

ARIZONA DEPARTMENT  
OF HEALTH SERVICES

# Welcome to today's Tribal Consultation meeting!

While you are waiting TEST YOUR AUDIO.

LISTEN FOR MUSIC.

You were automatically muted upon entry.

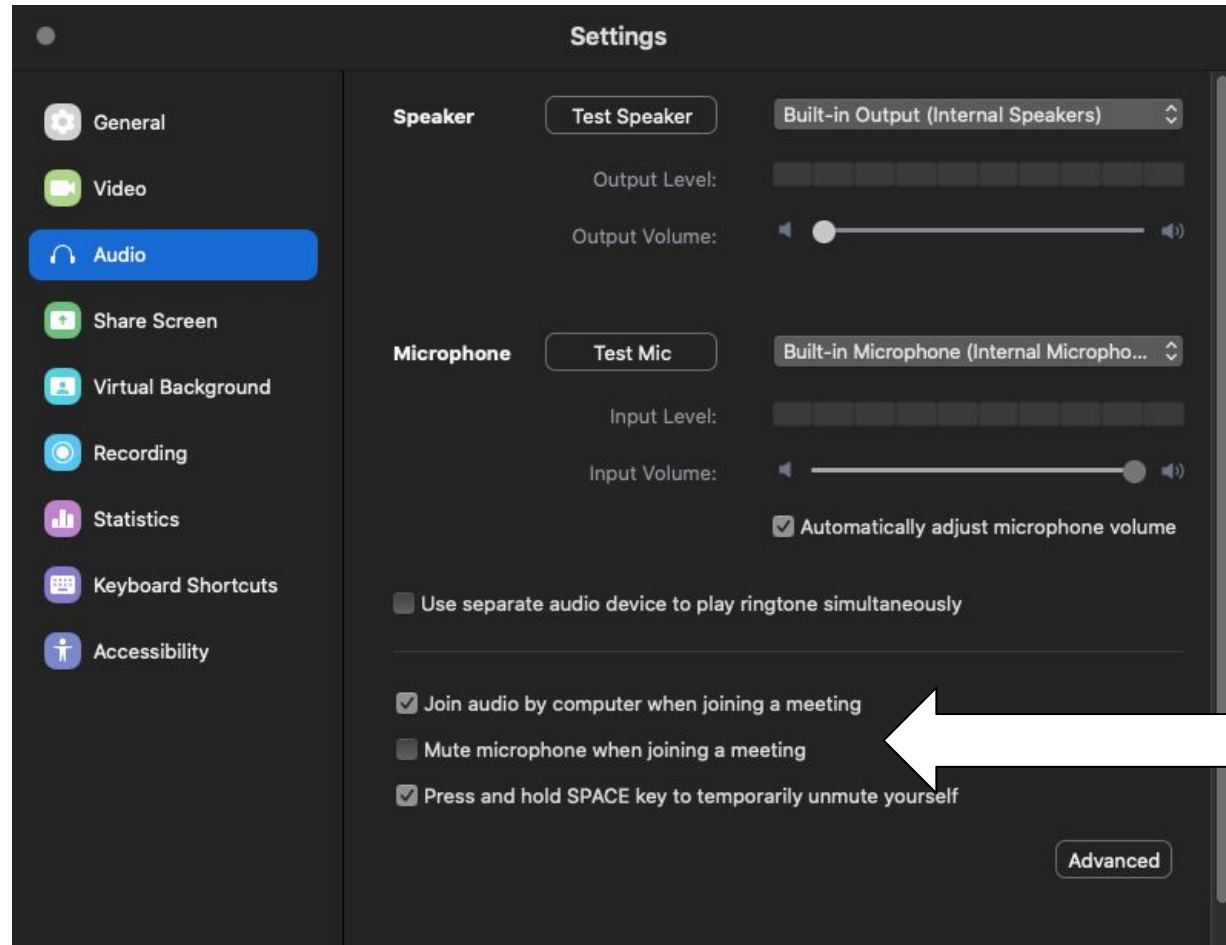
Please only join by phone or computer.

Please use the chat feature for questions or raise your hand.



Thank you.

# Audio Settings



The screenshot shows the Zoom application settings window, specifically the Audio settings. The left sidebar contains various settings categories, with 'Audio' selected and highlighted in blue. The main panel is titled 'Settings' and is divided into two sections: 'Speaker' and 'Microphone'. The 'Speaker' section includes a 'Test Speaker' button, a dropdown menu for the output device (set to 'Built-in Output (Internal Speakers)'), an 'Output Level' indicator, and an 'Output Volume' slider. The 'Microphone' section includes a 'Test Mic' button, a dropdown menu for the input device (set to 'Built-in Microphone (Internal Micropho...)'), an 'Input Level' indicator, an 'Input Volume' slider, and a checked checkbox for 'Automatically adjust microphone volume'. Below these sections are several checkboxes: 'Use separate audio device to play ringtone simultaneously' (unchecked), 'Join audio by computer when joining a meeting' (checked), 'Mute microphone when joining a meeting' (unchecked), and 'Press and hold SPACE key to temporarily unmute yourself' (checked). An 'Advanced' button is located at the bottom right of the settings panel. A large white arrow points from the right edge of the image towards the 'Join audio by computer when joining a meeting' checkbox.

