



# REQUEST FOR INFORMATION

**ADCS19-00008456**

State of Arizona  
Department of Child Safety  
Office of Procurement & Contracts  
3003 N. Central Ave., 20<sup>th</sup> Fl.  
Phoenix, AZ 85012

**Procurement Officer:**

**ISSUE DATE:** August 8, 2018

Barbara Corella  
Chief Procurement Officer  
602-255-2864  
Barbara.corella@azdcs.gov

**OFFICE ADDRESS: ADCS**

Procurement Office  
3003 N. Central Ave., 20<sup>th</sup> Floor  
Phoenix, AZ 85013

**RFI NAME:** 2019 INTEGRATED HEALTH CARE

**RESPONSE DUE DATE:** September 17, 2018 no later than 3:00 pm AZ time

QUESTIONS CONCERNING THIS RFI SHALL BE SUBMITTED TO THE PROCUREMENT OFFICER VIA E-MAIL BY **September 10, 2018, 3:00 PM ARIZONA TIME**. ANSWERS TO QUESTIONS WILL BE POSTED ON THE ADCS WEBSITE FOR THE BENEFIT OF ALL POTENTIAL RESPONDENTS.

Responses to this RFI must be in the actual possession of ADCS on or prior to the time and date referenced above. Responses will be limited to **fifty (50) pages**. **Late responses will not be considered.**

**This is a Request for Information ("RFI") only and as such will NOT result in any award of contract.**

ADCS is in the information gathering stage and no decisions have been made concerning the agency's intent to issue a formal Request for Proposal. Responding to this RFI is appreciated and will NOT prohibit the respondents from responding to any future procurements.

Persons with a disability may request a reasonable accommodation, such as a sign language interpreter, by contacting the appropriate Procurement Agency. Requests should be made as early as possible to allow time to arrange the accommodation. A person requiring special accommodations may contact the person responsible for this request as identified below.

**RESPONDENTS ARE STRONGLY ENCOURAGED TO CAREFULLY READ THROUGH THE ENTIRE RFI.**

*SEE THE APPENDIX ATTACHED TO THIS RFI FOR SELECT UTILIZATION AND COST DATA RELATED TO THE POPULATIONS IMPACTED BY THIS RFI.*



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## 1. INTRODUCTION AND BACKGROUND

### ADCS OVERVIEW

The Arizona Health Care Cost Containment System (AHCCCS) is the single state Medicaid agency for the State of Arizona. It is responsible for operating the Title XIX and Title XXI programs through the State's 1115 Research and Demonstration Waiver granted by the Centers for Medicare and Medicaid Services (CMS), U.S. Department of Health and Human Services. AHCCCS contracts for Title XIX and XXI services through managed care organizations (MCOs).

The Department of Child Safety (ADCS) was statutorily established by the Arizona Legislature on May 29, 2014. The vision of ADCS is that children thrive in family environments free from abuse and neglect. The mission is successfully engage children and families to ensure safety, strengthen families, and achieve permanency.

#### Current System

Arizona has a unique system in that the acute health plan for children and youth in foster care, the Comprehensive Medical and Dental Program (CMDP), is operated by the Department of Child Safety. AHCCCS contracts with three Regional Behavioral Health Authorities (RBHAs), Cenpatico Integrated Care (CIC), Mercy Maricopa Integrated Care (MMIC) and Health Choice Integrated Care (HCIC) to provide behavioral health benefits for Medicaid eligible children and youth in foster care. Children in foster care who have a chronic and disabling medical condition that qualifies for Children's Rehabilitative Services (CRS) are currently served by the CRS MCO, UnitedHealthcare Community Plan, for behavioral health services under contract with AHCCCS.

#### Future System

Senate Bill 1375 required ADCS, in collaboration with the Arizona Department of Health Services (ADHS) and AHCCCS to determine the most efficient and effective health care delivery system providing comprehensive medical, dental and behavioral health services for children and youth in foster care. The SB 1375 Report released October 1, 2015, recommended the development of an integrated CMDP Contracted Network Model.

In February 2018, AHCCCS hired Mercer Government Human Services Consulting (Mercer) to perform an independent analysis of the development and implementation of an integrated health plan for children in foster care. The analysis was designed to identify the operational and ongoing infrastructure requirements of an integrated health plan administered through ADCS/CMDP. One of the proposed models advanced is an Administrative Services Organization (ASO) model in which designated health plan functions are delegated to a private sector service delivery provider contracted with ADCS/CMDP to provide a robust statewide physical and behavioral health network tailored to the unique needs of the CMDP population (see report: [https://www.azahcccs.gov/Members/Downloads/Resources/AHCCCS\\_Analysis\\_of\\_an\\_Integrated\\_Health\\_Plan.pdf](https://www.azahcccs.gov/Members/Downloads/Resources/AHCCCS_Analysis_of_an_Integrated_Health_Plan.pdf)).



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The implementation of an integrated model for children in foster care will align the service delivery model with the integrated care model that will serve the majority of the AHCCCS population, beginning on October 1, 2018. On October 1<sup>st</sup>, the State Medicaid agency will initiate the AHCCCS Complete Care (ACC) program, requiring that contracted managed care organizations provide both physical and behavioral health services to enrollees. It should be noted that, as a part of this integration effort, the responsibility for providing CRS specialty services for foster care children with a qualifying CRS condition will transition from UnitedHealthcare Community Plan to CMDP.

