

ARIZONA DEPARTMENT
OF HEALTH SERVICES

Welcome to today's Tribal Consultation meeting!

While you are waiting TEST YOUR AUDIO.

LISTEN FOR MUSIC.

You were automatically muted upon entry.

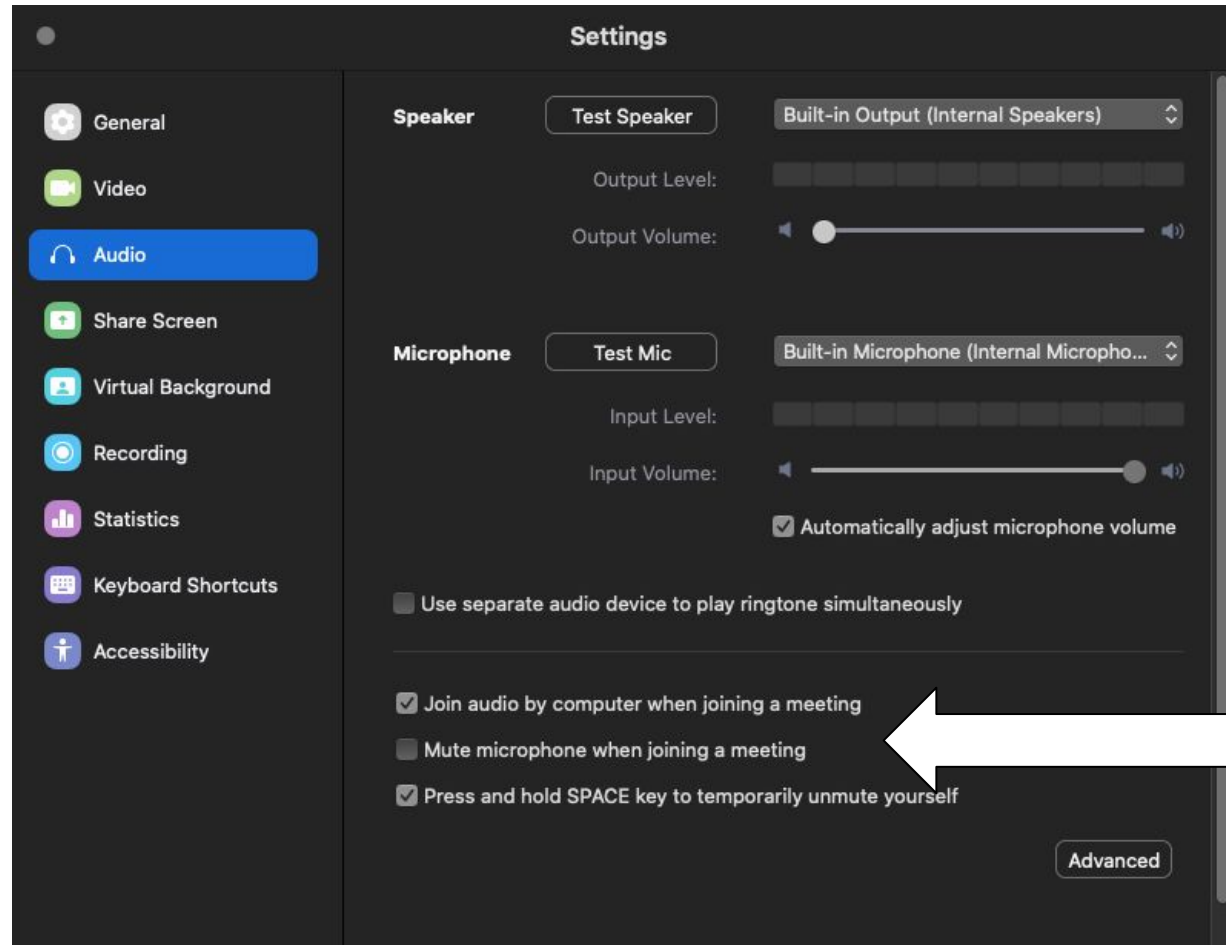
Please only join by phone or computer.

Please use the chat feature for questions or raise your hand.



Thank you.

Audio Settings

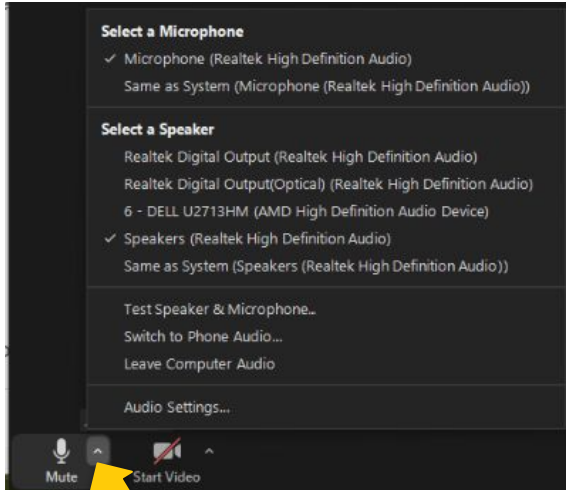


The screenshot shows the Zoom application's settings window, specifically the Audio settings. On the left is a sidebar with various settings categories: General, Video, Audio (highlighted in blue), Share Screen, Virtual Background, Recording, Statistics, Keyboard Shortcuts, and Accessibility. The main panel is titled 'Settings' and is divided into two sections: 'Speaker' and 'Microphone'. The 'Speaker' section includes a 'Test Speaker' button, a dropdown menu set to 'Built-in Output (Internal Speakers)', an 'Output Level' bar, and an 'Output Volume' slider. The 'Microphone' section includes a 'Test Mic' button, a dropdown menu set to 'Built-in Microphone (Internal Micropho...', an 'Input Level' bar, an 'Input Volume' slider, and a checked checkbox for 'Automatically adjust microphone volume'. Below these sections are several checkboxes: 'Use separate audio device to play ringtone simultaneously' (unchecked), 'Join audio by computer when joining a meeting' (checked), 'Mute microphone when joining a meeting' (unchecked), and 'Press and hold SPACE key to temporarily unmute yourself' (checked). A white arrow points from the right edge of the image towards the 'Join audio by computer when joining a meeting' checkbox. At the bottom right of the settings panel is an 'Advanced' button.

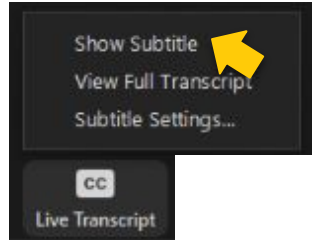
Zoom Webinar Controls

Navigating your bar on the bottom...

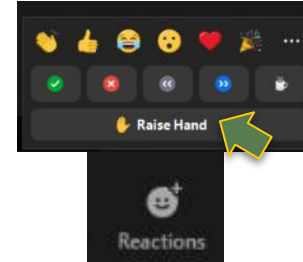
Audio Settings



Turn on Closed Captioning



Raise Hand



Chat



KEYBOARD SHORTCUTS TO RAISE HAND

Windows: Alt+Y to raise or lower your hand

Mac: Option+Y to raise or lower your hand

Tips for successful ZOOM PARTICIPATION



MUTE your mic
when you're not
speaking



BACKGROUND
NOISE watch when
turning on mic



Limit the
DISTRACTIONS
around you



Look at the
CAMERA
not your screen



PREPARE & queue
docs or links that
you plan to share



Stay FOCUSED by
not texting or side
conversations



Use GALLERY
VIEW to see all
participants



Use CHAT to ask
questions or share
resources

This Meeting Is Being Recorded

The recording shall be the sole property of AHCCCS and participation in this meeting indicates your waiver of any and all rights of publicity and privacy.

Please disconnect from this meeting if you do not agree to these terms.

