

**AHCCCS**  
**Tribal Consultation Meeting**  
**June 20, 2012**

San Carlos Apache Tribe (Host), San Carlos, Arizona

**SUMMARY**

<b>Tribal Representatives</b>	<p><b>Gila River Indian Community:</b> Richard Narcia  <b>Navajo Nation:</b> Gen Holona, Al Long, Leland Leonard, Margaret Joe  <b>Pascua Yaqui Tribe:</b> Reuben Howard  <b>San Carlos Apache Tribe:</b> Velda Williams, Regina Hovet, Simon Hooke  <b>Hopi Tribe:</b> Lori Joshweseoma  <b>White Mountain Apache Tribe:</b> Darwin West, Trina Tessay, Bill Arnett</p>
<b>Healthcare Organizations</b>	<p><b>Advisory Council on Indian Health Care:</b> Fred Hubbard  <b>Arizona Department of Health Services:</b> Michael Allison, Dianna Contreras  <b>Navajo Area IHS:</b> John Hubbard  <b>Tuba City Regional Health Care Corporation:</b> Dawn Reich, Melverta Barlow  <b>Intertribal Council of Arizona:</b> Alida Montiel, Sherilla McKinley, Nancy Wener  <b>Winslow Indian Health Care Center:</b> Brenda Thompson</p>
<b>AHCCCS Staff</b>	<p>Thomas Betlach, Beth Lazare, Monica Coury, Rebecca Fields, Bonnie Talakte, Stephanie Big Crow</p>

<b>Welcome and Introductions</b>	<p>Velda Williams introduced Councilman Simon Hooke who provided the welcoming remarks and opening prayer. Round table introductions were made.</p>
<b>Overview of San Carlos HC Program</b>	<p>Velda Williams gave a PowerPoint overview of the San Carlos Health Care Program.</p>
<b>AHCCCS Overview &amp; Updates</b>	<p>AHCCCS Director Thomas Betlach welcomed meeting participants and thanked San Carlos Apache Tribe for hosting the meeting. Mr. Betlach gave a comprehensive PowerPoint presentation highlighting the following :</p> <ul style="list-style-type: none"> <li>• AHCCCS Overview &amp; Update</li> <li>• Tribal Consultation <ul style="list-style-type: none"> <li>○ American Indian AHCCCS members – 140,000</li> <li>○ Number of consultations since 2006 - 38</li> <li>○ Consultation results</li> <li>○ IHS/638 facility payments</li> </ul> </li> <li>• Budget Update</li> <li>• Enrollment Update</li> <li>• IHS/638 Waiver Payment Update <ul style="list-style-type: none"> <li>○ Option 1: 21 facilities elected</li> <li>○ Option 2: 24 facilities elected</li> </ul> </li> <li>• AHCCCS Priorities <ul style="list-style-type: none"> <li>○ ACA planning</li> <li>○ Triple crown &amp; integration <ul style="list-style-type: none"> <li>▪ CRS</li> <li>▪ Dual eligible members</li> </ul> </li> <li>○ Quality &amp; HIT</li> </ul> </li> <li>• Other Issues <ul style="list-style-type: none"> <li>○ Updating &amp; quality measures: collaboration between AHCCCS &amp; Tribal leaders on healthcare improvement</li> <li>○ HIT: leveraging ARRA investment</li> <li>○ KidsCare II Update</li> </ul> </li> </ul>

**CMS Waiver Update and State Plan Amendment**

Monica Coury provided updates on the:

- CMS Waiver
  - Provided a handout on the Waiver effort that summarized the process.
- State Plan Amendment (SPA) for IHS/638 Reimbursements: A handout summarized the:
  - Background:
    - AHCCCS submitted a SPA to CMS addressing concerns regarding reimbursement methodologies for IHS and 638 facilities.
  - CMS Response:
    - Would not support a policy that permitted the facilities to choose between the AIR and the fee schedule.
    - Might allow some services to be billed using the fee schedule only.
    - AHCCCS will have to offer justification for any service for which the AIR will not be used.
  - Next Steps/Options
    - Justify use of fee schedule. AHCCCS and workgroup will select services that facilities would like to be reimbursed using the fee schedule and provide formal justification to CMS.
    - Create a separate AIR for Arizona. AHCCCS is considering proposing to CMS that Arizona be carved out of the national AIR. Arizona would have its own AIR based on the average cost of the claims from facilities within the State.

- AVS Requirement (#12-004)

Federal laws require that state Medicaid programs establish an Asset Verification System (AVS) to verify the assets of aged, blind, or disabled Medicaid applicants or recipients. The AVS requires the state Medicaid program to exchange data electronically with financial institutions to determine or re-determine an individual's eligibility. The verification requests must include information on open and closed accounts going back up to 5 years.

