



# Arizona Health & Human Services Market Profile



# Health and Human Services Market Profile Overview

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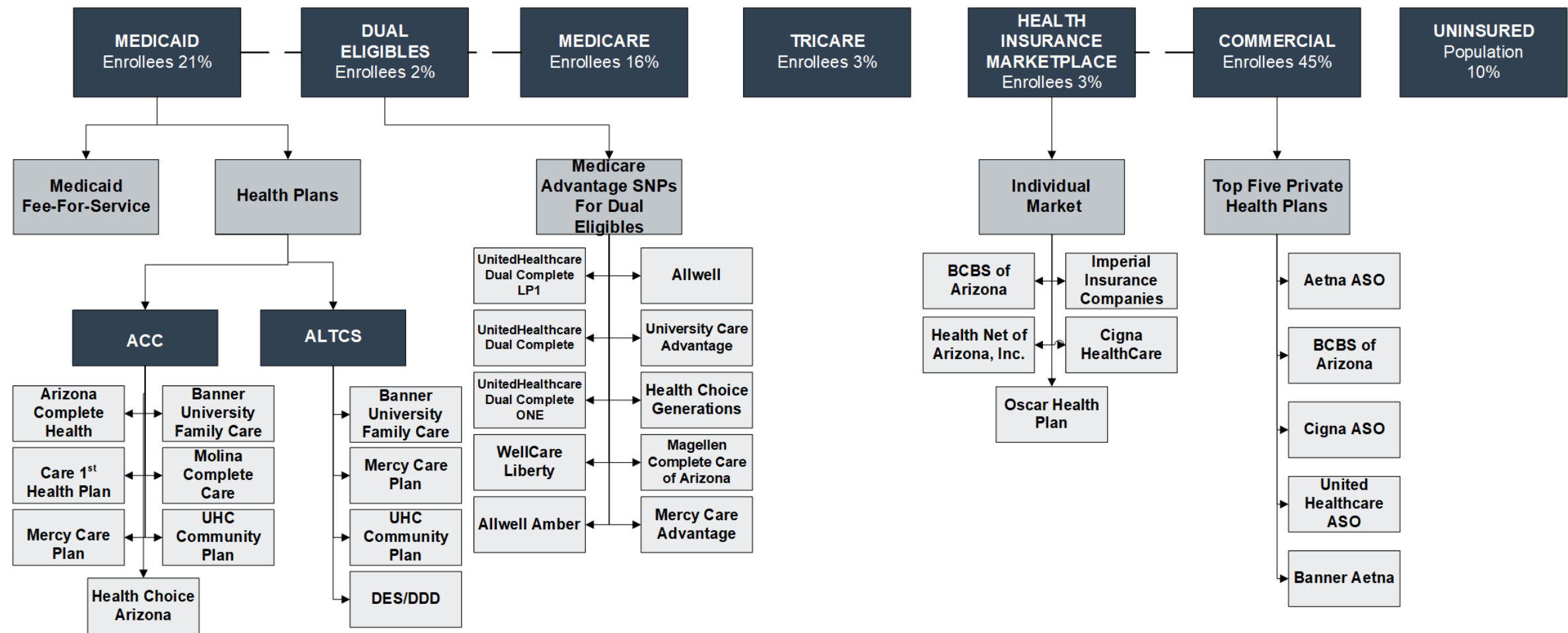
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# A. Executive Summary

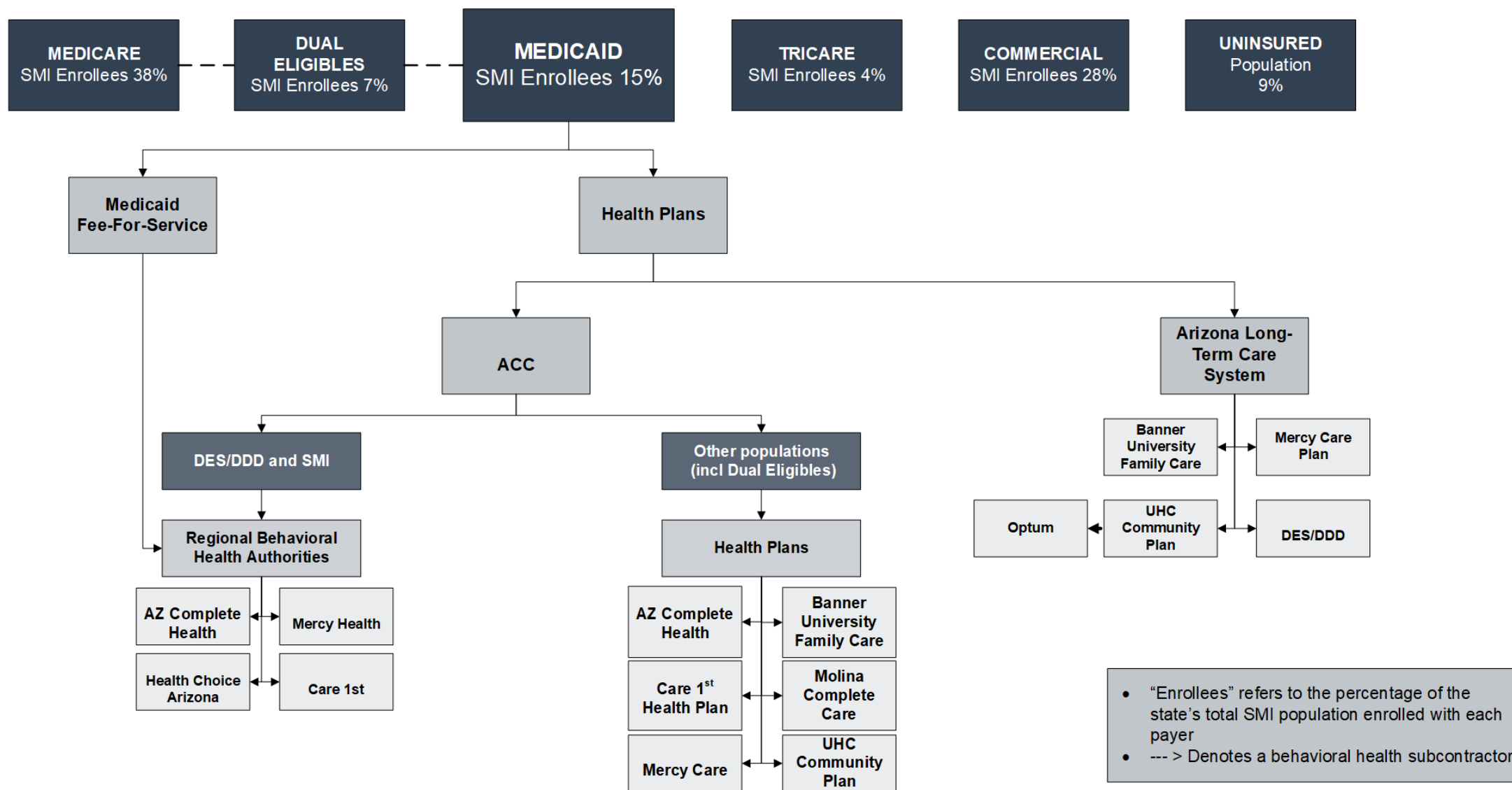
# A.1. Arizona Physical Health Care Coverage by Payer

Total Arizona Population- 7,276,316  
Estimated SMI Population- 356,539



"Enrollees" refers to the percentage of the state's total population enrolled with each payer.

# A.1. Arizona Behavioral Health Care Coverage by Payer



## A.2. Health & Human Services Care Coordination Initiatives

Medicaid Care Coordination Entities For Chronic Care Populations (Including SMI)		
Care Coordination Entity	Active Program	Description
Managed Care Health Plan	✓	Health plans are responsible for care coordination.
Primary Care Case Management (PCCM)	✓	The American Indian Medical Home (AIMH) program provides care coordination under a PCCM model.
Accountable Care Organization (ACO) Program		The state operates Commercial and Medicare ACO's only.
Affordable Care Act (ACA) Model Health Home		None
Patient-Centered Medical Home (PCMH)	✓	AIMH participating organizations operate as PCMHs.
Dual Eligible Demonstration		None
Managed Long-Term Services and Supports (MLTSS)	✓	Arizona Long-Term Care System (ALTCS) program health plans incorporate LTSS for individuals requiring an ICF/IDD or nursing facility level of care.
Certified Community Behavioral Health Clinics (CCBHC) Grant	✓	The state awarded four CCBHC grants for FY 23.
Other Care Coordination Initiatives	✓	The Targeted Investments Program makes incentive payments to provider organizations for the integration of physical and behavioral health services.

## A.3. Health Care Safety-Net Delivery System

### State Agencies Responsible For Uninsured Citizens & Delivery System Model

#### Physical Health Services

- Arizona's primary care office, the Bureau of Health Systems Development within the Department of Health Services, has no service delivery mandate. Sliding fee clinics throughout the state and county health departments provide physical health services to the safety-net population.

#### Mental Health Services

- The Arizona Health Care Cost Containment System (AHCCCS) provides mental health treatment services to the safety-net population through contracts with Tribal and Regional Behavioral Health Authorities (T/RBHAs).

#### Addiction Treatment Services

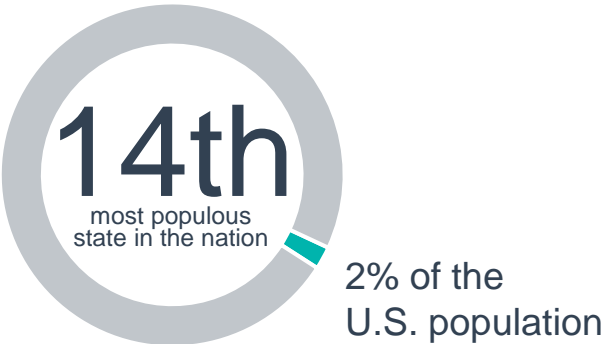
- AHCCCS also provides addiction treatment services to the safety-net population through contracts with T/RBHAs.

## B. Arizona Health Financing System Overview

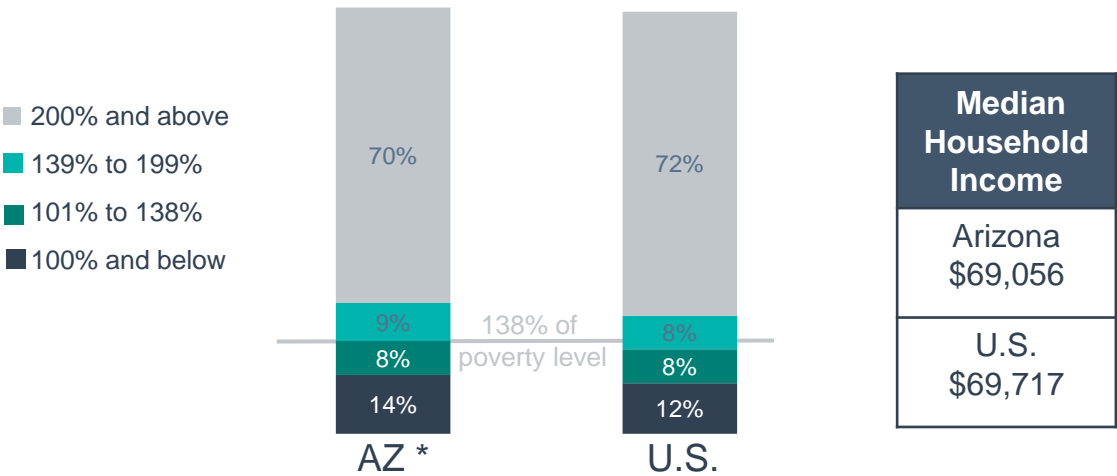


# B.1. Population Demographics

Total Arizona Population- 7,276,316  
Estimated SMI Population- 356,539



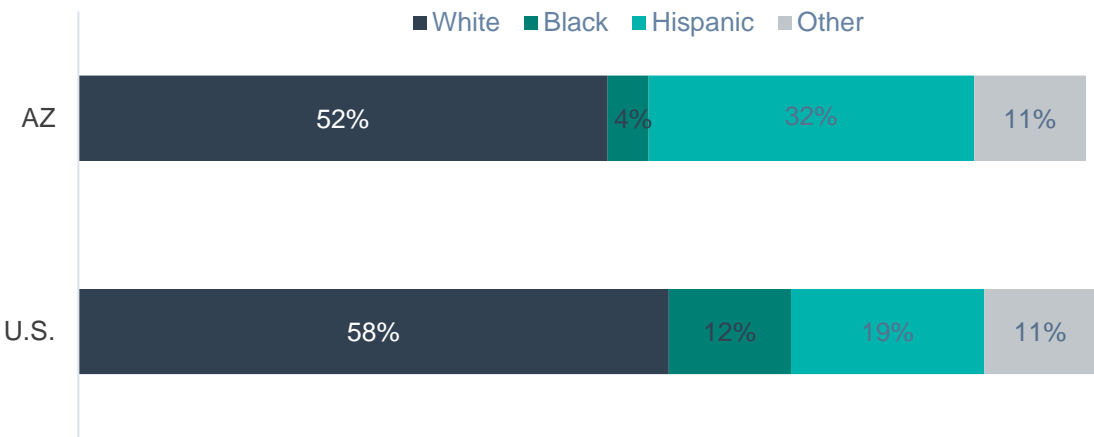
Population Distribution By Income To Poverty Threshold Ratio



