OPEN MINDS

Arizona Health & Human Services Market Profile: 2024

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Health and Human Services Market Profile Overview

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A. Executive Summary

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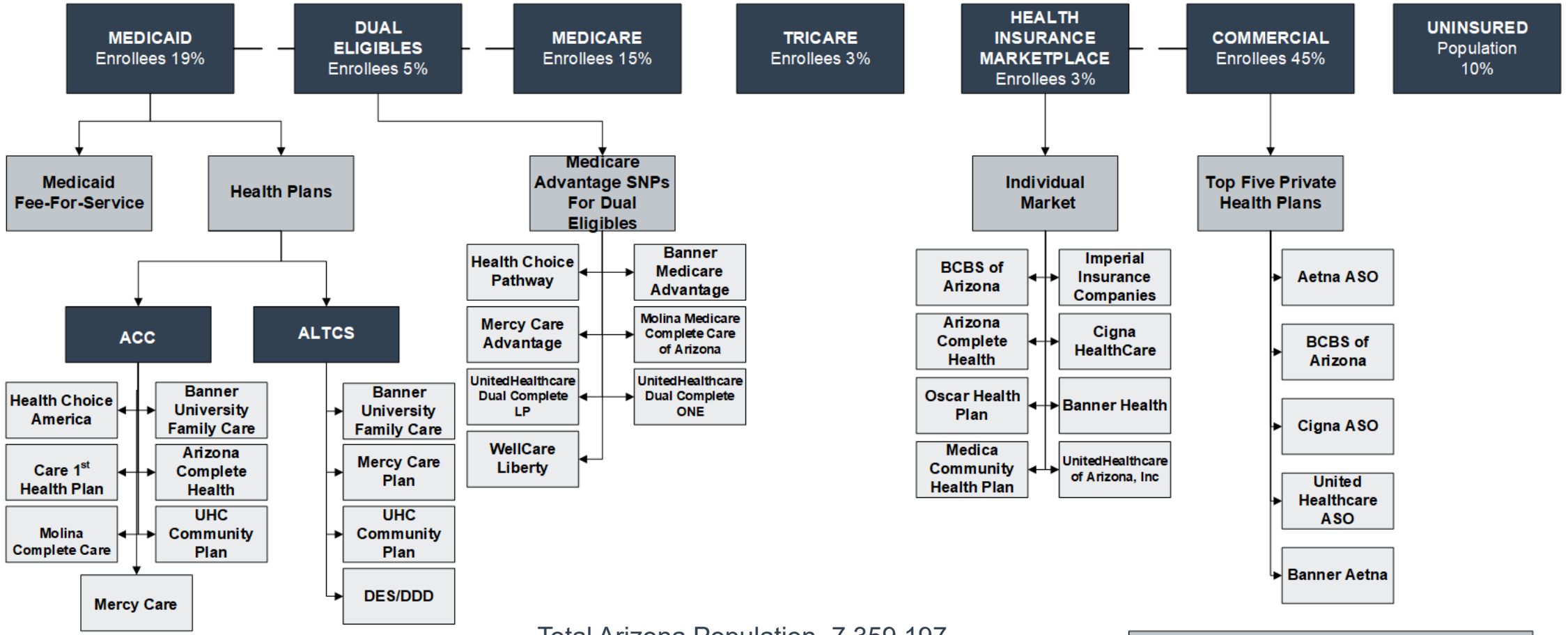
A.1. Arizona Physical Health Care Coverage by Payer



Total Arizona Population- 7,359,197
Estimated SMI Population- 588,736

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

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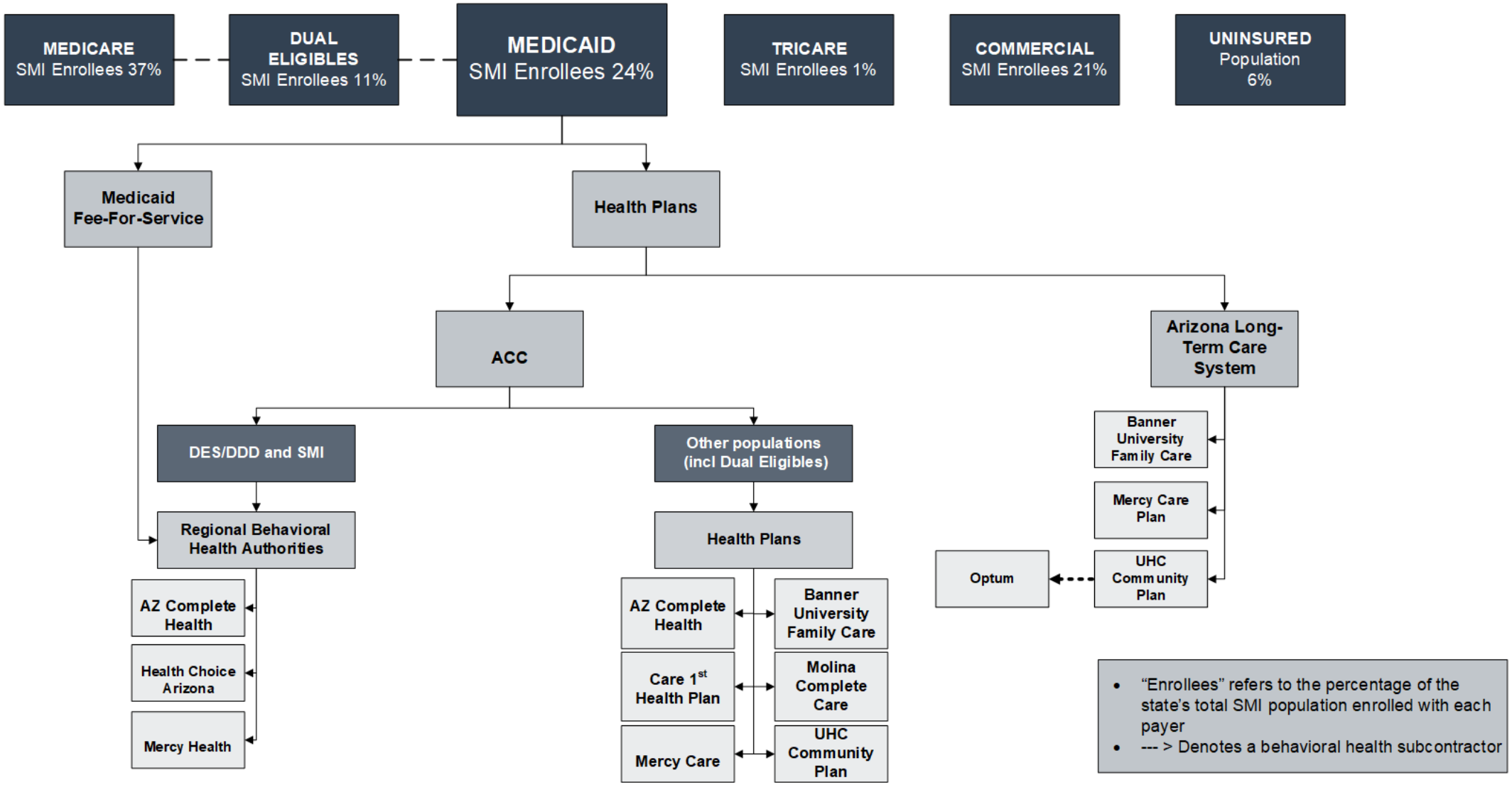
A.1. Arizona Behavioral Health Care Coverage by Payer



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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 currently has four CCBHCs.
Other Care Coordination Initiatives	✓	The Targeted Investments Program makes incentive payments to provider organizations for the integration of physical and behavioral health services.

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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.

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B. Arizona Health Financing System Overview

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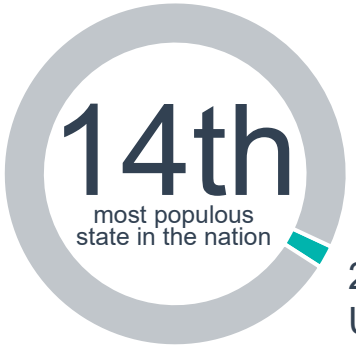
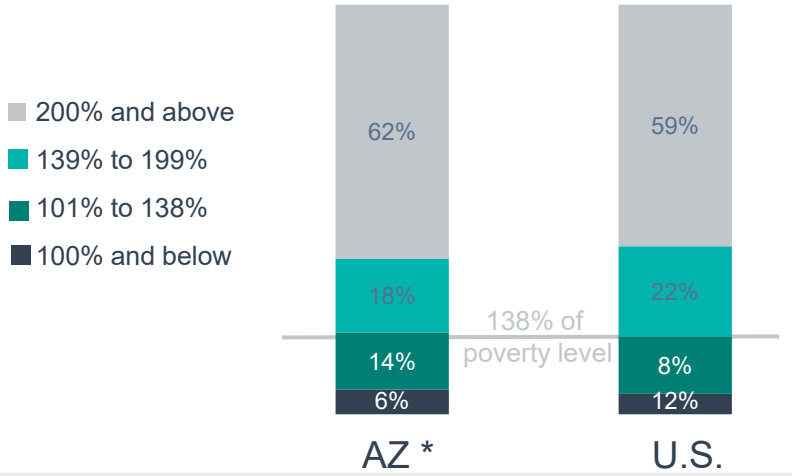
B.1. Population Demographics

Total Arizona Population- 7,359,197
Estimated SMI Population- 588,736



2% of the
U.S. population

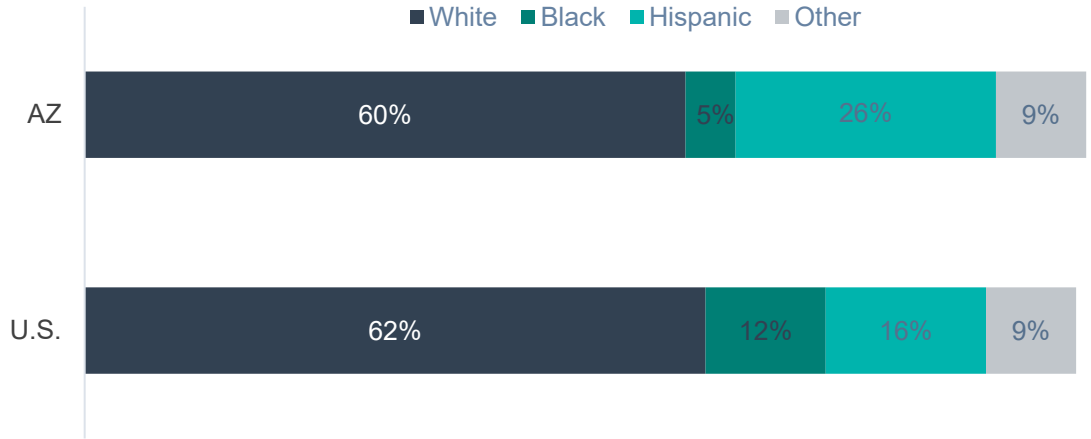
Population Distribution By Income To Poverty Threshold Ratio



