



Division of Fee For Service Management

AIHP/TRBHA Overview

AIHP, TRBHA, and IHS

AIHP – American Indian Health Program

- Provides medically necessary services for AHCCCS enrolled AI/AN members, including preventative and behavioral health care services
- AI/AN members can switch their enrollment between AIHP and an AHCCCS managed health care plan at any time

TRBHA – Tribal Regional Behavioral Health Authority

- Tribal entities that have an IGA with the AHCCCS administration for the provision of behavioral health services to AI/AN members
- Coordinate the delivery of comprehensive mental health services

IHS – Indian Health Service/ 638 Facility

- The principle health care system/provider for federally recognized Tribes and Alaska Natives in the United States; responsible for providing federal health services
- AI/AN members may receive health care services from American Indian Health Facilities or Tribally-Operated 638 Health Programs

TRBHAs and Tribally Operated 638 Facilities

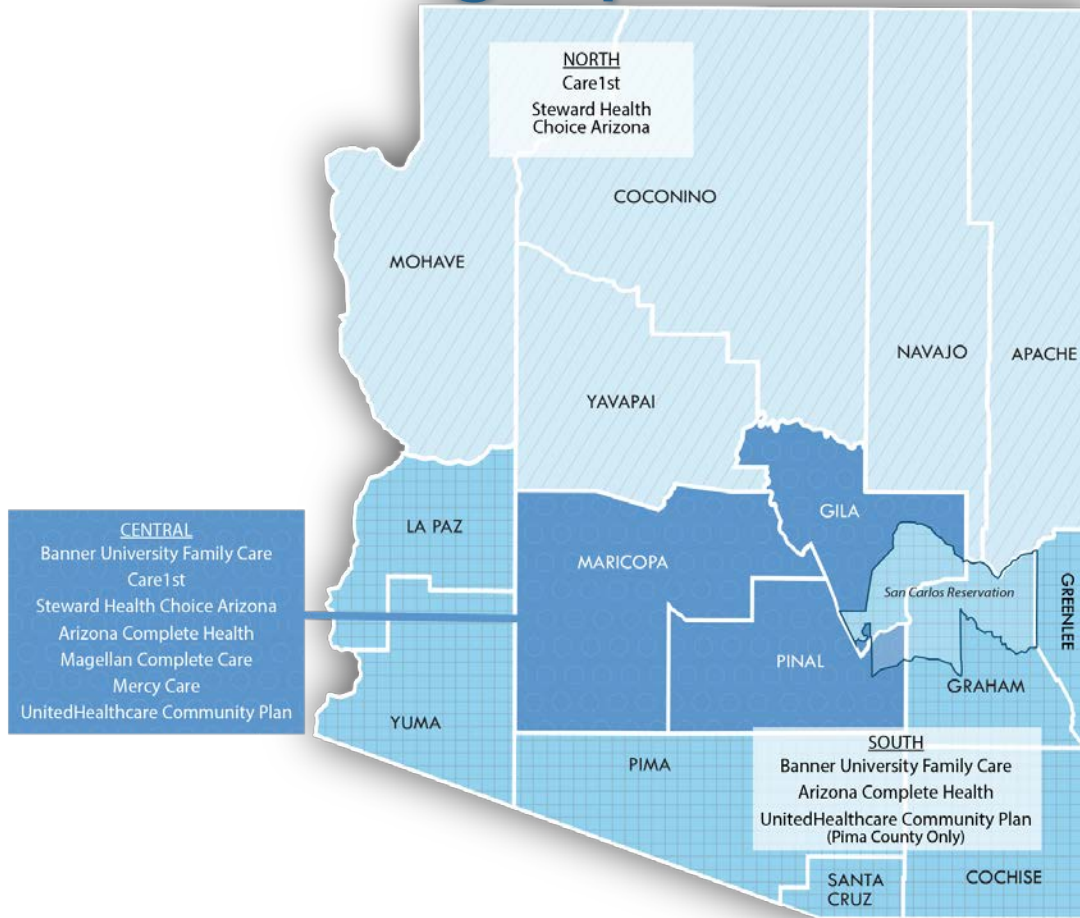
TRBHA

- Gila River, Pascua Yaqui, and White Mountain Apache, Navajo Nation (PT 72)
- Eligible tribal members are assigned to their respective TRBHA
- Coordinate delivery of comprehensive mental health services

