TRIBAL CONSULTATION MEETING

April 21, 2016
9:30 a.m. – 12:30 p.m. (Phoenix Time)
Arizona State Laboratory Conference Room
250 N. 17th Ave., Phoenix, AZ 85007
Conference Bridge: 1-877-820-7831, Participant Passcode: 108903#

NOTIFICATION TO TRIBES:

Good Afternoon,

This is to announce the second quarterly AHCCCS Tribal Consultation meeting scheduled for April 21, 2016 from 9:30 a.m. – 12:30 p.m. The meeting will be held at the Arizona State Laboratory in the conference room, 250 N. 17th Avenue, Phoenix, AZ 85007. The draft agenda and State Lab campus map are attached. If you plan to participate by phone, please dial-1-877-820-7831 and enter participant code, **108903#.** Meeting materials will be posted to the AHCCCS website the day before the meeting at: https://www.azahcccs.gov/AmericanIndians/TribalConsultation/meetings.html. A meeting reminder will also be sent to the tribal listserv a couple of days before the meeting.

Don't hesitate to contact me if you have questions. I look forward to seeing everyone!
Bonnie

Bonnie Talakte
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AGENDA

AHCCCS TRIBAL CONSULTATION MEETING

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

Date: April 21, 2016
Time: 9:30 a.m. – 12:30 p.m. (Phoenix Time)
Location: Arizona State Laboratory Conference Room, 250 N. 17th Avenue, Phoenix, AZ 85007
Conference Call-In: **1-877-820-7831** Participant Passcode: **108903#**

TIME	TOPIC	PRESENTER
9:30 –9:45 a.m.	Welcome	Thomas Betlach, AHCCCS Director
	Opening Prayer	Violet Skinner, *Utilization Review Director Tuba City Regional Health Care Corp.*
	Introductions	Director Betlach
1.	1115 Waiver Tribal Workgroup Recommendations: • Uncompensated Care – Violet Skinner, Chair • Traditional Healing – Violet Skinner, Chair • Medical Home – Ron Speakman, Chair	Violet Skinner, *Utilization Review Director Tuba City Regional Health Care Corp* Ron Speakman, *Supervisory Nurse Specialist & Acting Facility Director, Tucson Area IHS, San Xavier Health Center, Sells Service Unit*
2.	1. Value Based Purchasing: a. Hospitals and Nursing Facilities b. Integrated Clinics 2. Tribal EMS Reimbursement Rates	Beth Kohler, *AHCCCS Deputy Director* Victoria Burns, *Reimbursement Administrator*
3.	Department of Labor Laws Impacting ALTCS Providers	Dara Johnson, *Program Development Officer Division of Health Care Management*
11:15-11:20	**5 Minute Break**	
4.	State Plan Amendments (SPAs):State Plan Amendments (SPAs) **1.** Adult Covered Vaccines Administered by Pharmacists **2.** Garnishments	Suzanne Berman, *Director of Pharmacy Services* Penny Ellis, *Assistant Director, Division of Member Services*

5.	Monitoring Controlled and Non-Controlled Medication Utilization	Suzanne Berman
6.	Finger Printing and Background Checks	Benjamin Runkle, AHCCCS Administrative Counsel
7.	AHCCCS Updates: • Delivery System Reform Incentive Payment (DSRIP) Update • ALTCS/DDD Subcontract Update • Other Issues	Director Betlach
8.	Announcements/Wrap-Up/Adjourn	Director Betlach

Next Meeting: July 28, 2016, Flagstaff Medical Center, McGee Auditorium

ATTENDEES:

Tribes	Ak-Chin Indian Community: Brian Holiday Gila River Indian Community: Mike Asmussen, Kurt Rainbolt Hopi Tribe: Anthony Huma, Robynn Longenbaugh Navajo Nation: Chris Kescobi, Watson Billie, Lawrence Yazzie, Marie Keyonnie Pascua Yaqui Tribe: Irene Sanchez , Rose Rivera, Reuben Howard Salt River Pima Maricopa Indian Community: Corrina Burke San Carlos Apache Tribe: Luther Victor, Cherrill Williams White Mountain Apache Tribe: Debra Sanchez
I/T/Us	Indian Health Services: Norma Antone, Dennis Charley Fort Defiance Indian Health Board: Terrilynn Chee Phoenix Indian Medical Center: Doreen Pawn, John Meeth Tuba City Regional Health Care Corporation: Violet Skinner Tucson Indian Health Services: Ron Speakman, Patricia Cerna, Priscilla Whitethorne Winslow Indian Health Care Corporation: Alutha Yellowhair, Rosita Paddock, Nemora Lee
Other	Arizona Council on Indian Health Care: Kim Russell Cenpatico: Julia Chavez, Sheina Yellowhair, Inter-Tribal Council of Arizona: Alida Montiel Healthcare Billing Options: Jeannette Secor Health Choice Integrated Care: Gabe Yaiva Native Resource Development: Jermiah Kanuho Salina Valley Home Care: Donna Lee
Arizona State Agencies	Arizona Department of Health Services: Michael Allison Arizona Department of Economic Security: Mary Huyser, Archie Mariano, Melissa Kushner, Genalle Benally
AHCCCS Representatives	Thomas Betlach, Beth Kohler, Monica Coury, Elizabeth Carpio, Anne Dye, Markay Adams, Valerie Jones, Kyle Sawyer, Mark Carroll, Peter Temaat, Ben Runkle, Suzanne Berman, Penny Ellis, Dara Johnson, Victoria Burns, Bonnie Talakte

MEETING SUMMARY

All meeting materials and presentations can be found at the AHCCCS Tribal Consultation website:
https://www.azahcccs.gov/AmericanIndians/TribalConsultation/meetings.html

TOPICS	SUMMARIES
1115 Waiver Tribal Workgroup Recommendations • **Uncompensated Care** • **Traditional Healing**	**Violet Skinner**, Chair of the Uncompensated Care and Traditional Healing tribal workgroups presented Waiver language recommendations developed by the two workgroups. Complete descriptions of recommendations can be found at the AHCCCS Tribal Consultation website: **Uncompensated Care:** IHS and 638 Tribal Facilities Uncompensated Care Payment Methodologies: The two (2) methodologies outlined in the recommendations are requested for structuring a payment that will be made to IHS and 638 tribal facilities that take into account their uncompensated costs in furnishing non-covered services by IHS and tribal 638 facilities to AHCCCS enrolled individuals. The non-covered services include services that the State removed from the Medicaid state plan effective October 1, 2010. Some services have been restored since the end of the recession. At the present time the services of a podiatrist, dental services for adults, and physical therapy visits that exceed 15 visits are classified as non-covered. Additional services and eligibility reductions would necessitate Tribal Consultation. Participating facilities must select one of two possible options in determining these payments to the facilities. IHS and 638 facilities that select *Option 1-Encounter Based Approach* will submit tracking sheets to AHCCCS based on the number of services provided that are no longer covered benefits. Tracking sheets can be submitted by hard copy or electronically. The *Option 2-Historical Data Approach,* is a per member/per month calculated approach that does not require the facilities to submit claims. **Traditional Healing:** Currently, AHCCCS does not reimburse for traditional healing services and seeks to obtain authorization to do so. A request to reimburse for these services has been added to the proposed Arizona Section 1115 Demonstration Waiver. The Waiver section supports reimbursement for traditional healing services provided in, at, or through facilities operated by the Indian Health Service (IHS), a Tribe or Tribal organization (P.L. 93-638), or an Urban Indian health program to Medicaid eligible American Indian/Alaska Native (AI/AN). This assures that an AI/AN AHCCCS member that has requested such services obtain reimbursable traditional healing services that are coordinated through these facilities. New language recommendations include descriptions of; service parameters, covered services, services not covered, qualified traditional healing providers, traditional benefits and reimbursement methodology.
• **Medical Home**	**Ron Speakman,** Chair of the Medical Home tribal workgroup, presented revisions to the existing 1115 Waiver language. A complete description of