Opening Blessing

Host Welcome



Reuben Howard
Health Director
Pascua Yaqui Tribe

Agenda

Opening Remarks - Director Heredia
Tribal Leadership Open Mic / Updates - Tribal leadership & Tribal delegates
DFSM Updates - Ewaryst Jedrasik & Leslie Short
CAF Process Overview - Vanessa Templeman & Nigah Mughal
State Plan Amendments (SPA) - Ruben Soliz
1115 Waiver - Shreya Arakere
Traditional Healing Updates
Policy TC Framework - Alex Demyan, Sandi Borys & Carol Parra
Member Exploitation & Provider Fraud Plan Overview - Marcus Johnson, Alex Demyan & Christine Holden



Quarterly Tribal Consultation Meeting

August 29, 2023



Opening Remarks

Carmen Heredia
AHCCCS Director

Open Discussion

Tribal Leadership Open Mic

Division of Fee For Service Management (DFSM) Updates

Leslie Short, DFSM Deputy Assistant Director

Referring, Ordering, Prescribing and Attending (ROPA) Providers

- Per 42 CFR 455.410 of the Affordable Care Act, the State Medicaid Agency must require all ordering or referring physicians, or other professionals providing services to be enrolled as participating providers.
- This means that referring, ordering, prescribing and attending (ROPA) providers must be AHCCCS-registered providers to ensure payment of items or/or services.
 - Implementation for FFS only, and will start with rendering, ordering and attending providers
- **AHCCCS has extended the ROPA registration deadline to 7/1/2024**
- A ROPA Excepted Providers List and FAQs may be reviewed here:
<https://www.azahcccs.gov/PlansProviders/NewProviders/ROPA.html>

Pharmacy ROPA

- Since pharmacists may act as the prescribers for immunizations administered in the pharmacy, AHCCCS created a flexibility that will allow AHCCCS to capture the required data in the system for claims payment, without requiring pharmacists to enroll a participating providers.
- Initial lists with the needed data were collected from IHS/638 pharmacies and were included in the ROPA Excepted Providers List.
- To update or be added to the excepted list, pharmacists, residents, and interns must submit the following information to: ROPAExceptions@azahcccs.gov
 - NPI
 - Provider Name
 - Indication of whether the NPI is associated with a resident, intern, or pharmacist, and
 - The beginning date associated with the associations.

American Indian Medical Home (AIMH)

- The American Indian Medical Home is a care management model that puts AHCCCS American Indian Health Program (AIHP) members at the forefront of care.
- Aims to help address health disparities between American Indians and other populations in Arizona by enhancing case management and care coordination through the use of Primary Care Case Managers (PCCM) and 24 hour access to the care team.

Reach of the American Indian Medical Home (AIMH) Program

AIMH	Tier Level	Members
Chinle Comprehensive Healthcare Facility	4	13,594
Fort Yuma Health Center	1	9
Parker Indian Health Center	1	953
Phoenix Indian Medical Center	2	4,976
San Carlos Apache Healthcare	4	5,515
Tuba City Regional Health Care Corporation	4	2,337
Whiteriver Indian Hospital	2	6,250
Winslow Indian Health Care	4	3,900
Total Empanelment		37,543

- Approximately 28% of AHP members are empaneled with an AIMH

American Indian Health Program (AIHP) Care Coordination Partnerships

- 4 TRBHA Intergovernmental Agreements for the purpose of care coordination and case management, including HNHC monthly staffings
 - 71,954 TRBHA enrolled members
- Establishment of AIMHs has broadened the pathway and facilitation for enhanced care coordination for all AIHP members.
 - 37,543 empaneled AIHP members
- AIHP care managers utilize these established partnerships for information sharing for the purpose of direct member contact/outreach by the TRBHA, AIMH or IHS/638 facility.
- Information sharing includes:
 - Admit, Discharge and Transfer (ADT) notifications from the state Health Information Exchange;
 - Crisis notifications regarding members who have engaged in the state crisis system;
 - Additional notifications presenting need for care coordination/outreach (e.g. Covid Unwinding).
- Additional care coordination support for AIHP members can be provided by contacting

Caremanagers@azahcccs.gov

Open Discussion

Credible Allegation of Fraud (CAF) Process Overview

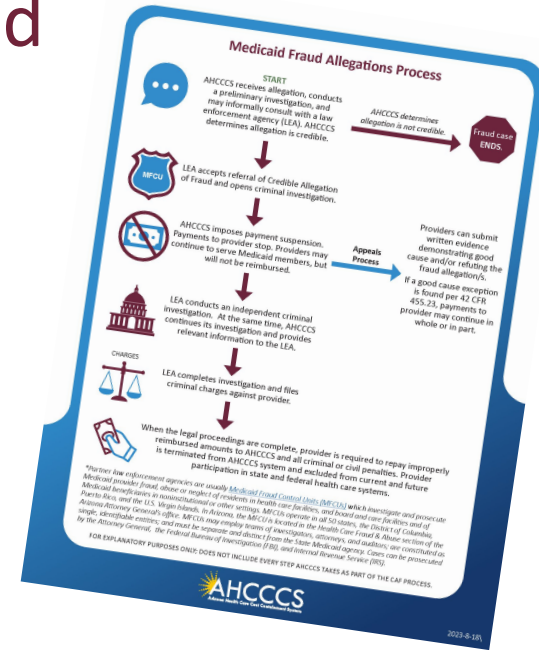
Vanessa Templeman, AHCCCS Inspector General

Nigah Mughal, AHCCCS Associate General Counsel

Credible Allegation of Fraud

A Credible Allegation of Fraud is a **preliminary** action OIG is required to take to stop payments to providers who are suspected of **potentially** fraudulent activities.

- Who receives notification?
 - Provider
 - Managed Care Plans
 - TRBHAs
 - ADHS
 - Internal AHCCCS Divisions



Download this flier at www.azahcccs.gov/Fraud/AboutOIG/

Medicaid Fraud Allegations Process

FOR EXPLANATORY PURPOSES ONLY; DOES NOT INCLUDE EVERY STEP AHCCCS TAKES AS PART OF THE CAF PROCESS.



AHCCCS receives allegation, conducts a preliminary investigation, and may informally consult with a law enforcement agency (LEA).* AHCCCS determines allegation is credible.



LEA accepts referral of Credible Allegation of Fraud and opens criminal investigation. Cases can be prosecuted by the Attorney General, the Federal Bureau of Investigation (FBI), and Internal Revenue Service (IRS).



AHCCCS determines allegation is not credible.



**Partner law enforcement agencies are usually Medicaid Fraud Control Units (MFCUs). In Arizona, the MFCU is located in the Health Care Fraud & Abuse section of the Arizona Attorney General's office. Cases can be prosecuted by the Attorney General, the Federal Bureau of Investigation (FBI), and Internal Revenue Service (IRS).

Medicaid Fraud Allegations Process



AHCCCS imposes payment suspension. Payments to provider stop. Providers may continue to serve Medicaid members, but will not be reimbursed.

APPEAL
PROCESS →

Providers can appeal and/or submit written evidence demonstrating good cause and/or refuting the fraud allegations.



LEA conducts an independent criminal investigation. At the same time, AHCCCS continues its investigation and provides relevant info to the LEA.

If a good cause exception is found per 42 CFR 455.23, payments to provider may continue in whole or in part.

Medicaid Fraud Allegations Process



LEA completes investigation and files criminal charges against provider.



When the legal proceedings are complete, provider is required to repay improperly reimbursed amounts to AHCCCS and all criminal or civil penalties. Provider is terminated from AHCCCS system and excluded from current and future participation in state and federal health care systems.

Credible Allegation of Fraud FAQs

- Why are Credible Allegations of Fraud preliminary?
 - Reliable indicia of fraud
- If a company has multiple IDs, does a CAF apply to them all?
 - No, CAFs are provider ID specific
- How are providers notified?
 - Via certified mail
- Can a CAF be reversed?
 - Good Cause
 - Evidentiary Support
 - Criminal Matter

Credible Allegation of Fraud Notice

- Notice includes the following:
 - Information specific to the conduct that is determined to be a CAF
 - Explanation of the suspension of payment actions
 - Provider's rights including right to provide written evidence, request an informal settlement conference, and to request a state fair hearing

Credible Allegation of Fraud Notice

After carefully reviewing the allegation, facts, and existing evidence, AHCCCS has determined that the allegation has sufficient indicia of reliability to justify this suspension of payment. This suspension of payment shall take effect on the date of this Notice of Suspension. Further, AHCCCS has determined there is no good cause to not suspend payments or to suspend payment only in part.

All suspension of payment actions under 42 C.F.R. § 455.23 are temporary in nature and will not continue after either of the following: (i) AHCCCS or prosecuting authorities determine that there is insufficient evidence of fraud by the provider, or (ii) legal proceedings related to the provider's alleged fraud are completed.

