Introduction

The AHCCCS Tribal Consultation Meeting was held on July 11, 2008 at the AHCCCS Administration. The meeting was held to provide updated information and obtain feedback from tribes regarding various anticipated programmatic changes. The programmatic changes are in accordance with legislation enacted into law during the 2008 Legislative Session and in accordance with changes approved by the AHCCCS Administration. The following changes and updates were covered during the Tribal Consultation Meeting.

- AHCCCS Tribal Consultation Policy
- New Hire Directory (Effective Date: October 1, 2008)
- Long Term Care Partnership Program (Effective Date: 2009)
- Self-Directed Attendant Care Services (Effective Date: October 1, 2008)
- Tobacco Cessation Medication Coverage (Effective Date: October 1, 2008)
- AHCCCS Budget Provisions (Fiscal Year 2009)
- Proposed Employer Sponsored Insurance Program (Pending Approval)
- IHS/AHCCCS Name Change
- Referral Policy Changes (Effective Date: October 1, 2008)
- Member Handbook and Website Updates (Effective Date: September 2008)
- AHCCCS American Indian Health Program Kickoff (September 19, 2008)

Monica Coury, Assistant Director, Intergovernmental Relations, welcomed participants and facilitated the Tribal Consultation Meeting. At the beginning of the meeting, Tribal Relations Liaison, Carol Chicharello, distributed the current AHCCCS Tribal Consultation Policy for review and provided a brief overview about the purpose of the meeting. The Tribal Consultation Policy is included as Attachment A.

Programmatic Changes –

Jennifer Hott, Chief Legislative Liaison, presented information on four programmatic changes that would take effect according to legislation enacted in the 2008 Legislative Session and information on the AHCCCS budget provisions.

<u>New Hire Directory</u>

The first programmatic change presented was the New Hire Directory. The New Hire Directory is a directory already available to the Department of Economic Security and provides information on newly hired employees in the State of Arizona. Federal authority permits AHCCCS and other state Medicaid programs to utilize a new hire directory to obtain information on Title XIX members for their respective states. The New Hire Directory state legislation was enacted to allow AHCCCS to access the New Hire Directory in the State of Arizona. Attachment B provides more information on the New Hire Directory.

Comments:

No comments were made regarding this change.

<u>Long Term Care Partnership Program</u>

The second programmatic change presented was the Long Term Care Partnership Program. The Long Term Care Partnership Program would be a program available to encourage individuals to purchase their own private long term care insurance policy. The program would

be designed to provide an incentive to these individuals when, and if, the policy's maximum benefit is reached. Under this program, if the individual were to apply for the Arizona Long Term Care System (ATLCS) Program, the amount of the benefit capped on their previous long term care policy would be disregarded from the person's assets when determining financial eligibility. Attachment B provides more information on the Long Term Care Partnership Program.

Comments:

No comments were made regarding this change.

Self-Directed Attendant Care Services

Self-Directed Attendant Care Services will be a change to the Arizona Long Term Care System (ALTCS) Program. Under this change, ALTCS members residing in the home setting will be given the option to "hire" their own attendant care service providers and self-direct their care. The member would have to be mentally stable and competent. The caregiver would be required to train under a registered nurse in order to provide certain skilled services to the ALTCS member under this option. Attachment B provides more information on Self-Directed Attendant Care Services.

Comments:

- Roselyn Begay, Division of Health, Navajo Nation, asked if self-directed attendant care providers would be at the community level. Ms. Begay further clarified that the Navajo Nation programs including the Community Health Representative (CHR) Program and the Area Agency on Aging (AAA) provide similar services to home-bound community members.
    - AHCCCS staff responded by stating that this option would be available to ALTCS members residing in the home setting. The ALTCS member would have to meet the mental stability and competency requirement.

- Amelia Segundo, Community Health Representative Program, Kaibab-Paiute Tribe requested clarification of whether or not the CHRs would be paid by AHCCCS under this program.
    - AHCCCS staff responded that the ALTCS Manager, Alan Schafer, would need to be contacted to answer this question. The AHCCCS Medical Policy Manual (AMPM), Chapter 1300, contains the policy regarding Self-Directed Attendant Care Services.

- Ginger Fligger, Business Office, Gila River Health Care Corporation, asked if hospice was still a covered benefit for IHS/AHCCCS acute care members.
    - AHCCCS staff responded in the affirmative that under the acute care program, hospice is still a covered benefit.

Tobacco Cessation Medication Coverage

The Tobacco Cessation Medication Coverage change will allow for AHCCCS to offer tobacco cessation medications to its members that receive services through the Arizona Department of Health Services Tobacco Education and Prevention Program (TEPP). Attachment B provides a brief overview on Tobacco Cessation Medication Coverage.

Comments:

- Kim Russell, Human Services, Inter Tribal Council of Arizona, Inc. stated that 7 of out of 22 tribes, including the Navajo Nation, have TEPP contracts with ADHS. Ms. Russell asked about whether members of tribes that do not have TEPP contracts with ADHS would be eligible for this program.
  - AHCCCS staff responded that ADHS TEPP services would also be available by phone and realizes that many tribal members may not have a home telephone.

- Patsy Sneezy, Community Health Representative Program, San Carlos Apache Tribe, stated that the San Carlos Apache Tribe also did not have a TEPP contract.
  - AHCCCS responded that appropriate ADHS and AHCCCS staff overseeing policy regarding Tobacco Cessation Medication Coverage would be consulted about the need for consideration for tribal members without access to TEPP services

AHCCCS Budget Provisions

The AHCCCS Budget Provisions included various programmatic changes and reporting requirements. Programmatic changes include the elimination of ALTCS Dental, continues non-ALTCS Hospice, places KidsCare Parents into permanent law, suspends Social Security Disability Insurance – Temporary Medical Coverage (SSDI-TMC), and other changes. Attachment B provides more information on changes resulting from the budget provisions.

Comments:

- Julia Ysaguirre, Contract Health Services, Phoenix Area Indian Health Service Office, asked if there was any support in the legislature for Healthcare Group, as the program has been on the chopping block in previous years.
  - AHCCCS staff responded that two state legislators were able to push some changes to the program and garner support of the program.

Proposed Employer Sponsored Insurance Program

The Employer Sponsored Insurance (ESI) Program was proposed to the Centers for Medicare and Medicaid Services (CMS). The proposed ESI Program would be an option for children enrolled in the KidsCare Program. The option would serve as an alternative to the traditional KidsCare program and provide a premium subsidy for a child if they were to enroll with their parent's employer-sponsored insurance. Attachment C provides more information on this program.

Comments:

- Roselyn Begay, Division of Health, Navajo Nation, asked if there was a requirement for paperwork under this program. Ms. Begay also stated that employees of the Navajo Nation have 100% of their premiums covered and 70% of dependents' premiums covered under the Navajo Nation's employee insurance coverage. Roselyn also pointed out that Native Americans are exempt from cost sharing requirements under the traditional KidsCare Program. Ms. Begay then asked for confirmation that Native American KidsCare enrollees would have to pay for any applicable cost sharing requirements of the employer sponsored insurance under this option.
  - AHCCCS staff responded that there is a requirement for paperwork, including verification of employment and enrollment in the employer's package. Native Americans are exempt from KidsCare premiums, but will be subject to any cost-sharing requirements under the employer's insurance package if the ESI option is chosen.

- Kathy Kitcheyan, Health Department, San Carlos Apache Tribe, asked if children would still be able to access services in a rehab center if the ESI option was chosen. Ms. Kitcheyan also asked when ESI would be finalized.
  - AHCCCS staff affirmed that children would still be able to access the same services under the ESI option as they would in the traditional KidsCare Program. In response to Kathy's second question, AHCCCS staff replied that the proposed ESI program is under review by CMS. The waiver requirement states that the program needs to be implemented by October 1, 2008. If the program is not implemented, there is a penalty provision. If CMS has not approved the program before this date, AHCCCS would likely seek an exemption from this requirement from CMS.

