American Indian Medical Home

• Developed over many years and via extensive Tribal and Indian health consultation, AHCCCS’s American Indian Medical Home (AIMH) waiver proposal will support medical home infrastructure development and services for IHS/Tribal 638 facilities across AZ

• The proposal aligns with:
  o State-wide focus on integrated care, secure data and health information exchange, and care coordination for AHCCCS members with complex conditions
  o National IHS efforts to advance Patient Centered Medical Homes through the IHS Improving Patient Care program
  o Coordinated care with non-IHS/Tribal 638 facilities
AIMH Waiver Proposal

• The 2016 AZ 1115 waiver renewal application included the American Indian Medical Home Program waiver proposal, which would pay a PMPM to qualifying facilities for patient-centered medical home-related services
  o The AIMH waiver was submitted concurrently with the DSRIP waiver proposal, of which the American Indian Health Program (AIHP) was a key focus area
Proposed DSRIP projects for the AIHP Focus Area included:

A. Shared care management strategy development via regional collaboratives

B. Improvement of care management systems via protocols and structured care plans

C. Development of data infrastructure and analytics capability for care management

D. Transformation to PCMHs of primary care sites serving AIHP members
Guidance from CMS

• Support for collaborative care management of AIHP members (which was part of DSRIP) should be structured as payments for care management services rather than payments for DSRIP projects

• Consequently, an approach was developed that:
  o Augments the existing American Indian Medical Home waiver proposal, for IHS/Tribal 638 organizations
  o Separately will explore possible care management service payments, for non-IHS/Tribal 638 organizations (via a SPA)
AIMH “Plus”

• AIMH workgroup reconvened in September
  o Drs. Ritchie/Moses/Fader served as co-chairs

• The workgroup added an AIMH “Plus” tier to the previously submitted waiver proposal
  o While the document was modified to explain the two tiers, the original terms of the prior proposal were not changed

• Thank you to all the workgroup members
## AI Medical Home: Two Tiers

<table>
<thead>
<tr>
<th>Designation</th>
<th>Proposed PMPM</th>
<th>Components</th>
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</table>
| AIMH        | • $13.26, for:  
  • Additional $2, for:  | • Primary care case management, 24 hour nurse call line, after-hospital care coordination  
  • Diabetes education *(optional)* |
| AIMH Plus   | • AIMH PMPM  
  • Additional $7.50, for: | • As above  
  • Active participation in state HIE and participation in a regional Care Management Collaborative |
# Participation Criteria

<table>
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<tr>
<th>Designation</th>
<th>Mandatory Criteria</th>
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| AIMH        | • Site has achieved PCMH recognition (e.g. NCQA, AAAHC)  
OR    
• IHS IPC program attests annually that site has completed the following in the past year:  
  o Submitted the SNMHI PCMH Assessment, with score of 7 or >  
  o Submitted monthly data on IPC Core Measures  
  o Submitted quarterly improvement project narrative summaries |
| Diabetes Education | • Diabetes education through a recognized accreditation agency |
| AIMH “Plus” | • AIMH Mandatory criteria  
AND  
• Signed agreement with state HIE and signed agreement to participate in a regional Care Management Collaborative |
Outcomes

• Care Management Collaboratives will:
  o Identify and report progress on a core set of improvement goals (e.g. a subset of IPC core measures or NCQA measures), such as:

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<tr>
<th>Measurement Domain (IPC)</th>
<th>Measure</th>
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<tbody>
<tr>
<td>Management of chronic conditions</td>
<td>• Diabetes comprehensive care bundle</td>
</tr>
<tr>
<td>Patient experience</td>
<td>• Continuity of care to a PCP</td>
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<tr>
<td>Clinical prevention screening</td>
<td>• Depression screening/diagnosis</td>
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• AHCCCS will:
  o Using the NYU ED utilization algorithm, identify and report progress on a system-wide goal related to rates of ED visits of AIHP members at non-IHS/Tribal 638 facilities for non-emergent and primary care treatable conditions
Timeline

• The updated AIMH waiver proposal was posted for 30 day public comment on September 26
  o [https://www.azahcccs.gov/shared/FiveYear.html](https://www.azahcccs.gov/shared/FiveYear.html)

• Following the public comment period, the final updated proposal will be formally reviewed with CMS, for possible approval by the end of CY 2016
  o The prior version of the AIMH proposal has been reviewed with CMS and they are aware that modifications are being completed
Additional Information - DSRIP

• https://www.azahcccs.gov/AHCCCS/Initiatives/DSRIP/
Questions?
Thank You