Median Household Income	
Arizona	$74,568
U.S.	$74,755

Population Distribution By Age

Arizona & U.S. Racial Composition



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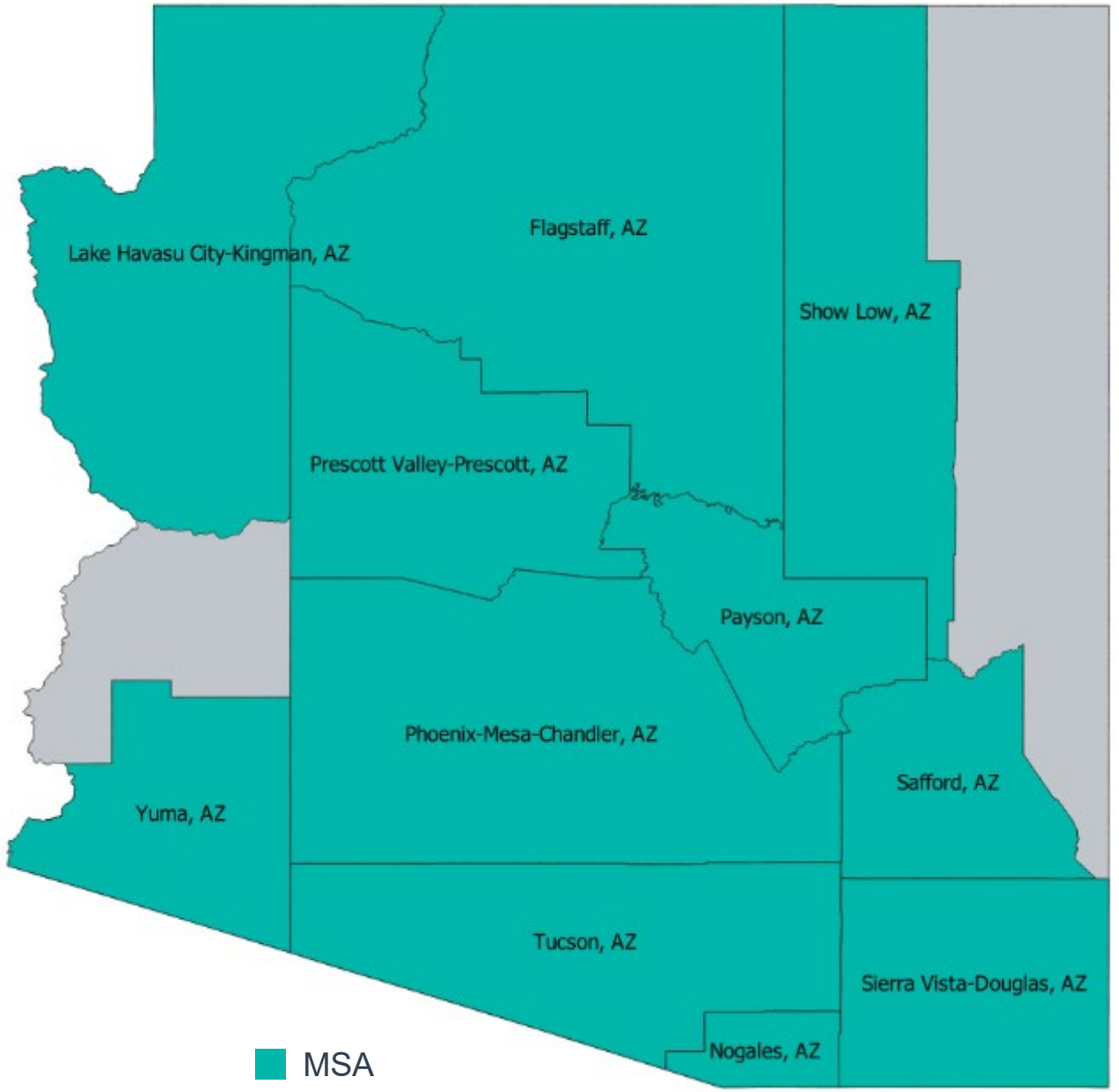
B.2. Population Centers

Metropolitan Statistical Areas (MSAs)		
MSA	**AZ MSA Residents**	**Percent Of Population**
Total MSA Population	**7,017,847**	**95%**
Phoenix-Mesa-Scottsdale, AZ	5,015,678	68%
Tucson, AZ	1,057,597	14%
Prescott, AZ	246,191	3%
Lake Havasu City-Kingman, AZ	220,816	3%
Yuma, AZ	207,842	3%
Flagstaff, AZ	144,060	2%
Sierra Vista-Douglas, AZ	125,663	2%



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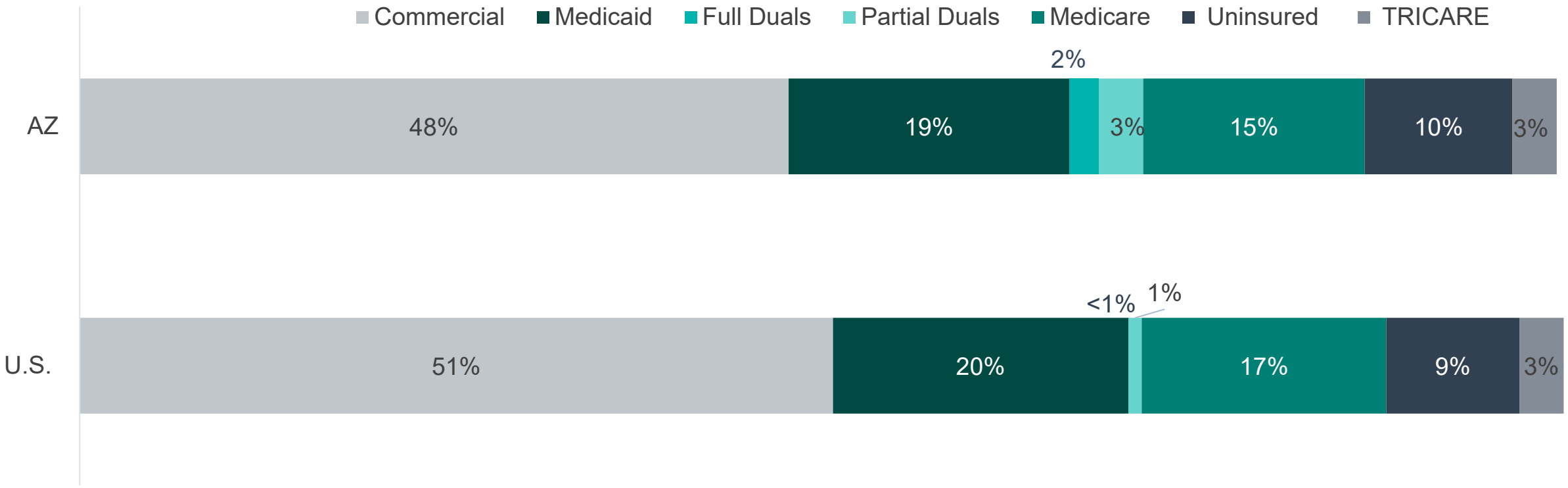
B.3. Population Distribution By Payer: National vs. State



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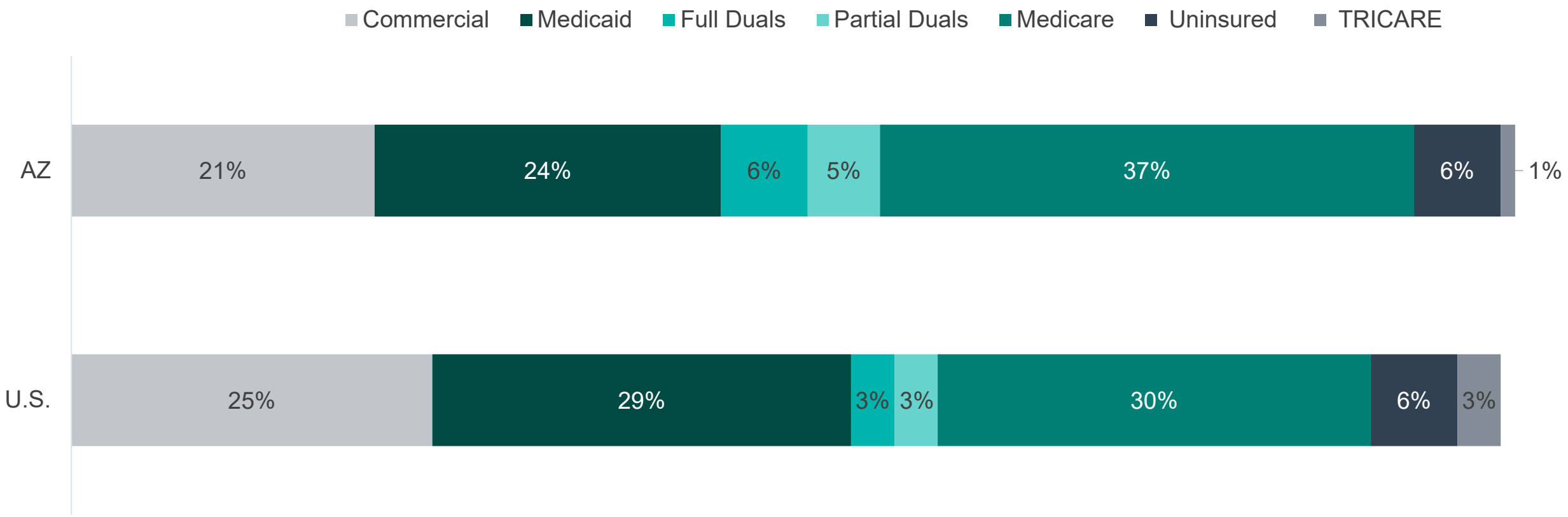
B.3. SMI Population Distribution By Payer: National vs. State



Totals may not equal 100% due to rounding.