	Medical Home language recommendations can be found at the AHCCCS Tribal Consultation website. **Medical Home:** The IHS Improving Patient Care (IPC) program goal is to engage IHS, Tribal, and Urban Indian health programs (ITUs) to improve the quality of, and access to, care for AI/AN members through the development of a system of care called the Indian Health Medical Home Program (IHMHP). The IPC program focuses on patient and family centered care while ensuring access to primary care for all AI/AN people. High quality care will be delivered by health care teams who will be making sustainable and measurable improvements in care. Medicaid is IHS' biggest payer/partner. Therefore, AHCCCS would like to align its efforts in Arizona with the efforts being made by IHS and the federal government to modernize and improve the health care delivery system for the AI/AN population. To accomplish these goals AHCCCS seeks the following authority: • Comparability – Waiver from §1902 (a)(10)(B) and corresponding regulations at 42 CFR §§440.240, to allow the State to provide services that support a medical home for AI/AN members enrolled in Fee-for-Service (FFS) who receive services provided through the IHS and Tribal facilities. These services are Primary Care Case Management, diabetes education, after-hospital care coordination and 24-hour call lines staffed by medical professionals. • Reimbursement CNOM – Expenditure authority to allow the State to pay for services that support a medical home for AI/AN members enrolled in FFS who receive services provided through the IHS and Tribal facilities and expenditure authority to allow the State to pay non-IHS/Tribal facilities a shared savings payment to support the Indian Health Medical Home Program.
<u>Value Based Purchasing</u> • Hospitals and Nursing Facilities • Integrated Clinics	**Beth Kohler**, AHCCCS Deputy Director, continued the discussion on *Value Based Purchasing* presented at the January 21st tribal consultation meeting. Today's discussion focused on Fee-for-Service rate differentials for hospitals, nursing clinics and integrated clinics. Value Based Purchasing rewards quality outcomes instead of quantity of services. **Hospitals and Nursing Facilities:** Hospitals and Nursing Facilities have the opportunity to receive a 0.5% increase in payments if they meet specific value based criteria. <u>IHS and 638 facilities hospitals and nursing facilities are exempt from the requirements.</u> This only applies to non-IHS, non-638 providers. In order for hospitals to receive the increase, they have to participate in the health information network by June 1, 2016. This includes an executed agreement, and submission of admission and discharge data (ADT) and meet Meaningful Use 2 for 2015. If hospitals meet both sets of criteria, they are eligible for a value based increase in payment. Nursing facilities must meet or exceed June 2016 state Medicare average for pneumococcal vaccine requirements to get 1% increase in payments. AHCCCS is targeting October 1, 2016 as the implementation date but requires CMS approval and will need to make IT system changes. Public notice will be posted in July 2016 and a 30 day comment period will be available to stakeholders.

Tribal Emergency Medical Services Reimbursement Rates Discussion	**Integrated Clinics:** Clinics are licensed as outpatient treatment centers by the AZ Department of Health Services (ADHS) to provide both physical and behavioral health services. AHCCCS registers them as Integrated Clinics. Public Notice will be posted this week to establish a 10% increase in reimbursement for physical health services provided at Integrated Clinics. This is for integrated clinics that are non-FQHCs. A 30-day public comment period has begun. An additional public notice will be posted in July 2016 for a 30 day public comment period. **Tribal EMS Reimbursement Rates:** Two (2) diffent rate structures for Emergency Medical Services (EMS) currently exists. One structure was established by statute and state regulation for entities regulated by the AZ Department of Health Services (ADHS). That rate structure is linked to the overall regulatory structure. The second rate structure is for Non-Certificate of Necessity (CON) providers for whom AHCCCS sets the rates. For entities not subject to the ADHS structure there is a separate rate process. Currently the rates are outdated. The rates were set in 1994 and were indexed for inflation and gasoline price inflation through 2009 and were subject to provider rate reduction during the recession. The rates have been frozen since 2011. The AHCCCS Division of Health Care Management (DHCM) is currently reviewing the rates for all 60,000 providers in the system and is looking for opportunities to update the rates. Tribal EMS rates are on the list to be updated. AHCCCS, however, does not have the authority to develop a rate regulatory process but is researching a process that will provide rate increases to tribal EMS providers that will not resemble the ADHS regulatory process. AHCCCS is seeking input from tribal EMS providers in regard to the rate discrepency. As part of tribal input, it was suggested that a tribal EMS Workgroup be established to look at rate methodologies and regulatory processes. It was communicated that if a rate adjustment is expected by October 1st, a workgroup needs to complete recommendations by July 1st.
Department of Labor Laws Impacting ALTCS Providers	**Dara Johnson,** AHCCCS Program Development Officer in the Division of Health Care Management (DHCM), informed participants that the Department of Labor issued a new employee protections ruling under the Fair Labor Standards Act. Enforcement of the rule started January 2016. The ruling impacts agencies employing Direct Care Workers (DCWs) providing the following in-home services: attendant care, personal care, homemaker, and respite. The new rule states the following: • Agencies must pay DCWs overtime if they work over 40 hours per week. • Agencies must pay DCWs for time they spend traveling from work with one ALTCS member to work with another ALTCS member. • The new rule does not change the number of services and service hours authorized by the Case Manager and outlined on the ALTCS member's service plan. Agencies can decide whether or not to allow DCWs to work more than 40 hours per week. If an agency decides not to allow DCWs to work more than 40 hours per week, members may have to make a decision about the DCWs providing their care. A priority must be placed on the preservation of

