SPECIAL TRIBAL CONSULTATION TELECONFERENCE

May 18, 2016

1:00 p.m. – 2:00 p.m. (Phoenix Time)

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

NOTIFICATION TO TRIBES:

Good Morning, May 18, 2016

This is a reminder of today's AHCCCS Special Tribal Consultation teleconference from 1:00 p.m. to 2:00 p.m. Information will be provided on EMS Treat and Refer and recent legislative actions that restored Podiatry services, ALTCS Dental services and KidsCare. The attached EMS manual is a working manual and is provided for your information. The manual will be reviewed by the ADHS EMS council to establish the criteria for the Treat and Refer provider type. The documents will also be posted to the website under AHCCCS Consultation Meetings with Tribes and I/T/Us:
https://www.azahcccs.gov/AmericanIndians/TribalConsultation/meetings.html
Today's call-in number is: **1-877-820-7831**. Participant code: **108903#**.

We welcome your participation.

Bonnie

Bonnie Talakte
Tribal Relations Liaison
AHCCCS Office of Intergovernmental Relations
801 E. Jefferson, MD-4100 | Phoenix, AZ 85034
(602) 417-4610 (Office) | (602) 256-6756 (Fax)
Bonnie.Talakte@azahcccs.gov

Hello, May 2, 2016

Please save May 18, 2016 on your calendars to participate in a special AHCCCS tribal consultation teleconference from 1:00 -2:00 p.m. (Phoenix time). Treat and Refer will be the topic of discussion. A formal meeting announcement with draft agenda will be sent by the second week of May.

Respectfully,

Bonnie

Bonnie Talakte
Tribal Relations Liaison
Office of Intergovernmental Affairs, AHCCCS
MD-4100, 801 E. Jefferson St., Phoenix, AZ 85034
602-417-4610 (Office)
602-256-6756 (Fax)
Bonnie.talakte@azahcccs.gov

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

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: Wednesday, May 18, 2016
Time: 1:00 p.m. – 2:00 p.m. (Phoenix Time)
Conference Call-In: **1-877-820-7831 Participant Passcode: 108903#**

TOPIC	LEAD
1:00 p.m. - Welcome & Introductions	Bonnie Talakte, *Tribal Relations Liaison*
Treat and Refer Establishes a provider type to allow for billing of services in lieu of an ambulance transport to an emergency department when medically appropriate. Legislative Actions Recent legislative actions that restored Podiatry services, ALTCS Dental services for DD/EPD and KidsCare require Tribal Consultation, State Plan Amendment and Waiver approval before services can be provided.	Beth Kohler, *AHCCCS Deputy Director* Christopher Vinyard, *AHCCCS Chief Legislative Liaison*
2:00 p.m. - Adjourn	

ATTENDEES:

Tribes	Ak-Chin: Jeannette Secor Colorado River Indian Tribes: Kelly Baldenegro Ft McDowell Yavapai Nation: Jeannette Secor Gila River Indian Community: Mike Asmussen, Lawrence White Hopi Tribe: Tony Huma, Norma Youvella, Kari Imus Navajo Nation: Nyana Leonard Pascua Yaqui Tribe: Linda Guerrero Salt River Pima Maricopa Indian Community: Christie Tarley, Rene Bobair, Doreena Kiowa
I/T/Us	Native Health: Walter Murillo Phoenix Area IHS: Carol Chicharello Tuba City Regional Health Care Corporation: Lynette Bonar Winslow Indian Health Care Corp.: Namora Lee
Other	Inter-Tribal Council of Arizona: Alida Montiel, Ann Susan Arizona Advisory Council on Indian Health Care: Kim Russell
AHCCCS Representatives	Bonnie Talakte, Beth Kohler, Christopher Vinyard

