



Strategic Design & Alignment Outcome Report

**Division of Fee-for-Service Management (DFSM), Tribal
Leaders & Partners**

July 2026

Session Overview

The July 23, 2026, meeting marked the transition from Discovery to Alignment and Operationalization. Participants reviewed findings from regional meetings, Tribal consultations, and Tribal Convenings and translated those findings into strategic priorities and goals. The Division of Fee-for-Service Management (DFSM), Tribal Leaders, and partners completed the Design and Alignment phase of strategic planning. Participants validated the Mesquite Tree Framework, identified strategic priorities, and developed outcome-focused goals across five strategic trees: Access & Care Coordination, Quality & Outcomes, Relationships & Consultation, System Transformation, and Data & Accountability.

Mesquite Tree Strategic Framework

Roots: Shared Values which drive how we work

Trunk: Priorities on what must be strengthened

Branches: Strategies for how we will get there

Fruit: Improved outcomes that define what success looks like for members, providers, tribal communities, and stakeholders.

Top Themes, Findings & Outcomes

Stakeholder feedback consistently emphasized that the strategic priorities identified through this process extend beyond the AIHP program and require coordinated action across multiple AHCCCS divisions, including ISD, DMPS, Tribal Affairs, FFS Rates, and other organizational partners. Participants also highlighted the importance of considering the diverse experiences of members served through multiple delivery systems, including AIHP, ALTCS, DDD Tribal Health Program (THP), and Tribal members enrolled in managed care organizations (MCOs). This broader, enterprise-wide perspective reinforced the need for collaborative, scalable solutions that extend beyond AIHP and support all programs, divisions, and stakeholder groups serving Tribal members enrolled in AHCCCS. Other opportunities to strengthen the member experience by improving enrollment processes, navigation support, healthcare access, and care coordination, ensuring members can more easily connect to needed services and resources.

A significant focus was placed on enhancing provider support through education, improved communication, administrative simplification, and modernization of provider-facing systems and interfaces. Stakeholders noted that reducing administrative burden and improving the provider experience are critical operational priorities that can strengthen provider engagement and improve service delivery outcomes.

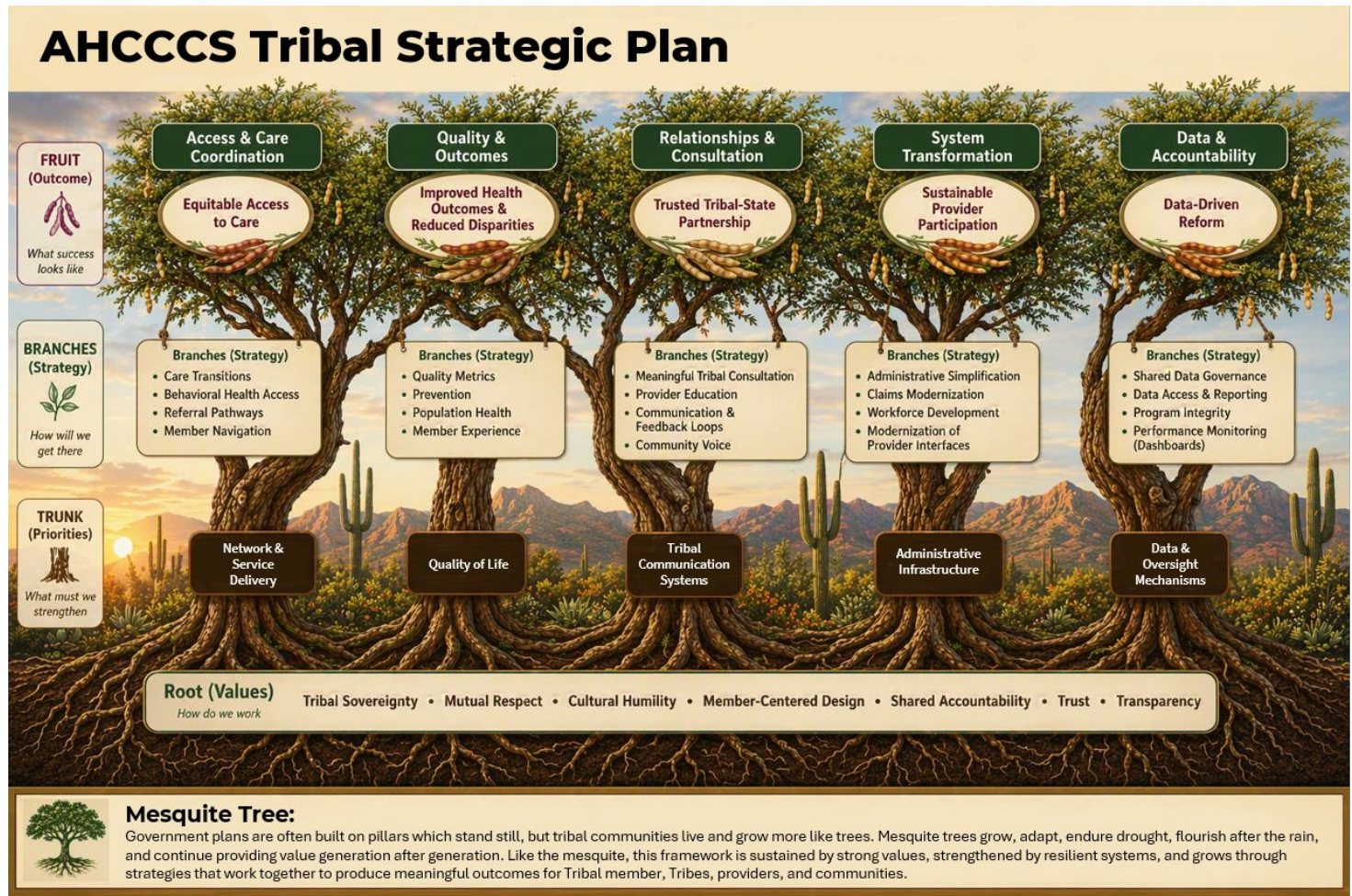
Behavioral health emerged as a key opportunity area, with participants advocating for expanded access, stronger coordination of services, and greater integration across the healthcare continuum to better meet member needs.