Population Distribution By Age

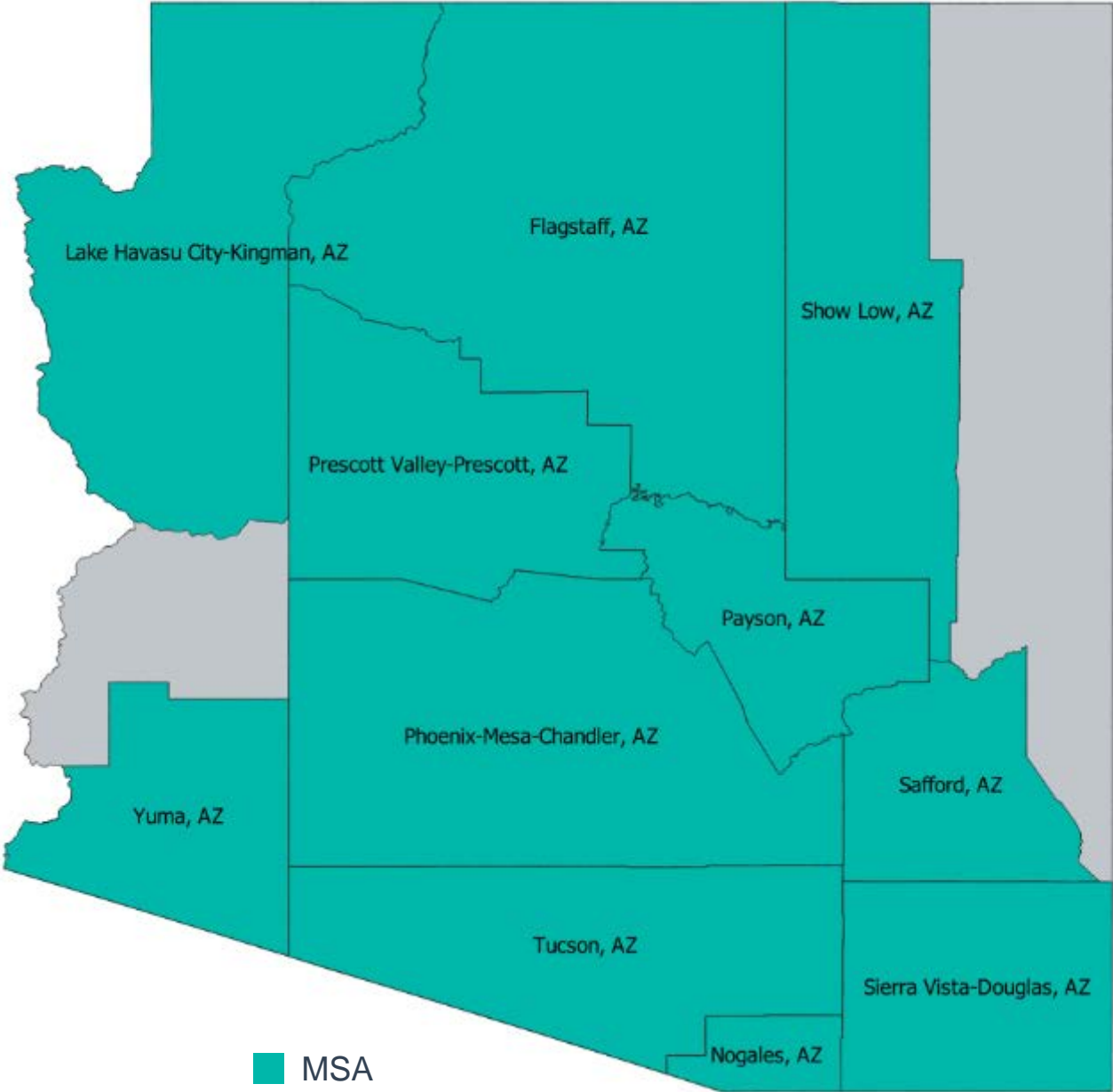


Arizona & U.S. Racial Composition

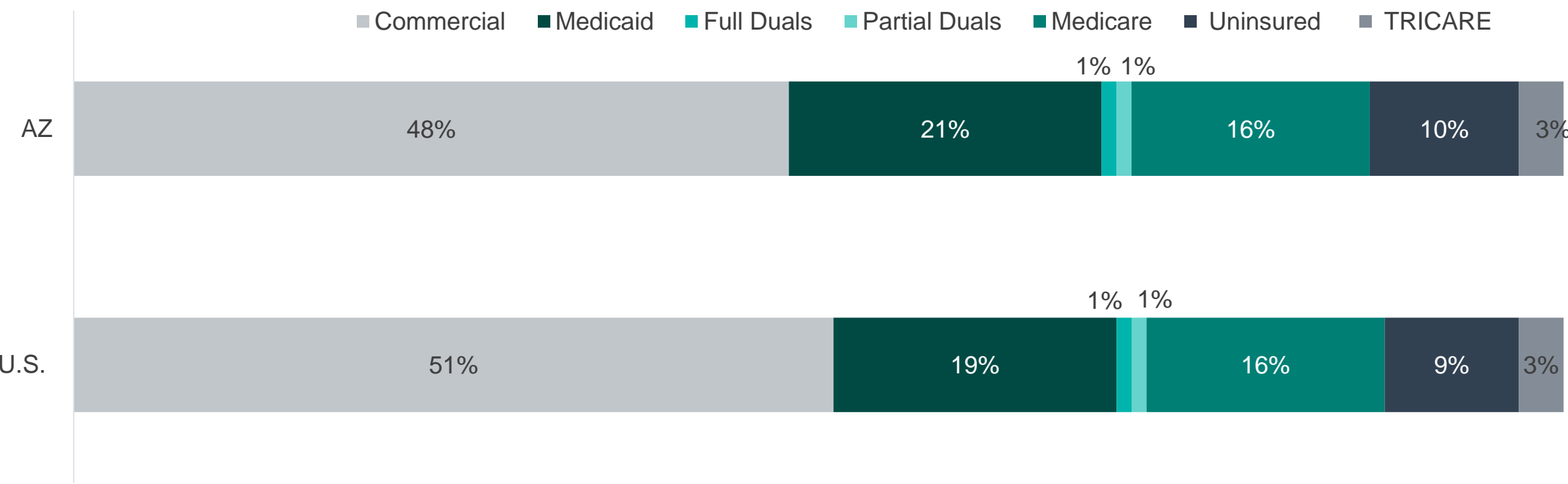


# B.2. Population Centers

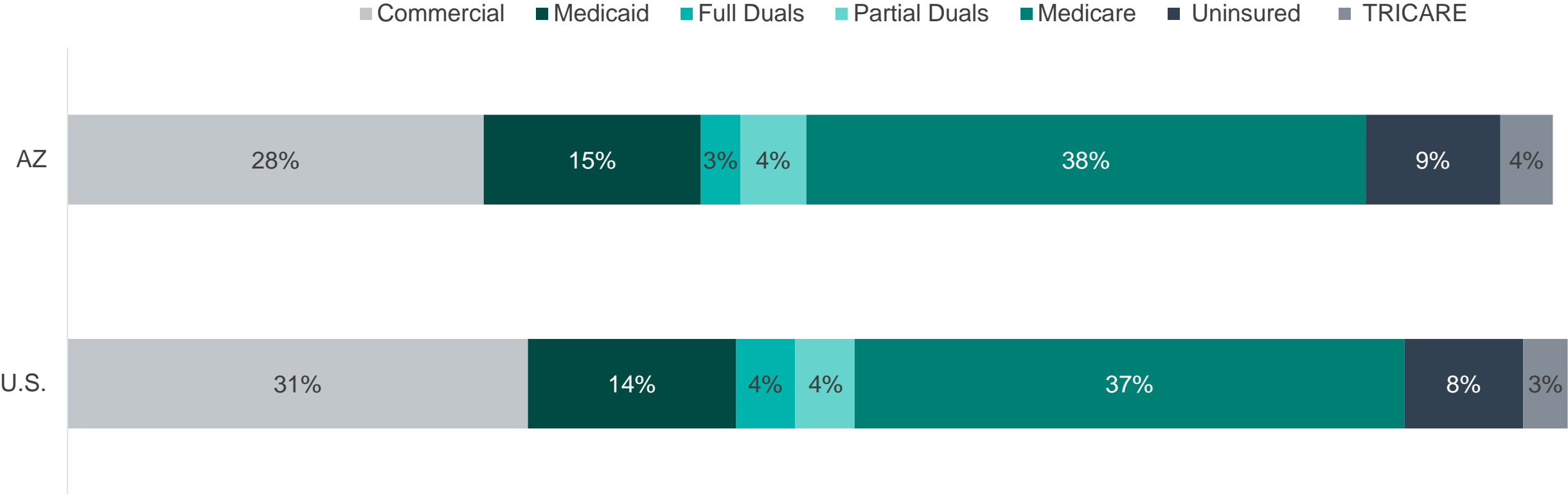
Metropolitan Statistical Areas (MSAs)		
MSA	MSA Residents	Percent Of Population
Total MSA Population	6,565,280	90%
Phoenix-Mesa-Scottsdale, AZ	4,586,431	63%
Tucson, AZ	1,027,298	14%
Prescott, AZ	240,226	3%
Yuma, AZ	217,824	3%
Lake Havasu City-Kingman, AZ	217,206	3%
Flagstaff, AZ	149,647	2%
Sierra Vista-Douglas, AZ	126,648	2%



# B.3. Population Distribution By Payer: National vs. State



# B.3. SMI Population Distribution By Payer: National vs. State



## B.4. Largest Arizona Health Plans By Enrollment

Plan Name	Plan Type	Enrollment*
Blue Cross Blue Shield of Arizona	Commercial	1,377,241
Arizona Medicare fee-for-service (FFS)	Medicare	607,270
UnitedHealthcare Community Plan	Medicaid Managed Care – Arizona Complete Care	450,457
Mercy Care	Medicaid Managed Care- Arizona Complete Care	400,922
Arizona Complete Health	Medicaid Managed Care – Arizona Complete Care	375,558
UnitedHealthcare	Commercial Administrative services only (ASO)	366,200
Cigna	Commercial ASO	313,940
Arizona Medicaid fee-for-service (FFS)	Medicaid	273,196
Aetna	Commercial ASO	233,363
Health Choice Arizona	Medicaid Managed Care – Arizona Complete Care	230,796

\*Medicaid enrollment as of May 2022; Commercial as of May 2022; Medicare as of December 2021; TRICARE enrollment as of May 2022

## B.4. Largest Arizona Health Plans By Estimated SMI Enrollment

Plan Name	Type	Enrollment*	Estimated SMI Enrollment
Arizona Medicare FFS	Medicare	607,270	97,163
Blue Cross Blue Shield of Arizona	Commercial	1,377,241	67,485
UnitedHealthcare Community Plan	Medicaid Managed Care – Arizona Complete Care	450,457	22,072
AARP MedicareComplete	Medicare Advantage	136,095	21,775
Mercy Care	Medicaid Managed Care – Arizona Complete Care	400,922	19,645
Arizona Complete Health Complete Care Plan	Medicaid Managed Care – Arizona Complete Care	375,558	18,402
UnitedHealthcare	Commercial ASO	366,200	17,944
TRICARE	Other public	212,736	17,657
Cigna	Commercial ASO	313,940	15,383
Maricopa Health Plan	Medicaid Managed Care – Arizona Complete Care	285,550	13,992

\*Medicaid enrollment as of May 2022; Commercial as of May 2022; Medicare as of May 2022; TRICARE enrollment as of July 2021.

# B.5. Health Insurance Marketplace

Health Insurance Marketplace	
Healthcare Marketplace Percentage	3%
Type of Marketplace	Federal
Individual Enrollment Contact	<a href="https://www.healthcare.gov/">https://www.healthcare.gov/</a>
	1-800-318-2596
Small Business Enrollment Contact	No small group plans are available through the marketplace. Employers must purchase coverage directly from an insurance carrier, or through an insurance broker.

2023 Individual Market Health Plans
<div>1. Banner/ Aetna CVS Health</div> <div>2. Blue Cross Blue Shield of Arizona.</div> <div>3. Imperial Insurance Companies</div> <div>4. Cigna HealthCare of Arizona, Inc.</div> <div>5. Health Net of Arizona, Inc.</div> <div>6. Medica Community Health Plan</div> <div>7. Oscar Health Plan, Inc.</div> <div>8. UnitedHealthcare</div>
2023 Small Group Market Health Plans
None

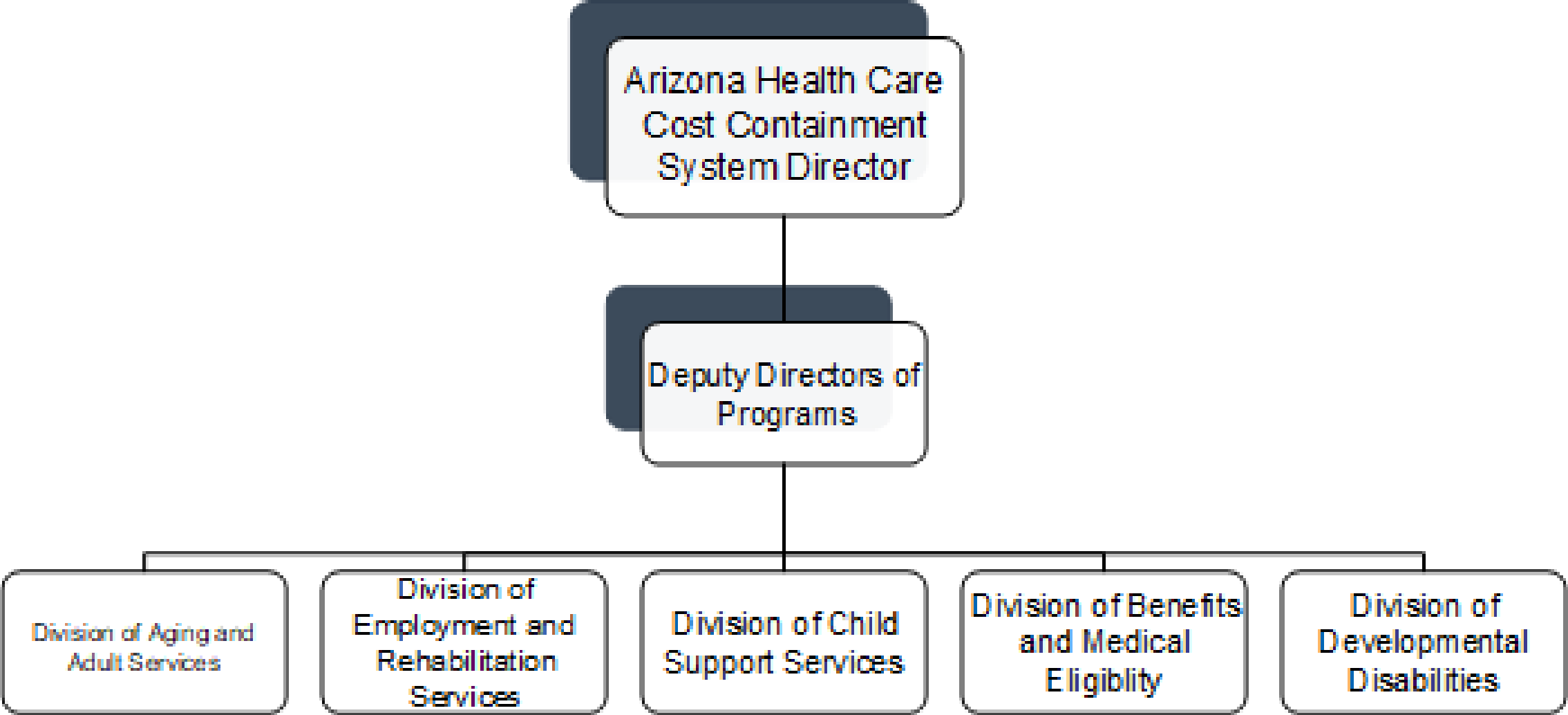
## B.6. Accountable Care Organizations

Commercial ACOs		Medicare ACOs	
ACO	Commercial Insurer	1. 360 ACO	
Arizona Care Network – Next, LLC	Aetna Whole Health, UnitedHealthcare	2. Abacus Health LLC	
Arizona Community Physicians	Cigna	3. Aledade Accountable Care 57, LLC	
Arizona Connected Care, LLC	Cigna	4. Arizona Connected Care, LLC	
Banner Health Network	Aetna Whole Health, BCBS of Arizona, Cigna, UnitedHealthcare	5. ASPA Connected Community, LLC	
Cigna Medical Group of Arizona Collaborative Accountable Care	Cigna	6. Banner Health Network	
Commonwealth Primary Care	Cigna	7. CHSPSC ACO 16, LLC	
NexusACO	UnitedHealthcare	8. Commonwealth Primary Care ACO, LLC	
Scottsdale Health Partners, LLC	Cigna	9. North Central Arizona Accountable Care, LLC	
		10. PathfinderHealth, LLC	
		11. Prime Accountable Care West, LLC	
		12. Scottsdale Health Partners, LLC	
		13. Steward National Care Network, Inc	
Next Generation ACOs		End Stage Renal Disease Model ACOs	
1. Arizona Care Network, - Next, LLC		1. Phoenix-Tucson Integrated Kidney Care ESCO	
2. Revere Health			