MEETING SUMMARY

TOPICS	SUMMARY
Treat and Refer	**Beth Kohler**, **AHCCCS Deputy Director**, provided background on how Treat and Refer services came about. She indicated that AHCCCS has partnered with ADHS to engage EMS stakeholders in developing Treat and Refer protocols that will qualify them to become AHCCCS registered providers to receive reimbursement. Meeting participants were provided with a draft Arizona Treat and Refer Manual that was developed through the ADHS stakeholder process and is currently going through the approval process. The target date for implementation is October 1, 2016. Concept: Treat and Refer is an interaction through the 9-1-1 system when illness or injury does not require ambulance transport to the ED. The process must include: 1) documented evaluation, 2) a treatment/referral plan for social, behavioral and healthcare services that address immediate needs, 3) evidence of follow-up, and 4) assessment of customer satisfaction. ADHS has established criteria and Providers will work with ADHS to demonstrate that they meet the criteria. This is not a formal regulatory function—it's not a

	license. It is a voluntary process by which Providers can apply to receive this designation and qualify to register with AHCCCS under a new Treat and Refer provider type. Individuals who work with ADHS will get this designation and recognition to qualify as this provider type. Ms. Kohler reviewed the contents of the Treat and Refer Manual that includes the following; a) Participation requirements, b) EMS Personnel Training requirement, c) Standing Orders and d) the Application Process. The Manual is available for viewing at the AHCCCS Tribal Consultation website. The following needs to be completed before the process can be implemented: 1. Completion of the ADHS approval process 2. Entities register under new provider type by August 1st 3. AHCCCS to establish new billing code 4. AHCCCS to develop appropriate rates for codes.
Questions/Answers/ Comments	**Q:** "Is the manual a policy manual? Is there a possibility to amend the manual to reflect and include Tribes in this program"? **A:** "Yes, we recognize that this is going to be an iterative process. This is the starting point. If you have specific observations and concerns, I would encourage you to send them to AHCCCS so AHCCCS can have conversations with ADHS regarding the observations and concerns. We recognize that moving forward we will need to amend the manual as issues arise". ꟷ **C:** "I suggest that a template or guidelines be developed for agencies to use or modify the indicators and examine the burden tribal EMS program may have to engage in the performance monitoring plan". **A:** "Yes, great idea to suggest a template for a performance monitoring plan. I'll bring this suggestion to ADHS". ꟷ **Q:** "Programs must collect data quarterly? This might be an issue for tribes participating in the registry. We're not sure if tribal EMS would have electronic patient care records or the hardware or technical infrastructure to submit data on a quarterly basis. And the tribes themselves may want to know if they may be required to lay aside their sovereignty". **A:** "Our initial response is that Tribal sovereignty wouldn't be impacted as this is not a formal regulatory structure. This is a complex issue that will need closer examination. We would look to you to articulate if you see anything in the manual that might cause them to think that they might. That is not the intent. We will want to have further conversation on this". ꟷ **Q:** "The rate that would be established would be an administrative rate of reimbursement"? **A**: "It would be for the service provided". ꟷ **Q**: "How long will the manual be a draft and when is the next meeting"?

	A: "ADHS is moving it though its formal approval process right now. As was mentioned earlier, this will be an iterative process so if you have comments, we'll note that moving forward. If you have specific comments to the content of the manual we'll collect them and share them with ADHS". **Q**: "Have you contacted all tribal EMS"? **A:** "Yes, though this tribal consultation process. In addition, we have a tribal EMS group that is part of the tribal listserv that received the announcement. There are several gentlemen on today's call. We do have an established tribal EMS group".

Legislative Actions	**Chris Vinyard, Chief Legislative Liaison**, informed participants that the Arizona Legislature adjourned sine die on May 7, 2016. There are three (3) items that the legislature passed as it relates to the AHCCCS program, two (2) will require State Plan Amendments (SPAs) and one (1) will require a Waiver amendment. The first and biggest item was the restoration of the KidsCare Program. Before the program is implemented, there are a few things that will have to be done. The first is the legislation that is contingent upon the approval by CMS and getting the necessary increase in allotments to help pay for the program. Senate Bill 1457, Chapter 112 and 122 outlines all the things AHCCCS has to follow for the following programs or services:
	
