

American Indian Medical Home

- Developed over many years and via extensive Tribal and Indian health consultation, AHCCCS's waiver proposal was designed to support development of Patient Centered Medical Homes (PCMH) at IHS/Tribal 638 facilities across AZ
- Proposal aligns with:
 - National IHS efforts to advance PCMH development through the IHS Improving Patient Care program
 - State-wide focus on integrated care, secure data and health information exchange, and care coordination for AHCCCS members with complex conditions

Participation Criteria

Designation	Mandatory Criteria
PCCM	<ul style="list-style-type: none">• Site has achieved Patient Centered Medical Home (PCMH) recognition (e.g. NCQA, AAAHC) <u>OR</u>• IHS IPC program attests annually that site/organization has completed the following in the past year:<ul style="list-style-type: none">○ Submitted the SNMHI PCMH Assessment, with score of 7 or >○ Submitted monthly data on IPC Core Measures○ Submitted quarterly improvement project narrative summaries• 24 hour nurse call line• After- hospital care coordination

AI Medical Home: Proposed Rates

Proposed PMPM	Services & Activities
<ul style="list-style-type: none">• \$13.26, for:• Additional \$2, for:• Additional \$7.50, for:	<ul style="list-style-type: none">• Primary care case management, 24 hour nurse call line, after-hospital care coordination• Diabetes education-accredited (<i>optional</i>)• Participation in the state Health Information Exchange (<i>optional</i>)

AIMH Member Requirements

- Title 19 AIHP enrolled member only
- Participation is voluntary
- Member may discontinue at any time
- Member may switch AIMH at any time
- Facility must keep signed AIMH form on file

AIMH Implementation Timeline

- SPA approved by CMS- June 14, 2017
- Implementation Forums with IHS/638 facilities
 - July 6, 2017
 - August 3, 2017
 - September 6, 2017
 - October 3, 2017
- Go Live- October 1, 2017

AIMH Web Page & AIMH email



<https://www.azahcccs.gov/AmericanIndians/AmericanIndianMedicalHome/>



AIMH@azahcccs.gov

Tribal 638-FQHCs

- SHO Letter #16-002-February 26, 2016
- FAQs issued by CMS- January 18, 2017
- First AHCCCS Tribal Workgroup- June 8, 2017
- Next Tribal Workgroup- August 22, 2017

Purpose of the FQHC Workgroup

- Gather tribal perspective regarding 638 FQHC issues
- Identify stakeholder questions to research
- Provide stakeholders information regarding the FQHC vs. Clinic provider type (services, reimbursement etc.)

Example of Issues to Consider

- Definition of FQHC services vs clinic services
- Daily visit limits
- Reimbursement methodology
- Four Walls Limitation

Integrated Contractor RFP

A Case for Integrating Physical and Behavioral Health Services:

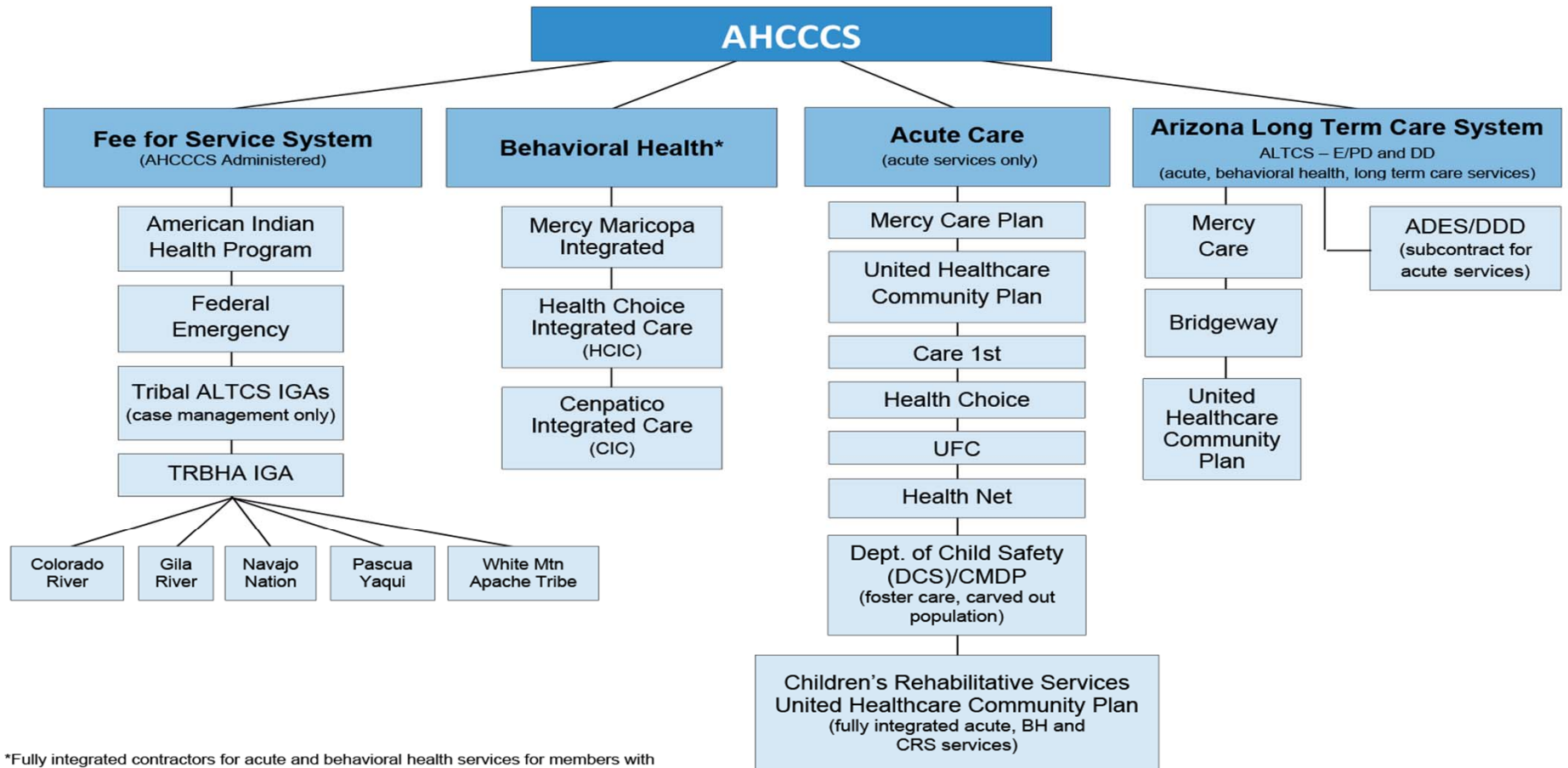
1. Ease navigation of health care services;
2. Single point of accountability;
3. Align incentives to improve a person's whole health; *and*
4. Streamline care coordination to get to better outcomes.