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B.4. Largest Arizona Health Plans By Enrollment

Plan Name	Plan Type	Enrollment*
Blue Cross Blue Shield of Arizona	Commercial	1,379,632
Arizona Medicare fee-for-service (FFS)	Medicare	607,270
UnitedHealthcare Community Plan	Medicaid Managed Care – Arizona Complete Care	412,807
UnitedHealthcare ASO	Commercial Administrative services only (ASO)	371,900
Mercy Care	Medicaid Managed Care- Arizona Complete Care	366,792
Arizona Complete Health	Medicaid Managed Care – Arizona Complete Care	356,314
Cigna ASO	Commercial ASO	317,461
Banner-University Family Care	Medicaid Managed Care – Arizona Complete Care	270,388
Medicaid FFS	Medicaid	268,862
Health Choice Arizona	Medicaid Managed Care – Arizona Complete Care	246,820

*Medicaid enrollment as of March 2023; Commercial as of March 2023; Medicare as of March 2023; TRICARE enrollment as of December 2023

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

Plan Name	Type	Enrollment*	Estimated SMI Enrollment
Medicare FFS	Medicare	607,270	97,163
Blue Cross Blue Shield of Arizona	Commercial	1,379,632	56,565
UnitedHealthcare Community Plan	Medicaid Managed Care – Arizona Complete Care	483,486	41,580
Mercy Care	Medicaid Managed Care – Arizona Complete Care	423,638	36,433
Arizona Complete Health Complete Care Plan	Medicaid Managed Care – Arizona Complete Care	411,306	35,372
Banner - University Family Care	Medicaid Managed Care – Arizona Complete Care	313,343	26,947
Medicaid FFS	Medicaid	299,098	25,722
UnitedHealthcare Benefits of Texas, Inc	Medicare Advantage	135,195	21,631
AARP MedicareComplete	Medicare Advantage	134,321	21,491
Health Choice Arizona	Medicaid Managed Care – Arizona Complete Care	246,820	21,227

*Medicaid enrollment as of March 2023; Commercial as of March 2023; Medicare as of March 2023; TRICARE enrollment as of December 2023.

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B.5. Health Insurance Marketplace

Health Insurance Marketplace	
Healthcare Marketplace Percentage	3%
Type of Marketplace	Federal
Individual Enrollment Contact	https://www.healthcare.gov/
	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.

2024 Individual Market Health Plans
1. Banner/ Aetna CVS Health
2. Blue Cross Blue Shield of Arizona.
3. Imperial Insurance Companies
4. Cigna HealthCare of Arizona, Inc.
5. Health Net of Arizona, Inc.
6. Medica Community Health Plan
7. Oscar Health Plan, Inc.
8. UnitedHealthcare

2024 Small Group Market Health Plans
None

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B.6. Accountable Care Organizations

Commercial ACOs	
ACO	**Commercial Insurer**
Arizona Care Network – Next, LLC	Aetna Whole Health, UnitedHealthcare
Arizona Community Physicians	Cigna
Arizona Connected Care, LLC	Cigna
Banner Health Network	Aetna Whole Health, BCBS of Arizona, Cigna, UnitedHealthcare
Cigna Medical Group of Arizona Collaborative Accountable Care	Cigna
Commonwealth Primary Care	Cigna
NexusACO	UnitedHealthcare
Scottsdale Health Partners, LLC	Cigna

Medicare ACOs

1. 360 ACO
2. Abacus Health LLC
3. Aledade Accountable Care 57, LLC
4. Arizona Connected Care, LLC
5. ASPA Connected Community, LLC
6. Banner Health Network
7. CHSPSC ACO 16, LLC
8. Commonwealth Primary Care ACO, LLC
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

1. Arizona Care Network, - Next, LLC
2. Revere Health

End Stage Renal Disease Model ACOs

1. Phoenix-Tucson Integrated Kidney Care ESCO

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C. Medicaid Administration, Governance & Operations

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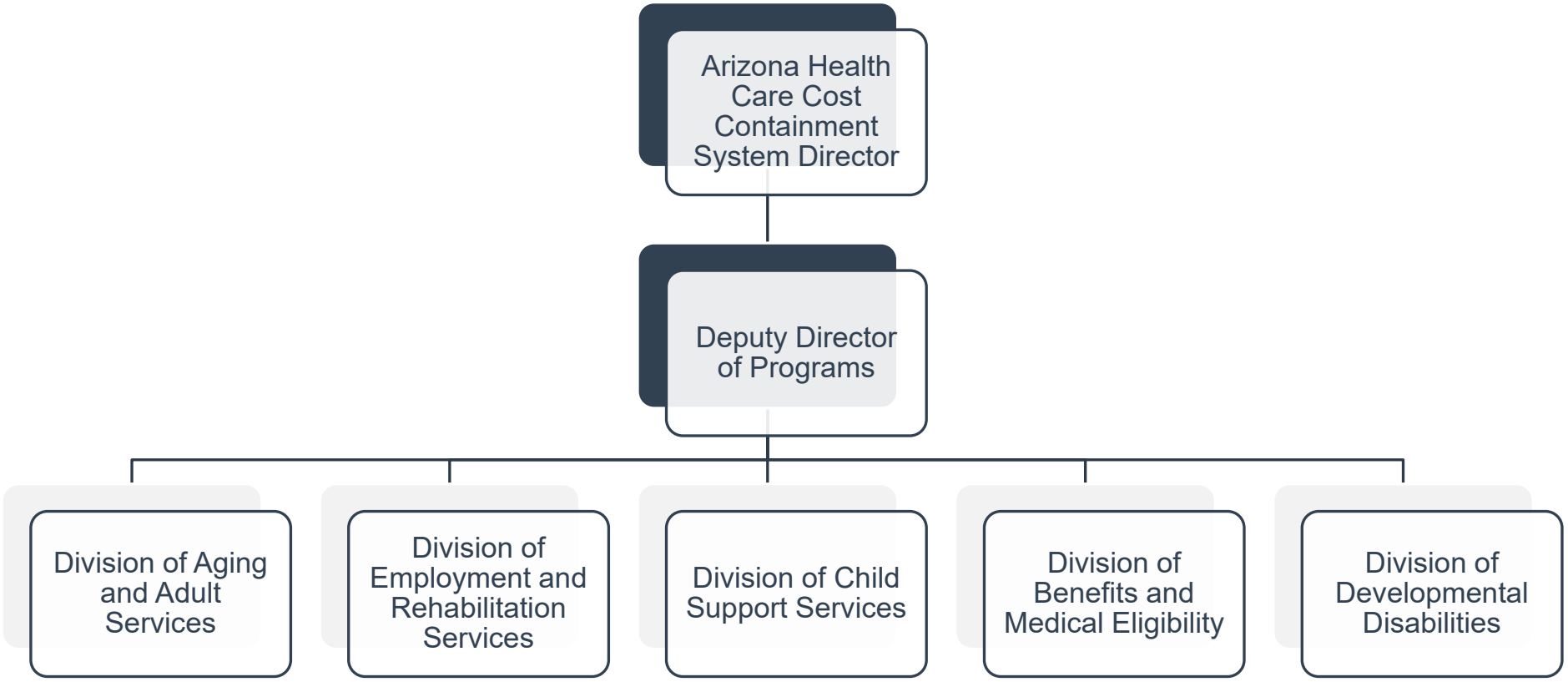
C.1. Medicaid Governance: Organization Chart



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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

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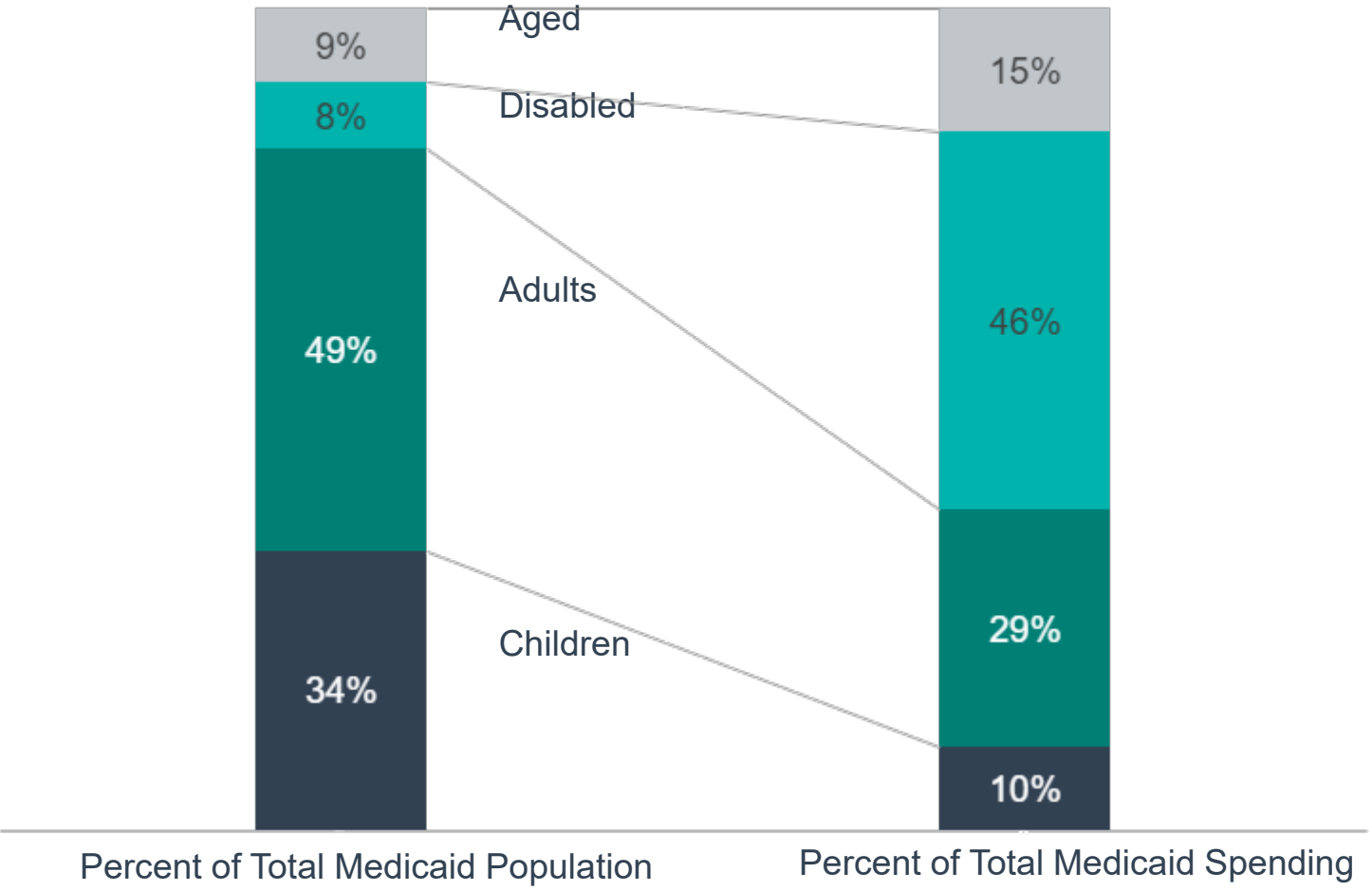
C.2. Medicaid Program Spending By Eligibility Group



