Care Management Systems

AHCCCS Division of Fee-For-Service Management (DFSM)
DFSM Care Management Systems

Reaching across Arizona to provide comprehensive quality health care for those in need
American Indian Health Program
Effective 10/1/18

Physical Health – Acute

Behavioral Health - GMH/SA & Children

Children’s Rehab Services

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

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

Care Management

TRBHAs

American Indian Medical Homes

Tribal ALTCS

AIHP

IHS/638 Providers

Non IHS/638 Providers

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

• Identify, create and support care coordination opportunities within the Indian Health Services and Tribal 638 health care delivery system to improve member health outcomes

• Care Coordination Strategies:
  o High Needs High Cost (HNHC) Care Coordination
  o American Indian Medical Home (AIMH) Program
HNHC Care Coordination: Four Strategic Areas of Focus

- Internal Staff
- Relationships with Partners
- Data Utilization
- Improving Patient Care Model

AHCCCS
Arizona Health Care Cost Containment System
HNHC Care Coordination

- Ensure that regional partnerships are convened with the appropriate hospital system, IHS/638 facility and/or TRBHA or RBHA

- Improving information sharing capabilities thru partnerships
  - Facilitate monthly staffings with approximately 15 different stakeholders
HNHC Care Coordination Activities

- HIE notifications that inform on patient ED visits, inpatient stays and hospital discharges
- Coordinate with TRBHA/RBHA to identify, select, and monitor members for HNHC inclusion
- Internally automate regularly used claims and encounter data reports
- Update member’s care plan with claims and encounter data, and member demographics
- Identify members to include in the preferred pharmacy
American Indian Medical Home (AIMH) Program

- AIMH initiative aligns with:
  - State-wide focus on integrated care, health information exchange, and care coordination
  - National IHS efforts to advance Patient Centered Medical Homes through the IHS Improving Patient Care (IPC) program
  - Coordinating care with IHS/Tribal 638 facilities

- Concept of PCCM and PMPM strategy as an AIMH brought to fruition thru efforts of a Tribal Workgroup
AIHP Service Tier and Reimbursement Levels

**Fourth Tier Level AIMH**
- PCCM services
- 24 hour telephonic access to the care team
- Diabetes Education
- Bi-directional participation in the State HIE
- PMPM rate: $23.81

**Third Tier Level AIMH**
- PCCM services
- 24 hour telephonic access to the care team
- Bi-directional participation in the State HIE
- PMPM rate: $21.71

**Second Tier Level AIMH**
- PCCM services
- 24 hour telephonic access to the care team
- Diabetes Education
- PMPM rate: $15.96

**First Tier Level AIMH**
- PCCM services
- 24 hour telephonic access to the care team
- PMPM rate: $13.87
Integrated Services and AIMHs

- Oversight of the AIMHs
- Supports AIMHs efforts of care coordination for its members:
  - Able to produce and share reports on utilization for enrolled members
- Provide technical assistance as needed
- As of July 2, 2018
  - 2 AIMHS – PIMC and Chinle Comprehensive Health Care
    - Tier Level 2, IPC Attestation
- Goal of 8 AIMHs for SFY 2019
DFSM Care Management Systems
Care Coordination Summary

- TRBHA CM coordination/oversight
- Tribal ALTCS CM coordination/oversight
- AIHP Clinical coordination/oversight
  - HN/HC
  - AIMHs
  - GMHSA and CRS Integration 10/1/18
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Questions?
Thank You.