



AHCCCS Update

SIM Sustainability
Delivery System Reform
Incentive Payment -
DSRIP



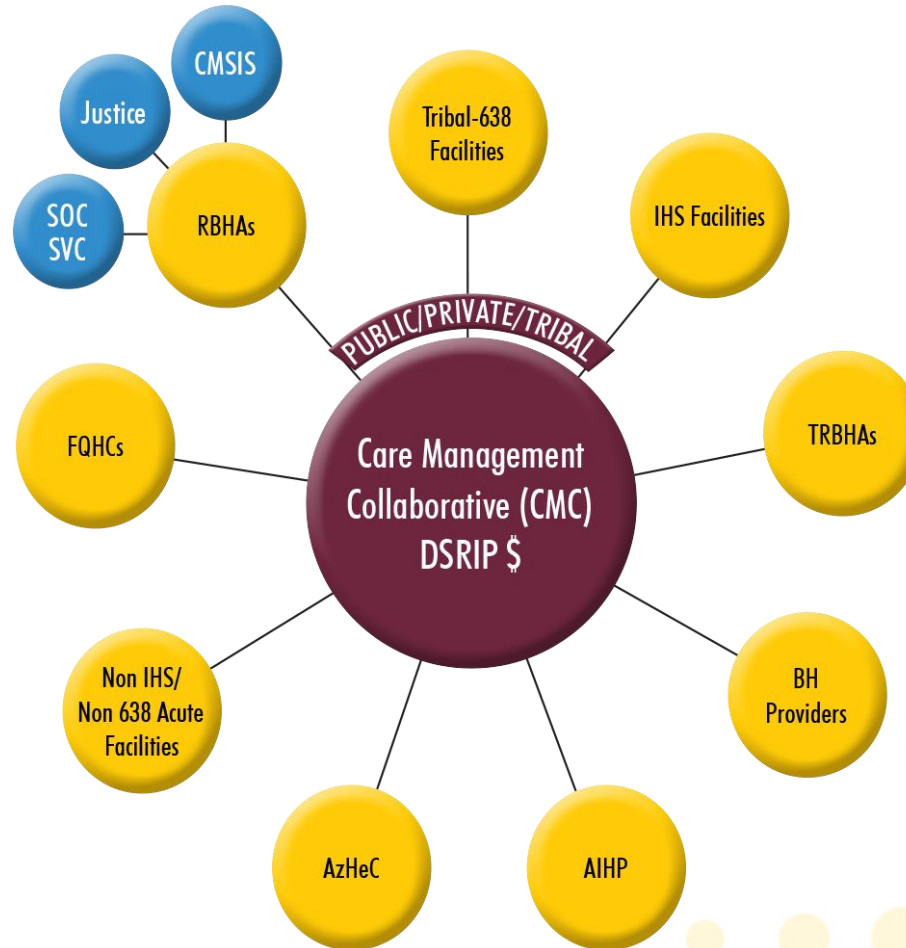
AIHP CMC DSRIP



CMC DSRIP Proposal

- Funding targeted towards Indian health providers (ITU) and a limited number of non-ITU providers that either:
 - Care for a high volume of AIHP members
 - Are vital to AIHP care management efforts
- Both PH and BH Provider organizations potentially eligible
- Requesting 100% federal participation/match
- Funding would also help support CMC Infrastructure
- Funding would complement Medical Home Waiver

AIHP DSRIP Framework



Reaching across Arizona to provide comprehensive quality health care for those in need

CMC DSRIP Proposal

Goal Statement (draft)

Dynamic regional collaboratives will develop a structured, efficient, and effective care management system that achieves targeted population health outcomes for AIHP members.

Project 1: CMC Steering Committees

- CMC Formation, Governance, and Management
 - Lead development of agreement templates & execute agreements
 - Active leadership in steering committee meetings, workgroups, & functions
 - Develop & implement care management operational protocols
 - Report progress on core components
 - Participating organizations engage in training

Project 2: Care Management

- Develop a Regional Care Management System, with Core Components focused on:
 - CM protocol adoption
 - Member attribution and engagement
 - Assign care managers or develop agreements to receive care management services
 - Develop 24/7 capability for complex members
 - Implement transition protocols for hospital, justice, crisis stabilization, and foster care

Project 3: Data & Analytics

- Develop data sharing and analytics capability, with Core Components focused on:
 - Detailed claims information reporting
 - Bidirectional data exchange with AZ HIE
 - Descriptive and predictive analytic tool development
 - Active use of AZ's CSPMP
 - Appropriate utilization of e-prescribing
 - Appropriate sharing of hospital information (ADT and ED) to enable timely care management interventions

Project 4: PCMH Development

- *Proposed as an optional project*
- Transform primary care practices into patient-centered medical homes, through the adoption of the change package adopted by the IHS IPCMH (Improving Patient Care Medical Home) Initiative
 - 4 Levels of the SNMHI
 - Core Components drafted to help primary care practices transform to possible PCMH certification