## 2. PURPOSE OF RFI

The purpose of this RFI is to request written feedback/information from foster caregivers/providers, health providers, service delivery providers and other stakeholders regarding the following:

## 3. INFORMATION REQUESTED

### 3.1 Network Development

- 3.1.1 What gaps currently exist in the delivery system of services to Arizona's foster children (physical, behavioral and social services)? What strategies could be implemented to address existing gaps in various regions of the state, including case management services, treatment services and placement/treatment services?
- 3.1.2 What safeguards should be in place, should the provider network be managed by a private entity and the medical management function be administered by a public entity?
- 3.1.3 What health plan functions, generally, should be managed by ADCS versus should be managed by ADCS' contracted service delivery provider, including general operations, such as claims payment and network development, clinical operations and administrative services?
- 3.1.4 How can the integration effort be supported through an Administrative Services Organization (ASO) model?
  - 3.1.4.1 Are there other models that should be considered to support the development and maintenance of an enhanced delivery model? If so, please describe and/or provide reference to those model types and the states where they exist.
- 3.1.5 What other factors does ADCS need to consider as part of this integration effort?



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## 3.2 Network Operations

- 3.2.1 What are the benefits and drawbacks of including behavioral health and physical providers under one contracted network?
- 3.2.2 What consideration should ADCS/CMDP be aware of in integrating the provision of behavioral health services into the service delivery model for Arizona's foster children?
- 3.2.3 As part of the AHCCCS contracting cycle which begins with Contract Year 2019, starting October 1, 2018 AHCCCS will offer fully integrated contracts (AHCCCS Complete Care contracts), coordinating care for the whole individual (including children with CRS conditions) as well as adult AHCCCS members not determined to have SMI). AHCCCS Complete Care contractors will be responsible for the coordination of physical and behavioral health services. Given the future state, what specific considerations should ADCS be aware of for the approximately 300 CMDP children designated with a CRS condition?
  - 3.2.3.1 How can the network be developed to ensure coverage for issues and concerns that are common to pediatric clients?
- 3.2.4 Are there concerns ADCS needs to be aware of with a value based purchasing system?
  - 3.2.4.1 Are there any industry best practices for value based purchasing ADCS should be consider in contracting with provider organizations?
  - 3.2.4.2 What strategies could be implemented under an integrated care model to increase the number of physicians specializing in the unique needs of foster children?
  - 3.2.4.3 In order for ADCS to manage oversight of providers, what concerns, opportunities or trends should ADCS consider management of service delivery providers in a value based purchasing system?
- 3.2.5 What factors should be considered specific to a network for children that are different than networks providing services to both children and adults or just adults?
  - 3.2.5.1 What strategies and best practices exist for building network capacity?
  - 3.2.5.2 How do you ensure adequate geographic coverage, including the availability of culturally competent providers?

## 3.3 Care Coordination

- 3.3.1 Assuming your response indicated that ADCS will maintain responsibility for certain functions and a contracted service delivery provider will assume responsibility for other functions, please describe the care coordination and communication strategies that would need to be employed



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to ensure optimal coordination by providers and delivery of seamless care and services for members.

- 3.3.2 What considerations and/or service provider impact may unintentionally occur if AHCCCS/ADCS develop a model where all case management (HNCM) is managed through CMDP?
- 3.3.3 What considerations should ADCS contemplate in developing a program which ensures continuity of care when entering or exiting ADCS care and custody?
- 3.3.4 What considerations should be made in regard to contracting practices to best support continuity of care for foster children either entering or exiting care into Medicaid-contracted ACC plans?
- 3.3.5 Are there standards of care coordination that conflict with the future state? Support the future state?

## 3.4 Service Delivery/Workflow

- 3.4.1 What recommendation and/or concerns do you have for ADCS regarding phasing in the change of behavioral health service delivery?
- 3.4.2 What advances in technology in service provision should ADCS be aware of that could impact or enhance this integration effort?
- 3.4.3 How can the use of call centers assist in the service delivery model under the integrated system? What role should they play?
- 3.4.4 What challenges or opportunities may arise related to the integration and continued use of Multi-Specialty Interdisciplinary Clinics' (MSICs) in geographic areas where MSICs are currently present?
- 3.4.5 ADCS supports the work of mobile providers and telemedicine in the provision of services. What controls exist today to ensure coordination of care, quality control, fidelity, and case management? What controls should be put into place to ensure coordination of care, quality control, fidelity, and case management?
- 3.4.6 What issues, concerns or challenges should ADCS be aware of in a closed network environment?
- 3.4.7 What issues, concerns or challenges should ADCS be aware of in an open network environment?



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3.4.8 What are the best practices or industry standards for acute evaluation services? Time to service? System milestones?

3.4.9 What are best practices in the delivery of crisis services? Should ADCS define additional requirements for the delivery of crisis services specifically for foster care children?

## 3.5 Administrative Services

3.5.1 Describe the process for development/maintenance of working partnerships for active network management to ensure the highest quality service available.

3.5.2 What concerns should ADCS address during transitions between health plans and when a child enters/exits care? What strategies can ADCS deploy to address those concerns?

3.5.3 What methods and frequency of monitoring should be used to determine network adequacy?

3.5.4 How do you identify providers to supplement the adequacy of the network? What recruitment activities should take place?

