AHCCCS
Tribal Consultation Meeting
February 6, 2013
AHCCCS Administration, 701 E. Jefferson St., Phoenix, AZ 85034

SUMMARY

Tribal Representatives	**Colorado River Indian Tribes:** Sylvia Homer, David Barbara **Gila River Indian Community:** Priscilla Foote, Cheryl Cuyler, **Pascua Yaqui Tribe:** Reuben Howard **San Carlos Apache Tribe:** Julia James, Gail Sims, Sarayl Shunkamolah, Kenneth White **Salt River Pima-Maricopa:** Annette Brown, John Godfrey **Tohono O'odham Nation:** Jennie Becenti, Sandra Sixkiller
Healthcare Organizations	**American Indian Health & Management Policy:** Caryle Begay **Arizona Department of Health Services:** Michael Allison, Lydia Hubbard-Pourier **Intertribal Council of Arizona:** Alida Montiel, Verna Johnson
Tribal Healthcare Organizations	**Fort Defiance Indian Health Care:** Roy Dempsey, Malcolm Curley, Elmer Milford, Caleb Roanhorse, Leland Leonard, M. Tut, Cliff Johns, Peterson Zah, David Tsosie, Tim Goodluck **Indian Health Services – PIMC:** John Molina **Indian Health Services – Tucson Area Office:** George Bearpaw **Navajo Nation Department of Health Services:** Roselyn Begay **Tuba City Regional Health Care Corporation:** Dawn Reich, Melverta Barlow, Joe Engelken, Violet Skinner, Franklin Fowler **Winslow Indian Health Care Center:** Brenda Thompson; Margaret Joe
AHCCCS Staff	Thomas Betlach, Monica Coury, Rebecca Fields, Bonnie Talakte, Stephanie Big Crow, Melina Solomon

AGENDA:

Welcome and Introductions	AHCCCS Director, Thomas Betlach, provided welcoming remarks.
AHCCCS Update: Director Thomas Betlach	AHCCCS Director gave a comprehensive PowerPoint presentation highlighting the following : • Medicaid Coverage Decision • Governor's budget Overview • RFP Updates The PowerPoint presentation can be viewed as an attachment at the AHCCCS website: www.azahcccs.gov , under the American Indian Tribal Consultation tab/Tribal Consultation Meetings: *AHCCCS Update.*

1. Prior Quarter Coverage **2. ACA Primary Care Physician Increase** **Presenter: Rebecca Fields**	**Prior Quarter Coverage:** Rebecca Fields reviewed the following topics on Prior Quarter Coverage: • Coverage • Eligible Populations • Provider Reimbursement <u>Coverage:</u> In accordance with 42 CFR 435.914 prior quarter means: (a) The agency must make eligibility for Medicaid effective no later than the third month before the month of application if the individual--- (1) Received Medicaid services, at any time during that period, of a type covered under the plan; and (2) Would have been eligible for Medicaid at the time they received the services if they had applied (or someone had applied for him), regardless of whether the individual is alive when application for Medicaid is made. (b) The agency may make eligibility for Medicaid effective on the first day of a month if an individual was eligible at any time during that month. (c) The State plan must specify the date on which eligibility will be made effective. <u>Eligible Populations:</u> • Title XIX • SLMB • Q1 (coverage would only be within the calendar year) • FES Note: Coverage will not be made retroactive prior to January 1, 2014 <u>Provider Reimbursement:</u> • Claims will be processed through Fee-for-Service • Eligible for behavioral health services • Eligible for CRS services • Eligible for DD services • Providers will need to bill AHCCCS directly, if members have paid providers, the provider will need to reimburse the member and bill AHCCCS. **ACA Primary Care Physician Increase:** Rebecca Fields reviewed the following topics: • Eligible Providers • How Providers Qualify • Services Eligible • Additional Information Section 1202 of the Patient Protection and Affordable Care Act (ACA) requires state Medicaid programs to pay qualified primary care providers (PCPs) fees that are no less than the Medicare fees schedule in effect for 2013 and 2014, or the fee schedule rate that would result from applying the 2009 Medicare conversion factor, whichever is greater, for certain services designated by specific Current Procedural Terminology (CPT) codes. The enhanced payments apply only to services provided during the calendar year 2013 and 2014 by qualified primary care providers, who self-attest as defined in the federal regulations. On November 6, 2012 the Centers for Medicare and Medicaid Services (CMS) published the Final Rule regarding these fee increases although CMS is still the process of providing guidance to States regarding implementation of the Final Rule. <u>Eligible Providers:</u> CMS defines qualified providers for purposes of the

