

Arizona Health Care Cost Containment System (AHCCCS) Annual Agency Report on Tribal Outreach Activities State Fiscal Year 2016 - 2017

Consultation Activities

The following goals, objectives and activities reflect outreach, engagement, and consultation with tribes, tribal leaders, tribal members, Indian Health Services (IHS), P.L. 93-638 tribal health facilities, and urban Indian health facilities from July 1, 2016 to June 30, 2017. During this time, AHCCCS conducted a total of ninety-one (91) outreach and consultation activities. These include; four (4) scheduled quarterly consultation meetings, five (5) special teleconference consultations, six (6) IHS Area Director's and Chief Medical Officer's meetings, one (1) 638 Tribal Health Director's meeting, eleven (11) government-to-government meetings, five (5) tribal outreach, education and technical assistance presentations, twenty-one (21) tribal workgroup meetings, two (2) community and tribal forums and thirty-six (36) requests for public comments on new or updated provisions of the AHCCCS policy manuals that were sent to our tribal email listsery. In addition to these activities conducted by the Tribal Liaison in the Office of Intergovernmental Relations, the Division of Fee for Service Management (DFSM) conducted numerous trainings for tribal providers over the course of this reporting period. All meetings, workgroups, presentations, trainings and correspondence were conducted to consult with tribes, obtain input and public comment, share information and updates and discuss policy and programmatic changes that were either proposed by AHCCCS or mandated by the Arizona State Legislature or the Centers for Medicare and Medicaid Services (CMS). The goals in the following table can be found in the AHCCCS Tribal Consultation Policy. https://www.azahcccs.gov/AmericanIndians/Downloads/consultations/AHCCCSTribalConsultationP olicy.pdf

	Goals	Objectives	Activity and Performance Measures
1.	Set timely consultation with Arizona Indian Tribes.	Develop a calendar of Tribal consultation meetings for 2016-2017.	A schedule of formal consultation meetings was developed and distributed to the AHCCCS Tribal Relations email listserv and posted on the AHCCCS website on January 3, 2017
2.	Allow for consultation with Indian tribes in the development of new policy or a change in existing policy with substantial tribal implications, including State Plan Amendments (SPA) and Waiver Proposals that will be submitted to CMS	Host tribal consultation meetings according to the consultation calendar. Meetings were held at the AHCCCS administrative offices, on tribal lands, or via teleconference. All consultation and workgroup meetings were held to obtain tribal input, provide information and updates and to discuss policy and programmatic changes.	 A. A total of four (4) quarterly and five (5) special tribal teleconference consultation meetings were held on 7/28/16, 8/4/16, 9/8/16, 10/20/16, 12/14/16, 1/18/17, 2/9/17, 3/9/17, and 4/20/17. B. Twenty-one (21) tribal workgroup meetings were held on topics including: Non-Emergency Medical Transportation (NEMT), American Indian Medical Home, and Traditional Healing Services. Meetings were held on 7/6/16, 9/12/16, 9/12/16, 9/15/16, 11/15/16, 2/13/17, 2/16/17, 2/27/17, 3/14/17, 3/16/17, 3/23/17, 3/31/17, 4/7/17, 4/13/17, 5/25/17, 6/1/17, 6/7/17, 6/20/17, and 6/21/17.

