



AHCCCS Tribal Care Coordination Initiative



Our first care is your health care
Arizona Health Care Cost Containment System



Background and History

- Division of Fee For Service Management (DFSM)- Who are we and what do we do?
- Utilization Management/Care Management Unit (UM/CM)- What is our role and function?
- Tribal Care Coordination “Pilot Project”- How did it begin and where is it going?





The Four Strategic Areas of Focus

Staff
Relationships
Data
The Model





AHCCCS Care Coordination Staff

- Care Coordination Leader
- Tribal Health Care Coordinator
- Behavioral Health Coordinator
- Case Managers
- Administrative Support
- Collaboration with UM Nurses and Techs



Building and Maintaining Relationships

- ❑ Regional Approach to Outreach
- ❑ IHS/ Tribal 638/Urban Indian Programs
- ❑ RBHAs/TRBHAs
- ❑ Tribal Leaders
- ❑ Tribally Funded Programs
- ❑ State and Federal Programs
- ❑ Housing
- ❑ Community Resources



Improving Information and Data Sharing Capabilities

- What Data?
- Where Does This Data Come From?
- How Can This Data Be Used to Identify “Super Utilizers” For Care Coordination?

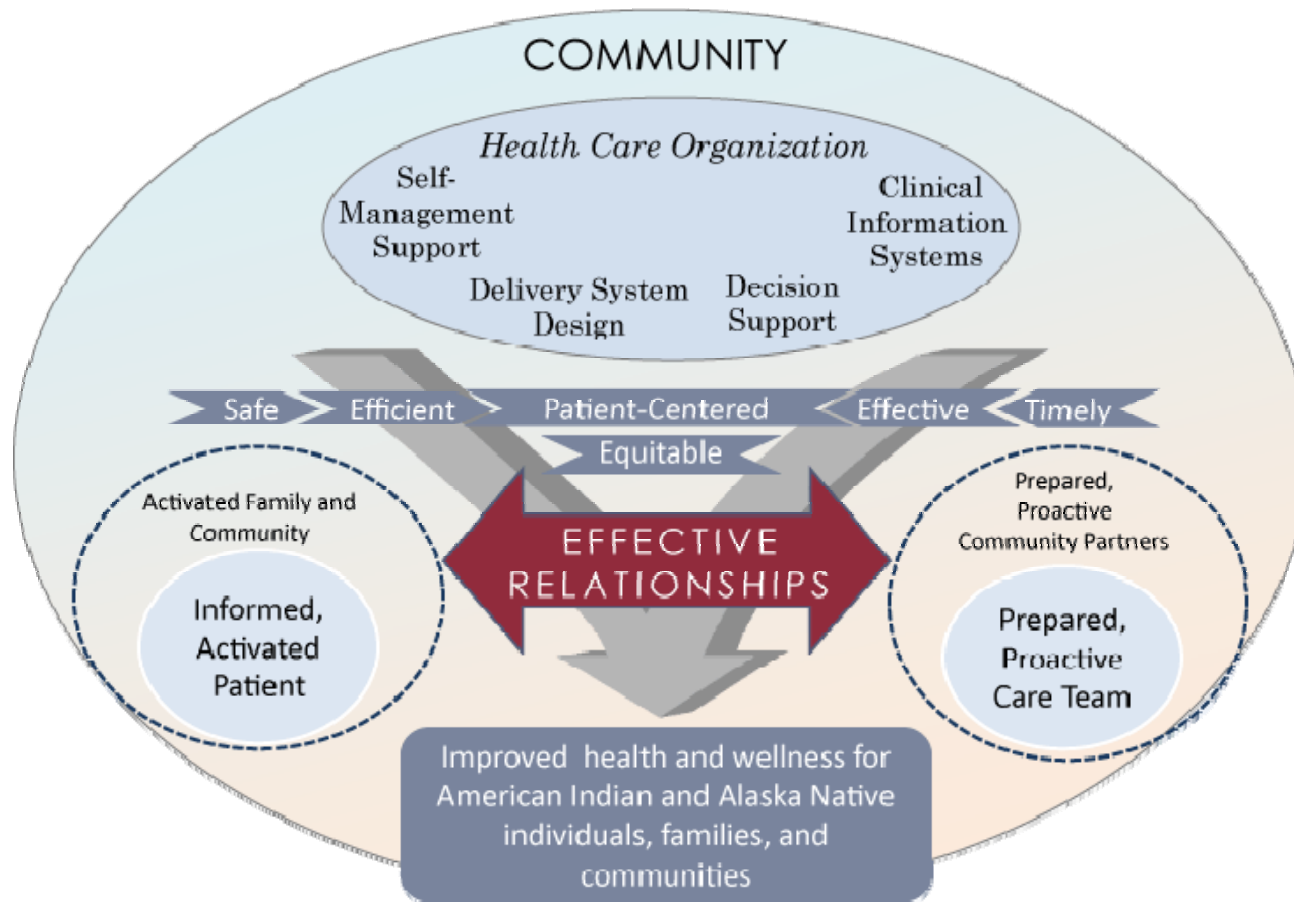


Implementation of a Robust Tribal Care Coordination Model

- Alignment with the IHS Improving Patient Care- Care Model for the Indian Health System
- Person-Centered Holistic Approach to Care Coordination
- AHCCCS as a Care Coordination Data Repository



Tribal Care Coordination Model



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“Reaching across Arizona to provide comprehensive quality health care for those in need”



Accomplishments and Next Steps



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What We Have Accomplished

- ❑ Established an Internal AHCCCS Tribal Care Coordination Workgroup
- ❑ Increased AHCCCS Tribal Care Coordination Staff
- ❑ Identified Target Populations
- ❑ Quarterly Data Sharing-Statewide Outreach
- ❑ Coordination with the Behavior Health System
- ❑ Tribal Care Coordination Work Session





Next Steps

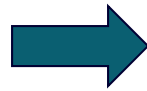
- ❑ Expand outreach for data sharing to additional IHS/638 facilities
- ❑ Begin outreach to non-IHS/638 facilities regarding the AIHP population
- ❑ Establish statewide partnerships with the RBHAs/TRBHAs
- ❑ Refine Data that is shared
- ❑ Establish Care Coordination Staffing meetings with IHS/638, non-IHS/638 facilities and RBHAs/TRBHAs



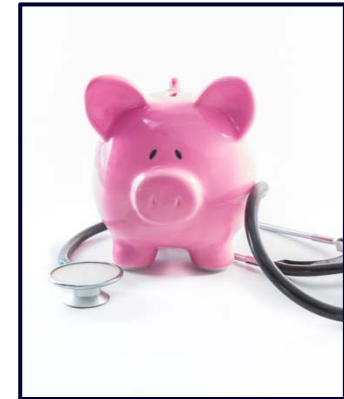
Achieving Goals TOGETHER



Improving health of individuals



Improving health outcomes in Native Communities



Lowering per capita health care costs



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THANK YOU

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