3.5.5 How should the “supply and demand” for support and ancillary services (placements, training, etc.) be managed?

3.5.6 What is the most effective process and strategies for engaging and educating families and clients that ADCS should ensure are provided?

3.5.7 Define best practices in the areas of claims processing, disputes and appeals. Are there recognized metrics in this area that are commonly adhered to by all providers?

3.5.8 What quality assurance programs, standards, and accreditation requirements does ADCS need to be aware of and mandate for providers?

3.5.9 Are there requirements and/or credentials that should be mandated for providers including specialists for pediatric care? What standards should be required?

## 3.6 Other

3.6.1 Should ADCS create a contract for the ASO model with the duration of five (5) or seven (7) years? What are the benefits of each?

3.6.2 Stakeholder and community engagement strategies



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3.6.2.1 Describe the best approach for engaging the community in the proposals contained in this RFI and the development of the RFP.

3.6.2.2 What are the best practices in wellness care?

3.6.2.3 What is the expected return on investment using wellness care strategies and practices?

3.6.3 Please describe any implementation concerns not previously discussed.

3.6.4 Are there other issues AHCCCS and ADCS need to consider as part of this integration effort?

## 4. CONTENTS OF YOUR RESPONSE

If you are interested in responding to any or all of the areas identified above, ADCS is requesting the following


- a. **Detailed Written Response** to any/all areas listed above
- b. **Presentations/ Demonstrations:** ADCS reserves the right to decide if presentations will be scheduled for some or any of the respondents. Please indicate your willingness to schedule an in-person presentation. Should this opportunity become available, ADCS will contact you with dates and times that are convenient for both parties.
- c. **A completed Attachment A,** Respondent's Information, which includes contact information, including name, title, mailing address, email address, authorized signature, and phone number of the contact person for questions relating to the RFI.

## 5. HOW TO RESPOND

- a. Submit one copy of the RFI response.
- b. Submit your response no later than the time indicated on the front page of this RFI. Please take into consideration the Arizona time zone.
- c. Submit your response electronically by email or physically to the procurement officer listed on the front page of this RFI.

## 6. CONFIDENTIAL/PROPRIETARY INFORMATION:

- a. Do not submit anything considered by you to be confidential or proprietary. Do not indicate confidential or proprietary on any submission documents.
- b. To the extent allowed by law, information contained in a response to a request for information shall be considered confidential until a formal procurement process is concluded or for two (2) years,

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whichever occurs first. This RFI and responses to the RFI are subject to the Arizona Public Records law and as such, are open to public inspection after this time.

**7. REIMBURSEMENT:**

ADCS will not reimburse any respondent for the cost of preparing and submitting a response to the RFI.

**8. NO AWARD OF CONTRACT:**

This is a Request for Information (“RFI”) only and as such will NOT result in any award of contract. AHCCCS is in the information gathering stage and no decisions have been made concerning the agency’s intent to issue a formal Request for Proposal. Responding to this RFI is appreciated and will NOT prohibit the respondents from responding to any future procurements.





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## Attachment A: Respondent's Contact Information

Arizona Transaction (Sales) Privilege Tax License No.:

\_\_\_\_\_

Federal Employer Identification No.:

\_\_\_\_\_

E-Mail Address: \_\_\_\_\_

\_\_\_\_\_

Company Name

\_\_\_\_\_

Address

\_\_\_\_\_

City

State

Zip

For clarification of this response, contact:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Telephone number: \_\_\_\_\_

\_\_\_\_\_

Signature of Person Authorized to Sign

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Title.



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*In Federal Fiscal Year (FFY) 2017, the cost for services associated with behavioral health utilization related to children in foster care enrolled in acute health care equaled approximately \$180 million. The cost for medical and dental care equaled \$49 million.*

### Enrollment by SFY

	Other	SSI	TANF & KIDS CARE	SOBRA	Total		
2005	1,086	330	3,398	5,671	10,485		
2006	870	356	3,369	6,090	10,685	200	2%
2007	913	323	2,824	6,415	10,475	(210)	-2%
2008	793	298	3,053	6,106	10,250	(225)	-2%
2009	798	324	3,196	6,040	10,358	108	1%
2010	1,124	302	3,000	6,288	10,714	356	3%
2011	921	305	2,901	6,727	10,854	140	1%
2012	974	369	3,503	8,310	13,156	2,302	21%
2013	537	398	3,612	9,513	14,060	904	7%
2014	743	460	1,904	12,787	15,894	1,834	13%
2015	1,084	460	1,010	14,749	17,303	1,409	9%
2016	1,221	419	583	17,039	19,262	1,959	11%
2017	600	321	707	14,830	16,458	(2,804)	-15%
2018	366	290	1,116	12,906	14,678	(1,780)	-11%

