

**Q: What is the American Indian Medical Home (AIMH)?**

A: The AHCCCS American Indian Medical Home Program (AIMH) supports Primary Care Case Management (PCCM), diabetes education, care coordination, and promotes participation in the state Health Information Exchange (HIE), for American Indian/Alaska Native (AI/AN) members enrolled in the Fee-For-Service (FFS) American Indian Health Program (AIHP). Beginning October 1, 2017, AHCCCS registered IHS/638 facilities who meet registration criteria to participate as an AIMH will become eligible for per member per month payments, based on the level of AIMH services the facility provides to empaneled members.

**Q: What does PCCM mean?**

A: PCCM is Primary Care Case Management, which can provide case management services, diabetes education, care coordination, and participation in the state Health Information Exchange, for AHCCCS AI/AN members who are enrolled in AIHP. AIMH PCCMs will be charged with addressing health disparities between American Indians and other populations in Arizona, specifically by enhancing case management and care coordination.

**Q: What are the PCCM requirements?**

A: In order to qualify as an AIMH PCCM and be eligible to receive per member per month (PMPM) payments for empaneled members, providers must demonstrate annually that they have met the criteria described in the AIMH PCCM IGA. An AIMH which qualifies for the first level of the AIMH program will have achieved either:

- Patient Centered Medical Home recognition through NCQA, Accreditation Association for Ambulatory Health Care, The Joint Commission PCMH Accreditation Program, or other appropriate accreditation body; OR
- Annual attestation from IHS IPC that the site has completed the following in the past year:
  - a. Submitted the SNMHI Patient-Centered Medical Home Assessment (PCMH-A) to IHS IPC;
  - b. Submitted monthly data on the IPC Core Measures to the IPC Data Portal; AND
  - c. Submitted narrative summaries on IPCMH improvement projects to IHS IPC quarterly.

**Q: What are the American Indian Medical Home levels of service through the PCCM?**

A: The AIMH PCCM will offer four levels of AIMH and corresponding PMPM payment based on the level of services offered. The levels of case management described in PCCM contract language are:

- 1) American Indian Medical Home: This **first** level of AIMH would provide primary care case management services as well as 24 hour telephonic access to the care team.
- 2) American Indian Medical Home, with diabetes education: The **second** level of AIMH would provide all of the services described in the first level as well as diabetes education. This level will require an AIMH to have a diabetes education accreditation through a recognized accreditation agency. The state will not prescribe to AIMH entities what must be included in these educational programs.
- 3) American Indian Medical Home, and participates in the state Health Information Exchange: The **third** level of AIMH includes all the services described in the first level as well as participation in the state Health Information Exchange.
- 4) American Indian Medical Home, with diabetes education, and participates in the state Health Information Exchange: The **fourth** level of AIMH will provide all services described in the first three levels.

**Q: Will there be a list of empaneled members?**

A: Each facility will receive a monthly 820 file with their facility's roster.

**Q: Can facilities create their own assignment forms?**

A: The member assignment forms are provided on the AIMH website.

**Q: Is it possible for a member to be assigned to 2 medical homes at once?**

A: No, the system will not allow 2 medical homes at the same time. The system will recognize the latest date that a member signed up at a facility.

**Q:** Does the 4.6% annual increase apply to all service levels?

**A:** Yes, the annual increase will apply to all service levels

**Q:** Do diabetic education services have to be provided a specific number of times to members to qualify for the additional diabetes PMPM?

**A:** No, the additional diabetes education PMPM is paid to the facility for having the service of diabetes education available to members.

**Q:** Are there particular qualifications or staffing levels required for CM services or the 24 hour call line?

**A:** AHCCCS will not prescribe how the AIMH will deliver a particular service, as long as the required services are being appropriately rendered. The AIMH should describe how their facility will meet the requirements with their application packet.

**Q:** Is there a PCCM model available for those facilities that do not have a PCCM?

**A:** Some facilities have utilized the IHS IPC model, which is available on the IHS website @ <https://www.ihs.gov/ipc/>

**Q:** How does a facility sign up to participate in the HIE?

**A:** Information on the state HIE program can be found on the HIE website @ <https://healthcurrent.org/enter/>

**Q:** Can a facility receive PCMH recognition from a national body OR an attestation from IHS IPC program in order to qualify?

**A:** Yes, one or the other would suffice. AHCCCS doesn't require both.

**Q:** Is there a way for AHCCCS to provide a list of AIHP members?

**A:** No, due to HIPAA restrictions a list of all AIHP members cannot be provided. However, it may be possible to provide information for care coordination purposes for those members receiving services at a specific facility. Please submit an email with the facility's request to the AIMH email and it will be reviewed to determine the information that may be provided.

**Q:** Is the EFT 820 process related to claims?

**A:** No, the AIMH PMPM payments are separate from claims. The facility will be required to provide a W-9, Tax Identification Number, and financial contact information to set up separate payments.

**Q:** When can a facility start assigning members?

**A:** The facility must receive their AIMH identification number and be set up for payments in the system before they can start assigning members. Once this has been completed, the facility will receive an email notification from AHCCCS/Division of Fee for Service Management.

