

# The Hertel Report



- Trusted & Respected
- Impartial & Timely
- Solutions Focused
- Locally Owned
- Weekly News
- Monthly Newsletter
- Quarterly Data
- Networking & Conferences

# The Hertel Report Community

- 14 Founding Sponsors
- 60+ Corporate Members
- 11 Community Partners
- 1000+ Individual Members
- 11 Newsletters
- 4 Data Editions
- 5 State of the State Meetings
- More.....



*The Source that Connects the Arizona Healthcare Community*

# Introduction



- **Jim Hammond**
  - Publisher & CEO of The Hertel Report
  - Managing Consultant, Professional Healthcare Solutions
  - State-wide Healthplan & Provider Relations Expert
  - Conference Speaker & Resource to:  
AzHHA, AHE, MCMS, HFMA - AZ, CBIZ, ASPA, AMN, HCAA, CMSA, Sonora Quest, Humana, Dignity Health, U of A, CNBC, Money Radio, *Wall Street Journal*, NPR, *Modern Healthcare*, *Phoenix Business Journal*, *Arizona Daily Star*, Vitalyst Health Foundation, Web AZ, and more
  - Former AZ HFMA President

# Agenda

- Welcome
- Sponsor Recognition
- Headline News
- Medicare Advantage
- AHCCCS
- HIM ACA Coverage Update
- Healthcare Reform, Continued....
- ACO and Value-Based Networks
- ACO Panel and Discussion

# THANKS for our Programs



Find us on Facebook  
Follow us on Twitter @thehertelreport  
Tweet using hashtag #AZSOS2018  
Survey/Feedback, thanks!



# Founding Sponsors



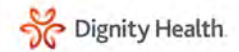
Arizona's Premier Vision Plan



Professional Healthcare Solutions



A Better State of Care



# Founding Sponsors

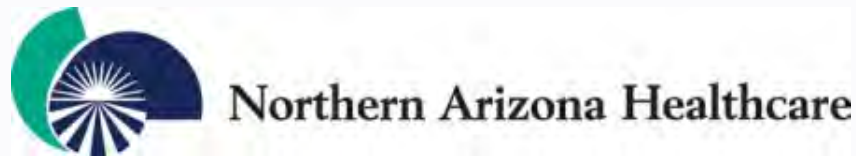


Humana





# Corporate Members



Mayer  
Hoffman  
McCann P.C.  
An Independent CPA Firm





# Corporate Members



# Corporate Members



# Corporate Members





# Community Partners



Arizona Healthcare Executives



#### ARIZONA NEWS

##### AzMGMA Argues Physician Credentialing and Contracting Process Harms Patients

The Arizona Medical Group Management Association (AzMGMA) launches campaign to reduce credentialing process to maximum of 90 days. Over-extended physician credentialing and contracting processing periods are causing harm for both healthcare professionals and patients, argues the AzMGMA. As a result, the AzMGMA is calling for...

#### ARIZONA NEWS

##### Fixing Physician Credentialing Process Gains Traction in Arizona Legislature

House Bill 2322, sponsored by Rep. Heather Carter, puts pressure on Arizona insurers to accelerate the process and approve or deny credentials within 90 days and load providers into their billing systems within 10 days of approval. Arizona Hospital and Healthcare Association (AZHHA) advocates for the bill's passage...

#### ARIZONA NEWS

##### Credentialing Bill Passes House Moves to Senate

Last week, HB 2322 passed unanimously in the House of Representatives 56-0 and now the Arizona Senate takes up the measure designed to speed up the physician credentialing and loading process to 100 days. To ensure House passage of the measure, The Arizona Medical Association (ArMA) lobbyist Steve Barclay negotiated with local health...

#### ARIZONA NEWS

##### Arizona Legislative Update - Credentialing & Abortion Reporting Bills Sent to Governor

Arizona state legislators are still racing to the finish line, wrangling bills through the political process; physicians are getting closer to an improved credentialing timeline as Democrats and pro-choice advocates push back on a new abortion bill passed by the Senate and House. The credentialing legislation, HB 2322, is designed...



THE HERTEL  
REPORT

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## Governor Ducey Signs Credentialing Bill into Law

APRIL 18TH 2019



JIM HAMMOND



ARIZONA NEWS, NEWS, REGULATIONS

House Bill 2322 calls for a combined 100 day maximum for processing a credentialing application and "loading" the provider into the claims payment system. Arizona provider advocate organizations worked tirelessly with the healthplan lobby to work out the details of this important legislation. The bill includes details regarding timeliness of communication, electronic filing capabilities and a standard application. Compromises were made and the bill passed the House and Senate without a single "no" vote. The bill was sponsored by Representative Heather Carter. The new law will take effect on January 1, 2019.

Read the join [Press Release](#) from Health System Alliance, Arizona Medical Association, Arizona Hospital and Healthcare Association and the Arizona Osteopathic Medical Association.

# 2018 Session Recap – Health Care

- **Combatting the Opioid Epidemic**
  - **Arizona Opioid Epidemic Act enacted in January Special Session**
  - Three “trailer bills” make clean-ups, refinements in Regular Session
- **Regulatory Changes**
  - **Certification of Community Health Workers passed – HB 2324**
  - **Licensure of Dental Therapists passed – pilot program via HB 2235**
  - Changes to Health Professions Sunrise Process passed – SB 1034
- **AHCCCS Developments**
  - **Budget adds 2.5% Rate Bump for Hospitals, with \$35 M Assessment increase**
  - Federal Waiver requested – to implement caps and work requirements
  - No Chiropractic for Adults or Oral Health for Pregnant Women
- **Abortion Reporting Expanded: SB1394 Passed** in the House 35-22 and Senate 17-13 and was signed by the Governor on April 12, 2018. Expands information required in abortion and abortion complication reports. **Requires a new informed consent report and more specific information in the annual DHS abortion statistical report**







# THE HERTEL REPORT

*The Source that Connects the Arizona Healthcare Community*

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## ARIZONA HEALTHCARE LEGISLATIVE WINS

### **Community Health Workers Certification**

The work to begin the voluntary certification of community health workers starts August 3 with the Arizona Department of Health Services developing the program's core competencies, education requirements, fees, etc. Seats on a nine-member advisory council must be filled and draft rules published for public comment before final regulations are submitted and approved by the Governor's Regulatory Review Council. The process can take several years.

### **Licensure of Dental Therapists (Pilot Program)**

Allows dental therapists to practice in tribal settings, federally qualified health centers and nonprofit community health centers beginning August 3. Dental therapists must be

### **Arizona Opioid Epidemic Act**

Establishes requirements and prohibitions for prescribing, administering and dispensing schedule II opioids. Creates and provides \$10 million from the state's General Fund to the Substance Abuse Disorder Services Fund administered by AHCCCS and about \$400,000 to the Arizona Department of Health Services and the Arizona Attorney General for opioid education and prevention efforts.

*Note:* New prescribing regulations were not designed to impact current chronic pain patients already receiving opioid medication and do not require providers to reduce opioid doses or stop prescriptions; medical management is left to the discretion of the provider.

[CLICK HERE FOR POLICY PRIMER](#)



# 2018 Session Recap – Health Care



- Not much in Public Health Sphere
  - School Recess mandate enacted
  - **Tobacco Age-21 bill failed**
  - Indoor Tanning Ban for Minors almost made it through
  - Rear-Facing Car Seats bill failed
  - **Texting-While-Driving Ban almost made it through**
- Health Insurance Reforms
  - Credentialing Timelines, Transparency and Accountability --  
HB 2322 passed and signed by Gov. Ducey
  - **Cleanup bill for administration of surprise billing by ADOI – SB 1064**
  - **“Right to Shop” bill (Maine style law) was defeated by insurers**

# Coalition Members Create 5-point plan to Reduce Administrative Burden of Prior Authorization

- American Hospital Association (AHA)
  - America's Health Insurance Plans (AHIP)
  - American Medical Association (AMA)
  - American Pharmacists Association (APhA)
  - Blue Cross Blue Shield Association (BCBSA)
  - Medical Group Management Association (MGMA)
1. Selective Application Based on Quality, Performance or Evidence-based Medicine
  2. Program Review & Volume Adjustment
  3. Transparency & Communication
  4. Continuity of Patient Care
  5. Automation to Improve Transparency & Efficiency

## NEWS

### CMS Issues Medicare Advantage and Part D Updates that Include a Payment Increase

Policy changes that include new supplemental benefits for services that improve health and quality of life also announced. CMS Administrator Seema Verma said the expansion is an example of addressing beneficiaries' needs, while creating more treatment flexibility and ensuring consumers have more choices. A CMS press release February 1,...

## NATIONAL NEWS

### Medicare Advantage Rates to See Boost

CMS said it will increase payments to privately run health plans for the elderly by an average of 3.4 percent next year, almost double the amount it had previously estimated. Insurers such as UnitedHealth Group Inc. and Humana Inc. have big lines of business selling Medicare Advantage plans. Including changes based on how sick or...

## NATIONAL NEWS

### "Crosswalking" a Way to Gain Millions of Dollars in Medicare Advantage Payments

Medicare ranks plans on a five-star quality scale and provides financial bonuses to providers of top-ranked plans. When a Medicare Advantage plan is not in line to receive a financial bonus, health insurance companies will merge those patients into plans with higher scores, which preserves the bonuses. Using this tactic, health...

## MEDICARE ADVANTAGE



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## Members Only 2018 Medicare Advantage Spotlight Report