Your Rights

Submission of Written Evidence to AHCCCS Office of the Inspector General

At any time during the pendency of the investigation into the credible allegation of fraud, you have the right to submit written evidence to AHCCCS demonstrating that good cause exists to remove the suspension in whole or in part. This includes written evidence or documents that would refute any evidence of fraud. If you choose to exercise this right, you must submit these documents or reasons in writing, via mail, to:

Credible Allegation of Fraud Notice

Request for a State Fair Hearing

Pursuant to A.R.S. § 41-1092, et seq. and 42 C.F.R. § 455.23(a)(3), you have the right to request a state fair hearing if you disagree with the action specified in this Notice of Suspension. Your Request for Hearing must be **in writing** and must be received by AHCCCS, at the following address, no later than **thirty (30) days** from the receipt of this Notice of Suspension. Failure to request a state fair hearing within the deadline described above will forfeit your right to a state fair hearing to challenge this payment suspension.

Mail your Request for Hearing to:

Arizona Health Care Cost Containment System
Office of the General Counsel
801 East Jefferson Street, MD 6200
Phoenix, AZ 85034

Credible Allegation of Fraud Notice

Informal Settlement Conference

If you request a state fair hearing, you may request an informal settlement conference pursuant to A.R.S. § 41-1092.06. Any request for an informal settlement conference must be **in writing, with a list of the documents or questions you plan to submit to AHCCCS at the informal settlement conference**, and must be filed with the agency at the address above no later than **twenty (20) days** before any hearing in this matter. Statements, either written or oral, made by you at the informal settlement conference, including a written document, created or expressed solely for the purpose of settlement negotiations are inadmissible in any subsequent administrative hearing.

Public Posting on Fraud Web Page

Provider Suspensions and Terminations

AHCCCS performs terminations in accordance with A.R.S. § 36-2930.05 and the terms of the Provider Participation Agreement each provider must sign to register with AHCCCS. AHCCCS may terminate for a variety of reasons including, but not limited to, lack of licensure, quality of care concerns, and lack of disclosure of certain information or persons. Providers are informed of the reason for their termination in a Notice of Termination, along with instructions for response. Under 42 CFR § 455.416, AHCCCS is required to report terminations for reasons that may include, but are not limited to, fraud, integrity, or quality. The below list only includes terminations AHCCCS is required to report to CMS, following the conclusion of a CAF investigation.

Under 42 C.F.R. § 455.23 and the terms of the Provider Participation Agreement, AHCCCS may suspend payments to a provider if a Credible Allegation of Fraud (CAF) has been identified. Providers are informed of the reason for their suspension in a Notice of CAF Suspension. CAF suspensions are based on preliminary findings of reliable indicia of fraud, and may be lifted if AHCCCS determines there is no fraud occurring and/or good cause has been established under 42 C.F.R. § 455.23. Upon the conclusion of an investigation, AHCCCS may terminate a provider and/or lift their suspension at that time.

Providers have the right to a state fair hearing, in order to appeal either their termination or suspension, and those rights are laid out in the notice that is sent to the provider when AHCCCS takes these actions. AHCCCS will remove the Notice of Termination or CAF Suspension from the below list if it is lifted or rescinded.

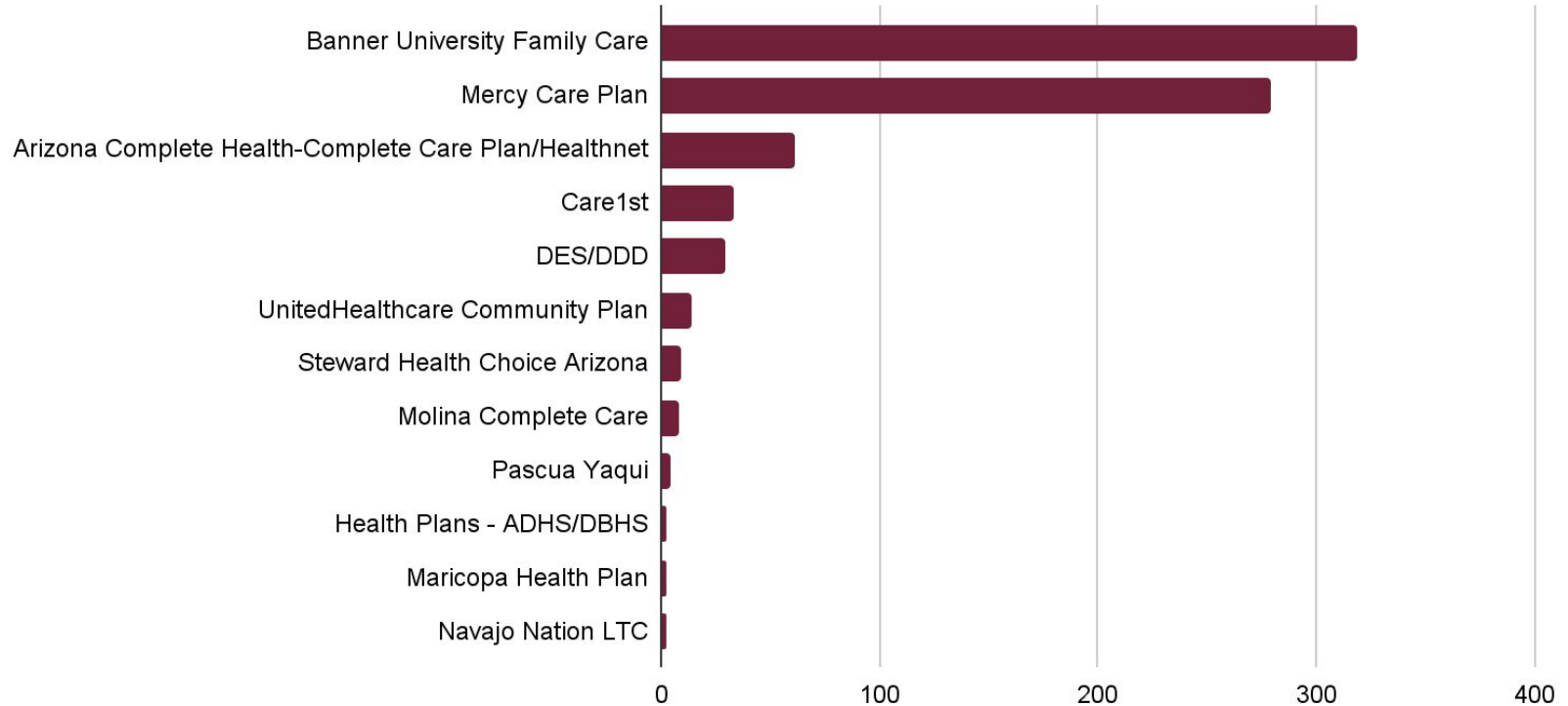
The document below provides a list of active suspensions of providers starting with FFY 2020 to the present.

Provider Terminations & Active Suspensions  (Updated 8/18/2023)

Referrals

- Is a member name needed in order to submit a referral?
 - No, OIG investigates matters related to members and providers. Cross over identification is not needed in order to refer any suspected fraud, waste and abuse.
- Can referrals be made anonymously?
 - Yes. OIG currently receives several anonymous referrals.
- Does OIG verify receipt of referrals and provide updates?
 - OIG will verify referral receipt
 - OIG does not provide case updates

SFY23 Health Plan Referrals as of 6/30/23



Other OIG Actions

- Terminating providers
 - In conjunction with ADHS information sharing
- Cease and Desist
 - Inappropriate advertising
 - Recruiting
- Site visits should our case necessitate such actions
- Exclusion Rules pursuant to A.R.S. § 36-1930.05 and A.A.C. R9-22-1802

Ways to Report Suspected FWA

- Email: AHCCCSFraud@azahcccs.gov
- Online: azahcccs.gov/Fraud/ReportFraud/onlineform.aspx
- Phone: 602-417-4045 or 888-ITS-NOT-OK (888-487-6686)

Open Discussion

An orange ceramic mug is the central focus, sitting on a light-colored, reflective surface. The words "Break Time" are written in white, casual script on the side of the mug, with a white horizontal line underneath. In the background, a laptop is open, and a smartphone lies flat on the desk. A small green plant in an orange pot is also visible, though out of focus.