**Q:** Where is the form that members must sign to participate?

**A:** The member assignment form is posted on the AIMH website <https://www.azahcccs.gov/AmericanIndians/AmericanIndianMedicalHome/>. The facility must download the form for the member's signature and retain it on file.

**Q:** What if the hospital has different phone numbers for their 24/7 call line depending on the time of day?

**A:** The facility should submit the number that will be provided to the members. We would look into it during the application process.

**Q:** How does a facility sign up for HIE instead of individual providers?

**A:** It is up to the facility how to apply the HIE requirement for their facility. Payments are facility based.

**Q: What level of participation in HIE is required?**

**A:** Medical home providers would need to send their data to the HIE and use the HIE to view data for care coordination to meet the criteria to receive the additional PMPM payments.

**Q: Can emergency transportation providers participate?**

**A:** No, provider types that are not listed on the AIMH eligible provider type list are not eligible to apply as an AIMH. Participation is limited to facilities that can provide patient centered care management services.

**Q: How long is the IGA good for?**

**A:** The IGA will be effective for 5 years from the date of signature, with annual renewals.

**Q: If the member calls AHCCCS directly to request a medical home, how will the medical home be notified?**

**A:** A notification letter will be automatically generated and will go to the contact identified under the organization address in the AHCCCS PMMIS system.

**Q: Has AHCCCS conducted any outreach to members?**

**A:** Not at this time. Information regarding the AIMH program will be provided in the member materials provided when a new member enrolls in AIHP.

**Q: Regarding 24/7 access to the care team, what if the doors are not open 24 hours? Who has to answer the phone? What if there are 2 separate numbers, 1 for day and 1 for after hours?**

**A:** 24/7 access to a call line that would provide access to a clinician capable of making an appropriate clinical referral for the AIHP member is required. The facility will need to specify in their application packet how this requirement will be met.

**Q: Can applications be submitted via fax?**

**A:** Yes, the application packet can be submitted via fax to the AIMH fax number with the required cover sheet from the AIMH website as the first page, or via email to the AIMH email, which are the preferred methods of submission. The application packet may also be submitted by mail or hand delivered to the AHCCCS/DFSM central office address found on the AIMH web page.

**Q: Can a Medical Home Provider change their tier level at any time?**

**A:** There will be an annual renewal process every October at which time the medical home can select a new tier level. The medical home provider will be required to include the appropriate supporting documents with their application.

**Q: If I have access to the SFTP server, will I be able to see the 820?**

**A:** Yes. It will be an additional electronic funds transfer that is separate from the 835 process.

**Q: Will an AIHP member roster for those assigned to my medical home be included in the 820 Electronic Funds Transfer (EFT) Folder located on the SFTP server?**

**A:** Yes.

**Q: Who's eligible for American Indian Medical Homes (AIMH)?**

**A:** Title 19 Members enrolled with the AHCCCS American Indian Health Program are eligible to voluntarily participate in the American Indian Medical Home.

**Q: If a Member switches their American Indian Medical Home, who will be reimbursed for that month?**

**A:** The cutoff period is the 25th day of the month. The AIMH in which the Member is assigned on that day will receive reimbursement. There are no retroactive payments made.

**Q: If I am an AIMH clinic and not an AIMH hospital what are my requirements for the Health Information Exchange (HIE)?**

**A:** The AIMH clinic would be required to share Member information such as assessments, prescribed medications, and any relevant clinical information with the HIE. The AIMH hospital would be required to share admissions, discharges and transfers as well as any other relevant clinical information with the HIE.

**Q: What supporting documents should be submitted with the AIMH application?**

**A:** If submitting your application via fax at 602-256-4667, a fax cover sheet would be required. In addition, a signed Intergovernmental Agreement (IGA), completed Provider Application Registration form, the DFSM Electronic Data Interchange (EDI) checklist, and an IRS Form W-9.

Your application should include documentation your accreditation status of your Primary Care Case Management (PCCM) and a 24 hour care management phone number for AIMH Members. If you selected to provide Diabetes Education, then evidence that the program is nationally certified will be required. If participating in the Health Information Exchange (HIE) then evidence of bi-directional participation is also required.

**Q: Does the American Indian Medical Home need to re-apply each year even if it is not looking to switch tiers?**

**A:** Yes, the terms of the IGA are valid from 10/1 – 9/30 of each year until 6/30/2022. Your PCCM status has to be accredited and current on an annual basis.

**Q: How long must an American Indian Medical Home keep Member records on file?**

**A:** For approximately 7 years after an AIHP member is assigned to your medical home.

**Q: When are renewal applications due?**

**A:** Renewal applications are due in October of each year. An AIMH can submit their renewal application up to 2 months early. However, it becomes effective in October of that year.

**Q: Does the AIMH receive notification whenever a member switches their medical home?**

**A:** If a member contacts the AHCCCS Division of Member Services, then a letter is generated notifying the AIMH that the member has selected to receive services at their medical home. The AIMH receives a monthly roster of assigned members each month with the 820 Electronic Funds Transfer.