- Julia Ysaguirre, Contract Health Services, Phoenix Area Indian Health Service (IHS) Office, asked if employers can decide not to participate in the proposed ESI Program.
  - AHCCCS staff responded in the affirmative, that employers may choose not to participate in the ESI Program.

- Patsy Sneezy, Community Health Representative (CHR) Program, San Carlos Apache Tribe, asked if the ALTCS eligibility staff is eligible for the proposed ESI Program. While on the subject of ALTCS eligibility, Patsy stated that the local ALTCS office in Globe used to employ a Native American ALTCS eligibility interviewer, but currently does not. In fact, an interviewer travels from Casa Grande to provide these eligibility interviews to ALTCS applicants at the San Carlos Apache Tribe. Ms. Sneezy stated that the CHR Program helps the interviewer find where the applicants reside. Patsy stated that there was a need for an eligibility interviewer that has access to the community and speaks Apache or at least has an interpreter.
  - AHCCCS staff stated that State employees are exempt from the KidsCare programs. The need for eligibility staff to appropriately serve ALTCS applicants at the San Carlos Apache Tribe will be researched further.

- Terry Ross, Social Services, San Carlos Apache Tribe, stated that many tribal members have failed the ALTCS medical eligibility interview, partly because of differences in communication between eligibility interviewers and ALTCS applicants.

- Adolph Benavidez, San Simon Health Center, Tucson Area Indian Health Service, asked if the One-E Application would be modified to include the ESI option.
  - AHCCCS staff clarified that the child would have to first be determined KidsCare eligible, whereupon the parent will be notified about the options.

- Patsy Sneezy, CHR Program, San Carlos Apache Tribe, stated there are some tribal members employed by the San Carlos Apache Tribe that have low incomes. Ms. Sneezy asked if children of these employees can get coverage through the parent's employer sponsored insurance.
  - AHCCCS staff stated that if these children were KidsCare eligible, they would have access to the proposed ESI program.

- Kathy Kitcheyan, Department of Health, San Carlos Apache Tribe, asked if the income level was disregarded.
  - AHCCCS staff stated that the income eligibility requirements for the KidsCare Program would have to be met for this program.

- Julia Ysaguirre, Contract Health Services, Phoenix Area IHS Office, added that eligible families and children can opt to stay with the traditional KidsCare Program.
- Gloria Anguiano, Santa Rosa Health Center, Tucson Area IHS, asked if Native Americans employed by the State are ineligible for the KidsCare Program.
  - AHCCCS staff clarified that State employees cannot be eligible for the KidsCare Program and this eligibility requirement has not changed.

- Patsy Sneezy, CHR Program, San Carlos Apache Tribe, stated that some ALTCS Home and Community Based Services (HCBS) providers consider themselves state employees.
  - o AHCCCS staff responded that although HCBS providers are paid for services provided to ALTCS members, these individuals can apply for the KidsCare program.

IHS/AHCCCS Fee-for-Service Program

John Molina, M.D., Medical Director and Assistant Director of the Division of Fee-for-Service Management, presented on various changes to the IHS/AHCCCS fee-for-service acute care option for Native American AHCCCS members.

Program Name Change

The program name of the fee-for-service acute care option for Native Americans has changed from the name of "IHS/AHCCCS" to "AHCCCS American Indian Health Program." The former name of "IHS/AHCCCS" seemed to be problematic in many ways for members and providers. For example, providers would confuse IHS as the payor of services provided to the AHCCCS member. In other cases, non-IHS/638 providers have sent members back to the IHS/638 facility because of the misconception that only IHS/638 could provide services to this population. Based on feedback received from consultation with tribes, IHS Areas and facilities, urban Indian health programs, the Inter Tribal Council of Arizona, Inc., and the Advisory Council on Indian Health Care, the new name was composed. The new name has become effective as of July 1, 2008. It is likely that it will take some time for members and providers to become familiar with the new name and for the agency to use the new name consistently.

Comments:

- Kathy Kitcheyan, Health Department, San Carlos Apache Tribe, asked why the name refers to "American Indians" and not "Native Americans."
  - AHCCCS staff responded that the term seemed most acceptable and consistent by the consulted parties.
- Julia Ysaguirre, Contract Health Services, Phoenix Area IHS Office, asked if the online member eligibility verification system still uses the term "Indian Health Service" as the name for the fee-for-service program. Julia's concern is that providers will continue to route inquiries and claims to IHS which results in lost time in filing claims.
  - AHCCCS staff stated that the change to the verification system would occur and that issuance of new member cards to all AHCCCS members is expected to occur in October 2008.

- Julia Ysaguirre, Contract Health Services, Phoenix Area IHS Office, requested for AHCCCS call center training to clarify that DFSM is the health plan and to route calls appropriately.

- Kathy Kitcheyan, Health Department, San Carlos Apache Tribe, asked if services under the AHCCCS American Indian Health Program would remain the same, despite the

program's change in name. Ms. Kitcheyan also suggested the possibility of using the name AHCCCS/IHS, because the term "IHS" is what tribal members are used to.
  - AHCCCS responded that the services would remain the same under the new name.

- Julia Ysaguirre, Contract Health Services, Phoenix Area IHS Office, stated that she would prefer the name "AHCCCS Fee-for-Service" over a name including the term "IHS."

- Patsy Sneezy, CHR Program, San Carlos Apache Tribe, also stated that some tribally-operated 638 facilities are not referred to as "IHS."

Proposed IHS/AHCCCS Referral Policy Changes

The proposed changes to the IHS/AHCCCS Referral Policy have to do with the process by which AHCCCS American Indian Health Program (formerly IHS/AHCCCS) members can access certain categories of service from non-IHS/638 AHCCCS-registered providers. Currently, in order for these members to receive coverage for seven types of services when provided by a non-IHS/638 provider, a referral has to be initiated by an IHS/638 provider. This becomes particularly problematic when AHCCCS American Indian Health Program members "self-refer" or choose to see a non-IHS/638 AHCCCS-registered provider. This requirement becomes a barrier to care in these scenarios. The change would eliminate the referral requirement. Applicable prior authorization requirements would still remain effective. Attachment D provides more information on the current Referral Policy.

Comments:

- Ginger Fligger, Business Office, Gila River Health Care Corporation, asked if prior authorizations for non-emergency transportation over 100 miles would still apply.
  - AHCCCS staff replied that prior authorization requirements would still apply.
- Dr. Lisa Courtney, Health Department, Hualapai Tribe, asked about how the tribal program could bill for non-emergency transportation they provide to AHCCCS members receiving behavioral health services. The program has already received their National Provider Identifier (NPI) number.
  - AHCCCS staff replied that the provider would have to AHCCCS-registered. The non-emergency transportation for behavioral health services could be billed based on the enrollment of the member, i.e. RBHA or TRBHA.

- Julia Ysaguirre, Contract Health Services, Phoenix Area IHS Office, stated that the Hualapai non-emergency transportation provider would likely have to contract with the Northern Arizona Regional Behavioral Health Authority (NARBHA) for reimbursement.

- Kathy Kitcheyan, Health Department, San Carlos Apache Tribe, requested clarification on whether or not page 5 of the document entitled, "IHS Referrals," was the policy being revised.
  - AHCCCS staff stated that the policy entitled "IHS Referrals" is the current policy under revision.

- Kathy Kitcheyan, Health Department, San Carlos Apache Tribe, recommends that another session be held to review the Referral Policy and the Prior Authorization Policy.

- Patsy Sneezy, CHR Program, San Carlos Apache Tribe, recommended that there be an opportunity for participants on the phone to review the policies.