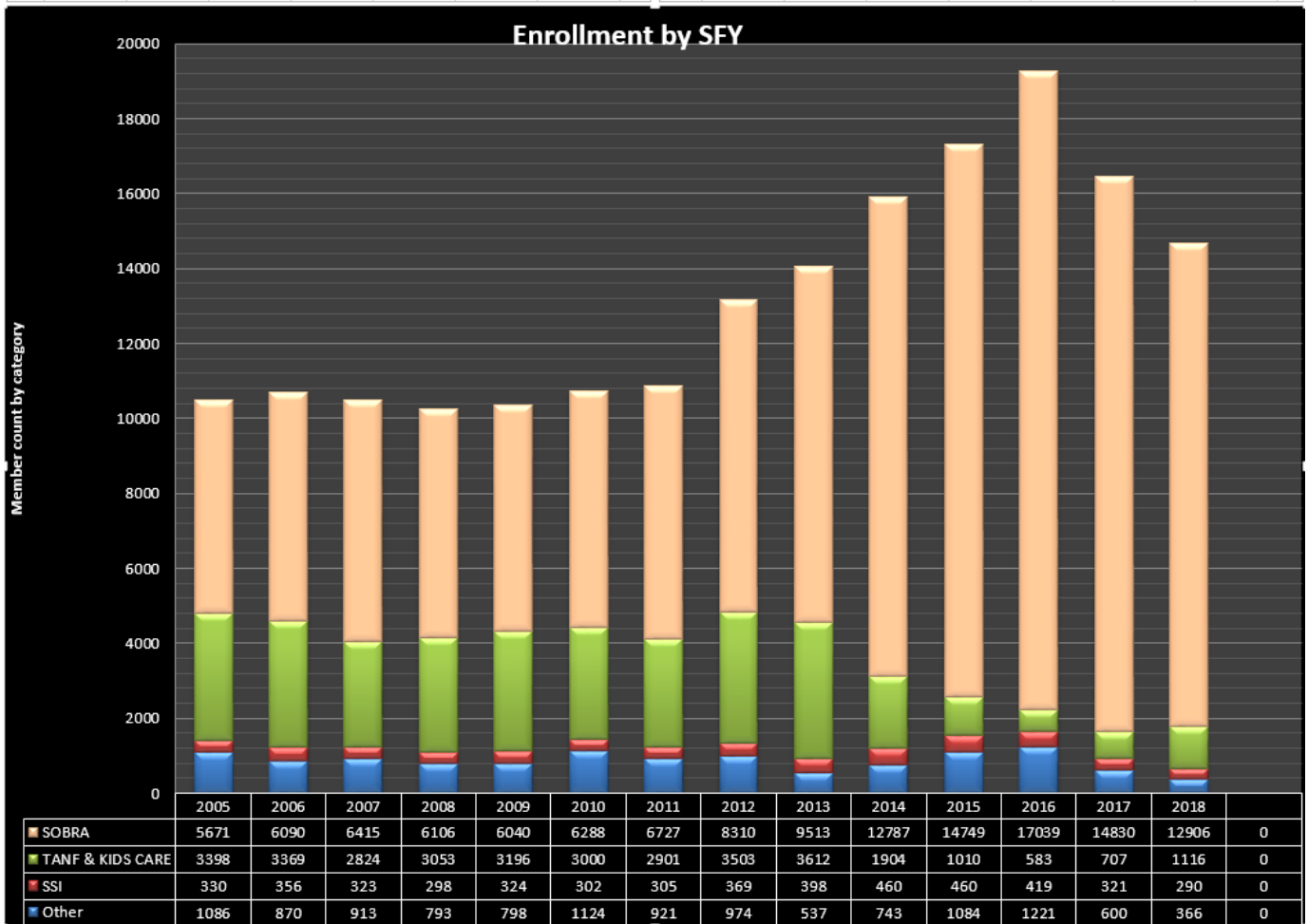


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This chart was too large to fit on one page. It has been split into two pages. The last page is the complete chart.