Finally, stakeholders emphasized the importance of strengthening Tribal-State partnerships through ongoing collaboration and shared decision-making, while advancing data governance, performance measurement, and

organizational accountability. Participants viewed robust data governance and accountability as foundational capabilities necessary to drive informed decision-making, measure progress, and sustain long-term strategic success across all priority areas.

Finalized AHCCCS Tribal Strategic Plan Framework

Below is the finalized framework for the AHCCCS Tribal Strategic Plan based on the feedback from the design alignment session. The meaning behind the mesquite tree was added and the scope was broadened from AIHP and FFS to the broader tribal system within AHCCCS. The emphasis will be on AIHP but will not exclude other areas within AHCCCS that support Tribal members, tribes, providers, and the community.



Breakout Session

To move the strategic planning effort from alignment into action, participants were divided into five breakout groups based on the strategic focus areas identified within the Mesquite Tree Framework: Access & Care Coordination, Quality & Outcomes, Relations & Consultation, System Transformation, and Data & Accountability. Each group was assigned a specific focus area, or “tree,” and asked to begin developing potential goals tied to the framework’s priorities, strategies, and desired outcomes.

The breakout sessions were designed to launch the strategic goal-setting process by translating stakeholder feedback, Tribal Convening findings, regional meeting input, and organizational priorities into actionable goal

areas. Participants were asked to identify potential goals for each strategy within their assigned tree, consider existing opportunities and initiatives, and discuss dependencies, barriers, and resources needed for success. The intent was not to finalize goals, but to create an initial foundation for future strategic initiatives, performance measures, and implementation planning.

Following the breakout discussions, groups reported their ideas back to the larger audience, allowing stakeholders to identify common themes, refine priorities, and begin shaping the goals that will be incorporated into the final DFSM Tribal Strategic Plan and future implementation roadmap.

Access & Care Coordination

- Care transitions
- Member navigation tools
- Referral pathways
- Behavioral health access

Quality & Outcomes:

- Member experience surveys
- Population health resources
- Healthcare prevention
- Quality metrics

Relationships & Consultation

- Legislative updates
- Strengthen provider education
- Meeting communication guides
- Community trust-building

System Transformation

- Administrative simplification
- Claims modernization
- Provider interface improvements

Data & Accountability

- Performance reporting
- Dashboard availability
- Improve data accessibility
- Advance data governance

Priorities Heat Map

The Priority Heat Map highlights the areas that stakeholders identified as having the greatest potential impact on Tribal communities while also receiving the strongest level of stakeholder emphasis. Trust Building and Access & Care Coordination emerged as the highest priorities, reflecting a shared desire to strengthen relationships, improve transparency, and enhance the member experience. Behavioral Health, System Modernization, and Data Governance were also identified as important focus areas, reinforcing the need for

coordinated investments in service delivery, operational improvements, and accountability. Together, these findings provide a roadmap for where AHCCCS and Tribal partners can concentrate efforts to achieve meaningful, long-term outcomes and guide the development of strategic goals and implementations priorities.