	member's services and service hours and their preferences for DCW(s) providing their care. Letters informing agencies of the new rule were sent by the Tribal ALTCS office in March 2016. Agencies are required to respond to a survey that provides, 1) information on their plans to comply with the new rule, 2) provides the number of ALTCS members who may need to make new decisions about who is providing their care, 3) provides the number of DCWs who had hours reduced. Notice to members will be sent with new ruling information in April 2016. AHCCCS will evaluate the current compensation rate structure based upon the analysis of costs potentially incurred by providers to comply with the new ruling.
State Plan Amendments (SPAs): • **Adult Covered Vaccines Administered by Pharmacists**	**Suzanne Berman,** Director of Pharmacy Services, presented the ***Draft Adult Covered Vaccines Administered by Pharmacists SPA.*** The AZ State Board of Pharmacy Regulation has changed over the last few years to allow Pharmacists to administer immunizations. Currently the AHCCCS Policy 310-B, and Fee-for-Service Policy Chapter 12 Section I, states that Pharmacists may administer seasonal flu and pneumococcal vaccines to adults without a written prescription. With the purposes of this policy adult members ages 21 years and older and members under the age of 21 must obtain all their immunizations from their Primary Care Physician (PCP). Several managed care contractors have requested that AHCCCS change the policy to allow adults to be able to obtain their AHCCCS covered immunizations at retail pharmacies administered by Pharmacists and without the need for a written prescription. In addition to the seasonal flu, and pneumococcal vaccines, the other AHCCCS covered immunizations are; diphtheria-tetanus, rubella, measles, hepatitis-B series, pertussis back-to-back, shingles vaccine, and the human papilloma virus immunization for adults up to the age of 26 The AHCCCS Policy Committee has approved the change to allow Pharmacists, in accordance with AZ State Board of Pharmacy Regulation, to administer adult covered vaccines at pharmacies by Pharmacists. This will expand the scope of IHS and 638 facility Pharmacists to administer additional vaccines to adults in accordance with the AZ State Board of Pharmacy Regulation. AHCCCS is required to obtain CMS approval for the change as it is not currently in effect. AHCCCS seeks feedback and input from tribal stakeholders prior to submitting the request to CMS. **Questions:** **Q:** Will there be a different rate of reimbursement for IHS/ 638 pharmacies in comparison to retail pharmacies? **A:** There is a difference in terms of the retail pharmacy network that the managed care entities reimburse but AHCCCCS has reimbursed IHS and 638 facilities at the All Inclusive Rate (AIR) for seasonal flu and pneumococcal vaccines. That would not change. This would be vaccines in addition to those. **Q:** With this change, will there be any potential for out-of-pocket charges to AIHP members going off-reservation to obtain vaccines at retail pharmacies? **A:** No, there is no co-payment at the pharmacies to AIHP members