OCTOBER 11TH, 2017  PAULA

 DATA RESOURCES: WHITE PAPERS, E BOOKS, REPORTS AND MORE

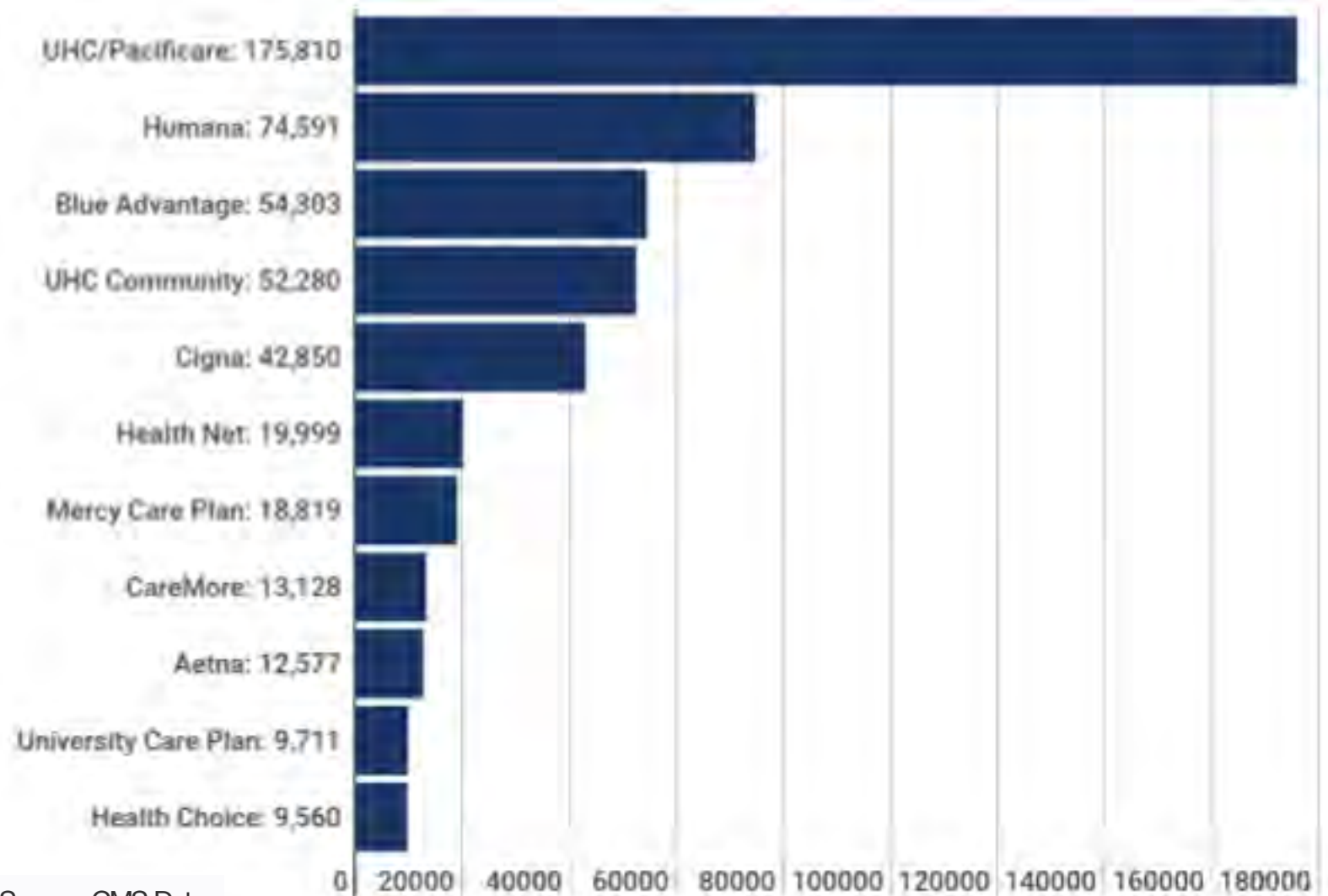
A roundup of the 2018 Medicare Advantage (MA) plans offered during the Annual Enrollment Period (AEP) in Arizona across all counties beginning October 15, 2017

# ARIZONA Medicare Advantage Enrollment

YOY Up 5%

May 2018 Total 490,993

May 2017 Total 467,038



Source: CMS Data



# Medicare Advantage Penetration Expected to Hit 50 Percent by 2025



JANUARY 17TH, 2018



JERRY MCELROY



NATIONAL NEWS, NEWS, TOP OF THE DAY

## L.E.K. Consultants release white paper after in-depth analysis.

L.E.K. Consulting's proprietary county-level projection model shows Medicare Advantage enrollment rising from roughly 20 million, or 35% penetration, at the end of 2017 to approximately 38 million, or 50% penetration, by the end of 2025. Nor will it stop there. It is believed that Medicare Advantage's march forward will continue until its penetration rate hits 70%.

Medicare Advantage is one of the rare products in the U.S. healthcare system that not only satisfies the "triple aim" of healthcare improvement — that is, improving the experience of care and the health of populations while reducing per capita healthcare costs — but also appeals to the self-interests of three very powerful constituents that have been driving its march forward: consumers, health plans and the government.

Read this interesting analysis in the white paper [\*\*"Executive Insights"\*\*](#)

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## Changes to Medicare Advantage Rules To Effect Many Benefits

APRIL 17TH 2018 9:11 AM PAULA NATIONAL NEWS NEWS TOP OF THE DAY

Ride-sharing services Uber and Lyft may see big gains.

The Centers for Medicare & Medicaid Services (CMS) **finalized policies** for Medicare health and drug plans for 2019 that will save Medicare beneficiaries money on prescription drugs while offering additional plan choices.

In the press release, CMS Administrator Seema Verma said:

¶¶

*The Trump Administration is taking steps for seniors with Medicare to save money on prescription drugs. The steps we are taking will drive more competition among plans and pharmacies to meet the needs of seniors and lower costs.*

¶¶

3.4% Pay Increase in 2019  
Marketing Redefined  
Benefit Document Mailings Reduced  
New Plan Variety – Bye, Bye Meaningful Difference  
Hello New Supplementary Benefits  
Expanded Sales Season: MA OEP Restored



# THE HERTEL REPORT

The Source that Connects the Arizona Healthcare Community

Volume XXI, No. 5/May 2, 2018  
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### Medicare Advantage

On April 2, 2018 CMS promised MA plans a 3.4 percent pay raise in 2019 and published its final rules for MA and the Prescription Drug Benefit Program for Contract Year 2019. Insurers, along with their MA marketers and benefit designers celebrated. Agents and brokers must be seeing dollar signs; consumers benefit too.

As of June 15, 2018, CMS will loosen how it views marketing and narrows the agency's oversight to only plan materials that "are most likely to lead a beneficiary to make an enrollment decision."

The agency also saved a few trees and deleted a big budget item (national, annual savings of \$54.7 million) by giving MA insurers the option to post electronic rather than print and mail versions of some benefit documents such as the Evidence of Coverage, to newly enrolled members. With the new rule, insurers can turn their attention to marketing a wide range of supplemental benefits available from MA plans for the 2019 benefit year (BY).

The final rule axes "meaningful difference" requirements, allowing MA insurers to offer a variety of MA plans in the same county in BY 2019. By updating its interpretation of supplementary benefits to include preventive screenings and exams as well as benefits to address the social determinants of health, MA consumers should have more plan options next year, which means more marketing materials and sales strategies.

The new policy also reduces cost sharing for select benefits and allows insurers to offer variable deductibles for members with select medical issues. And if Medicare beneficiaries want to switch to Original Medicare or from their current MA plan, the new rule restores the MA Open Enrollment Period (OEP) to January 1 through March 31, extending the MA sales season three months. Not as positive for agents, the rule narrows the special election period for MA Dual members from monthly to once per quarter during the first nine months of the year.

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## BREAKING: Bright Health to offer MAPD plans in Maricopa County

JUNE 27TH, 2017 PAULA BLANKENSHIP ARIZONA NEWS, ARIZONA NEWS, NEWS

*The insurer, which launched an MAPD product in Colorado last year, is led by former UnitedHealth executive Bob Sheehy.*

The new start-up insurance company Bright Health is entering the Arizona marketplace in 2018 in collaboration with Arizona Care Network (ACN). Marketing of MA plans begins October 1.



Bright Health  
Medicare Advantage  
May 2018 Enrollment  
**1,163**

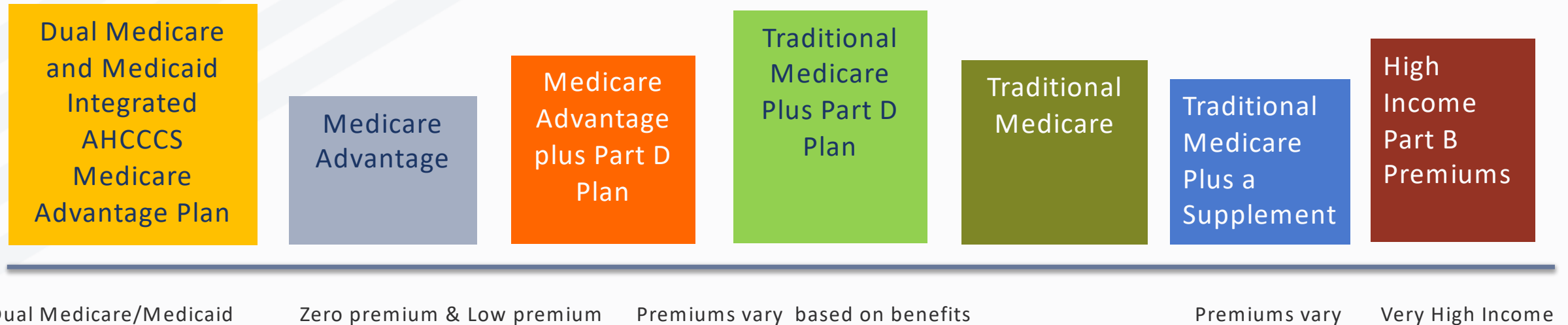
Maricopa County



## **MEDICARE ADVANTAGE**

- Fastest Growing Segment of the Industry
- By 2020 market share will exceed 40%-45% in most areas
  - 85% HMO's (Providers want HMO's for better coordination of care)
  - 96% of Population will have \$0 Premium Available
  - >90% of Population will be enrolled in 4+ STAR Rated Plans
    - 1,000,000 Members @ 4 STARs = \$500,000,000 in Incentive Monies from CMS
    - 67,000 Member AZ Plan from 4 to 3.5 STARs lost \$30,000,000 in Incentives from CMS
- 14 of 20 Studies show MA's with more effective and efficient healthcare
  - Kaiser: Patient Communication, Patient Engagement, Electronic Health Records, Population Health Management, Telehealth
- ACO's more capable of Coordinated Care Programs

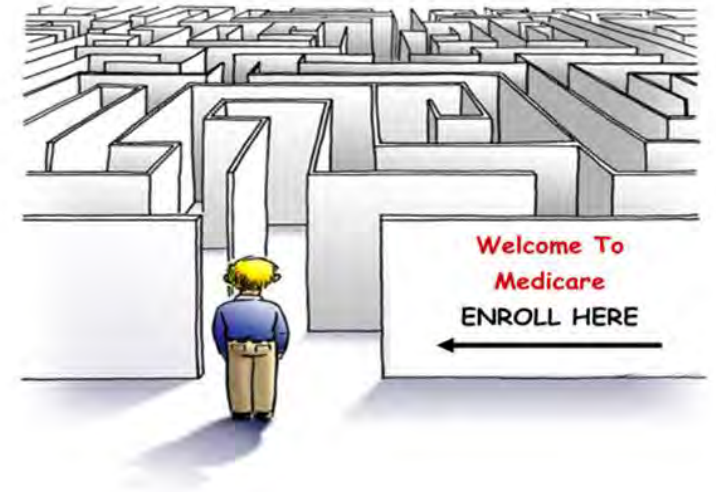
# Medicare is not just one thing



# Medicare is Not Just One Thing

Current options for Maricopa County residents (118 Plans)  
(fewer MA/MAPD's in non-urban areas)

- Original Medicare
- 63 Medicare Supplements
  - For non-smoking 65 y/o Male,
  - Range: \$131.78 - \$338.84/month
- 23 Prescription Drug Plans
- 20 Medicare Advantage with Part D (MAPD)
- 2 MA Only
- 9 Special Needs Plans (Chronic/Dual)
- Nearly Everyone (except Low Income Subsidy or Medicaid)  
will pay their Part B Premium of \$134 - \$428 based on earnings plus any IIRMA.
- High Income (over \$160K) = \$503.40/month



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## AHCCCS Considering Integrated Physical and Behavioral Health Contracts

FEBRUARY 8TH, 2017 PAULA BLANKENSHIP ARIZONA NEWS, NEWS

Changes would be effective for the contracting cycle which begins with Contract Year 2019, starting October 1, 2018.

