

**AHCCCS**  
**Tribal Consultation Meeting**  
**March 29, 2012**

AHCCCS Administration, 801 E. Jefferson St., Phoenix, Arizona

**SUMMARY**

<b>Tribal Representatives</b>	<b>AK-Chin Indian Community:</b> Louis Manuel, <b>Colorado River Indian Tribe:</b> Mike McClusky, Daniel Barbara <b>Gila River Indian Community:</b> Ginger Fligger, <b>Navajo Nation:</b> Leland Leonard, Caleb Roanhorse <b>Pascua Yaqui Tribe:</b> Reuben Howard, Clare Cory <b>White Mountain Apache Tribe:</b> Charlene Hamilton
<b>Healthcare Organizations</b>	<b>Navajo Area IHS:</b> Roland Todacheenie <b>Phoenix Area IHS:</b> Dajuanna Bissonette, Lori Aquilar, Doug Ward <b>Tucson Area IHS:</b> Adam Archuleta, Bernie DeAsis, <b>Tuba City Regional Health Care Corporation:</b> Dawn Reich, Joe Engelken <b>Intertribal Council of Arizona:</b> John Lewis, Alida Montiel, Sherilla McKinley <b>Winslow Indian Health Care Center:</b> Brenda Thompson, Louise Farcap <b>Arizona Department of Economic Security:</b> Tami Douglas
<b>AHCCCS Staff</b>	Thomas Betlach, Beth Lazare, Monica Coury, Rebecca Fields, Bonnie Talakte, Stephanie Big Crow

<b>Welcome and Introductions</b>	AHCCCS Director Thomas Betlach provided welcoming remarks and Alida Montiel gave the opening prayer. Round table introductions were made.
<b>Technical Workgroup Report</b>	<p>Alida Montiel, Health Analyst with the Intertribal Council of Arizona, reviewed the work performed by the Technical Workgroup at scheduled meetings at ITCA and AHCCCS. The Workgroup was responsible for reviewing the supplemental payment structures as proposed by CMS and providing a summary on the payment options for Tribes and tribal healthcare facilities.</p> <p>Alida presented a chart outlining the pros and cons of the payments options, Supplemental payment options include:</p> <ul style="list-style-type: none"> <li>• <i>Option 1: Encounter Based Approach</i> requires IHS and 638 facilities to report to AHCCCS on a regular basis the number of adults under 100% FPL to whom the facilities provided services and how many units of services were provided to that individual.</li> <li>• <i>Option 2: Historical Data Approach</i> requires AHCCCS to develop methodology to capture the amount of uncompensated care costs incurred by IHS and 638 facilities that can be attributed to the childless adult enrollment freeze and benefit reductions. AHCCCS will do the tracking and make payments. There will be no reporting on the part of the facility.</li> </ul>
<b>Supplemental Payments to HIS and 638 Facilities</b>	<p>Director Betlach gave a brief overview of the waiver process to date and informed participants that the CMS agreement in principle letter sent to AHCCCS essentially committed CMS to approve the waiver amendment that ensures payment to tribal providers for the uncompensated care costs experienced by IHS and 638 facilities as a result of the AHCCCS reductions. Payments are subject to the resolution of operational details. Director Betlach urged Tribal leaders and tribal healthcare representatives to take time to review each payment option and decide upon a payment structure.</p> <p>Documents distributed at the meeting include:</p> <ul style="list-style-type: none"> <li>• Summary of Monthly Report to AHCCCS for the Option 1 Supplemental Payment</li> <li>• Detailed Data for the AHCCCS Option 1 Supplemental Payment (Medicaid Eligible Benefit Exclusions)</li> <li>• Detailed Data for the AHCCCS Option 1 Supplemental Payment (Non-Medicaid Eligible)</li> <li>• FFY09 Information from HIS/638 Facilities Regarding the Benefit Reduction Impacts</li> </ul>
<b>Tribal Discussion Q &amp; A, Next Steps</b>	Director Betlach stressed that Tribes submit to AHCCCS, in writing, their selection of payment Option 1 or 2 by April 30, 2012.
<b>Wrap-Up/Adjourn</b>	Next Tribal Consultation: June 2012