AHCCCS

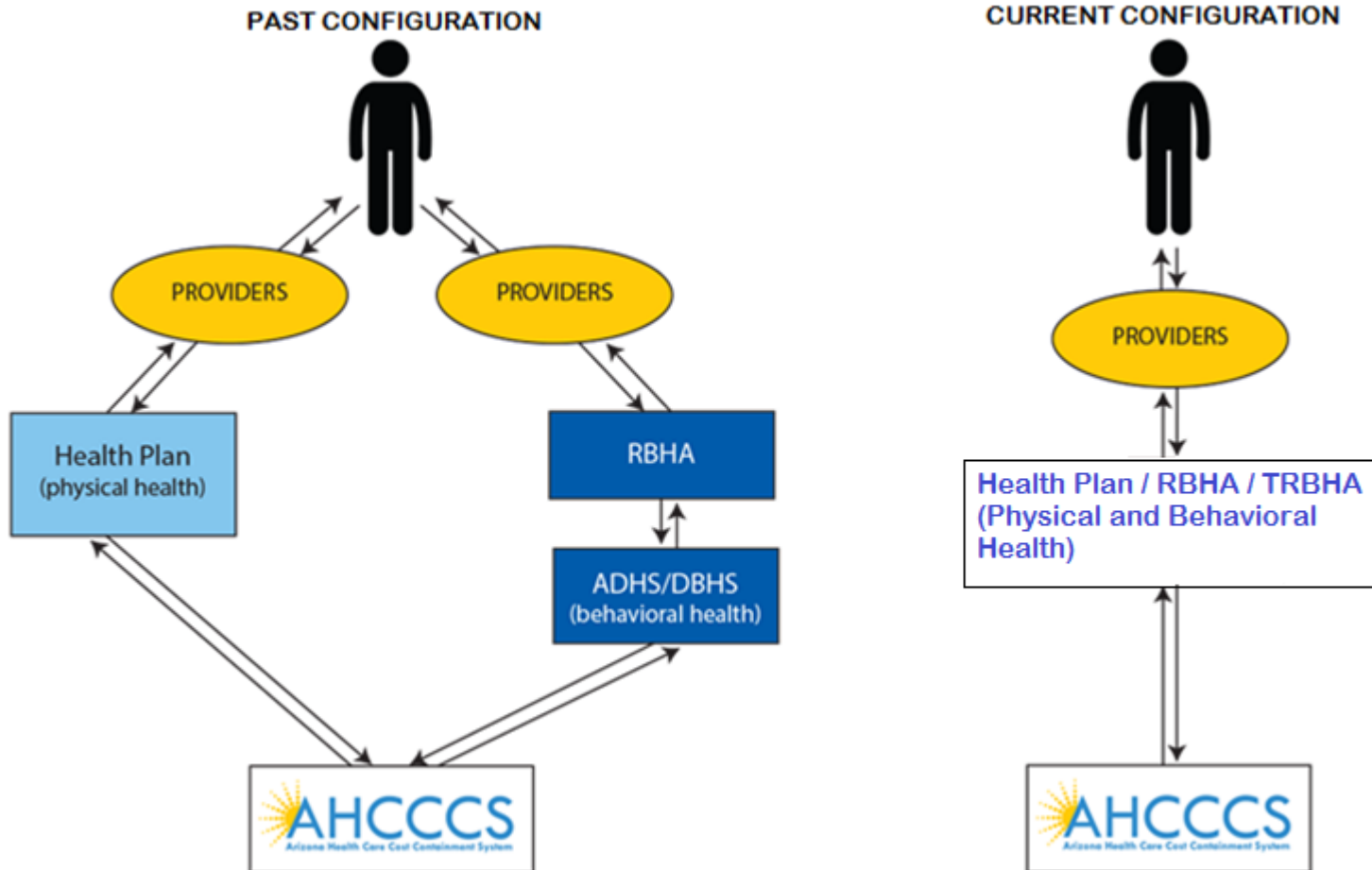
Arizona Health Care Cost Containment System

Care Delivery System



*Fully integrated contractors for acute and behavioral health services for members with serious mental illness (SMI) and carved out behavioral health services for Acute Care/DD adults with general mental health and substance abuse needs (GMH/SA) and children.

Vision - Integration at all 3 Levels



Supporting Choice for American Indian Members

- Integrated choices for the **GMH/SA and Children** populations will be available within:
 - Fee-for-Service (AIHP/AIHP or (AIHP/TRBHA); *and*
 - Managed Care (Integrated Contractors)
 - AI members will still be able to access services from an IHS/638 facility at anytime regardless of enrollment

Integrated Contractor – Major Decisions

1. Procure for Integrated Contractor Managed Care Organizations (MCOs) that will replace Acute and CRS Contractors serving the following Title XIX/XXI populations and services:
 - a) Adults who have not been determined to have a Serious Mental Illness; *and*
 - b) All children except for foster children enrolled with Comprehensive Medical Dental Program (CMDP).