- Kim Russell, Human Services, Inter Tribal Council of Arizona, Inc., asked if the policy distributed was the policy that is currently in effect.
  - AHCCCS staff replied that the policy distributed in the meeting was the current policy. AHCCCS staff further stated that non-IHS/638 providers would need to be educated through various forms of outreach including the *Claims Clues* Newsletter.

- Kathy Kitcheyan, Health Department, San Carlos Apache Tribe, asked if IHS could help educate other providers, including non-IHS/638 providers, in the spirit of cooperation and collaboration.

- Julia Ysaguirre, Contract Health Services, Phoenix Area IHS Office, stated that IHS supports AHCCCS in making the proposed change to eliminate the referral policy. Julia also stated that AHCCCS members may not be aware that this procedure exists.

Member Handbook and Other Updates

The Member Handbook is a handbook under development by the Division of Fee-for-Service Management (DFSM) and will be designed specifically for AHCCCS American Indian Health Program members. Other AHCCCS-contracted health plans have member handbooks that include very useful information for their respective members. The member handbook will be designed to help the member navigate the system and provide information on covered services. The handbook is expected to be ready by September 2008. Bruce Jameson, Outreach Manager, is the primary contact regarding the member handbook.

An AHCCCS American Indian Health website specifically for American Indian AHCCCS members and Indian health providers is currently being composed by the Outreach Manager and the Tribal Relations Liaison. The site is expected to be complete and posted on the current www.azahcccs.gov website by September 2008.

Another important update is that AHCCCS plans to host a kickoff event for the AHCCCS American Indian Health Program on September 19, 2008 from 1 p.m. – 3:00 p.m. The kickoff event will be held to celebrate accomplishments in the AHCCCS American Indian Health Program (formerly IHS/AHCCCS), introduce the new tools that will be available, and provide visionary expectations as we move forward through collaboration between the AHCCCS and the Indian Health Service, tribally-operated 638 programs, urban Indian health programs, and tribal governments.

Comments:

- Kim Russell, Human Services, Inter Tribal Council of Arizona, Inc., expressed her excitement about the upcoming member handbook. Ms. Russell asked if the handbooks would be made available to hospitals and Indian health providers.
  - AHCCCS staff stated that the handbook would be available on the website for printing, but would not be distributed by AHCCCS at the time of release. Posting on the website would allow for updates to be made quickly and easily and would be cost-effective.

- Patsy Sneezy, CHR Program, San Carlos Apache Tribe, asked if a draft of the member handbook would be available.
  - AHCCCS staff stated that a draft would be made available. The current draft is about 50-60 pages total.

- Julia Ysaguirre, Contract Health Services, Phoenix Area IHS Office, stated that the Federal Employee Health Benefit Program makes 2 handbooks available, including one that is primarily a provider directory.

- Rita Moreno, Contract Health Services (CHS), Phoenix Area IHS Office, indicated that the CHS program has a tri-fold pamphlet that is brief and to the point. Rita stated that an abbreviated version at an appropriate reading level may be helpful. Ms. Moreno stated that perhaps in the future the handbook(s) could be translated into tribal languages.

- Patsy Sneezy, CHR Program, San Carlos Apache Tribe, stated that AHCCCS may consider providing more information on the ALTCS program, including trust-only income and share of cost. Although the ALTCS eligibility specialists are able to educate on these topics, at times this does not occur. Patsy indicated that providing information such as that which will be included in the handbook will be helpful, especially to the CHRs that need to be familiar with various programs and benefits in order to assist their clients.

- Agatha Anhill, Health Transportation, Tohono O'odham Nation, asked if there was a way to print claims by batch versus individually as the latter process takes time.
  - AHCCCS staff replied that the system is currently being worked on to try to allow for claims to be printed by batch.

Next Steps / Future Activities

The Tribal Relations Liaison will coordinate a meeting on August 11, 2008 to provide tribes an opportunity to review and provide feedback on the IHS/AHCCCS Referral Policy and the IHS/AHCCCS Member Handbook. Meeting notices and appropriate materials will be provided for this meeting and for the AHCCCS American Indian Health Program Kick-off Event.

Meeting Participants

In-person

Tribal Representatives –

Amelia Segundo, Health Supervisor, Kaibab-Paiute Tribe
Mary Lynn Marshbura, Health Educator, Salt River Pima-Maricopa Indian Community
Patsy Sneezy, Community Health Representative Program Manager, San Carlos Apache Tribe
Agatha Anhill, Billing Technician, Tohono O'odham Nation
Terry Ross, Social Services Director, San Carlos Apache Tribe
Kim Russell, Human Services Coordinator, Inter Tribal Council of Arizona, Inc.
Kathy Kitcheyan, Department of Health and Human Services Director, San Carlos Apache Tribe

Indian Health Service Representatives –

Julia Ysaguirre, Contract Health Services (CHS) Director, Phoenix Area Indian Health Service
Rita Moreno, CHS Health System Specialist, Phoenix Area Indian Health Service
Gary Breshears, Executive Officer, Phoenix Area Indian Health Service
Keith Longie, Deputy Director / Field Operations, Phoenix Area Indian Health Service

AHCCCS Staff –

Carol Chicharello, Tribal Relations Liaison, Office of Intergovernmental Relations

Jennifer Hott, Chief Legislative Liaison, Office of Intergovernmental Relations
Monica Coury, Assistant Director, Office of Intergovernmental Relations
John Molina, M.D., Medical Director and Assistant Director, Division of Fee-for-Service Management
Albert Escobedo, Information Technology/Business Process Development Manager and Acting Provider Registration Manager, Division of Fee-for-Service Management
Bruce Jameson, Outreach Manager, Division of Fee-for-Service Management
Linda Chelius, Prior Authorization Manager, Division of Fee-for-Service Management
Becky Fields, Claims Administrator, Division of Fee-for-Service Management
Maureen Sharp, Office of Medical Policy and Programs
Claire Sinay, Office of Medical Policy and Programs

By Phone

Tribal Representatives –

Demetra Barr, M.D., Health Director, Wassaja Memorial Health Center, Fort McDowell Yavapai Nation
Dr. Noel Habib, Gila River Health Care Corporation
Pamela Thompson, Gila River Health Care Corporation
Ginger Fligger, Gila River Health Care Corporation
Dr. Lisa Courtney, Hualapai Tribe
Pete Imus, Hualapai Tribe
Roselyn Begay, Division of Health, Navajo Nation
Carol Mark, Community Health Representative Program, Navajo Nation
Laverne Wyaco, Director, Navajo Area Agency on Aging
Patsy Triana, Health Department, Pascua Yaqui Tribe
Carmen Estrella, Health Department, Pascua Yaqui Tribe
Irene Sanchez, Health Department, Pascua Yaqui Tribe
Vicenta Munoz, Health Department, Pascua Yaqui Tribe
Nellie Hernandez, Health Department, Pascua Yaqui Tribe
Angelica Gomez, Health Department, Pascua Yaqui Tribe
Arlene Cocio, Health Department, Pascua Yaqui Tribe
Angela Coleman, Health Department, Pascua Yaqui Tribe
Andres Flores, Health Department, Pascua Yaqui Tribe
Esperanza Garcia, Health Department, Pascua Yaqui Tribe
Mary Cupis, Health Department, Pascua Yaqui Tribe
Tula McCarthy, Health Department, Pascua Yaqui Tribe
Emmie Cromwell, White Mountain Apache Tribe

Indian Health Service Representatives –

Mary Lingruen, Tucson Area Indian Health Service
Felix Mike, Jr., Sells Hospital
Gloria Anguiano, Santa Rosa Health Center
Donald Gerstner, Santa Rosa Health Center
Adolph Benavidez, San Simon Health Center

Attachments

A - AHCCCS Tribal Consultation Policy
B - AHCCCS Legislative Updates

C - Proposed Employer Sponsored Insurance Program
D - Current IHS/AHCCCS Referral Policy

Attachment A:

AHCCCS Tribal Consultation Policy

Arizona Health Care Cost Containment System (AHCCCS)
Tribal Consultation Policy

1. Introduction

The mission of the Arizona Health Care Cost Containment System (AHCCCS) is to provide comprehensive, quality health care to those in need. AHCCCS and Indian Tribes in the State of Arizona share the common goal of decreasing health disparities and maximizing access to critical health services. In order to achieve this goal, it is essential that AHCCCS and Indian Tribes engage in open, continuous, and meaningful consultation. True consultation consists of ongoing information exchange and mutual understanding which leads to informed decision-making.