COMPREHENSIVE MEDICAL & DENTAL PLAN (CMDP)																			
"Last day of the Month" Enrollees																			
SFY 2008-2019																			
	SFY	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	SFY YTD AVG	% OVER PRIOR YEAR	SFY TOTAL	CY Avg	% YoY	
All Enrolled in CMDP	2008	10,379	10,248	10,158	10,205	10,048	10,027	10,087	10,011	10,050	10,181	10,853	10,250	10,208	-4.52%	#####	2008	10,426	-0.4%
	2009	10,389	10,482	10,544	10,638	10,770	10,555	11,245	10,723	10,488	10,510	10,570	10,358	10,606	3.90%	#####	2009	10,401	-0.2%
	2010	10,381	10,256	10,356	10,835	10,444	10,303	10,400	10,465	10,137	10,213	10,245	10,714	10,396	-1.98%	#####	2010	10,539	1.3%
	2011	10,570	10,210	10,504	10,962	10,376	10,887	10,555	10,739	10,727	11,254	10,807	10,854	10,754	3.44%	#####	2011	10,524	-0.1%
	2012	11,101	11,710	11,378	11,295	11,235	11,720	11,384	11,823	12,256	12,355	12,760	13,156	11,848	10.17%	#####	2012	11,115	5.6%
	2013	13,199	13,344	13,652	13,796	13,743	13,601	13,714	13,748	13,999	13,955	14,107	14,060	13,743	16.00%	#####	2013	12,922	16.3%
	2014	14,142	14,333	14,446	14,616	14,705	14,416	14,549	14,869	14,944	15,469	15,816	15,894	14,850	8.05%	#####	2014	14,187	9.8%
	2015	15,925	16,234	16,382	16,719	16,714	16,752	16,943	17,088	17,242	17,261	17,435	17,303	16,833	13.36%	#####	2015	15,856	11.8%
	2016	17,774	17,830	18,246	18,433	17,986	18,158	18,182	18,020	18,370	18,619	18,698	19,262	18,298	8.70%	#####	2016	17,642	11.3%
	2017	19,141	18,383	18,520	18,557	18,583	18,206	17,871	17,677	17,259	16,835	16,742	16,458	17,853	-2.43%	#####	2017	18,545	5.1%
	2018	16,089	15,843	15,506	15,205	15,290	15,184	15,000	15,129	15,070	14,913	14,984	14,678	15,241	-14.63%	#####	2018	16,330	-11.9%
	2019	14,368												14,368	649.18%	#####	2019	2,352	23.9%
SSI	2008	317	330	318	333	313	310	298	291	305	303	310	298	311	-97.84%	#####	2008	320	-86.4%
	2009	306	318	306	325	327	336	334	322	310	312	321	324	320	3.09%	#####	2009	310	-3.1%
	2010	320	321	312	329	325	318	327	310	300	306	311	302	315	-1.56%	#####	2010	321	3.4%
	2011	298	294	307	308	302	293	310	326	323	337	307	305	309	-1.88%	#####	2011	305	-4.9%
	2012	310	329	320	319	317	328	320	332	345	329	359	369	331	7.20%	#####	2012	319	4.7%
	2013	369	361	355	374	384	387	387	381	392	400	398	398	382	15.31%	#####	2013	357	11.8%
	2014	392	375	380	373	382	395	399	397	424	443	465	460	407	6.51%	#####	2014	388	8.6%
	2015	467	462	452	453	436	432	435	435	438	449	453	460	448	9.98%	#####	2015	441	13.7%
	2016	457	457	448	468	488	485	477	502	504	469	454	419	469	4.77%	#####	2016	456	3.5%
	2017	393	389	377	377	366	344	344	336	335	326	315	321	352	-24.96%	#####	2017	423	-7.3%
	2018	320	311	309	297	292	292	292	289	305	306	293	290	300	-14.85%	#####	2018	317	-25.1%
	2019	292												292	-91.41%	#####	2019	2,911	-12.9%
TANF & KIDS CARE	2008	2,824	2,820	2,871	2,933	2,887	2,875	2,855	2,818	2,860	2,965	3,211	3,053	2,914	898.06%	#####	2008	2,868	-1.5%
	2009	3,091	3,082	3,171	3,221	3,240	3,139	3,373	3,128	3,157	3,240	3,258	3,196	3,191	9.50%	#####	2009	3,059	6.6%
	2010	3,270	3,147	3,237	3,381	3,154	3,142	3,098	3,151	3,000	2,980	2,949	3,000	3,126	-2.06%	#####	2010	3,224	5.4%
	2011	2,952	2,718	2,782	2,872	2,906	2,876	2,652	2,739	2,749	2,930	2,832	2,901	2,826	-9.60%	#####	2011	2,940	-8.8%
	2012	2,861	3,153	3,051	3,075	3,002	3,203	2,950	3,144	3,372	3,321	3,403	3,503	3,170	12.18%	#####	2012	2,929	-0.4%
	2013	3,483	3,530	3,552	3,622	3,530	3,532	3,537	3,597	3,627	3,635	3,612	3,612	3,572	12.70%	#####	2013	3,412	16.5%
	2014	3,347	3,283	3,138	2,966	2,943	2,565	2,424	2,325	2,138	2,237	2,026	1,904	2,608	-27.00%	#####	2014	3,322	-2.6%
	2015	1,840	1,849	1,645	1,669	1,557	1,419	1,321	1,256	1,176	1,137	1,149	1,010	1,419	-45.53%	#####	2015	1,919	-42.2%
	2016	991	863	837	774	676	621	597	522	481	466	498	583	659	-53.55%	#####	2016	984	-48.7%
	2017	499	471	522	529	510	506	536	623	650	705	706	707	580	-11.95%	#####	2017	515	-47.6%
2018	743	786	795	845	844	917	978	1,039	1,082	1,120	1,116	1,117	949	-11.95%	#####	2018	738	43.2%	
	2019	1,135												1,135	-11.95%	#####	2019	5,342	-7.4%



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Second half of chart.