## C. Medicaid Administration, Governance & Operations

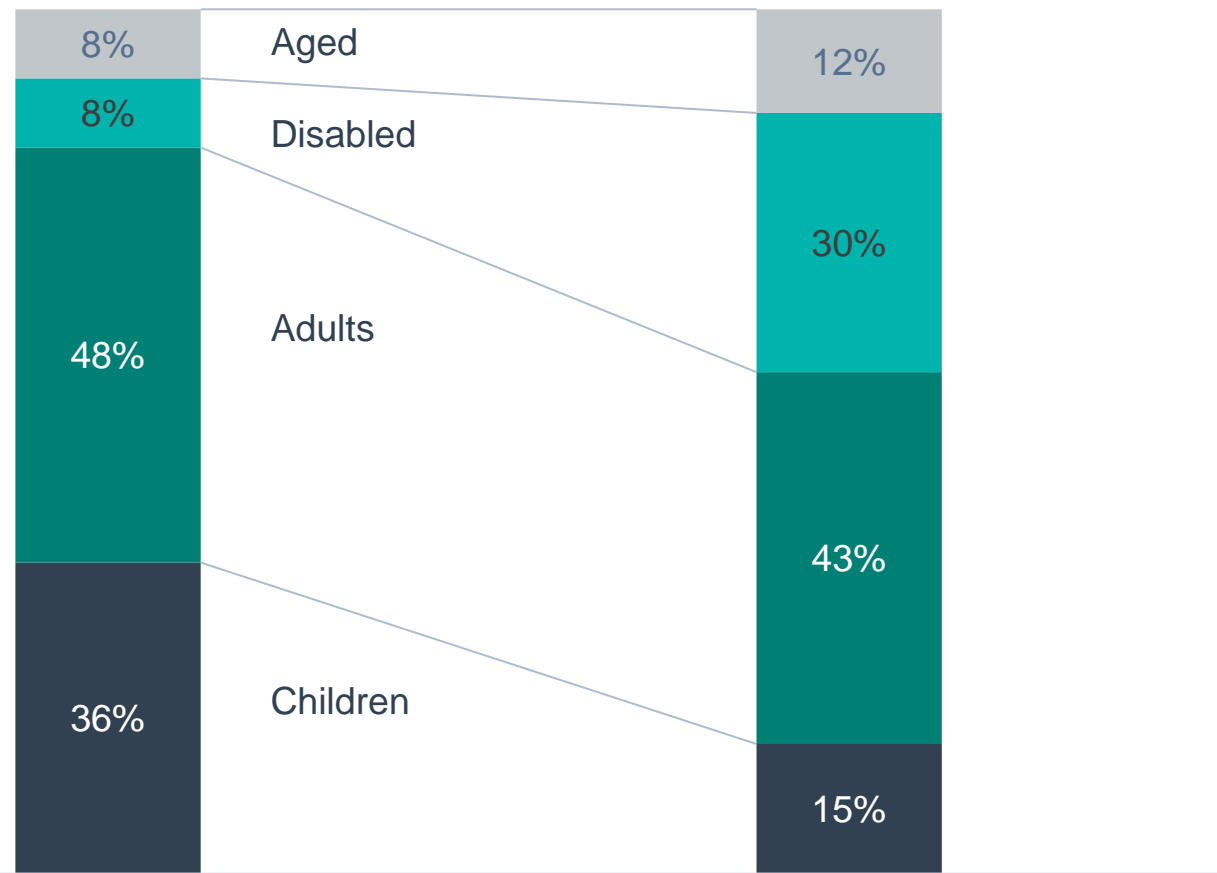
# C.1. Medicaid Governance: Organization Chart



## C.1. Medicaid Governance: Key Leadership

Name	Position	Department	Email
Jami Snyder	Director, State Medicaid Director	Arizona Health Care Cost Containment System (AHCCCS)	jami.snyder@azahcccs.gov
Shelli Silver	Deputy Director, Health Plan Operations	AHCCCS	shelli.silver@azahcccs.gov
Kristen Challacombe	Deputy Director, Business Operations	AHCCCS	kristen.challacombe@azahcccs.gov
Sara Salek, M.D.	Chief Medical Officer	AHCCCS	sara.salek@azahcccs.gov
Dana Flannery	Community Advocacy and Intergovernmental Relations	AHCCCS	dana.flannery@azahcccs.gov
Maureen Sharp	Health Care Management Finance, Rate Development & Data	AHCCCS	maureen.sharp@azahcccs.gov
Jakenna Lebsock	Health Care Management Clinical & Operations	AHCCCS	jakenna.lebsock@azahcccs.gov
Joni Shipman	Member & Provider Services	AHCCCS	joni.shipman@azahcccs.gov

# C.2. Medicaid Program Spending By Eligibility Group



Percent of Total Medicaid Population

Percent of Total Medicaid Spending

\*Based on FY 2020 data

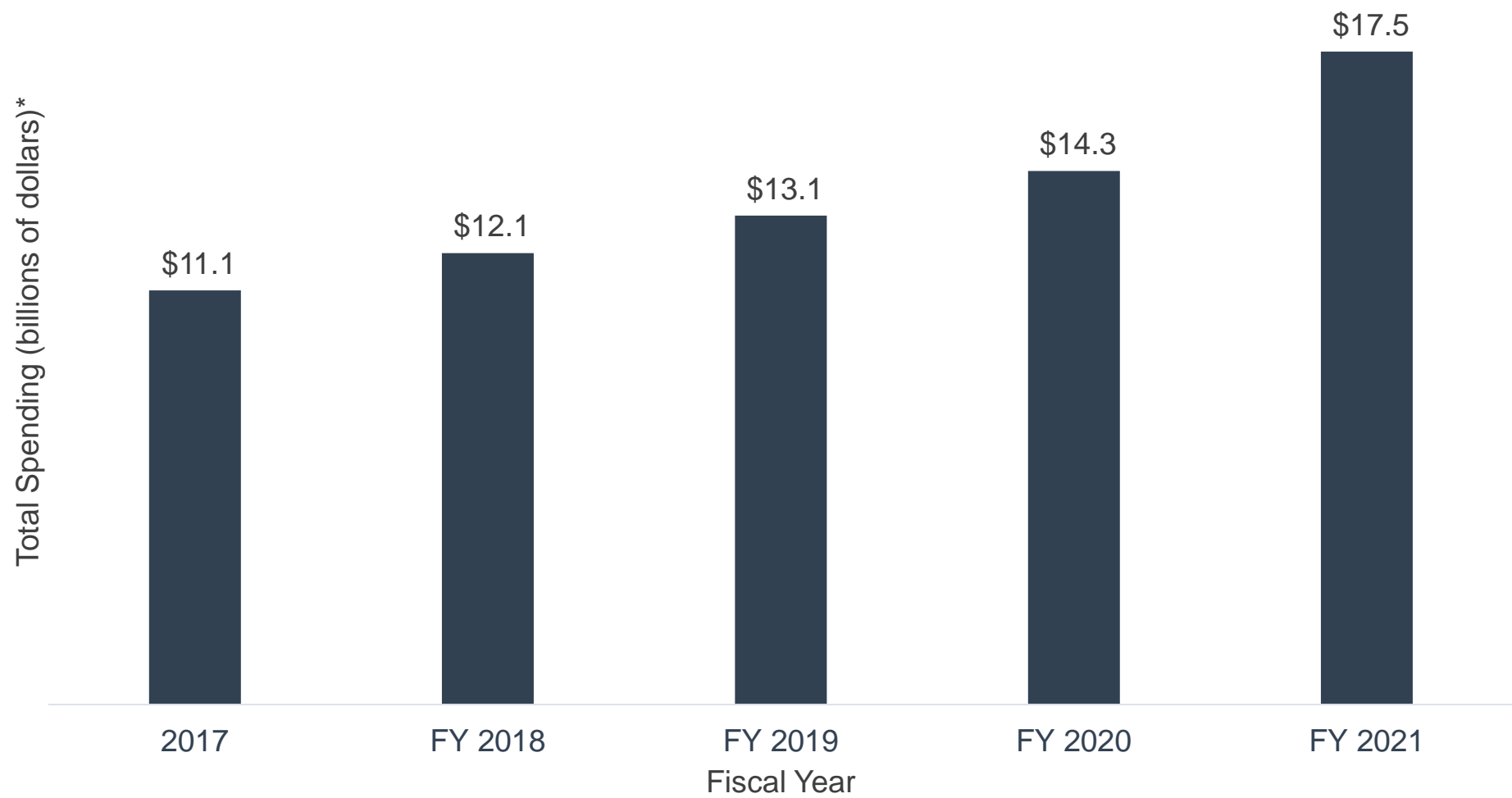
Medicaid Spending Per Enrollee, FY 2020		
	U.S.	AZ
All populations	\$8,718	\$7,458
Children	\$3,495	\$3,201
Adults	\$5,461	\$5,259
Expansion adults	\$7,227	\$8,382
Blind and disabled	\$23,123	\$24,600
Aged	\$18,552	\$9,632

# C.2. Medicaid Program Spending: Budget

Budget Item	FY 2021 Spending	Percent Of Budget
Managed care and premium assistance	\$14,783,000,000	84%
Hospital	\$930,000,000	5%
Other acute	\$667,000,000	4%
Medicare premiums and coinsurance	\$439,000,000	3%
Clinic and health center	\$370,000,000	2%
Drugs	\$215,000,000	1%
Institutional LTSS	\$104,000,000	1%
Physician	\$64,000,000	<1%
Other practitioner	\$11,000,000	<1%
Dental	\$4,000,000	<1%
Home- and community-based LTSS	\$3,000,000	<1%
Budget Total: \$17,590,000,000		

Federal & County Financial Participation	
FY 2023 Federal Medical Assistance Percentage (FMAP)	76%
CY 2023 Newly Eligible FMAP (expansion population)	88%
Counties contribute to state Medicaid share	No

# C.2. Medicaid Program Spending: Change Over Time



# C.3. Medicaid Expansion Status

Medicaid Expansion	
Participating In Expansion	Yes
Date Of Expansion	January 2014
Medicaid Eligibility Income Limit For Able-Bodied Adults	133% of Federal Poverty Level (FPL) Note: The Patient Protection and Affordable Care Act (PPACA) requires that 5% of income be disregarded when determining eligibility
Legislation Used To Expand Medicaid	House Bill 2010, 51st Legislature
Number Of Individuals Enrolled In The Expansion Group (March 2022)	613,108
Number Of Enrollees Newly Eligible Due To Expansion	187,186
Benefit Plan For Expansion Population	The alternative benefit plan is identical to the state plan.

## C.4. Medicaid Program Benefits

### Federally Mandated Services

1. Inpatient hospital services other than services in an institution for mental disease (IMD)
2. Outpatient hospital services
3. Rural Health Clinic services
4. Federally Qualified Health Center (FQHC) services
5. Laboratory and x-ray services
6. Nursing facilities for individuals 21 and over
7. Early and Periodic Screening and Diagnosis and Treatment (EPSDT)
8. Family planning services and supplies
9. Free standing birth centers
10. Pregnancy-related and postpartum services
11. Nurse midwife services
12. Tobacco cessation programs for pregnant women
13. Physician services
14. Medical and surgical services of a dentist
15. Home health services
16. Nurse practitioner services
17. Non-emergency transportation to medical care

### Arizona's Optional Services

1. Podiatry
2. Optometry
3. Services of other practitioners
4. Private duty nursing
5. Clinic services
6. Dental services
7. Physical and occupational therapy
8. Services for individuals with speech, hearing, and language disorders
9. Prescribed drugs
10. Prosthetic devices
11. Diagnostic, screening services, and preventive services
12. Rehabilitative services
13. Inpatient services for individuals age 65 and over in IMDs
14. Intermediate care facility for intellectual and developmental disabilities (ICF/IDD) and public institution services for individuals
15. Inpatient psychiatric services for individuals under age 22
16. Hospice care
17. Case management
18. Respiratory care
19. Nursing facility services for individuals under 21



## D. Medicaid Financing & Service Delivery System

## D.1. Medicaid Financing & Service Delivery System

Medicaid System Characteristics				
Characteristics	Fee-For-Service (FFS)	Managed Care – AHCCCS Complete Care (ACC)	Managed Care – Acute SMI	Managed Care – ALTCS
Enrollment (December 2022)	273,196	2,220,821	49,287	67,325
SMI Enrollment	<ul style="list-style-type: none"> <li>Arizona's only managed care exemption criterion is membership in an American Indian Tribe, with or without the presence of an SMI diagnosis. As a result, the majority of the SMI population is enrolled in managed care.</li> <li>Estimated 90% of SMI population is enrolled in managed care, 10% in FFS.</li> </ul>			
Management	<ul style="list-style-type: none"> <li>Acute care: Arizona Health Care Cost Containment System</li> <li>Behavioral health: Regional Behavioral Health Authorities (RBHAs)</li> </ul>	Seven health plans that provide acute and behavioral health care services	Three health plans, operated by RBHAs	<ul style="list-style-type: none"> <li>Three health plans that provide acute and long-term care</li> <li>Some populations served through Tribal and interagency agreements</li> </ul>
Payment Model	<ul style="list-style-type: none"> <li>Acute care: FFS</li> <li>Behavioral health: Capitated rate</li> </ul>	Capitated rate	Capitated rate	Capitated rate
Geographic Service Area	<ul style="list-style-type: none"> <li>Acute care: Statewide</li> <li>Behavioral health: One RBHA per region</li> </ul>	Statewide, plans available regionally	Statewide, one plan per region	Statewide, plans available regionally

**Total Medicaid Enrollment: 2,610,629 | Total Medicaid With SMI: 127,920**

## D.2. Medicaid System Overview

### Medicaid Financial Delivery System Enrollment

Total Medicaid population distribution	<ul style="list-style-type: none"> <li>As of December 2022: 10% in fee-for-service (FFS), 90% in managed care</li> </ul>
SMI population inclusion in managed care	<ul style="list-style-type: none"> <li>Arizona's only managed care exemption criterion is membership in an American Indian Tribe, with or without the presence of an SMI diagnosis. As a result, the majority of the SMI population is enrolled in managed care.</li> <li>Eligible individuals are automatically enrolled in specialty health plans for persons with SMI.</li> <li>Estimated 10% of SMI population in FFS, 90% in managed care</li> </ul>
Dual eligible population inclusion in managed care	<ul style="list-style-type: none"> <li>Managed care is mandatory for full-benefit dual eligibles. Partial benefits dual eligibles are in FFS.</li> <li>Estimated 21% of population in FFS, 79% in managed care</li> </ul>
Long-term services and supports (LTSS) inclusion in managed care	<ul style="list-style-type: none"> <li>Managed care is mandatory for individuals in need of nursing facility or ICF/IDD level of care.</li> </ul>

### Medicaid Financing & Risk Arrangements: Behavioral Health

Service Type	FFS Population	Managed Care Population
Traditional behavioral health	<ul style="list-style-type: none"> <li>Individuals without SMI: FFS</li> <li>Individuals with SMI: Regional Behavioral Health Authorities (RBHAs) or tribal RBHAs</li> </ul>	<ul style="list-style-type: none"> <li>Included in the health plan's capitation rate</li> <li>The state also operates integrated health plans for the SMI population. All services are included in the RBHA's capitation rate.</li> </ul>
Specialty behavioral health		
Pharmaceuticals	Covered FFS by the state	Included in the health plan's capitation rate
Long-term services and supports (LTSS)	Covered FFS by the state	Individuals in need of a nursing facility or ICF/IDD level of care receive all services—including LTSS—through the Arizona Long-Term Care System (ALTCs) health plans.