AHCCCS believes that health care delivery system design is key to improving outcomes for members with cost effective and easily accessible care. Integrated health plan contractors able to address the whole health needs of our state's Medicaid population are key to improving service to AHCCCS members.

AHCCCS is hosting community meetings across the state to gather feedback from stakeholders including members and their families, advocates and providers, to support and inform its efforts to develop integrated health plan contracts. Please RSVP to Sherri.Moncayo@azahcccs.gov as session capacity is limited.

## AHCCCS Complete Care = Integrated Physical and Behavioral Health

# \$50 Billion - 7 Arizona MCOs

## AHCCCS Contract Awards

Banner University Family Care Plan  
Care 1st Health Plan  
Health Choice Arizona  
Health Net Access  
Magellan Complete Care  
Mercy Care Plan  
United Healthcare Community Plan



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## 7 Health Insurance Companies Awarded \$50 billion in Contracts to Serve 1.5 million Medicaid Members in Arizona.

MARCH 6TH, 2018 PAULA BLANKENSHIP ARIZONA NEWS, NEWS, TOP OF THE DAY



Additional zip code exceptions may be considered to allow for further alignment with certain tribal lands.



# ACC Contract Awards

## Central GSA\*

Maricopa, Gila & Pinal Counties

- UnitedHealthcare Community Plan
- Banner-University Family Care Plan
- Care1st Health Plan Arizona
- Health Choice Arizona (Steward)
- Arizona Complete Health (Health Net)
- Magellan Complete Care of Arizona
- Mercy Care +

\*Central GSA zip codes 85542, 85192 & 85550 are in the South GSA

## South GSA

Cochise Graham, Greenlee, La Paz Pima, Santa Cruz & Yuma Counties

- Arizona Complete Health (Health Net) +
- Banner-University Family Care Plan
- UnitedHealthcare Community Plan (Pima County only).

## North GSA

Apache, Coconino, Mohave, Navajo & Yavapai Counties

- Care1st Health Plan Arizona
- Health Choice Arizona (Steward) +

+ RBHA Affiliated Entity

# RBHA Changes 10.1.18

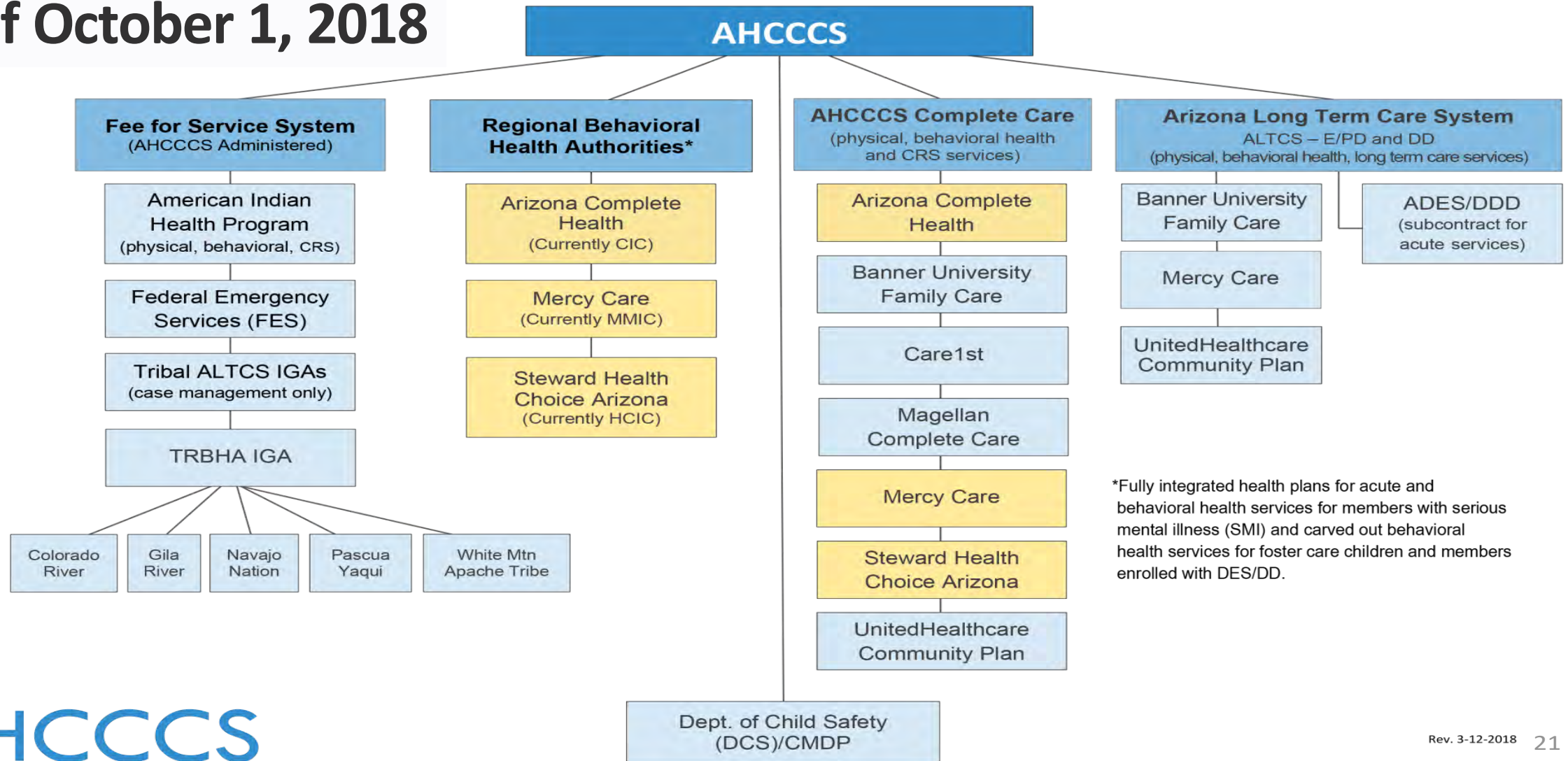
**No Longer Serving Most Adults & Children – Services Provided by ACC Plans**

## **EXCEPTIONS**

- Foster Children Enrolled in CMDP
- Members Enrolled with DES/DD
- Individuals with a Serious Mental Illness
- Crisis Services, Grant-Funded and State Only Funded Services



# As Of October 1, 2018



\*Fully integrated health plans for acute and behavioral health services for members with serious mental illness (SMI) and carved out behavioral health services for foster care children and members enrolled with DES/DD.

## AHCCCS ACUTE CARE MANAGED CARE ORGANIZATIONS COUNTY COMPARISON

RED = CURRENT COUNTY - LOST AS OF OCTOBER 2018

GREEN = NEW COUNTIES AS OF OCTOBER 2018

MAY 2018 MEMBERSHIP TOTAL



Care 1st Arizona	APACHE	COCHISE	COCONINO	GILA	GRAHAM	GREENLEE	La PAZ	MARICOPA	MOHAVE	NAVAJO	PIMA	PINAL	S CRUZ	YAVAPAI	YUMA
								117,779			22,776				

Health Choice	APACHE	COCHISE	COCONINO	GILA	GRAHAM	GREENLEE	La PAZ	MARICOPA	MOHAVE	NAVAJO	PIMA	PINAL	S CRUZ	YAVAPAI	YUMA
	3447		9810	6175				101,433	36,322	11,578	42,340	31,897			

Health Net Access/ Arizona Complete Health	APACHE	COCHISE	COCONINO	GILA	GRAHAM	GREENLEE	La PAZ	MARICOPA	MOHAVE	NAVAJO	PIMA	PINAL	S CRUZ	YAVAPAI	YUMA
								57,504							

Mercy Care Plan	APACHE	COCHISE	COCONINO	GILA	GRAHAM	GREENLEE	La PAZ	MARICOPA	MOHAVE	NAVAJO	PIMA	PINAL	S CRUZ	YAVAPAI	YUMA
								323,234			36,758				

UnitedHealthcare Plan	APACHE	COCHISE	COCONINO	GILA	GRAHAM	GREENLEE	LaPAZ	MARICOPA	MOHAVE	NAVAJO	PIMA	PINAL	S CRUZ	YAVAPAI	YUMA
	2476	17,778	10,179		6178	977	3349	257,119	20,004	7965	79,592		10,345	27,389	54,562

University Family care	APACHE	COCHISE	COCONINO	GILA	GRAHAM	GREENLEE	La PAZ	MARICOPA	MOHAVE	NAVAJO	PIMA	PINAL	S CRUZ	YAVAPAI	YUMA
		16,219		4346	2913	481	862				41,395	23,467	8980	13,724	15,320

Data Source: AHCCCS Acute Enrollment Report May 1, 2018 and AHCCCS Complete Care public files

# RBHAs and Related Entities & Timeline

Current

North GSA	Central GSA	South GSA
Health Choice Integrated Care	Mercy Maricopa Integrated Care	Cenpatco Integrated Care
<b>Steward Health Choice Arizona</b>	<b>Mercy Care</b>	<b>Arizona Complete Health</b>



10.1.18  
ACC Affiliated RBHA

June 2018

July 2018

October 2018



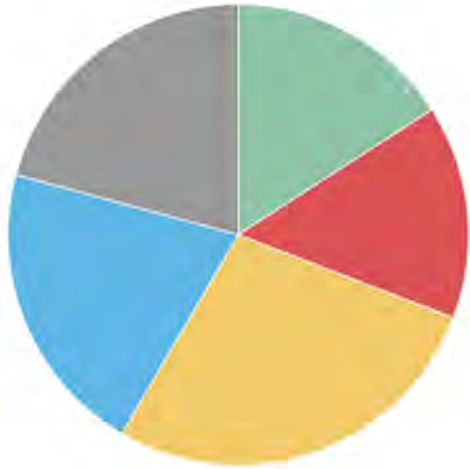
AHCCCS Members Receive Letters  
with Plan Assignments & Choices

AHCCCS Members Make  
Plan Choice

AHCCCS Members Receive  
Services from ACC Health Plans

## North GSA

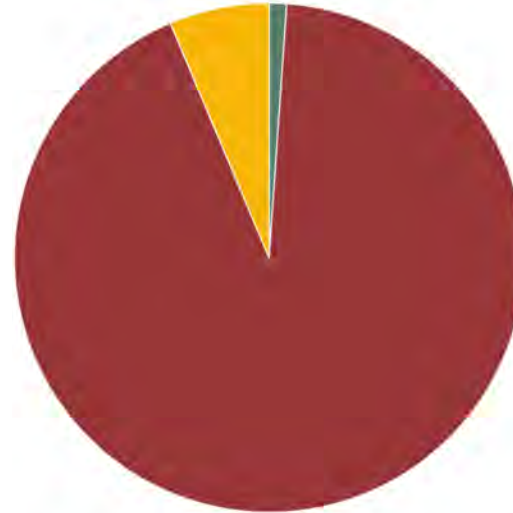
Total: 243,468



● Apache: 38,650 ● Coconino: 36,524  
● Mojave: 67,116 ● Navajo: 50,527  
● Yavapai: 50,652