Category	Year	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
SOBRA	2008	6,280	6,230	6,185	6,152	5,903	5,991	6,082	6,075	6,085	6,017	6,439	6,106	6,129	#DIV/0!	73,545	2008	6,124	14.6%						
	2009	6,034	6,537	6,088	6,288	6,437	6,321	6,733	6,528	6,226	6,226	6,302	6,040	6,313	3.01%	75,760	2009	6,209	1.4%						
	2010	6,017	5,990	6,055	6,321	5,821	5,902	6,178	6,155	5,868	5,985	6,000	6,288	6,048	-4.20%	72,580	2010	6,180	-0.5%						
	2011	6,260	5,979	6,275	6,505	6,674	6,769	6,729	6,874	6,801	7,097	6,809	6,727	6,625	9.53%	79,499	2011	6,245	1.0%						
	2012	6,898	7,119	6,678	6,837	6,948	7,371	7,255	7,423	7,749	7,777	8,011	8,310	7,365	11.17%	88,376	2012	6,907	10.6%						
	2013	8,392	8,451	8,822	9,000	8,948	8,910	8,910	9,046	9,278	9,318	9,513	9,513	9,008	22.32%	108,101	2013	8,254	19.5%						
	2014	9,801	10,092	10,323	10,620	10,748	10,894	11,020	11,494	11,821	12,179	12,658	12,787	11,203	24.36%	*****	2014	9,838	19.2%						
	2015	12,933	13,193	13,475	13,622	13,812	13,790	14,308	14,528	14,660	14,722	14,884	14,749	14,056	25.47%	*****	2015	12,732	29.4%						
	2016	15,109	15,292	15,602	16,180	15,919	16,321	16,298	16,190	16,384	16,940	16,768	17,039	16,170	15.04%	*****	2016	15,190	19.3%						
	2017	17,145	16,278	16,239	16,130	16,028	16,051	16,002	15,937	15,432	15,047	14,965	14,830	15,840	-2.04%	*****	2017	16,458	8.3%						
2018	14,638	14,307	13,961	13,493	13,441	13,333	13,075	13,131	13,074	12,969	12,906	12,906	13,436	-15.18%	161,234	2018	14,616	-11.2%							
2019	12,148												12,148	7.57%	12,148	2019	10,083	-8.4%							
Total# Medicaid Eligibles Enrolled in CMDP w/o LTC (AHCCCS)	2008	9,421	9,380	9,374	9,418	9,103	9,176	9,235	9,184	9,250	9,285	9,960	9,457	9,354	-23.00%	112,243	2008	9,312	-7.6%						
	2009	9,431	9,937	9,585	9,834	10,004	9,796	10,440	9,978	9,693	9,778	9,881	9,560	9,825	5.04%	117,897	2009	9,578	2.9%						
	2010	9,607	9,458	9,604	10,031	9,300	9,362	9,603	9,616	9,168	9,271	9,260	9,590	9,489	-3.42%	113,870	2010	9,724	1.5%						
	2011	9,510	8,991	9,364	9,685	9,882	9,938	9,691	9,939	9,873	10,364	9,948	9,933	9,760	2.85%	117,118	2011	9,490	-2.4%						
	2012	10,069	10,601	10,049	10,231	10,267	10,902	10,525	10,899	11,466	11,427	11,773	12,182	10,866	11.33%	130,391	2012	10,156	7.0%						
	2013	12,244	12,342	12,729	12,996	12,862	12,829	12,834	13,024	13,297	13,353	13,523	13,523	12,963	19.30%	*****	2013	12,023	18.4%						
	2014	13,540	13,750	13,841	13,959	14,073	13,854	13,843	14,216	14,383	14,859	15,149	15,151	14,218	9.68%	170,618	2014	13,548	12.7%						
	2015	15,240	15,504	15,572	15,744	15,805	15,641	16,064	16,219	16,274	16,308	16,486	16,219	15,923	11.99%	191,076	2015	15,092	11.4%						
	2016	16,557	16,612	16,887	17,422	17,083	17,427	17,372	17,214	17,369	17,875	17,720	18,041	17,298	8.64%	*****	2016	16,630	10.2%						
	2017	18,037	17,138	17,138	17,036	16,904	16,901	16,882	16,896	16,417	16,078	15,986	15,858	16,773	-3.04%	201,271	2017	17,395	4.6%						
2018	15,701	15,404	15,065	14,635	14,577	14,542	14,345	14,459	14,461	14,395	14,315	14,313	14,684	-12.45%	176,212	2018	15,670	-9.9%							
2019	13,575												13,575	-7.55%	13,575	2019	1,940	-87.6%							
% of Eligibles Enrolled in CMDP	2008	91%	92%	92%	92%	91%	92%	92%	92%	92%	91%	92%	92%	92%	-99.99%										
	2009	91%	95%	91%	92%	93%	93%	93%	93%	92%	93%	92%	92%	93%	1.09%										
	2010	93%	92%	93%	93%	89%	91%	92%	92%	90%	91%	90%	90%	91%	-1.46%										
	2011	90%	88%	89%	88%	90%	91%	92%	93%	92%	92%	92%	92%	91%	-0.53%										
	2012	91%	91%	88%	91%	91%	93%	92%	92%	94%	92%	92%	93%	92%	1.03%										
	2013	93%	92%	93%	94%	94%	94%	94%	95%	95%	96%	96%	96%	94%	2.87%										
	2014	96%	96%	96%	96%	96%	96%	95%	96%	96%	96%	96%	95%	96%	1.53%										
	2015	96%	96%	95%	94%	95%	93%	95%	95%	94%	94%	95%	94%	95%	-1.19%										
	2016	93%	93%	93%	95%	95%	96%	96%	96%	95%	96%	95%	94%	95%	-0.07%										
	2017	94%	93%	93%	92%	91%	93%	94%	96%	95%	96%	95%	96%	94%	-0.63%										
2018	98%	97%	97%	96%	95%	96%	96%	96%	96%	96%	97%	96%	98%	96%	1.91%										
2019	94%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!										
State		1,217	1,218	1,359	1,011	903	731	810	806	1,001	744	978	1,221	11,939											
		1,104	1,245	1,382	1,521	1,679	1,305	989	781	842	757	756	600	12,961											
		388	439	441	570	713	642	655	670	609	518	669	365	6,679											
		388	827	1,268	1,838	2,551	3,193	3,848	4,518	5,127	5,645	6,314	6,679	42,196											