## D.2. Medicaid Care Coordination Initiatives

Medicaid Care Coordination Entities For Chronic Care Populations (Including SMI)		
Care Coordination Entity	Active Program	Description
Managed Care Health Plan	✓	Health plans are responsible for care coordination.
Primary Care Case Management (PCCM)	✓	The American Indian Medical Home (AIMH) program provides care coordination under a PCCM model.
Accountable Care Organization (ACO) Program		None
Affordable Care Act (ACA) Model Health Home		None
Patient-Centered Medical Home (PCMH)	✓	AIMH participating organizations operate as PCMHs.
Dual Eligible Demonstration		None
Managed Long-Term Services and Supports (MLTSS)	✓	Arizona Long-Term Care System (ALTCS) program health plans incorporate LTSS for individuals requiring an ICF/IDD or nursing facility level of care.
Certified Community Behavioral Health Clinics (CCBHC) Grant	✓	The state awarded four CCBHC grants for FY 23.
Other Care Coordination Initiatives	✓	The Targeted Investments Program makes incentive payments to provider organizations for the integration of physical and behavioral health services.

# D.2. Medicaid Service Delivery System Enrollment By Eligibility Group

Population	Mandatory FFS Enrollment	Option To Enroll In FFS Or Managed Care	Mandatory Managed Care Enrollment
Parents and caretakers			X
Children			X
Blind and disabled individuals			X
Aged individuals			X
Dual eligibles	Partial benefit dual eligibles		Full benefit dual eligibles
Medicaid expansion			X
Individuals residing in nursing homes			X
Individuals residing in ICF/IDD			X
Individuals in foster care			X
Other populations	<ul style="list-style-type: none"><li>• Emergency services for non-citizens</li><li>• Presumptive eligibility</li></ul>	<ul style="list-style-type: none"><li>• Alaskan natives</li><li>• American Indians</li></ul>	Breast and cervical cancer program

## D.2. Medicaid FFS Program: Overview

- FFS enrollment as of December 2022 was 273,196.
- Arizona calls its Medicaid program Medical Assistance.
- The only full benefit population eligible to enroll in the FFS program is the American Indian population.
  - Of the 186,387 American Indians participating in Arizona's Medicaid program, 132,497 are enrolled in FFS.
- The FFS program for American Indians is called the American Indian Health Program (AIHP).
  - American Indians are able to receive services from any AHCCCS provider organization, Indian Health Service (IHS) facility, or tribally operated (638 contract designation) facility on an FFS basis.
  - American Indians are able to switch from an AHCCCS managed care plan to AIHP at any time.
  - In October 2017, the state began operating a voluntary PCMH program for the American Indian population called the American Indian Medical Home (AIMH) program.
  - In areas with participating provider organizations, PCCM is available to AIHP enrollees through the AIMH program.

# D.2. Medicaid FFS Program: Behavioral Health Benefits

- The AHIP population with SMI may choose to enroll in the RBHA for behavioral health services only and receive physical health services through the AIHP.
- Most other FFS populations are those with presumptive eligibility or retroactive coverage and are not served by the RBHAs.

FFS Mental Health Benefits	FFS Addiction Treatment Benefits
<div><div>1.</div><div>Inpatient services</div></div> <div><div>2.</div><div>Subacute facility services</div></div> <div><div>3.</div><div>Psychiatric residential treatment facility for individuals under age 21</div></div> <div><div>4.</div><div>Day programs</div></div> <div><div>5.</div><div>Counseling and therapy</div></div> <div><div>6.</div><div>Assessment, evaluation, and screening</div></div> <div><div>7.</div><div>Multisystemic therapy for juveniles</div></div> <div><div>8.</div><div>Rehabilitation services</div></div> <div><div>9.</div><div>Medication administration</div></div> <div><div>10.</div><div>Medical testing</div></div> <div><div>11.</div><div>Medical management</div></div> <div><div>12.</div><div>Electroconvulsive therapy</div></div> <div><div>13.</div><div>Support services, including case management</div></div> <div><div>14.</div><div>Crisis intervention services</div></div>	<div><div>1.</div><div>Inpatient services, including medical detoxification</div></div> <div><div>2.</div><div>Subacute facility services</div></div> <div><div>3.</div><div>Day programs</div></div> <div><div>4.</div><div>Alcohol and drug assessment</div></div> <div><div>5.</div><div>Intensive outpatient</div></div> <div><div>6.</div><div>Comprehensive medication services</div></div> <div><div>7.</div><div>Crisis services</div></div> <div><div>8.</div><div>Support services, including case management</div></div>

## D.2. Medicaid FFS Program: SMI Population

- Arizona's only managed care exemption criterion is membership in an American Indian Tribe, with or without the presence of an SMI diagnosis. As a result, the majority of the SMI population is enrolled in managed care.
- As of December 2022, *OPEN MINDS* estimates that 10% of the SMI population was enrolled in FFS.



## D.2. Medicaid FFS Program: Pharmacy Benefit

Arizona FFS Program Pharmacy Benefit & Utilization Restrictions	
State Uses Pharmacy Benefit Manager (PBM)	Yes, Optum Rx is the PBM.
Responsible For Financing General Pharmacy Benefit	Medicaid FFS
Responsible For Financing Mental Health Pharmacy Benefit	Medicaid FFS
State Uses A Preferred Drug List (PDL) For General Pharmacy	Yes, the state calls its general pharmacy PDL the Acute/Long-term Care Drug List. It maintains a separate general pharmacy PDL for AIHP prescriptions.
State Uses A PDL For Mental Health Drugs	The state publishes a behavioral health drug list for AIHP drugs prescribed by the TRBHAs. These contain antidepressants, antianxiety drugs, antimanic drugs, and antipsychotics. For behavioral health drugs prescribed through a primary care professional, these drugs are covered on the acute/long-term drug list or general AIHP PDL.
State Uses A PDL For Addiction Treatment Drugs	
Coverage Of Antipsychotic Injectable Medications	Antipsychotic injectable medications are covered as a pharmacy benefit. Injectable atypical antipsychotics require prior authorization for individuals under age 18.
Utilization Restrictions For Mental Health Or Addiction Treatment Drugs	<ul style="list-style-type: none"> <li>• Drugs not included on the drug lists require prior authorization.</li> <li>• Age and other clinical criteria necessitate prior authorization of some mental health treatment drugs.</li> </ul>
State Has A Pharmacy Lock-In Program Or Other Restriction Program	Members identified as over-utilizing pharmacy benefits are assigned to an exclusive pharmacy and/or a single prescriber for up to 12 months.

## D.3. Medicaid Managed Care Program: Overview

- Managed care enrollment as of December 2022 was 2,337,433.
- Arizona has two managed care programs to serve Medicaid enrollees:
  - **AHCCCS Complete Care (ACC):** Delivers acute care and behavioral health services to individuals who do not require long-term services and supports (LTSS).
  - **Arizona Long-Term Care System (ALTCS):** Provides acute care, behavioral health, and LTSS for those who require a nursing facility or ICF/IDD level of care.
- Within these two programs, the state delivers services to populations with special needs through vertical carve-outs.
  - There are two ACC vertical carve-outs: One for individuals with SMI and one for the foster care population.
  - There is an ALTCS vertical carve-out for the I/DD population.
- The state has imposed minimum targets for health plan use of alternative payment models based on a percentage of total payments made.
  - Complete Care: 70% in 2021
  - Complete Care integrated plans for individuals with SMI: 60% in 2021.
  - ALTCS for the non-I/DD population: 70% in 2021.
  - Other carve-out population services: Percentages depend on the population and type of service. The 2021 targets range from 25% to 60%.

## D.3. Medicaid Managed Care Program: AHCCS Complete Care

- On October 1, 2018, Arizona implemented the AHCCS Complete Care program (ACC), which integrates behavioral health and physical health services for Medicaid beneficiaries who do not require LTSS.
  - Enrollment as of December 2022 was 2,220,821.
- The main ACC program provides integrated physical and behavioral health services to all individuals enrolled in managed care through seven capitated health plans.
  - Health plans are available by geographic service area (GSA), which refers to either one specific county or a grouping of counties.
  - Enrollees can choose any health plan available in their GSA.
- In addition to the main ACC program, there are two vertical carve-out programs for special populations.
  - Integrated plans: Individuals eligible for the ACC program with a diagnosis of SMI receive services through the RBHAs. Enrollment as of December 2022 was 49,287, or 2% of the ACC population. See [slide 36](#) and [slide 37](#) for more information.
  - Comprehensive Medical and Dental Program: Children eligible for the ACC program who are in foster care receive services through this statewide program, which is operated by the state Department of Child Safety. Enrollment as of December 2022 was 13,515 or 1% of the ACC population.

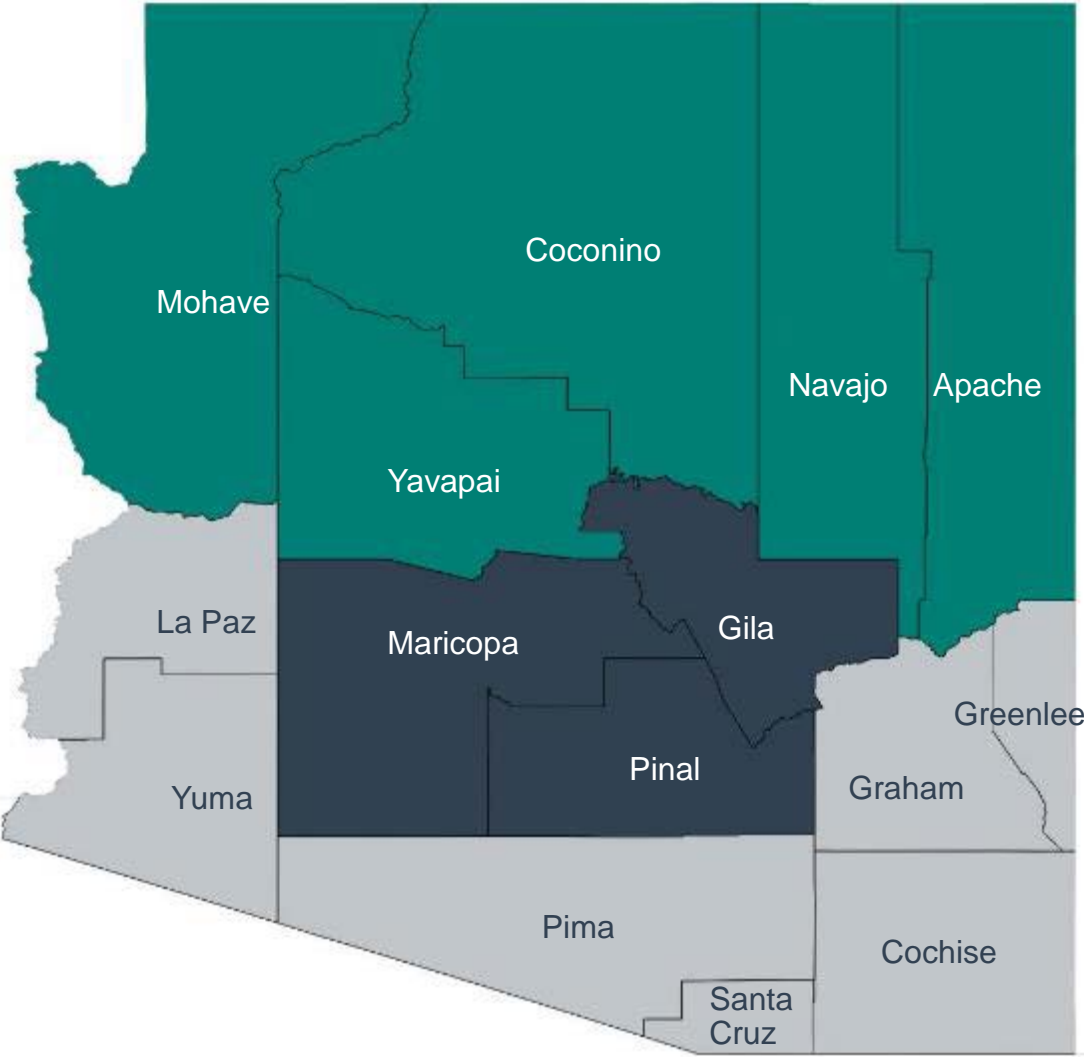
## D.3. Medicaid Managed Care Program: Integrated Health Plans For SMI Population

- Persons with an SMI determination are automatically enrolled in the integrated care plan operated by the RBHA serving their county but may opt-out for cause.
  - The three RHBAs also operate ACC plans for the non-SMI population and manage behavioral health benefits for the safety-net population.
- Enrollment as of December 2022 was 49,287.
- In addition to managing the delivery of physical health and behavioral health services, the RBHAs must provide care coordination, comprehensive care management, and a treatment team to each member.
- Persons with SMI who require long-term services and supports are enrolled in the ALTCS program and receive behavioral health benefits through the ALTCS health plans.

## D.3. Medicaid Managed Care Program: ALTCS

- The ALTCS program provides acute care and LTSS for individuals who require a nursing facility or ICF/IDD level of care. Enrollment as of December 2022 was 67,325.
- Services are provided to 67,325 members through three capitated health plans that are available by ALTCS service area.
  - Enrollees have a choice of health plan only if more than one plan is available in their service area.
- Individuals with I/DD eligible for the ALTCS program receive acute care and LTSS through an intergovernmental agreement with the Department of Economic Security, Division of Developmental Disabilities.
  - Enrollment as of December 2022 was 39,141.
- As an option for American Indians, eight Tribes have entered into agreements with AHCCCS to deliver ALTCS services. As of December 2022, these organizations served 2,138 individuals.