## Central GSA

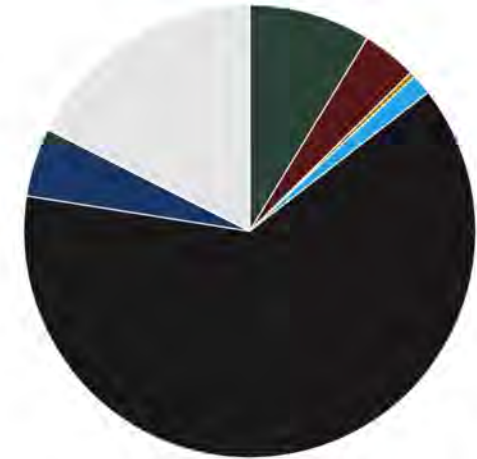
Total: 1,159,990



● Gila: 12,820 ● Maricopa: 1,073,633  
● Pinal: 73,537

## South GSA

Total: 446,607



● Cochise: 38,923 ● Graham: 17,517  
● Greenlee: 1,634 ● La Paz: 6,618 ● Pima: 281,424  
● Santa Cruz: 21,923 ● Yuma: 78,568

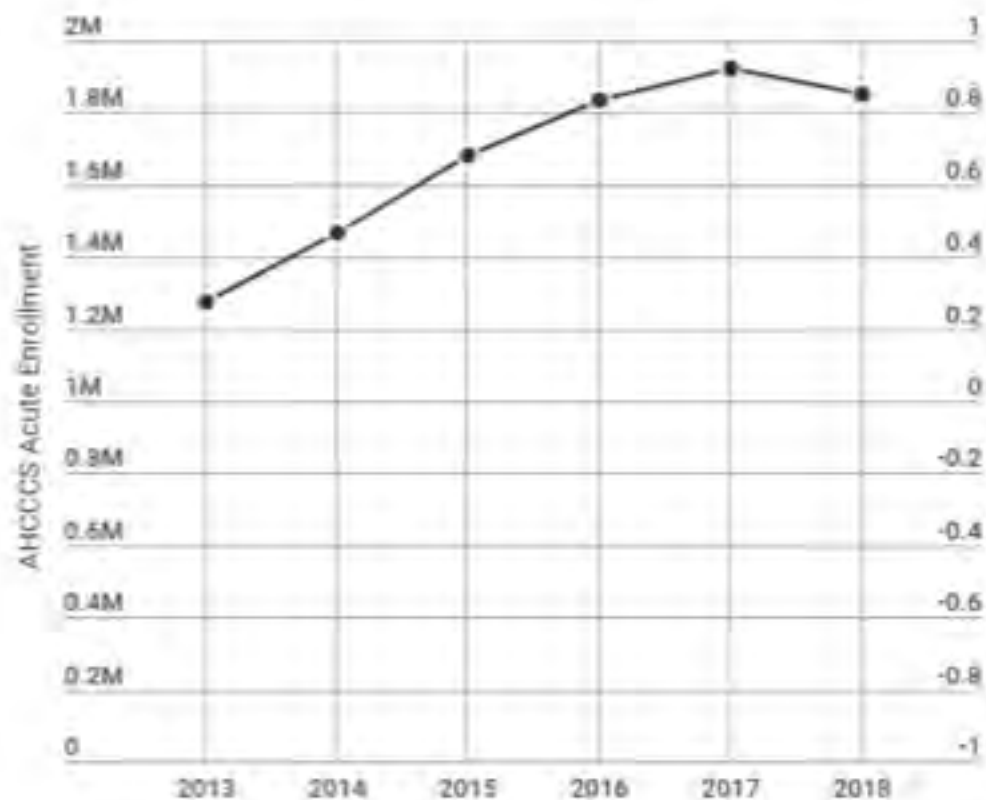
## Projected ACC Membership Transition

North GSA 83,445





Central GSA 10,400

South GSA 199,575






# AHCCCS Enrollment Trends



## BY THE NUMBERS AHCCCS

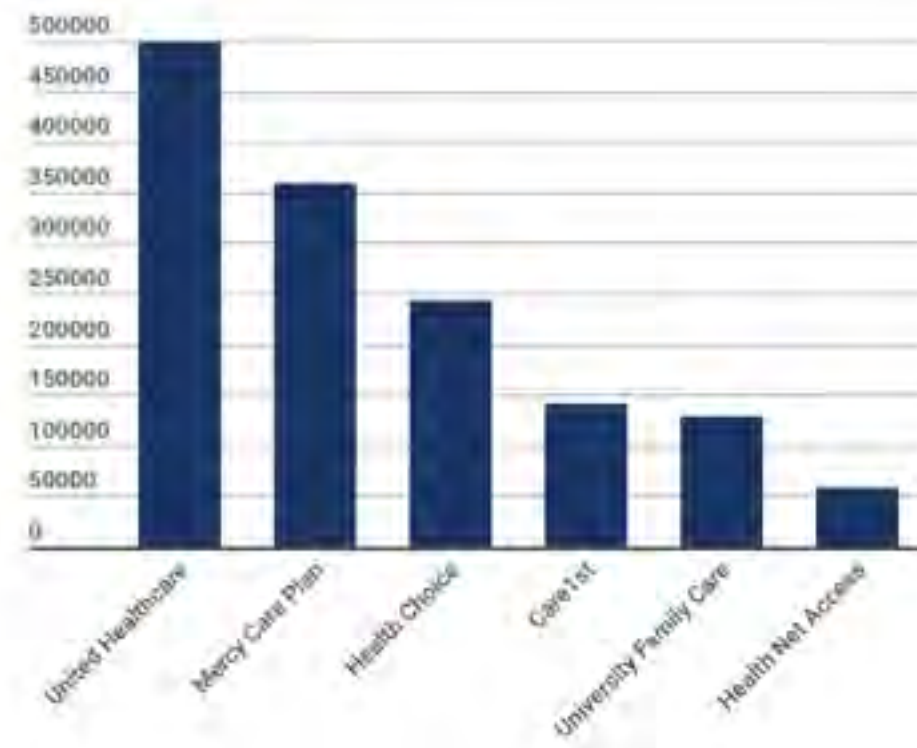
-  1.6M  
Acute Members
-  164K  
Partial Services: (FES, SLMB, QI-1, Transplant Option 1 & 2)
-  62K  
Arizona Long Term Care
-  29K  
KidsCare

## WHO'S WHO AHCCCS

-  819,717  
Adults Ages 22-64
-  754,032  
Children Ages 0-17
-  112,789  
Adults Ages 18-21
-  84,758  
Adults Ages 65-79
-  27,034  
Adults Ages 80 plus

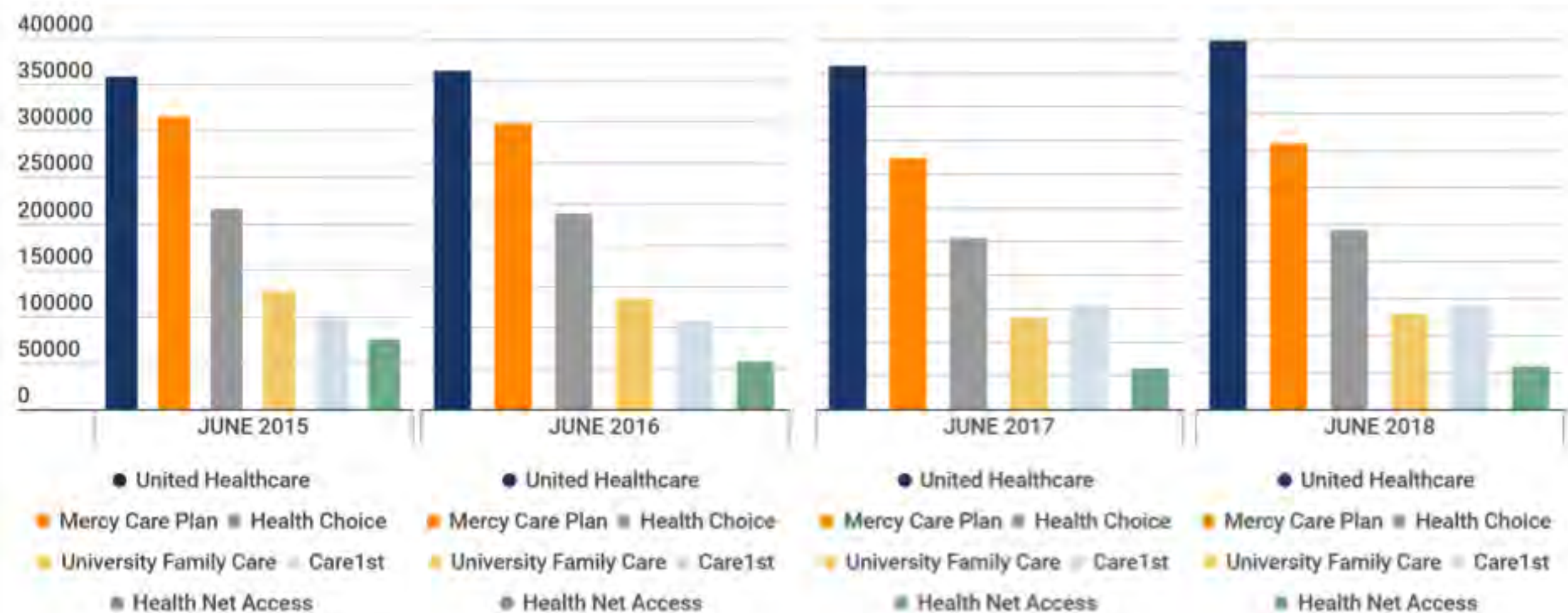
AHCCCS Population demographics as of April 2018

# Acute MCO Enrollment



AHCCCS June 2018 Enrollment Report





# AHCCCS Acute Plan Enrollment Shift January 2017 to June 2018

HEALTH PLAN	JANUARY 17 MEMBERSHIP	JUNE18 MEMBERSHIP	YOY CHANGE
United Healthcare	441,820	498,449	12.8%
Mercy Care Plan	365,348	359,488	-1.6%
Health Choice AZ	250,463	242,334	-3.2%
Care 1st AZ	111,923	139,558	24.6%
University Family Care	137,905	128,599	-6.7%
Health Net Access	57,756	57,503	-0.4%



November 2017

### Wish List



**Flexibilities Concept Paper Submitted to CMS**  
Summarizes formal AHCCCS Works 1115 Waiver and concept paper proposes a variety of other flexibilities for discussion with the federal government. AHCCCS plans to update these proposals and continue the formal public comment and tribal consultation processes for these proposals.

December 2017

### AHCCCS Works 1115 Waiver



Waiver Amendment Request to the Centers for Medicare and Medicaid Services seeking authority to implement work requirements and a five-year maximum lifetime benefit limit for a portion of the Medicaid population.

**5-year Lifetime Benefit Limit – Off the Table**

April 2018



### Retroactive Coverage Waiver

AHCCCS seeks a waiver from the ACA requirement to provide prior quarter coverage in order to limit coverage to the same month in which a new member applies for Medicaid.

April 2017 – Still Waiting on CMS

### IMD Exclusion Waiver

Allows psychiatric to be able to provide reimbursable services to Medicaid recipients for stays in excess of fifteen (15) days.

