

AHCCCS TRIBAL CONSULTATION MEETING

January 22, 2014

Arizona State Capitol, Executive Tower, 3rd Floor Conference Room
1700 W. Washington St., Phoenix, AZ 85007

Conference Bridge: 1-877-820-7831, Participant Passcode: 108903#

NOTIFICATION TO TRIBES:

Hello Everyone and Happy New Year!

This is a reminder of the January 22, 2014 AHCCCS Tribal Consultation meeting to be held at the following location. The draft agenda is attached.

State Capitol, Executive Tower, 3rd Floor Conference Room (directly across from the elevator)

9:00 a.m. – 11:30 a.m. (Phoenix Time)

1700 W. Washington St., Phoenix, AZ 85007

Conference Call-In Number: 1-877-820-7831, Participant Passcode: 108903#

(Parking lots are available on the east and west side of the Capitol)

Thank you in advance for your participation in this important meeting.

Bonnie Talakte

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MEETING ATTENDEES:

Tribes Represented	<p><u>Ak-Chin:</u> Delia Carlyle</p> <p><u>Gila River Indian Community:</u> Ginger Fligger</p> <p><u>Hopi Tribe:</u> Marietta Honie, Lori Joshweseoma, Leon Lomakema</p> <p><u>Navajo Nation:</u> Dwight Witherspoon, Cameo Pete, Larry Curley, Walter Phelps, Anthony Peterman, Ansley Curley</p> <p><u>Pascua Yaqui Tribe:</u> Raquel Aviles, Reuben Howard, Maria Velasquez, Linda Guerrero, Rosa Rivera</p> <p><u>Salt River Pima-Maricopa Indian Community:</u> Jon Godfrey, Annette Brown</p> <p><u>San Carolos Apache Tribe:</u> Ron Ritter</p> <p><u>Tohono O'odham Nation:</u> Jennie Becenti, Rachael Stoner, Loretta Lewis, Victor Stevens</p> <p><u>White Mountain Apache Tribe:</u> Charlene Hamilton, Bill Arnett, Paula Perry</p>
I/T/Us	<p><u>Fort Defiance Indian Health Board:</u> Terrilyn Nez-Chee</p> <p><u>Tuba City Regional Health Care Corporation:</u> Violet Skinner, Melverta</p>

	Barlow, Misty Johnson <u>Winslow Indian Health Care Center:</u> Alutha Yellowhair, Randall Cribbs <u>Native American Connections:</u> Jacqueline John, Mary May Tubby, Jordanna Burkett Crist <u>Phoenix Area Indian Health Services:</u> Carol Chicharello <u>Tucson Area Indian Health Services:</u> Adam Archuleta, Bernie DeAsis
Tribal Organizations	<u>Inter-Tribal Council of Arizona (ITCA):</u> Alida Montiel, Verna Johnson, Cynthia Freeman
State Agencies	<u>Arizona Council on Indian Health Services:</u> Lydia Enriquez <u>Arizona Department of Health Services:</u> Michael Allison <u>Arizona Department of Behavioral Health Services:</u> Lydia Hubbard-Pourier
Other	<u>Arizona State Senator:</u> Caryle Begay <u>Navajo Nation Consultant:</u> Mike Bielecki
AHCCCS Representatives	Thomas Betlach, Monica Coury, Bonnie Talakte, Rebecca Fields, Michal Rudnick, Elizabeth Carpio

AGENDA

AHCCCS TRIBAL CONSULTATION MEETING

With Tribal Leaders, Tribes, Indian Health Services, Tribal Health Programs Operated Under P.L. 93-638 and Urban Indian Health Programs

Date January 22, 2014,

Time: 9:00 a.m. – 11:30 a.m. (Phoenix Time)

Location: State Capital – Executive Tower
 1700 W. Washington St., Phoenix, AZ 85007
 3rd Floor Conference Room

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TIME	TOPIC	PRESENTER
9:00 – 9:15 a.m.	Welcome Opening Prayer Introductions	<i>Thomas Betlach</i> AHCCCS Director <i>Michael Allison,</i> Native American Liaison Arizona Department of Health Services <i>Thomas Betlach</i>
9:15 – 10:00 a.m.	AHCCCS Update <ul style="list-style-type: none"> Medicaid Restoration Waiver Update Budget Update Integrated RBHA Update 	<i>Thomas Betlach</i>