Break
Time

We will resume at
12:15 pm MST

State Plan Amendment (SPA) Updates

Ruben Soliz

AHCCCS Federal Relations and Health Policy Advisor

Overview of State Plan/ State Plan Amendments (SPAs)

- Each state has a Medicaid state plan that describes how the state will administer its Medicaid program.
- States must follow broad federal rules in order to receive federal matching funds, but have flexibility to design their own version of Medicaid within the federal statute's basic framework.
- In order to alter a State Plan, states must submit State Plan Amendments (SPAs), and receive approval from CMS.

Upcoming SPAs

KidsCare (CHIP) Income Eligibility and Strategic Objectives

- Purpose: Increases KidsCare income eligibility from 200% of the Federal Poverty Level (FPL) to 225% FPL. Also updates the CHIP strategic objectives.

Physician Administered Drugs

- Effective: 10/1/23
- Purpose: Adjust the reimbursement methodology for Physician Administered Drugs for providers outside of IHS/638 facilities.

Upcoming SPAs

Rapid Whole Genome Sequencing (RWGS)

- Effective: 10/30/23 - 7/30/26
- Purpose: Provide an additional payment for medically necessary RWGS when established clinical criteria is met. Costs associated with RWGS will be billed separately from the inpatient episode.

Upcoming SPAs

Graduate Medical Education (GME) 2024

- Effective: 7/1/2023
- Purpose: AHCCCS will submit two SPAs to describe the payment methodology and amounts specific to the GME programs funded through the AZ State General Fund and through intergovernmental transfer agreements (IGAs).

Upcoming SPAs

Disproportionate Share Hospital (DSH) 2024

- Effective: 7/1/2023
- Purpose: AHCCCS will submit two SPAs related to the DSH program. One SPA will describe the DSH budget. The other SPA will detail the amounts and facilities participating in DSH Pool 5 funding.

Upcoming SPAs

Differential Adjusted Payment (DAP) 2024

- Effective: 10/1/2023
- Purpose: AHCCCS will submit 3 DAP SPAs - specific to inpatient, nursing facility and outpatient providers.
- DAP is intended to distinguish providers that have committed to designated actions to improve patient care, improve member health and reduce cost of care growth.
- DAP providers receive a positive adjustment to the AHCCCS fee-for service rates contingent upon accomplishing DAP milestones.

Upcoming SPAs

Fee-for-service Rates SPAs

- Effective 10/1/23
- FQHC/RHC: Rates will be adjusted by the state plan methodology chosen by each health center.
- Hospice: Rates will match the Medicaid Hospice Payment Rates published by Medicare.
- Ambulance: Updates will result in a 5.6% aggregate increase.
- Physician Drug Schedule Rates: Changes in drug prices will result in a 4.2% aggregate change

Upcoming SPAs

Fee-for-service Rates SPAs (Cont'd)

- Effective 10/1/23
- Inpatient Hospital APR-DRG: The base rate for hospitals qualified for the Rural Hospital Inpatient Fund (RHIF) will be adjusted.
- Inpatient Hospital LTAC Hospital and Rehab Hospital: Inpatient per diem rates will be updated for changes in hospital case mix indices and outlier cost- to- charge ratios.
- AZEIP Speech Therapy rates will be adjusted on aggregate by 20.1%

Upcoming SPAs

Fee-for-service Rates SPAs (Cont'd)

- Effective 10/1/23
- Ambulatory Surgical Center Fee Schedule: Aggregate increase of 4.5%.
- Durable Medical Equipment Fee Schedule: 2.8% increase in aggregate.
- Clinical laboratory fee schedule: Fee schedule rates will reflect the Medicare Fee Schedule, for a decrease of 2.6%.
- Physician Fee Schedule: Updates reflect the change in Relative Value Units on the Medicare fee schedule.

Upcoming SPAs

Fee-for-service Rates SPAs (Cont'd)

- Effective 10/1/23
- Adaptive Behavior Assessment(ABA) codes (CPT 97151-97158) currently set at By-Report will have a FFS rates established.
- Modifier CO and CQ used to indicate services furnished by a PT Assistant or OT Assistant will be paid at 85% of the fee schedule to align with Medicare
- 15 specific dental codes will receive a 10% rate enhancement when provided in Flagstaff.

Tribal Feedback on Upcoming SPAs

- What questions do you have about the upcoming SPAs?
- What impact will the upcoming SPAs have on AHCCCS members in your community?
- What impact will this SPA have on AHCCCS enrolled providers in your community?
- What other concerns or suggestions should AHCCCS consider with this SPA?

Public Comments

All SPAs are posted for Public Notice at the following website:

www.azahcccs.gov/AHCCCS/PublicNotices/#SPAs

Public Comments or Written Testimony may be submitted by:

- Email: publicinput@azahcccs.gov
- Postal Mail

AHCCCS

Attn: Division of Community Advocacy and
Intergovernmental Relations

801 E. Jefferson St., MD 4200 Phoenix, AZ 85034

Open Discussion

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Break
Time

We will resume at
1:45 pm MST

1115 Waiver Updates

Shreya Arakere

AHCCCS Federal Waiver & Evaluation Administrator

Section 1115 of the Social Security Act


- Allows states flexibility to design Demonstration projects that promote the objectives of the Medicaid program,
- Demonstration projects are typically approved for a five-year period and can be renewed every five years, and
- Must be budget neutral, meaning that federal spending under the waiver cannot exceed what it would have been in absence of the waiver,
- Must undergo extension evaluations with an independent evaluator.

Parents as Paid Caregivers Waiver Amendment

Public Comment Review

- AHCCCS formally concluded the public comment period on 8/21/23 and throughout the process AHCCCS:
 - Engaged over 1,700 stakeholders through community forums and other stakeholder meetings,
 - Received over 2,100 total pieces of feedback through verbal, chat, and email responses with the most common themes:
 - Adding habilitation as a covered service,
 - Concern with the 40 hour limitation and date of implementation,
 - Inability to find habilitation providers,
 - Countless valuable personal experiences, and many more.

Parents as Paid Caregivers Overview



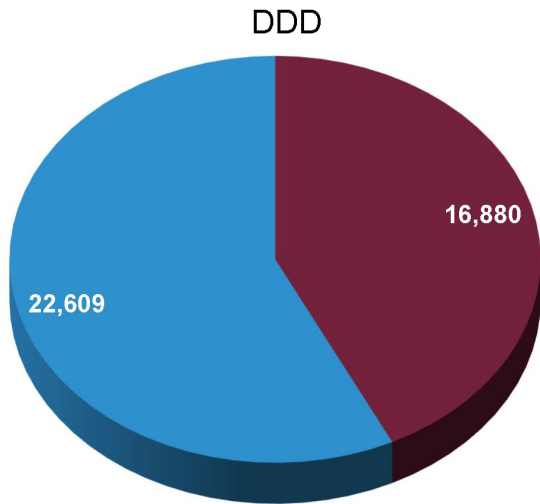
Pre-PHE (1988-2020)	During-PHE (2020-2023)	After-PHE (2023- →)
<p>No ability for parents to be paid as caregivers for their minor children</p> <p>Ability for parents of adult children (and other family members) to provide care has been a long standing feature of the ALTCS program</p>	<p>Parents as Paid Caregivers of their Minor Children- Temporary flexibility offered by CMS to address challenges presented by PHE.</p> <p>Includes:</p> <ul style="list-style-type: none"> - Paying parents for services such as attendant care and habilitation - No hourly limitations <p>Parents of adult children (and other family members) remained in place</p>	<p>Proposal looks to continue aspects of the program including:</p> <ul style="list-style-type: none"> - Paying parents for attendant care and habilitation - 40 hour limitation for parents with a phase down approach - Inclusion of family support services for ALTCS members and families <p>Parents of adult children (and other family members) will remain in place</p>

