AHCCCS Policy Items Affecting Tribes and ITU

Item	Action	Brief Description	Status	Tribal Consultation
Benefit Changes Exemption	Change in Waiver STCs	Exemption of IHS and 638 services from adult benefit changes	10.25.10 – AHCCCS letter sent to CMS requesting CMS' position in writing.	August 10, 2010
				June 3, 2010
			06.10 – AHCCCS submits change to Waiver STCs.	March 29, 2010
				April 28, 2010
MCO Requirements Exemption	TBD	Exemption from MCO Requirements in ARRA Section 2005(d) that apply to IHS and 638 facilities	Language taken out of Waiver STCs.	June 3, 2010
			08.25.10 – CMS included language in draft changes to Waiver STCs.	
			07.13.10 – AHCCCS requests guidance from CMS.	
FFS Cost Sharing Exemption	State Plan Amendment	If a claim for a medical service is properly submitted to and paid by the AHCCCS Fee-for-Service Administration, no copayment will be assessed to the member for that service.	09.30.10 – A follow-up notice was sent to tribes and ITU to clarify that AHCCCS will proceed with the FFS exemption.	March 23, 2010
Licensure and Certification of On- Reservation Facilities	Clarification of Policy & Future Exploration of Change in Requirements	CMS no longer "approves" attestations by tribal leaders indicating that non-IHS and non-tribal facilities (which do not need Medicare certification) on tribal lands meet state licensure requirements. CMS has made it clear that non-tribal facilities of this nature <u>will need</u> to be licensed by the state, even though they are located on tribal reservation lands.	CMS to contact AHCCCS when they would like to resume discussion. This will likely occur when more information is provided on IHCIA provisions relating to licensure and certification of providers.	- August 10, 2010
			7.30.10 – CMS is issuing the revised letters.	
100% FMAP Applicability to IHS/638 Services	Guidance from CMS	CMS has indicated verbally that 100% FMAP applies to all services provided by IHS and 638 facilities (including those covered under the scope of a 638 contract and outside the four walls of an IHS or 638 facility).	AHCCCS will continue to pursue written guidance from CMS.	TBD

Item	Action	Brief Description	Status	Tribal Consultation
Revision of Arizona's State Plan	State Plan Amendment	Arizona's State Plan includes sections in Attachments 4.19 A & 4.19 B that address payments to IHS and 638 Facilities which need to be updated. Additionally, AHCCCS will consider the IHCIA provisions of ACA that provide new authorities to IHS and 638 facilities including the provision of long term care and behavioral health services in the home and community based setting.	AHCCCS is meeting internally to review the current state plan. AHCCCS will hold Tribal Consultation to propose an update to the State Plan to ensure consistency with current practice. AHCCCS will also propose that a workgroup be formed to formulate policy considerations & recommendations regarding how the payment methodology may be revised.	TBD
Medicaid Incentive Payments for MU of EHR	Partner with IHS/638 Pilot Sites	AHCCCS will partner with one facility from each of the IHS Areas and one 638 facility to participate in a Medicaid Incentive Payment Pilot for MU of EHR.	AHCCCS may partner with the Chinle Comprehensive Health Care Facility (Acute Care Hospital), San Xavier Health Center	August 10, 2010
			(Eligible Professionals), Parker Indian	June 3, 2010
			Health Center (Critical Access Hospital), and the Gila River Health Care Corporation.	March 29, 2010
Health Care Reform & Health Insurance Exchange	Begin Dialogue Facilitation	Health Insurance Exchange needs to be set up in such a way that the commercial products within it include the health care provider networks available on tribal lands, i.e. IHS and 638 facilities. If Arizona chooses to run an exchange, AHCCCS will assist by facilitating discussion between the state and ITU.	AHCCCS will include this as a standing item in meetings with IHS Area Directors and may schedule a meeting to discuss this with tribes and ITU.	TBD
Navajo Nation Feasibility Study	Provide Assistance	Under ACA authority and appropriations, the Navajo Nation will conduct a feasibility study regarding the establishment of a Navajo Nation Medicaid agency.	Will continue to provide informational assistance to Navajo Nation. 9.28.10: Provided information to the Navajo Nation Division of Health for initial concept.	N/A