Using Innovative Care
Coordination/Care Management
Strategies to Address Health Disparities
Among American Indians/Alaska
Natives

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Arizona Health Care Cost Containment System (AHCCCS)





CONFERENCE



AHCCCS BACKGROUND

Arizona Health Care Cost Containment System (AHCCCS), Arizona's Medicaid system, administers Medicaid to over 2.5 million Arizonans.

AHCCCS operates through a managed care system, where members are established with a Primary Care Physician and case management is provided as an administrative services.

American Indians/Alaska Natives have the option of a Managed Care Organization or AHCCCS' Fee-for-Service program, the American Indian Health Program (AIHP).

AIHP members receive their care primarily through IHS and Tribal 638 facilities.

IHS/Tribal 638 facilities do not have administrative dollars to support case management functions.

THE AMERICAN INDIAN MEDICAL HOME (AIMH) PROGRAM IS A CARE MANAGEMENT MODEL THAT PUTS AHCCCS AMERICAN INDIAN HEALTH PROGRAM (AIHP) MEMBERS AT THE FOREFRONT OF CARE.

A value-based model that supports and incentivizes IHS/Tribal 638 facilities serving AIHP members.

AMERICAN INDIAN MEDICAL HOME (AIMH) PROGRAM

The AIMH program aims to help address health disparities between American Indians and other populations in Arizona by enhancing case management and care coordination through the use of Primary Care Case Managers (PCCM), 24-hour access to the care team, diabetes education and participation in the state Health Information Exchange (HIE).

The AIMH program aligns with national IHS efforts to advance Patient Centered Medical Homes (PCMH), coordinating care with IHS/Tribal 638 facilities, state-wide focus on integrated care, participation in health information exchange, and care coordination.

The concept of PCCM and a per member per month (PMPM) strategy as an AIMH was brought to fruition thru robust collaborative efforts with a Tribal workgroup.

AMERICAN INDIAN MEDICAL HOME (AIMH) SERVICES

IHS/Tribal 638 facilities that meet AIMH criteria are eligible for a prospective per member per month (PMPM) payment based on services and activities provided to empaneled American Indian Health Program (AIHP) members.

Through voluntary empanelment, AIHP members can benefit from additional services including primary care case management, twenty-four-hour telephonic access to the care team, and diabetes education.

AMERICAN INDIAN MEDICAL HOME SERVICE TIER LEVELS

First Tier Level - PCCM services - 24-hour telephonic access to the care team - Diabetes Education Third Tier Level - PCCM services - 24-hour telephonic access to the care team - Participates bidirectionally in State HIE

Fourth Tier Level

- PCCM services
- 24-hour telephonic access to the care team
 - Diabetes Education
- Participates bidirectionally in State HIE

REACH OF THE AMERICAN INDIAN MEDICAL HOME (AIMH) PROGRAM THROUGHOUT ARIZONA

NUMBER OF AIMHS: EIGHT (8)

NUMBER OF AMERICAN INDIAN HEALTH PROGRAM MEMBERS WITH AN AIMH: ~40,000

PERCENT OF AMERICAN INDIAN HEALTH PROGRAM MEMBERS WITH AN AIMH: ~27%

BROADENING AMERICAN INDIAN HEALTH PROGRAM PARTNERSHIP



The establishment of American Indian Medical Homes (AIMHs) has enabled valuable partnerships between AHCCCS and IHS/Tribal 638 facilities, including broadening the pathway and facilitation for enhanced care coordination for all AIHP members.



AIHP case managers serve in a care management capacity, utilizing these established partnerships for information sharing for the purpose of direct member contact/outreach by the AIMH or IHS/638 facility.



Information sharing includes: Admit, Discharge and Transfer (ADT) notifications from the state Health Information Exchange; crisis notifications regarding members who have engaged in the state crisis system; additional notifications presenting a need for care coordination.

AIHP PARTNERSHIPS AND COVID UNWIDING

The establishment of American Indian Medical Homes (AIMHs) paved a foundation for outreach efforts related to the end of the Medicaid continuous coverage requirement.

Leveraging relationship and the established care coordination infrastructure, provided the opportunity to share unique member data with AIMHs and other IHS/Tribal 638 facilities for the purpose of outreach and engagement to impacted members.

This data sharing approach/collaboration with Tribal partners was seen as a best practice by the National Association of Medicaid Directors (NAMD) and shared with multiple state Medicaid agencies.

THE UNIQUE AND INNOVATIVE CARE COORDINATION APPROACH PROVIDES A MODEL FOR ADDRESSING HEALTH DISPARITIES AMONG AMERICAN INDIANS.

It is a tool for incentivizing and creating a path to provide services proven to improve health outcomes and lower health care costs, and increases the opportunity for all American Indian Health Program members to benefit from the services provided through a primary care medical home.

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THANK YOU