2. Background

A unique government-to-government relationship exists between Indian Tribes and Federal and State Governments. Since the formation of the Union, the United States has recognized Tribal Governments as sovereign nations. Treaties and laws, together with court decisions, have defined a relationship between Indian Tribes and the Federal Government that is unlike that between the Federal Government and any other group of Americans. The Federal Government has enacted numerous regulations that establish and define a trust relationship with Indian Tribes (see Appendix A). As a state agency responsible for administering a federal program, these regulations play a significant role in the AHCCCS Tribal Consultation Policy.

3. Policy

The guiding principle of this Policy is to ensure that, pursuant to the special relationship between the Indian Tribes and Federal and State Governments, reasonable notice and opportunity for consultation with Indian Tribes is provided by the AHCCCS Administration regarding high-level policy changes that significantly impact Indian Tribes in the State of Arizona. High–level policy changes that significantly impact Indian Tribes refer to actions that have substantial Tribal implications with direct effects on one or more Indian Tribes, on the relationship between the State of Arizona and Indian Tribes, or on the distribution of power and responsibilities between the State of Arizona and Indian Tribes.

4. Philosophy

AHCCCS is the health care insurance provider for a considerable percentage of Arizona's American Indian population. The involvement of Indian Tribes in the development of AHCCCS policy allows for locally relevant and culturally appropriate approaches to important issues. Therefore, AHCCCS is committed to working with Indian Tribes to improve the quality, availability, and accessibility to care for American Indians in Arizona.

5. Objectives

In order to fully effectuate this Policy, the AHCCCS Administration will:

1) Establish communication channels with the elected leader of each tribe and the appointed leadership of the Division of Health for each Tribe in Arizona. The AHCCCS Administration recognizes a standing goal of working with Tribes is to increase their knowledge and understanding of AHCCCS programs and policies.
2) Seek timely consultation with Indian Tribes to discuss potential changes to high-level policy that would have a significant impact on Indian Tribes.
3) Allow for consultation with Indian Tribes in the development of new policy with substantial Tribal implications, including State Plan Amendments and Waiver proposals.
4) Coordinate within the Agency to ensure consistent application of the Tribal Consultation Policy.

6. Principles

Trust among AHCCCS and Indian Tribes is an indispensable element in establishing a good consultative relationship. To establish and maintain trust, consultation must occur on an ongoing basis. The AHCCCS Administration, guided by the Tribal Relations Liaison, shall use the guidelines in Section 7 to determine the nature and extent of consultation that should occur to ensure that the intent of this Policy is satisfied.

Consultation occurs whenever the AHCCCS Director and Tribal Official(s), and/or their designees, engage in oral or written correspondence to discuss an issue. Consultation with a single Indian Tribe will not substitute for consultation with other Tribes on issues that may affect more than one Tribe.

AHCCCS staff persons who have a role in the development or implementation of policy substantially affecting American Indians or Indian Tribes in the State of Arizona shall understand the purpose of the AHCCCS Tribal Consultation Policy, its expectations, and its anticipated outcomes.

7. Consultation Process

AHCCCS engages in consultation with Indian Tribes about policy issues at a variety of levels through a variety of methods to facilitate Tribal consultation on policies that directly affect American Indians and Indian Tribes in Arizona.

A. Direct Consultation by the AHCCCS Administration

1) New or Changing Policy or Program Implementation

a. When it appears that a new or changed AHCCCS policy may be needed, the AHCCCS Administration shall consider whether the policy change is likely to have a significant impact on Indian Tribes in the State of Arizona.
b. If an issue is identified that is likely to have a significant impact on Indian Tribes in the State of Arizona, the AHCCCS Administration shall provide timely written notice to Arizona Indian Tribes soliciting feedback and recommendations regarding the issue. Such solicitations shall be directed to Tribal leaders explaining the background, describing the proposed action, and requesting a response within a given timeframe.
c. If a Tribal elected or appointed official requests additional information or provides feedback regarding an issue, the AHCCCS Administration shall communicate, verbally or through written correspondence, with the official to provide a timely and substantive response.
d. Face-to-face consultation sessions may be scheduled. Such sessions may be scheduled as a single statewide meeting, or in conjunction with other statewide meetings.
e. The AHCCCS Administration may also provide written notice and a solicitation for feedback to non-Tribal organizations such as the Advisory Council on Indian Health Care, the Inter Tribal Council of Arizona, and the Indian Health Service Area Offices in Arizona. Such communications do not substitute for direct communication with the Indian Tribes in Arizona.

B. Ongoing Consultation

1) The AHCCCS Administration will participate in HHS regional consultations, and, as requested, in consultation meetings sponsored by HHS agencies, the Indian Health Service or Indian Tribes.
2) The AHCCCS Administration will provide an opportunity for submission of written comments during any period of ongoing consultation.
3) The AHCCCS Administration will continue to meet regularly with Indian Tribes in the State of Arizona. To the extent issues of general application are discussed in such meetings, the Tribal Relations Liaison or other designated AHCCCS staff will provide follow-up, as appropriate.

8. Joint Tribal/State Workgroups

   A. Joint Tribal/Federal Workgroups and Task Forces
   AHCCCS may establish or participate in workgroups, task forces or other groups or committees with Indian Tribes and others to address issues affecting American Indians and Indian Tribes in Arizona.

   B. Limitations
   Neither interaction with the Advisory Council on Indian Health Care, nor with other workgroups, task forces or committees, will take the place of Tribal consultation. Instead, this interaction is intended to enhance the consultation process by gathering individuals with extensive knowledge of particular policy, practice, issues, or concerns to work collaboratively and offer recommendations for consideration by the AHCCCS Administration.

9. Effective Date

This Policy is effective on the date of signature by the AHCCCS Director.

10. Summary

The AHCCCS Administration views Tribal consultation as a dynamic process. Joint effort between the Indian Tribes, the AHCCCS Director, the Tribal Relations Liaison, and AHCCCS divisions will promote the objectives of the Tribal Consultation Policy. Together they will further consistent implementation of the Policy and work to ensure that the Policy plays a meaningful role in addressing issues affecting Indian Tribes in the State of Arizona and American Indians.

Appendix A:

The special relationship between the Federal Government and Indian Tribes is affirmed in statutes and various Presidential Executive Orders including, but not limited to:

- The Snyder Act, P.L. 67-85
- Older Americans Act of 1965, P.L. 89-73 as amended
- Indian Self-Determination and Education Assistance Act, P.L. 93-638, as amended
- Native American Programs Act of 1974, P.L. 93-638, as amended
- Indian Health Care Improvement Act, P.L. 93-644, as amended
- Social Security Act, Titles IXX, XX, XXI
- Unfunded Mandates Reform Act of 1995, P.L. 104-4
- Personal Responsibility and Work Opportunity Reconciliation Act of 1996, P.L. 104-193
- Presidential Executive Memorandum to the Heads of Executive Departments dates April 29, 1994
- Presidential Executive Order 13084, Consultation and Coordination with Indian Tribal Governments, May 14, 1998
- Presidential Executive Order 13175, Consultation and Coordination with Indian Tribal Governments, November 6, 2000
- Presidential Memorandum, Government-to-Government Relationship with Tribal Governments, September 23, 2004

Attachment B:

AHCCCS Legislative Updates

AHCCCS Legislative Update

SB1133 AHCCCS; DES; new hires directory (Senator Leff)
SB1133 codifies federal law authorizing AHCCCS to utilize information housed in the New Hire Directory at the Department of Economic Security to verify the eligibility of Title XIX applicants and enrollees.