**Settings**

**Speaker** Test Speaker Built-in Output (Internal Speakers)

Output Level: [Progress Bar]

Output Volume: [Slider]

**Microphone** Test Mic Built-in Microphone (Internal Micropho...)

Input Level: [Progress Bar]

Input Volume: [Slider]

Automatically adjust microphone volume

Use separate audio device to play ringtone simultaneously

Join audio by computer when joining a meeting

Mute microphone when joining a meeting

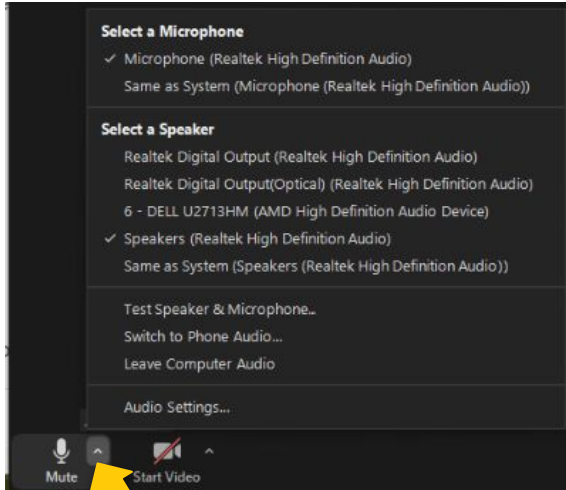
Press and hold SPACE key to temporarily unmute yourself

Advanced

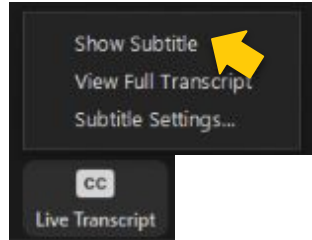
# Zoom Webinar Controls

## Navigating your bar on the bottom...

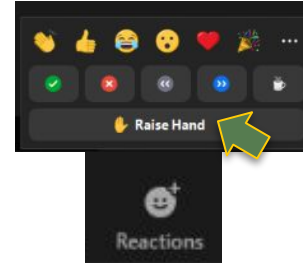
Audio Settings



Turn on Closed Captioning



Raise Hand



Chat



### KEYBOARD SHORTCUTS TO RAISE HAND

**Windows:** Alt+Y to raise or lower your hand

**Mac:** Option+Y to raise or lower your hand

# Tips for successful ZOOM PARTICIPATION



MUTE your mic  
when you're not  
speaking



BACKGROUND  
NOISE watch when  
turning on mic



Limit the  
DISTRACTIONS  
around you



Look at the  
CAMERA  
not your screen



PREPARE & queue  
docs or links that  
you plan to share



Stay FOCUSED by  
not texting or side  
conversations



Use GALLERY  
VIEW to see all  
participants



Use CHAT to ask  
questions or share  
resources

# This Meeting Is Being Recorded

**The recording shall be the sole property of AHCCCS and participation in this meeting indicates your waiver of any and all rights of publicity and privacy.**

**Please disconnect from this meeting if you do not agree to these terms.**

# Opening Blessing



Manuel Castro (Pascua Yaqui)  
Native American Cultural Counselor  
Native American Connections

# Host Welcome

Christopher Sharp (Mohave/CRIT)  
Board Chairperson  
Native American Connections

# Agenda

|   |
|---|
| Agenda Overview, Introduction, and Progress Report - Christine Holden |
| Opening Remarks & AHCCCS Updates - Carmen Heredia                     |
| Tribal Leadership Open Mic  |
|   |
| DFSM Updates - Leslie Short & Ewaryst Jedrasik                        |
| Quality Strategy Overview - Jakenna Leb                               |
| Federal Relations Updates - Max Seifer & Shreya Arakere               |
|   |
| Closing Remarks - Carmen Heredia                                      |



# Progress Report

## Recent Activities

- Jan. 2024: Established the AHCCCS Tribal Consultation and [AHCCCS Tribal Relations](#) calendars

## Ongoing/Upcoming Initiatives

- Feedback and Input
  - ★ **Tribal Member Exploitation & Provider Fraud Response Plan**
    - Submit feedback via email to [TribalRelations@azahcccs.gov](mailto:TribalRelations@azahcccs.gov), or complete the [Tribal Response Plan Feedback Form](#)
  - AIHP Tribal Verification Proposal
- Meetings/Events
  - 2/26 San Carlos Apache Tribe 1:1
  - 2/29 Tribal Policy Workgroup



# Quarterly Tribal Consultation Meeting

February 21, 2024



# AHCCCS CEO Updates

## Carmen Heredia

# Discussion

# Tribal Leadership Open Mic

# Open Mic: Intent & Guidelines

Strengthen collaboration and ensure tribal leadership has a dedicated space to convey their perspectives and concerns.

## General Guidelines:

- The Tribal Leadership Open Mic will be a standing agenda item, providing regular opportunities for engagement.
- Tribal leaders and delegates have priority, and participation is at the discretion of tribal leadership and partners.
- After tribal leaders, the floor is open to Tribal health directors, TRBHA leadership, IHS leadership, UIO leadership, and MCO Tribal Teams.
- Agency's Listening Role: The agency will primarily listen and gather insights during this session.