# D.3. Medicaid Managed Care Program: ACC & ALTCS Service Areas



Region		Counties	ACC Health Plans	ALTCS Health Plans
	North	<ul style="list-style-type: none"> <li>Apache</li> <li>Coconino</li> <li>Mohave</li> <li>Navajo</li> <li>Yavapai</li> </ul>	<ul style="list-style-type: none"> <li>Steward Health Choice AZ*</li> <li>Care 1<sup>st</sup></li> </ul>	UHC Community Plan
	Central	<ul style="list-style-type: none"> <li>Gila</li> <li>Maricopa</li> <li>Pinal</li> </ul>	<ul style="list-style-type: none"> <li>AZ Complete Health</li> <li>Banner</li> <li>Care 1<sup>st</sup></li> <li>Molina</li> <li>Mercy Care*</li> <li>Steward</li> <li>UHC Community Plan</li> </ul>	<ul style="list-style-type: none"> <li>Banner University Family Care</li> <li>Mercy Care</li> <li>UHC Community Plan</li> </ul>
	South	<ul style="list-style-type: none"> <li>Cochise</li> <li>Graham</li> <li>Greenlee</li> <li>La Paz</li> <li>Pima</li> <li>Santa Cruz</li> <li>Yuma</li> </ul>	<ul style="list-style-type: none"> <li>AZ Complete Health*</li> <li>Banner</li> <li>UHC Community Plan (Pima County only)</li> </ul>	<ul style="list-style-type: none"> <li>Banner University Family Care</li> <li>Mercy Care (Pima County only)</li> </ul>

\*Indicates the RHBA offering an integrated health plan for the SMI population.

# D.3. Medicaid Managed Care Program: Health Plan Characteristics

<b>Banner University Family Care</b> <ol style="list-style-type: none"><li>1. Profit status: Non-profit</li><li>2. Parent company: WellCare-Centene</li><li>3. Behavioral health subcontractor: None</li><li>4. Pharmacy benefit manager: MedImpact</li><li>5. Managed care programs: ACC, ALTCS</li><li>6. Enrollment share: 13%</li></ol>	<b>UnitedHealthcare Community Plan</b> <ol style="list-style-type: none"><li>1. Profit status: For-profit</li><li>2. Parent company: UnitedHealth Group</li><li>3. Behavioral health subcontractor: Optum</li><li>4. Pharmacy benefit manager: Optum Rx</li><li>5. Managed care programs: ACC, ALTCS</li><li>6. Enrollment share: 20%</li></ol>	<b>Care 1st Arizona</b> <ol style="list-style-type: none"><li>1. Profit status: For-profit</li><li>2. Parent company: WellCare-Centene</li><li>3. Behavioral health subcontractor: None</li><li>4. Pharmacy benefit manager: CVS-Caremark</li><li>5. Managed care programs: ACC</li><li>6. Enrollment share: 4%</li></ol>
<b>Mercy Care Plan</b> <ol style="list-style-type: none"><li>1. Profit status: Non-profit</li><li>2. Parent company: Dignity Health and Carondelet Health Network (Aetna administers plan)</li><li>3. Behavioral health subcontractor: None</li><li>4. Pharmacy benefit manager: CVS-Caremark</li><li>5. Managed care programs: ACC, ALTCS</li><li>6. Enrollment share: 19%</li></ol>	<b>Arizona Complete Health</b> <ol style="list-style-type: none"><li>1. Profit status: For-profit</li><li>2. Parent company: WellCare-Centene</li><li>3. Behavioral health subcontractor: MHN</li><li>4. Pharmacy benefit manager: CVS-Caremark</li><li>5. Managed care programs: ACC</li><li>6. Enrollment share: 17%</li></ol>	

## D.3. Medicaid Managed Care Program: Health Plan Characteristics (cont.)

Arizona Complete Health	Health Choice Arizona	Molina Complete Care
<ol style="list-style-type: none"><li>1. Profit status: For-profit</li><li>2. Parent company: WellCare-Centene</li><li>3. Behavioral health subcontractor: MHN</li><li>4. Pharmacy benefit manager: CVS-Caremark</li><li>5. Managed care programs: ACC</li><li>6. Enrollment share: 17%</li></ol>	<ol style="list-style-type: none"><li>1. Profit status: Non-profit</li><li>2. Parent company: BCBSAZ</li><li>3. Behavioral health subcontractor: None</li><li>4. Pharmacy benefit manager: None</li><li>5. Managed care programs: ACC</li><li>6. Enrollment share: 10%</li></ol>	<ol style="list-style-type: none"><li>1. Profit status: For-profit</li><li>2. Parent company: Molina Healthcare</li><li>3. Behavioral health subcontractor: None Pharmacy benefit manager: None</li><li>4. Managed care programs: ACC</li><li>5. Enrollment share: 2%</li></ol>



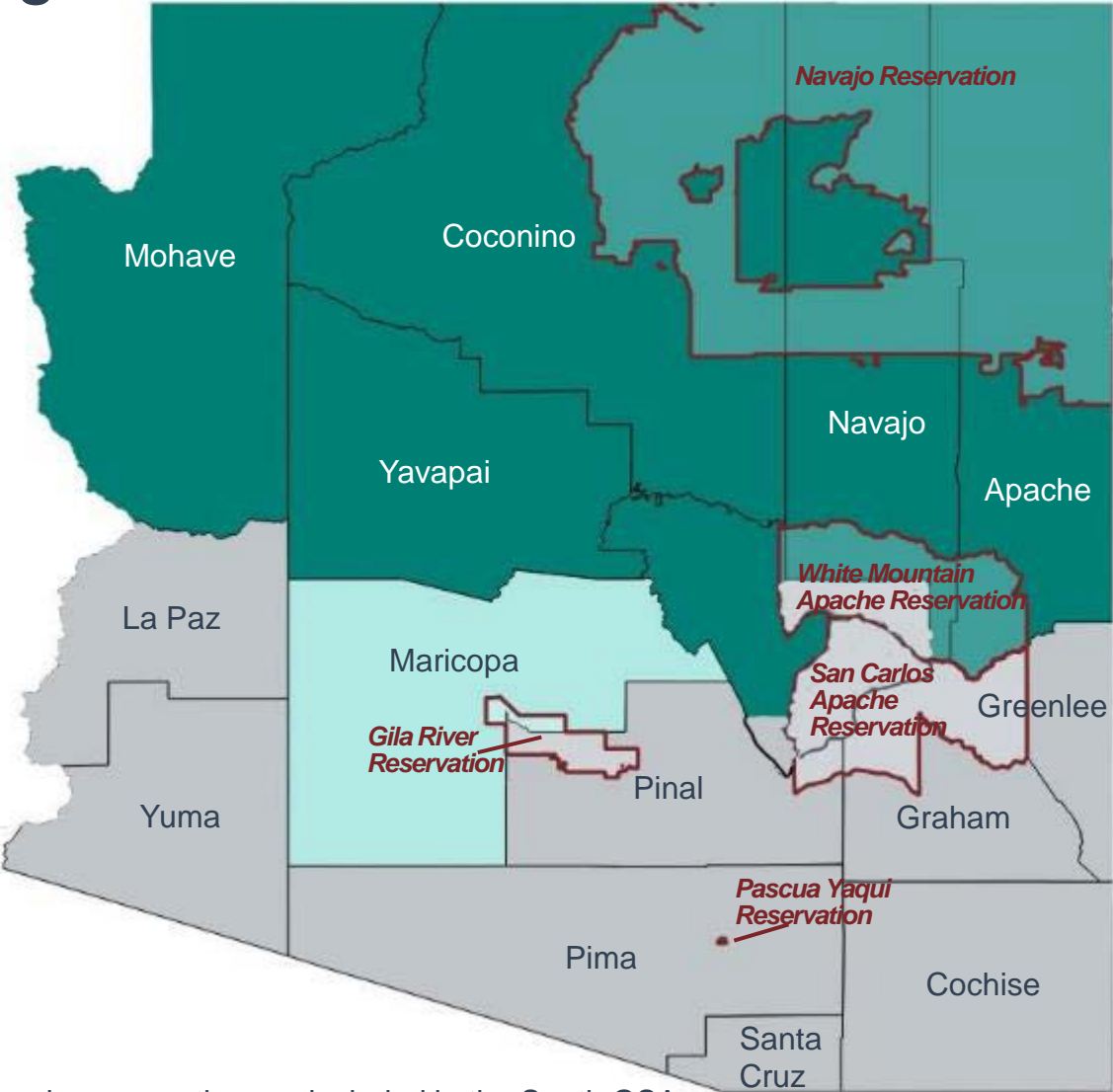
## D.3. Medicaid Managed Care Program: Behavioral Health Overview

- Both the ACC and ALTCS populations receive all behavioral health benefits and behavioral health pharmacy through the Medicaid health plans.
  - Dept of Child Safety CMDP (now CHP) became the health plan for out of home kids in 2021 and contracts with 1 statewide RBHA (Mercy Care) for integrated PH/BH.
- The RBHAs also continue to offer integrated health plans for the SMI population. The SMI population was not affected by the transition to the ACC model.
- Each RBHA is responsible for one of three geographic service areas (GSAs). Additionally, four American Indian Tribes have agreements with the state to deliver Medicaid behavioral health services to individuals living on their reservations through Tribal Regional Behavioral Health Authorities (TRBHAs).

# D.3. Medicaid Managed Care Program: RBHA Service Areas

As part of the transition to integrated care in October 2018, the RBHAs changed their names to align with the ACC plans they offer.

GSA	RBHA	Counties
North GSA	Care1st	<ul style="list-style-type: none"><li>• Apache</li><li>• Coconino</li><li>• Gila*</li><li>• Mohave</li><li>• Navajo</li><li>• Yavapai</li></ul>
Central GSA	Mercy Care	Maricopa
South GSA	Arizona Complete Health	<ul style="list-style-type: none"><li>• Cochise</li><li>• Graham</li><li>• Greenlee</li><li>• La Paz</li><li>• Pima</li><li>• Pinal</li><li>• Santa Cruz</li><li>• Yuma</li></ul>



Tribal RBHA    \*Zip codes in Gila County containing the San Carlos Apache reservation are included in the South GSA.

# D.3. Medicaid Managed Care Program: Behavioral Health Benefits

## Managed Care Mental Health Benefits

1. Inpatient services
2. Subacute facility services
3. Psychiatric residential treatment facility for individuals under age 21
4. Day programs
5. Counseling and therapy
6. Assessment, evaluation, and screening
7. Multisystemic therapy for juveniles
8. Rehabilitation services
9. Medication administration
10. Medical testing
11. Medical management
12. Electroconvulsive therapy
13. Support services, including case management
14. Crisis intervention services

## Managed Care Addiction Treatment Benefits

1. Inpatient services, including medical detoxification
2. Subacute facility services
3. Day programs
4. Alcohol and drug assessment
5. Intensive outpatient
6. Comprehensive medication services
7. Crisis services
8. Support services, including case management

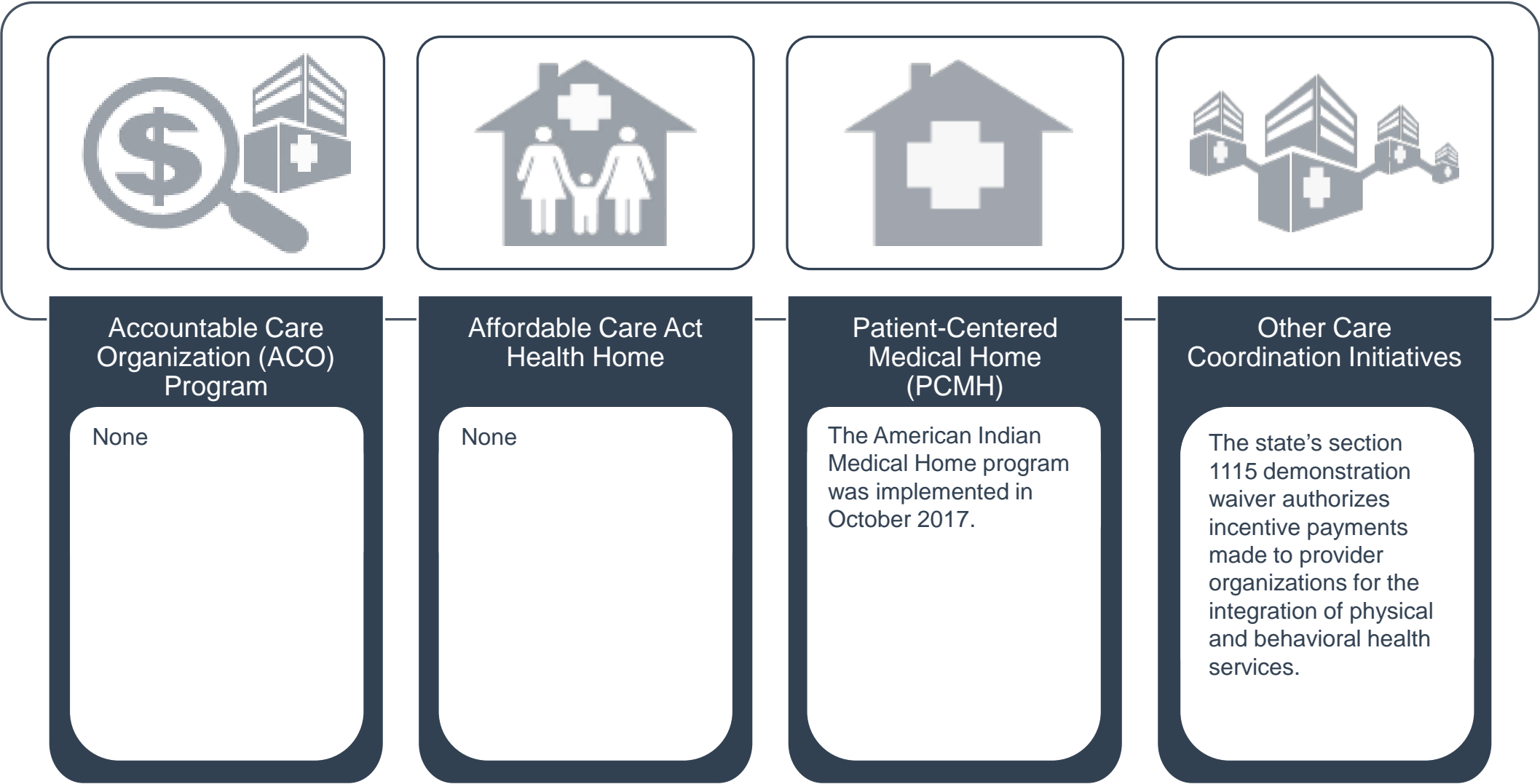
## D.3. Medicaid Managed Care Program: SMI Population

- Arizona's only managed care exemption criterion is membership in an American Indian Tribe, with or without the presence of an SMI diagnosis. As a result, the majority of the SMI population is enrolled in managed care.
  - As of December 2022, *OPEN MINDS* estimates that 90% of the SMI population was enrolled in managed care.
- Persons with SMI in the ACC program receive their physical and behavioral health Medicaid benefits through one of the three integrated health care plans operated by the RBHAs.
- Persons with SMI who require long-term care services are enrolled in the ALTCS program and receive behavioral health benefits through the ALTCS health plans.
- Effective October 1, 2022, the AHCCCS Complete Care Regional Behavioral Health Agreements (ACC-RBHAs) and Tribal Regional Behavioral Health Authorities (TRBHAs) serve individuals determined to have an SMI.