Tribally Operated 638 Facilities

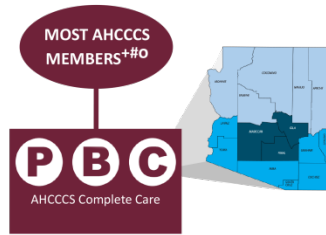
- Gila River, Pascua Yaqui, and White Mountain Apache (PT 77 and/or B8)
- Any AI/AN member may receive services regardless of enrollment choice
- Do not need to be enrolled with a TRBHA

ACC Plan Geographic Service Areas



Note: Zip codes 85542, 85192, 85550 representing San Carlos Tribal area are included in the South GSA.

2018-2019 AHCCCS COMPLETE CARE (ACC) INTEGRATION



This represents a change only for SMI/CRS members.

KEY

- P** PHYSICAL SERVICES
- B** BEHAVIORAL SERVICES
- C** CHILDREN'S REHABILITATIVE SERVICES (if applicable)
- L** LONG TERM CARE SERVICES

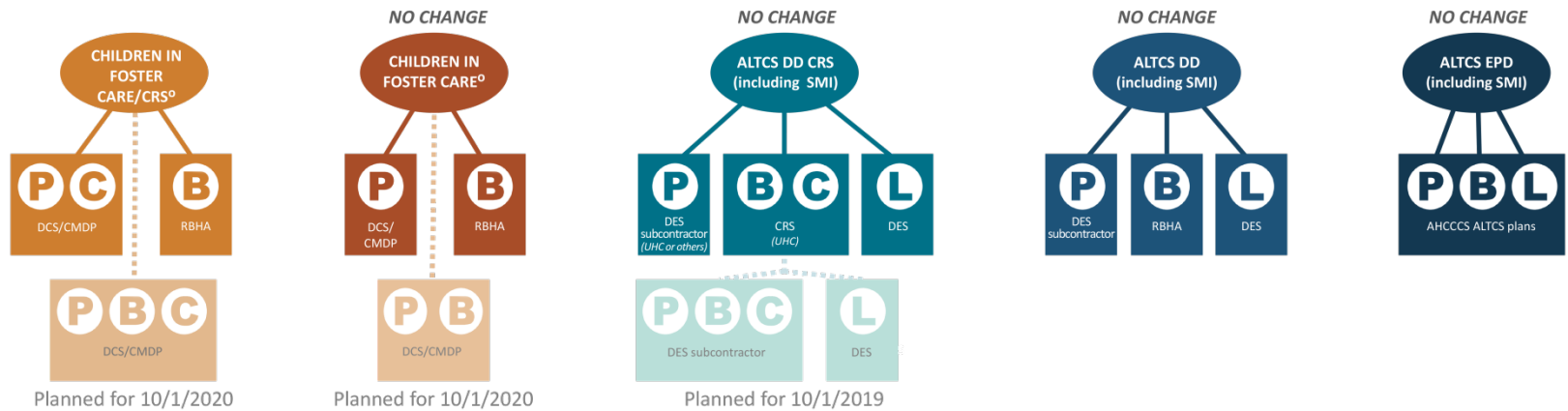
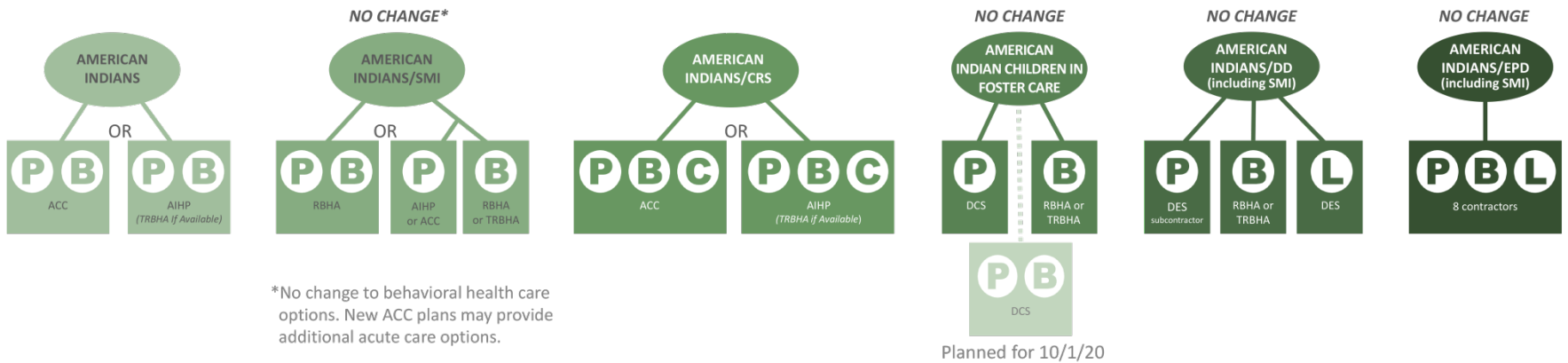
UHC UnitedHealthcare