# REQUEST FOR INFORMATION

## ADCS19-0008456

### Appendix

State of Arizona  
 Department of Child Safety  
 Office of Procurement & Contracts  
 3003 N. Central Ave., 20<sup>th</sup> Fl.  
 Phoenix, AZ 85012

**COMPREHENSIVE MEDICAL & DENTAL PLAN (CMDP)**  
**"Last Day of the Month" Enrollment**  
**SFY 2008-2019**

	SFY	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	SFY YTD AVG	% OVER YEAR	SFY TOTAL	CT Avg	I T-Y		
<b>All Enrolled in CMDP</b>	2008	18,373	18,248	18,158	18,285	18,408	18,827	18,887	18,811	18,858	18,181	18,853	18,258	18,288	-4.52%	182,487	2008	18,428	-8.4%	
	2009	18,383	18,482	18,544	18,638	18,778	18,555	11,245	18,733	18,488	18,518	18,578	18,358	18,686	5.38%	187,272	2009	18,481	-8.2%	
	2010	18,381	18,256	18,356	18,835	18,444	18,388	18,488	18,465	18,197	18,219	18,245	18,714	18,336	-1.38%	184,749	2010	18,538	1.3%	
	2011	18,578	18,218	18,584	18,362	18,376	18,887	18,555	18,733	18,727	11,254	18,887	18,854	18,754	3.44%	183,845	2011	18,524	-8.1%	
	2012	11,181	11,718	11,378	11,235	11,235	11,728	11,384	11,823	12,256	12,355	12,758	13,155	11,848	18.17%	142,179	2012	11,115	5.6%	
	2013	13,133	13,344	13,632	13,736	13,743	13,681	13,714	13,748	13,333	13,355	14,187	14,868	13,743	16.88%	164,318	2013	12,322	16.3%	
	2014	14,142	14,333	14,446	14,616	14,785	14,416	14,543	14,863	14,344	15,463	15,816	15,834	14,858	8.85%	178,133	2014	14,187	3.8%	
	2015	15,325	16,234	16,382	16,743	16,714	16,752	16,343	17,888	17,242	17,261	17,433	17,383	16,833	13.36%	211,338	2015	15,856	11.8%	
	2016	17,274	17,838	18,246	18,433	17,388	18,158	18,182	18,828	18,378	18,619	18,638	19,262	18,238	8.78%	245,578	2016	17,642	11.3%	
	2017	15,141	18,383	18,528	18,557	18,589	18,286	17,871	17,677	17,253	16,855	16,742	16,458	17,853	-2.48%	214,232	2017	18,545	5.1%	
	2018	16,883	15,843	15,586	15,285	15,238	15,384	15,888	15,123	15,878	14,313	14,384	14,678	15,241	-14.63%	182,831	2018	16,338	-11.3%	
	2019	14,358												14,358	645.18%	14,358	2019	2,352	23.3%	
	<b>SSI</b>	2008	317	318	318	318	318	318	318	318	318	318	318	318	318	-37.84%	3,726	2008	318	-86.4%
2009		386	318	386	325	327	386	384	322	318	312	321	324	328	5.83%	3,814	2009	318	-5.4%	
2010		328	321	312	323	325	318	327	318	388	386	311	382	315	-1.56%	3,784	2010	321	5.4%	
2011		358	334	387	388	382	333	318	326	323	318	337	387	385	389	-1.88%	3,718	2011	385	-4.3%
2012		318	323	328	313	317	328	328	332	345	323	353	363	363	331	7.28%	3,377	2012	313	4.7%
2013		363	361	355	374	384	387	387	381	332	488	338	338	382	15.31%	4,586	2013	357	11.8%	
2014		332	375	388	379	382	335	333	337	424	465	465	468	487	6.51%	4,885	2014	388	8.6%	
2015		467	462	452	453	436	432	435	435	438	443	453	468	448	5.38%	5,372	2015	441	13.7%	
2016		457	457	448	468	488	485	477	582	584	454	413	413	463	4.77%	5,628	2016	456	3.5%	
2017		393	383	377	377	366	344	344	336	335	326	315	321	332	-24.36%	4,223	2017	423	-7.3%	
2018		328	311	383	237	232	232	232	283	385	386	233	238	388	-14.85%	3,536	2018	317	-25.4%	
2019		232												232	-51.41%	232	2019	2,311	-12.3%	
<b>TANF &amp; KIDS CARE</b>		2008	2,824	2,828	2,871	2,933	2,887	2,875	2,855	2,818	2,858	2,855	3,211	3,853	2,914	888.86%	34,372	2008	2,858	-1.5%
	2009	3,831	3,882	3,171	3,221	3,248	3,133	3,373	3,128	3,157	3,248	3,258	3,156	3,191	5.19%	38,236	2009	3,868	6.6%	
	2010	3,278	3,147	3,237	3,381	3,154	3,142	3,838	3,151	3,888	2,388	2,343	3,888	3,126	-2.86%	37,583	2010	3,224	5.4%	
	2011	2,952	2,718	2,782	2,872	2,988	2,876	2,852	2,733	2,743	2,388	2,832	2,981	2,826	-5.88%	33,383	2011	2,948	-8.8%	