# D.3. Medicaid Managed Care Program: Pharmacy Benefit

Arizona Managed Care Program Pharmacy Benefit	
Responsible For Financing General Pharmacy Benefit	Health plans
Responsible For Financing Mental Health Pharmacy Benefit	Health plans
Health Plan Uses A Preferred Drug List (PDL) For General Pharmacy	<ul style="list-style-type: none"><li>• The health plans and RBHAs are required to maintain their own drug lists.</li><li>• Health plan and RBHA drug lists must include all of the drugs listed on the state's general pharmacy and behavioral health drug lists.</li></ul>
Health Plan Uses A PDL For Mental Health Drugs	
Health Plan Uses A PDL For Addiction Treatment Drugs	
Health Plan Use Of Utilization Restrictions For Mental Health & Addiction Treatment Drugs	<ul style="list-style-type: none"><li>• For pharmaceuticals included on the state's drug list, health plans and RBHAs may not impose utilization restrictions other than those specified by the state.</li><li>• The health plans and RBHAs may determine their own clinically-appropriate prior authorization criteria—including step therapy and quantity limits—for other drugs.</li></ul>
Health Plan Allowed To Implement Pharmacy Lock-In Program	Health plans and RBHAs are required to have a program to restrict members identified as having over-utilization of pharmacy benefits to an exclusive pharmacy and/or a single prescriber for up to 12 months.

# D.4. Medicaid Program: Care Coordination Initiatives



## D.4. American Indian Medical Home Characteristics

American Indian Medical Home Program	
<b>Target Population</b>	American Indian FFS enrollees
<b>Enrollment Model</b>	Voluntary
<b>Geographic Service Area</b>	<ul style="list-style-type: none"> <li>• Program is authorized statewide</li> <li>• As of January 2019, there are four participating AIMHs: Phoenix Indian Medical, Navajo Area Indian Health Service – Chinle Comprehensive Health Care Facility, Winslow Indian Health Care Center, and Whiteriver Indian Hospital.</li> </ul>
<b>Care Delivery Model</b>	<ul style="list-style-type: none"> <li>• Indian Health Service (IHS) and Tribal facilities may serve as medical homes.</li> <li>• PCCM model of care</li> </ul>
<b>Payment Model (2022)</b>	<p>AIMHs may qualify for one of four per member per month (PMPM) payment levels based on the types of services they have available:</p> <ul style="list-style-type: none"> <li>• Level 1: \$16.60 PMPM; PCCM and 24-hour telephone line</li> <li>• Level 2: \$19.11 PMPM; PCCM, 24-hour telephone line, and diabetes education</li> <li>• Level 3: \$25.99 PMPM; PCCM, 24-hour telephone line, and participation in state health information exchange</li> <li>• Level 4: \$28.50 PMPM; PCCM, 24-hour telephone line, diabetes education, and participation in the state health information exchange</li> </ul>
<b>Practice Performance &amp; Improvement</b>	<p>AIMHs must demonstrate that they meet the criteria for the program in one of two ways:</p> <ol style="list-style-type: none"> <li>1. Achieve national level PCMH accreditation; or</li> <li>2. Submit a PCMH assessment to IHS annually, submit quality measures data to IHS monthly, and submit narrative summaries on improvement projects to IHS quarterly.</li> </ol>

# D.5. Medicaid Program: Demonstration & Care Management Waivers

Waiver Title	Waiver Description	Waiver Type	Enrollment Cap	Effective Date	Expiration Date
Arizona Health Care Cost Containment System	<ul style="list-style-type: none"><li>• Authorizes mandatory managed care enrollment for all Medicaid populations except American Indians.</li><li>• Includes \$300 million in funding between FY 2018 and FY 2022 for the state's Delivery System Reform and Incentive Payment Program called the Targeted Investments Program.</li></ul>	1115	None	10/22/2011	09/30/2027*

- The purpose of the Targeted Investments Program is to make incentive payments to Medicaid provider organizations that adopt processes to integrate physical and behavioral health services.

\*This waiver is still listed as pending on Medicaid.gov



## E. Dual Eligible Financing & Service Delivery System

## E.1. Dual Eligible Medicaid Financing & Service Delivery System

Dual Eligible* Medicaid System Characteristics				
Characteristics	Medicaid Fee-For-Service (FFS)	Managed Care – ACCs	Managed Care – Acute Care SMI	Managed Care – ALTCS
Enrollment (December 2022)*	37,666	165,355		
Estimated SMI Enrollment	12,053	52,913		
Management	<ul style="list-style-type: none"> <li>Acute care: Arizona Health Care Cost Containment System</li> <li>Behavioral health: RBHAs</li> </ul>	Seven health plans that provide acute and behavioral health care services	Three health plans, operated by RBHAs	<ul style="list-style-type: none"> <li>Three health plans that provide acute and long-term care</li> <li>Some populations served through Tribal and interagency agreements</li> </ul>
Payment Model	<ul style="list-style-type: none"> <li>Acute care: FFS</li> <li>Behavioral health: Capitated rate</li> </ul>	Capitated rate	Capitated rate	Capitated rate
Geographic Service Area	<ul style="list-style-type: none"> <li>Acute care: Statewide</li> <li>Behavioral health: One RBHA per region</li> </ul>	Statewide, plans available regionally	Statewide, one plan per region	Statewide, plans available regionally

**Total Dual Eligible Enrollment: 203,021 | Total Dual Eligible Enrollment With SMI: 64,966**

\*Unless otherwise noted, the term *dual eligibles* in this section refers to Medicare enrollees with full Medicaid benefits.

## E.2. Largest Dual Eligible Health Plans By Estimated SMI Enrollment

Health Plans	Parent Company	Plan Type	May 2022 Enrollment	Estimated SMI Enrollment
UnitedHealthcare Dual Complete ONE	UnitedHealthcare	Medicare Advantage D-SNP	76,380	24,442
Mercy Care Advantage	Aetna, Inc	Medicare Advantage D-SNP	22,472	7,191
WellCare Liberty	Care1st Health Plan	Medicare Advantage D-SNP	19,070	6,102
Magella Complete Care of Arizona	Magellan Complete Care	Medicare Advantage D-SNP	14,593	4,670
UnitedHealthcare Dual Complete	UnitedHealthcare	Medicare Advantage D-SNP	1,530	490
Health Choice Generations	Health Choice Arizona	Medicare Advantage D-SNP	441	141
University Care Advantage	Banner University Health	Medicare Advantage D-SNP	292	93

## E.3. Dual Eligible Medicaid Financing & Delivery System: Overview

- Dual eligible enrollment as of December 2022 was 203,021.
- Medicare covers most acute services (which may include psychiatric care), while Medicaid, the payer of last resort, covers LTSS and non-physician behavioral health services.
- Dual eligibles are required to enroll in Medicaid managed care unless they meet FFS exclusion criteria.
- Dual eligibles over age 18 without SMI receive non-Medicare general mental health and addiction disorder benefits through the Medicaid health plans, rather than through the Regional Behavioral Health Authorities (RBHAs).
  - Dual eligible enrollees with an SMI diagnosis enrolled in the Complete Care program receive their Medicaid benefits through one of the three integrated health plans operated by the RBHAs.
  - Dual eligibles enrolled in the Arizona Long-Term Care System (ALTCS) program receive their behavioral health benefits through the ALTCS health plans.
- Arizona requires its Medicaid health plans to operate as D-SNPs in order to increase coordination for dual eligible enrollees between the Medicare and Medicaid systems.
- Total D-SNP enrollment as of May 2022 was 134,778. D-SNP SMI enrollment was 43,129,

## E.4. Dual Eligible Medicaid Financing & Delivery System: Medicare-Medicaid Alignment

- Arizona originally submitted a proposal to the Centers for Medicare & Medicaid Services (CMS) to integrate care for dual eligibles in May 2012; however, the plan was withdrawn in April 2013. Arizona has decided instead to focus on aligning Medicare Advantage D-SNP plans and Medicaid health plans for the dual eligible population.
- Arizona requires its Medicaid health plans to serve as D-SNPs in order to increase coordination for dual eligible enrollees between the Medicare and Medicaid systems.
- The state's health plan auto-enrollment policy for dual eligibles who have not chosen a plan allows assignment based on increased care coordination opportunities rather than by algorithm.
- The state has encouraged CMS to implement rules allowing seamless enrollment of Medicaid beneficiaries newly eligible for Medicare into aligned D-SNPs.
  - The alignment does not change the payment structure or provide additional benefits.
- As of 2021, D-SNPs are available to AHCCCS Complete Care (ACC) and RBHA dual eligible members, to ALTCS elderly and Physically Disabled (E/PD) dual eligible members, and to Division of Developmental Disabilities (DDD) dual eligible members.

# F. Long-Term Services & Supports Financing & Service Delivery System

# F.1. LTSS Financing & Service Delivery System

LTSS Medicaid System Characteristics	
Characteristics	Medicaid Managed Care
Enrollment (December 2022)	67,290
Estimated SMI Enrollment	21,532
Management	<ul style="list-style-type: none"><li>• Physical health: Three health plans</li><li>• Behavioral health: Three health plans</li></ul>
Payment Model	<ul style="list-style-type: none"><li>• Physical health: Capitated rate</li><li>• Behavioral health: Capitated rate</li></ul>
Geographic Service Area	Statewide

Total LTSS Enrollment: 67,290 | Total LTSS Enrollment With SMI: 21,532

# F.1. Medicaid LTSS Service Delivery System Enrollment By Eligibility Group

Population	Mandatory FFS Enrollment	Option To Enroll In FFS Or Managed Care	Mandatory Managed Care Enrollment
Disabled adults			X
Disabled children			X
Blind individuals			X
Aged individuals			X
Dual eligibles	X (partial benefit)		X (full benefit)
Individuals with I/DD			X
Individuals residing in nursing homes			X
Individuals residing in ICF/IDD			X
Other HCBS Recipients			X
Other populations			



## F.2. LTSS Medicaid Financing & Delivery System: Overview

- LTSS beneficiary enrollment as of December 2022 was 67,290.
- In Arizona, LTSS beneficiaries receive long-term services and supports through specific health plans, called DDD Health Plans.
- These plans were recently both reprocured, and the winning plans were UHC, Banner Health, and MercyCare.
- All services are covered through these plans and are available statewide.
  - The current contracts last for 3 years and are given the option to continue services past that point.
- LTSS services are rendered via managed care for all individuals except partial benefit dual eligible beneficiaries, who are in FFS.

# F.3. Medicaid LTSS Program: Health Plan Characteristics

<b>UnitedHealthcare Community Plan</b> <ol style="list-style-type: none"><li>1. Profit status: For-profit</li><li>2. Parent company: UnitedHealth Group</li><li>3. Behavioral health subcontractor: Optum</li><li>4. Pharmacy benefit manager: Optum Rx</li></ol>	<b>MercyCare</b> <ol style="list-style-type: none"><li>1. Profit status: Non-profit</li><li>2. Parent company: Dignity Health and Carondelet Health Network (Aetna administers plan)</li><li>3. Behavioral health subcontractor: None</li><li>4. Pharmacy benefit manager: CVS-Caremark</li></ol>
<b>Banner University Family Care</b> <ol style="list-style-type: none"><li>1. Profit status: Non-profit</li><li>2. Parent company: WellCare-Centene</li><li>3. Behavioral health subcontractor: None</li><li>4. Pharmacy benefit manager: MedImpact</li></ol>	

# F.4. Medicaid LTSS Program: Health Benefits

- Physical health, Behavioral, and Addiction treatment services for the LTSS population are delivered by the DDD Health Plans