Safety Network Med Home Initiative



CMC DSRIP Aligns and Complements Medical Home Waiver

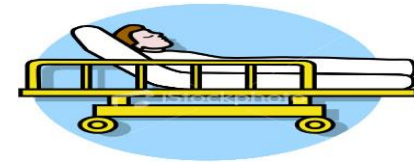
- 1115 waiver proposal includes Medical Home waiver which would pay a PMPM to qualifying facilities
- IHS/tribal 638 workgroup is finalizing proposal by early June
- DSRIP is focused on building care management systems across region (Indian health and non-Indian health provider organizations)
- Medical Home waiver is focused on supporting individual organizational capacity and capability

CMC DSRIP Participation

- Provider organizations must participate in Projects 1 through 3 to be eligible for payments
 - Project 4 – medical home transformation – is optional, at this time
- Payment levels for different project core components still to be determined

DSRIP Requires Measures

- Both process and outcome measures are under development
- Milestone documents highlight draft process measures
- Outcome measures
 - Harmonize/align with other measure sets, such as IHS IPCMH measures, CMS core measures, GPRA, etc
 - Achieved through structured care processes and care management protocols and systems



AIHP Member Scenario #1

(fictional)

- 59 year old male – has unstable housing, frequent medical crises, and does not routinely take meds as prescribed
- History includes uncontrolled diabetes, advanced heart disease, and behavioral health issues related to chronic substance use
- Past 6 months:
 - 23 ED visits
 - 6 IP admissions in which 3 were 30 day re-admissions
 - Member has filled >30 prescriptions at IHS/638 facilities.
- Enrolled with the RBHA, but has not yet accessed any services

After CMC Development:



- Member lives in Chinle but presents to FMC ED at 10PM
 - Regional care management is notified by a real-time 24 hour notification (via HIE) that the member is in the ED
- Regional on-call care manager contacts the FMC ED and supports the evaluation and disposition
- BH evaluation/support occurs real-time in the ED
 - Temporary housing, peer support, & BH follow-up are arranged
 - Admission is avoided 2ndary to access to care plan & post-DC supports
- Follow-up appointments are scheduled, including transportation, and the member is safely discharged from the FMC ED
 - Care mgmt closely monitors– with CHR/PHN visits to temporary housing - to help with diabetes care and assure understanding of the treatment plan
- Chinle PCMH engages member & outcomes gradually improve

Issues for Consideration

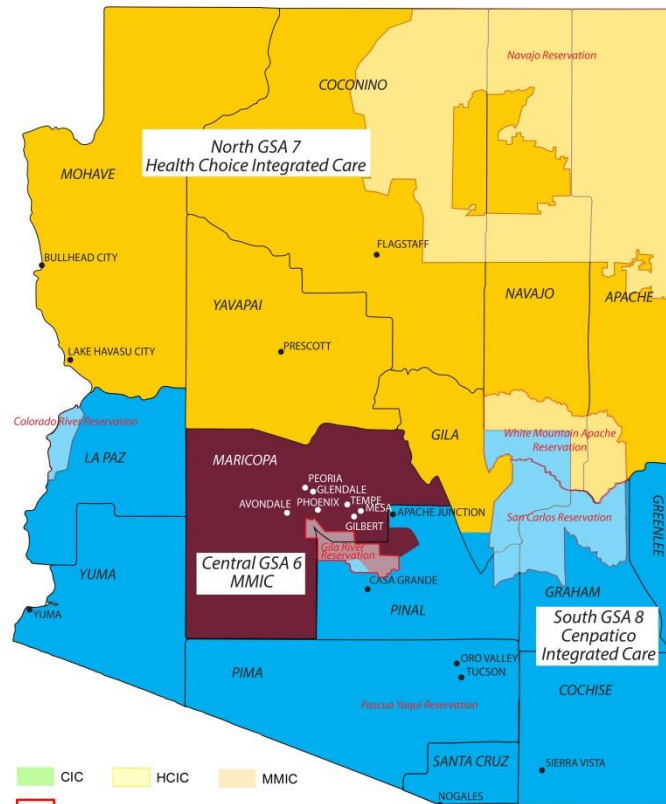
1. What are recommendations re: the proposed projects and milestones? What is missing?
2. Is there interest in participation in small groups to continue work on project milestone development?
3. What should the regions be determined?
 - Proposal is to mirror RBHA map (except Pinal goes with Central)
4. How should regional funding be allocated?
 - Utilization distribution/spending by county is proposed
5. How to best build the regional Steering Committees?
6. How to help all 3 Steering Committees collaborate?

American Indian Health Program

- Almost 120,000 Americans enrolled in FFS
 - One-third of Arizona's American Indian population
- \$1 billion spend per year
 - \$650 m to IHS/tribal 638 provider organizations
- Limited care management infrastructure for AIHP members, especially complex members
 - Demonstration project in past 18 months has demonstrated positive trends
- Over 60% of AIHP members live in Coconino, Navajo, & Apache counties

Map of RBHA Regions

Arizona Regional Behavioral Health Areas (T/RBHAs)



Revised 8-13-15

Reaching across Arizona to provide comprehensive quality health care for those in need

Timeline

- May – post DSRIP waiver documents for public comment
- May-June – convene small stakeholder groups to refine projects & components
- Early July – submit proposal to CMS
- July-Sept – negotiate with CMS
- October – begin DSRIP projects

Thank You