# Open Floor

# Division of Fee For Service Management (DFSM) Updates

Ewaryst Jedrasik, DFSM Assistant Director

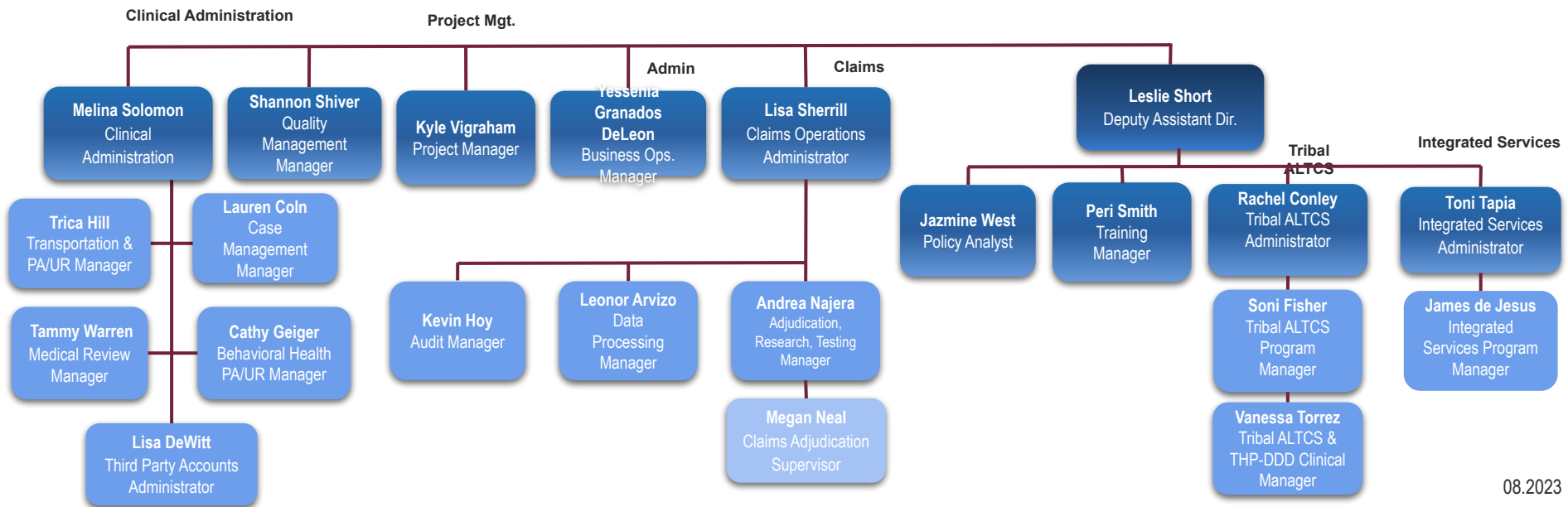


# DFSM Updates

- Transforming the Fee-for-Service Program into a quality of care-focused program
  - Expansion of Quality Management and oversight of quality of care concerns
  - Implementation of Quality Assurance, including proactive onsite visits for compliance and monitoring
  - Expansion of Care Management, including member level case management
  - Enhancement of Medical Management team for review of provider documentation and utilization management functions
  - Expansion of Claims prepayment review team

