American Indian Medical Home Tribal Workgroup

1115 Waiver

<u>Overview</u>

- 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:
- Medications
- 2. Nutrition
- 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