Proposed Phased Approach

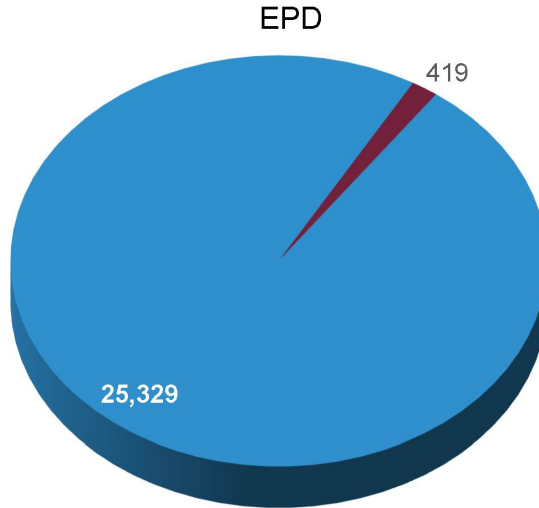
- Currently, in Arizona, there are 277 (8%) members receiving over 40 hours of paid care from their parent providers out of the total 3,454 members with parent DCWs.
- AHCCCS is proposing a phased-in approach for these families currently over the 40 hour limitation:
 - Until January 31, 2024: No hourly limitation
 - 2/1/2024 to 5/31/24: 80 hour per week limitation
 - 6/1/24 to 9/30/24: 60 hour per week limitation
 - 10/1/2024 and thereafter: 40 hour per week limitation

Total # of Minors vs. Total Enrollment

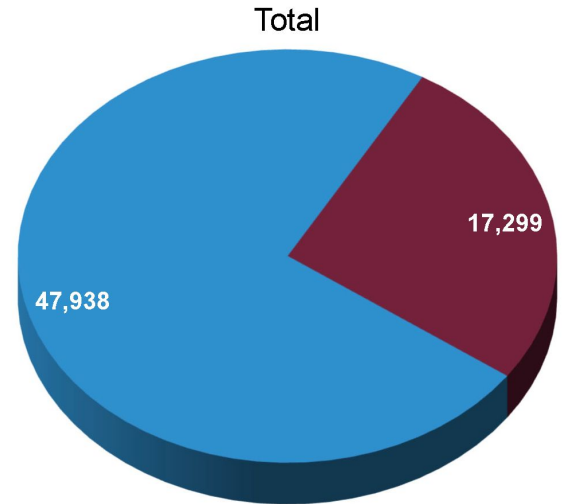
■ # of minor children living at home receiving HCBS* ■ Other Members



Total: 39,489



Total: 25,748



Total: 65,237

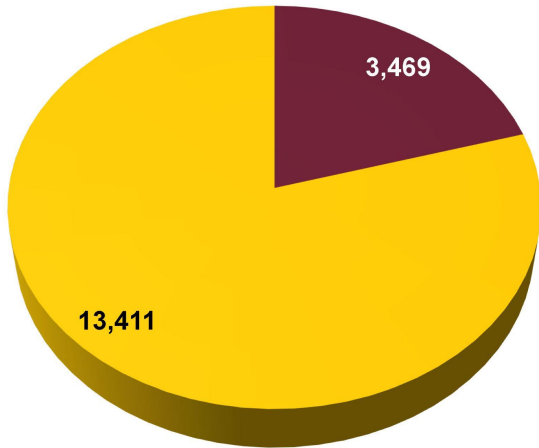
*Data represents both parent and non-parent providers

