

# Arkansas Organized Care Model

- Provider led and owned
- Limited to high cost, high risk targeted Behavioral Health (BH) and Development Disabilities (DD) populations in Tiers II and III
- Builds on current Arkansas successes—Person-Centered Medical Homes
- Builds on Arkansas tradition—fee-for-service
- Builds on proven models—Oregon, Colorado

# Principles

- Provider-led
- Comprehensive, integrated, whole-person care
- Will meet 5 year savings target
- Reduce costs by managing care, not just money
- Provides incentives to change utilization patterns
- Designed to generate premium tax as non-federal share
- Consistent with health care economics of two-sided risk as producing the greatest level of savings
- Will phase in risk over time

# Administrative Simplification

- Global payment set by DHS with savings built in
- Will use a certification process
- DHS and ADI will exercise their respective roles in oversight

# Regional Coordinated Care Organizations

- RCCOs will be the backbone of the model
- Accountable for delivery of care
- Carry out individual care plans
- Will coordinate care among individual providers
- RCCOs will be linked to provide access to specialty care, share information and data
- Will accept risk over time
- RCCOs choose administrative agency to process claims, interact with DHS on risk, performance measures, incentives

# APPCO Governance

- Arkansas Provider-led Coordinated Care Organization (APPCO) will accept Global Payment and be accountable to DHS and AID
- Majority owned by providers
- Representation on Governance Board by providers, beneficiaries, consumer advocates
- Centralized administrative functions—process claims, network adequacy, member enrollment and support

# Work to Date

- Provider groups under PHA guidance contracted with Health Management Associates (HMA), a nationally respected consulting firm to develop preliminary concept, models, and financing.
- PHA has broaden outreach to additional provider groups including BH and DD providers
- HMA briefed Stephens Group

# Next Steps—Aggressive Schedule to Assess Viability

- This week—DHS, with TSG and HMA, draft initial concept paper; conduct briefings for additional interested provider and consumer groups
- Week of October 31—Working Sessions on provider-led organization structures
- Week of November 7—Working Sessions on ensuring quality and improving patient care
- Week of November 14—Working Sessions on Governance and Certification
- Week of November 21—Working Sessions on risk and financial issues
- Week of November 28—Draft final concept paper
- November 30—Submit Recommendation and Plan to Governor