• **Garnishments**	**Penny Ellis,** Assistant Director, Division of Member Services, presented a ***Draft Garnishment SPA*** that will increase the personal needs allowance for individuals enrolled in the ALTCS program. The SPA makes an allowance for garnishments for child and spousal support. It doesn't decrease their countable income but increases their personal needs allowance that AHCCCS uses to calculate how much they need to pay for their share of costs. For child support, AHHCCCS will also include administrative fees that are in the garnishment. AHCCCS will not allow this if someone's income is being garnished for child support and if the child is living in the home and they are getting a deduction because the child is in the home. AHCCCS will not give them the garnishment deduction. **Questions:** **Q:** Who benefits from the amendment? **A:** ALTCS members living in a nursing facility who have a share of costs or are paying for the cost of their care. **Q:** Is there a separate entry that will have to be made? **A:** Yes. AHCCCS is transitioning to a new eligibility system next year and it is being tested. In the meanwhile there will be manual overrides for the share of costs. This is an ALTCS adjustment for members enrolled in long term care. **Q:** What is the effective date? **A:** June 1st is the target date
Monitoring Controlled and Non-Controlled Medication Utilization	**Suzanne Berman,** Director of Pharmacy Services, presented the ***Monitoring Controlled and Non-Controlled Medication Utilization*** policy. This new policy is in effect. All AHCCCS Managed Care contractors and the AIHP program have been monitoring prescription medication use of controlled substances for misuse. AHCCCS recently reviewed all contractor policies and found that the monitoring activities varied across all plans. This policy was created so that the AIHP program and managed care contractors will evaluate potential medication misuse using the same parameters as well as ensuring that all federal regulations are followed if the member is identified for misuse and assigned to an exclusive pharmacy and a prescribing clinician. The policy provides the minimum requirements for reviewing and evaluating both controlled and non-controlled medications for misuse. Drug utilization data will be used to identify and screen high-risk members and providers who may facilitate drug diversion. The monitoring requirements are to determine potential misuse of the following medication classes; a) atypical antipsychotics, b) benzodiazepines, c) hypnotics, d) muscle relaxants, e) opioids, and f) stimulants. AHCCCS members with one or more of the following conditions will not be subject to the intervention requirements; a) members in treatment for an active oncology diagnosis, b) members receiving hospice care, c) members residing in a skilled nursing facility. The policy requires the prescribing clinician to check member use of controlled substances using the State Board of Pharmacy database. The policy also requires that the AIHP program and managed care contractors evaluate drug utilization using the 4x4x4 report for members receiving, 1) 4 of the extensive drugs and classes listed in the policy and 2) have obtained prescriptions from 4 different prescribing clinicians and 3) the prescriptions

	have been filled at 4 different pharmacies over a 3 month time period. All three of these parameters must be met or an evaluation is been done on members receiving 12 or more prescriptions from the drug classes listed in the policy over the past 3 months. If the member is misusing medications, AHCCCS will work with IHS and 638 facilities to assign the member to a specific pharmacy and prescribing clinician. Each member assigned to a specific pharmacy and clinician will be sent a notice of action at least 30 days prior to the effective date of the assignment. Members will have the opportunity to file a request for a grievance hearing.
Finger Printing and Background Checks	**Benjamin Runkle,** Administrative Counsel, provided an update on *Finger Printing and Background Checks.* As part of implementing the Affordable Care Act (ACA), the federal government has created regulations that require state Medicaid agencies to categorize it's provider network into 3 areas; 1) limited, 2) moderate or 3) high risk. The risk is based upon fraud, waste or abuse. Tribal governments are classified as limited risk. The finger printing requirement does not apply because tribal governments do not have owners. The Federal government has dictated who the high risk providers are, although state agencies can add providers to the list. Providers in the high risk category are; 1) newly enrolling Durable Medical Equipment (DME) and Home Health Agency (HHA) providers, 2) anyone that has an existing over payment or owes AHCCCS money and are not on a payment plan, 3) a provider that is undergoing a payment suspension plan for credible allegation of fraud or 4) they've been excluded by Health and Human Services (HHS) or Office of Inspector General (OIG) within the last 10 years. Another requirement for high risk providers is a fingerprint based criminal background check. In 2016 CMS issued guidance to state Medicaid agencies and invited the submission of compliance plans. AHCCCS submitted a compliance plan to CMS in April and if approved will implement the plan by the end of 2016. The finger printing process will be communicated to high risk providers by mail. Once Providers submit fingerprints to AHCCCS, fingerprints will be sent to the Department of Public Safety to run background checks.
AHCCCS Update	**Thomas Betlach**, AHCCCS Director, provided a short AHCCCS update. • The state does not have a 2017 budget as yet. • Waiting to see if KidsCare will be in the final budget. There is a lot of interest in including it in the budget. • There is general agreement and broad support to restore the ALTCS dental benefit. It is a $1,000 per year benefit for ALTCS members. • Litigation continues over the hospital assessment which is one of the funding sources AHCCCS needs to provide support to over 500,000 members. AHCCCS recently filed a Brief with the Court of Appeals. The case may or may not get to the State Supreme Court but may go into 2017. • AHCCCS had a successful meeting with CMS two weeks ago on the Delivery System Reform Incentive Payment (DSRIP) proposal. A special tribal consultation will be scheduled for mid-May. Additional information will be posted to the AHCCCS website.