



SPECIAL TRIBAL CONSULTATION TELECONFERENCE

June 17, 2015

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

NOTIFICATION TO TRIBES:

Hello Everyone,

This is a reminder of the Special AHCCCS Tribal Consultation Teleconference scheduled for **Wednesday, June 17, 2015 at 10:00 a.m. (MST)**. The teleconference number is: **1-877-820-7831**, Participant code: **108903#**. Discussion will focus on State Plan Amendment (SPA) Rate Reductions and Phoenix Children's Hospital Safety Net Care Pool Extension and Transition Plan (PCH-SNCP). The meeting agenda is attached. Tribal stakeholders will have 14 days to submit written comments following the teleconference. Please send comments directly to me:

bonnie.talakte@azahcccs.gov.

Feel free to contact me if you have questions regarding this meeting.

Bonnie

Bonnie Talakte

Tribal Relations Liaison
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AGENDA



SPECIAL TRIBAL CONSULTATION TELECONFERENCE

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

Date: June 17, 2015

Time: 10:00 a.m. – 11:00 a.m. (MST)

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

TIME	TOPIC	LEAD
10:00 – 10:10 a.m.	Welcome & Introductions	<i>Bonnie Talakte,</i> Tribal Relations Liaison
10:10 – 11:00 a.m.	1. Rate Reductions 2. Phoenix Children’s Hospital Safety Net Care Pool Extension and Transition Plan	<i>Beth Kohler,</i> Deputy Assistant Director & <i>Shelly Silver,</i> Assistant Director, Division of Health Care Management

*Following the teleconference, participants will have 14 days to submit written comments. Please send comments to: Bonnie Talakte, bonnie.talakte@azahccs.gov

ATTENDEES:

Tribes	<u>Kaibab-Paiute Tribe:</u> Lori Tate <u>Navajo Nation:</u> Ramona Antone-Nez, Renee Emerson, Ken Tso, Marie Keyonnie <u>Pascua Yaqui Tribe:</u> Patsy Triana, Barbara Ortiz <u>Salt River Pima-Maricopa:</u> John Godfrey
I/T/Us	<u>Chinle Comprehensive Health:</u> LaDonna Tom <u>Fort Defiance Indian Health Care:</u> Sharon Joe, Arlinda Scott, Roberta Munoz <u>Native Health:</u> Donna Johnson, Steve Wiez <u>Navajo Area IHS:</u> Kay Dempsey <u>Phoenix Area IHS:</u> Carol Chicharello <u>Phoenix Indian Health Center:</u> Doreen Pawn, Jim Mase <u>Tuba City Regional Health Care Corporation:</u> Bill Dey, Yolanda Burke <u>Tucson Area IHS:</u> Adam Archuleta, Dan Marino <u>Tucson Indian Center:</u> Phoebe Mills <u>Winslow Indian Health Care Center:</u> Beverly Lewis, Randy Cribbs, Cecelia Jackson, Alutha Yellowhair
State Agencies	<u>Advisory Council on Indian Health Care:</u> Kim Russell
Other	<u>Community Partnership of Southern Arizona (CPSA):</u> Eddie Grijalva
AHCCCS Representatives	Beth Kohler, Shelli Silver, Rebecca Fields-Young, Elizabeth Carpio, Bonnie Talakte, Denise Taylor-Sands