*Based on FY 2021 data

Medicaid Spending Per Enrollee, FY 2021		
	U.S.	AZ
All populations	$8,615	$8,315
Children	$3,584	$3,543
Adults	$5,462	$5,916
Expansion adults	$7,486	$9,163
Blind and disabled	$23,935	$29,098
Aged	$18,514	$9,955

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C.2. Medicaid Program Spending: Budget

Budget Item	FY 2022 Spending	Percent Of Budget
Managed care and premium assistance	$16,327,000,000	81%
Hospital	$1,377,000,000	7%
Other acute	$1,242,000,000	6%
Medicare premiums and coinsurance	$509,000,000	3%
Clinic and health center	$375,000,000	2%
Drugs	$230,000,000	1%
Institutional LTSS	$105,000,000	1%
Physician	$62,000,000	<1%
Other practitioner	$18,000,000	<1%
Home- and community-based LTSS	$8,000,000	<1%
Dental	$5,000,000	<1%
Budget Total: $20,258,000,000		

Federal & County Financial Participation	
FY 2024 Federal Medical Assistance Percentage (FMAP)	66.3
CY 2024 Newly Eligible FMAP (expansion population)	88%
Counties contribute to state Medicaid share	No

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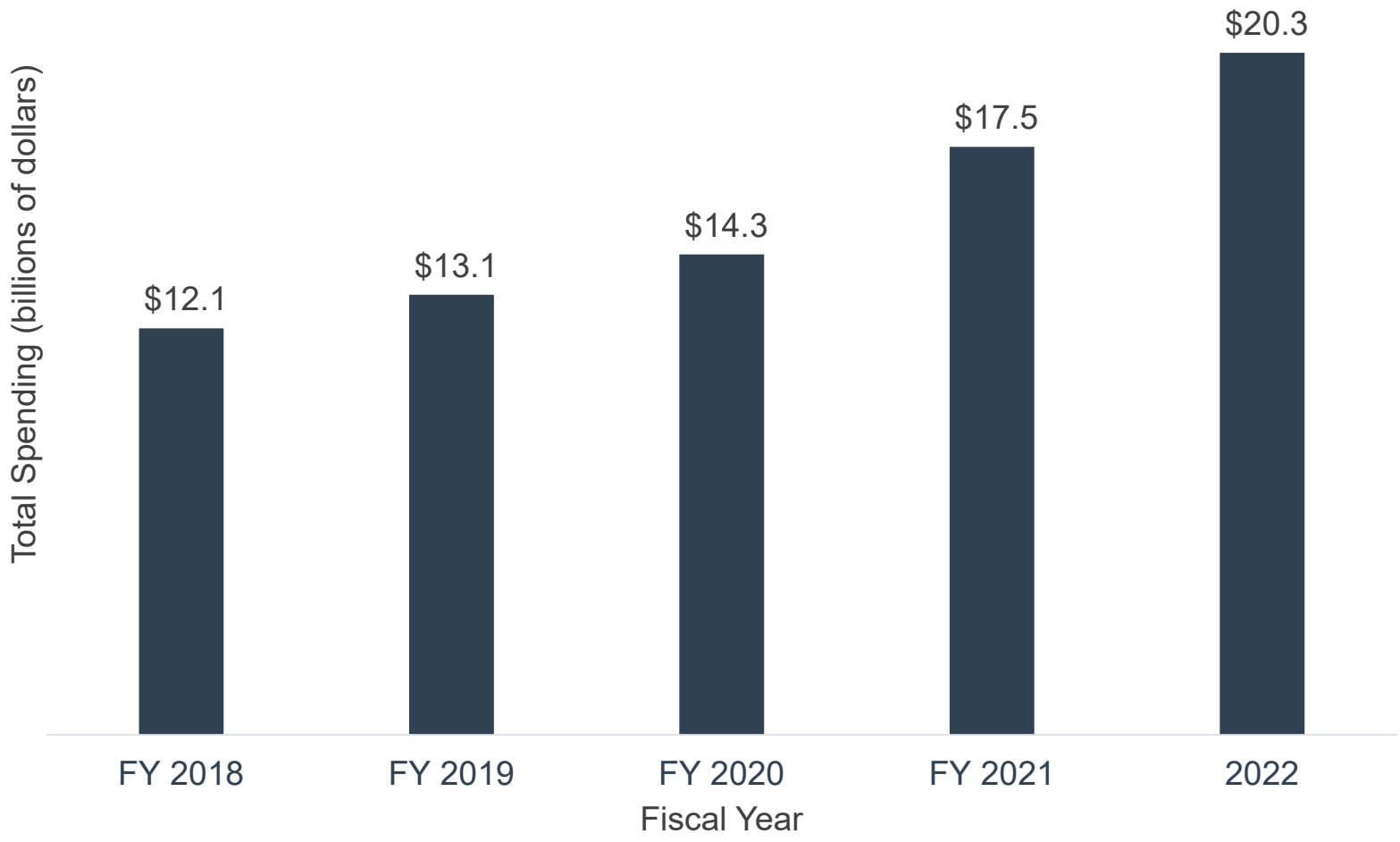
C.2. Medicaid Program Spending: Change Over Time



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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 (October 2023)	747,877
Number Of Enrollees Newly Eligible Due To Expansion	193,021
Benefit Plan For Expansion Population	The alternative benefit plan is identical to the state plan.

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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

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D. Medicaid Financing & Service Delivery System

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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 (January 2024)	268,862	1,742,703	44,967	68,402
SMI Enrollment	• 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, most of the SMI population is enrolled in managed care. • Estimated 87% of SMI population is enrolled in managed care, 13% in FFS.			
Management	• Acute care: Arizona Health Care Cost Containment System • Behavioral health: Regional Behavioral Health Authorities (RBHAs)	Seven health plans that provide acute and behavioral health care services	Three health plans, operated by RBHAs	• Three health plans that provide acute and long-term care • Some populations served through Tribal and interagency agreements
Payment Model	• Acute care: FFS • Behavioral health: Capitated rate	Capitated rate	Capitated rate	Capitated rate
Geographic Service Area	• Acute care: Statewide • Behavioral health: One RBHA per region	Statewide, plans available regionally	Statewide, one plan per region	Statewide, plans available regionally

Total Medicaid Enrollment: 2,124,934 | Total Medicaid With SMI: 246,492

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D.2. Medicaid System Overview

Medicaid Financial Delivery System Enrollment	
Total Medicaid population distribution	• As of January 2024: 13% in fee-for-service (FFS), 87% in managed care
SMI population inclusion in managed care	• 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, most of the SMI population is enrolled in managed care. • Eligible individuals are automatically enrolled in specialty health plans for persons with SMI. • Estimated 13% of SMI population in FFS, 87% in managed care
Dual eligible population inclusion in managed care	• Managed care is mandatory for full-benefit dual eligibles. Partial benefits dual eligibles are in FFS. • Estimated 21% of population in FFS, 79% in managed care
Long-term services and supports (LTSS) inclusion in managed care	• Managed care is mandatory for individuals in need of nursing facility or ICF/IDD level of care.

Medicaid Financing & Risk Arrangements: Behavioral Health		
Service Type	**FFS Population**	**Managed Care Population**
Traditional behavioral health	• Individuals without SMI: FFS • Individuals with SMI: Regional Behavioral Health Authorities (RBHAs) or tribal RBHAs	• Included in the health plan's capitation rate • The state also operates integrated health plans for the SMI population. All services are included in the RBHA's capitation rate.
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.

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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 currently operates four CCBHCs.
Other Care Coordination Initiatives	✓	The Targeted Investments Program makes incentive payments to provider organizations for the integration of physical and behavioral health services.

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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	• Emergency services for non-citizens • Presumptive eligibility	• Alaskan natives • American Indians	Breast and cervical cancer program

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D.2. Medicaid FFS Program: Overview

- FFS enrollment as of January 2024 was 268,862.
- 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 131,557 American Indians participating in Arizona's Medicaid program, 129,535 are enrolled in FFS.
- The FFS program for American Indians is called the American Indian Health Program (AIHP).
  - American Indians can 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 can switch from an AHCCCS managed care plan to AIHP at any time.
  - Arizona operates 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.

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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
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

FFS 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

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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, most of the SMI population is enrolled in managed care.
- As of January 2024, *OPEN MINDS* estimates that 13% of the SMI population was enrolled in FFS.

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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	• Drugs not included on the drug lists require prior authorization. • Age and other clinical criteria necessitate prior authorization of some mental health treatment drugs.
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.

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D.3. Medicaid Managed Care Program: Overview

- Managed care enrollment as of January 2024 was 1,856,072.
- 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: 45% in 2023
  - Complete Care integrated plans for individuals with SMI: 35% in 2023.
  - Other carve-out population services: Percentages depend on the population and type of service. The 2023 targets range from 15% to 45%.

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

- Arizona's AHCCCS Complete Care program (ACC) integrates behavioral health and physical health services for Medicaid beneficiaries who do not require LTSS.
  - Enrollment as of January 2024 was 1,742,703.
- 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 January 2024 was 44,967, or 3% of the ACC population. See slide 36 and slide 37 for more information.
  - Comprehensive Health Plan: Children in foster care are able to get medical, dental and behavioral health services from one health plan, Mercy Care DCS CHP. Covered services for children in foster care remain the same. Enrollment as of January 2024 was 9,338 or <1% of the ACC population.

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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 January 2024 was 44,967.
- 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.