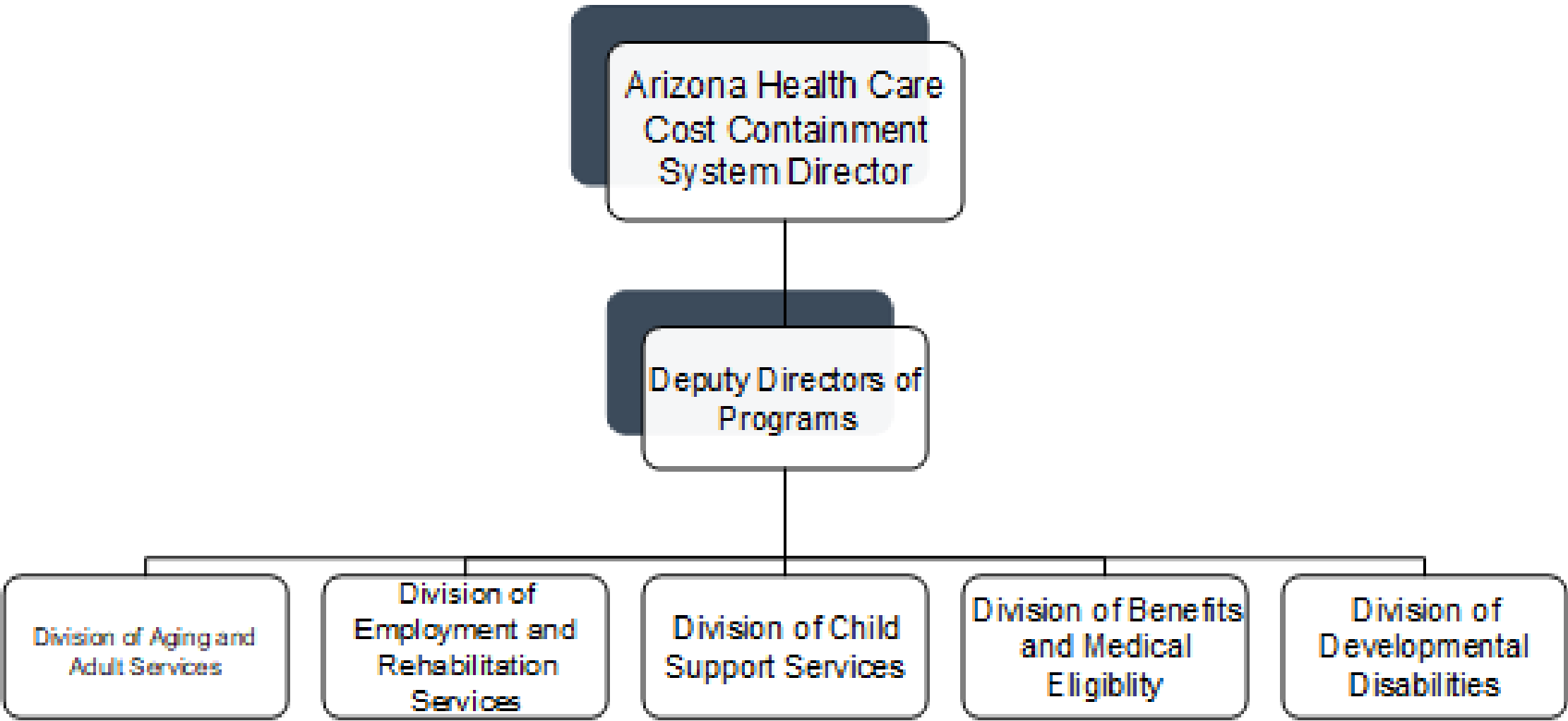
LTSS Mental Health Benefits	LTSS Addiction Treatment Benefits	LTSS Physical Care Benefits
<div><div>1.</div><div>Inpatient services</div></div> <div><div>2.</div><div>Subacute facility services</div></div> <div><div>3.</div><div>Psychiatric residential treatment facility for individuals under age 21</div></div> <div><div>4.</div><div>Day programs</div></div> <div><div>5.</div><div>Counseling and therapy</div></div> <div><div>6.</div><div>Assessment, evaluation, and screening</div></div> <div><div>7.</div><div>Multisystemic therapy for juveniles</div></div> <div><div>8.</div><div>Rehabilitation services</div></div> <div><div>9.</div><div>Medication administration</div></div> <div><div>10.</div><div>Medical testing</div></div> <div><div>11.</div><div>Medical management</div></div> <div><div>12.</div><div>Electroconvulsive therapy</div></div> <div><div>13.</div><div>Support services, including case management</div></div> <div><div>14.</div><div>Crisis intervention services</div></div>	<div><div>1.</div><div>Inpatient services, including medical detoxification</div></div> <div><div>2.</div><div>Subacute facility services</div></div> <div><div>3.</div><div>Day programs</div></div> <div><div>4.</div><div>Alcohol and drug assessment</div></div> <div><div>5.</div><div>Intensive outpatient</div></div> <div><div>6.</div><div>Comprehensive medication services</div></div> <div><div>7.</div><div>Crisis services</div></div> <div><div>8.</div><div>Support services, including case management</div></div>	<div><div>1.</div><div>Adaptive Aids/Assistive Technology</div></div> <div><div>2.</div><div>Ambulatory Surgery</div></div> <div><div>3.</div><div>Audiology Services</div></div> <div><div>4.</div><div>Chiropractic Services</div></div> <div><div>5.</div><div>Dental Services</div></div> <div><div>6.</div><div>Dialysis</div></div> <div><div>7.</div><div>EPSDT</div></div> <div><div>8.</div><div>Emergency Services</div></div> <div><div>9.</div><div>End of Life Care</div></div> <div><div>10.</div><div>Family Planning and Maternity Services</div></div> <div><div>11.</div><div>HCBS</div></div> <div><div>12.</div><div>Home Health</div></div> <div><div>13.</div><div>Hospice</div></div> <div><div>14.</div><div>Nursing Facility Services</div></div> <div><div>15.</div><div>Organ Transplants</div></div> <div><div>16.</div><div>Physician Services</div></div> <div><div>17.</div><div>Podiatry</div></div> <div><div>18.</div><div>Radiology</div></div> <div><div>19.</div><div>Respiratory Therapy</div></div> <div><div>20.</div><div>Vision Services</div></div>

## F.5. LTSS Medicaid Financing & Delivery System: New Initiatives

- Arizona has no pending initiatives that will influence the finance or delivery systems of the LTSS population.

# G. State Behavioral Health Administration & Finance System

# G.1. Department Of Economic Security: Organization Chart



## G.1. Department Of Economic Security: Key Leadership

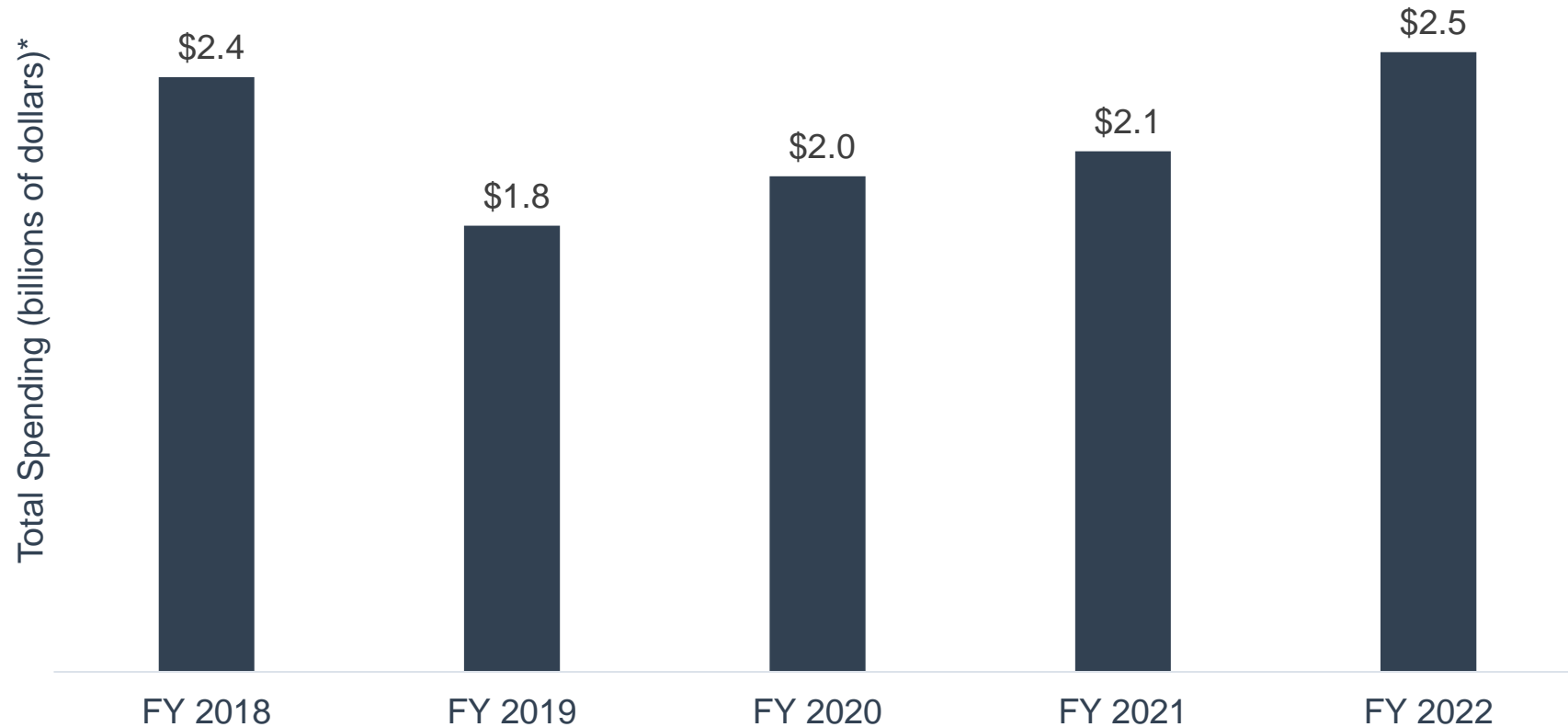
Name	Position	Department	Email
Michael Wisehart	Director	Arizona Department of Economic Security (DES)	mwisehart@azdes.gov
Virginia Rountree	Deputy Director of Community Services & Managed Care	DES	vrountree@azdes.gov
Leona Hodges	Deputy Directory of Employment & Basic Assistance	DES	lhodges@azdes.gov
Zane Garcia Ramadan	Assistant Director	DES, Division of Developmental Disabilities	zramadan@azdes.gov
Molly McCarthy	Assistant Director	DES, Division of Aging & Adult Services	mmccarthy@azdes.gov
Anna Hunter	Assistant Director	DES, Division of Employment & Rehabilitation Services	ahunter@azdes.gov
Jeff Morley	Assistant Director	DES, Division of Benefits & Medical Eligibility	jmorley@azdes.gov
Heather Noble	Assistant Director	DES, Division of Child Support Services	hnoble@azdes.gov

## G.2. Department Of Economic Security: Behavioral Health Spending

Budget Item	SFY 2022 Budget Expenditures	Percent Of Budget
Home and Community Based Services	\$1,806,875,600	71%
Physical and Behavioral Health Services	\$457,652,500	18%
Administration	\$124,635,000	5%
Institutional Services	\$53,147,400	2%
Premium Tax	\$49,984,700	2%
ALTCS	\$41,313,600	2%
Targeted Case Management	\$13,288,500	1%
Early Intervention Program	\$8,063,200	<1%
Medicare Clawback Payments	\$4,388,900	<1%
Cost Effectiveness Study Client Services	\$1,220,000	<1%
Total: \$2,560,569,400		



## G.2. AHCCS: Behavioral Health Spending Over Time



\*All years actual spending

# G.3. State Psychiatric Institutions

State Psychiatric Institutions			
Institution	Location	Population	Beds
Arizona State Hospital*	Phoenix	Civil	116
		Forensic	143
		Sex offender	100
Total			360

\*The Department of Health Services, as opposed to AHCCCS, is responsible for operating Arizona State Hospital.

## G.4. Behavioral Health Safety-Net Delivery System

- As of October 21, 2019, individuals with SMI are under the purview of the Department of Economic Security, who utilize UnitedHealthcare Community Plan and Mercy Care.
- The state also has agreements with five American Indian Tribes to deliver safety-net behavioral health benefits to their reservation populations through Tribal Regional Behavioral Health Authorities (TRBHAs).
  - Members of Tribes not entering into a behavioral health agreement with the state receive care from their geographic RBHA.
  - The American Indian population may also receive safety-net care through a behavioral health program operated by their Tribes or the Indian Health Service agency.
- These entities also have at-risk contracts to provide Medicaid behavioral health services to the fee-for-service population.
- Non-Medicaid safety-net services are financed by state appropriations and federal block grants.
- Effective October 1, 2022, the AHCCCS Complete Care Regional Behavioral Health Agreements (ACC-RBHAs) and Tribal Regional Behavioral Health Authorities (TRBHAs) serve:
  - Individuals determined to have a Serious Mental Illness (SMI).

## G.4. Behavioral Health Safety-Net Delivery System: Tribal/Regional Behavioral Health Authorities

- Effective October 1, 2022, the AHCCCS Complete Care Regional Behavioral Health Agreements (ACC-RBHAs) and Tribal Regional Behavioral Health Authorities (TRBHAs) serve:
  - Individuals determined to have a Serious Mental Illness (SMI).
- Tribal/ Regional Behavioral Health Authorities are:
  - Central – Mercy Care
  - North – Care 1<sup>st</sup>
  - South GSA – Arizona Complete Health
  - North GSA – Navajo Reservation
  - North and South GSA – Gila River Reservation
  - North and South GSA – White Mountain Apache Tribe
  - South GSA – Pascua Yaqui Tribe
- ACC-RBHAs also provide crisis services grant-funded and state-only funded services. As of October 1, 2022, a single crisis response vendor will serve the entire state.

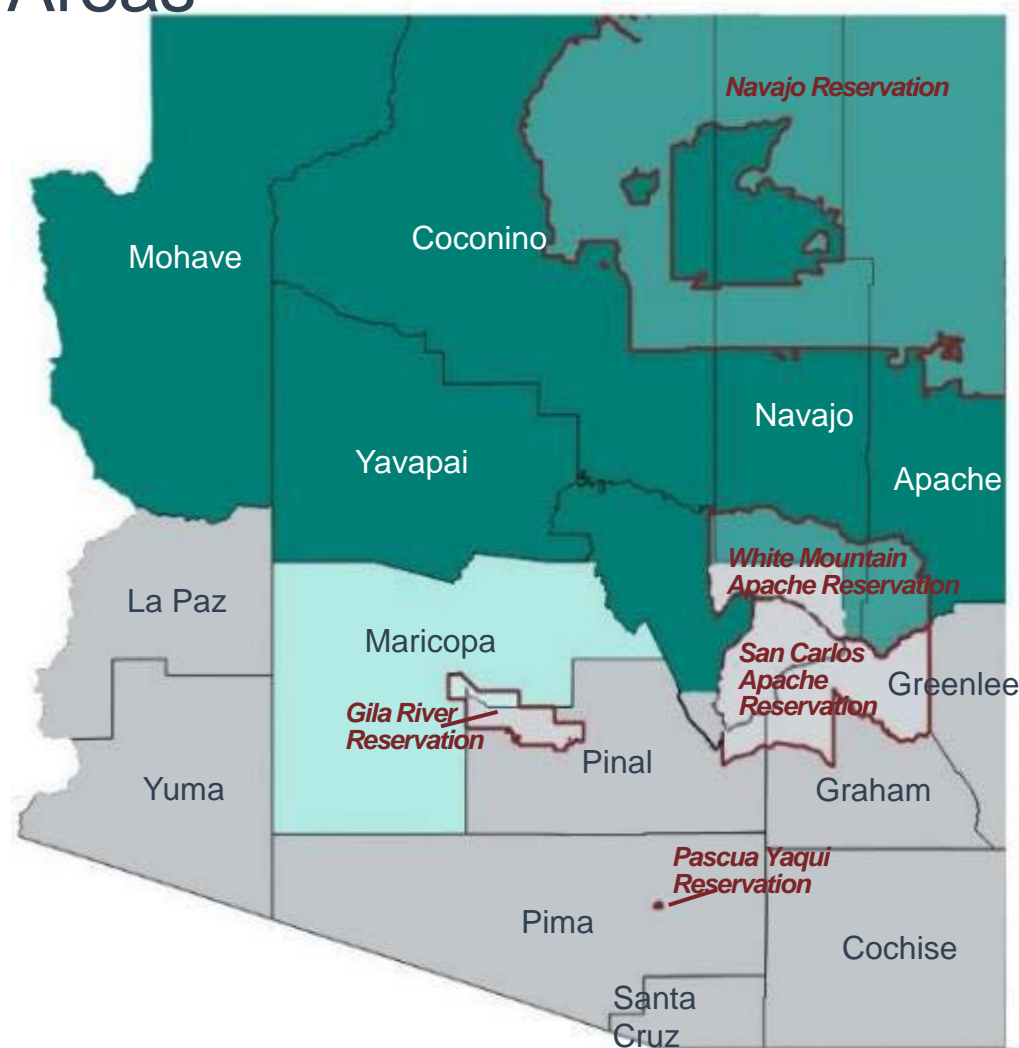
# G.4. Behavioral Health Safety-Net Delivery System: Tribal/Regional Behavioral Health Authorities Service Areas

As part of the transition to integrated care in October 2018, the RBHAs changed their names to align with the ACC plans they offer.