# Division of Fee for Service Management

## Supervisor-Manager Org Chart



# Division of Fee for Service Management

**Ewaryst Jedrasik**  
DFSM Assistant Director

## Claims

## Project Mgt./Admin

**Leslie Short**  
*Deputy Assistant Dir.*

### Clinical Administration

### Tribal ALTCS

### Integrated Services

**Roger Willcox**  
Medical Director

*Vacant*  
*Medical Dir.*

**VACANT**  
Claims & Data Analyst Deputy

**Lisa Sherrill**  
Claims Operations Administrator

**Yessenia Granados**  
Project Administrator

**VACANT**  
Business Ops. Manager

**Kyle Vigram**  
Project Manager

**Jasmine West**  
Policy Analyst

**Vacant**  
Senior Clinical Administrator

**Rachel Conley**  
Tribal ALTCS Administrator

**Tom Tapia**  
Integrated Services Administrator

**James de Jesus**  
Integrated Services Program Manager

**Leonor Arvizo**  
Data Processing Manager

**Kevin Hoy**  
Audit Manager

**Peri Smith**  
Training Manager

**VACANT**  
Prepayment

**Andrea Najera**  
Adjudication, Research, Testing Manager

**Megan Neal**  
Claims Adjudication Supervisor

*Vacant*  
*Prepayment Adjudication Supervisor*

**Melina Solomon**  
Clinical Administration

**Lauren Coln**  
Quality of Care Administrator

**Soni Fisher**  
Tribal ALTCS Program Manager

**Vanessa Torrez**  
Tribal ALTCS & THP-DDD Clinical Manager

**Lisa DeWitt**  
Third Party Accounts Administrator

**Cathy Geiger**  
Behavioral Health PA/UR Manager

*Vacant*  
*Quality Assurance Manager*

**Trica Hill**  
Transportation & PA/UR Manager

**VACANT**  
Case Management Manager

*Vacant*  
*Quality Assurance Manager*

**Wendy Vaillancourt**  
Medical Review Manager

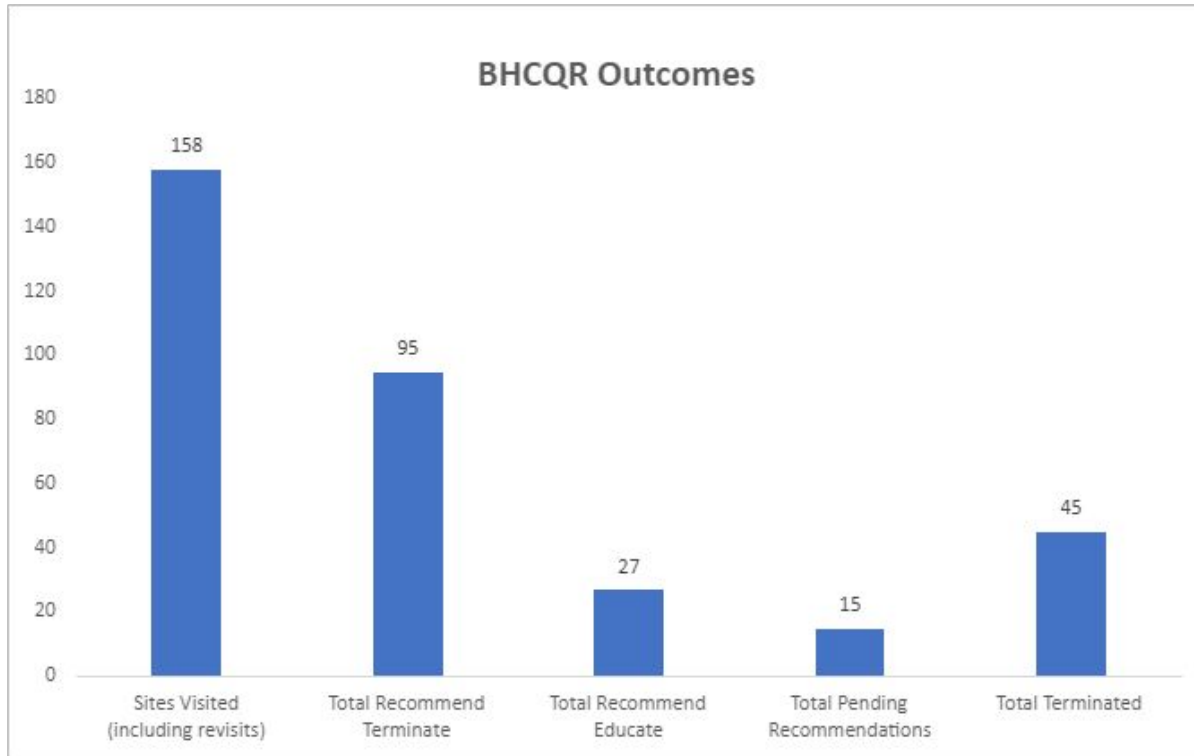
*Vacant*  
*Case Management Manager*

*Vacant*  
*Quality Management Manager*

**Shannon Shiver**  
Quality Management Manager

*Vacant*  
*Quality Management Manager*

# Behavioral Health Clinical Quality Reviews



# DFSM Quality of Care Area

- On-site visits to new high risk providers
- Review BHP's associated with new high risk providers
- Conduct periodic chart reviews of providers serving AIHP
- Conduct unannounced QOC visits to facilities serving AIHP
- Investigate QOC reports submitted to the Quality of Care Portal
- Review findings from TRBHA reviews of QOC reports and initiate provider action, if warranted

# Case Management Initiatives

- Continue to assist provider level case managers
- Continue to assist TRBHA case managers, as needed
- Provide member level case management to members with SMI designation
- Provide member level case management to members with SED designation
- Provide member level case management to members with CRS designation

# DFSM Claims Administration Initiatives

- Utilizing changes to the PMMIS system to affect better compliance with AHCCCS and Uniform Billing Manual
- Utilizing Special Handling procedure to implement changes to billing manual affecting DFSM claims
- Conducting claims pattern review of providers billing DFSM
- Placing providers on the prepayment review
- Utilizing Monthly and ad hoc Data Team reports to identify patterns and areas of possible abuse
- Notifying OIG of possible WFA

# DFSM Maternal Mortality Initiative

- Review data from latest studies
- Form a Task Force Team
- Conduct internal AHCCCS data pull and evaluation
- Organize Maternal Mortality Summit with Tribal, Federal, State and other partners
- Formulate initiatives to improve outcomes
- Implement the initiatives



# Areas of concern

- Behavioral Health
- NEMT
- Wound care
- DME
- Detox
- Laboratory
- Nursing facilities
- Other

# ROPA

(Referring, Ordering, Prescribing and Attending Providers)

# ROPA

## (Referring, Ordering, Prescribing and Attending Providers)

- Per 42 CFR 455.410 of the Affordable Care Act, the State Medicaid Agency must require all ordering or referring physicians, or other professionals providing services to be enrolled as participating providers.
- This means that referring, ordering, prescribing and attending (ROPA) providers must be AHCCCS-registered providers to ensure payment of items or/or services
  - Implementation for FFS only, and will start with rendering, ordering and attending providers
- AHCCCS has extended the ROPA registration deadline to 7/1/2024
- A ROPA Excepted Providers List and FAQs may be reviewed here:  
<https://www.azahcccs.gov/PlansProviders/NewProviders/ROPA.html>

# Pharmacy ROPA

Since pharmacists may act as the prescribers for immunizations administered in the pharmacy, AHCCCS created a flexibility that will allow AHCCCS to capture the required data in the system for claims payment, without requiring pharmacists to enroll as participating providers.

