



AHCCCS Update Tribal Consultation

July, 27, 2017



Tribal Consultation Process

- Step 1: AHCCCS identifies policy and programmatic changes that, if implemented, may impact tribal nations, tribal AHCCCS members, or IHS, tribal 638 and urban Indian health facilities (ITUs).
- Step 2: Tribal consultation is scheduled to review, discuss and obtain input on proposed policy and programmatic changes. Additionally, proposals are posted on the AHCCCS website and distributed to the tribal listserv.
- Step 3: After formal tribal consultation, tribal stakeholders are given 45 days in which to provide comments, express policy positions and reactions, and propose changes to the policies and programmatic changes discussed.
- Step 4: AHCCCS takes into account tribal stakeholders' input before policies and programmatic changes are finalized.

AHCCCS/Tribal Engagements

CMS/AHCCCS Tribal focused conference calls:

- Traditional Healing
- American Indian Medical Home

Tribal Workgroups:

- American Indian Medical Home
- Traditional Healing
- Tribal NEMT & EMS
- FQHC

Additional Tribal Collaborations

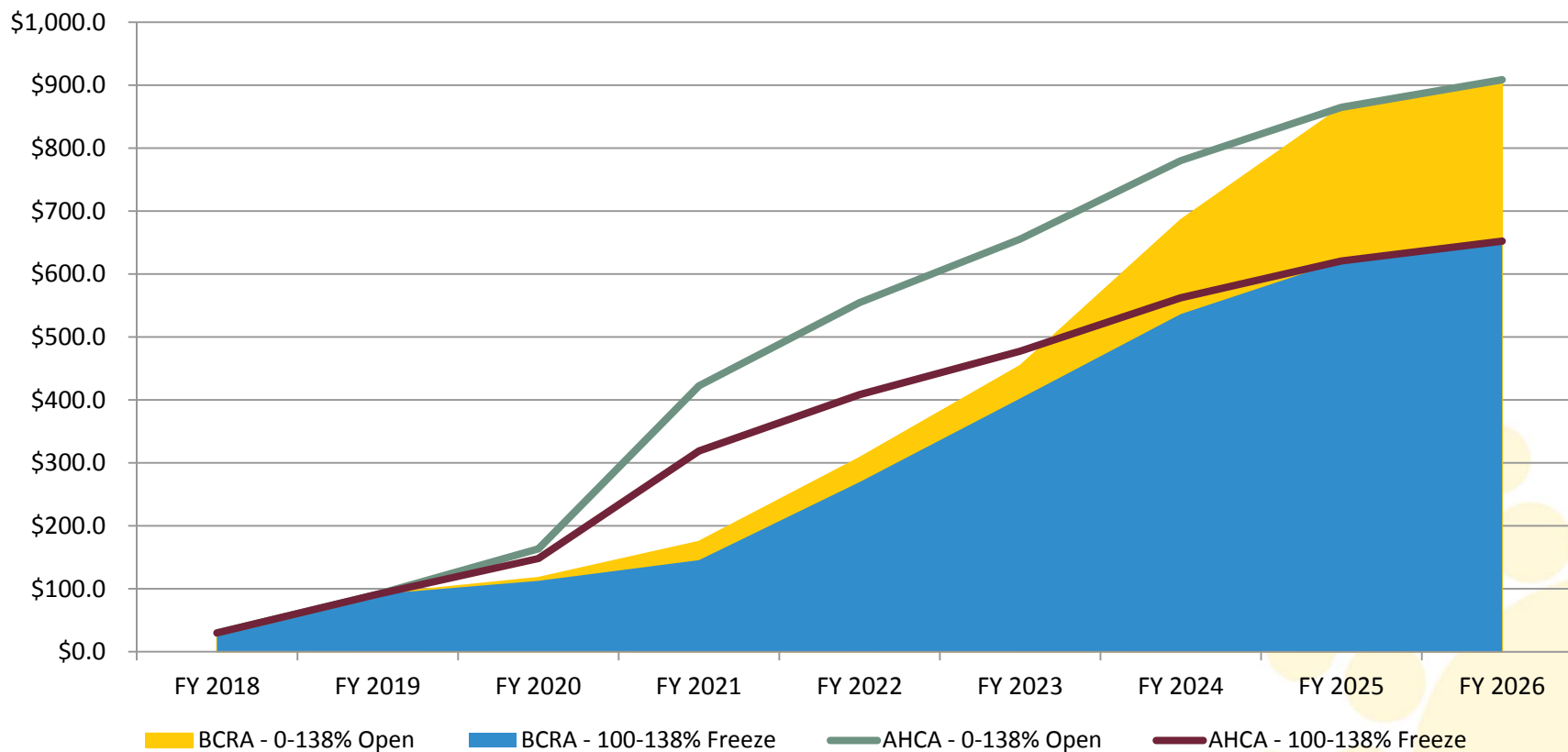
Tribal Consultation/Special Consultation Meeting topics:

- Integrated Providers RFP
- NEMT Broker
- Tribal ALTCS IGA's
- 1115 Waiver Proposal and Process Updates
- Special Involuntary Commitment – SB 1092
- Institution for Mental Disease (IMD) Waiver
- Special HCV Policy & Pharmacy Updates
- DSRIP
- NEMT Tribal Business Licensing

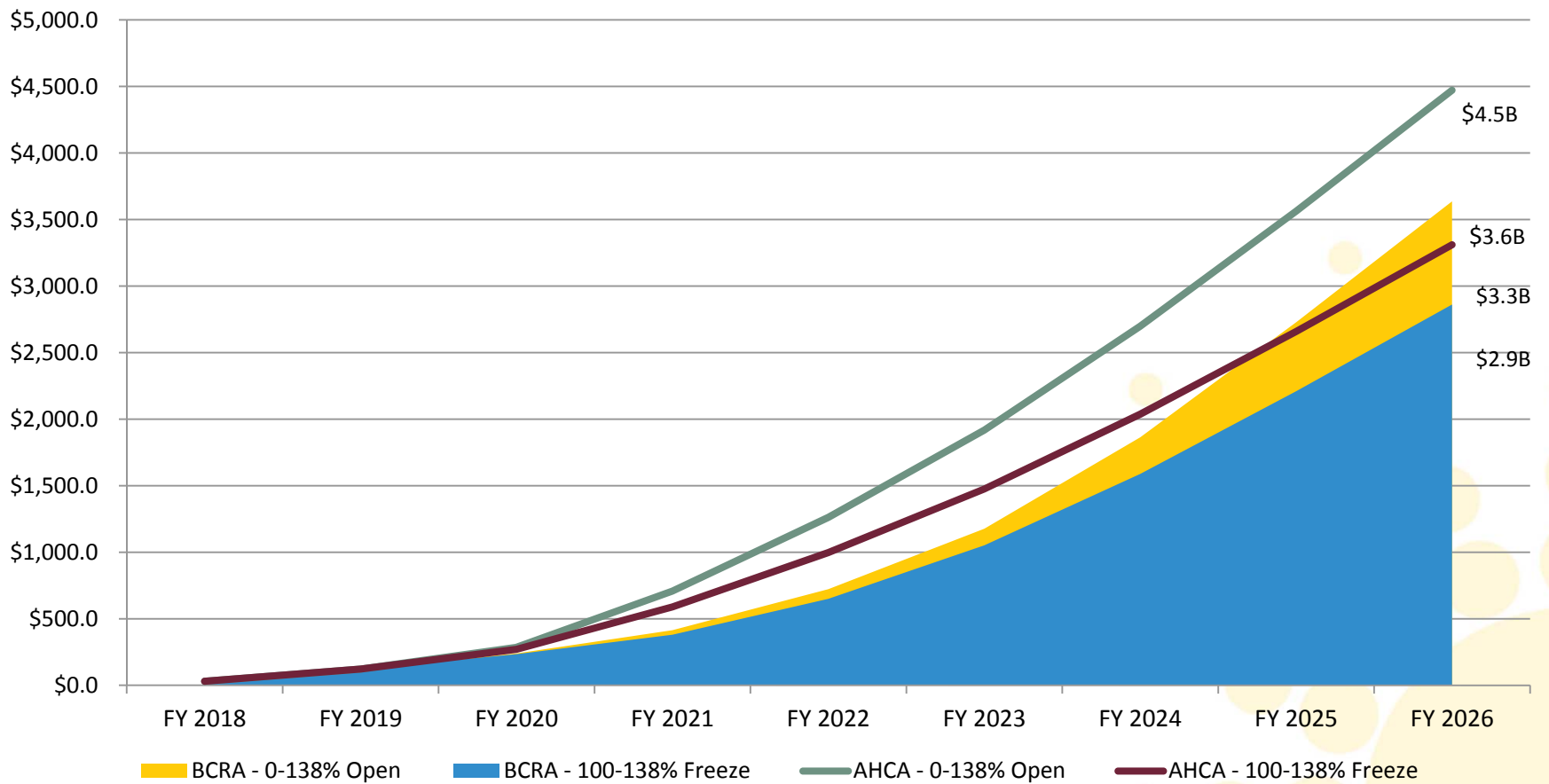
Senate Repeal and Replace Discussion

BCRA vs AHCA Annual Impact