- +** Including CRS members
- #** Excluding SMI & CMDP
- 0** Excluding ALTCS

Population Group

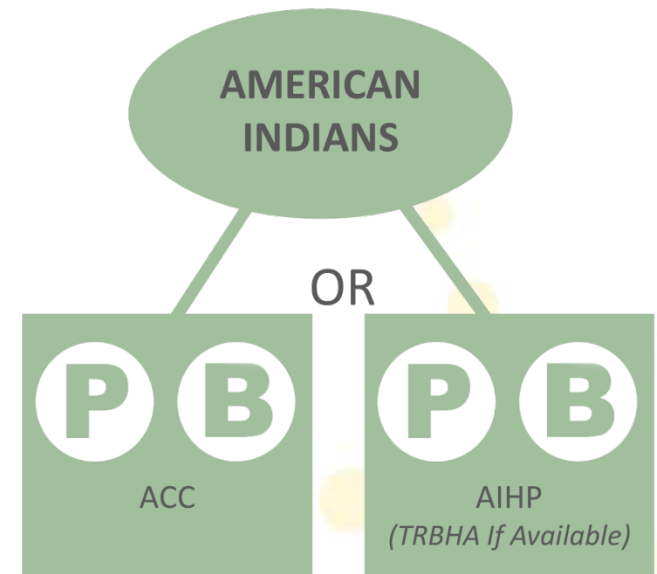
Plan

Future Integration



Supporting Choice for American Indian Members

- Integrated choices for the Non-SMI populations will be available within:
 - AIHP or AIHP and TRBHA; or
 - An ACC Plan
 - AI members can still access services from an IHS/638 facility at anytime regardless of enrollment



Specific Transitions for American Indian Populations

Current Health Plan Enrollment/Assignment	Enrollment on 10/1/2018 Member Movement	
CRS (acute and CRS services), TRBHA	ACC Plan	Approx. 367
AIHP, CRS (CRS services only) and TRBHA	AIHP and TRBHA	Approx. 673
AIHP, CRS and RBHA	AIHP	Approx. 272
AIHP and TRBHA	AIHP and TRBHA – No Change	
AIHP and RBHA	AIHP	Approx. 41,597
Acute Plan and TRBHA	ACC Plan	Approx. 12,288
Acute Plan and RBHA	ACC Plan	Approx. 37,000
CMDP and TRBHA	CMDP and TRBHA- No Change	
DDD and TRBHA	DDD and TRBHA-No Change	

Changes for American Indian Health Program (AIHP)

- AIHP will:
 - Pay for and manage care for physical and behavioral health services
 - Pay for and manage care for CRS services
 - RBHA will only continue to serve American Indian members with SMI
 - Manage care with TRBHAs when available and member enrolled

Continuity of Care/Transitioning Members

- For transitioning members, ACC Plans must:
 - Allow members receiving BH treatment continued access to specific providers as listed in treatment plan (if agreed by provider) for duration of treatment or 6 months; whichever occurs first
- Member Utilization Data:
 - AHCCCS will share TRBHA utilization information with the ACC plans, and
 - Provide TRBHAs with member utilization with ACC plans