Integrated Contractor – Major Decisions

2. Services for Members with Children's Rehabilitative Services (CRS) Qualifying Conditions:
 - a) Receive integrated physical (including CRS) and behavioral health services through an integrated contractor or Fee-for-Service;
 - b) Members determined to have a serious mental illness will transition to the regional behavioral health authority (RBHA) for integrated physical and behavioral health services or AIHP/TRBHA; *and*
 - c) Members enrolled with CMDP will receive physical health services for their CRS condition from CMDP.

Integrated Contractor – Major Decisions

3. Crisis services will continue to be served by the RBHAs and TRBHAs. The existing RBHA geographic service areas unchanged on 10/1/18.
4. The geographic structure for integrated contractors (*not including RBHAs*) will be align with the service areas established for the ALTCS contract beginning on 10/1/17 (*table on right*):

GSA Name and Corresponding Counties

North GSA

Mohave/Coconino/Apache/Navajo/Yavapai
(excluding zip codes 85542, 85192, and 85550)

South GSA

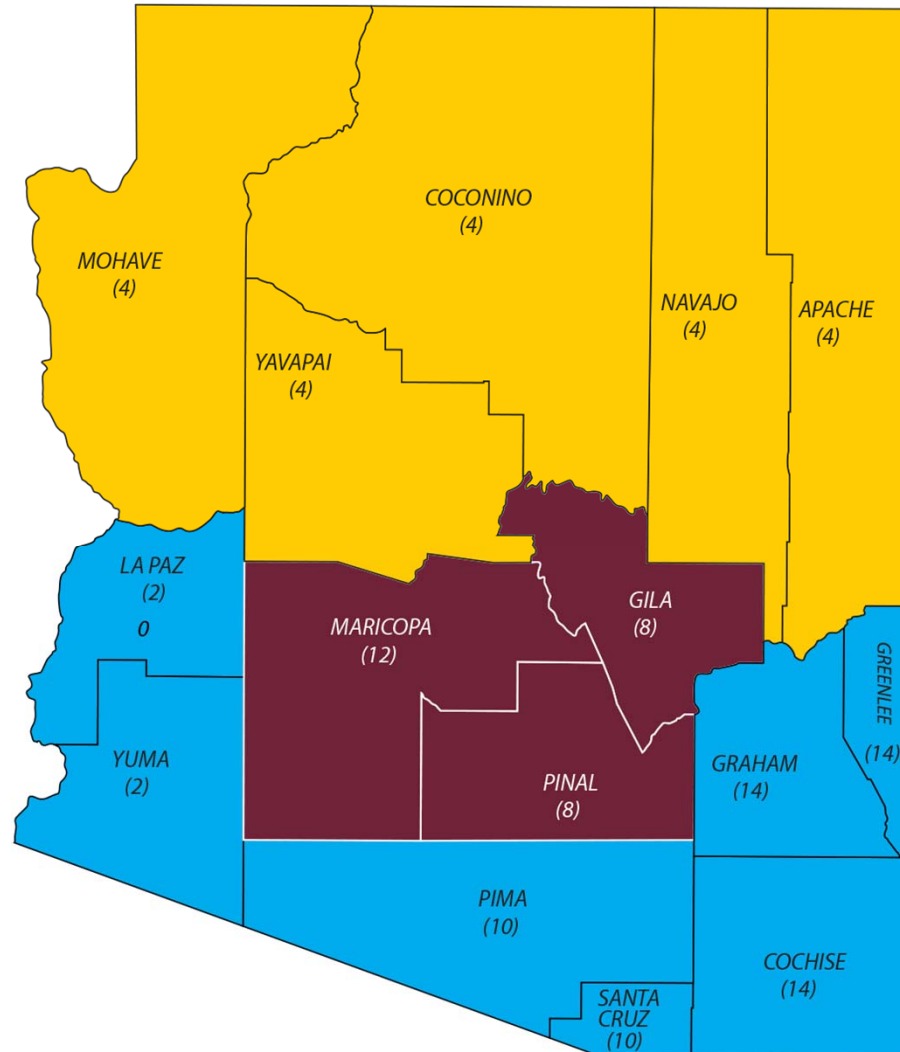
Cochise/Graham/Greenlee/
La Paz/Pima/Santa Cruz/Yuma
(including zip codes 85542, 85192, and 85550)

