American Indian Medical Home
Tribal Workgroup

1115 Waiver
Overview

• All AHCCCS beneficiaries are enrolled in MCOs
  – EXCEPT Native Americans enrolled in AIHP
• Some IHS and Tribal (638) facilities improving care coordination through the IPC program
• These facilities are not currently reimbursed by AHCCCS for providing care coordination services
• Many facilities struggle to support these activities financially
• AHCCCS also working on Tribal Care Coordination initiative
Overview continued...

- AHCCCS has aligned its efforts with the national IHS Improving Patient Care Medical Home (IPCMH) program
- Input was gathered and incorporated from multiple Tribal Consultation Meetings, the 3 IHS areas in Arizona and several tribal facilities, as well as public comment from the AHCCCS website.
- Workgroup began current revision in December 2015.
Payment Methodology

• Sells Service Unit used for calculation purposes

• Actual cost of delivering medical home services utilized (specific budget line items identified)

• Actual cost was multiplied by percentage of AIHP members

• PMPM cost for AIHP members = $13.26
Medical Home Criteria

• Patient Centered Medical Home (PCMH) recognition through a nationally recognized accreditation body (NCQA, TJC)

    OR

• Annual IHS IPC attestation that the facility:
  1. Submitted a completed PCMH Assessment;
  2. Submitted monthly data on IPC Core Measures; and
  3. Submitted narrative summaries on IPCMH improvement projects to IHS IPC quarterly.
Empanelment

- AIHP members will be assigned to a single medical home of record.
- AHCCCS will recognize the medical home of record by receipt of a signed patient attestation form.
- AIHP members can be transferred to another medical home by completing a medical home transfer form (to be signed by patient, current medical home and the receiving medical home).
DM Education

• Not required for Indian Health Medical Home inclusion

• Additional $2.00 PMPM for facilities that provide DM education

• Education must be evidence-based and include:

1. Medications
2. Nutrition
3. Decision Making
4. Effective Communication
5. Exercise
6. New treatment evaluation
7. Techniques to deal with frustration, fatigue, pain and isolation
NON-IHS/TRIBAL FACILITIES

• For facilities that meet or exceed 30% AI/AN patient volumes (e.g. urban programs)

• For supporting the Indian Health Medical Home model
  – For example, by allowing a medical home care coordinator to be embedded at their site

• Shared savings payment

• To be determined on a case-by-case basis
Questions / Comments?

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