October 26, 2016

AHCCCS
Attn: Office of Intergovernmental Relations
801 E. Jefferson St., MD 4200
Phoenix, AZ 85034

Re: Inter Tribal Council of Arizona, Inc. Comments on AHCCCS New Section 1115 Waiver Demonstration American Indian Medical Home Proposal

The Inter Tribal Council of Arizona, Inc. (ITCA) representing twenty one (21) Tribes in the State of Arizona is pleased to provide comments on the revised American Indian Medical Home (AIMH) proposal for the Arizona Section 1115 Waiver Demonstration. The proposal is pending as a result of additional discussion between AHCCCS and the Centers for Medicare and Medicaid Services (CMS) that resulted in reconvening AHCCCS AIMH Tribal Workgroup with the charge of incorporating some of the elements of another proposed Waiver initiative titled, Delivery System Reform Incentive Payment (DSRIP). Overall, the ITCA is supportive of the AIMH revised proposal and seeks its approval by CMS. The Medical Home services that AHCCCS is proposing to reimburse are not currently reimbursed through the all-inclusive rate that facilities receive for providing Medicaid covered services. AHCCCS is now seeking to reimburse IHS and Tribal facilities for Medical Home care management and associated services on a monthly basis, based on a per member per month (PMPM) payment calculation.

Background

The goal of this proposal is to align the AHCCCS AIMH with the Indian Health Service (IHS) Improving Patient Care (IPC) program. IPC requires a facility to meet the needs of patients that are assigned to Care Teams that actively coordinate health care to meet the needs of their patients. The AHCCCS AIMH Medical Home criteria require the assignment of patients to a Care Team in addition to other requirements. AHCCCS is seeking CMS approval to make available payments based on a per member per month (PMPM) payment structure to IHS or Tribal facilities that meet the Medical Home criteria. The PMPM payments will be made with 100% FFP dollars for Primary Care Case Management, a 24-hour call line and care coordination among sites. Based on the analysis conducted by the AIMH Tribal Workgroup, AHCCCS is endorsing the recommended baseline PMPM payment of $13.26 with an annual increase of 4.6%. Medicaid eligible and enrolled patients will have the option to register in the AIMH at their health care facility. The empanelment of these patients will trigger the PMPM payment to the facility. Additional payments may be obtained for Medicaid Homes that provide diabetes education at $2.00 PMPM with an annual increase of 4.6%.
For AIMH sites that participate in Medical Home “Plus,” an additional $7.50 PMPM with an annual increase of 4.6% would be available. To recoup these dollars, the facility must have a signed agreement with the Arizona Health-e-Connection and participate in the Arizona Health Information Exchange (HIE) Network. Further the facilities would have to execute a participation agreement with Care Management Collaboratives (CMC’s). CMC’s would be comprised of Indian and non-Indian providers that participate in CMC activities related to care management protocols, standard care plans, and health information communication. Direct agreements with non IHS/Tribal facilities and urban Indian programs may include the provision of shared savings payments if they meet or exceed 30% AIAN patient volume. Shared savings payments may assist these facilities improve AIAN patient care coordination.

**Recommendations**

ITCA advises that ongoing discussion occur with the IHS, Tribal and urban Indian health program facility representatives with regard to AIMH implementation. AHCCCS and CMS should be cognizant that IHS, Tribal and Urban facilities are entrenched in efforts to maintain the IHS Improving Patient Care (IPC) designation and will now endeavor to meet the Medical Home mandatory criteria required by AHCCCS. This would require substantial efforts especially at the onset of the program. The parties should be aware that in terms of implementation, the resolution of issues may require flexibility. For example, the facilities should have additional input on any required time frames for submitting evidence of meeting the Medical Home and Medical Home “Plus” Criteria and the submission of patient empanelment files that must be submitted to AHCCCS each month.

ITCA recommends that further discussion between the principals at the IHS Information Technology divisions at the Navajo Area, Tucson Area and Phoenix Area IHS offices take place with AHCCCS and the Tribes. IHS advisement on data sharing, data security and agreements that pertain to participation on the AZ HIE was not relayed during recent AHCCCS Tribal Consultations when the AIMH topic was discussed. These meetings may have taken place internally, but it is still unclear why no IHS/638 facilities participate in the HIE, except for one urban Indian health program in the state. AHCCCS has indicated that some of the technical aspects could be overcome with the infusion of the AIMH “Plus” incentive payments. ITCA seeks more information on barriers that may exist with regard to sharing data or on matters pertaining to the signing of agreements with the state HIE. These topics should be a focus of a future meeting of interested parties, such as the AIMH Tribal Workgroup along with IHS and AHCCCS staff. While 638’s may have the ability to move ahead more quickly to enter into signed agreements with Arizona Health-e-Connection, it is still unclear if IHS facilities will be able to prioritize and engage in this activity any time soon.

ITCA appreciates this opportunity for its Member Tribes to elaborate on the issues and concerns in order to institute an effective Medicaid Demonstration for the period of 2016 – 2021. If you have further questions, please contact me directly or Ms. Alida Montiel, Health Systems Director, at (602) 258-4822. Thank you for your consideration of these comments.

Sincerely,

Maria Dadgar, MBA  
Executive Director  
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