Central GSA

Maricopa/Gila/Pinal

Integrated Contractor Geographic Service Areas

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



Integrated Contractor – Major Decisions

5. Number of Successful Offerors to be awarded with each GSA:
 - a) **Central GSA:** At least 4 Contractors awarded;
 - b) **South GSA:** Two Contractors awarded entire GSA & at least one additional Contractor awarded for Pima County Only; *and*
 - c) **North GSA:** Two Contractors awarded.

AHCCCS does not intend to award contracts for all GSAs to a single Offeror. RBHAs have option to expand services to include physical health for those who choose to remain with the RBHA.

Integrated Contractor – Major Decisions

6. Unique RBHA Services (*no change at this time*):
 - a) RBHA service areas do not change on 10/1/2018;
 - b) Continue provision of behavioral health services for foster children enrolled in CMDP for physical health services;
 - c) Continue provision of integrated physical and behavioral health for AHCCCS enrolled individuals determined to have a serious mental illness;
 - d) Continue provision of crisis services; *and*
 - e) Continue provision of a majority of grant funded and state-only funded services currently provided by the RBHA.

Integrated Contractor – Major Decisions

7. Multi-Specialty Interdisciplinary Clinic (MSIC) Network Requirements

- In addition to an extensive network of providers, successful Offerors and RBHAs, will be expected to contract with existing MSICs in their awarded GSAs to serve children with special health care needs.
- If the Contractor and MSIC cannot agree to contract terms, the Contractor shall allow members access to utilize the MSICs for non-emergency conditions and the Contractor shall establish contracts with alternative multi-specialty clinics that meet the network requirements as established by AHCCCS.
- In the absence of a contract with the currently established MSIC, the Contractor may be required to pay the MSIC rates from a specific AHCCCS MSIC fee schedule, to be developed and effective October 1, 2018.

Enrollment for GMH/SA and Children Populations

Current Health Plan Enrollment/Assignment	Enrollment on 10/1/2018
CRS (acute and CRS services), TRBHA	Integrated Contractor
AIHP, CRS (CRS services only) and TRBHA	AIHP and TRBHA
AIHP, CRS and RBHA	AIHP
AIHP and TRBHA	AIHP and TRBHA – No Change
AIHP and RBHA	AIHP
Acute MCO and TRBHA	Integrated Contractor
Acute MCO and RBHA	Integrated Contractor
CMDP and TRBHA	CMDP and TRBHA- No Change
DDD and TRBHA	DDD and TRBHA-No Change

Enrollment for AI Members with SMI as of 10/1/2018- No Change

- AIHP/AIHP will **not** be an option
- Enrollment options will include:
 - AIHP/TRBHA,
 - AIHP/RBHA,
 - MCO/TRBHA and
 - RBHA of both physical and behavioral health

Important Facts

- AI members will continue to have choice and will be able to switch enrollment between integrated FFS or an Integrated Contractor at anytime.
- Choice options remain for AI members with SMI
- AI members enrolled in AIHP/FFS can seek services from any AHCCCS registered provider at anytime if the provider accepts FFS. Services are **not limited** to IHS/638 providers for AIHP enrolled members.
- AI members enrolled in a managed care plan **can** access services from an IHS/638 facility at anytime. Services are **not limited** to providers outside of IHS/638 facilities.

Integrated Contractor- Tribal Forum

- August 8, 2017 1pm-3pm- Phoenix
- Dates pending for additional forums