State Cost by Fiscal Year



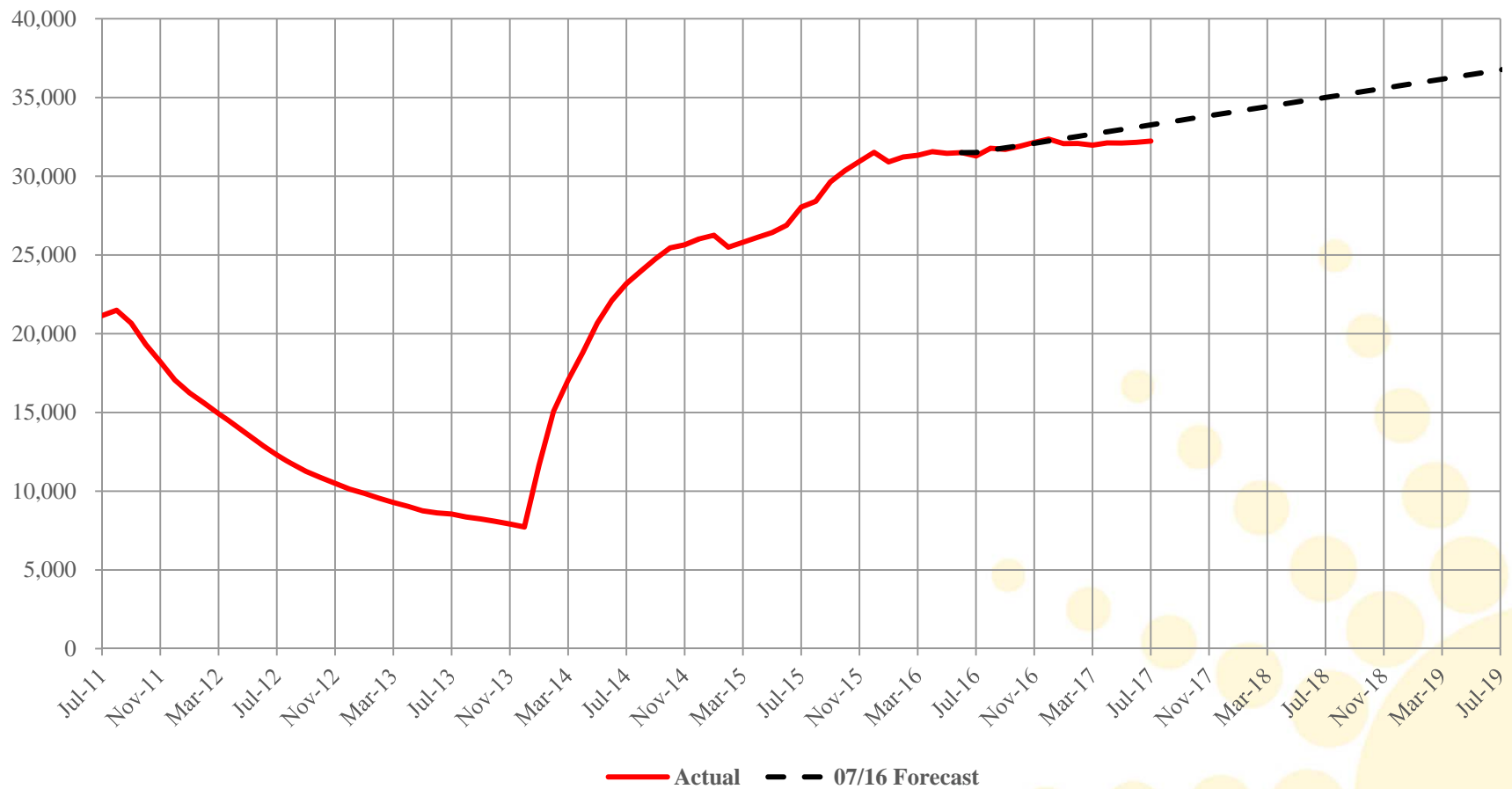
Cumulative Costs



BCRA Impact Analysis

Impacts	
Federal Match Change (includes early-expansion penalty)	\$2.9 billion
Hospital Assessment Replacement (2022-2026)	\$2.0 billion
Potential Per Capita Cap Inflation Impacts (2020-2026)	\$2.2 billion
Potential Total State Impacts	\$7.1 billion