### On AHCCCS Wish List – Expect Public Roll-Out

- Non-Emergency Medical Transportation excluded for able-bodied adults
- Formulary, rebates

# MEDICAID WORK REQUIREMENTS – LATEST NEWS

## **12 States Interested** in Work Requirements

- Arizona
- Kansas
- Maine
- Michigan
- Mississippi
- Ohio
- Utah
- Wisconsin

## **4 States Approved** for Work Requirements

- Arkansas
- Indiana
- Kentucky – Judge’s Ruling by EOM
- New Hampshire

States will be required by CMS to describe strategies to assist beneficiaries in meeting work requirements but may not use federal Medicaid funds for supportive services to help people overcome barriers to work.

Pending Section 1115 Medicaid Waivers

Source: KFF as of May 24, 2018; Detroit Free Press

**AHCCCS Care Premium & HSA Program on Hold**

# AHCCCS Works Population

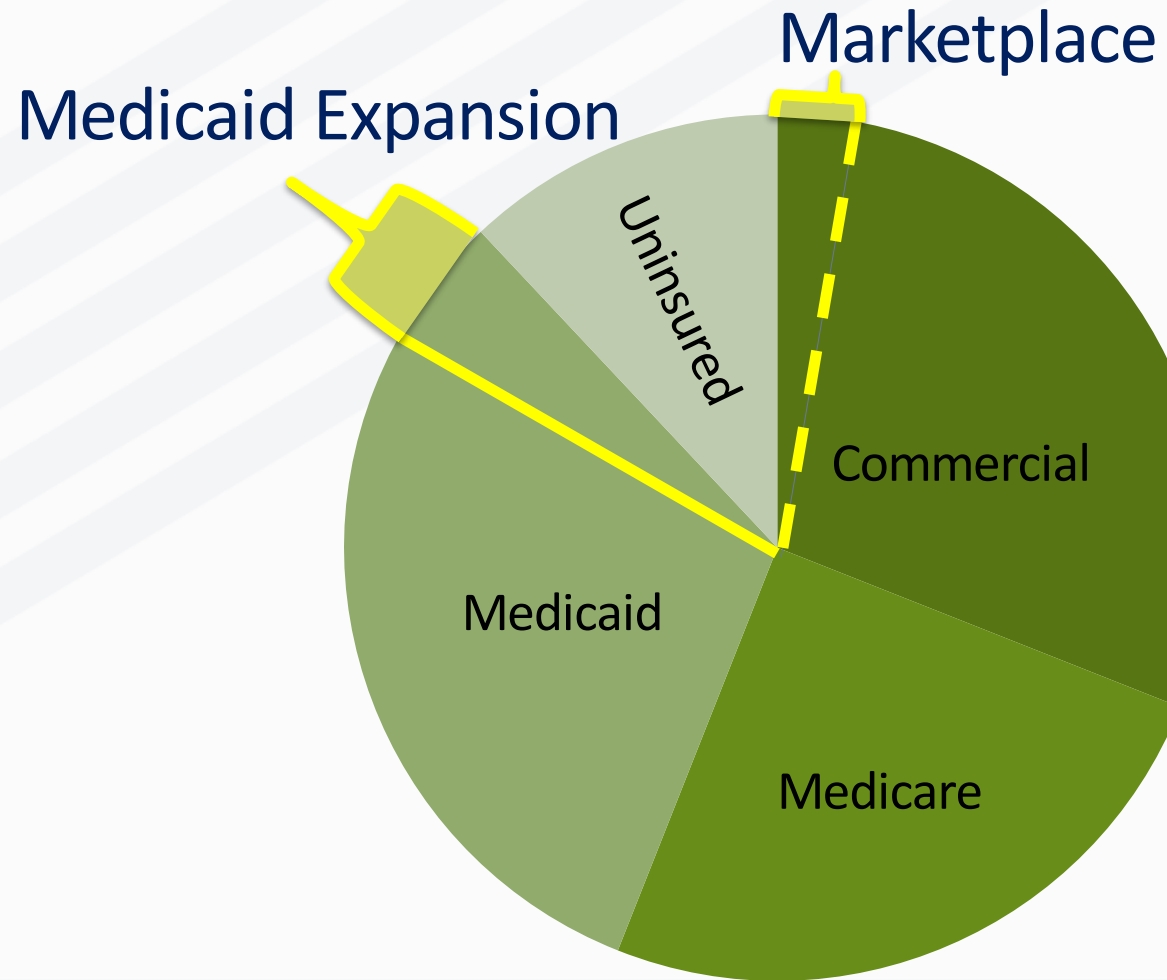
- AHCCCS has 1.9 million members
- Approximately 400,000 are in the eligibility group that waiver pertains to.
  - 43,719 are American Indians
  - 12,912 are determined to have SMI
  - 81,124 are age 55 and over
- Fewer than 269,507 individuals remaining who could be subject to requirements (prior to applying other exemptions)

# Objectives of The Affordable Care Act

- Reduce Uninsured
  - Mandate and Exchanges
  - Medicaid Expansion
- Bend the Cost/Quality Curve
  - Squeeze out the fat (Insurance Co. & Provider)
  - ACOs/Value-Based Networks/Care Coordination
  - Provider Accountability



# UNINSURED MIGRATION

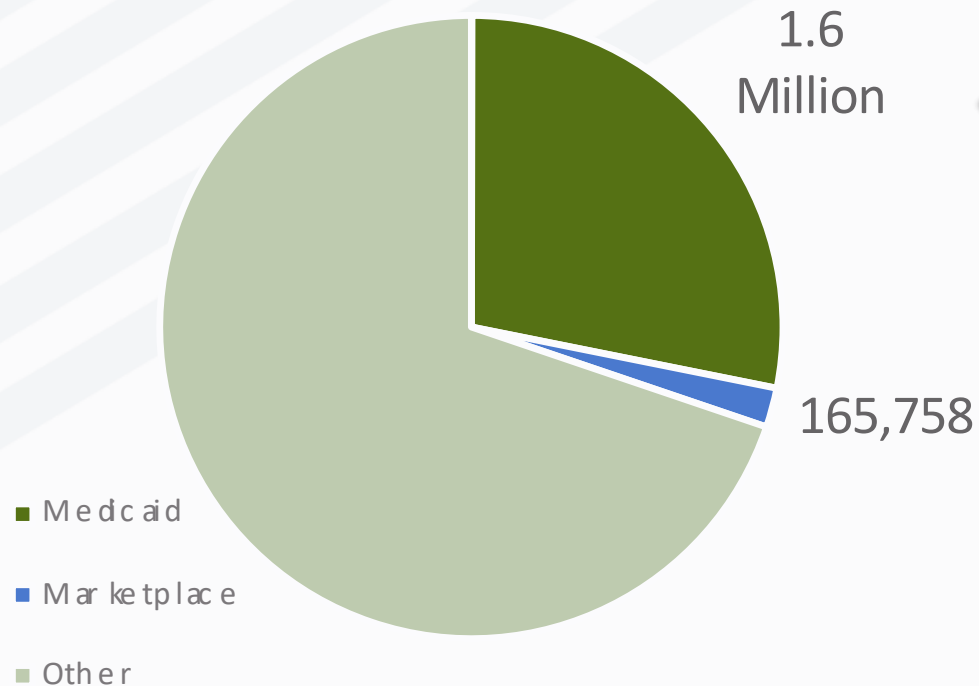


Subsidies for low-income citizens ONLY  
available through Marketplace  
([www.healthcare.gov](http://www.healthcare.gov))



# Who's Covering Arizona?

## Health Insurance Coverage of the Total Population - Arizona 2017



*Total number of consumers who selected a marketplace plan*

Expansion Children: 68,780

Expansion Adults: 76,207

Proposition 204 Restoration:  
305,638

Source: [AHCCCS](#)

Source: [CMS](#)

