SPECIAL TRIBAL CONSULTATION TELECONFERENCE

September 14, 2015

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

NOTIFICATION TO TRIBES:

Hello Colleagues,

Please mark your calendars to participate in a Special Tribal Consultation teleconference to discuss Teledentistry, the Nursing Facility Rule and Direct Medical Education (DME)/Indirect Medical Education (IME) on September 14, 2015 starting at 10:00 a.m. The call-in number is: **1-877-820-7831** and participate passcode: **108903#.**

The meeting agenda is attached. Feel free to contact me if you have questions.

Bonnie

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AGENDA

SPECIAL TRIBAL CONSULTATION TELECONFERENCE

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

Date: September 14, 2015
Time: 10:00 a.m. – 11:30 a.m. (MST)
Conference Call-In: 1-877-820-7831 Participant Passcode: 108903#

TOPICS	LEAD
10:00 a.m. - Welcome & Introductions	*Bonnie Talakte*, Tribal Relations Liaison
1. Teledentistry SB 1282: Teledentistry; Dental Hygienists; Dental Assistants Modifies the dental affiliated practice statute. It will allow hygienists and dentists to enter into an affiliated practice relationship (APR) and gives authority to affiliated practice dental hygienists to utilize Teledentistry services. It mandates AHCCCS to implement Teledentistry services for enrolled members who are under 21 years of age and applies to Early and Periodic Screening Diagnosis and Treatment (EPSDT) aged members. Implementation date: October 1, 2015	*Dr. Michael Recuber*, AHCCCS Dental Director
2. Nursing Facility Rule: Updates the State Plan to exempt out of state nursing facilities from receiving payments from Nursing Facility tax assessments. *3.* Graduate Medical Education (GME)/Indirect Medical Education(IME) a. AHCCCS will soon be submitting the SPA for the 2016 Graduate Medical Education distribution. b. AHCCCS has published a proposed rule revising the method for calculating the annual GME distribution amounts. The revision addresses specifically the method of accounting for IME costs. c. The methodology revision described above will also require a SPA.	*Victoria Burns,* AHCCCS Reimbursement Administrator
11:30 a.m. - Adjourn	

ATTENDEES:

Tribes	Ak-Chin Indian Community: Brian Holly Hualapai Tribe: Sandra Irwin, Patsy Bernie Navajo Nation: Marie Keyonnie Pascua Yaqui Tribe: Rosa Rivera, Linda Guerrero
I/T/Us	Native Health: Walter Murillo Phoenix Indian Medical Center: John Meeth Tuba City Regional Health Care Corporation: Dr. James Kyle, Josh Mechum Tucson Area IHS: Bernie DeAsis, Mark Bigley, Karen Begay Winslow Indian Health Care Center: Alutha Yellowhair

State Agencies	Advisory Council on Indian Health Care: Kim Russell Arizona Department of Health Care: Michael Allison
Other	Inter Tribal Council of Arizona: Alida Montiel, Verna Johnson Arizona Indian Oral Health Initiative: Herminia Frias
AHCCCS Representatives	Beth Kohler, Elizabeth Carpio, Bonnie Talakte, Kim Elliott, Dr. Michael Recuber, Kevin Neill, Theresa Gonzales, Michal Rudnick, Evelyn Grunwald, Victoria Burns

MEETING SUMMARY

TOPICS	SUMMARY

Nursing Facility Rule	**Presenter: Victoria Burns,** AHCCCS Reimbursement Administrator, Division of Health Care Management.
	
	The Nursing Facility Rule (NF) refers specifically to:
	• Senate Bill 1136 that made changes to the nursing facility supplemental payments
	• It gives AHCCCS authority to act on non-payment of the NF assessment by giving;
	  • Authority to suspend AHCCCS registration
	  • Authority to notify ADHS of non-payment; possible suspension or revocation of license
	• The rule exempts out-of-state NFs from receiving supplemental payments
	  • Out-of-state NFs are not assessed because they are not licensed by AZ
	  • The rule will require a State Plan Amendment – Att. 4.19-D, Page 9
	  • The rule change will not have a material impact on the other NFs

Questions	**Q:** *Do you have a list of the nursing homes that be paid prior [sic]?* **A:** *Yes, we've identified 4 out-of-state facilities that have received payments in the past. They are Bloomfield Nursing Rehabilitation, Four Corners Regional Care, Highland Manor Mesquite and Red Rocks Care Center*. **Q:** *With these facilities that were out-of-state placements will they no longer be authorized? Is that what this amendment does?* **A:** *No, it has doesn't have anything to do with placement except the nursing facility supplement payments that are funded by the nursing facility assessment. In addition to our regular standard payments for nursing facilities we make supplemental payments through this assessment mechanism so it impacts whether or not out-of-state facilities are eligible for the extra supplemental extra payments that we make.* **Q:** *What do these supplemental payments average for in-state facilities?*

