Arizona Department of Health Services
Maricopa County Regional Behavioral Health Authority Request for Information (HF232023)

March 21, 2012

Recovery Through Whole Health
Purpose

Share and obtain information that may assist in the development of the Request For Proposal.
Structure for Today’s Meeting

- Agenda
- Presentation
- Opportunity for comments
- Ground rules:
  - Order for questions
  - Verbal comments only
  - RFP is the controlling document
Health Disparities for the SMI

• Nationally, persons with Serious Mental Illness (SMI) served by public mental health systems die, on average, at least 25 years earlier than the general population.
• In Arizona, that number is even higher, about 30 years earlier.
• While suicide and injury account for about 30-40% of excess mortality, about 60% of premature deaths in persons with schizophrenia are due to “natural causes”, including:
  • Cardiovascular disease
  • Diabetes
  • Respiratory diseases
  • Infectious diseases
Health Disparities for the SMI In Maricopa County

• Cardiovascular disease is the most common co-morbid condition, affecting 1 in 4
• Pulmonary disease is the second most common, affecting 1 in 5
• 15% of SMI members have more than 3 co-morbid physical health conditions
• 38% of SMI members have no co-morbid physical health conditions
Health Disparities for the SMI

• At least 75% of individuals with SMI have a chronic medical illness, which often goes undiagnosed or is misdiagnosed.

• Compared with the general population, individuals with SMI:
  • Engage in fewer health promoting behaviors;
  • Are less physically active than the general population;
  • Are 50% more likely to be overweight and have diets high in fat and low in fiber;
  • Tend to receive poorer quality medical care;
  • Are more likely to take medications that can induce insulin resistance, raise cholesterol levels, or elevate prolactin levels.
Why Healthcare Integration?

- Improve lifespan and healthcare outcomes.
- Overcome disparities through integrated care.
- Strengthen the focus on screening, prevention, early intervention, care management, patient education and wellness.
- Support the national movement and focus.
- Control costs:
  - Current healthcare system is unsustainable;
  - Small percentage of members account for the greatest costs typically from ER visits, crisis and inpatient hospitalization.
- Reduce fragmented system; make one entity responsible and accountable for all health care.
RBHA—Recovery Through Whole Health Vision

• System will deliver both physical and behavioral health services by a team of healthcare professionals who are accountable as a whole to demonstrate better healthcare outcomes.

• System will deliver integrated healthcare services based on the goals, principles and concepts contained in the Health Home provisions in Section 2703 of the Affordable Care Act.

• State will not submit a Section 2703 Health Home application beginning October 1, 2013; may pursue it at a later date.
RBHA—Recovery Through Whole Health
Issues to Consider:

• ADHS is contemplating the selection of a single contractor to administer all behavioral health and physical health care services for Medicaid-enrolled adults (age 18 and over) with serious mental illness (SMI) within Maricopa County. Some populations are excluded:
  • DDD Members;
  • Title XXI eligible children;
  • Family members of persons with SMI are not being considered for enrollment into the RBHA for integrated physical and behavioral health services.
RBHA—Recovery Through Whole Health

Issues to Consider:

• Other features of the RBHA include:
  • Tribal members will have choice of health plans;
  • 18-20 year old members will receive integrated care that follows EPSDT requirements;
  • ADHS is considering a contract with a third party vendor to conduct SMI eligibility determinations statewide. This differs from current practice where this function is performed by the RBHA.
RBHA—Recovery Through Whole Health Stakeholder Input

- Two series of forums and interviews have occurred:
  - Obtained input from persons with Serious Mental Illnesses and their family members; online report: Summary of Input from Peers and Family Members Regarding the Planned Integrated Healthcare System for Persons with Serious Mental Illnesses.
  - Obtained input from behavioral and acute care providers, regarding the integration of physical and behavioral health care services; online report: Behavioral Health & Acute Care Provider Input Summary regarding the planned Integrated Healthcare System for Persons with Serious Mental Illnesses.
  - Additional stakeholder engagement is taking place during March and April.
  - Summary reports along with a link where to submit additional input are available online at http://www.azdhs.gov/diro/integrated/.
RBHA—Recovery Through Whole Health
Issues to Consider

• For persons with SMI who have Medicare benefits (dual eligible members), the RBHA will offer services covered through Medicare through either:
  • A CMS-approved demonstration project—Dual eligible members will be automatically enrolled with the ongoing choice to opt-out.
  • A RBHA/Medicare Special Needs Plan.
RBHA—Recovery Through Whole Health
Issues to Consider:

• The RBHA will be a single entity with no subcontracting to another company to perform either the physical or behavioral health managed care functions.