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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 January 2024 was 68,402.
- Services are provided to 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 January 2024 was 41,548.
- As an option for American Indians, eight Tribes have entered into agreements with AHCCCS to deliver ALTCS services. As of January 2024, these organizations served 2,022 individuals.

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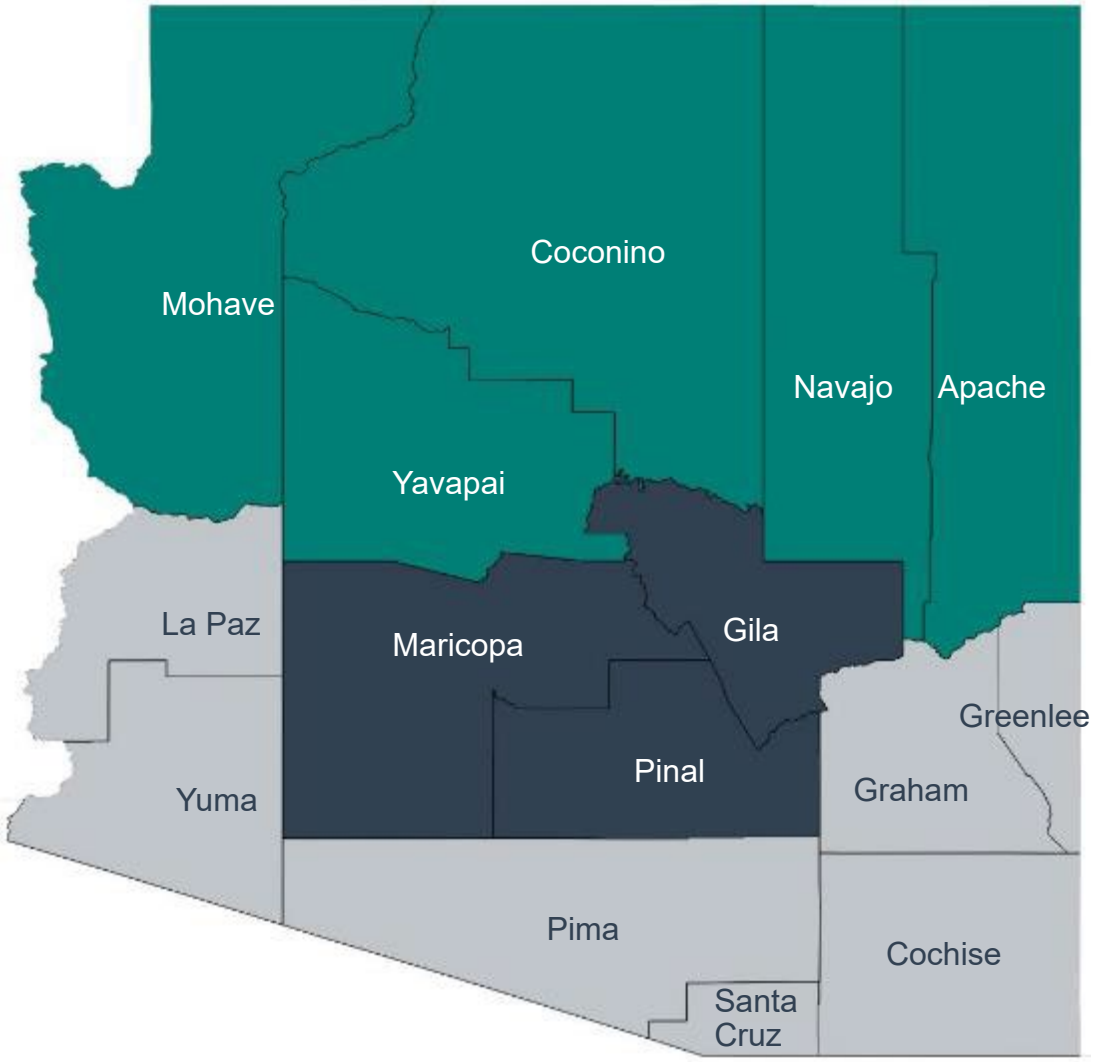
D.3. Medicaid Managed Care Program: ACC & ALTCS Service Areas



Region	Counties	ACC Health Plans	ALTCS Health Plans
North	• Apache • Coconino • Mohave • Navajo • Yavapai	• Steward Health Choice AZ* • Care 1st	UHC Community Plan
Central	• Gila • Maricopa • Pinal	• AZ Complete Health • Banner • Care 1st • Molina • Mercy Care* • Steward • UHC Community Plan	• Banner University Family Care • Mercy Care • UHC Community Plan
South	• Cochise • Graham • Greenlee • La Paz • Pima • Santa Cruz • Yuma	• AZ Complete Health* • Banner • UHC Community Plan (Pima County only)	• Banner University Family Care • Mercy Care (Pima County only)

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

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

Banner University Family Care

1. Profit status: Non-profit
2. Parent company: WellCare-Centene
3. Behavioral health subcontractor: None
4. Pharmacy benefit manager: MedImpact
5. Managed care programs: ACC, ALTCS
6. Enrollment share: 15%

UnitedHealthcare Community Plan

1. Profit status: For-profit
2. Parent company: UnitedHealth Group
3. Behavioral health subcontractor: Optum
4. Pharmacy benefit manager: Optum Rx
5. Managed care programs: ACC, ALTCS
6. Enrollment share: 23%

Care 1st Arizona

1. Profit status: For-profit
2. Parent company: WellCare-Centene
3. Behavioral health subcontractor: None
4. Pharmacy benefit manager: CVS-Caremark
5. Managed care programs: ACC
6. Enrollment share: 4%

Mercy Care Plan

1. Profit status: Non-profit
2. Parent company: Dignity Health and Carondelet Health Network (Aetna administers plan)
3. Behavioral health subcontractor: None
4. Pharmacy benefit manager: CVS-Caremark
5. Managed care programs: ACC, ALTCS
6. Enrollment share: 22%

Arizona Complete Health

1. Profit status: For-profit
2. Parent company: WellCare-Centene
3. Behavioral health subcontractor: MHN
4. Pharmacy benefit manager: CVS-Caremark
5. Managed care programs: ACC
6. Enrollment share: 20%

Totals may not equal 100% due to rounding.

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

Health Choice Arizona

1. Profit status: Non-profit
2. Parent company: BCBSAZ
3. Behavioral health subcontractor: None
4. Pharmacy benefit manager: None
5. Managed care programs: ACC
6. Enrollment share: 12%

Molina Complete Care

1. Profit status: For-profit
2. Parent company: Molina Healthcare
3. Behavioral health subcontractor: None
   Pharmacy benefit manager: None
4. Managed care programs: ACC
5. Enrollment share: 2%

Totals may not equal 100% due to rounding.

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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.
  - Mercy Care Department of Child Safety Comprehensive Health Plan, or Mercy Care DCS 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).

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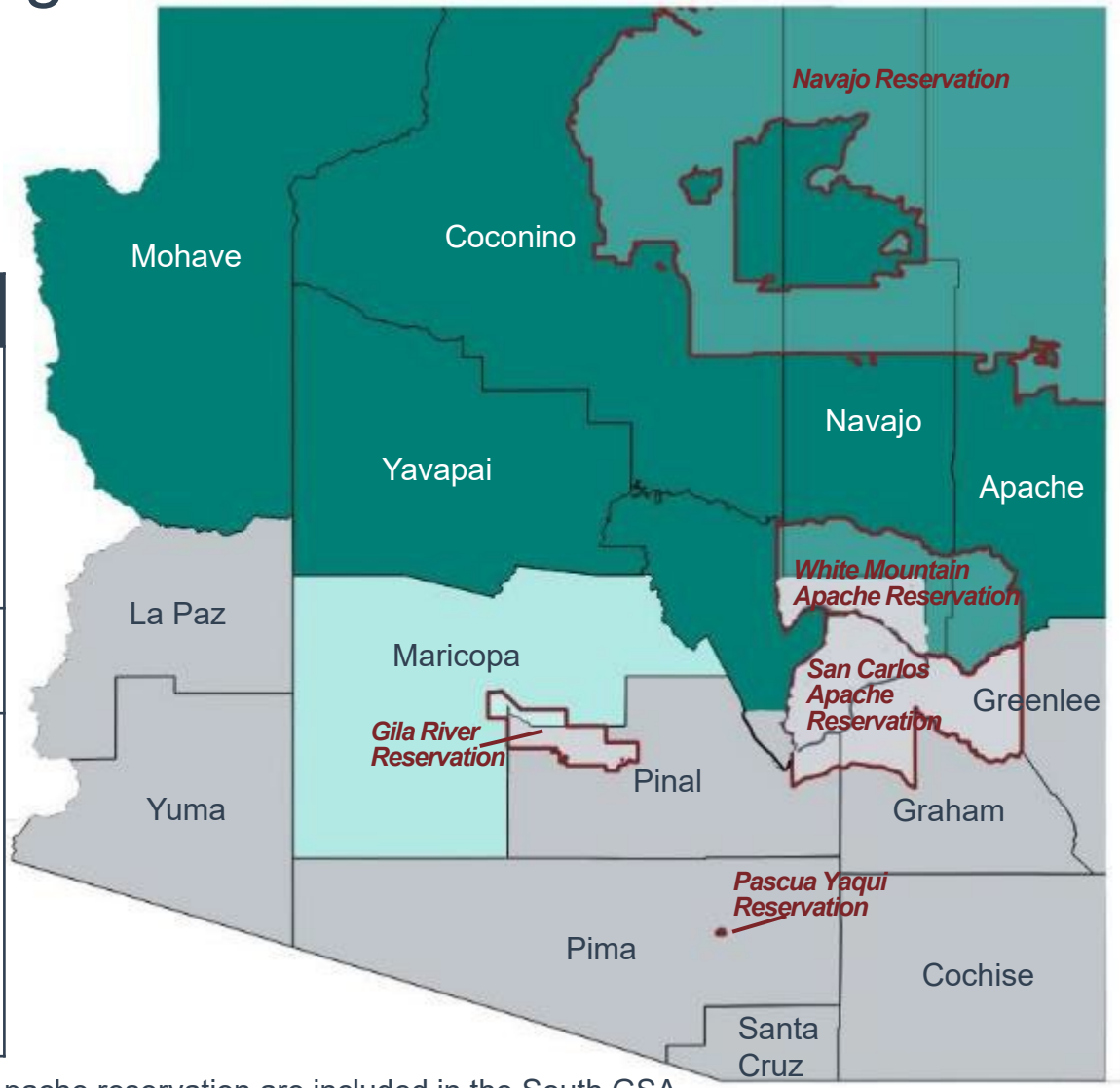
D.3. Medicaid Managed Care Program: RBHA Service Areas

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	• Apache • Coconino • Gila* • Mohave • Navajo • Yavapai
	Central GSA	Mercy Care	Maricopa
	South GSA	Arizona Complete Health	• Cochise • Graham • Greenlee • La Paz • Pima • Pinal • Santa Cruz • Yuma



Tribal RBHA

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

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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

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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 January 2024, *OPEN MINDS* estimates that 87% 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.