Care Coordination

- Contractual requirement to work with all IHS/638 facilities to coordinate care for shared members, including coverage of medically necessary benefits
- Coordination of care with managed care organizations is an established requirement in the TRBHA IGA
- Established requirement in AMPM 320-0, *Behavioral Health Assessment and Treatment/Service Planning*
- Standards for Coordination of Care outlined in AMPM 500, *Care Coordination Requirements*

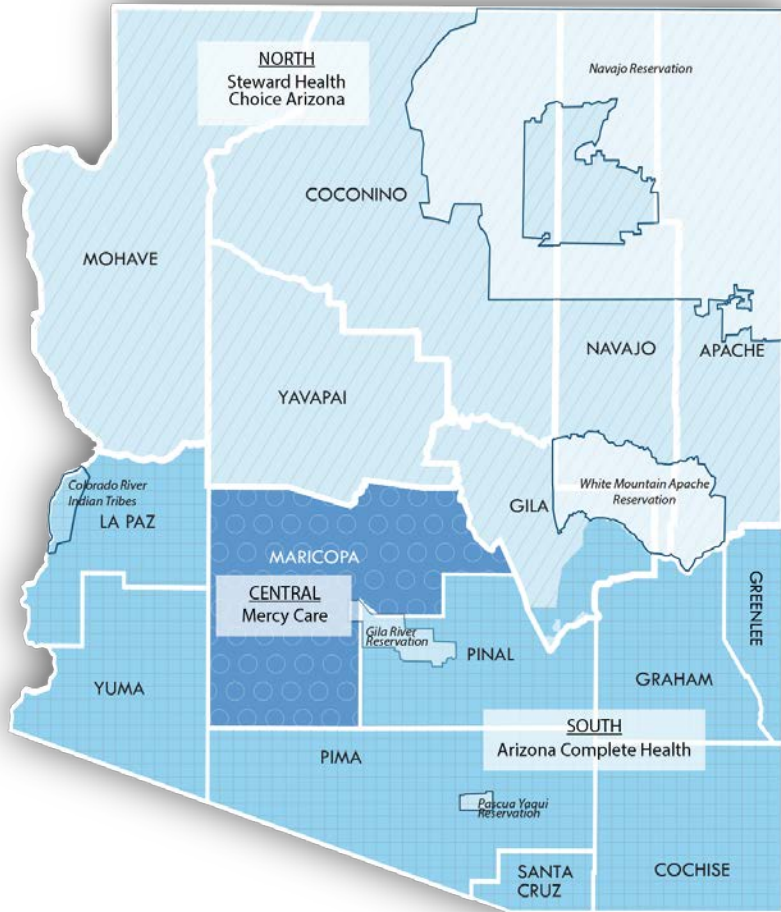
Collaboration with Tribal Nations and Providers

- Consult with each Tribal Nation within assigned GSA to ensure availability of appropriate and accessible services
- Designate a Tribal Coordinator to interface with Tribal Nations and providers
- Coordinate service delivery for members receiving services at IHS/638 Tribal Facilities
- Facilitate, at least semi-annually, meetings/forums with the IHS/638 Tribal Facilities

Prior Authorization

- Services that require prior authorization and prior authorization process
 - Health plans create their own prior authorization grid (services that require PA)
 - Authorization submissions differ by plan; refer to health plan website
- Timeline for responding to request or authorization for services
 - Standard Service Authorization Request – within 14 calendar days from date of receipt
 - Expedited Service Authorization Request – within 72 hours from the date of receipt

RBHA/TRBHA and Crisis Services



- The Crisis system responsibilities will remain with the RBHA (in their respective GSA areas)

Provider Education

- Some providers have stated they do not accept AIHP
 - Any AHCCCS registered provider can accept AIHP and would submit claims to DFSSM
 - Provider Participation Agreement
 - Encourage ACC plans to assist in educating providers
 - Encourage affiliated providers to sign up for DFSSM Constant Contact and Claims Clues
 - <https://www.azahcccs.gov/PlansProviders/AHCCCSlistserve.html>

Questions?



Resources

- Additional information can be found on the AHCCCS website at:
<https://www.azahcccs.gov/AHCCCS/Initiatives/AHCCCSCompleteCare/>

Thank you!

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