AIHP Adults Population 0-138%

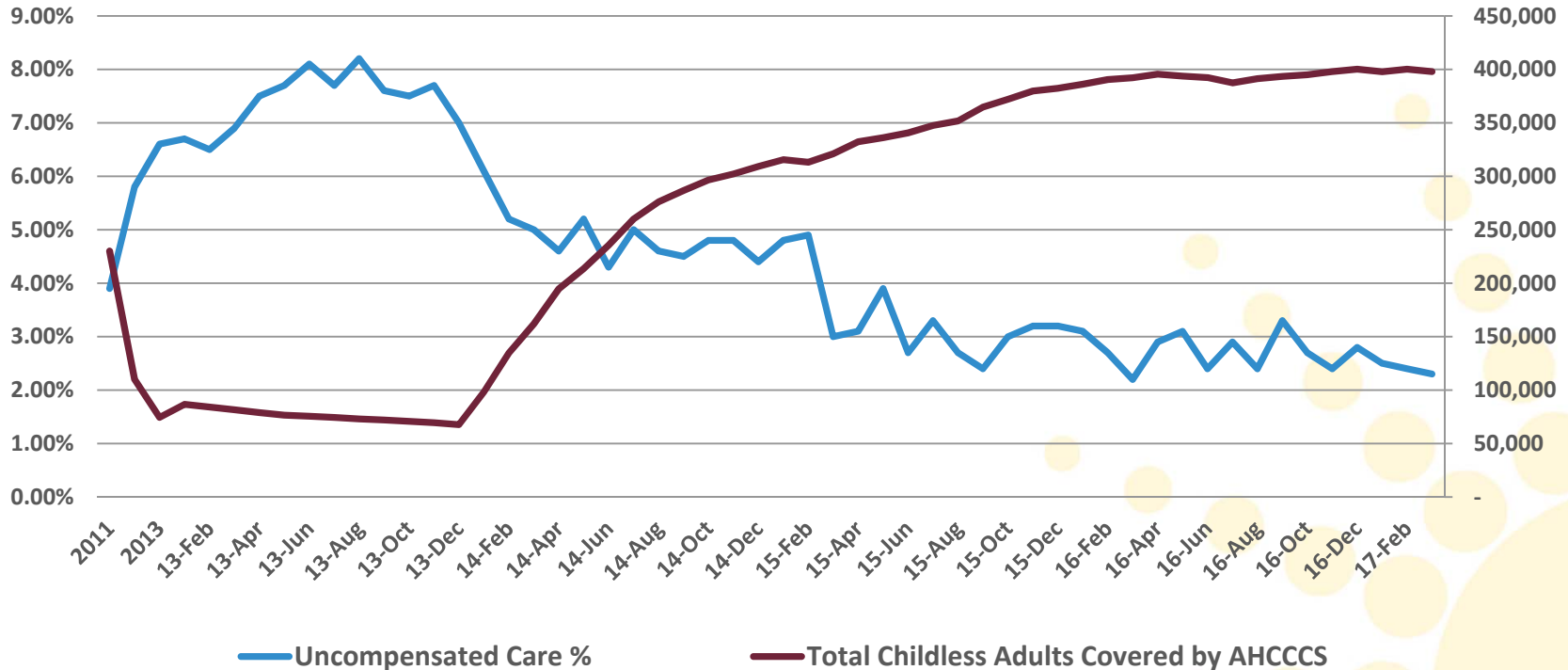


Restoration and Expansion by the numbers

- 400,000
- 80,800
- 47,100
- 28,900
- 31% each
- 11,563
- 17.3% to 11.1%
- Expansion Adults
- Mental Health Service
- Substance Use Disorder
- Cancer Treatment
- 20-29 YO and >50 TO
- Individuals with SMI
- Uninsured 2013-2015

Uncompensated Care Trends

Arizona Hospital Uncompensated Care Trends Before and After Medicaid Expansion



Source: Arizona Hospital and Healthcare Association)

Reaching across Arizona to provide comprehensive quality health care for those in need

Budget Update

Adult Emergency Dental

- \$1,000 limit
- Target October 1, 2017

Occupational Therapy

- Target October 1, 2017

Opioid Initiative

- 3 OIG Staff
- 2 Clinical Staff

Proposition 206

- -Ongoing 1-1-17
- -Sick Leave 7-1-17
- -Network Adequacy Study
- -Flagstaff 7-1-17
- -Increase in Min. Wage 1-1-18

Prop 206 Rate Adjustments

	FFS Rate Increase	FFS Rate Increase		Planned FFS Increase	
	01/01/17	07/01/17		01/01/18	
	Statewide	Non-Flagstaff	Flagstaff	Non-Flagstaff	Flagstaff
Nursing Facility	3.5%	0.3%	1.0%	0.7%	0.7%
Est FFS Increase	\$797,663	\$130,913	\$1,017	\$163,391	\$1,269
HCBS (Select Services)	7.0%	1.9%	3.3%	1.4%	1.4%
Est FFS Increase	\$2,050,391	\$1,019,541	\$37,944	\$862,253	\$17,597