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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 **Health Plan Uses A PDL For Mental Health Drugs** **Health Plan Uses A PDL For Addiction Treatment Drugs**	• The health plans and RBHAs are required to maintain their own drug lists. • Health plan and RBHA drug lists must include all of the drugs listed on the state's general pharmacy and behavioral health drug lists.
Health Plan Use Of Utilization Restrictions For Mental Health & Addiction Treatment Drugs	• 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. • The health plans and RBHAs may determine their own clinically-appropriate prior authorization criteria—including step therapy and quantity limits—for other drugs.
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.

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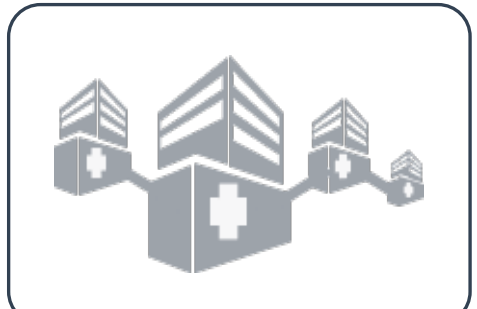
D.4. Medicaid Program: Care Coordination Initiatives



Accountable Care Organization (ACO) Program	Affordable Care Act Health Home	Patient-Centered Medical Home (PCMH)	Other Care Coordination Initiatives
None	None	Arizona operates a voluntary PCMH program for the American Indian population called the American Indian Medical Home (AIMH) program.	The state's section 1115 demonstration waiver authorizes incentive payments made to provider organizations for the integration of physical and behavioral health services.

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D.4. American Indian Medical Home Characteristics

American Indian Medical Home Program	
Target Population	American Indian FFS enrollees
Enrollment Model	Voluntary
Geographic Service Area	• Program is authorized statewide • As of January 2024, there are eight participating AIMHs: Fort Yuma Health Center, Phoenix Indian Medical, Chinle Comprehensive Health Care Facility, Parker Indian Health Center, San Carlos Apache Healthcare Corporation, Tuba City Regional Health Corporation, Winslow Indian Health Care Center, and Whiteriver Indian Hospital.
Care Delivery Model	• Indian Health Service (IHS) and Tribal facilities may serve as medical homes. • PCCM model of care
Payment Model (2024)	AIMHs may qualify for one of four per member per month (PMPM) payment levels based on the types of services they have available: • Level 1: $18.17 PMPM; PCCM and 24-hour telephone line • Level 2: $20.91 PMPM; PCCM, 24-hour telephone line, and diabetes education • Level 3: $28.44 PMPM; PCCM, 24-hour telephone line, and participation in state health information exchange • Level 4: $31.18 PMPM; PCCM, 24-hour telephone line, diabetes education, and participation in the state health information exchange
Practice Performance & Improvement	AIMHs must demonstrate that they meet the criteria for the program in one of two ways: 1. Achieve national level PCMH accreditation; or 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.

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

- The state currently has no Medicaid waivers.

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D.6. Medicaid Program: New Initiatives

- The AHCCS is working with its federal partners at the Centers for Medicare and Medicaid Services (CMS) to obtain approval to increase access to KidsCare, the Children's Health Insurance Program (CHIP) in Arizona.
- In 2023, the Arizona Legislature passed, and Governor Hobbs signed, a bill to increase the income limit for KidsCare eligibility to 225% of the federal poverty level.
  - If approved by CMS, Arizona could enroll nearly 10,000 more children in KidsCare.
  - The current income limit is capped at 200% of the federal poverty level.
- In order to implement this change, AHCCCS is requesting permission from CMS to amend its 1115 Waiver, a contract with the federal government that allows the program to operate in Arizona.
- AHCCCS submitted its request on November 15, 2023, and AHCCCS received a letter of completeness from CMS on Nov. 20, indicating the start of the Federal Comment Period which was open through Dec. 20, 2023.
- While waiver approval can be a lengthy and complex process, AHCCCS and CMS are committed to working as quickly as possible to implement the new income limit in early 2024.

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E. Medicare Financing & Service Delivery System

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E.1. Medicare Financing & Service Delivery System

Medicare System Characteristics		
Characteristics	**Traditional Medicare (FFS)**	**Medicare Advantage**
Enrollment (March 2023)	607,270	1,205,197
SMI Enrollment	•*OPEN MINDS* estimates 66% of the population in Medicare Advantage, 34% in Traditional Medicare.	
Management	•Part A: Inpatient hospital, skilled nursing facility care, nursing home care, hospice and home health care •Part B: Clinical research, ambulance services, durable medical equipment, mental health and limited outpatient prescription drugs	•Medicare Advantage Plans provide all Part A and Part B benefits, plus additional benefits based on plan chosen
Payment Model	•Part A & B cover up to 80%, remaining costs can be paid out of pocket	•Fixed amounts paid based on health plan chosen
Geographic Service Area	Statewide	Statewide

Total Medicare: 1,812,467 | Total Medicare With SMI: 411,430

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E.2. Medicare System Overview

Medicare Financial Delivery System Enrollment	
Total Medicare population distribution	As of March 2023: 66% Medicare Advantage, 34% in traditional Medicare.
SMI population inclusion in managed care	Estimated 66% of population in Medicare Advantage, 34% in traditional Medicare.
Medicare population inclusion in Chronic special needs plan or (C-SNP).	Estimated that around 7% of population is enrolled in C-SNP plans.
Medicare population inclusion in Institutional Special Needs Plan (I-SNP).	Estimated that less than 1% of population is enrolled in I-SNP plans.

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E.2. Medicare System: Overview

- Medicare enrollment as of March 2023 was 1,812,467.
- In 2022, more than 1.1 million Arizona Medicare beneficiaries had Part D coverage
  - Data show 449,821 Medicare beneficiaries had stand-alone Part D plans, and another 633,558 had Part D coverage as part of their Medicare Advantage plans.
- In Arizona, nearly 10% of Medicare beneficiaries are under 65 — and enrolled due to a qualifying disability, end-stage renal disease, or ALS — while about 90% are eligible due to their age.
  - Nationwide, about 12% of all Medicare beneficiaries are eligible due to a disability, but there is some state-by-state fluctuation.
- 41 insurers offer Medigap plans in Arizona for individuals aged 65 or older, but the state does not require insurers to offer coverage to beneficiaries under that age.
  - One insurer does offer this coverage, voluntarily, but with a monthly premium of about $1,000 higher than some of the lower premiums available for those age 65 and older.
- Many Medicare beneficiaries receive financial assistance through Medicaid with the cost of Medicare premiums, prescription drug expenses, and services not covered by Medicare – such as long-term care.

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E.3. Medicare ACOs

Medicare ACOs
1. 360 ACO
2. Abacus Health LLC
3. Aledade Accountable Care 57, LLC
4. Arizona Connected Care, LLC
5. ASPA Connected Community, LLC
6. Banner Health Network
7. CHSPSC ACO 16, LLC
8. Commonwealth Primary Care ACO, LLC
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

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E.4. Medicare System: New Initiatives - BPCI Advanced

- In October 2022, CMS announced a two-year extension of the Bundled Payments for Care Improvement Advanced (BPCI Advanced) Model. The model launched in October 2018 and was originally set to end in December 2023.
- With the extension, BPCI Advanced is set to end in December 2025.
- New applicants (Model Year 7), must be Medicare-enrolled providers, suppliers, or Medicare Accountable Care Organizations (ACOs).
- BPCI Advanced is part of the continuing efforts by the CMS and the Center for Medicare and Medicaid Innovation in implementing voluntary episode payment models.
- The model aims to support health care providers that invest in practice innovation and care redesign to better coordinate care and reduce expenditures, while improving the quality of care for Medicare beneficiaries.
- BPCI Advanced qualifies as an Advanced Alternative Payment Model (APM) under the Quality Payment Program.
- The BPCI Advanced Model aims to address these issues by having the BPCI Advanced participants take responsibility for ensuring the patient's entire health care team – including the providers from all health care settings – communicate and collaborate on quality and total cost of a patient's care.
- The participant facilitates coordination among the health care team, working to meet the patient's full needs throughout the duration of the episode of care.
- The goal is to provide patients high-quality care, support a successful recovery and reduce the frequency and length of preventable hospital stays and emergency department use.

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F. Dual Eligible Financing & Service Delivery System

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F.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)	43,375	153,783		
Estimated SMI Enrollment	9,108	32,294		
Management	• Acute care: Arizona Health Care Cost Containment System • Behavioral health: RBHAs	Seven health plans that provide acute and behavioral health care services	Three health plans, operated by RBHAs	• Three health plans that provide acute and long-term care • Some populations served through Tribal and interagency agreements
Payment Model	• Acute care: FFS • Behavioral health: Capitated rate	Capitated rate	Capitated rate	Capitated rate
Geographic Service Area	• Acute care: Statewide • Behavioral health: One RBHA per region	Statewide, plans available regionally	Statewide, one plan per region	Statewide, plans available regionally

Total Dual Eligible Enrollment: 197,158 | Total Dual Eligible Enrollment With SMI: 41,403

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

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F.2. Largest Dual Eligible Health Plans By Estimated SMI Enrollment

Health Plans	Parent Company	Plan Type	March 2023 Enrollment	Estimated SMI Enrollment
UnitedHealthcare Dual Complete LP	UnitedHealthcare	Medicare Advantage D-SNP	61,364	19,636
WellCare Liberty	Care 1st Health Plan	Medicare Advantage D-SNP	18,997	6,079
Mercy Care Advantage	Mercy Care	Medicare Advantage D-SNP	15,391	4,925
Banner Medicare Advantage Pathway	Banner University Health Plans	Medicare Advantage D-SNP	15,191	4,861
Health Choice Pathway	Health Choice Arizona	Medicare Advantage D-SNP	9,265	2,965
UnitedHealthcare Dual Complete ONE	UnitedHealthcare	Medicare Advantage D-SNP	4,138	1,324
Molina Medicare Complete Care of Arizona	Magellan Complete Care of Arizona	Medicare Advantage D-SNP	175	56

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F.3. Dual Eligible Medicaid Financing & Delivery System: Overview

- Dual eligible enrollment as of December 2022 was 197,158.
- 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 March 2023 was 124,521. D-SNP SMI enrollment was 26,149,

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

- Arizona's dual eligible system focuses 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.
- Arizona's 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.