Signed into law 04/28/08; Laws 2008, Chapter 79

SB1223 insurance; long-term care (Senator Allen)
SB1223 implements the statutory requirements of the Deficit Reduction Act allowing the State to enter into Long-Term Care Partnership Programs with the private insurance industry. Under the auspices of the Long-Term Care Partnership Program, individuals will be permitted to purchase long-term care insurance in the private market and then disregard the amount of the private benefit paid for the purpose of income eligibility in the event that the individual reaches the benefit cap on the private policy and chooses to apply for Medicaid

Signed into law05/20/08; Laws 2008, Chapter 230

SB1329 AHCCCS; self-directed care services (Senator Allen)
SB1329 permits qualified long-term care members who are enrolled in home and community-based services to hire an approved attendant caregiver (e.g. neighbor or friend) to provide skilled attendant care services and obtain reimbursement through AHCCCS. The legislation requires AHCCCS to work with the Board of Nursing to determine what services would be permitted under the Self-Directed Care program and additionally requires to Agency to report to the Governor and the Legislature in 2011 on the utilization of the program.

Signed into law 04/21/08; Laws 2008, Chapter 58

SB1418 AHCCCS; tobacco cessation medication; coverage (Senator Leff)
SB1418 authorizes AHCCCS and its contractors to offer nicotine replacement therapies and tobacco use medications to AHCCCS members. AHCCCS and ADHS will be entering into intergovernmental agreement to leverage funds from the Tobacco Education and Prevention Account (TEPP) in order to draw down federal matching monies to fund the increased capitation to the health plans.

Signed into law 04/29/08- Laws 2008, Chapter 131

SB1133 AHCCCS; DES; new hires directory

Background:
Individuals must meet certain income eligibility criteria in order to be eligible to receive AHCCCS services. AHCCCS members are required to report any changes in income that may affect their eligibility, like a change in employment status. However, relying solely on member self-reporting can create delays in the receipt of information. For this reason, the AHCCCS Administration may not be aware of a member's new employment and potential ineligibility to receive services. Under current federal law, AHCCCS does not have the authority to recoup benefits paid from individual members if it is determined that an enrolled member is no longer eligible.

How is employment information gathered now?
Employment information is gathered through member self-reporting. The AHCCCS Administration also accesses the Work Number system, which includes information gathered from Arizona employers on a voluntary basis. Unfortunately, the information available via this resource is limited to large employers. Thus, AHCCCS currently is unable to obtain the most up-to-date employment information from all businesses across the State of Arizona.

What is the New Hire Directory?
Under current law, employers are required to report new employees to the State of Arizona. This information is stored in the New Hire Directory as part of the Division of Child Support within the Department of Economic Security. Federal law permits Medicaid agencies to access this information for the purpose of determining continued eligibility for beneficiaries.

How would information in the New Hire Directory be utilized?
Under the auspices of this legislation, AHCCCS would utilize the information in the Directory to determine which of its members have obtained new employment. From this point, AHCCCS eligibility workers would contact those newly employed members to determine whether, based on their increased income, they are still eligible to receive services.

Will the New Hire Directory be utilized to determine the continued eligibility of all enrolled populations?
Under current federal law, information in the Directory may only be utilized for determining the continued eligibility of members enrolled in Title XIX populations- Acute Care and Arizona Long-Term Care. AHCCCS is not permitted to utilize this information to verify the eligibility of enrolled KidsCare members.

What is the fiscal impact of this legislation?
AHCCCS anticipates that this legislation will result in a cost savings to the State of Arizona. AHCCCS eligibility workers will be able to identify ineligible members earlier, thus saving resources that otherwise cannot be recouped. This legislation empowers the Agency to achieve greater efficiency and better target resources to those members who are eligible to receive services.

SB1223 insurance; long-term care

Background

In determining eligibility for the Arizona Long-Term Care System (ALTCS), a persons' income is considered, together with the net worth of his/her assets. Should an individual meet these conditions, together with additional eligibility requirements, they may enroll in the AHCCCS ALTCS program to receive coverage for long-term care services. Similar coverage is also available in the private sector through private long-term care policies. The purpose of SB1223 as amended is to lay the groundwork in statute for the state to enter into Long-Term Care Partnership Programs that are designed to encourage people to plan ahead and seek private coverage rather than relying on the Medicaid system to meet their long-term care needs.

What are Long-Term Care Partnership Programs?

Under the Long-Term Care Partnership Program, individuals will have the option to purchase a long-term care insurance policy in the private market, and, in the event that the individual reaches the benefit cap in the private policy and wishes to apply for ALTCS, the amount of the private benefit paid to the individual will be disregarded during the asset eligibility determination. For example, if an individual has reached the $100,000 benefit cap on a private long-term care insurance policy, $100,000 of that person's assets will be disregarded when he/she is applying for ALTCS.

How were partnership programs established?

Under the terms of the Deficit Reduction Act (DRA) of 2005, states are empowered to partner with the private sector to establish long-term care partnership programs, provided that states pass laws that meet the federal requirements for program administration. Provisions in Arizona statutes related to long-term care insurance already meet most of these requirements. However, to be fully compliant, Arizona must enact training requirements for private producers and ensure long-term care insurance statutes meet the DRA requirements. These requirements are outlined in SB1223.

What are the benefits associated with this legislation?

By enacting SB1223, Arizona will be compliant with the federal requirements and will be able to partner with the private insurance industry to encourage consumers to plan for their future health care needs by purchasing long-term care insurance in the private market. This could delay and possibly prevent an individual from applying for ALTCS and presents consumers with an additional option for obtaining quality long-term care in the private and public market.

Will this legislation result in a cost-savings to the State?

It is too soon to determine how many individuals will take advantage of the partnership program. In addition, it is difficult to determine how many individuals will reach the benefit cap in their private policy and seek subsequent coverage in the ALTCS program. However, it may be hypothesized that a savings would be achieved as more individuals seek coverage in the private market, thus delaying or preventing their eligibility and enrollment in ALTCS services.

SB1329 Self-Directed Attendant Care

Background
Currently ALTCS elderly and / or physically disabled (EPD) members who reside in their own home receive in home services (e.g., attendant care, personal care, homemaker and skilled nursing) through provider agencies. A significant amount of the in-home services that members receive are considered unskilled / paraprofessional services. Some ALTCS EPD members do require **skilled care** from RNs and LPNs who are employed by Medicare or State-licensed only Home Health Agencies. ALTCS members can receive in-home services that are up to, but no more costly than institutional (nursing facility) care.

What is self-directed attendant care?
Self-directed attendant care is a service option that will allow ALTCS EPD members to hire their own attendant care worker and to direct the caregiver to provide for their specific needs **including skilled care** needs (e.g., bowel care, chronic wound care, gastrostomy tube feedings). The attendant care worker under self-directed attendant care is considered to be legally employed by the ALTCS member

Who would be permitted to participate in self-directed care?
ALTCS members receiving home and community-based services and selecting self-directed attendant care would have the option to direct their attendant care worker to provide skilled care. These members must be determined to be medically stable and competent to direct their own care (i.e. no diagnoses of dementia or moderate to severe cognitive disability) or be residing with an individual who is capable of directing care on the individual's behalf.

An ALTCS member's attendant care worker(s) shall be trained to provide specific skilled services by a RN via a home health agency. Similar activities currently take place when nurses train consumers and their family to perform specific skilled services in the home. The caregiver is restricted to providing the skilled tasks to the member who has requested the training of their caregiver. The process has to be repeated if the caregiver is to provide the same skilled tasks to another consumer.