10:00 – 10:15 a.m.	State Plan Amendments (SPAs) <ul style="list-style-type: none"> • APR-DRG or 25 Day Limit • Prevention and Wellness • Definition of HAB including Acquisition/Maintenance • Coverage for Over-the-Counter or Non-Prescription Medications • Medically Preferred Services 	<i>Monica Coury,</i> Assistant Director Office of Intergovernmental Relations AHCCCS
10:15 – 10:45 a.m.	Non Emergency Medical Transportation (NEMT) Workgroup Recommendations	<i>Rebecca Fields,</i> Assistant Director Division of Fee-for-Service Management, AHCCCS
10:45 – 11:00 a.m.	Care Coordination Development Work Session	<i>Rebecca Fields</i>
11:00 – 11:15 a.m.	ICD-10	<i>Rebecca Fields</i>
11:15 - 11:30 a.m.	Wrap-Up/ Announcements/ Adjourn	<i>Thomas Betlach</i>

MEETING SUMMARY

TOPICS	PRESENTERS
Welcome and Introductions	Monica Coury, AHCCCS Assistant Director of Intergovernmental Affairs , provided the AHCCCS welcome for AHCCCS Director Thomas Betlach who was delayed. Michael Allison, Native American Liaison, Arizona Department of Health Services provided the opening prayer and all participants introduced themselves. The agenda was re-arranged to accommodate Director Betlach.
State Plan Amendments (SPAs)	Monica Coury, Assistant Director of Intergovernmental Affairs provided an update of the following SPAs: <u>APR-DRG or 25 Day Limit (13-004):</u> <ul style="list-style-type: none"> • Per state statute, AHCCCS is preparing to implement a new inpatient reimbursement methodology. • This new methodology will move away from paying on a per diem basis to paying for diagnosis based groups. • For more information on the APR-DRG methodology please see the AHCCCS website at: http://www.azahcccs.gov/commercial/ProviderBilling/DRGBasedPayments.aspx • This will not change how AHCCCS reimburses I.H.S. and 638 facilities; the All Inclusive Rate will still be used. • This will, however, end the 25 day in-patient limit effective October 1, 2014.

	<p><u>Prevention and Wellness (13-011):</u></p> <ul style="list-style-type: none"> • This amendment clarifies that the AHCCCS program covers preventive and wellness services: as recommended by the U.S. Preventive Services Task Force in the “A” and “B” lists; Advisory Committee for Immunization Practices recommended vaccines; preventive care and screening for infants, children and adults recommended by HRSA’s Bright Futures program; and additional preventive services for women recommended by the Institute of Medicine. <p><u>Definition of HAB including Acquisition/Maintenance (N/A):</u></p> <ul style="list-style-type: none"> • This amendment clarifies that adults can receive Physical Therapy (PT) for the purpose of rehabilitation with a 15 visit limit. • This amendment also clarifies that adults can receive PT with a 15 visit limit for the purpose of acquiring or maintaining a skill or function. • Physical Therapy is already covered under the benefits payments in the 1115 Waiver. Once this SPA becomes effective, the per member/per month payment amount will be decreased to show that this new benefit has been added. <p><u>Coverage for Over-the-Counter or Non-Prescription Medications (14-002):</u></p> <ul style="list-style-type: none"> • This amendment was requested by CMS to clarify the AHCCCS benefit of covered over-the-counter medications. • It does not introduce a new benefit. <p><u>Medically Preferred Services (14-003):</u></p> <ul style="list-style-type: none"> • HB2010 required AHCCCS to provide services that are medically recognized as a preferred treatment option in accordance with CMS guidelines and are less expensive than other treatment or surgical options. • The legislation provides AHCCCS with the authority to prescribe which treatments fall into these guidelines and dictate the provider types that will be authorized to perform the specified treatment options. • The legislation also requires AHCCCS to report on the utilization of services in accordance with this section by January 1, 2016. • AHCCCS has identified three services that can be offered as part of this program: <ul style="list-style-type: none"> ○ Halo to treat cervical fracture instead of surgery; ○ Walking boot to treat fractures or severe ligament injuries instead of a surgical procedure or serial casting; and ○ Knee orthotics for crutch dependent ambulation instead of a wheelchair.
<p>SPA Questions</p>	<p>Q: Why was the 25 day In-Patient limit not restored?</p> <p>A: Per state statute, AHCCCS is preparing to implement a new inpatient reimbursement methodology. This new methodology will move away from paying on a per diem basis to paying for diagnosis based groups. This will not change how AHCCCS reimburses IHS and 638 facilities; the All Inclusive Rate will still be used. The APR-DRG</p>