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F.5. Dual Eligible Medicaid Financing & Delivery System: New Initiatives

- AHCCCS continues developing integration initiatives to increase alignment and improve service delivery for dual eligibles.
- This health system fragmentation often results in poor communication, uncoordinated health care decisions and a lack of a patient-centered perspective.
- AHCCCS has moved toward increasing the coordination of health service delivery between these two health programs by contracting with Medicare Advantage Dual Special Needs Plans (D-SNPs) that are each affiliated with its partner AHCCCS Complete Care (ACC) Medicaid health plan.
- Requiring each ACC Medicaid health plan to offer a partner Medicare D-SNP promotes the enrollment or alignment of dual eligible members in the same health plan for both Medicare and Medicaid services to the greatest possible extent.
- Enrolling in specialized Medicare plans allows dual eligible members to receive all of their health care services, including prescription drug benefits, from a single, integrated health plan.

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G. Long-Term Services & Supports Financing & Service Delivery System

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G.1. LTSS Financing & Service Delivery System

LTSS Medicaid System Characteristics	
Characteristics	**Medicaid Managed Care**
Enrollment (January 2024)	69,436
Estimated SMI Enrollment	15,761
Management	• Physical health: Three health plans • Behavioral health: Three health plans
Payment Model	• Physical health: Capitated rate • Behavioral health: Capitated rate
Geographic Service Area	Statewide

Total LTSS Enrollment: 69,436 | Total LTSS Enrollment With SMI: 15,761

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G.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			

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G.2. LTSS Medicaid Financing & Delivery System: Overview

- LTSS beneficiary enrollment as of January 2024 was 69,436.
- 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.

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G.3. Medicaid LTSS Program: Health Plan Characteristics

UnitedHealthcare Community Plan

1. Profit status: For-profit
2. Parent company: UnitedHealth Group
3. Behavioral health subcontractor: Optum
4. Pharmacy benefit manager: Optum Rx

MercyCare

1. Profit status: Non-profit
2. Parent company: Dignity Health and Carondelet Health Network (Aetna administers plan)
3. Behavioral health subcontractor: None
4. Pharmacy benefit manager: CVS-Caremark

Banner University Family Care

1. Profit status: Non-profit
2. Parent company: WellCare-Centene
3. Behavioral health subcontractor: None
4. Pharmacy benefit manager: MedImpact

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G.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
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

LTSS 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

LTSS Physical Care Benefits
1. Adaptive Aids/Assistive Technology
2. Ambulatory Surgery
3. Audiology Services
4. Chiropractic Services
5. Dental Services
6. Dialysis
7. EPSDT
8. Emergency Services
9. End of Life Care
10. Family Planning and Maternity Services
11. HCBS
12. Home Health
13. Hospice
14. Nursing Facility Services
15. Organ Transplants
16. Physician Services
17. Podiatry
18. Radiology
19. Respiratory Therapy
20. Vision Services

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G.5. LTSS Medicaid Financing & Delivery System: New Initiatives

- In October 2023, the Arizona Health Care Cost Containment System (AHCCCS) released a new State Olmstead Plan, a strategy document that outlines priorities within the health care delivery system directed toward individuals at risk of institutionalization, including those living with behavioral health needs and members enrolled in the Arizona Long Term Care System (ALTCS).
- The 1999 United States Supreme Court Olmstead decision provided a legal framework for the efforts of federal and state governments to integrate persons with disabilities into their communities. Olmstead is intended to remove unjustified segregation of individuals from the broader community and to ensure that individuals receive services in the most integrated setting appropriate to their needs.
- Arizona first created an Olmstead Plan in 2001 so that advocates, agencies, individuals served by the health care system, and community stakeholders could work together to further improve access to services and ensure individuals receive services in the most appropriate integrated setting in their community. The new Olmstead Plan advances these efforts through strategies including person-centered care planning, integrated service delivery, and community-based treatment and care.

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H. State Behavioral Health Administration & Finance System

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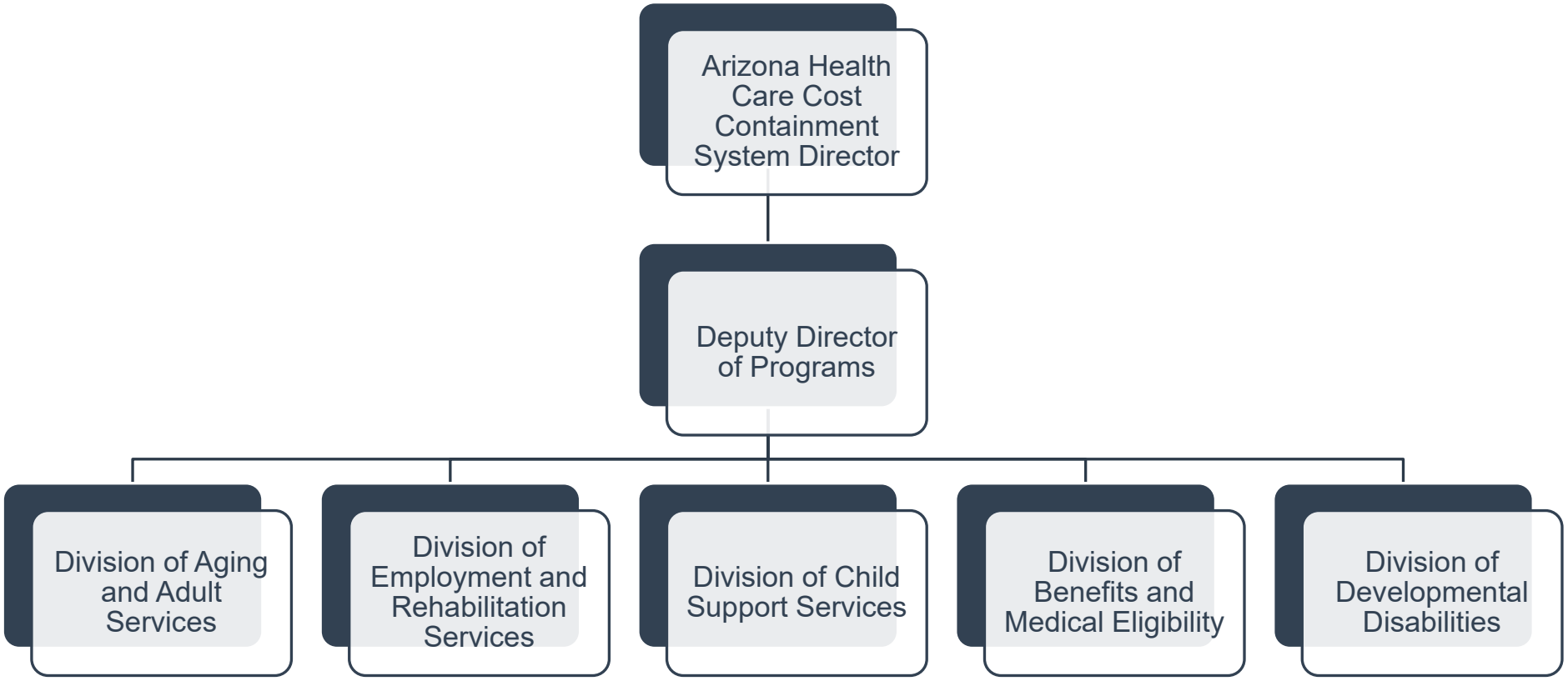
H.1. AHCCCS: Organization Chart



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H.1. AHCCCS: Key Leadership

Name	Position	Department	Email
Vacant	Director	AHCCCS	N/A
Carmen Heredia	Cabinet Executive Officer and Executive Deputy Director	AHCCCS	carmen.heredia@azahcccs.gov
Dr. Sara Salek	Clinical Operations, Chief Medical Officer	AHCCCS	sara.salek@azahcccs.gov
Jakenna Lebsock	Health Care Services Assistant Director	AHCCCS	jakenna.lebsock@azahcccs.gov
Dr. Roger Willcox	Medicare Director	AHCCCS	roger. willcox@azahcccs.gov

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H.2. AHCCCS: Behavioral Health Spending

Budget Item	SFY 2023 Budget Expenditures	Percent Of Budget
ALTCS Services	$2,105,506,100	84%
Comprehensive Medical and Dental Program	$235,498,300	9%
Non-Medicaid Seriously Mentally Ill Services	$77,646,900	3%
Supported Housing	$65,324,800	3%
Crisis Services	$16,319,300	1%
Behavioral Health Services in Schools	$9,891,200	<1%
Substance Abuse Services Fund	$2,250,200	<1%
Total: $2,512,436,800		