What services would be included in self-directed care?
AHCCCS is working with the Board of Nursing and stakeholders to determine what self-directed skilled care services will/will not be permitted under the auspices of this legislation. For example, caregivers MAY BE AUTHORIZED to perform bowel care or chronic wound care under the direction of a competent ALTCS member. Caregivers WILL NOT BE PERMITTED to provide more complex skilled care services such as administering intravenous medications or performing deep tracheal suctioning.

How much compensation will attendant caretakers receive?
Wages for attendant caregivers will be similar to what attendant care workers receive if employed by a provider agency.

What are the benefits associated with self-directed care?
1. ALTCS members will be empowered to determine who will provide their care, including skilled care.
2. ALTCS members will be able to limit the number of "outside" caregivers who come to their home.
3. Higher acuity members may be able to receive more attendant care services to better meet their needs because the more expensive nursing services from a home health agency may no longer be needed.
4. Allows additional flexibility to RNs and LPNs to provide skilled care to more vulnerable ALTCS members who cannot or choose not to participate in the self-directed attendant care program.
5. This option will not increase costs and in some cases will produce cost savings.

2008 AHCCCS Budget Provisions

Programmatic Changes

- Eliminates ALTCS Dental
- Continues non-ALTCS hospice
- Places KidsCare Parents into permanent law at the current eligibility level
- Establishes a six-month redetermination period for TWGs
- Suspends SSDI-TMC during FY 2008-2009
- Freezes reimbursement rates to hospitals at September 30, 2008 levels between October 1, 2008 and September 30, 2009

Reporting Requirements

- Requires AHCCCS to report to JLBC on FFS program or rate changes pertaining to hospital, nursing facility or home and community-based service rate categories that have increases 2% or $1500 above budgeted medical inflation
- Requires AHCCCS to report estimated capitation rate changes for the following fiscal year by March 1, 2009
- Requires each agency to report to JLBC on the number of filled, appropriated FTE positions by fund source by September 1, 2008
- Requires each agency to report the results of stipulated performance measures as part of its budget request

HCG Changes & Reporting Requirements

- Allows HCG to establish a PPO only in counties with less than 500,000 persons
- Eliminates eligibility for groups of one (grandfathers currently enrolled groups of one)
- Shortens the bare period to 90 days
- Prohibits HCG from reimbursing non-contracted hospitals for non-emergency services
- Establishes the reimbursement rate for emergency services performed in a non-contracted hospital as follows:
  - Counties with 500,000 or more persons: 114% AHCCCS default rates
  - Counties with less than 500,000 persons: 125% AHCCCS default rates
- Requires non-contracted hospitals to notify HCG when a patient is stabilized
- Eliminates the prohibition against the consideration of health-related factors when establishing premium levels
- Requires HCG to adjust premiums in accordance with an analysis performed by an independent actuary
- Requires HCG to consider age, sex, health-related factors, group size, geographic area and community-rating when establishing rates
- Prohibits a plan from providing services that are not part of the contract
- Requires HCG to establish utilization control standards for contractors that meet national standards for utilization management control
- Prohibits HCG from enrolling more than 5% of the number of employer groups enrolled during the prior fiscal year
- Requires HCG to give priority to uninsured groups
- Requires HCG to report the following to JLBC:
  - Quarterly financial reports
  - Annual fiscal audit
  - Actuarial analysis used to adjust rates

Attachment C:

Proposed Employer Sponsored Insurance Program

Arizona's Proposed Employer Sponsored Insurance Program

Overview

As required under Special Term and Condition (STC) 38(b), the Arizona Health Care Cost Containment System (AHCCCS) submits the following Employer Sponsored Insurance (ESI) program proposal. Under the program, AHCCCS will provide premium subsidies to Title XXI eligible state plan members for the purchase of employer sponsored health insurance.

The basic parameters of the ESI program are:

- The program will be implemented statewide;
- The program will be optional for eligible Title XXI children of employees who have access to employer sponsored coverage;
- No additional benefits (e.g., wraparound coverage) will be provided;
- ESI members are responsible for cost sharing above the subsidy (e.g., deductibles, co-payments), if required by their employer sponsored plan, and may also be required to pay a portion of their monthly premium.[1] Out-of-pocket expenses will not be capped;
- Families will be paid up to $100 per member per month directly via electronic payment, not to exceed the actual costs required, and employers will validate the deduction on a quarterly basis.

General Program Design

Eligible Population

The population eligible for the ESI program will be Title XXI eligible children of employees who work for qualifying employers with a family income between 100% FPL through 200% FPL who have access to qualified employer sponsored insurance coverage.

Qualified Employer Sponsored Coverage

Qualified employer sponsored insurance will include coverage provided through any commercial group package offered by the employer. The commercial group coverage must include a basic primary care package (e.g., health care services customarily furnished by and through a general practitioner, family physician, pediatrician) offering at least the following services:

- Inpatient hospital services;

[1] Under current regulations, Native Americans are exempt from cost sharing requirements under KidsCare. However, Native Americans will be subject to cost sharing obligations imposed by their ESI plan if they elect to participate in this program.

- Outpatient services;
- Physician's surgical and medical services;
- Laboratory and X-ray services;
- Pharmacy services;
- Well baby/well child visits and immunizations; and
- Behavioral health services.

(Note: Dental and vision services and non-emergency transportation coverage would not be a mandatory service.)

All eligible employers must meet the following requirements:

- The employer must contribute at least 30% of the total premium for the family unit; and
- The employer must confirm the eligible member's enrollment on a quarterly basis.

Enrollment Requirements

Enrollment for ESI will be:

- Optional for members who meet the ESI eligibility requirements;
- Completed after approval of KidsCare eligibility. To be KidsCare eligible, applicants must meet a three-month bare period. Once KidsCare eligibility is approved, AHCCCS will discuss the ESI option with the member's family. If the member's family expresses an interest in participating in ESI, information will be collected by the member's family about available employer sponsored coverage to ensure it meets the requirements described above; and
- Conducted annually to coincide with the employer's open enrollment period.

Once enrolled, a member shall remain in the ESI program until the employer's next open enrollment period, unless:

- AHCCCS does not receive quarterly verification of employer coverage for the person; or
- AHCCCS receives documentation that the employer coverage no longer exists or is no longer available; or
- The member is eligible and elects coverage under Medicaid or KidsCare. If so, AHCCCS will not reimburse the member's portion of the premium for commercial insurance for any month AHCCCS has made a capitation payment for the member enrolled in an AHCCCS plan. Additionally, the member assumes responsibility for any commercial insurance requirements.

Premium Subsidy Payments
The State will pay the eligible member's family directly, via electronic payments, a monthly amount of $100 per member per month for the subsidized portion of the premium cost. Subsidies will not exceed the actual cost of the family unit's premium. As such, parents can incidentally be covered if the per child subsidy is adequate to cover the entire family. For example:

> A parent enrolled in their employer's insurance has 3 eligible kids. The member's share of cost to cover the entire family is $250. AHCCCS will pay the parent $250 rather than the $300 since the cost per member per month would exceed the cost of covering the entire family.

Enrollment Projections/Limitations
Enrollment projections for the program are preliminary. The State estimates that if the program is approved and implemented in FY 2009, enrollment could approach 1,000 by September 30, 2011. These are preliminary estimates and certainly could be impacted by the final scope of the overall program. AHCCCS may cap enrollment in the ESI program based on availability of funding.

Program Evaluation/ Accountability and Monitoring
There will be an evaluation component included in the final evaluation at the end of the Demonstration, currently scheduled for September 30, 2011. The evaluation will include information on the private insurance market as it relates to the ESI program (e.g., changes in employer contribution levels, trends in sources of insurance, etc.).

Allotment Neutrality
The cost of the program is included in the attached State's overall allotment neutrality estimates.