PRIORITY	IMPACT	STAKEHOLDER EMPHASIS
Trust Building	High	High
Access & Care Coordination	High	High
Behavioral Health	High	Medium
System Modernization	Medium	High
Data Governance	Medium	Medium

Stakeholder Voice & Key Perspectives

- “Communities need to see action and results to rebuild trust.”
- “Members continue to face challenges navigating enrollment, referrals, and access to services.”
- “Providers need easier access to information, faster support, and reduced administrative burden.”
- “Tribal consultation must remain meaningful, transparent, and connected to decision making.”
- “Data should support accountability while respecting Tribal data governance principles.”

Conclusion

Stakeholders demonstrated strong alignment around a shared vision for a healthcare system that is equitable, transparent, culturally responsive, and accountable. The workshop established a clear foundation for moving from alignment into implementation while maintaining Tribal partnership and community voice throughout the process.

Next Steps

- The goals and priorities identified during this session will be reviewed alongside feedback gathered from other stakeholder engagement activities. Themes and recommendations will be analyzed to identify areas of alignment, gaps, and emerging priorities. The planning team will then:
- Validate and refine strategic goals based on participant feedback.
 - Align identified goals with the organization’s mission, vision, and strategic priorities.
 - Incorporate key themes into strategic objectives, initiatives, and performance measures. Review draft plan updates with leadership and stakeholders for feedback.

- Finalize the strategic plan and communicate how stakeholder input influenced the final outcomes.

Tribal Leaders & Partners

NAME	TRIBAL AFFILIATION
Carlene Yellow-Hair	President, San Juan Southern Paiute Tribe
Delia Carlyle	Vice Chairman, Ak-Chin Indian Community
Lt. Governor Regina Antone	Vice Chairwoman, Gila River Indian Community
Whitedove Ballogg	Gila River Health Care
Debra Ward Lund	PIMC CEO - Indian Health Service
Marie Begay	Navajo Area - IHS
Sonia Saberhagen	COO- Native American Connections
Vera John	Director - Navajo Nation DBMH
Isaiah Belknap	Deputy CEO - San Carlos Apache Healthcare
Victoria Began	CEO - San Carlos Apache Healthcare
Chad Barlow	Tuba City Regional Health Care
Charisse Herder	Tuba City Regional Health Care
Justin Lee	Tube City Regional Health Care
Peggy Gatliff	CFO - Tuba City Regional Health Care
Refalita Manygoats	Tuba City Regional Health Care
Shaunda Paddock	Tuba City Regional Health Care
Jandi Craig	Chairman's Executive Chief of Staff - White Mountain Apache Tribe
Abel Classay	DIRECTOR - White Mountain Apache Behavioral Health Services

Lavina Hess	White Mountain Apache Behavioral Health Services
Jamie Truax	White River
Tiffany Henry	White River

Appendix

Breakout Room Sessions

Access & Care Coordination

Breakout Room 1 Goals

Tree: Access & Care Coordination

Trunk (Priority)	Fruit (outcome)	Branch (strategy)	Leaf (Goal)	Notes & Dependencies
FFS Network & Service Delivery	Equitable Access to Care	Care Transitions	1. Making sure that patients aren't confused when transferred between different care providers 2. Clear Communications with both patient and providers, making sure that level of care is being explained properly. Reducing that TAT for PAs. 3. Making sure providers know the difference between AIHP and other health plans	Notes: Dependencies:
		Behavioral Health Access	1. Need more Behavioral Health Access. 2. Timeframes for High-Priority Populations to be quicker and making sure they have educational resources and interim services.	Notes: Dependencies:
		Referral Pathways	1. Making sure that information that is passed between different care providers is accurate and filled out. 2. 3.	Notes: Dependencies:
		Member Navigation	1. Increased availability of care coordinators 2. Online tools to help patients navigate the system – being able to keep it simple, make sure it's up to date 3.	Notes: Dependencies:

Quality & Outcomes

Breakout Room 2 Goals

Tree: Quality & Outcomes

Trunk (Priority)	Fruit (outcome)	Branch (strategy)	Leaf (Goal)	Notes & Dependencies
Quality of Life	Improved Health Outcomes & Reduced Disparities	Quality Metrics	1. Care Coordination / System Roles (Health Care Coord) for Navigators to support members navigating the system, streamlining access to services, reducing gaps in care.	Notes: With member choice sometimes comes barriers with care coordination – self-choice vs utilizing supports Dependencies: The role referrals play within system navigation e.g, sometimes referrals are required to access certain services
		Prevention	1. 2. 3.	Notes: Dependencies:
		Population Health	1. Limited info on American Indian AHCCCS members' website – can we implement resources here? Could also connect back to Care Coordination / System Navigators	Notes: What resources do we have for those who don't have access to online resources, who can't read Dependencies: Call center
		Member Experience	1. Develop Member surveys electronic and paper form 2. Build upon current audit outreach calls that can help members share experience with a service, a provider 3. Link to survey on AHCCCS website for anyone who chooses to submit feedback online.	Notes: Consider implementation and impact, if any, to providers - sustainability Dependencies: CMS reporting requirements