	A*: I'm sorry, I don't have that information but will be happy to get that for you and email you the answer* **Q:** *Do we know how many American Indian elders are in these facilities statewide?* **A***: No, afraid not* **Q:** *Are tribal 638 facilities exempt from this assessment?* **A:** *Yes that is correct* **Q:** *What do they use these supplements payments for?* **A:** *Every facility can use it for whatever they need in terms of supplementing the facility's income. Whatever their strategic needs are for the facility, it just goes into their bottom line. There are no restrictions for what it can be used for.* **Q**: *How many facilities get the assessment statewide? Does this assessment have a federal match?* **A**: *There are about 80 facilities that receive payments. The payments vary in amount. Yes, it does receive federal matching funds. We're imposing an assessment on the nursing facilities that are subject to it. Then that money goes into a fund that is matched by the federal government roughly 2/3rds to 1/3rd then that fund is used to make supplemental payments to the nursing facilities.* **Q:** *So basically they pay the assessment then get the money back in the form of supplemental payments.* ***A.*** *Yes* **Q**: *Of the 80 that do have to pay the assessment and now there is the authority to suspend if they don't pay which nursing facilities have a high concentration of American Indians? How does that impact American Indians in these nursing facilities if their license was revocated [sic]?* **A**: *If that situation were to occur, it would impact our American Indian members the same as it would impact any Medicaid member in a facility. They would have to be relocated. Although this gives authority to do something of that nature we would not want to disrupt services to our members and every effort would be made to ensure that member needs were put first and we would work with facilities to ensure we were able to meet those needs. We have similar authority on other assessments related to the revocation of licensure and we have had hospitals, as an example, pay the hospital assessment late. We're very flexible in working with them to ensure that we don't have to suspend their license. While I think it's an important tool it has never been used on the hospital side. We would work with the facility to come into compliance before taking that action.* **Q:** *Was there correspondence that was sent to the four facilities informing them of this decision?* **A:** *Not to my knowledge.* **Q**: *Is there going to one?*

	A: *Yes, we will communicate with those facilities that they won't be receiving any payments further.* **Q:** *How soon is that going effect?* **A:** *It takes effect with the next supplemental payments.*

Graduate Medical Education Distribution/Indirect Medical Education	Graduate Medical Education Distribution:
	• AHCCCS is ready to submit the SPA for 2015 GME payments
	  • Covers GME academic year July 1, 2014 thru June 30, 2015
	  • Will distribute nearly $163 million to 12 training hospitals
	• AHCCCS is also preparing to submit the SPA for 2016 GME payments
	  • Covers GME academic year July 1, 2015 thru June 30, 2016
	  • Annual "place-holder" SPA in preparation for next year's distribution
	  • Distribution amounts will be an estimate only
	• AHCCCS has proposed a rule revision for the GME distribution methodology
	  • Addresses only Indirect Medical Education (IME) costs
	  • Modifies the way that Indirect ME costs are determined under the rule
	  • Purpose: Cover a greater portion of the costs incurred by hospitals
	  • Estimated increase in GME funding is $80 million annual
	  • Will require a State Plan Amendment – Att. 4.19-A Pages 9(d) and 9(f)

Questions	**Q:** *Are there any GME hospital facilities in Indian Health Service?* **A**: *No, there are not. There are occasionally IHS hospitals that would be the location of some training rotations from other hospitals but there are no IHS hospitals themselves sponsoring GME programs or employing residents.* **Q:** *Ultimately will this rule revision result in an increase in residency slots?* *A: Not necessarily, there is always the hope that the more funding is available for GME the more residents the hospitals will bring into the state. It's been shown time and again that physicians very often choose as a place to settle and practice the place where they did their residency. But this change is not meant for that purpose.* **Q:** *Are podiatry and optometry programs covered under the GME funding?* **A:** *No, they are not. The GME distribution covers allopathic and osteopathic medicine. It does not cover dental, optometry, podiatry or nursing.*