- Initial lists with the needed data were collected from IHS/638 pharmacies and were included in the ROPA Excepted Providers List.
- To update or be added to the excepted list, pharmacists, residents, and interns must submit the following information to: [ROPAXceptions@azahcccs.gov](mailto:ROPAXceptions@azahcccs.gov)
  - NPI
  - Provider Name
  - INDication of whether the NPI is associated with a resident, intern, or pharmacist, and
  - The beginning date associated with the associations.

# Open Discussion

An orange ceramic mug is the central focus, sitting on a light-colored, reflective surface. The words "Break Time" are written in white, casual script on the side of the mug, with a white horizontal line underneath. In the background, a laptop is open, and a smartphone lies flat on the desk. A small green plant in an orange pot is also visible, slightly out of focus.

Break  
Time

We will resume at  
10:40 am

# Division of Health Care Services (DHCS)

Jakenna Lebsock  
*Assistant Director*

# Quality Strategy Overview 2023-2024



# Questions to Consider

## For Discussion:

- Are the current Quality Strategy goals and objectives valuable to your tribal community?
  - Are there any changes or additions to the goals and objectives that should be considered?
- What quality-specific focus areas would your tribal community recommend be highlighted in the Quality Strategy?

# Quality Strategy: Definition and Requirements

Under Managed Care Regulations ([42 CFR § 438.340](#)):

- Each state contracting with Managed Care Organizations (MCOs) is required to develop and implement a written quality strategy for the purposes of describing, evaluating, and improving the quality of health care services provided by the MCO entities.
- States are required to:
  - Review and update its quality strategy as needed, but no less than once every three years,
  - Include an evaluation of the effectiveness of the quality strategy conducted within the previous three years, and
  - Post the results of the review on the state's website.

# Quality Strategy: Elements

Per Managed Care Regulations ([42 CFR § 438.340](#)), the Quality Strategy must contain several elements, including but not limited to:

- Network adequacy and availability of services standards
- Continuous quality improvement goals and objectives
- Description of quality metrics and performance targets, including those the State will publish at least annually on its website
- Description of performance improvement projects to be implemented
- State's plan to identify, evaluate, and reduce health disparities
- Mechanisms to comply with additional services for enrollees with special health care needs or who need Long-Term Services and Supports (LTSS)

# Quality Strategy: Current State

**Current State:** The State's Quality Strategy and Quality Strategy Evaluation were last published and submitted to CMS on July 1, 2021.

- The Quality Strategy Evaluation is intended as a companion document to the Quality Strategy and is meant to inform the Quality Strategy updates through the evaluation of the effectiveness of the Quality Strategy conducted within the previous three years.
- The July 2021 Quality Strategy and Quality Strategy Evaluation documents are available on the [AHCCCS Quality Strategy](#) webpage.

# Quality Strategy: Current Goals and Objectives

**Current Goals and Objectives:** The current Quality Strategy has four goals, each with several associated objectives. Please see the Appendix for details on the objectives.

- Quality Strategy Goal 1: Improve the member's experience of care, including quality and satisfaction.
- Quality Strategy Goal 2: Improve the health of AHCCCS populations.
- Quality Strategy Goal 3: Reduce the growth in healthcare costs and lower costs per person.
- Quality Strategy Goal 4: Enhance data system and performance measure reporting capabilities.

# Quality Strategy: Next Steps

**Next Steps:** The next Quality Strategy and Quality Strategy Evaluation submissions are due to CMS no later than July 1, 2024.

- AHCCCS is in the process of updating both documents through collaboration with subject matter experts across the agency's divisions.
- AHCCCS is seeking input from members and other stakeholders in developing the Quality Strategy prior to finalizing it for CMS submission.
  - Please share any feedback on the current Quality Strategy, including feedback on the goals and objectives.

# Quality Strategy: Feedback Request

## For Discussion:

- Are the current Quality Strategy goals and objectives valuable to your tribal community?
  - Are there any changes or additions to the goals and objectives that should be considered?
- What quality-specific focus areas would your tribal community recommend be highlighted in the Quality Strategy?

# Quality Strategy: Key Dates

| Activity  | Dates*                     |
|---|----------------------------|
| AHCCCS internal review and updates                                      | Ongoing                    |
| Stakeholder Presentations   | October - February 2024    |
| AHCCCS Executive Management review and approvals                        | April 2024                 |
| Public Comment  | May - June 2024            |
| Post Quality Strategy and Quality Strategy Evaluation on AHCCCS website | No later than July 1, 2024 |
| Submit Quality Strategy and Quality Strategy Evaluation to CMS          | No later than July 1, 2024 |

\* Timeline generated based on three year review cycle and is subject to change.



# Quality Strategy: Feedback Opportunities

AHCCCS requests feedback on its Quality Strategy via the following opportunities:

- Stakeholder presentations: ALTCS Advisory Committee, AHCCCS and MCO Chief Medical Officers' Meeting, QM/MM/MCH EPSDT Quarterly Contractor Meeting, State Medicaid Advisory Committee; AHCCCS Quarterly Tribal Consultation, AHCCCS Community Forum. .
  - Please submit feedback or questions to [Georgette.Chukwuemeka@azahcccs.gov](mailto:Georgette.Chukwuemeka@azahcccs.gov).
- Public comment period: AHCCCS will notify stakeholders once the Quality Strategy is posted online for review and feedback.