# Arizona Marketplace 2018

2018 Marketplace Customers with  
**NO Financial Assistance**  
18,651

**100 to 150% FPL**  
20,686

**150 to 200% FPL**  
43,471

**200 to 250% FPL**  
36,691

Catastrophic Plans: 554  
Bronze: 47,756  
Silver: 111,056  
Gold: 6,371

**250 to 300% FPL**  
19,556

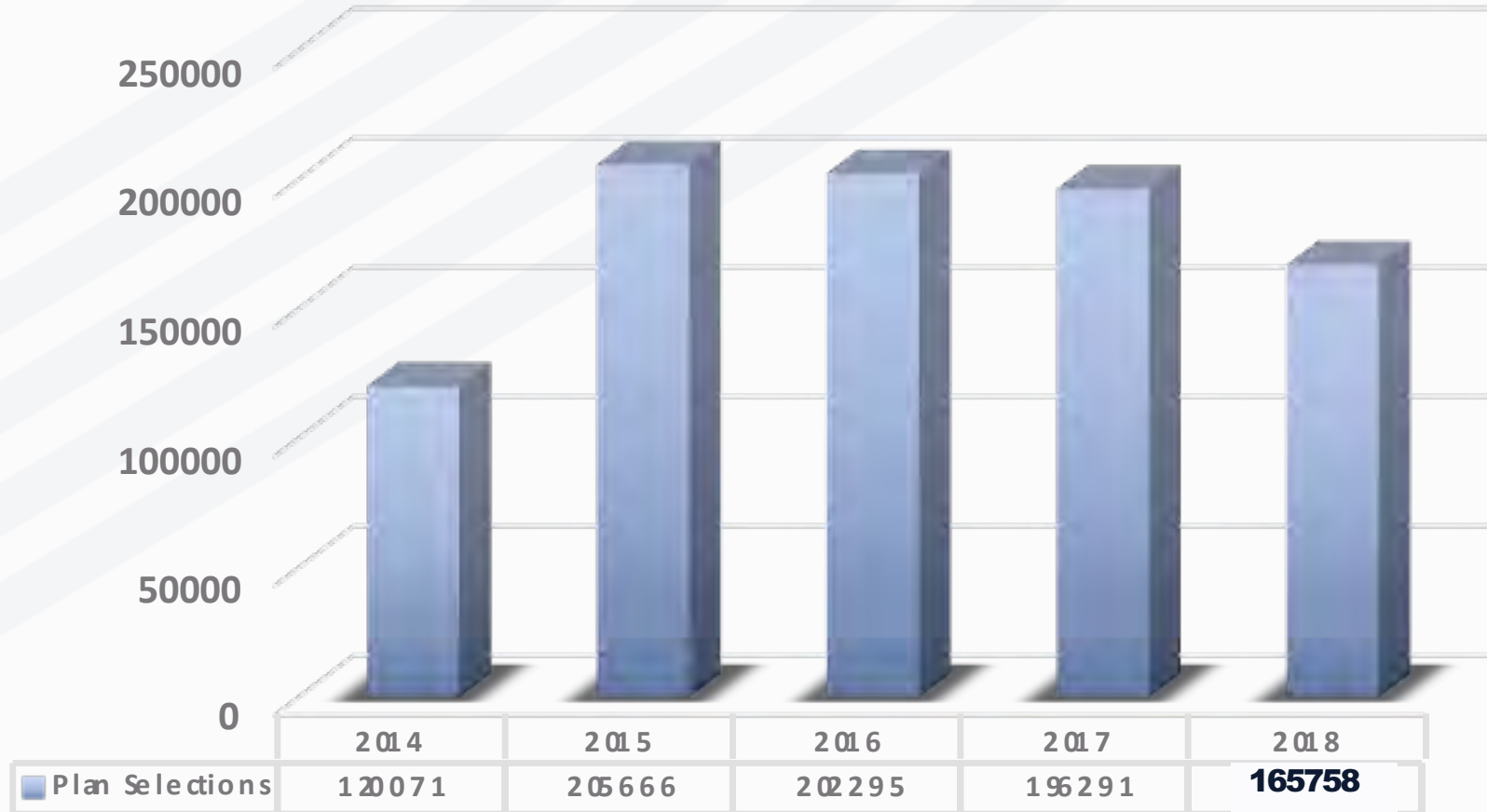
**300 to 400% FPL**  
21,161

**165,758**  
**Total Sign Ups**

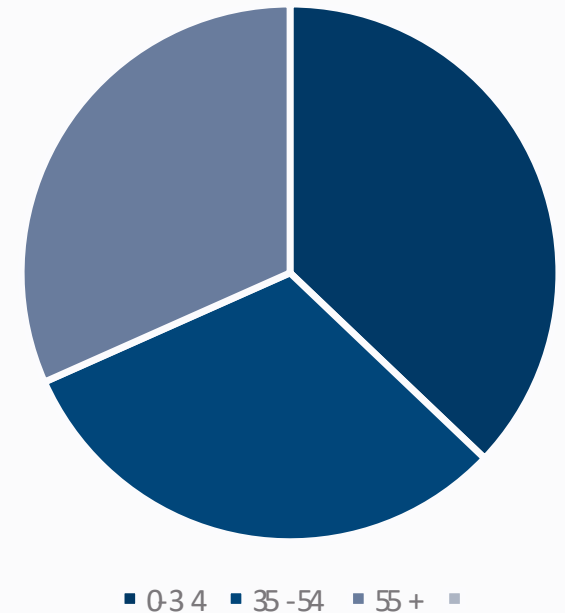
**Effectuated  
Enrollment???**

# Arizona Marketplace Enrollment

Plan Selections



2018



# 2018 ACA Open Enrollment

- Enrollment period cut in half (November 1-December 15, 2017)
  - Less Support for Navigators (~40% cut, nationally)
  - Much Less Advertising (~90% cut, nationally)
  - Cost Sharing Reductions unfunded, unsupported by White House
  - **Overall Impact – Less Enrollment, Uninsured rate goes up**
- 
- **Tax Bill Zeroes-Out Individual Mandate Penalty after 2018**



# Arizona's Marketplace

## Who's Benefiting

- Arizonans earning up to 400%FPL, receiving subsidies
  - Largely protected from price fluctuations, due to subsidy formula

## Who's Hurting

- Arizonans earning above 400% FPL, **who don't have...**
  - Employer Insurance
  - ~~AHCCCS or CHIP~~
  - Medicare
  - VA

Family Size	100%	133%	138%	250%	350%	400%
1	\$11,880	\$15,800	\$16,400	\$29,700	\$41,580	\$47,550
2	\$16,020	\$21,300	\$22,100	\$40,050	\$56,070	\$64,100
3	\$20,160	\$26,800	\$33,600	\$50,400	\$70,560	\$84,650
4	\$28,440	\$37,850	\$39,250	\$60,750	\$85,050	\$97,200
5	\$28,410	\$37,785	\$39,205	\$71,100	\$89,210	\$113,800



# Expected HIM Arizona Plans 2019

Maricopa and  
Pima Counties



All Rural Counties



2018 [Average premium decrease 0.8%]

Insurers File by June 1<sup>st</sup> – Available to Public August 1.  
[Ratereview.healthcare.gov](https://www.ratereview.healthcare.gov)

2018 [Average premium increase 1.8%]

## CBO Estimates Benchmark Plan Premium Rise of 15% & Nongroup Average Premiums Up 34%

 JUNE 6TH, 2018



PAULA



NATIONAL NEWS, NATIONAL REPORTS & SURVEYS, NEWS, REPORTS & SURVEYS

The federal review also reported subsidized coverage for marketplace plans has fallen by 3 million and projects that by 2028, about 243 million Americans will be insured while the country's uninsured rate will climb to 35 million.

The Congressional Budget Office expects the nongroup health insurance is expected to be stable in most areas of the country over the decade.

Debbie Johnston, senior VP of policy development for the [Arizona Hospital and Healthcare Association \(AzHHA\)](#) recapped the news.

- Premiums for benchmark plans are expected to increase by about 15 percent from 2018 to 2019 and about 7 percent annually through 2028
- Many of the agencies' projected changes resulted from new assumptions regarding eliminating the individual mandate penalty and coverage gains since 2012. For example, 10 percent of the premium increase is attributable to the loss of the individual mandate penalty
- Coverage is also expected to impact the penalty elimination. For 2027, CBO projects subsidized marketplace coverage to be 3 million lower than the agency's September 2017 report, and the total uninsured population is expected to be 5 million higher
- CBO included in the definition of "insurance coverage," some enrollment in Association Health Plans and short-term plans – neither of which are required (under federal proposed rules) to include the consumer protections and essential health benefits mandated by the Affordable Care Act



# THE HERTEL REPORT

*The Source that Connects the Arizona Healthcare Community*

Volume XXI, No. 6/June 26, 2018  
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## SQUEEZING THE ACA FROM ALL SIDES

The GOP's assault on the ACA is gaining momentum and Arizona isn't on the sidelines.

As one of the 20 Republican-led states that filed suit in U.S. District Court in Texas to keep the Department of Health and Human Services and the Internal Revenue Service from implementing or enforcing the law, Arizona joins the GOP call to declare the ACA unconstitutional. The argument hinges on a 2012 Supreme Court decision upholding the constitutionality of the individual mandate because of Congress' taxing authority. The decision inextricably bound the ACA's success with the individual mandate and associated tax penalty.

enrollment scheduled from November 1 to December 15, 2018. America's Health Insurance Plans has filed an amicus brief opposing the DOJ's position of invalidating the ACA in whole or in part.

“Zeroing out the individual mandate penalty should not result in striking important consumer protections, such as guaranteed issue and community rating rules that help those with pre-existing conditions. Removing those provisions will result in renewed uncertainty in the individual market, create a patchwork of requirements in the states, cause rates to



# 20 AG's File Suit to Repeal Entire ACA

## Trump Administration

### Constitutionality

#### Department of Justice

- Texas Suit – No Defense of the ACA Requested Pre-Existing Exclusions and Allow Medical Underwriting.



### HHS Offers States Options

#### 1332 Waiver

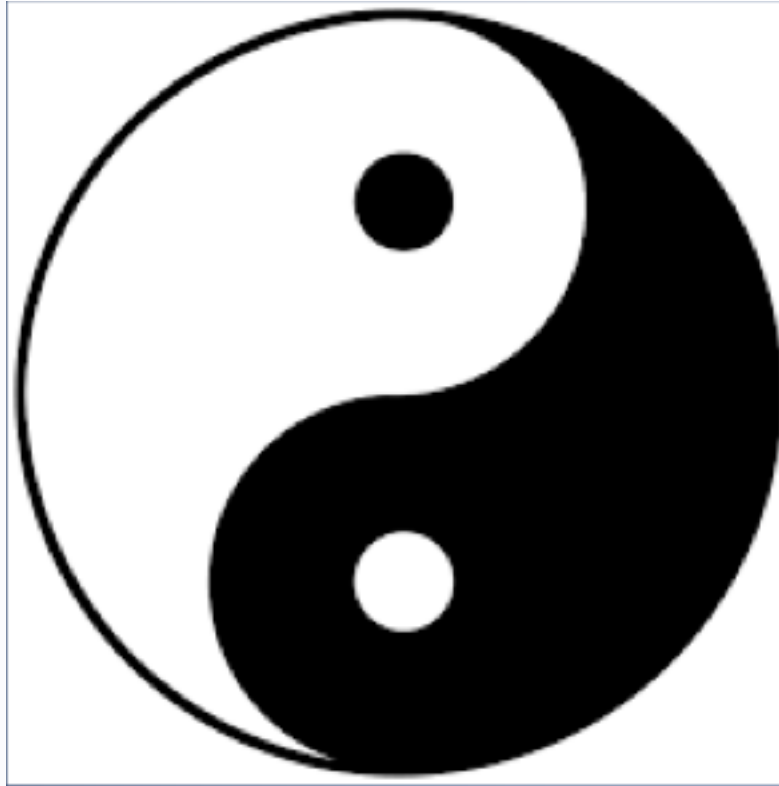
Reinsurance, underwriting, minimum essential benefits, annual/lifetime maximums, etc.

#### Department of Labor

- Association Health Plan Rules
- “Commonality of Interest” Test
- Age & Geography Rating Allowed
- No ACA EHBs (maternity care, prescription drugs, mental healthcare)
- Can’t Impose Annual or Lifetime Limits or Cost Sharing for Preventive Services
- Sales Across State Lines
- Short-Term Plans

**Individual Mandate Gone in 2019**

# Guaranteed Issue and Mandatory Enrollment



**Goal:**  
**Universal Enrollment**



# Actuarial Values

Metal Tier	Cost Share Plan vs. Consumer	Features
Platinum	90%	No/low Deductible Co-pays 90/10
Gold	80%	Small Deductibles
Silver	70%	Big Deductibles (CSR's)
Bronze	60%	Max Deductibles
Copper	50%	Catastrophic
Nickel	40%	Skinny Plans
<b>Dirt</b>	<b>Less than 40%</b>	<b>Limited Benefits</b>

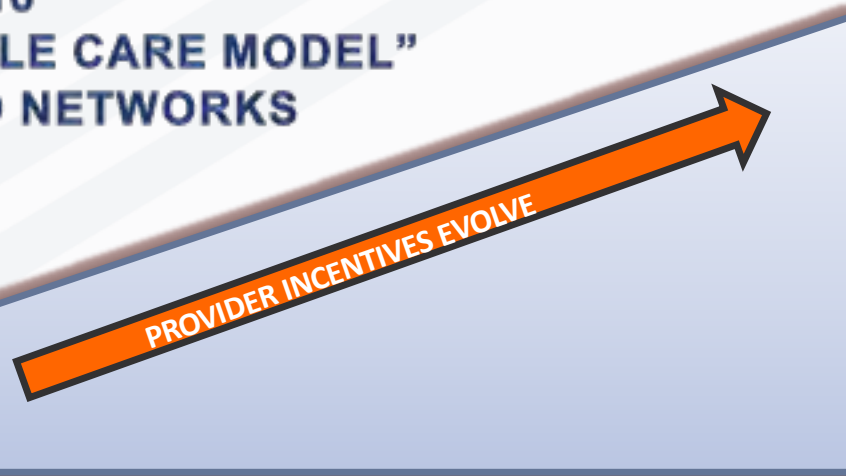
VALUE

COST

QUALITY

(TIME)

2018  
 “THE ACCOUNTABLE CARE MODEL”  
 VALUE BASED NETWORKS



Provider  
 Accountability  
 Risk/reward

$$\text{Value} = \frac{\text{Quality/Cost}}{\text{Time}}$$

Fee-for-service (FFS)	P4P VBM Transactional Services	Per Diem Per Case DRG Payment	Shared Risk Upside only Gainsharing MSSP Track 1 Pioneer (APM)	Shared Risk upside and downside ACO Tracks 1+, 2, 3 Next Gen Bundled Payments	Percent of Premium Capitation Medicare Advantage
More \$	Prove quality Identify high cost	efficiency	Upfront costs, reward	Provider is decision-maker Financial Risk	Full-Risk Incidence and prevalence
More Cases	More Cases	More Cases	Avoid waste prevention Quality Measures	Reserves Partnerships Risk tolerance Reduce utilization	True Pop Health