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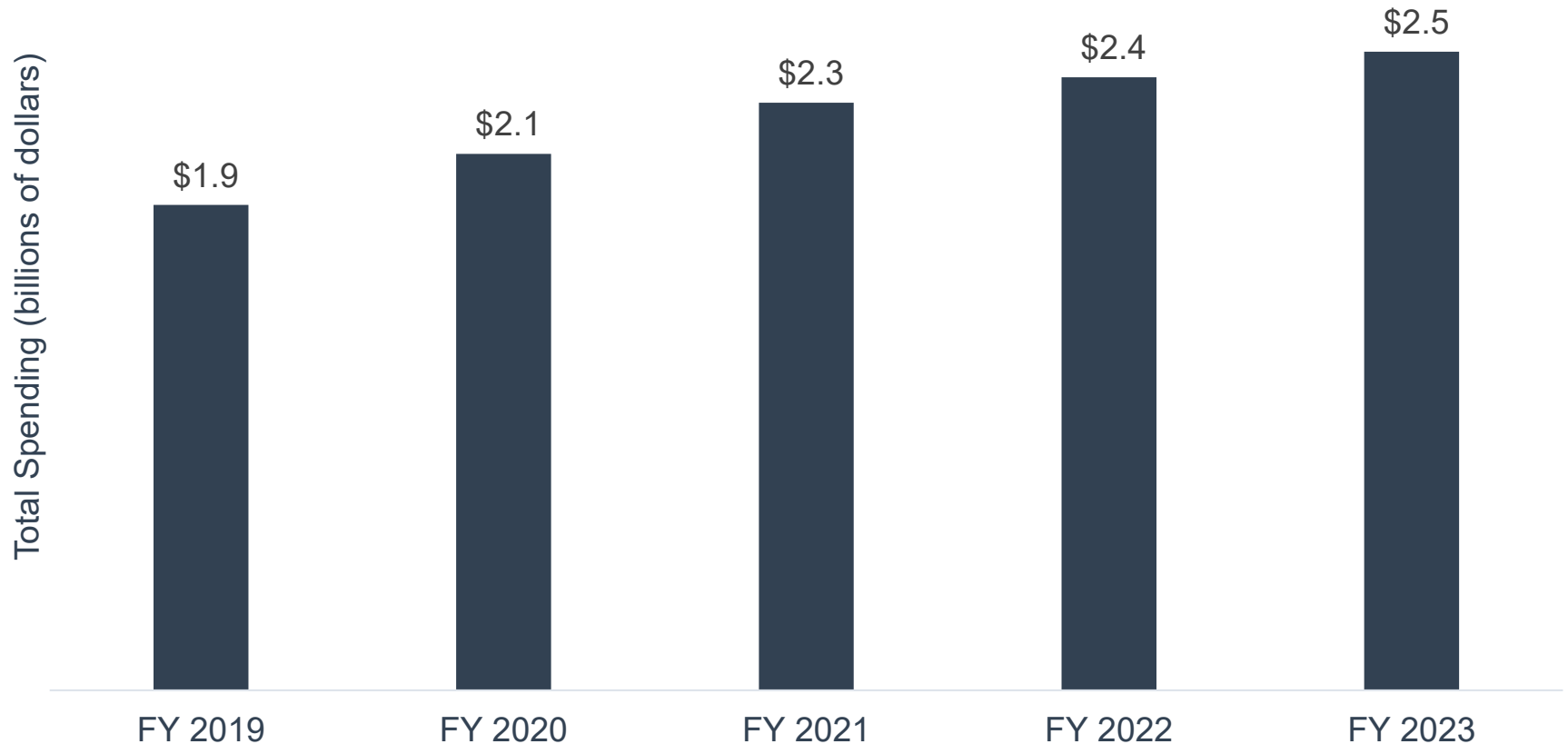
H.2. AHCCS: Behavioral Health Spending Over Time



*All years actual spending

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H.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.

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H.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).

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H.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 1st
  - 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.

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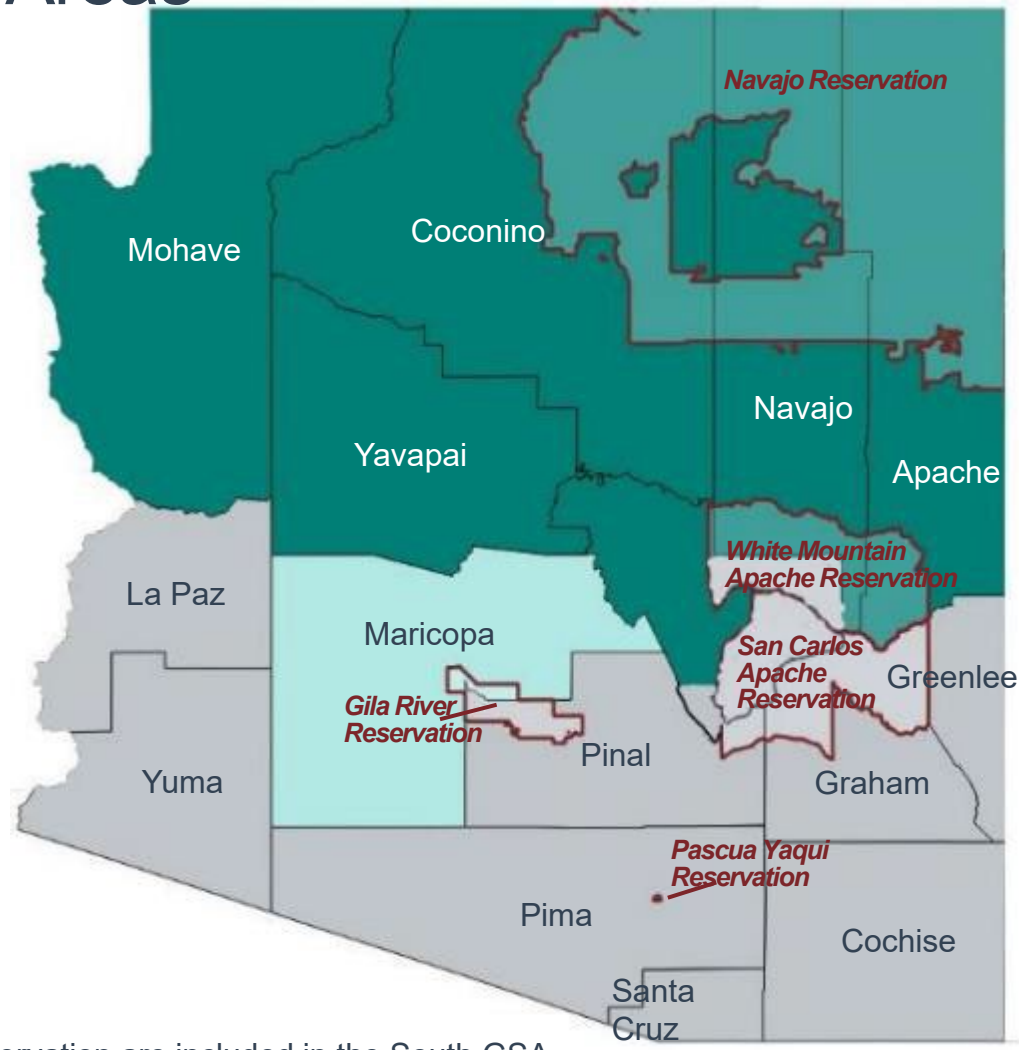
H.4. Behavioral Health Safety-Net Delivery System: Tribal/Regional Behavioral Health Authorities Service Areas

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	• Apache • Coconino • Gila* • Mohave • Navajo • Yavapai
	Central GSA	Mercy Care	Maricopa
	South GSA	Arizona Complete Health	• Cochise • Graham • Greenlee • La Paz • Pima • Pinal • Santa Cruz • Yuma



Tribal RBHA

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

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H.5. Behavioral Health System: New Initiatives

- In October 2023, the Arizona Health Care Cost Containment System (AHCCCS) released a new **State Olmstead Plan**, a strategy document that outlines priorities within the health care delivery system directed toward individuals at risk of institutionalization, including those living with behavioral health needs and members enrolled in the Arizona Long Term Care System (ALTCS).
- The 1999 United States Supreme Court Olmstead decision provided a legal framework for the efforts of federal and state governments to integrate persons with disabilities into their communities. Olmstead is intended to remove unjustified segregation of individuals from the broader community and to ensure that individuals receive services in the most integrated setting appropriate to their needs.
- Arizona first created an Olmstead Plan in 2001 so that advocates, agencies, individuals served by the health care system, and community stakeholders could work together to further improve access to services and ensure individuals receive services in the most appropriate integrated setting in their community. The new Olmstead Plan advances these efforts through strategies including person-centered care planning, integrated service delivery, and community-based treatment and care.

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I. Appendices

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

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Commercial	4.2% of the commercially insured population over age 18	Substance Abuse and Mental Health Services Administration. (2022). Results from the 2021 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved March 2023 from https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetTabsSect6pe2021.htm#tab6.8a
Medicaid	11.6% of persons enrolled in traditional Medicaid	Substance Abuse and Mental Health Services Administration. (2022). Results from the 2021 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved March 2023 from https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetTabsSect6pe2021.htm#tab6.8a
Medicare	22.7% of persons in the Medicare population, not dually eligible for Medicaid	Figueroa, J. F., Phelan, J., Orav, E. J., Patel, V., & Jha, A. K. (2020). Association of mental health disorders with health care spending in the Medicare population. Retrieved July 2023 from https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2762948#:~:text=Results%20Of%204%20358%20975,had%20no%20known%20mental%20illness

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I.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	21% of persons in the Medicare population dually eligible for partial Medicaid benefits	ATI Advisory. (2022). A Profile of Medicare-Medicaid Dual Beneficiaries. Retrieved March 2023 from https://atiadvisory.com/wp-content/uploads/2022/06/A-Profile-of-Medicare-Medicaid-Dual-Beneficiaries.pdf
	16% of persons in the Medicare population dually eligible for full Medicaid benefits	
Other Public	4.5% of persons served by the Veterans Administration health care system or the TRICARE military health system	U.S. Census Bureau (2022). Table HHI-01. Health Insurance Coverage Status and Type of Coverage--All Persons by Sex, Race and Hispanic Origin: 2017 to 2021. Retrieved March 2023 from https://www2.census.gov/programssurveys/demo/tables/health-insurance/time-series/hic/hhi01.xlsx
No Health Care Insurance	6.2% of uninsured persons over age 18	Substance Abuse and Mental Health Services Administration. (2022). Results from the 2021 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved March 2023 from https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetTabsSect6pe2021.htm#tab6.8a

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I.2. Glossary Of Terms

Word	Abbreviation	Definition
Alternative Benefit Plan	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.
Accountable Care Organizations	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).
Administrative Services Organization	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.
Capitation		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.
Carve-out		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.
Certified Community Behavioral Health Clinic	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.

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I.2. Glossary Of Terms

Word	Abbreviation	Definition
Community Mental Health Center	CMHC	An organization that can demonstrate that it is actively providing all services in section 1913(c)(I) 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.
Dual Eligible		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).
Federal Poverty Level	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 2024, the FPL is $14,580 for an individual and $30,000 for a family of four.
Fee-For-Service	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.
Health Home		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.

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I.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.

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I.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.

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I.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.

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I.2. Glossary Of Terms

Word	Abbreviation	Definition
Primary Care Case Management	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.
Program Of All Inclusive Care For The Elderly	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.
Serious Mental Illness	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.
Supported Employment		Provides services and supports to help individuals with disabilities become employed in an integrated or competitive work environment, and retain that employment.
Supported Housing		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.
Value-Based Reimbursement	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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B.3. SMI Population Distribution By Payer: National vs. State

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