# Appendix

# Current Quality Strategy Goal 1 and Objectives

## Quality Strategy Goal 1: Improve the member's experience of care, including quality and satisfaction.

- Enrich the member experience through an integrated approach to service delivery,
- Improve information retrieval and reporting capability by establishing new and upgrading existing information technologies, thereby increasing responsiveness and productivity,
- Enhance current performance measures, PIPs, and best practice activities by creating a comprehensive quality of care assessment and improvement plan across AHCCCS programs, and
- Drive the improvement of member-centered outcomes using nationally recognized protocols, standards of care, and benchmarks, as well as the practice of collaborating with MCOs to reward providers based on clinical best practices and outcomes (as funding allows).

# Current Quality Strategy Goal 2 and Objectives

## Quality Strategy Goal 2: Improve the health of AHCCCS populations.

- Increase member access to integrated care that meets the member's individual needs within their local community,
- Support innovative reimbursement models, such as Alternative Payment Models (APMs), while promoting increased quality of care and services, and
- Build upon prevention and health maintenance efforts through targeted medical management:
  - Emphasizing disease and chronic care management,
  - Improving functionality in activities of daily living,
  - Planning patient care for special needs populations,
  - Identifying and sharing best practices, and
  - Expanding provider development of COE.

# Current Quality Strategy Goal 3 and Objectives

## **Quality Strategy Goal 3: Reduce the growth in healthcare costs and lower costs per person.**

- Increase analytical capacity to make more informed clinical and policy making decisions, and
- Develop collaborative strategies and initiatives with state agencies and other external partners, such as:
  - Strategic partnerships to improve access to healthcare services and affordable health care coverage,
  - Partnerships with sister government agencies, MCOs, and providers to educate Arizonans on health issues,
  - Effective medical management for at-risk and vulnerable populations, and
  - Building capacity in rural and underserved areas to address both professional and paraprofessional shortages.

# Current Quality Strategy Goal 4 and Objectives

## **Quality Strategy Goal 4: Enhance data system and performance measure reporting capabilities.**

- Evaluate current data system infrastructure,
- Identify system and process limitations impacting performance measure reporting and analysis,
- Leverage various data sources to produce comprehensive reliable data,
  - Collaborate with external stakeholders to facilitate access to supplemental data sources, and
  - Explore means for collecting and reporting performance measure data utilizing EHR methodologies, and
- Drive continuous delivery system performance through advanced data analytics and disparity analyses.

# Open Discussion



## Federal Policy Updates Division of Community Advocacy and Intergovernmental Relations (DCAIR)

Ruben Soliz, Federal Relations Section Lead and Policy Advisor

Shreya Arakere, Federal Waiver and Evaluation Administrator

Max Seifer, State Plan Manager and Policy Consultant



# AHCCCS Federal Policy Overview

AHCCCS' Federal Relations team maintains the two federal policy documents which govern Medicaid and CHIP in Arizona:

1. **State Plan:** A 900+ page document describing various components of AHCCCS (e.g. member eligibility, available services, payment rates) permissible under federal law.
2. **1115 Waiver:** A document which grants us flexibility to design Demonstration projects that promote the objectives of the Medicaid program not otherwise authorized under federal law.

# Changes to AHCCCS Federal Policy

Changes to AHCCCS Federal Policy occur through:

1. **State Plan Amendments (SPAs):** SPAs may be used to alter the State Plan within the framework of federal law and are typically approved within 90-days.
2. **1115 Amendment Requests** may be submitted to pilot new and innovative projects. They have longer negotiation timelines and are typically approved for 5 year periods that can be renewed.

# Questions for Consideration

- What **questions** do you have about any federal policy that we've discussed?
- What impact will the upcoming federal policy have on AHCCCS **members** in your community?
- What impact will the federal policy have on AHCCCS enrolled **providers** in your community?
- What other **concerns or suggestions** should AHCCCS consider with the federal policy we've discussed?

# Status of Submitted 1115 Waiver Amendments

## **KidsCare Expansion to 225% FPL**

- Submitted to CMS on November 15, 2023.
- AHCCCS gathered public comments in December 2023.
- Expect approval in early 2024

## **Parents as Paid Caregivers (PPCG)**

- Proposal submitted to CMS September 27, 2023.
- Negotiations on this Amendment are underway with CMS
- Expect approval in early 2024

# Status of Submitted 1115 Waiver Amendments

## Traditional Healing

- Negotiations re-initiated with CMS in July 2023.
- TH workgroup helped in answering a variety of CMS questions on services, providers, eligibility, and more.
- Now awaiting additional guidance from CMS on next steps.

## Pre-Release Services

- Proposal to offer a set of pre-release services to incarcerated individuals a certain number of days prior to release.
- In the final stages of finalizing a Concept Paper which will outline the updated proposal.
- AHCCCS is currently determining the fiscal impact of the Concept Paper.

# Status of Other 1115 Waiver Activities

## Housing and Health Opportunities (H2O)

- Implementation work has continued, with a targeted go-live date of 10/1/24.
- The H2O Protocol, Implementation Plan, and additional deliverables were submitted to CMS and are viewable online.
- AHCCCS is seeking to contract with an H2O Program Administrator(H2O-PA) to assist with implementation and administration of H2O services.

## Waiver Evaluation

- Activities underway with Independent Evaluator, HSAG.
- Evaluation Design for all Waiver Programs due to CMS on 1/31/24.

# Upcoming State Plan Amendments (SPAs)

- **January Nursing Facility Rates**

This SPA Updates Nursing Facility Rates effective January 1, 2024. Rates will be increased by 0.52% statewide.