Program Costs
As depicted in the table below, the AHCCCS program is estimating the total fund costs of the ESI program to be $1.86 million through 2011. This is based on a population that would grow at 28 new members per month over the course of the remaining waiver renewal term. Current estimates indicate that as many as 153,000 individuals in the State may be eligible for the program. That estimate includes 89,000 KidsCare eligible children that currently are not enrolled and approximately 64,000 children currently enrolled in KidsCare. This estimate does not, however, account for whether these children have access to employer sponsored insurance. The estimated costs associated with this waiver proposal fit within the estimated allotment neutrality limits that are established for the baseline program.

	FFY 09	FFY 10	FFY 11	Totals
Enrollment (9-30)	336	672	1,000	
Annual Cost	218.4	621.6	1,020.4	1,860.4
General Fund	52.3	148.9	244.5	445.7

Federal Fund	166.1	472.7	775.9	1,414.7
FMAP Used	76.04%	76.04%	76.04%	
Monthly PMPM	$ 100.00	$ 100.00	$ 100.00	
PMPM of $100.00				

Attachment D:

Current IHS/AHCCCS Referral Policy

GENERAL INFORMATION

Many non-emergent services require prior authorization from the AHCCCS Administration, either from the Prior Authorization Unit for acute care services or from the recipient's case manager for ALTCS services.

Determination for prior authorization (PA) for acute services is based upon:

- ☑ The recipient's eligibility status at the time of the PA request,
- ☑ The provider's status as an AHCCCS-registered fee-for-service provider, and
- ☑ The service's status as an AHCCCS-covered service that requires PA.

PA for specific services from the AHCCCS PA Unit or the ALTCS case manager is required for all fee-for-service recipients, including fee-for-service Indian Health Service recipients, unless:

- ☑ The recipient has Medicare, third party liability (TPL), or commercial insurance coverage *and* the services are covered by Medicare, TPL, or commercial insurance, or
- ☑ Services were provided prior to posting of recipient retroactive eligibility, or
- ☑ Services are provided by an IHS facility, or
- ☑ The service is an emergency.

Issuance of an authorization does not guarantee payment. The medical condition for which the authorization was issued must be supported by medical documentation, and the claim must be otherwise clean and timely submitted.

PRIOR AUTHORIZATION PROCEDURES

Providers may phone or fax the AHCCCS PA Unit to request authorization. To obtain PA by telephone, providers must call between 8:30 a.m. and 4:30 p.m. Monday – Friday:

> (602) 417-4400 (Phoenix area) Providers in area codes 602, 480, and 623 **must** use this number.
>
> 1-800-433-0425 (within Arizona) This number is blocked for callers in area codes 602, 480, and 623.
>
> 1-800-523-0231 (outside Arizona)

The AHCCCS PA Unit's fax number is (602) 256-6591.

The fax number for *transportation providers only* is (602) 417-4687.

PRIOR AUTHORIZATION PROCEDURES (CONT.)

Providers who fax documentation to the AHCCCS PA Unit should ensure that a cover sheet accompanies the documentation. The cover sheet should list the provider's name and AHCCCS provider ID number, the name of a contact person, a telephone number, and a fax number. Without such information, authorization may not be established, and claims for services may be denied.

Whether requesting information by telephone or fax, providers should be prepared to supply the following information:

- ☑ Requester's name
- ☑ Provider's name and AHCCCS ID number
- ☑ Recipient's name and AHCCCS ID number
- ☑ Type of service and service date(s)
- ☑ ICD-9 CM diagnosis code
- ☑ CPT/HCPCS/ADA procedure code (if applicable)
- ☑ Tier level (if applicable)
- ☑ Estimated charges/professional services (if there is no AHCCCS fee schedule)
- ☑ Medical justification for services

An AHCCCS PA nurse will either issue an approval, a denial, or a provisional PA number pending the receipt of required documentation to substantiate compliance with AHCCCS criteria.

AHCCCS generates a PA confirmation letter with appropriate approval, denial, or provisional information (See Exhibit 8-1). The letter is mailed to the provider by the next working day. When a PA is denied, AHCCCS also generates a denial letter that is sent to the recipient within three working days of the request.

CLAIM SUBMISSION DIRECTIONS

It is not necessary for the provider to enter the PA number on the claim form. If a valid PA exists for the service, the AHCCCS claims system will automatically match the claim information against established PAs and choose the correct one.

The information entered on the claim form must match what has been prior authorized and listed on the PA confirmation letter. If there are any discrepancies, the system will not find the appropriate PA, and claim will be denied. Providers may call the PA Unit prior to submitting a claim to correct any discrepancies.

PRIOR AUTHORIZATION OF ACUTE SERVICES

The following list identifies acute services requiring prior authorization. ALTCS authorization requirements are discussed in Chapter 21, ALTCS Services.

- ☑ Abortions
- ☑ Ambulatory surgery centers
- ☑ Apnea management and training
- ☑ Behavioral health services
- ☑ Dental services
- ☑ Dialysis
- ☑ DME and supplies
- ☑ Home health services
- ☑ Hospital admissions
- ☑ Hysterectomy services
- ☑ Inpatient services
- ☑ Non-emergency transportation
- ☑ Nursing facilities
- ☑ Observation services
- ☑ Pharmacy
- ☑ Podiatry
- ☑ Rehabilitative services
- ☑ Surgeons
- ☑ Total parenteral nutrition (TPN)

AUTHORIZATION REQUIREMENTS FOR SPECIFIC SERVICES

☑ Abortions

- ✓ All medically necessary abortions require PA except in cases of medical emergency.
  - ☒ In the event of a medical emergency, all documentation of medical necessity must accompany the claim when submitted for reimbursement.
- ✓ The request for PA must be accompanied by a completed Certificate of Medical Necessity for Pregnancy Termination (See *AMPM,* Exhibit 410-1).
- ✓ The AHCCCS PA Unit will review the request and the certification and shall authorize the procedure if medically necessary.

☑ Ambulatory surgery centers

- ✓ Ambulatory surgical facilities furnishing non-emergency surgical services must obtain a PA number for scheduled ambulatory surgery except voluntary sterilization procedures.
- ✓ The PA number is separate from the surgeon's PA number.

☑ Apnea management and training

- ✓ Apnea management, training, and use of the apnea monitor must be billed using procedure code E0608 and the RR modifier and must be prior authorized.
- ✓ PA requests must include the charge for the service, including the charges for management, training, and use of the apnea monitor.

☑ Behavioral health services

- ✓ For non-Medicare recipients enrolled with a Tribal ALTCS program contractor, notification of an admission into an acute hospital or an acute care psychiatric hospital must be made to the AHCCCS Prior Authorization Unit.
- ✓ For all other behavior health services, see Chapter 19, Behavioral Health Services.

☑ Dental services

- ✓ PA is not required for emergency dental services for all recipients nor for preventive/ therapeutic dental services for EPSDT recipients.
- ✓ Medically necessary dental surgery services for EPSDT recipients require PA.
- ✓ Medically necessary dentures
  - ☒ Provision or replacement, repairs or adjustment of dentures, and provision of obturators and other prosthetic appliances for restoration or rehabilitation, provided to adults require PA.

AUTHORIZATION REQUIREMENTS FOR SPECIFIC SERVICES (CONT.)

☑ Dental services (Cont.)

- ✓ Pre-transplant dental services that are medically necessary in order for the recipient to receive the major organ or tissue transplant require prior authorization from the AHCCCS transplant case manager.

☑ Dialysis

- ✓ PA is not required for monthly dialysis supervision or services.

☑ DME and supplies

- ✓ DME and prosthetic/orthotic devices when the value for the item exceeds $200 require PA.
- ✓ Consumable medical supplies (supplies which have limited potential for re-use) require PA when the cost exceeds $50 per month.