Number of Minor Children Served by Parent

■ #of minor children served by parent

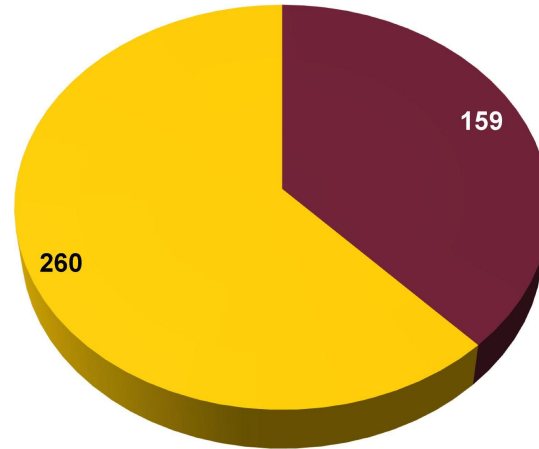
■ Minor members not served by parents

DDD



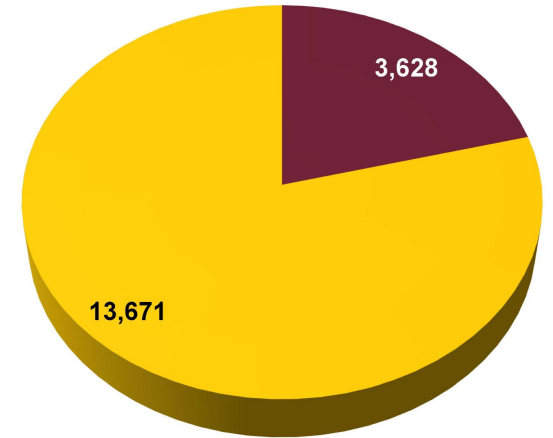
Total: 16,880

EPD



Total: 419

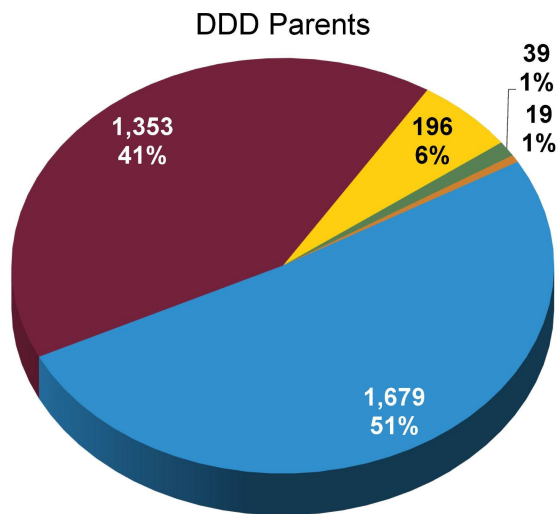
Total



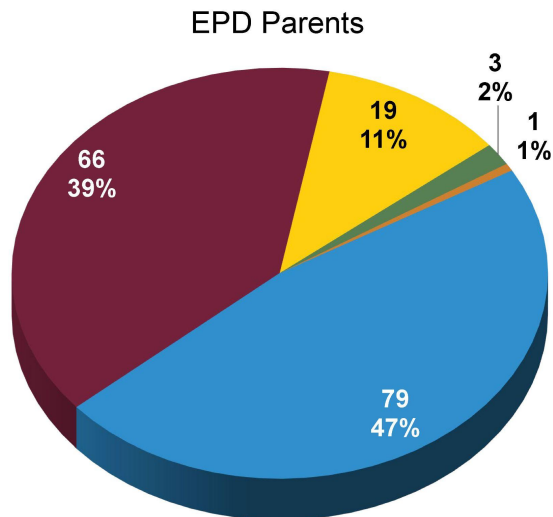
Total: 17,299

Weekly Paid Hours by Parents to their Child

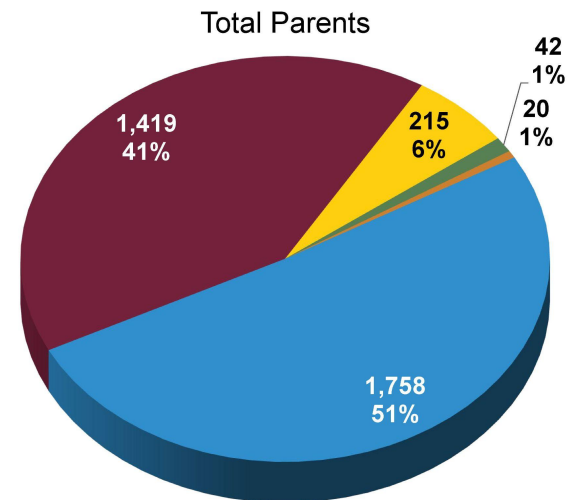
■ 0-20 ■ 21-40 ■ 41-60 ■ 61-80 ■ 80+



Total: 3,286

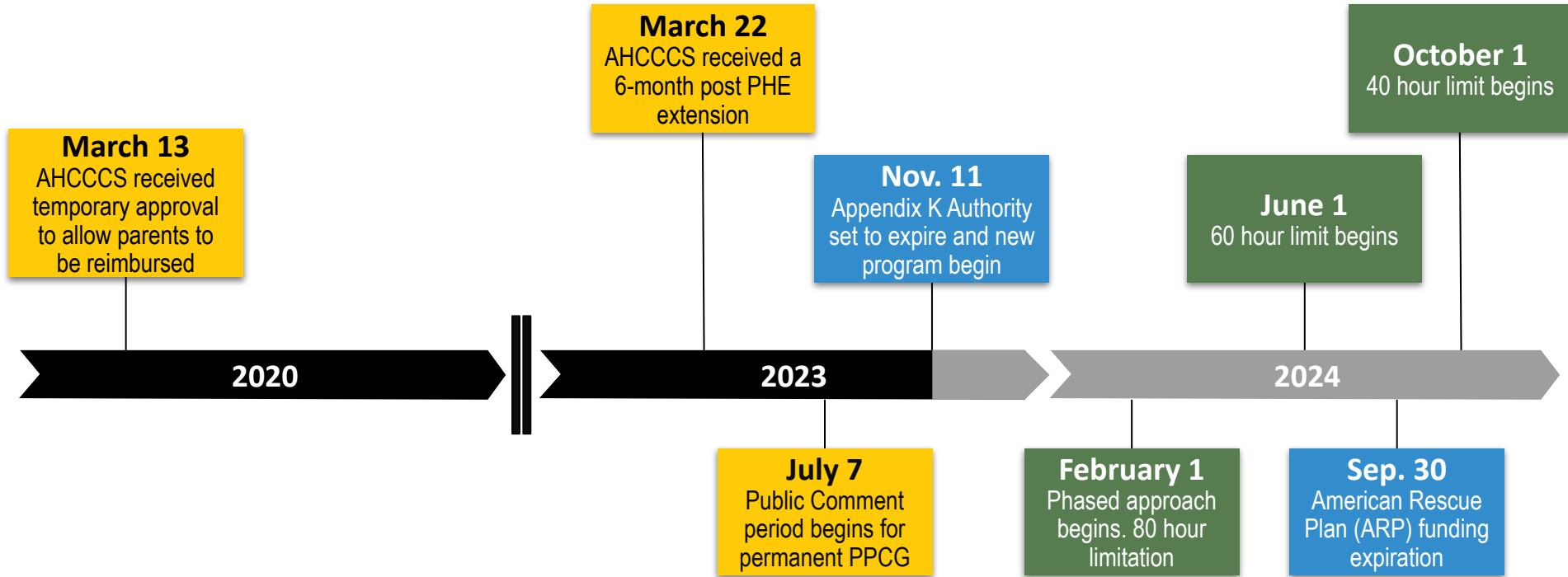


Total: 168



Total: 3,454

Parents as Paid Caregivers - (Proposed) Timelines



Operational/Policy Improvements & Next Steps

- After AHCCCS submission of the proposal, CMS will then undergo a federal comment period where additional comments can be submitted.
- Upon CMS approval, the following operational and policy modifications will be implemented:
 - Update to Habilitation policy including demonstrated competency requirements,
 - Focus on Respite recruitment and retention,
 - More clear definitions for key terms such as “extraordinary care,” “legally responsible parent,” and more.

Resources

Parents as Paid Caregivers Resources

- More information on the Parents as Paid Caregivers Waiver Amendment can be found at www.azahcccs.gov/Resources/Federal/PendingWaivers/ParentCareGivers.html.
- The web page includes a summary of Arizona's Demonstration amendment request.

Open Discussion

An orange ceramic mug is the central focus, sitting on a light-colored, reflective surface. The words "Break Time" are written on the mug in a white, casual, handwritten-style font. A white horizontal line is drawn below the text. In the background, a laptop is open, and a smartphone lies flat on the desk. A small green plant in an orange pot is also visible, though out of focus.

Break
Time

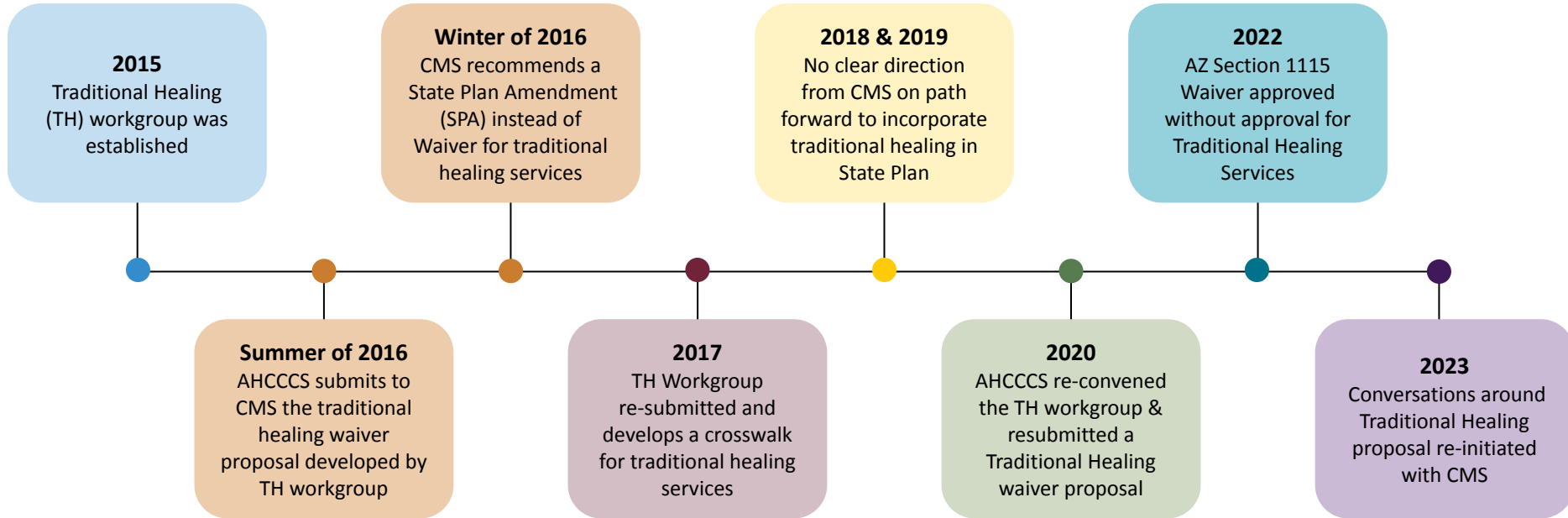
We will resume at
1:45 pm MST

Traditional Healing Updates

Alex Demyan

DCAIR Assistant Director

Traditional Healing Timeline



Traditional Healing Workgroup Process

- The traditional healing proposal described in this presentation was created by an external traditional healing workgroup in collaboration with AHCCCS.
 - Comprised of tribal leaders and IHS representatives from across Arizona
- Met to establish the structure and parameters in this proposal, and has maintained contact with the agency for updates and to offer any further support.
- The workgroup guiding AHCCCS' proposal was comprised of facilities from all three of the IHS area offices in Arizona, two Urban Indian Organizations in addition to other tribal health advocacy groups like the Inter Tribal Council of Arizona.

Definitions

- **Facility:** Indian Health Service, Tribal Title I. or Title V. P.L.93-638 Facility, and Urban Indian Health Organizations (I/T/U) located on and off Tribal lands.
- **Medical Provider:** Licensed and/or credentialed healthcare professional responsible for the medical care of the member.

Qualifying Entities

- **Qualifying Entity:** Facility governing body or its tribal governing body, responsible to define and endorse traditional healers and the services they perform.
 - Training and qualifications of Traditional Healing Providers may vary widely depending on the Tribe served. For this reason a facility governing body may serve as the Qualifying Entity or designate another Qualifying Entity from the Tribe(s) served to endorse qualified Traditional Healing Providers.

Qualified Traditional Healing Provider

- **Traditional Healing Practitioner:** Person who is a contractor or employee of the Facility and recognized by the Qualifying Entity to provide traditional healing services.
 - Requires an official signed and dated endorsement letter by the Qualifying Entity that the traditional healing provider meets all qualifications to provide traditional healing services within the scope of practice designated by the Qualifying Entity.
 - The Practitioner would be hired/contracted through the Facility, who respond to referrals for TH services.