3.	Provide opportunities for Tribes to request tribal consultation on specific topics or issues affecting one or more Indian Tribe(s).	A. Government-to- Government meetings were held on five (5) occasions with the Navajo Nation.	A. The Agency met with the Navajo Nation on 9/14/16, 3/30/17, 6/2/17 (met twice), and 6/20/17 to discuss: NEMT Broker, the Integrated Contractors RFP, national policy initiatives, tribal ALTCS IGA, and tribal consultation strategic planning.
		B. Government-to- Government meetings were held on three (3) occasions with the San Carlos Apache Tribe.	B. The Agency met with the San Carlos Apache Tribe on 1/6/17, 3/31/17, and 5/15/17 to discuss: the Integrated Contractors RFP, tribal consultation strategic planning and payer of last resort.
		C. A Government-to- Government meeting was held with the Havasupai Tribe.	C. The Agency met with the Havasupai Tribe on 1/26/17 to discuss behavioral health and NEMT issues.
		D. Government-to Government meetings were held on two (2) occasions with the Tohono O'odham Nation.	D. The Agency met with Tohono O'odham Nation on 3/30/17 & 6/28/17 to discuss NEMT Broker and the Integrated Contractors RFP.
4.	Work with representatives from Tribes, IHS facilities tribal 638 health facilities, and urban Indian health programs to increase their knowledge and understanding of AHCCCS programs and policies.	Provide continuous tribal outreach and education and technical assistance to resolve issues.	 A. Six (6) IHS Area Director's and Chief Medical Officer's meetings and one (1) Tribal 638 Health Director's meeting were held on 9/15/16, 12/1/16, 12/15/16, 2/16/17, 5/25/17, 9/21/17, and 12/14/17. B. The DFSM conducted quarterly policy and billing forums for AHCCCS American Indian Health Program (AIHP) Providers. In addition, the DFSM training team provides technical assistance to tribal partners related to policy and billing requirements, etc. C. Per request from the Hopi Tribe, the AHCCCS Tribal Liaison presented general AHCCCS information at a Tribal Council training event on 3/29/17 in Flagstaff. D. Per request from CMS, the AHCCCS Tribal Liaison and personnel from Claims and Billing and Member Services participated as presenters on, 11/15/16, 12/1/16, and 3/21/17, at CMS/IHS tribal health staff trainings in Phoenix and on the Navajo Nation. E. Per request from the Navajo Nation, AHCCCS representatives participated as presenters on 5/23/17 at a Navajo Nation Business Office Managers meeting via teleconference. F. AHCCCS program updates were discussed at all quarterly in-person tribal consultation

			meetings as a means of educating and informing tribal partners and ITU's.
5.	Allow for consultation with Indian tribes in the development of new policy or a change in policy with substantial tribal implications.	Conduct regional state tribal forums to gather input from tribes.	A. The Agency conducted regional community and Tribal forums on June 16, 2017 (met twice) to gather input from the community and tribes on the Integrated Contractors RFP. Additional tribal forums were held in August and September 2017.
			B. The AHCCCS Policy Committee (APC) developed a process in which policies in the AHCCCS Medical Policy Manual (AMPM) and AHCCCS Contractor Operations Manual (ACOM) are distributed to the tribal email listserv for review and public comment. The process was brought to the October 20, 2016 tribal consultation meeting and agreed to by tribal partners. During this reporting period, thirty-six (36) requests for public comment were distributed to the tribal email listserv by the AHCCCS Tribal Liaison.

Agency Successes:

Tribal Consultation

Over the past five years, AHCCCS has seen a steady increase in participation rates at Tribal Consultation meetings as indicated by meeting sign-in sheets. Participation rates have grown from 30+ in 2012 to over 80 attendees at the consultation meeting held on April 20, 2017. This could be attributed to a number of factors including an interest in agenda topics that are relevant to tribes and tribal health organizations, consistent tribal outreach conducted by AHCCCS as a whole, and the desire by AHCCCS Director Betlach to hold tribal consultation meetings on tribal lands.

American Indian Medical Home Waiver Proposal

The American Indian Medical Home (AIMH) proposal, developed over many years with extensive Tribal and Indian Health Service consultation, was approved by CMS on June 14, 2017. AHCCCS's waiver proposal is designed to support the development of Patient Centered Medical Homes (PCMH) at IHS/Tribal 638 facilities across Arizona. The proposal focuses on state-wide integrated care, secure data and health information exchange, and care coordination for AHCCCS tribal members with complex conditions. The start date is, October 1, 2017.

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