☑ Home health services

- ✓ All home health services for acute care recipients require PA.
- ✓ All home health services for ALTCS recipients require case manager authorization.

☑ Hospital admissions

- ✓ Prior authorization is required prior to all non-emergency and elective admissions.
- ✓ Notification to the PA Unit must be provided no later than the fourth day of an emergency hospitalization or second day of an ICU stay.
  - ⊠ If the required notification day falls on a weekend or state holiday, notification must be provided no later than the next working day.
  - ⊠ If approved, the PA nurse will authorize the length of stay.
  - ⊠ Authorization will also cover the first three days of the emergency admission or the first 24 hours of the ICU admission if medically appropriate.
  - ⊠ Continued authorization/approval of services is determined through concurrent review.
  - ⊠ Providers should not split bill these claims.

AUTHORIZATION REQUIREMENTS FOR SPECIFIC SERVICES (CONT.)

☑ Hospital admissions (Cont.)

- ✓ When a recipient's eligibility is posted after the beginning date of service and prior to the end date of service on the claim:
  - ☒ Notification must be provided no later than the fourth day after the eligibility posting date of an emergency hospitalization or the second day after the eligibility posting date of an ICU stay.
  - ☒ If the required notification day falls on a weekend or state holiday, notification must be provided no later than the next working day.
  - ☒ This policy does not apply if any eligibility is posted at the time services are rendered and there is a subsequent posting of retroactive eligibility.
  - ☒ If notification is not provided as required, AHCCCS may deny any portion of the stay dependent on medical review.

☑ Hysterectomy services

- ✓ Non-emergency hysterectomy services require PA.
- ✓ In a life-threatening emergency, PA is not required, but the physician must certify in writing that an emergency existed.

☑ Inpatient services

- ✓ Prior authorization is required for:
  - ☒ Podiatry services when ordered by the primary care physician.
  - ☒ Detoxification services (only levels 3 and 4 are covered).
  - ☒ All organ and tissue transplantation services.

☑ Non-emergency transportation

- ✓ Non-emergency transportation provided by ground ambulance, air ambulance, and non-ambulance vehicles require PA.
- ✓ Only codes for the base rate, mileage, and waiting time will be prior authorized.
- ✓ See Chapter 14, Transportation Services

AUTHORIZATION REQUIREMENTS FOR SPECIFIC SERVICES (CONT.)

☑ Nursing facilities

- ✓ PA must be obtained before admission of an acute care recipient unless the recipient becomes retroactively eligible for AHCCCS.
  - ☒ No PA is required during the retro period, but the stay is subject to medical review.
- ✓ Initial authorization will not exceed the recipient's anticipated fee-for-service enrollment period or a medically necessary length of stay; whichever is shorter.
- ✓ Reauthorization for continued stay is subject to concurrent utilization review by AHCCCS or its designee.
- ✓ AHCCCS will allow up to 90 days of nursing facility care in a contract year (10/01 – 09/30).
- ✓ Physical, occupational, and speech therapy must be prior authorized for acute care recipients in nursing facilities.
- ✓ As a part of discharge planning, prior authorization staff must request hospital personnel to initiate an ALTCS application for potentially eligible recipients.

☑ Observation services

- ✓ Extensions to the 24-hour limit for observations services must be prior authorized.

☑ Pharmacy

- ✓ See Chapter 12, Pharmacy Services for PA information.

☑ Podiatry services

- ✓ Podiatrists must obtain prior authorization before providing podiatry services including inpatient podiatry services ordered by the primary care provider.

☑ Rehabilitative services

- ✓ All outpatient physical therapy services (speech therapy and occupational therapy are not covered for non-ALTCS recipients over age 21) require PA unless:
  - ☒ Services are for EPSDT recipients, or
  - ☒ Therapy is a result of an emergency outpatient visit

AUTHORIZATION REQUIREMENTS FOR SPECIFIC SERVICES (CONT.)

☑ Rehabilitative services (Cont.)

Example:

A recipient breaks a leg and is placed in a hip to toe cast.

If the recipient has never used crutches before, the hospital may send the recipient to therapy for a brief period of time to learn how to walk on crutches. This would be billed on the outpatient claim and would not require PA. However, if the recipient were instructed to return to the hospital for future therapy, this would require PA.

Similarly, physical therapy rendered in a physician's office as part of an emergency treatment does not require prior authorization. However, if the recipient were instructed to return for future therapy, this would require PA.

☑ Surgeons

- ✓ Surgeons must obtain a separate and distinct PA from that of the hospital for:
  - ☒ Elective or non-emergency inpatient or ambulatory surgery, except sterilization
  - ☒ Both the primary surgical procedure and any surgical procedure designated in the *CPT Manual* as a separate procedure
  - ☒ Surgeries scheduled more than 72 hours after initial emergency admission of a continuous hospitalization
  - ☒ Scheduled cesarean deliveries
  - ☒ Organ transplantation not covered by Medicare
- ✓ Assistant surgeons and anesthesiologists do not require separate PAs.

☑ Total parenteral nutrition (TPN)

- ✓ Facilities and agencies furnishing outpatient TPN services must obtain PA at least one working day prior to initiation of services.
- ✓ Telephone requests are given provisional PA.

AUTHORIZATION REQUIREMENTS FOR SPECIFIC SERVICES (CONT.)

☑ Total parenteral nutrition (Cont.)

- ✓ The following documentation must be received by the AHCCCS PA Unit within five working days of the initial TPN authorization request:
  - ☒ History and physical which describe recipient's condition and diagnosis
  - ☒ Physician's orders
  - ☒ Dietary assessment, including recipient's weight
  - ☒ Any pertinent progress notes (nursing/physician) which reflect the recipient's dietary, eating, and functional status
  - ☒ Physician progress notes indicating expected outcome of treatment
  - ☒ Nursing home records showing percentage of recipient’s meal consumption

IHS REFERRALS

AHCCCS recipients who are enrolled with Indian Health Service (IHS) or 638 tribal providers may receive services from AHCCCS fee-for-service providers if the services are not available through IHS or the tribal facility and if referred by an IHS/638 tribal provider. All referrals must be initiated and approved by IHS or the tribal facility. Referrals must be for medically necessary services not provided by IHS or the 638 tribal provider.

Non-IHS/638 tribal providers must obtain an IHS/638 tribal referral and authorization from the AHCCCS PA Unit before they can provide certain medically necessary services to IHS/tribal recipients. An IHS/638 referral is required for **all** of the following services. In addition prior authorization must also be obtained from the AHCCCS PA unit unless otherwise noted.

☑ Elective (including urgent) inpatient hospital admissions

☑ Elective (including urgent) surgeries

- ✓ The surgeon and the facility must obtain separate authorizations.

☑ Nursing home placement

☑ Non-emergent medically necessary transportation

- ✓ Referrals for non-emergency transport are submitted to the AHCCCS PA Unit when requesting authorization and do not need to be submitted with the claim.

IHS REFERRALS (CONT.)

IHS referral and PA requirements (Cont.)

- ☑ Durable medical equipment/medical supplies (See special instructions in this chapter)
- ☑ Non-emergent dental services
  - ✓ Covered for EPSDT recipients only
  - ✓ PA is not required, but the IHS referral must accompany the claim
- ☑ Eyeglasses
  - ✓ Covered for EPSDT recipients only
  - ✓ PA is not required, but the IHS referral must accompany the claim

Prior to or at the time services are rendered, the IHS/tribal provider must supply the AHCCCS non-IHS/tribal provider with completed referral form containing:

- ☑ Recipient's name and AHCCCS ID number
- ☑ Name and address of referring provider and AHCCCS provider to whom recipient is being referred
- ☑ Date referred and explanation for referral, including diagnosis and reason for referral

Claims may be reviewed for medical necessity and compliance with AHCCCS rules, policies, and procedures. The submitted claim must be accompanied by the IHS referral unless noted.