- **Supplemental Payment SPA - ARP Round 3**

This SPA issues a third round of lump sum payment to select HCBS and Rehabilitation providers. Provider payments total more than \$387 million and are intended to be distributed by May 31, 2024.

# Open Discussion/Tribal Feedback on Federal Policy

- What **questions** do you have about any federal policy that we've discussed?
- What impact will the upcoming federal policy have on AHCCCS **members** in your community?
- What impact will the federal policy have on AHCCCS enrolled **providers** in your community?
- What other **concerns or suggestions** should AHCCCS consider with the federal policy we've discussed?



# Public Comments

Public Comments or Written Testimony may be submitted to AHCCCS via:

**Email:** [publicinput@azahcccs.gov](mailto:publicinput@azahcccs.gov) and [waiverpublicinput@azahcccs.gov](mailto:waiverpublicinput@azahcccs.gov)

## Postal Mail

AHCCCS

Attn: DCAIR

801 E. Jefferson St., MD 4200 Phoenix, AZ 85034

Opportunities for public comment are posted at the following links:

- SPAs: <https://www.azahcccs.gov/AHCCCS/PublicNotices/#SPAs>
- 1115 Waivers:  
<https://www.azahcccs.gov/Resources/Federal/PendingWaivers/>



# CYE 2025 Differential Adjusted Payments (DAP)

Margaret Hackler

*Value Based Purchasing Manager*

# Differential Adjusted Payments (DAP) Background

- Since 2016 DAP has been used to incentivize providers that have committed to supporting actions that improve patients' care experience, improve members' health, and reduce cost of care.
- DAPs are intended to be short-term payments to incentivize specific behaviors on the part of the providers.
- DAPs are positive adjustments to the AHCCCS Fee Schedule and the health plans are required to pass through DAP increases to their contracted rates.
- AHCCCS uses DAPs to promote policy goals for participation in information-sharing systems such as the SDOH CLRS and the HIE.
- AHCCCS currently has DAPs available for various provider types such as inpatient and outpatient hospitals, physicians, outpatient clinics, HCBS providers, etc.
- DAPs are time-limited and expire at the end of the contract year.

# CYE 25 IHS/Tribal 638 Facility DAPs

## Provider Type 02 (3.0%)

- Health Information Exchange (HIE) Participation (1.5%)
  - Providers that meet specified milestones and performance criteria are eligible for a DAP.
  - In order to qualify, **by April 1, 2024** the Provider must complete a HIE Participation Agreement and submit a Statement of Work (SOW).
- Arizona Health Directives Registry (AzHDR) (0.5%)
  - Hospitals that meet specified milestones are eligible for a DAP increase.
  - In order to qualify, **by April 1, 2024** the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW).

# CYE 25 IHS/Tribal 638 Facility DAPs cont.

- Social Determinants of Health Closed Loop Referral System (0.5%)
  - Providers that meet specific milestones are eligible to earn a DAP.
  - In order to qualify, **by April 1, 2024** the provider must complete a CommunityCares Agreement and submit a Statement of Work (SOW).
- Naloxone Distribution Program (0.5%)
  - Hospitals that meet specific milestones are eligible to earn a 0.5% DAP increase for inpatient and outpatient services.
  - In order to qualify, **by April 1, 2024** the hospital must have in place an active Health Information Exchange(HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW).

# Proposed DAP Changes for Other Provider Types

## APR-DRG Hospitals and Other Hospitals (LTAC, Subacute, Psychiatric Hospitals)

- Health Information Exchange: Data Quality Indicators (0.75%) **NEW**
  - Requires all HIE data senders to comply with more robust data standards.

## Nursing Facilities

- Antipsychotic Medication Performance Measure (1.0%) **NEW**
  - Facilities that meet or fall below the statewide average percentage for the Antipsychotic Medication Performance Measure will qualify for a DAP increase.

# Helpful Information

- Link to Preliminary Public Notice
  - <https://www.azahcccs.gov/AHCCCS/Downloads/PublicNotices/rates/CYE25DAPPreliminaryPublicNotice.pdf>
- Public Comments are due by 5pm on March 15th
  - Send to the following email address:  
[AHCCCS DAP@azahcccs.gov](mailto:AHCCCS DAP@azahcccs.gov)
- Sign up to receive DAP notifications and updates
  - <https://lp.constantcontactpages.com/sl/6z0qCwB>

# Open Discussion



# Open Floor

# Closing Remarks

# Announcements

# 2024 Quarterly TC Schedule



# 2024 Tribal Policy Workgroup Schedule



# TRIBAL HEALTH LITERACY SUMMIT: NAVIGATING PANDEMICS TOGETHER



The Arizona Advisory Council on Indian Health Care (AACIHC) and its COVID-19 Health Disparities Grant Team are pleased to announce the Tribal Health Literacy Summit: Navigating Pandemics Together.

**REGISTER NOW!**

Space is Limited!



**WHEN:** March 12 - 14, 2024

**WHERE:** [Desert Willow Conference Center](#), Phoenix, AZ

**PURPOSE:** This event aims to bring together tribal leaders, healthcare professionals, policymakers, educators, and community advocates to address pandemic challenges and promote health literacy in Indian Country. It focuses on critical health issues such as literacy, chronic disease management, social determinants, health screening, infectious illness prevention, and building health literacy foundations in tribal communities.