	<p>methodology is available on the AHCCCS website at Provider Billing/DRG Based Payments.</p> <p>Q: Will the Medically Preferred Services form be available for use?</p> <p>A: Yes, after the form has been approved by CMS via the State Plan Amendment approval process. No timeline has been set for approval.</p>
<p>Non-Emergency Medical Transportation (NEMT) Workgroup Recommendations</p>	<p>Rebecca Fields, Assistant Director of the Division of Fee-for-Service Management and Chair of the NEMT Workgroup provided an update on the NEMT Workgroup and offered final recommendations developed by the workgroup. The recommendations were developed in two phases: Phase 1 (short-term) and Phase 2 (long-term). The recommendations were distributed for review and comment to Tribal leaders, Tribes, Tribal Health Directors and Tribal Health and Social Services Programs prior to the January 22, 2014 Tribal Consultation meeting. The matrix of recommendations can be found on the AHCCCS Tribal Consultation Meeting website at the following link: http://www.azahcccs.gov/tribal/consultations/meetings.aspx</p>
<p>Care Coordination Development Work Session</p>	<p>Rebecca Fields, Assistant Director of the Division of Fee-for-Service Management, provided an overview of the Care Coordination work session with Indian Health Services area offices/Tribal health facilities/ Urban health facilities (I/T/Us) representatives held on January 9, 2014 at THE AHCCCS Administrative Offices.</p> <p><u>Presentations were made by:</u> 3 IHS Area offices (Phoenix, Tucson and Navajo Nation), 2 Tribal (638) health facilities (Gila River and Tuba City), 2 Urban health facilities (Native Health and Native American Connections), 1 hospital that serves a high percentage of the Native population (Flagstaff Medical Center) and 1 Behavioral health association (NARBHA).</p> <p><u>Presentations focused on:</u></p> <ol style="list-style-type: none"> a. Care Management (plans initiated and plans in-progress) b. Available services c. Data Sharing <ol style="list-style-type: none"> a. Fee or Service (FFS) and Managed Care Organizations (MCOs) b. Inpatient utilization by facility and expenditures c. Emergency room utilization by patient, facility and expenditures d. Diagnosis code groupings d. Affordable Care Act (ACA) changes e. Staffing meetings f. T/RBHA involvement <p><u>Lessons learned from the work session:</u></p> <ul style="list-style-type: none"> • More time for interaction with the presenters • More time to dialogue with the large group • Limit the amount of presentations • Providers may have additional services to offer

	<p><u>Next Steps:</u></p> <ul style="list-style-type: none"> • Expand outreach for data sharing to additional IHS/638 facilities • Begin outreach to non-IHS/638 facilities regarding the American Indian Health Plan (AIHP) population. • Recruitment • Staffing meetings
<p>ICD-10</p>	<p>Rebecca Fields, Assistant Director of the Division of Fee-for-Service Management provided the following information on the ICD-10 transition.</p> <ul style="list-style-type: none"> • On October 1, 2014, the ICD-9 code sets used to report medical diagnoses and inpatient procedures will be replaced by ICD-10 code sets. • Effective date 10/1/14 • Currently provider's may test 837 formatting • 3/3/14-9/30/14 - Providers can test with edits in place and receive an 835 response file.
<p>AHCCCS Update</p>	<p>AHCCCS Director Thomas Betlach provided the AHCCCS Update covering the following topics:</p> <ul style="list-style-type: none"> • Medicaid Restoration • Waiver Update • Budget Update • Integrated RBHA <p>Medicaid Restoration:</p> <p><u>-Enrollment Numbers:</u> AHCCCS enrollment grew by 1,059 between December 1, 2013 (1,297,150) and January 1, 2014 (1,298,209).</p> <p><u>-KidsCare:</u> Of the 7,000 children enrolled in KidsCare I, approximately 4,500 have moved to Medicaid coverage and 2,500 will stay in KidsCare. Of the 37,000 children enrolled in KidsCare II approximately 23,000 have moved to Medicaid coverage and 14,000 will move to the Federally Facilitated Marketplace (FFM). Parents have to apply to Healthcare.gov to enroll their children.</p> <p><u>-Health-e-ArizonaPlus (HEAplus):</u> HEAplus went live to the public on October 19, 2014. As of early January, AHCCCS has transferred 31,000 accounts the FFM. The FFM has received the applications and is holding them for processing. Once system issues are addressed, the FFM will contact applicants via, email, phone call or letter as to their eligibility. The FFM is in a state of flux. The FFM will test 200 cases sent by AHCCCS starting on 1/10/14. One challenge has been the denial of applications by both the FFM and the State. The Feds don't have a system in place to address the applications from those who have been denied.</p> <p><u>-Essential Health Benefits:</u> AHCCCS is aligning the Medicaid package: HPV vaccine was added for adults (21-26) on 1/1/14. Well visits were restored on 10/1/13, there</p>