Teledentistry	**Presenter: Dr. Michael Recuber**, AHCCCS Dental Director Dr. Recuber started his presentation by stating that Teledentistry is not a procedure and does not have a billable code. It is a tool to assist the dentist in treatment planning. Teledentistry and Affiliated Dental Hygienists: • Teledentistry is the acquisition and transmission of all diagnostic data (X rays, intra oral photos etc.) by a dental provider (hygienist, affiliated practice hygienist or dentist) at a satellite location to a dentist at a main location or clinic via email, video conferencing, etc. • This allows the dentist to start a preliminary treatment plan and begin to formulate a diagnosis so that when the patient is scheduled to see the dentist at the satellite clinic treatment can start. This will hopefully streamline the number of appointments needed. Senate Bill 1282: • Builds upon affiliated practice dental hygienist legislation passed in 2004 (Sec. 32-1281 H, 32-1289) • Gives authority to affiliated practice dental hygienists to utilize Teledentistry services • Mandates AHCCCS to implement Teledentistry services for enrolled members who are under twenty-one years of age • Builds upon affiliated practice dental hygienist legislation passed in 2004 (Sec. 32-1281 H, 32-1289) • Gives authority to affiliated practice dental hygienists to utilize Teledentistry services • Mandates AHCCCS to implement Teledentistry services for enrolled members who are under twenty-one years of age AMPM, Chapter 300 • Teledentistry does apply to Early Periodic Screening Diagnostic Treatment (EPSDT) aged members • Revises the code set available to affiliated practice dental hygienists registered with AHCCCS Teledentistry Limitations: • Teledentistry does not replace a comprehensive exam, periodic or limited exam by the dentist. • Dentistry is different than medicine in that the exam has a tactile component. This component is done to check for decay and head and neck oral cancer. Hygienists cannot diagnose, therefore they cannot do tactile examinations • Limited, periodic, and comprehensive examinations cannot be billed through the use of Teledentistry alone.
Questions	**Q**: *Is "store forward" covered under this legislation that passed?* **A**: *Store Forward is basically Teledentistry. Teledentistry does not have to occur real time. That information can be reported and sent to the dentist at any time. But it's still not billable. The examinations cannot be billed until that encounter with the dentist and patient takes place. Teledentistry gives*

	us about 90% of the information that we need to do our exam but it does not give us all the information we need so when the dentist goes to the satellite clinic and meets with the patient that's when the exam can be billed. **Q**: *Teledentistry is a tool of the trade but it cannot be billed for any services by the provider right?* **A**: *Correct. There is no billable code for Teledentistry. It can be used to assist in the facilitation of formulating a treatment plan to get the process going.* **Q**: *If an examination is done using Teledentistry in the first appointment and the patient comes back you could bill that appointment for an exam and a treatment as you go forward in the payment appointment [sic]?* **A**: *Correct.* **Q:** *That would be billed for one encounter not two encounters. Right?* **A:** *It could be two as I understand it. It could be used to finalize the examination and encompass both the examination done remotely and finalization by the dentist. That would be one encounter and then the secondary one is if the dentist would move into the treatment of it. That would be the second.* ***Q:*** *So it (Teledentistry) could be a useful tool to get another encounter billed whenever a dentist does revisit that particular patient. Is that correct?* **A**: *I would say that what would be helpful as far as a useful tool is that it would minimize the time that the dentist is spending doing the initial exam because 90% of that information was already prepared so you could just finalize that in the time you have allocated for that visit and begin working toward treatment as opposed to having the member come in for the initial exam and then have to come back for the treatment exam knowing that it can be challenging sometimes for the member come in for multiple appointments.* **Q**: *Is there a process for when you can bill for an encounter? Is that written out using Teledentistry involved [sic]?* **A**: *This not a special billing process you would bill for it like any other service that is already spelled out in IHS and 638 billing manuals that you can bill for one encounter for the same service type on the same day. If you would have an individual come in and complete the exam and go right into treatment that would be one encounter that you would bill for. If you have the individual come in, complete the exam with the dentist, come back on a different day to engage in the treatment plan that would be a different encounter that would be two billable services because it is not the same date of service and that is already clearly spelled out in the IHS/638 billing manual. That process would apply if it is a dental or acute service, etc.* **Q**: *Can't the statute include a Teledentistry [sic]?* **A:** *Not that I'm aware of. We have a telehealth manual and we do have policy around telehealth.*

	Q: *What does EPSDT stand for?* **A***: Early periodic screening diagnostic and treatment. It's the Medicaid term for children's healthcare.* **Q**: *Teledentistry, using the tools to do all diagnostics would be only for the 21 years and younger at this time?* **A**: *Correct. That's the only population currently that has a dental benefit under the AHCCS program.* **Q:** *What about for former foster care children, would they have a dental benefit?* **A**: *I don't believe they do. No it's only up to 21* **Q**: *To clarify, would this senate bill give authority to only affiliated practice dental hygienists utilized in this pool? From what I understand most of the tribes and IHS may not have this professional within their deliveries of service or professionals. Is that correct?* **A**: *That is correct. However, dental hygienist can do similar things.* **Q**: *You said these are not currently billable codes; could they eventually be billable codes in the future? What would that process be?* **A**: *That would have to be determined by the American Dental Association to assign a dental code to Teledentistry so that would be a federal decision.*