Uncompensated Care Payments
The State is authorized through September 30, 2016 under the expenditure authorities of the 1115 Waiver to make supplemental payments to IHS and tribal 638 health facilities that take into account their uncompensated costs in furnishing specified types of care to Medicaid-eligible individuals. The supplemental payments are for benefits that were reduced.

The purpose of the workgroup is to:
1) review the methodology and data used to create the existing PMPM
2) Evaluate requests to modify the methodology to reflect current costs, utilization and service delivery.

American Indian Medical Home
AHCCCS is proposing to align its efforts in Arizona with the efforts being made by IHS and the federal government to modernize and improve the health care delivery system for the AI/AN population through the development of a system of care called the Indian Health Medical Home Program (IHMHP). AHCCCS proposes an IHMHP that aligns with IHS’ Improving Patient Care (IPC) program in order to address some disparities and to support the ability of IHS, Tribal, and Urban Indian Health programs, as well as non-IHS facilities with high AI/AN patient volumes, to better manage the care of American Indians and Alaska Natives enrolled in the American Indian Health Program.

AHCCCS is proposing to reimburse qualifying facilities for:

- Primary Care Case Management
- Diabetes education
- After-hospital care coordination
- 24-hour call lines staffed by medical professionals

The purpose of the workgroup is to:
1) develop further details regarding the proposal for the American Indian Medical Home, including oversight and implementation processes.

Traditional Healing
Currently AHCCCS does not reimburse for Traditional Healing services and will need to obtain federal authorization to do so. A request to reimburse for these services has been added to the 1115 Waiver. AHCCCS will develop the service parameters in partnership through the tribal consultation process. The parameters will need to be provided to CMS as part of the final language in the 1115 Waiver.

The purpose of the workgroup is to:
1) develop service parameters to include the following:
   a. what services will be included
   b. what services will be covered and not covered
   c. what kind of qualified providers will provide the services