	enhanced fees for primary care services, as physicians who practice internal medicine, family practice medicine, or pediatric medicine, or any specialty of those three specialties recognized by the American Board of Medical Specialties, the American Osteopathic Association, or the American Board of Physician Specialists who meet one the following criteria: 1) Physicians who are board certified in one of those specialties or subspecialties, or 2) Physicians who engage in the practice of one of the specialties or subspecialties described above, but are not board certified, who submit claims for services provided to Medicaid members during calendar years 2012 for which 60% of the CPT codes reported are E/M and/or vaccine administration codes described as eligible services. For newly eligible physicians, the 60% billing requirement will apply to Medicaid claims for the prior month. Nurse practitioners (NPs) and physician assistants (PAs) who practice under the supervision of a qualifying physician will also be eligible for enhanced payments under these rules. However, in order for the NP or PA to receive the enhanced payment, the qualifying physician must submit forms to AHCCCS identifying these practitioners. CMS specifically notes that NPs who practice independently are not eligible for the enhanced fees under the ACA. CMS does not recognize other specialties, such as obstetrician/gynecologists, as primary care providers for purposes of the enhance fees. <u>How Providers Qualify</u>: AHCCCS will post attestation forms on its website in February 2013. Physicians who practice internal medicine, family medicine, or pediatric medicine, or any subspecialty of those three specialties recognized by one of the professional; bodies above who qualify for the enhanced fees by either being board certified in one of the qualifying specialties/subspecialties or by meeting the 60% threshold for E/M and vaccine administration code submission rates must complete the attestation form in order to receive enhanced payments. In addition, in order for the NP or PA to receive the enhanced payment, the qualifying physician must submit forms identifying these practitioners. Providers whose attestations are received by April 30, 2013 will qualify for enhanced payments for dates of service retroactive to January 1, 2013. For attestations received on or after May 1, 2013, enhanced payments will be available for dates of service that are prospective. CMS requires that AHCCCS conduct random, statistically valid retrospective audits of the physicians who submit attestations to confirm that they meet either the board certification requirements or the 60% code requirements. Providers subjected to such audits that fail to show they meet the requirements to which they attest are subject to recoupment of funds paid at the enhanced rates and possible other sanctions. <u>Services Eligible:</u> Services eligible for the enhanced fees include Evaluation and Management (E/M) services (CPT codes 99201-99499) and vaccine administration procedures (CPT codes 90460, 90461, 90471, 90472, 90473 and 90474) provided to Medicaid members between January 1, 2013 and December 31, 2014. <u>Vaccine Billing Changes</u>: Effective January 1, 2013, AHCCCS made changes to the vaccine billing due to the requirements regarding this mandate. AHCCCS will be reimbursing providers based on the administration codes instead of the toxoid codes.

	Additional Information: Provider memo's and FAQs can be found on the AHCCCs website at: http://www.azahcccs.gov/commercial/ProviderBilling/rates/PCSrates.aspx Questions can be mailed to: Primary care rates@azahcccs.gov Provider meetings will be held: Thursday, February 28, 2013; 2:00-4:00 p.m. Disability Empowerment Center 5025 E. Washington Street Phoenix, AZ 85034 Wednesday, March 13, 2013, 2:00 -4:00 p.m. Pima County Medical Society 5199 E. Farness Drive Tucson, AZ 85712
1. Future of Uncompensated Payments Authority **2. City of Phoenix Hospital Tax** **Presenter: Monica Coury**	Future of Uncompensated Payments: The waiver authority expires December 31, 2013. City of Phoenix Hospital Tax: One of the funding sources for Arizona's Medicaid Expansion plan will be a hospital assessment to cover the costs associated with the restoration of Proposition 204 (Childless Adults).
Closing Remarks/ Announcements • **AHCCCS Tribal Consultation Policy Review** • **Written Tribal Support of Medicaid Expansion**	AHCCCS Tribal Consultation Policy Review: It was announced that a workgroup would be formed and volunteers were needed to sit on the workgroup. A workgroup of 5 committee members were identified and asked to review the current AHCCCS tribal consultation policy and submit their recommendations for revisions at the next Tribal Consultation meeting scheduled for May 6, 2013. Written Tribal Support of Medicaid Expansion: The Governor's proposal to restore Proposition 204 coverage for childless adults that include adults from 100-133% of the FPL with AHCCCS coverage is critical in preserving the viability of the healthcare infrastructure that serves Arizona's over 200,000 American Indians. Letters of support or Resolutions from tribal members and Tribes is encouraged that will support the Governor's plan to expand Medicaid in Arizona. These letters or resolutions should be sent to Arizona legislative representatives.
Wrap-Up/Adjourn	The meeting ended at 12:0 p.m. Next Tribal Consultation has been scheduled for: May 6, 2013