	2012	2,861	3,153	3,851	3,875	3,882	3,283	2,358	3,144	3,372	3,321	3,483	3,583	3,178	12.18%	38,838	2012	3,323	-8.4%	
	2013	3,483	3,538	3,552	3,622	3,538	3,532	3,537	3,537	3,627	3,635	3,612	3,572	3,622	12.78%	42,863	2013	3,412	16.5%	
	2014	3,347	3,283	3,158	2,365	2,343	2,565	2,424	2,325	2,138	2,237	2,826	2,884	2,688	-27.88%	31,236	2014	3,322	-2.6%	
	2015	1,848	1,843	1,645	1,663	1,557	1,418	1,321	1,256	1,176	1,197	1,143	1,143	1,413	-45.53%	17,828	2015	1,343	-42.2%	
	2016	331	863	837	774	676	621	537	522	481	466	438	583	653	-55.55%	7,383	2016	583	-48.7%	
	2017	433	471	522	523	518	586	536	623	638	785	785	787	588	-11.35%	6,364	2017	515	-47.6%	
	2018	743	786	735	845	844	317	378	1,833	1,882	1,128	1,116	1,117	343	-11.35%	6,364	2018	738	43.2%	
	2019	1,135												1,135	-11.35%	6,364	2019	5,342	-7.4%	
	<b>SOBRA</b>	2008	6,288	6,238	6,185	6,152	5,383	5,331	6,882	6,875	6,885	6,817	6,433	6,186	6,123	8014.78%	73,545	2008	6,124	14.6%
2009		6,834	6,537	6,888	6,288	6,437	6,321	6,733	6,528	6,226	6,226	6,382	6,848	6,313	9.81%	75,768	2009	6,283	1.4%	
2010		6,817	6,338	6,855	6,321	5,821	5,382	6,178	6,155	6,868	5,385	6,888	6,288	6,848	-4.28%	72,588	2010	6,188	-8.5%	
2011		6,288	5,373	6,275	6,585	6,674	6,763	6,723	6,874	6,881	7,837	6,883	6,727	6,625	3.53%	73,433	2011	6,245	1.8%	
2012		6,288	7,113	6,678	6,837	6,348	7,371	7,255	7,743	7,743	7,777	8,811	8,318	7,365	11.17%	88,376	2012	6,387	18.5%	
2013		6,332	6,451	6,822	6,888	6,348	6,318	6,318	6,846	6,878	6,318	6,513	6,513	6,888	22.32%	188,181	2013	8,254	13.5%	
2014		5,881	18,332	18,323	18,628	18,748	18,834	11,828	11,434	11,823	12,173	12,658	12,787	11,283	24.36%	182,877	2014	8,358	13.2%	
2015		12,333	13,133	13,475	13,622	13,812	13,738	14,388	14,528	14,668	14,722	14,884	14,743	14,856	25.47%	168,676	2015	12,732	23.4%	
2016		15,183	15,232	15,682	16,188	15,313	16,321	16,238	16,138	16,384	16,348	16,748	17,833	16,178	15.84%	194,842	2016	15,138	13.3%	
2017		17,145	16,278	16,233	16,138	16,828	16,851	16,882	16,337	15,432	15,847	16,365	16,838	15,848	-2.84%	198,884	2017	16,458	8.3%	
2018		16,438	14,387	13,361	13,433	13,441	13,333	13,875	13,131	13,874	12,353	12,386	12,386	13,436	-15.18%	161,234	2018	14,614	-11.2%	
2019		12,148												12,148	7.57%	12,148	2019	18,883	-8.4%	
<b>Total Medicaid Eligibles Enrolled in CMDP w/ a LTC (AHCCCS)</b>		2008	3,421	3,388	3,374	3,418	3,183	3,176	3,235	3,184	3,258	3,285	3,368	3,457	3,354	-28.88%	112,243	2008	3,312	-7.6%
	2009	3,431	3,337	3,365	3,334	3,884	3,736	3,648	3,378	3,633	3,778	3,881	3,568	3,825	5.84%	117,837	2009	3,378	2.3%	
	2010	3,687	3,458	3,684	3,881	3,388	3,362	3,688	3,616	3,168	3,274	3,268	3,538	3,483	-3.42%	113,878	2010	3,724	1.5%	
	2011	3,518	3,331	3,364	3,683	3,882	3,338	3,631	3,333	3,873	3,844	3,348	3,333	3,768	2.85%	117,118	2011	3,438	-2.4%	
	2012	18,863	18,811	18,843	18,231	18,267	18,382	18,525	18,833	11,466	11,427	11,773	12,182	18,866	11.33%	138,331	2012	18,156	7.8%	
	2013	12,244	12,342	12,723	12,336	12,862	12,823	12,894	13,824	13,237	13,333	13,523	13,523	12,363	19.38%	155,556	2013	12,823	18.4%	
	2014	15,548	15,758	15,841	15,353	14,873	15,354	15,843	14,216	14,383	14,853	15,143	15,151	14,218	5.68%	178,618	2014	15,548	12.7%	
	2015	15,248	15,384	15,372	15,744	15,885	15,641	16,864	16,213	16,274	16,388	16,486	16,213	15,323	11.33%	191,876	2015	15,832	11.4%	
	2016	16,557	16,612	16,887	17,422	17,883	17,427	17,872	17,214	17,363	17,875									