AHCCCS submitted a State Plan Amendment (SPA) to be in compliance with this requirement. AHCCCS marked that it was working toward establishing an AVS but that a process had not been determined at this time. The primary problem facing not only AHCCCS but all state Medicaid programs is that the federal legislation requiring AVS did not compel financial institutions to exchange data with Medicaid programs. No state has been able to compel financial institutions to provide their state Medicaid program with financial information for Medicaid eligibility.

- Hospital Acquired Conditions (#11-016):

Beginning July 1, 2012, AHCCCS will implement policies that conform to the federal requirements in Section 2702 of the Affordable Care Act (ACA), which prohibits Medicaid programs from reimbursing certain providers for services resulting from a "provider preventable condition (PPC). The new rule gives States the flexibility to expand the list of preventable conditions that are not reimbursable, but at this time Arizona will employ the list described by the Medicare National Coverage Determinations: surgery on the wrong patient, wrong surgery on a patient, and wrong site surgery.

  - Definitions: A Provider-Preventable Condition (PPC) may be either of the following:

1. Health Care Acquired Condition (HCAC): Applies only to Medicaid INPATIENT hospital settings and is found in the following Medicare list of "Hospital Acquired Conditions": Retained foreign object following surgical procedures; Air embolism Blood incompatibility; Stage III and IV pressure ulcers Injuries resulting from falls and trauma; Catheter associated urinary tract infections; Vascular catheter associated infections Manifestations of poor glycemic control; Mediastinitis following coronary artery bypass graft (CABG); procedures: Surgical site infections following orthopedic surgery, procedures involving spinal column fusion or re-fusion, arthrodeses of the shoulder or elbow, or other procedures on the shoulder or elbow; Surgical site infections following bariatric surgery procedures; Deep vein thrombosis; or pulmonary embolism following total hip or knee procedures, except in pediatric or obstetrical patients.

OR:

2. Other Provider-Preventable Condition (OPPC): Applies to Medicaid INPATIENT OR OUTPATIENT healthcare settings; and includes any of the three Medicare National Coverage Determinations: Surgery on the wrong patient; Wrong surgery on a patient; Surgery on the wrong site.

- Required Reporting and Evaluation of Waiver:
  - Arizona must conduct independent evaluations of the uncompensated care payments provided to IHS and 638 facilities. The evaluation must test the following specific hypotheses:
    - What is the effect on service utilization?
    - Are the affected facilities able to maintain and/or increase their current staffing levels?
  - A handout was provided that outlines the evaluation requirements to be submitted by IHS & 638 facilities.
  - Initial submission timeline to AHCCCS by facilities is 30 days from June 20, 2012.

**Tribal Health Care Management Program**

Rebecca Fields and Stephanie Big Crow gave a PowerPoint overview of the New AHCCCS program. Stephanie is the Coordinator for the program. Highlights of the presentation include:

- Program was implemented to provide care coordination services to AI members.
- Program start-up included follow-up of patients discharged from participating hospitals.
  - pharmacy follow-up
  - follow-up & scheduling appointments
  - education classes (as needed)
  - transportation (as needed)
- Next step in care coordination will focus on:
  - in-patient admissions for maternity stays & diabetic patients
  - feedback to tribal facilities and Area offices on this population

<p><b>Approved CT 2012 OMB Rates and Update on CMS Waiver Payment Selection</b></p>	<p>The CT 2012 OMB Rates were not available for this meeting. Rebecca Fields provided an update on CMS Waiver Payment Selections by health care facility and distributed the following handouts.</p> <ul style="list-style-type: none"> <li>• List of Facility Elections</li> <li>• Option 1 Facilities with Payment Amounts</li> <li>• Option 2 Facilities with Payment Amounts</li> <li>• Supplemental Payments Using the Option 2 Percentages</li> </ul>
<p><b>Proposed Tribal Leaders' Strategic &amp; Operational Planning Sessions</b></p>	<p>In addition to meeting with tribal healthcare representatives on a quarterly basis, Director Betlach proposed meeting exclusively with Tribal Leaders in special sessions as the next phase in Tribal Consultation. He presented this proposal via PowerPoint. Goals of the planning sessions include:</p> <ul style="list-style-type: none"> <li>• Partner with Tribal Leaders in addressing health care priorities.</li> <li>• Identify healthcare issues at state, tribal &amp; national levels and discuss how they impact tribes &amp; AHCCCS.</li> <li>• Identify state &amp; federal health issues and discuss how they affect tribes and identify resolution methods.</li> <li>• Assist tribal leaders in developing healthcare leadership goals.</li> <li>• Explore opportunities to assist tribes with technical health care issues.</li> <li>• First planning sessions will be held in September 2012</li> </ul>
<p><b>Wrap-Up/Adjourn</b></p>	<p>The meeting ended at 12:30 p.m. Next Tribal Consultation: September 27, 2012. The Hopi Tribe will host the meeting on the Hopi Reservation...</p>