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Relationship & Consultation

Breakout Room 3 Goals

Tree: Relationships & Consultation

Trunk (Priority)	Fruit (outcome)	Branch (strategy)	Leaf (Goal)	Notes & Dependencies
AIHP Comm. & Feedback Loops	Trusted Tribal-State Partnership	Meaningful Tribal Consultation	1. Agency legislative team provide an updates on current events/bills. This may help strengthen collaboration. 2.	Notes: Talking point for tribal leaders. Dependencies:
		Provider Education	1. Strengthen transparency – help remove gray areas. 2. Ensure that providers have resources easily available to share with members.*	Notes: *Encourage providers to partner with community members to help educate & strengthen relationships. Dependencies:
		Communication and Feedback Loops	1. Create a feedback guide or share materials ahead of time. Detailed quick guide that can be shared info with participants that join later in the meeting. 2. Increase the member facing communication, and ways to get help quickly when needed.	Notes: Dependencies:
		Community Voice	1. Be mindful on our communication with visual and actions. (*30 sec.) 2. Eliminate communication barriers between agency and members. 3. Increase the member facing communication, and ways to get help quickly when needed.	Notes: Community is currently scared and fearful – focus on helping to reduce those and that will lead to rebuilding trust. Dependencies:

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System Transformation

Breakout Room 4 Goals

Tree: System Transformation

Trunk (Priority)	Fruit (outcome)	Branch (strategy)	Leaf (Goal)	Notes & Dependencies
AIHP Admin. Structure	Sustainable Provider Participation	Administrative Simplification	1. Improve the long wait times to speak to the representative, there is a limit of 3 pages. Direct line to the TPL call line. Take about 1.5 mins to 2 mins. Eff date and term dates to update the TPL. Portal is not a portal within AHCCCS. (Justin) HMS portal. 2. Charisse Herder: Insure we capture data and meet internally with front line staff as it impacts denials. Burden is that the providers <u>have to</u> adjust to many other systems and other payers. Constantly need to adjust workflow for the Medical biller go back and submit. 3. When refer a patient out (AIHP child from San Carlos). Even though it says they are required to accept AIHP members they will not accept the member. (AIHP Education)	Notes: Dependencies: Working with cross divisional teams outside of DFSM to improve the provider experience and decrease admin burden.
		Claims Modernization	1. FFS rates need to be modernization 2. Alleviate delays in payment (claims are slow to pay)	Notes & Dependencies: Rates do not change/update significantly and it can cause member access issues. Cross divisional coordination.
		Workforce Development	1. Tuba City does not work directly with Workforce but would like to be part of the Workforce Development organization.	Notes: Dependencies: 38
		Modernization of Provider Interfaces	1. Needing to use an external portal (HMS portal) 2. Difficulty when enrolling members and verify eligibility if AIHP exit tab <u>have to</u> go into the AIHP tab and it takes additional time. 3. PAs – Difficult structure to understand and it can take 3 to 6 months to navigate the different divisions across AHCCCS (navigation and connecting between divisions who direct back and forth)	Notes: Dependencies:

Breakout Room 5 Goals

Tree: Data & Accountability

Trunk (Priority)	Fruit (outcome)	Branch (strategy)	Leaf (Goal)	Notes & Dependencies
AIHP Data and Oversight Mechanisms	Data-Driven Reform	Shared Data Governance	1. Annual Tribal-State policy forums 2. 3.	Notes: Dependencies:
		Data Access & Reporting	1. Global population health reports; AI/AN performance measures 2. CMS Reporting metrics 3. SFTP or other mechanism to pass through information directly to providers	Notes: Dependencies:
		Program Integrity	1. 2. 3.	Notes: Dependencies:
		Performance Monitoring (Dashboards)	1. FFS performance reports 2. 3.	Notes: Dependencies:



Shared Materials

[01_DFSM Strategy Kick Off Summary 01.30.2025\(r\).pdf](#)

[02_DFSM Strategic Opportunities and Identified Pain Points \[Regional Meetings\].pdf](#)

[03_Tribal Health Convenings 2025 Brief.pdf](#)

[04_DFSM Strategic Design and Alignment_Agenda_07.23.2026.pdf](#)

[05_Slides 33 & 40_Design&Alignment.pdf](#)