Covered Services

- The coverage of traditional healing services will be limited to the practices approved by the facility governing body to be performed by a qualifying traditional healing practitioner.
 - As with many Medicaid covered services, traditional healing services must be coordinated within a comprehensive plan of health care that includes specific individualized goals.

Traditional Provider/Facility Arrangements

- TH Provider and Facility arrangements include:
 - The array of traditional healing services to be available to Medicaid eligible members would need to be authorized and provided by the Facility.
 - The Facility would be responsible for establishing the traditional healing services to be utilized or arranged with a qualified traditional healer (as either an employee or contractor) to provide the services.
 - Traditional healing policies and procedures would be developed by the Facility governing body.
 - The Facility would be responsible for having policies in place by which traditional healing and the clinical and preventive allopathic health care providers consult each other and share treatment information for members.
 - The Facility system of performance evaluation or a customer service satisfaction survey that provides information on the effectiveness of the traditional healing program would be required.

Other

- Upon approval by CMS, the AHCCCS Medical Policy Manual (AMPM) will require the IHS, UIHP, or 638 tribal governing bodies to adopt policies and procedures and determine the array of covered traditional healing services that may be offered.
- The covered traditional services, limitations, and exclusions shall be described by each facility (working with each tribe they primarily serve) seeking to participate in this program.

Open Discussion

Policy TC Framework

Alex Demyan, DCAIR Assistant Director

Sandi Borys, AHCCCS Contract & Policy Administrator

Carol Parra, AHCCCS Policy Analyst

Goal of Today's Discussion

- Establishing an environment for open, healthy dialogue
- Discuss and consult on the structure and purpose of **Policy TC** meetings
- Gain feedback and insight on proposed meeting structure, roles, process flow, etc
- Answer any questions AHCCCS is able to
- Establish a path forward based on group consensus

Disclaimers

- All information included in today's discussion are current proposals
- AHCCCS has not yet finalized the processes that will be discussed today
- This ***Policy TC*** concept is being created based on feedback during previous TC meetings
- Today's meeting is specific to the ***Policy Tribal Consultation (TC)*** meeting concept, not Tribal Consultation in general
- No policies will be discussed during today's meeting

Current AHCCCS Policy Process: Overview

Introduction to AHCCCS Medical Policy Manual

Background

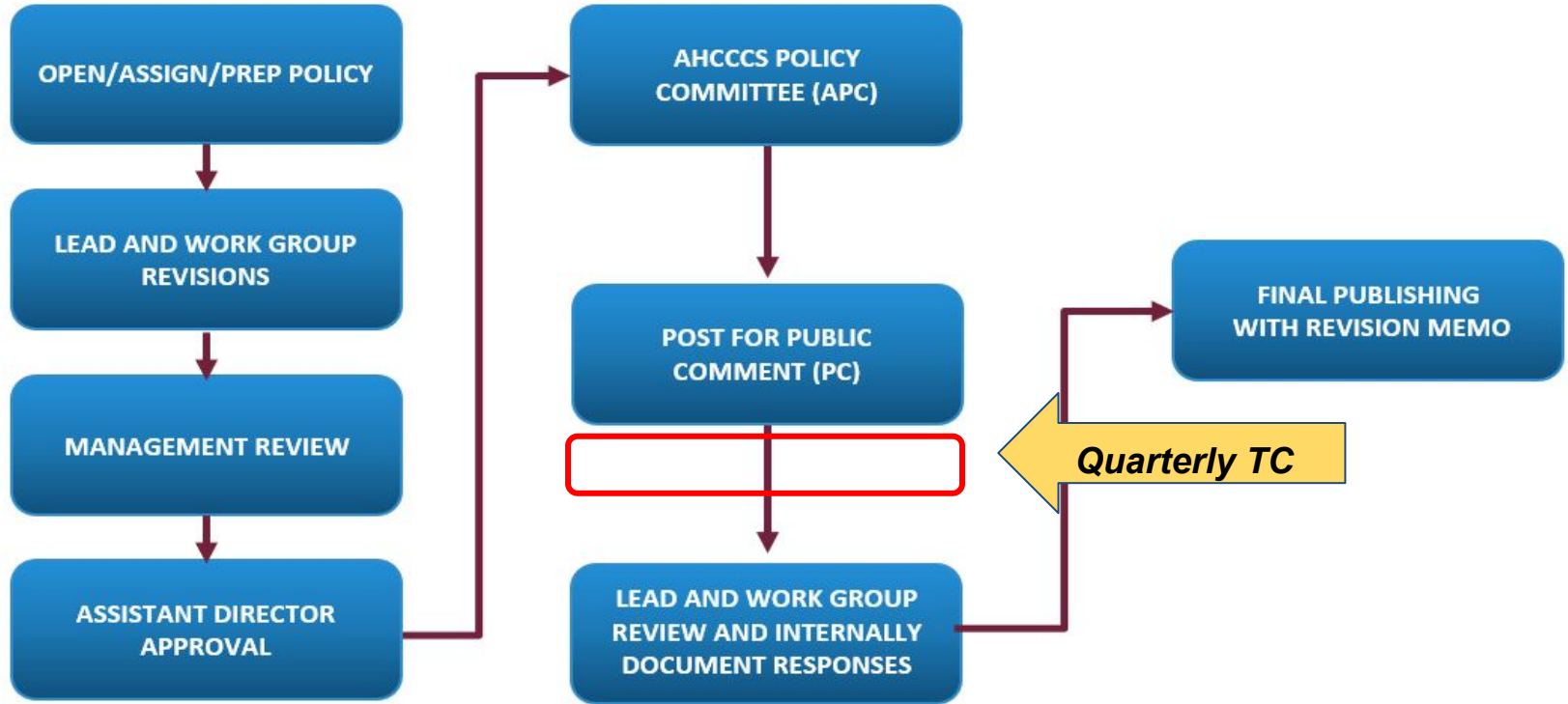
The AHCCCS Medical Policy Manual (AMPM) provides guidance and expectations surrounding covered services for both our Managed Care Contractors (MCOs) and our Tribal partners (FFS Programs).

Introduction to Policy Revisions

AMPM Policies may be revised for the following reasons:

- Requirements stemming from Centers for Medicare and Medicaid Services (CMS),
- Legislative changes,
- Governor Executive Orders,
- Annual Contract Renewals, and/or
- Agency periodic reviews.

POLICY WORKFLOW (CURRENT)



Current Process

Pros:

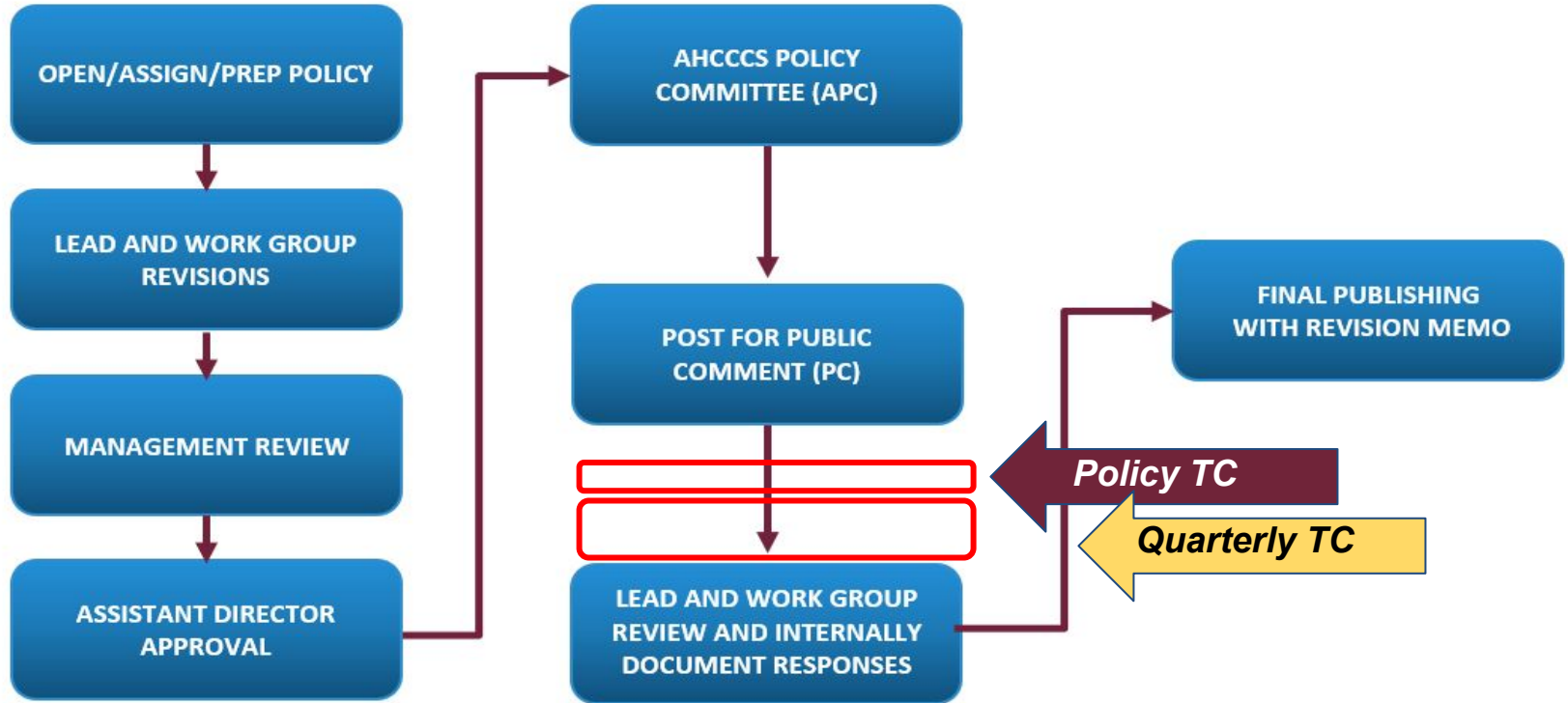
- Administrative efficiency for AHCCCS
- One-stop shop for Tribal leaders