HOLD

# Subscribe to stay informed!



**AHCCCS News & Press Releases** [Subscribe to News and Press Releases Updates](#)

Filter: Show All | Sort: Date: Newest First

### AHCCCS Highlights Accomplishments, Changes in 2023

CONTACT: [PIO@azahcccs.gov](mailto:PIO@azahcccs.gov)  
FOR IMMEDIATE RELEASE  
January 23, 2024  
PHOENIX – One year ago, Cabinet Executive Officer Carmen Heredia took the helm of the Arizona Health Care Cost Containment System (AHCCCS), Arizona's Medicaid agency, and guided the agency through an extraordinary year of accomplishments and change.

"In 2023, AHCCCS faced challenges head-on, made significant progress, and achieved remarkable milestones because of our employees' unwavering dedication to the members we serve," Heredia said. "Our accomplishments stand as a testament to our adaptability, innovation, and unyielding resolve in the face of turbulent times."

Some of those successes and operational enhancements are highlighted below; see the full list in the 2023 Year in Review document. [Read more...](#)

### 1.4 Million Arizonans Have Maintained Medicaid Coverage Since Renewals Began Last April

CONTACT: [PIO@azahcccs.gov](mailto:PIO@azahcccs.gov)  
FOR IMMEDIATE RELEASE  
January 18, 2024  
PHOENIX – Since the Arizona Health Care Cost Containment System (AHCCCS) returned to the regular Medicaid renewal processes last April, 1.4 million Arizonans have maintained coverage and 18% or 457,753 have been discontinued.

[AHCCCS News and Updates](https://azahcccs.gov/shared/news.html)  
[azahcccs.gov/shared/news.html](https://azahcccs.gov/shared/news.html)

**AHCCCS Tribal Relations** [Subscribe to AHCCCS Tribal Relations Updates](#)

*The mission of the Arizona Health Care Cost Containment System (AHCCCS) is to provide comprehensive, quality care to those in need. AHCCCS and Tribal Nations in the State of Arizona share the common goal of decreasing health disparities and maximizing access to critical health services.*

### Tribal Consultation

AHCCCS is committed to engaging in open, continuous, and meaningful consultation on a government-to-government basis. The AHCCCS Tribal Consultation Policy (note: pending technical changes and Tribal Consultation) guides the agency's work and interaction with the Tribal Nations of Arizona.

Learn more about Tribal Consultation at AHCCCS.

### Tribal Relations at AHCCCS

The Tribal Liaison serves as a point of contact for information and issues concerning health care policies that affect American Indian AHCCCS members. The role of the Tribal Liaison is to work across sectors to help improve the quality and accessibility of health care for American Indian AHCCCS members.

At AHCCCS, the Tribal Liaison is housed in the Division of Community Advocacy and Intergovernmental Relations and serves as the link between AHCCCS staff and the 22 tribes in Arizona, three Indian Health Service (IHS) areas, urban Indian health programs, and tribal community members and stakeholders.

Christine Holden currently serves as the AHCCCS Tribal Liaison and she can be contacted at [christine.holden@azahcccs.gov](mailto:christine.holden@azahcccs.gov) or at [tribalrelations@azahcccs.gov](mailto:tribalrelations@azahcccs.gov).

[Tribal Relations Updates](https://azahcccs.gov/AmericanIndians/TribalRelations/)  
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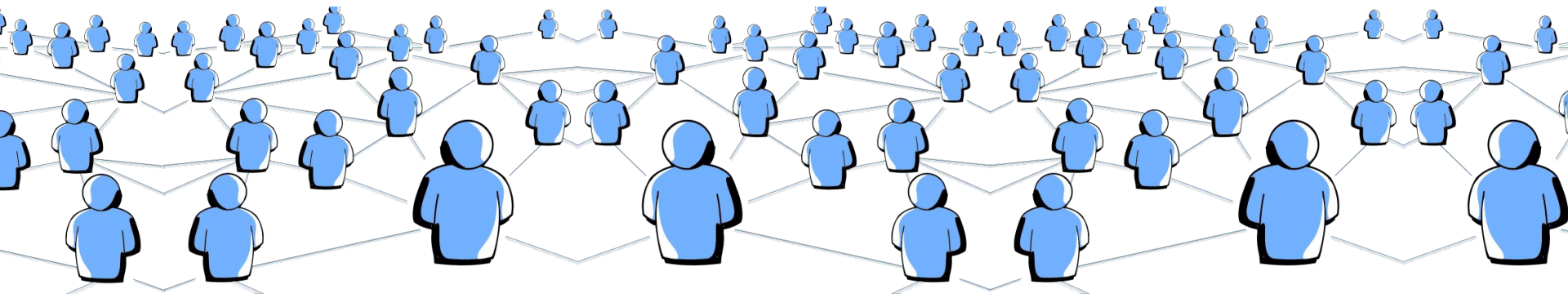
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# Learn about AHCCCS' Medicaid Program on YouTube!



Watch our Playlist:

[Meet Arizona's Innovative Medicaid Program](#)

# Other Resources - Quick Links

- AHCCCS [Waiver](#)
- AHCCCS [State Plan](#)
- AHCCCS [Grants](#)
- AHCCCS [Whole Person Care Initiative \(WPCI\)](#)
- AHCCCS [Office of Human Rights](#)
- AHCCCS [Office of Individual and Family Affairs](#)
- [Future RBHA Competitive Contract Expansion](#)

Thank You.

Have a great day!