GSA	RBHA	Counties
North GSA	Care1st	<ul style="list-style-type: none"> <li>Apache</li> <li>Coconino</li> <li>Gila*</li> <li>Mohave</li> <li>Navajo</li> <li>Yavapai</li> </ul>
Central GSA	Mercy Care	Maricopa
South GSA	Arizona Complete Health	<ul style="list-style-type: none"> <li>Cochise</li> <li>Graham</li> <li>Greenlee</li> <li>La Paz</li> <li>Pima</li> <li>Pinal</li> <li>Santa Cruz</li> <li>Yuma</li> </ul>

Tribal RBHA

\*Zip codes in Gila County containing the San Carlos Apache reservation are included in the South GSA.



# H. Appendices

## H.1. *OPEN MINDS* Estimates For Share Of SMI Consumers Per Payer/Plan

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Commercial	4.1% of the commercially insured population over age 18	Substance Abuse and Mental Health Services Administration. (2022, January). Results from the 2020 National Survey on Drug Use and Health: Mental Health Detailed Tables. Retrieved October 2022 from <a href="https://www.samhsa.gov/data/sites/default/files/reports/rpt35323/NSDUHDetailedTabs2020v25/NSDUHDetailedTabs2020v25/2020NSDUHDetTabs01112022.zip">https://www.samhsa.gov/data/sites/default/files/reports/rpt35323/NSDUHDetailedTabs2020v25/NSDUHDetailedTabs2020v25/2020NSDUHDetTabs01112022.zip</a>
Medicaid	38.2% of adults age 18 to 64, not dually eligible for Medicare, who qualify for Medicaid based on a disability	Medicaid and CHIP Payment and Access Commission. (2022, June). Report to Congress on Medicaid and Chip. Retrieved October 2022 from <a href="https://www.macpac.gov/publication/june-2022-report-to-congress-on-medicare-and-chip/">https://www.macpac.gov/publication/june-2022-report-to-congress-on-medicare-and-chip/</a>
	8.1% of persons in the Medicaid expansion population	Substance Abuse and Mental Health Services Administration. (2022, January). Results from the 2020 National Survey on Drug Use and Health: Mental Health Detailed Tables. Retrieved October 2022 from <a href="https://www.samhsa.gov/data/sites/default/files/reports/rpt35323/NSDUHDetailedTabs2020v25/NSDUHDetailedTabs2020v25/2020NSDUHDetTabs01112022.zip">https://www.samhsa.gov/data/sites/default/files/reports/rpt35323/NSDUHDetailedTabs2020v25/NSDUHDetailedTabs2020v25/2020NSDUHDetTabs01112022.zip</a>
Medicare	16% of persons in the Medicare population, not dually eligible for Medicaid	Centers for Medicare and Medicaid Services. (2021). Medicare-Medicaid Coordination Office Report to Congress. Retrieved October 2022 from <a href="https://www.cms.gov/files/document/reporttocongressmmco.pdf">https://www.cms.gov/files/document/reporttocongressmmco.pdf</a>

## H.1. *OPEN MINDS* Estimates For Share Of SMI Consumers Per Payer/Plan

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Medicare-Medicaid Dual Eligibility	25% of persons in the Medicare population dually eligible for partial Medicaid benefits	Congressional Budget Office. (2013, June). Dual-Eligible Beneficiaries of Medicare and Medicaid: Characteristics, Health Care Spends, and Evolving Policies. Retrieved October 2022 from <a href="https://www.cbo.gov/sites/default/files/113th-congress-2013-2014/reports/44308_DualEligibles2.pdf">https://www.cbo.gov/sites/default/files/113th-congress-2013-2014/reports/44308_DualEligibles2.pdf</a>
	32% of persons in the Medicare population dually eligible for full Medicaid benefits	U.S. Department of Health and Human Services. (2019, May 9). Analysis of Pathways to Dual Eligible Status: Final Report. Retrieved October 2022 from <a href="https://aspe.hhs.gov/basic-report/analysis-pathways-dual-eligible-status-final-report">https://aspe.hhs.gov/basic-report/analysis-pathways-dual-eligible-status-final-report</a>
Other Public	8.3% of persons served by the Veterans Administration health care system or the TRICARE military health system	Military Health Systems. (2020, August 7). Examination of Mental Health Accession Screening: Predictive Value of Current Measures and Report Processes. Retrieved October 2022 from <a href="https://www.health.mil/Reference-Center/Presentations/2019/11/04/Examination-of-Mental-Health-Accession-Screening-Update">https://www.health.mil/Reference-Center/Presentations/2019/11/04/Examination-of-Mental-Health-Accession-Screening-Update</a>
No Health Care Insurance	6.2% of uninsured persons over age 18	Substance Abuse and Mental Health Services Administration. (2019, August). Results from the 2018 National Survey on Drug Use and Health: Mental Health Detailed Tables. Retrieved December 16, 2019 from <a href="https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHDetailedTabs2018R2/NSDUHDetailedTabs2018.pdf">https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHDetailedTabs2018R2/NSDUHDetailedTabs2018.pdf</a>



## H.2. Glossary Of Terms

Word	Abbreviation	Definition
<b>Alternative Benefit Plan</b>	ABP	State designed benefit package for the Medicaid expansion population (childless adults with income below 138% of the FPL). The benefit package must include the ten essential benefits as laid out in the PPACA. The Medicaid expansion population deemed medically frail (including those with SMI) are exempt from receiving benefits through the ABP.
<b>Accountable Care Organizations</b>	ACO	ACOs are groups of provider organizations—such as physicians and hospital systems—that form an agreement to coordinate care for a set group of individuals. If the ACO delivers high quality care—measured through performance metrics—and lowers the cost of providing care against a baseline, then the organization receives a portion of the savings generated. ACOs can exist alongside all payment structures (fee-for-service and managed care delivery systems) and payers (Medicare, Medicaid, commercial).
<b>Administrative Services Organization</b>	ASO	An arrangement in which an organization hires a third party to deliver administrative services to the organization, such as claims processing and billing. The ASO is not at-risk.
<b>Capitation</b>		A set amount of money paid per enrollee per month to a health care entity to cover the cost of health care services. Capitation can cover the cost of all health care services or subset of services, such as care coordination or home- and community-based services.
<b>Carve-out</b>		A carve-out is a Medicaid managed care financing model where some portion of Medicaid benefits—dental services, pharmacy services, behavioral health services, etc.—are separately managed and/or financed. Carve-out services can be financed on an at-risk basis by another organization or retained by the state Medicaid agency on a fee-for-service basis.
<b>Certified Community Behavioral Health Clinic</b>	CCBHC	Behavioral health clinics specially certified in a demonstration established by section 223 of the Protecting Access to Medicare Act of 2014. The clinics are designed to provide community-based mental health and addiction treatment services, to advance the integration of behavioral health with physical health care, and to provide care coordination across the full spectrum of health services.

## H.2. Glossary Of Terms

Word	Abbreviation	Definition
<b>Community Mental Health Center</b>	CMHC	An organization that can demonstrate that it is actively providing all services in section 1913(c)(l) of the Public Health Services Act, including a.) Outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically mentally ill, and residents of the CMHC's mental health service area who have been discharged from inpatient treatment at a mental health facility; b.) 24 hour-a-day emergency care services; c.) Day treatment, or other partial hospitalization services, or psychosocial rehabilitation services; and d.) Screening for patients being considered for admission to state mental health facilities to determine the appropriateness of such admission. Additionally, the organization must meet the specifications for the state where it provides services.
<b>Dual Eligible</b>		An individual who is eligible for Medicare (Part A and B) and Medicaid. Medicare serves as the individual's primary insurance, and Medicaid acts as a supplement. Dual eligibles are sometimes referred to as Medicare-Medicaid enrollees (MMEs).
<b>Federal Poverty Level</b>	FPL	The U.S. Department of Health and Human Services sets a standard level of income that is used to determine eligibility for services and benefits, including Medicaid. In 2023, the FPL is \$13,590 for an individual and \$27,750 for a family of four.
<b>Fee-For-Service</b>	FFS	A system where the payer, in this case Medicaid, contracts directly with provider organizations and pays for providing care on a unit by unit basis. Health plans may also reimburse provider organizations on a FFS basis meaning they pay for each unit of care or test.
<b>Health Home</b>		A “whole person” care coordination model that specifically targets populations with chronic conditions including those with SMI. Health homes provide six essential functions: 1.) Comprehensive care management; 2.) Care coordination and health promotion; 3.) Comprehensive transitional care from inpatient to other settings, including appropriate follow-up; 4.) Individual and family support; 5.) Referral to community and social support services; 6.) Use of health information technology to link services. Health homes were originally developed as a Medicaid program, but have been adopted by other payers. For a state to have an official health home program they must have an approved state plan amendment.

## H.2. Glossary Of Terms

Word	Abbreviation	Definition
Health Insurance Marketplace	HIM	Created by the PPACA, the health insurance marketplace is an online platform where individuals and small businesses can purchase health insurance. The federal government subsidizes coverage purchased on the marketplace through premium tax credits for individuals with income up to 400% of the FPL.
Home- & Community-Based Services	HCBS	Long-term services and supports provided in the home or community in order to avoid institutionalization. Traditionally provided through 1915(c) waivers, HCBS services are usually limited to specific populations and a specific number of people. HCBS services include skilled nursing care, personnel care services, assistance with activities of daily living, and custodial care.
Institutions For Mental Disease	IMD	A hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including addiction. Federal financial participation is available for Medicaid IMD services for individuals under the age of 21 and age 65 and over. In recent years, CMS has relaxed the rules prohibiting payments in IMDs for individuals age 21-64. Medicaid health plans may provide up to 15 days of IMD services per month in lieu of state plan services if medically appropriate, cost effective, and consented to by the individual. Additionally, states may be granted a 1115 waiver authority to allow individuals to receive addiction and mental health treatment in IMDs.
Long-Term Services & Supports	LTSS	Services provided in the home, community, or institutional setting to those who experience difficulty living independently and completing activities of daily living as a result of cognitive disabilities, physical impairments, disabling chronic conditions, and/or age.
Managed Care		A health care delivery and financing system designed to manage cost, utilization, and quality. In Medicaid, states generally implement managed care through contracts with health plans, which provide a limited set of benefits to enrollees through a capitated or per person per month (PMPM) rate. The health plans generally assumes full-risk for the cost of treatment, and therefore contracts with a network of provider organizations to provide care at the most efficient rate possible while still maintaining member health.

## H.2. Glossary Of Terms

Word	Abbreviation	Definition
Medicaid		Medicaid is a joint federal-state program that provides health coverage to economically disadvantaged populations, such as low-income adults, children, and aged, blind, and disabled (ABD) individuals. States establish their own eligibility standards, benefit packages, provider payment policies, and administrative structures under broad federal guidelines. Financing is a shared responsibility of the federal government and the states.
Medicaid Waiver		Granted by CMS, waivers allow states to make temporary changes to their Medicaid program in order to test out new ways to deliver health coverage.
Medicaid Waiver Section 1115	1115 waiver	Known as research and demonstration waivers, states can apply for program flexibility to test new or existing approaches to financing and delivering Medicaid and CHIP.
Medicaid Waiver Section 1915(b)	1915(b) waiver	States can apply for waivers to provide services through managed care delivery systems, or otherwise limit an individual's choice of health plan or provider organization.
Medicaid Waiver Section 1915(c)	1915(c) waiver	States can apply for waivers to provide long-term care services in home- and community-based settings, rather than institutional settings.
Medical Home		A medical home is not a physical place, but a model for care coordination. Medical homes provide primary care services, care coordination, enhanced access to care, and care that is culturally and linguistically appropriate. Medical homes exist across multiple payers.
Medicare		Federal health insurance for individuals over the age of 65, individuals with certain disabilities, and individuals with end stage renal disease. Medicare covers most acute care services (which may include psychiatric care), but does not cover LTSS or non-physician behavioral health services.
Medicare Advantage	MA	Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.

## H.2. Glossary Of Terms

Word	Abbreviation	Definition
Medicare Advantage Special Needs Plan	SNP	A special type of Medicare Advantage plan that is designed to provide targeted coordinated care to individuals who are a) institutionalized; b) dual eligible; and/or c) meet the severe chronic disabled conditions set forth by CMS. Plans emphasize improved care primarily through continuity of care and care coordination.
Medicare Part A		Hospital Insurance: Covers hospital, skilled nursing care, hospice, and home health care for most eligible individuals at no cost. Financed through payroll tax and deductibles, copayments are only charged if a stay becomes long-term.
Medicare Part B		Supplementary Medical Insurance: Covers most outpatient services, and consumers pay a premium based on income level.
Medicare Part C		Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.
Medicare Part D		Outpatient Prescription Drug Benefit: Private plans contract with Medicare to provide coverage for prescription drugs. Most consumers pay premiums based on their income.
Metropolitan Statistical Area	MSA	An urbanized area with a population of at least 50,000 plus adjacent territory that has a high degree of social and economic integration as measured by commuting ties.
Patient-Centered Medical Home	PCMH	See Medical Home.
Patient Protection & Affordable Care Act	PPACA or ACA	U.S. health care reform signed into law in 2010. The legislation regulates certain aspects of private and public health insurance programs and authorizes an individual mandate to secure essential health coverage, premium tax credits for the purchase of private health insurance, and increased insurance coverage of preexisting conditions. In 2012 the Supreme Court ruled that state participation is optional for provisions of the law expanding Medicaid coverage to adults ages 18 to 64 with incomes under 138% of the FPL. In 2017, Congress repealed the tax penalties associated with the individual mandate essentially ending the mandate.

## H.2. Glossary Of Terms

Word	Abbreviation	Definition
<b>Primary Care Case Management</b>	PCCM	A health care delivery system model with limited utilization and cost control. Under the PCCM model, Medicaid enrollees choose a primary care physician who acts as a gatekeeper for more intensive services. The primary care physician generally receives a per person per month (PMPM) fee for care coordination, and is reimbursed fee-for-service for all medical services provided.
<b>Program Of All Inclusive Care For The Elderly</b>	PACE	PACE serves populations over the age of 55 who are eligible for skilled nursing home care by utilizing a comprehensive delivery system of social, medical, and long-term care services to keep enrollees in the community for as long as possible. PACE is an optional state Medicaid program, and may only be available in certain states, or regions within states.
<b>Serious Mental Illness</b>	SMI	A mental, behavioral, or emotional disorder that lasts for a sufficient duration of time and causes impairment of major life activities. Serious mental illnesses include major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, post traumatic stress disorder (PTSD), and borderline personality disorder.
<b>Supported Employment</b>		Provides services and supports to help individuals with disabilities become employed in an integrated or competitive work environment, and retain that employment.
<b>Supported Housing</b>		Housing provided for as long as needed at little or no cost to individuals with mental illness, or other vulnerable populations who are homeless or at-risk for homelessness. Mental health and social services are offered to participants, but are not a condition for participation in the program. The goal is to allow individuals to live as self-sufficient, independent lives as possible.
<b>Value-Based Reimbursement</b>	VBR	Reimbursement model in which payers financially reward or penalize health care provider organizations for performance on quality and cost of care. VBR payment mechanisms include P4P; capitation; shared savings models; shared risk models; and payments based on clinically-defined episodes, called episodes of care or bundled payments.

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