• Key functions of RBHA operations critical to the integration of behavioral and physical health care for members cannot be delegated. Examples include:
  • Quality Management
  • Medical Management
  • Grievance and Appeals
  • Network Management/Provider Relations
  • Member Services
RBHA—Recovery Through Whole Health

Issues to Consider:

• The capitation rate for individuals with SMI receiving physical and behavioral health services through the RBHA will be set with identifiable physical health and behavioral health components that will be combined into one integrated care capitation rate for payment.

• It is anticipated that capitation rates will be bid and that the Medical Service and Administration components of the capitation rate will be separately bid. Maximum cap on administration will be 8%.

• The risk contingency portion of the cap rate will be 1%.
RBHA—Recovery Through Whole Health
Issues to Consider:

• The capitation for individuals with SMI receiving both physical and behavioral health services through the RBHA will be paid across these "integrated" SMI members.

• American Indian members with SMI may choose not to receive physical health care through the RBHA, but may still opt for RBHA-provided behavioral health services. The RBHA will receive a behavioral health-only capitation for that population to be paid across all members choosing that option.
RBHA—Recovery Through Whole Health

Issues to Consider:

- Capitation rate reconciliation using encounter data will be performed for all capitation rates within some profit/loss corridor. This reconciliation will account for unknown factors, such as:
  - An expected increase in utilization of integrated health care services to persons with SMI;
  - Changes in the pattern of SMI determinations by a third party vendor; and
  - Impact of service utilization patterns of new members eligible on 1/1/14 under the Affordable Care Act.
RBHA—Recovery Through Whole Health
Issues to Consider:

• No reinsurance will be needed with this approach.
• Behavioral and physical health will be separately reported on the financial statements as well as separate reporting of behavioral-health-only recipients including individuals with SMI not receiving both physical and behavioral health services through the RBHA.
• The GMH/SA capitation for behavioral health will be paid across all non-SMI AHCCCS adults.
RBHA—Recovery Through Whole Health
Issues to Consider:

- Requirements for health information technology:
  - Use of technology to coordinate care by sharing health care information.
  - Standard Continuity of Care standards to promote sharing information.
  - Participation in a Health Information Exchange.
  - Safeguards to protect privacy.
  - Data exchange between AHCCCS acute contractors and RBHAs.
  - Historical acute and behavioral health care data to be provided to RBHA prior to contract start date.
RBHA—Recovery Through Whole Health

Issues to Consider:

• Requirements related to transition to the integrated health care service delivery system

• Requirements related to the current behavioral health service delivery infrastructure:
  • PNOs
  • SMI Clinics
RBHA—Recovery Through Whole Health

Issues to Consider:

- Requirements related to achieving better health care outcomes:
  - Care Management
  - Care Coordination
  - Case Management
  - Disease Management
  - Health Promotion Programs
  - Peer and Family Member Support
  - Treatment Team
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Issues to Consider:

• Requirements related to workforce development:
  • Recruitment
  • Retention
  • Training

• Changes anticipated in 2014 through Affordable Care Act, for example participation in a Health Insurance Exchange.

• *Arnold vs. Sarn* revised court orders.

• No statutory changes needed for implementation.
RBHA—Recovery Through Whole Health Timeline

<table>
<thead>
<tr>
<th>Activity</th>
<th>Date</th>
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<tbody>
<tr>
<td>Public Meetings/Stakeholder Input</td>
<td>September 2011 – April 2012</td>
</tr>
<tr>
<td>Request for Proposal Issued</td>
<td>July 2012</td>
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<tr>
<td>Proposals Due</td>
<td>October 2012</td>
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<tr>
<td>Contracts Awarded</td>
<td>January 2013</td>
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<tr>
<td>Readiness Reviews/Transition Activities Begin</td>
<td>February 2013</td>
</tr>
<tr>
<td>New Contracts Effective</td>
<td>October 1, 2013</td>
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RBHA—Recovery Through Whole Health Timeline

NOTE: The dates contained in this timeline are estimates only and intended to provide general information for anticipated milestones. These dates are subject to change by the Arizona Department of Health Services (ADHS) at its discretion and should not be relied on as official guidance. All official announcements, requirements and expectations that govern this procurement will be available on the ADHS office of procurement website, located at: http://www.azdhs.gov/procurement/rfps.htm. It is the responsibility of those interested in this procurement to periodically check this site for updates to the timeline. The official Solicitation will be posted on the state of Arizona e-procurement system (ProcureAZ) at: https://procure.az.gov/bso/external/publicBids.sdo. All vendors registered on ProcureAZ will be notified when the Solicitation is posted.
Information is Available

- ADHS web site  http://www.azdhs.gov/bhs/
- AHCCCS web site  http://www.azahcccs.gov/
- To receive notice of the RFP, vendors should register on the ProcureAZ website under commodity code 952-08:  
  https://procure.az.gov/bso/login.jsp