	KidsCare: Once the SPA is submitted, AHCCCS will begin to collect applications, in pending status, starting July 26, 2016 with a program effective date of September 1, 2016.
	• Eliminates the CHIP enrollment cap
	• It provides that if the federal government eliminates federal funding for CHIP, the AHCCCS Administration must immediately stop processing all applications and must provide at least 30 days advance notice to contractors and members that the program will terminate.
	• Requires the AHCCCS Administration to submit to CMS a State Plan Amendment within 5 days of the effective date to resume enrollment in the program.
	• The AHCCCS Administration must project the enrollment rate for the KidsCare program for the remainder of federal fiscal years, 2015-2016 and 2016-2017 and request from CMS any additional allotment needed to resume enrollment in the children's health insurance program (CHIP).
	• Restoration is conditionally enacted on CMS approving the plan amendment to resume enrollment by July 1, 2017.
	• The AHCCCS Administration shall notify in writing the Director of the Arizona Legislative Council on or before July 15, 2017 either:
	    o Of the date on which the condition was met; or
	    o That the condition was not met.
	Podiatry:
	• The list of covered health and medical services is amended to include

	podiatry services performed by a Podiatrist, who is licensed pursuant to Title 32, Chapter 7, and ordered by a primary care physician or primary care practitioner (Section 10, p. 5). This will require a State Plan Amendment before the services can be implemented. October 1, 2016 is the services restoration date. ALTCS Dental for EPD and DDD: • Any member enrolled in this program will be able to get dental services in the amount of not more than $1,000 annually. The list of services shall be provided by program contractors to members who are determined to need institutional services. (Section 2, p. 11)
Questions/Answers/ Comments	**Q:** "This question is in regard to Podiatry and KidsCare. Do you feel there will be any complications with amending the State Plan and doing all the qualifications to get KidsCare up and running again"? **A: "**We don't feel that CMS will hold up the process. It will proceed like any other State Plan Amendment that AHCCCS submits on an annual basis for any variety of policies". ঌ **Q:** "Do you know how many of the 30,000 children that will be affected by the restoration of KidsCare are tribal members"? A: "We don't have that exact figure and we don't know how many are tribal children. The 30,000 figure is an AHCCCS projection". ঌ **Q:** "This question is about Podiatry reimbursement. What is the level of reimbursement? Will it return to its previous level before podiatry was removed? I believe it was a $350 pass through rate per visit. Will it be determined later"? **A:** "It will be determined later". ঌ **Q**: "For KidsCare, will this be billed out from IHS or 638 as Fee-for-Service or the AIR"? **A:** "The AIR does is not paid for KidsCare members". ঌ **Q**: "For the KidsCare premiums, they still don't apply to AI/ANs correct"? **A:** "Premiums or co-pays are not levied on any tribal members for any of our programs". ঌ **Q**: "For podiatry do they formally have to have a referral from the Primary Care Physician in order to see the Podiatrist or can the people that receive services directly at the IHS or 638 facilities be able to make a direct appointment"? **A**: "That's what we need to clarify. The original statute previously required involvement of the Primary Care Physician. We need to look at what our policies say and how we want to structure the implementation of that. Operationally, that's not typically how members access services from IHS and

	638 facilities. That's an important point for us to consider when we're setting forth the policy". ෴ **Q**: "For clarification, in regard to the KidsCare application and that process, will the electronic application of benefits be updated to add KidsCare back in and the paper application as well? **A:** "Yes, that will be ready to go. Whatever form the member wishes to use they have that at their disposal. Online or paper application can be submitted". ෴ **Q:** "KidsCare is for the children of families whose income falls within those levels and it does not include the parents"? **A**: "Correct. It will be children only from 139% to 200% of the FPL".
340-B Program:	**Beth Kohler, AHCCCS Deputy Director**, provided information on the 340-B program. She indicated that this was included in the budget and has to do with Pharmacy payments. 340-B covered entities are designated at the federal level by the Health Resources and Services Administration better known as HRSA. They are entities that are among the lowest prices when purchasing certain types of drugs. The budget includes a provision that requires 340-B covered entities to pass along the savings they get from the drugs to the State, by submitting their drug claims at the lesser of the acquisition cost or the 340-B price plus a dispensing fee. The legislation applies to all covered entities except hospitals or out-patient facilities operated by or owned by a hospital. It requires AHCCCS to do an analysis of what it would take to extend the provisions to those hospital entities but it does not apply to them yet. It does apply to all other 340-B covered entities including FQHCs but does not apply to IHS and 638 facilities that get the AIR for the administration of pharmacy medications to members. Next Steps: AHCCCS is assessing how to go about implementation. This is a complex change in the system. The legislation targets implementation no earlier than January 1, 2017. AHCCCS is looking at what that process will be to meet that date or potentially implement at a later date depending on the system changes that need to be put into place.
Questions/Answers/ Comments	No questions were asked in regard to the 340-B program.