MEETING SUMMARY

TOPICS	SUMMARY
Rate Reductions	<p>Presenters: Beth Kohler, AHCCCS Deputy Director and Shelli Silver, Assistant Director, Division of Health Care Management</p> <p>Beth provided an update on rate reductions proposed as part of the FY 2016 Budget enacted by the state legislature that included a 5% reduction rate. AHCCCS was authorized to off-set reductions if capitation rate growth was lower than 3%. As part of the rate reductions, AHCCCS conducted a public comment period. AHCCCS was able to determine that the cost and utilization trends expected in capitation rates were lower than budgeted and additional funding in the AHCCCS budget was identified. In addition, public comments highlighted concerns about access to care issues if the reductions were implemented. Therefore, no provider rate reductions are required at this time. The following points were covered :</p> <ul style="list-style-type: none"> • FY 2016 budget included 5% provider rate reduction with authority to implement lower reduction if capitation rate utilization and cost lower than budgeted. • AHCCCS conducted public comment period and received comments from 145 different providers and associations representing thousands of providers. • Based on public comment data and information provided, along with lower than forecasted utilization and other available funding, AHCCCS has, working with the Governor's Office, determined that no provider rate reductions are required at this time. <p><u>Q&A:</u> No questions were asked</p>
Rate Adjustments	<p>Shelli indicated the rate adjustments proposed for October 1, 2015 is a normal course of business for AHCCCS which is separate and apart from the legislative recommendations. The following points were covered:</p> <ul style="list-style-type: none"> • Home and Community-Based Services Fee Schedule rates will see a proposed increase of 1.5% across-the-board to address federal mandates and economic conditions • Hospice per diem rates to match Medicare • LTAC and Rehab Hospitals – Aggregate increase of 1.1% to address relative patient acuity • Inpatient Hospital APR-DRG rates updated for DRG phase-in (budget neutral) and increase to high-acuity pediatric codes • Physician Drug Schedule rates - 2.3% aggregate impact to address changes in drug prices <p>Rate updates for the following to align with Medicare (0% aggregate fiscal impact):</p> <ul style="list-style-type: none"> • Ambulatory Surgical Center Fee Schedule rates • Outpatient Hospital Fee Schedule rates • Physician Fee Schedule rates • Clinical Laboratory Fee Schedule rates • Durable Medical Equipment Prosthetic Orthotic Supplies (DMEPOS) Fee Schedule rates

<p>Rates Not Changing</p>	<ul style="list-style-type: none"> • Dental fee schedule rates updated to ADA dental fee index (0% aggregate fiscal impact) • Evaluating need for BH Inpatient rate increase <p><u>Q&A:</u> No questions were asked</p> <hr/> <p>The following rates will not be changing:</p> <ul style="list-style-type: none"> • Behavioral Health Fee Schedule outpatient rates • Freestanding Dialysis Facility composite rates • Nursing Facility per diem rates • Transportation rates other than those that are based on ADHS rates.(Public notice is posted on AHCCCS website in Public Notice section) <p><u>Q&A:</u></p> <p>Q: <i>Are the rate reductions applicable to IHS and tribal facility providers?</i></p> <p>A: <i>Tribally owned and operated facilities are paid the Federal All Inclusive Rate or Office of Management and Budget (AIR/OMB) rate that are 100% federally funded and not set by AHCCCS. Therefore all rate adjustments have no impact on the AIR/OMB rates.</i></p>
<p>Phoenix Children’s Hospital Safety Net Care Pool Extension and Transition Plan</p>	<p>Beth indicated the waiver allowing for Safety Net Care Payments (SNCP) to Phoenix Children’s Hospital (PCH) will expire on December 31, 2015. PCH receives slightly more than \$100 million every year in SNCP. CMS has required AHCCCS to develop a transition plan to move away from using the SNCP reimbursements toward a more sustainable funding source for PCH. The AHCCCS transition plan, to be submitted to CMS, will include a high acuity pediatric inpatient hospital adjustment. AHCCCS is estimating the adjustment, for those limited sets of services, to be between 28%-38% that will apply to PCH and any acute care hospital that is paid through the AHCCCS fee schedule that utilizes the APR/DRG bases. In combination with the DRG adjustment, AHCCCS will request an extension of SNCP payments to PCH but at a lower amount. The amount requested in the upcoming waiver is estimated at about half this year. The following points were covered:</p> <ul style="list-style-type: none"> • Waiver allowing for SNCP expires 12/31/2015 • AHCCCS required to develop transition plan • DRG High Acuity Peds adjustment is part of transition away from SNCP • In combination with DRG adjustment, AHCCCS will request lower SNCP amount for 2016 <p><u>Q&A:</u> No questions were asked</p> <p>Bonnie Talakte reminded teleconference participants they have 14 days to submit written comments to her at: bonnie.talakte@azahcccs.gov</p>