# Let's talk about Nomenclature

- Accountable Care Organizations – ACO's are funded by the ACA and specifically address traditional Medicare
- Clinically Integrated Networks
- Physician Hospital Organizations
- Independent Physicians Associations
  - Primary Care
  - Multispecialty
- Single TIN Groups

All can be  
Value-Based  
Networks



# Indicators of Value-Based Networks

- Aggregate Providers into Integrated networks
- Contract with health plans with rewards tied to triple aim
- Connect electronically
- Track and report quality data
- Track and report utilization data
- Upside risk agreements (MSSP Track 1, Commercial ACO deals)
- Upside and downside risk (MSSP Track 1+, 2, 3, Next Gen)
- PMPM Targets
- Percent of Premium



# Don't Wait for Shared Savings Checks!

- Health Risk Assessments
- Gaps in care
- Medication reconciliation
- Attestations
- CCM
  - 99490, 99487, 99489
- TCM
  - 99495, 99496

=

- Better relationship between patient and provider
- Can uncover multiple conditions leading to better care
- Potential to reduce ER Visits and avoidable admissions
- Potential to reduce cost of care
  - Right Services, Right Place, Right Time
- Increased Revenue Potential for Risk Entity (Appropriate RAF scoring)
- Increased Revenue Opportunity for Providers

*WIN for the Patient, Win for the Provider, Win for the Payor*

*Targets the triple aim: Better Care, Better Patient Experience, Lowers the Cost of Care*

# Has MACRA Been Neutered?

- Slowing of implementation under Obama has continued under Trump
- 40% of providers now exempt from MACRA
- MIPS score of 3 will prevent cuts in 2019
- Mean FFS increase will be 0.9%
- Cost to report MIPS nationally is greater than the additional payment by CMS for best performers

# MACRA, MIPS & THE QPP

- Medicare Access and CHIP Re-Authorization Act (MACRA) was signed into law in April 2015 repealing the Sustainable Growth Rate formula
- Moves from FFS models to value-based payment structures - 2 new payment tracks under the Quality Payment Program (QPP):
  - Merit-Based Incentive Payment System (MIPS)
  - Advanced Alternative Payment Models (AAPM)
- MIPS consolidates 3 legacy reporting programs: MU, VBM and PQRS and adds a fourth, Improvement Activities
- Eligible Clinicians (ECs) under MIPS get scored in four performance categories:
  - Quality
  - Costs
  - Advancing Care Information (ACI)
  - Improvement Activities (IA)
- Group or Individuals will score receive a performance score from 0-100 based on four categories.
- CMS calculates a Performance Threshold each year. Winners perform above the PT, Losers go down and exceptional performers may receive incentives.
- APM qualified clinicians earn 5% incentive bonus; exempt from MIPS

# Quality Payment Program (QPP)

- Check out their Website
  - Participants in MIPS or APM can log in to see their preliminary performance feedback.
  - CMS promises final feedback on 2017 performance on July 1, 2018.
- Performance Reports due in September (for 2017/2019)
- Rule Changes this Summer – Final Rule in November

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# MedPAC Votes to Kill MIPS



JANUARY 16TH, 2018



JERRY MCELROY



NATIONAL NEWS, NEWS, TOP OF THE DAY

**The Medicare Payment Advisory Commission (MedPAC) voted 14-2 to in favor of killing the Merit-based Incentive Payment System (MIPS) and replacing it with an alternative model of reimbursement.**

MedPAC Chairman Francis “Jay” Crosson of Palo Alto, California, said he wished the commission had made its recommendation sooner, but it had spent much time investigating whether the program could be modified.

**HealthLeaders Media** quoted Crosson:

“

*We came to the conclusion that it's simply not fixable.*

”



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# CMS Announces New Payment Model: Bundled Payments for Care Improvement Advanced



JANUARY 16TH, 2018



JERRY MCELROY



NATIONAL NEWS, NEWS, TOP OF THE DAY

**BPCI Advanced will qualify as an Advanced Alternative Payment Model (APM) under the Quality Payment Program.**

BPCI Advanced will operate under a total-cost-of-care concept, in which the total Medicare fee for services (FFS) spending on all items and services furnished to a BPCI Advanced Beneficiary during the Clinical Episode, including outlier payments, will be part of the Clinical Episode expenditures for purposes of the Target Price and reconciliation calculations, unless specifically excluded. Read the [\*\*\*CMS announcement\*\*\*](#).

[\*\*\*Becker's Hospital Review\*\*\*](#) boiled it down to "Six Things to Know":

1. The new model, called Bundled Payments for Care Improvement Advanced, includes 32 clinical episodes, with 29 in the inpatient setting and three in the outpatient setting. The clinical episodes may change in the future, as CMS may elect to

# BPCI Update

- Multiple Service Line Bundled Payments to Begin Soon
- Respondent Feedback Includes
  - Change Application Date
  - Delay Effective Date
  - Define Episodes
  - Identify Eligible Beneficiaries
  - Incorporate Risk Adjustment Flags
  - Factors Influencing Target Price

# Qualifying Advanced APMs for 2018

- *Advanced Alternative Payment Models vs Alternative Payment Models*: only the former will count for incentives and MIPS exemption
  - **Shared Savings Program - Track 1+, 2, 3**
  - **Next Generation ACO Model**
  - **Comprehensive ESRD Care (CEC) - Two-Sided Risk**
  - **Comprehensive Primary Care Plus (CPC+)**
  - **Oncology Care Model (OCM) - Two-Sided Risk**
  - **Comprehensive Care for Joint Replacement (CJR) Payment Model (Track 1- CEHRT)**
  - **Vermont Medicare ACO Initiative (as part of the Vermont All-Payer ACO Model)**
  - **Bundled Payment Initiative- Advanced (BPCI-A)**

# MSSP Tracks

## Track 1

### *Upside Risk only (2012 -)*

- APM under MACRA
- Retrospective attribution
- Max sharing rate 50%
- Payment limit 10%
- MSR: 2-4% set by CMS

## Track 1+

### *Upside and Downside Risk (2018 -)*

- AAPM under MACRA
- Prospective attribution
- Max sharing rate 50%
- Max loss rate of 4% of benchmark
- Payment limit 10%
- MSR: 0-2% & chosen by ACO

## Track 2- *Upside and Downside Risk; 2012-*

- AAPM under MACRA
- Retrospective attribution
- Max sharing rate 60%
- Payment limit 15%
- Lower MSR and now with choice in MSR/MLR levels
- Loss limit 5%|7.5%|10%

## Track 3 *Upside and Downside Risk; 2015-*

- AAPM under MACRA
- Prospective Attribution
- Max sharing rate 75%
- Payment limit 20%
- More waivers
- Loss limit 15%

# Arizona's Medicare ACO's 2018

Medicare ACO	Start Date	Ownership/Structure Service Area	2018 Track	PCP's	Attributed #Beneficiaries
Banner Health Network	1/1/2012	Banner Health & Networks Maricopa and Pinal Counties	MSSP Track 3	1032	50,737
Arizona Connected Care	4/1/2012	Community Providers, TMC Southern Arizona	MSSP Track 1	195	8318
Arizona Care Network	1/1/2013	Dignity Health & Abrazo Health Arizona	Next Gen MSSP T1+	1069	30,000
Commonwealth PCACO	1/1/2013	Independent PCP's Arizona,	MSSP Track 1	97	16,000
JC Lincoln ACO	7/1/2013	Honor Health Maricopa County	MSSP Track 1	140	16,400
Scottsdale Health Partners	1/1/2014	Honor Health Maricopa County	MSSP Track 2	150	23.500
ASPA-Connected Community	1/1/2015	Independent Physicians (ASPA) Arizona, New Mexico	MSSP Track 1	50	6200
North Central AZ Accountable Care	1/1/2015	Yavapai Regional Med Center, Coconino, Navajo, Yavapai	MSSP Track 1+	70	14,500
Abacus ACO	1/1/2016	Arizona Community Physicians Southern Arizona	MSSP Track 1	131	28,000
Optum ACO	1/1/2016	Optum Medical Network Maricopa County	Next Gen	600	37,000
Pathfinder ACO	1/1/2018	Northern Arizona Healthcare Coconino and Yavapai Counties	MSSP Track 1+	78	9843
Physicians Performance Network of Arizona	1/1/2018	Tenet Healthcare –Carondelet Pima County	MSSP Track 1+	NR	NR



# Arizona ACO 2016 Results



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## MSSP ACO 2016 Arizona Results – Scottsdale Health Partners Earns Nearly \$9M in Earned Shared Savings

[NOVEMBER 1ST, 2017](#) [PAULA BLANKENSHIP](#) [ARIZONA NEWS, NEWS, TOP OF THE DAY](#)

Arizona MSSP ACO details are listed below:

### Abacus Health

Beneficiaries Served: 28,106

Quality Score: NR

Benchmark-Expenditures: **-\$2.2M Over Benchmark**

### Arizona Care Network

Beneficiaries: 32,343

Quality Score: 89%

Benchmark-Expenditures: **\$5.8M Savings**

### Commonwealth Primary Care ACO

Beneficiaries: 17,497

Quality Score: 96%

Benchmark-Expenditures: **-\$138K Over Benchmark**

### North Central Arizona Accountable Care

Beneficiaries: 13,391

Quality Score: 93%

Benchmark-Expenditures: **-\$7M Over Benchmark**

### ASPA Connected

Beneficiaries: 5010

Quality Score: 87%

Benchmark-Expenditures: **\$700K Savings**

### Arizona Connected Care

Beneficiaries: 7,331

Quality Score: 88%

Benchmark-Expenditures: **-\$14.5M Over Benchmark**

### John C. Lincoln ACO

Beneficiaries: 16,852

Quality Score: 93%

Benchmark-Expenditures: **-\$27M Over Benchmark**

### Scottsdale Health Partners

Beneficiaries: 19,216

Quality Score: 97%

Benchmark-Expenditures: **\$18.7M Savings.**

**Earned Share: \$8.8M**

<https://www.thehertelreport.com/mssp-aco-2016-arizona-results-scottsdale-health-partners-earns-nearly-9m-in-earned-shared-savings/>

# 2018 Arizona ACO Tracks

ACO Name	2017 Track	2018 Track
Banner Health Network	MSSP Track 3	MSSP Track 3
Arizona Connected Care	MSSP Track 1	MSSP Track 1
Arizona Care Network	MSSP Track 1 and Next Generation	<b>MSSP Track 1+ and Next Generation</b>
Commonwealth PCACO	MSSP Track 1	MSSP Track 1
John C. Lincoln ACO	MSSP Track 1	MSSP Track 1
Scottsdale Health Partners	MSSP Track 1	<b>MSSP Track 2</b>
ASPA Connected Community	MSSP Track 1	MSSP Track 1
North Central Arizona AC	MSSP Track 1	<b>MSSP Track 1+</b>
Abacus ACO	MSSP Track 1	MSSP Track 1
Physicians Performance Network	N/A	<b>MSSP Track 1+</b>
<b>PathfinderHealth</b>	N/A	<b>Track 1+</b>