is a 15 visit limit under physical therapy (habilitation), and the 25-day limit is going away on 10/1/14.

-Hospital Assessment & Litigation:

Assessment: AHCCCS worked with a consultant and hospital stakeholders to determine the projected need of \$75 million dollars for FY 2014. It was determined that no systems will be negatively impacted. CMS has approved the AHCCCS assessment plan. A new rate will need to be available by 7/12/14.

Litigation: A lawsuit was brought by 36 Republican Legislators in regard to the assessment. A court hearing was held on December 13th to determine the legal standing. The Court has not ruled on the standing issue.

Waiver Update:

The 1115 Demonstration Waiver paid IHS and 638 health facilities \$150 million dollars to date. Current Waiver payments will be completed by 4/1/14. AHCCCS received CMS approval to continue uncompensated payments to IHS and 638 facilities in 2014 for services. This is a 1 year extension. CMS will require IHS and 638 facilities to submit to AHCCCS performance measures on how uncompensated payments have impacted their services. AHCCCS will issue performance measures surveys to IHS and 638 facilities in late Spring. The surveys are due at AHCCCS by June 30, 2104. Restoration of services eliminated during the recession will include: podiatry, in-patient caps, physical therapy and emergency dental. The calculated Per Member/Per Month (PM/PM) of \$13.99 will be adjusted down on October 1, 2014 for the 25 day in-patient caps. The PM/PM will be multiplied by the number of enrolled American Indian Health Plan (AIHP) adults. A handout was made available that reflects the payment and percentages of payments to facilities. (See IHS/638 Provider Payments Handout)

AHCCCS Budget Update:

The Joint legislative Budget Committee (JLBC) assumes a \$50 million general fund reduction and the Executive Budget is down \$75 million in general funds which is a slight reduction due to lower caseload forecasts. Both budgets account for growth of the Affordable Care Act (ACA) and utilization/cost growth plus the impact of the hospital assessment. The budget process will play out over the next few months.

RBHA Update:

The State of Arizona prevailed in the Magellan Administrative appeal and will move forward with an April 1, 2014 implementation date with Mercy Maricopa Integrated Care (MMIC) in Maricopa County. Letters will be sent to members notifying them of the change and implementation plan. American Indians retain the choice of behavioral health care providers. Work has started on the Greater AZ Request for Proposals (RFP) for Regional Behavioral Health Association (RHBA) services for a 2015 contract term.

	<p>Care Coordination: <u>American Indian Health Plan (AIHP):</u> AHCCCS is continuing to refine care coordination models and data sharing with select facilities and will expand to include behavioral health resources. AHCCCS hosted a care coordination work session with AZ I/T/U's on January 9, 2014. <u>Super Utilizer Efforts:</u> AHCCCS will work with RBHA's in regard to health plan coordination and data sharing. This has been included in the new AHCCCS Care Coordination strategic plan with select facilities. <u>Correctional Opportunities:</u> AHCCCS is working with Corrections to obtain information on inmate care coordination.</p>
<p>Schedule of 2014 Tribal Consultation Meetings Handout</p>	<p>January 22, 2014 - Arizona State Capital, Phoenix, AZ April 17, 2014 – Ft. McDowell Yavapai Nation (Host) June 12, 2014 – Flagstaff Medical Center, McGee Auditorium October 16, 2014 – AHCCCS Administration, Phoenix, AZ</p>