Complete Care
Care Delivery System

AHCCCS

Fee for Service System (AHCCCS Administered)
- American Indian Health Program
- Federal Emergency
- Tribal ALTCS IGAs (case management only)
  - TRBHA IGA
    - Colorado River
    - Gila River
    - Navajo Nation
    - Pascua Yaqui
    - White Mountain Apache Tribe

Behavioral Health*
- Mercy Maricopa Integrated
- Health Choice Integrated Care (HCIC)
- Cenpatico Integrated Care (CIC)

Acute Care (acute services only)
- Mercy Care Plan
- United Healthcare Community Plan
  - Care 1st
  - Health Choice
  - UFC
  - Health Net
  - Dept. of Child Safety (DCS)/CMDP (foster care, carved out population)

Arizona Long Term Care System
ALTCS – E/PD and DD (acute, behavioral health, long term care services)
- Mercy Care
- Banner-University Family Care
- United Healthcare Community Plan
- ADES/DDD (subcontract for acute services)

*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

**CURRENT DELIVERY SYSTEM**

- PROVIDERS
  - Health Plan (physical health)
  - Health Plan/RBHA (behavioral health)

**AHCCCS COMPLETE CARE (ACC) DELIVERY SYSTEM**

- PROVIDERS
  - ACC Health Plans

AHCCCS
Arizona Health Care Cost Containment System
Integration Progress To Date

1989
ALTCS /EPD 29,200

2013
CRS 17,000
SMI Maricopa 18,000

2014
SMI Greater AZ 17,000
AIHP/TRBHA 80,000
GMH/SA Duals 80,000

2015
GMH/SA Adults & Non CMDP Children Approximatel y 1.5 million

95%
40%
20%
0
AHCCCS Complete Care Health Plans (ACC Plan)

Furthering Integrated Healthcare in a single Health Plan that will:

• Include physical and behavioral healthcare service providers (including CRS)
• Manage the provider network for all healthcare services
• Provide comprehensive managed care for the whole person
Who Is Affected and When?

• Affects most adults and children on AHCCCS
• Members enrolled in Children’s Rehabilitative Services (CRS)

It does not affect:

• Members on ALTCS (EPD and DES/DD);
• Adult members with a serious mental illness (SMI); and
• Most foster children enrolled in CMDP
2018-2019 AHCCCS COMPLETE CARE (ACC) INTEGRATION

This represents a change only for SMI/CRS members.

NO CHANGE

American Indians

American Indians/SMI

American Indians/CRS

American Indian Children in Foster Care

American Indians/DD

American Indians/EPD

NO CHANGE

Planned for 10/1/20

NO CHANGE

Children in Foster Care/CRS

Children in Foster Care

ALTCs DD CRS

ALTCs DD

ALTCs DD EPD

NO CHANGE

Planned for 10/1/20

Planned for 10/1/20

Planned for 10/1/20

Planned for 10/1/20

Planned for 10/1/20

Planned for 10/1/20

KEY

P  PHYSICAL SERVICES

B  BEHAVIORAL SERVICES

C  CHILDREN’S REHABILITATIVE SERVICES (if applicable)

L  LONG TERM CARE SERVICES

UHC  UnitedHealthcare

+  Including CRS members

#  Excluding SMI & CMCP

*  Excluding ALTCs

Population Group

Plan

Future Integration

Rev. 3/14/18
ACC Plan Geographic Service Areas

Note: Zip codes 85542, 85192, 85550 representing San Carlos Tribal area are included in the South GSA.
### AHCCCS Complete Care (ACC) Plans
as of Oct. 1, 2018

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<td>Awarded AHCCCS Complete Care (ACC) Plans</td>
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</tbody>
</table>

A = Awarded     N = New     E = Exiting

*Pima county award only
**New in Maricopa county only
***Only new Pinal/Gila counties
Projected Membership Transition

<table>
<thead>
<tr>
<th>GSA</th>
<th>Estimated Members</th>
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</thead>
<tbody>
<tr>
<td>Central</td>
<td>10,400</td>
</tr>
<tr>
<td>South</td>
<td>199,575</td>
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<tr>
<td>North</td>
<td>83,445</td>
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<tr>
<td>Total</td>
<td>293,420</td>
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Based on February 2018 enrollment.
Pima county projection – 105,200
Care Delivery System as of Oct. 1, 2018

**Fee for Service System (AHCCCS Administered)**
- American Indian Health Program (physical, behavioral, CRS)
- Federal Emergency Services (FES)
- Tribal ALTCS IGAs (case management only)
  - TRBHA IGA
    - Colorado River
    - Gila River
    - Navajo Nation
    - Pascua Yaqui
    - White Mt Apache Tribe

**Regional Behavioral Health Authorities***
- Arizona Complete Health (Currently CIC)
- Mercy Care (Currently MMIC)
- Steward Health Choice Arizona (Currently HCIC)

**AHCCCS Complete Care (physical, behavioral health and CRS services)**
- Arizona Complete Health
- Banner University Family Care
- Care1st
- Magellan Complete Care
- Mercy Care
- Steward Health Choice Arizona
- UnitedHealthcare Community Plan

**Arizona Long Term Care System ALTCS – E/PD and DD (physical, behavioral health, long term care services)**
- Banner University Family Care
- Mercy Care
- UnitedHealthcare Community Plan
- ADES/DDD (subcontract for acute services)

*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.
Changes with RBHA services

- RBHAs will no longer serve most adults and children as of October 1, 2018 (with exceptions below).
- Behavioral health services will be provided through ACC Plan.

RBHAs will continue to provide and serve:
- Foster children enrolled in CMDP
- Members enrolled with DES/DD;
- Individuals determined to have a serious mental illness (SMI)

Crisis services, grant funded, and state-only funded services
The Crisis system responsibilities will remain with the RBHA (in their respective GSA areas).

Note: Zip codes 85542, 85192, 85550 representing San Carlos Tribal area are included in the South GSA.
FUTURE
AHCCCS Contract Timeline

2016
- 10/16: Release ALTCS RFP
- 3/17: Award ALTCS
- 10/1/17: Transition ALTCS

2017
- 1/17: Release Acute RFP
- 10/17: Release ACC RFP
- 3/18: Award ACC
- 10/18: Transition ACC

2018
- 10/1/18: Award DDD Acute/BH (Fall)

2019
- 10/1/19: DDD Acute/BH

2020
- 10/1/20: CMDP Integrated Care
- 10/1/20: 5 Years Greater AZ MMIC Contract Expires
Thank you!