4 out of **5**



new heroin users start by
misusing prescription
painkillers

DHS Dashboard

Real Time Opioid Data

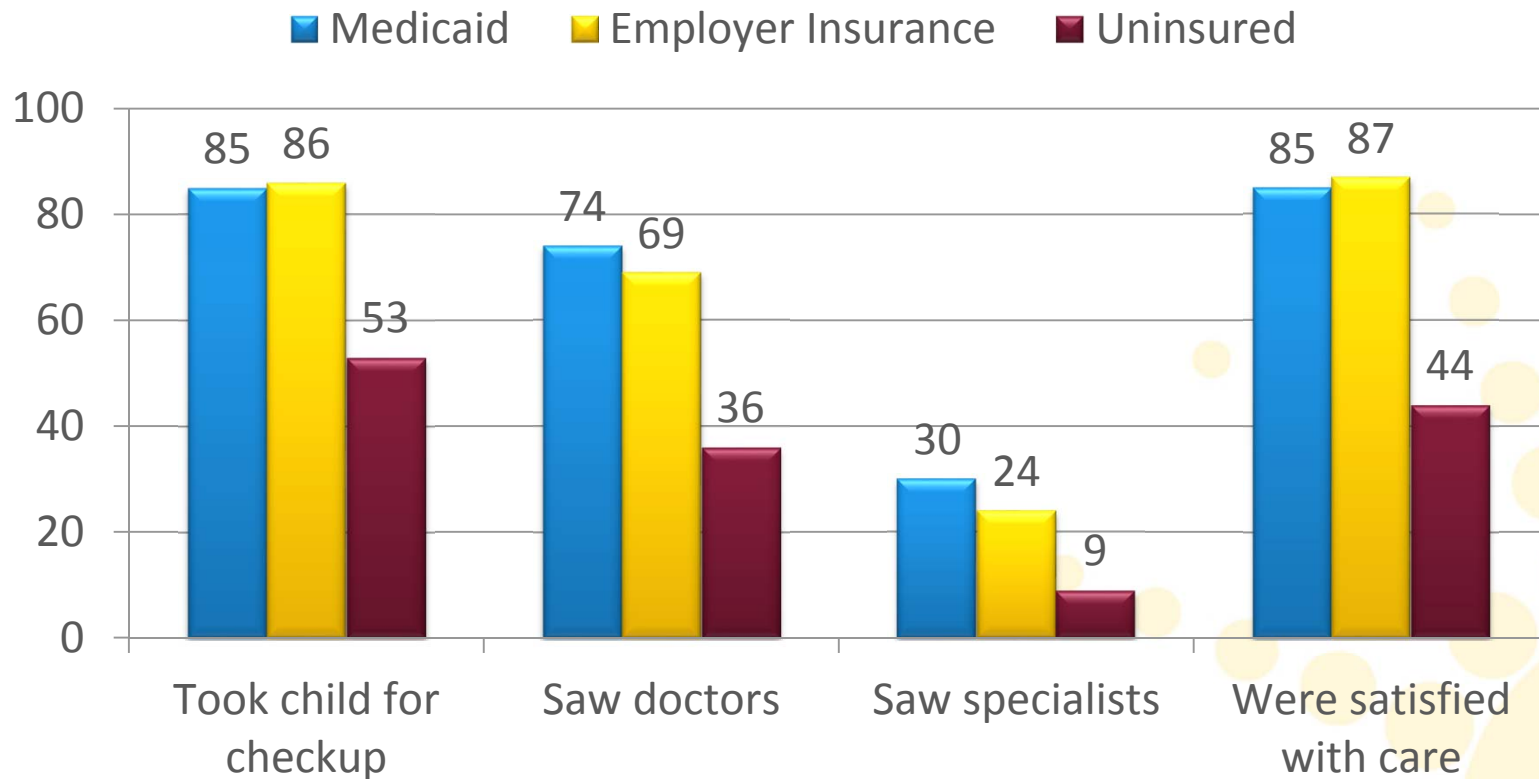
For the first time, statewide opioid data is available in real time. [Check out the details](#) of the five categories of data we are now collecting.



- [Check out all the latest info regarding opioids on our Director's Blog](#)
- [Reducing Opioid Deaths - Goal Council 3 Presentation](#)
- [Frequently Asked Questions - Opioid Reporting | Fire, Law & EMS | Pharmacists](#)
- [Consultation on Enhanced Surveillance Advisory for Opioid Emergency](#)

Figures from 7/11/17 12:42 PM

Value of Medicaid Coverage



Data: Kaiser Commission on Medicaid and the Uninsured analysis of 2015 NHIS data;
Chart: Andrew Witherspoon / Axios