Cons:

- Minimal opportunity for dialogue
- Information overload
- Compressed time for discussion
- Slides, slides, slides
- Lack of meaningful consultation

Proposed Changes

POLICY WORKFLOW (PROPOSED)



Proposed Meeting Structure

- Quarterly recurring meetings
 - Ad-hoc meetings can be added if-necessary
- 2 weeks prior to Quarterly TC meetings
- 1.5 hour meeting time
- Meeting time will be reserved for tribal leaders or their designee, I/T/U leadership, I/T/U staff, TRBHA leadership, TRBHA staff and Tribal members
- Virtual only
 - In-person option available upon request

Process Flow

- Tribal Liaison will maintain a listserv for **Policy TC** participants
- Tribal Liaison will send a list of AHCCCS policies open for TC on a monthly basis with a survey to prioritize policies for **Policy TC** discussion.
- **Policy TC** participants will complete survey and/or email the Tribal Liaison to indicate which policies should be reviewed at the next **Policy TC**
- Tribal Liaison will coordinate with the AHCCCS policy team and agency SMEs to attend upcoming **Policy TC**.
- Selected policies will be discussed during the **Policy TC** meeting
- Tribal feedback will be recorded and incorporated, as appropriate
- Tribal Liaison will provide updates on incorporation of feedback through the **Policy TC** listserv

Proposed Roles

- **Tribal Community/Policy TC Participants-** Inform AHCCCS on which policies to bring to the ***Policy TC*** meetings, actively participate in ***Policy TC*** meetings, provide feedback on AHCCCS policies.
- **AHCCCS Tribal Liaison-** Coordinate meetings, send calendar invites, establish zoom, send policy updates, maintain email listserv, coordinate agency SMEs, actively listen and record tribal feedback.

Proposed Roles

- **AHCCCS Policy Staff-** “Drive” the Zoom meetings, share screen with ***Policy TC*** participants as policy is reviewed, maintain an up-to-date list of policies open for TC, provide technical assistance as SMEs on the policy process.
- **AHCCCS Subject Matter Expert-** Participate in Policy TCs when a policy is being reviewed relevant to the SME’s area of expertise. SMEs will provide policy overviews, actively listen to feedback and will be available for discussion during the Policy TC.

Proposed *Policy TC* Process

Pros:

- Administrative efficiency for AHCCCS
- One-stop shop for Tribal leaders

Cons:

- Minimal opportunity for dialogue
- Information overload
- Compressed time for discussion
- Slides, slides, slides
- Lack of meaningful consultation

For Consideration- Policy Notification List

AHCCCS Tribal Liaison shall provide a Policy Notification List including:

- Date Policy is opened,
- Policy name and link to AHCCCS web page,
- Initial reason for opening,
- Opportunity for Tribal Stakeholders to voice interest in working on Policy,
- Anticipated Effective Date,
- Additional Changes after Opening,
- AHCCCS Policy Committee presentation,
- Public comment, and
- Publishing.

Open Discussion

Member Exploitation & Provider Fraud Comprehensive Plan Overview

Alex Demyan, DCAIR Assistant Director

Marcus Johnson, Deputy Director

Christine Holden, AHCCCS Tribal Liaison

Open Discussion

Open Discussion

Closing Remarks

Announcements

Next AHCCCS Tribal Consultation:

November 9, 2023 at 8:30 a.m.

Please check the [AHCCCS Tribal Consultation](#) webpage for meeting information.

*Please send any agenda recommendations to Christine.Holden@azahcccs.gov by October 26, 2023.

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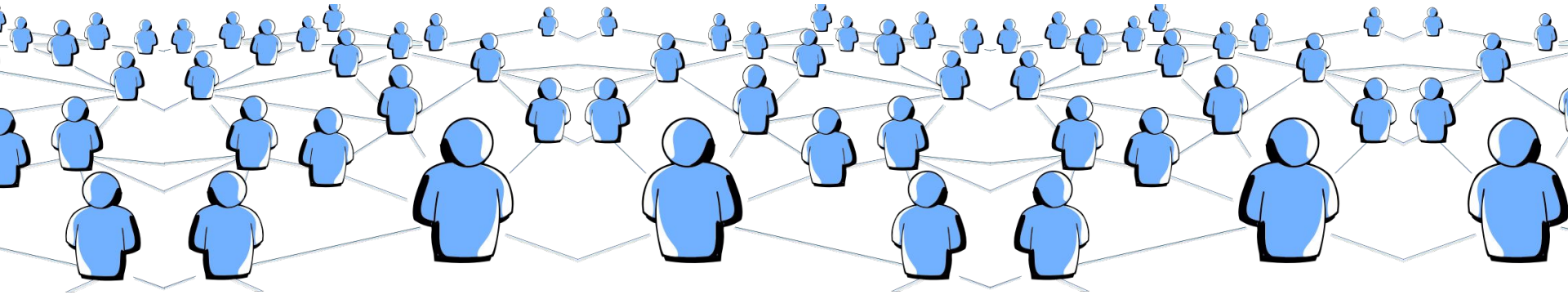
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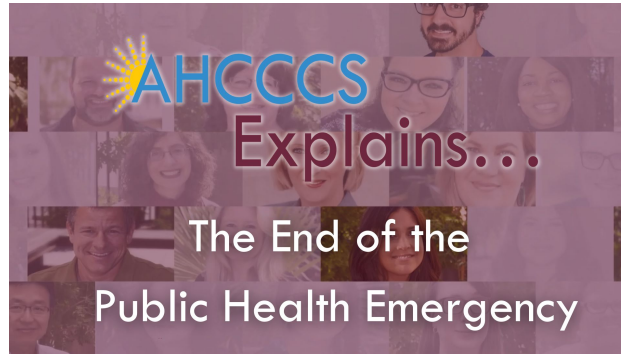
[@AHCCCS](https://www.linkedin.com/company/AHCCCS)

Channel:

[AHCCCSgov](https://www.youtube.com/channel/AHCCCSgov)



Learn about AHCCCS' Medicaid Program on YouTube!



Watch our Playlist:

[Meet Arizona's Innovative Medicaid Program](#)

Other Resources - Quick Links

- AHCCCS [Waiver](#)
- AHCCCS [State Plan](#)
- AHCCCS [Grants](#)
- AHCCCS [Whole Person Care Initiative \(WPCI\)](#)
- AHCCCS [Office of Human Rights](#)
- AHCCCS [Office of Individual and Family Affairs](#)
- [Future RBHA Competitive Contract Expansion](#)

Thank You.

Have a great day!