# ACO Movement/News

- Pathfinder Health leaves NCAAC and starts MSSP Track 1+
- Summit (NEAR network) Joins NCAAC
- NCAAC moves to Track 1+
- Tenet's Physician's Performance Network starts MSSP Track 1+ in Tucson
- Banner Health Network moves from Pioneer to Track 3
- ACN Running MSSP Track 1+ and Next Generation
- Scottsdale Health Partners goes to MSSP Track 2
- Optum Care ACO leaves Next Generation Program
- ACC signs management agreement with P3 Health Partners

# Have ACOs Been Successful?

- CBO scored MSSP to save \$4.9 Billion through 2019
- OIG reported MSSPs have saved CMS \$1.7 Billion through 2016
- Arizona quality scores all on the rise
- Quality scores have risen in more mature ACOs
  - Better care vs better reporting

<http://thehealthcareblog.com/blog/2017/12/18/fixing-macra-should-mean-fixing-the-apm-pathway/>

# National MSSP Results To Date

MSSP Results	2012	2013	2014	2015	2016
Earned Shared Savings	29	55	92	125	134
Reduced spending, below threshold	25	60	89	83	107
Increased spending, below threshold	60	88	223	184	187
Owed money back to CMS	0	1	0	0	4
Total	114	204	404	392	432

## 2018

- 561 ACOs
- 101 downside risk
- 21 with no experience



***\*All of the attributed lives in the Medicare column are through the MSSP or Next Generation programs.***

***\*\*PCPs is total MD/DO and midlevel practitioners***

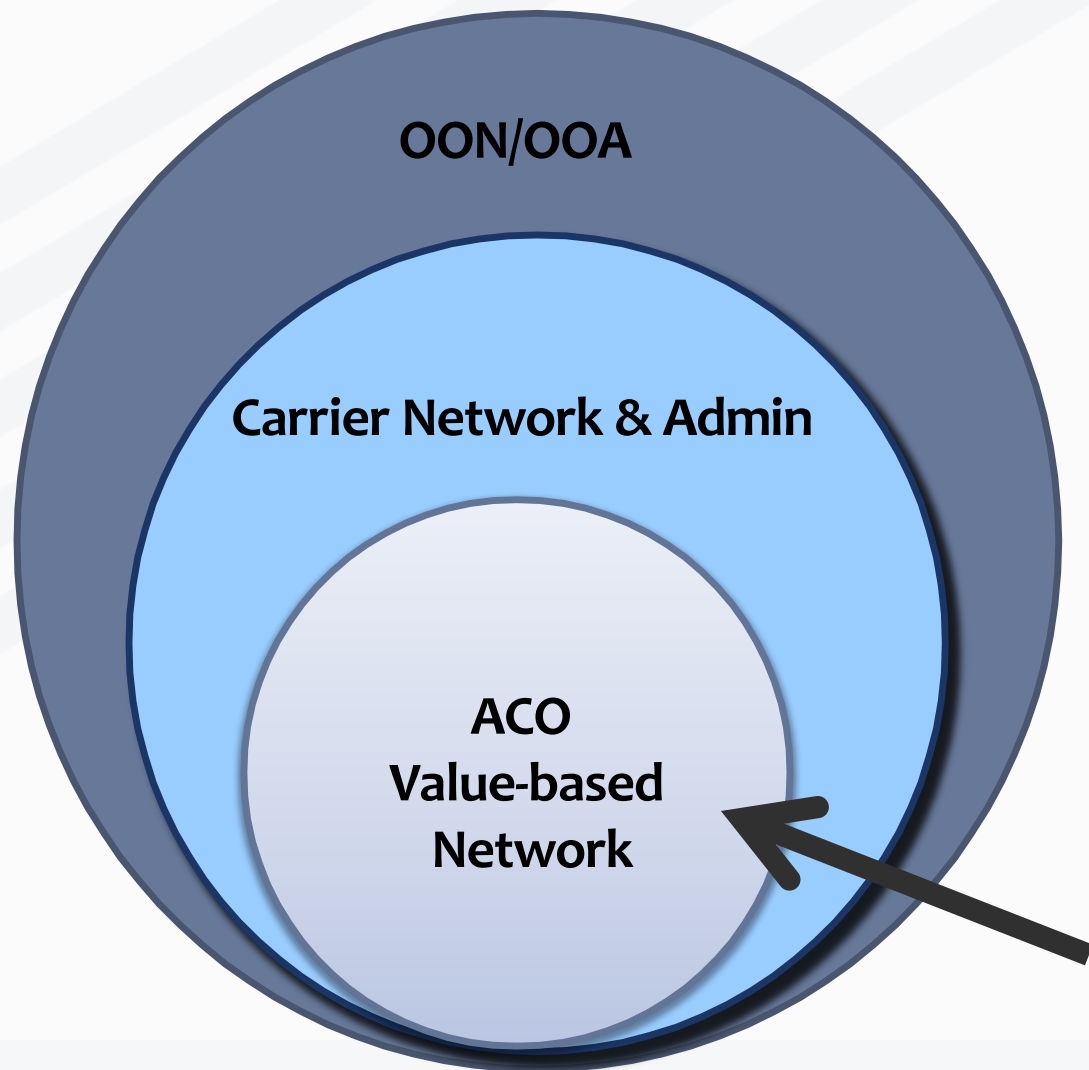
***The data was aggregated by The Hertel Report, sourced from responses directly from the VBN's.***

Estimated Value-Based Contracted Lives in Arizona						
Organization Name	Medicare*	Medicare Advantage	Commercial	Medicaid	Estimated Total Lives	Estimated Number of PCP's
Abacus ACO	28,000	23,200	30,000	7,100	88,300	131
Arizona Care Network	30,000	12,000	112,000	98,000	252,00	1,069
Arizona Connected Care	8,318	5,819	14,021	0	28,158	195
Arizona Priority Care	N/A	11,005	0	0	11,005	322
ASPA Connected Community	6,200	0	0	0	6,200	50
Banner Health Network	50,737	90,381	288,644	13200	442,962	1,032
Cigna Medical Group - Not Reporting					-	
Commonwealth ACO	16,000		24,000	5,000	45,000	97
District Medical Group	N/A	0	0	91,500	91,500	60
Equality Health	N/A			77,255	77,255	290
Health Choice Preferred	N/A	6,000	1,000	31,000	38,000	125
Innovation Care Partners	N/A	17,000		0	17,000	300
Iora Health - Not Reporting					-	
Maricopa Integrated Health System		-	-	19,500	19,500	
John C. Lincoln ACO	16,400	N/A	N/A	N/A	16,400	140
North Central Arizona Accountable Care	14,500	0	0	0	14,500	145
Optum ACO	37,000	65,000	0	0	102,000	600
PathFinder ACO	9,843	0	8,169	0	18,012	78
Phoenix Children's Care Network			2,300	126,000	128,300	359
Scottsdale Health Partners	23,500	N/A	N/A	N/A	23,500	150
Summit Healthcare NEAR Network			4,500		4,500	
TOTAL	240,498	230,405	475,521	468,555	1,424,092	5,143
	16.9%	15.5%	33.4%	32.9%		
N/A: Not Applicable						
WND: Would Not Disclose						

# Other Value-based networks

- Equality Health Network
- Iora Health
- ACO Partners
- P3 Health Partners
- Cigna Medical Group
- Summit Medical Group
- Others?

# ACO/VBN MODEL



**OON/OOA**

No Benefits

**Carrier Network**

Reduced Benefits

**ACO "Value Network"**

Best Benefits

Owned, Affiliated,  
Networked  
Shared Values  
Shared Metrics  
Shared Risk



# **THE HERTEL REPORT**

Medicare ACO Update 2018



# THE HERTEL REPORT

*The Source that Connects the Arizona Healthcare Community*

ACO/VBN April 2018 Data Edition  
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## ACOs: NATIONAL & LOCAL TRENDS

The Centers for Medicare and Medicaid (CMS) reports more than 500 ACOs are serving 10.5 million Medicare beneficiaries across the nation through the Medicare Shared Savings Program (MSSP) in 2018.

In Arizona, 11 MSSP ACOs self-reported almost 244,000 beneficiaries. ACOs on Track 1 and Track 1+ have a 5/4 split while Scottsdale Health Partners and Banner Health have now moved to Tracks 2 and 3 respectively, after several years of impressive shared savings.

or write a check to CMS to repay Medicare for losses. Track 2 has a 60 percent maximum share rate with a loss sharing rate cap of 10 percent; Track 3 is at a 75 percent share rate and its loss sharing rate can't top 15 percent. Nationally, 7 percent of ACOs are in Track 3 and only 1 percent remain in the Track 2 model.

This year, 58 ACOs including Arizona Care Network, which also operates a Track 1+ ACO, felt confident enough in their operations and quality initiatives to operate on the riskiest track, the Next Generation ACO model. Optum

## 2018 ARIZONA MEDICARE ACO PARTICIPANTS

### Track 1

Arizona Connected Care  
ASPA-Connected Community  
Commonwealth Primary Care  
John C. Lincoln ACO  
Abacus Health

### Track 1+

Arizona Care Network  
Physician Performance Network of  
Arizona



# Arizona ACO 2016 Results



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## MSSP ACO 2016 Arizona Results – Scottsdale Health Partners Earns Nearly \$9M in Earned Shared Savings

NOVEMBER 1ST, 2017 PAULA BLANKENSHIP ARIZONA NEWS, NEWS, TOP OF THE DAY

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**Earned Share: \$8.8M**



MSSP Accountable Care Organization	Members	Total Benchmark Expenditures	Total Expenditures	Generated Savings/ Losses	Earned Shared Savings	Quality Score
ARIZONA MSSP ACOs WITH SHARED SAVINGS IN 2016						
Scottsdale Health Partners	19,216	\$200,520,764	\$181,824,516	\$18,696,249	\$8,883,074	97%
ARIZONA MSSP ACOs WITH NO SHARED SAVINGS IN 2016						
Abacus Health	28,106	\$200,415,962	\$202,707,148	-\$2,291,186		P4R
Arizona Care Network	32,343	\$286,628,762	\$280,847,441	\$5,781,321		96%
Arizona Connected Care	7,331	\$62,269,929	\$76,743,347	-\$14,473,418		88%
ASPA-Connected Community	5,010	\$42,816,669	\$42,098,661	\$718,008		87%
Commonwealth Primary Care ACO	17,497	\$172,191,647	\$172,329,996	-\$138,349		96%
John C. Lincoln ACO	16,852	\$158,082,674	\$186,029,588	-\$27,946,914		93%
North Central Arizona Accountable Care	13,391	\$114,151,594	\$121,160,156	-\$7,008,562		93%

Source: 2016 MSSP Puf, Data.CMS.gov

Note: P4R = Pay for Reporting



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- National News:
  - Trump Budget: Block grants, tort reform, end APTCs, sales across state lines, association plans, short-term plans etc.
  - Congressional Action: Pharmacy costs, repeal & replace efforts, Medicare for all, CSRs, reinsurance, state-by-state market reform, etc.



# THE HERTEL REPORT

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