

AHCCCS American Indian Health Policy Items

| Category | Topic | Description | Change in Policy or Federal-State Agreement | Outcome(s) | Status |
|------------------------|---|--|---|--|---|
| Federal Policy Changes | American Recovery and Reinvestment Act - HITECH Act Provisions - Medicaid Incentive Payments for Meaningful Use of EHR | Need to coordinate with IHS and 638 providers to determine if the EHR products they are using are certified and they are able to demonstrate meaningful use. | N/A | (1) Work with volunteer pilots; (2) Work with other IHS/638s to register hospitals and EP's; (3) Issue/Monitor Incentives | To meet with pilot sites in February. |
| | American Recovery and Reinvestment Act - Section 2005(d) Provisions - Payments to Indian Health Care Providers by Managed Care Organizations | Need to obtain authority to be waived from these provisions as these requirements would cause a huge administrative burden on Indian Health Care Providers and AHCCCS. | Waiver Amendment | (1) Tribal Consultation; (2) Seek Waiver Authority; (3) If Waiver Authority is Approved, Follow-Up with Indian Health Care Providers | Waiver is approved by CMS. AHCCCS will continue to reimburse IHS/638s directly for Medicaid MCO-enrolled American Indians. |
| | Affordable Care Act - Medicaid, Health Insurance Exchange, and Indian Health Care Provisions (including Navajo Nation Medicaid Feasibility Study) | Need to coordinate with tribes and ITU to identify potential opportunities to collaborate in order to ensure that we are prepared for implementation. In addition, we need to be sure that implementation is also appropriate for tribes and ITU. | Payment Policy and Potentially State Plan Amendment | (1) Tribal Consultation; (2) IHS Area Directors; (3) Seek additional guidance when appropriate | Ongoing consultation until further guidance is obtained and until state determines if it will run the insurance exchange for Arizona. |
| | Licensure & Certification of On-Reservation Facilities | Need to coordinate with CMS in the case CMS decides to require AHCCCS to change the provider registration requirements for on-reservation facilities that are not operated by the IHS or the tribe. | Provider Registration Policy | (1) Tribal Consultation; (2) Determine whether policy change is needed | Will continue business as usual until CMS brings this topic back for tribal consultation. |
| | Applicability of 100% FFP to Services Provided by IHS & 638s | Need to obtain written guidance from CMS regarding services that can be claimed at 100% FFP. CMS indicated verbally that 100% FFP applies to services outside the 4 walls of an IHS/638 facility and services included in the scope of a 638 contract. | Potentially State Plan Amendment & Change to AHCCCS Claiming to CMS | (1) Send Written Request to CMS; (2) Tribal Consultation; (3) Include in State Plan Payment Methodology | Need to pursue written guidance from CMS. |
| | Accreditation of Inpatient Psychiatric Facilities that provide Services to Individuals under Age 21 (Regulations Eff. 10/1/2010) - Applicability to IHS & 638s | Need to relay guidance from CMS that, "If a hospital receives certification by Medicare for all facilities contained within the hospital, including an inpatient psychiatric hospital wing, the CMS certification will suffice in lieu of JCACHO accreditation." | Provider Registration Policy | (1) Notify applicable facilities about CMS guidance | The only 638 facility in Arizona that has an inpatient psychiatric facility that serves children was notified. |

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| State Policy Changes | Revision of Arizona Medicaid State Plan - Payment Methodology to IHS and Tribal Health Programs Operated under P.L. 93-638 | Need to revise state plan to be consistent with current practice and, further, revised to consider 100% FMAP applicability to all IHS/638 services and new authorities in Indian Health provisions of the Affordable Care Act. | State Plan Amendment | (1) Tribal Consultation #1; (2) Submit SPA #1; (3) Establish Workgroup; (3) Tribal Consultation #2; (4) Submit SPA #2 | Tribal Consultation will occur on January 21, 2011 and over the next several months. |
| | Changes to Adult Benefits | Need to obtain authority to exempt Medicaid services provided by IHS and 638 facilities, which are paid at 100% FMAP, from the adult benefit changes. | Waiver Amendment | (1) Tribal Consultation; (2) Submit Change to Waiver STCs | CMS has responded to Director Betlach's letter stating they are looking into the applicability of 100% FMAP on services provided to non-AI. |
| | AHCCCS Member Copayments | Need to obtain authority to exempt services properly submitted to and paid by the AHCCCS Division of Fee-for-Service Management from copayment assessment. | State Plan Amendment | (1) Tribal Consultation; (2) Submit SPA | Currently copayments do not apply to services received through FFS. AHCCCS is working with CMS on other issues. |
| | Reimbursement Rate Reductions | Need to determine how to continue current rates for IHS and 638 facilities' services which are paid at 100% FMAP from state reductions which are meant to achieve cost savings. | State Plan Amendment | (1) Tribal Consultation; (2) Submit SPAs | Three SPAs were submitted that include an exemption of services eligible for 100% FMAP from the rate reductions. |