Request for Proposal (RFP)

Integrated Contractors for AHCCCS Acute and CRS Program
AHCCCS Population as of July 1st, 1985 – 2016 (1,917,836 as of April 2017)

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

*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.
Movement to Integration

CURRENT CONFIGURATION

STREAMLINED CONFIGURATION

PROVIDERS

Health Plan (physical health)

Health Plan (behavioral health)

PROVIDERS

PROVIDERS

Health Plan/RBHA (physical & behavioral health)

AHCCCS
Arizona Health Care Cost Containment System
Committed to Integration

A Case for Integrating Physical and Behavioral Health Services:

1. Ease navigation of health care services;

2. Single point of accountability;

3. Align incentives to improve a person’s whole health; and

4. Streamline care coordination to get to better outcomes.
Vision - Integration at all 3 Levels

- New provider type - Integrated Clinics
- Licensure changes
- Payment incentives
- Targeted Investment - $300M

- ALTCS – EPD
- Individuals with SMI
- Non-SMI Dual Eligible Members
- Children’s Rehabilitative Services
- Oct 2018 and 2019 - Remaining Children/Adults

- Administrative Simplification – Merging ADHS/BHS with AHCCCS Administration
- Grant Funding into Medicaid System

Reaching across Arizona to provide comprehensive quality health care for those in need
Integration Progress To Date

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

<table>
<thead>
<tr>
<th>Year</th>
<th>ALTCS /EPD 29,200</th>
<th>CRS 17,000</th>
<th>SMI Maricopa 18,000</th>
<th>SMI Greater AZ 17,000</th>
<th>GMH/SA Duals 80,000</th>
<th>GMH/SA Adults &amp; Non CMDP Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>95%</td>
<td>40%</td>
<td>20%</td>
<td>0</td>
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<td>2013</td>
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<td>2018</td>
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## Integrated Contractor Anticipated Procurement Timeline

<table>
<thead>
<tr>
<th>Activity</th>
<th>Target Date</th>
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<tbody>
<tr>
<td>Issue Request for Proposal</td>
<td>November 1, 2017</td>
</tr>
<tr>
<td>Prospective Offerors’ Conference and Technical Interface Meeting</td>
<td>November 8, 2017</td>
</tr>
<tr>
<td>Proposals Due</td>
<td>January 25, 2018</td>
</tr>
<tr>
<td>Contracts Awarded</td>
<td>By March 8, 2018</td>
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<tr>
<td>Transition Activities Begin</td>
<td>March 9, 2018</td>
</tr>
<tr>
<td>Contract Start</td>
<td>October 1, 2018</td>
</tr>
</tbody>
</table>

**Note:** Dates are subject to change
Integrated Contractor – Major Decisions

1. Procure for Integrated Contractor Managed Care Organizations (MCOs) that will replace Acute and CRS Contractors providing physical and behavioral services to the following Title XIX/XXI populations:

a) Adults who have not been determined to have a Serious Mental Illness; and

b) All children except for foster children enrolled with Comprehensive Medical Dental Program (CMDP).
Integrated Contractor – Major Decisions

2. Services for Members with Children’s Rehabilitative Services (CRS) Qualifying Conditions:

   a) Receive integrated physical (including CRS) and behavioral health services through an integrated contractor;

   b) Members determined to have a serious mental illness will transition to the regional behavioral health authority (RBHA) for integrated physical and behavioral health services; and

   c) Members enrolled with CMDP will receive physical health services for their CRS condition from CMDP.
3. Crisis services will continue to be served by the RBHAs with the existing RBHA geographic service areas unchanged on 10/1/18.

4. The geographic structure for integrated contractors (*not including RBHAs*) will be align with the service areas established for the ALTCS contract beginning on 10/1/17 *(table on right)*:

<table>
<thead>
<tr>
<th>GSA Name and Corresponding Counties</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>North GSA</strong></td>
</tr>
<tr>
<td>Mohave/Coconino/Apache/Navajo/Yavapai</td>
</tr>
<tr>
<td>(excluding zip codes 85542, 85192, and 85550)</td>
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<tr>
<td><strong>South GSA</strong></td>
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<tr>
<td>Cochise/Graham/Greenlee/La Paz/Pima/Santa Cruz/Yuma</td>
</tr>
<tr>
<td>(including zip codes 85542, 85192, and 85550)</td>
</tr>
<tr>
<td><strong>Central GSA</strong></td>
</tr>
<tr>
<td>Maricopa/Gila/Pinal</td>
</tr>
</tbody>
</table>
Integrated Contractor Geographic Service Areas
5. Number of Successful Offerors to be awarded with each GSA:

a) **Central GSA**: At least 4 Contractors awarded;

b) **South GSA**: Two Contractors awarded entire GSA & at least one additional Contractor awarded for Pima County Only; *and*

c) **North GSA**: Two Contractors awarded.

*AHCCCS does not intend to award contracts for all GSAs to a single Offeror. RBHAs have option to expand services to include physical health for those who choose to remain with the RBHA.*
6. Unique RBHA Services (*no change at this time*):

   a) RBHA service areas do not change on 10/1/2018;

   b) Continue provision of behavioral health services for foster children enrolled in CMDP for physical health services;

   c) Continue provision of integrated physical and behavioral health for AHCCCS enrolled individuals determined to have a serious mental illness;

   d) Continue provision of crisis services; *and*

   e) Continue provision of a majority of grant funded and state-only funded services currently provided by the RBHA.
7. Multi-Specialty Interdisciplinary Clinic (MSIC) Network Requirements

- In addition to an extensive network of providers, successful Offerors and RBHAs, will be expected to contract with existing MSICs in their awarded GSAs to serve children with special health care needs.

- If the Contractor and MSIC cannot agree to contract terms, the Contractor shall allow members access to utilize the MSICs for non-emergency conditions and the Contractor shall establish contracts with alternative multi-specialty clinics that meet the network requirements as established by AHCCCS.

- In the absence of a contract with the currently established MSIC, the Contractor may be required to pay the MSIC rates from a specific AHCCCS MSIC fee schedule, to be developed and effective October 1, 2018.
8. AHCCCS is partnering with DCS (Department of Child Safety) for future behavioral health integration.

9. At a future date, successfully awarded Integrated Contractors may have the opportunity to compete for RBHA unique services.
   - A limited number of Integrated Contractors will be permitted to expand these services in each GSA.
Integrated Contractor – Major Decisions

10. Contract term shall be for three (3) years with two (2) two-year extension options.
   - Total contracting period will not exceed seven (7) years

11. Change to prior period health plan enrollment when Non-Title 19 members become Title 19
   - Remain with RBHA to avoid recoupments of non T19 funding
Integrated Contractor – Major Decisions

Services for Members with CRS designation who are also eligible for ALTCS DDD (Long Term Care – Division of Developmental Disabilities):

• Will be transitioned to DES/DDD for both physical and behavioral health services

Contingent on decisions made regarding DES/DDD Acute Care Contractor Request for Proposal.
AHCCCS RFP Resource Page

Posting information and resources that include:

- Schedule of Community Forum Events;
- Any Requests for Information (RFI) Released;
- Appendix - Service Utilization Data;
- Request for Proposal Community Survey; and
- Forum Presentations.

https://www.azahcccs.gov/AHCCCS/Initiatives/CareCoordination/2018IntegratedContractors
Supporting Choice for American Indian Members

- Integrated choices will be available within:
  - Fee-for-Service (AI HP/AI HP or (AI HP/TRBHA);
  - Managed Care (Integrated Contractors)
Thank you!