

**Arizona Health Care Cost Containment System (AHCCCS)**  
**Annual Report on Tribal Outreach Activities**  
**State Fiscal Year 2017 - 2018**

**Consultation Activities**

The following goals, objectives and activities reflect outreach, engagement, and consultation with tribes, tribal leaders, tribal members, tribal representatives, Indian Health Service (IHS) facilities, P.L. 93-638 tribal health facilities, and Urban Indian Health Program facilities from July 1, 2017 to June 30, 2018. This report reflects outreach and engagement activities conducted by the Office of the Director (OOD), Office of Intergovernmental Relations (OIR), the Division of Fee-for-Service Management (DFSM), and the Office of Inspector General-Provider Registration Unit (PRU). During this time, AHCCCS conducted a total of one hundred sixty-eight (168) outreach and consultation activities.

All meetings, workgroups, presentations, trainings and correspondence were conducted pursuant to the agency’s Tribal Consultation policy in order to share information and obtain tribal input on policy and programmatic changes proposed by AHCCCS as well as provide updates regarding proposals or mandates by the state government including the Arizona State Legislature and by the federal government including 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/AHCCCS Tribal Consultation Policy.pdf>

<b>Goals</b>	<b>Objectives</b>	<b>Activity and Performance Measures</b>
1. Schedule timely Consultation with Arizona Tribal Nations.	Develop a calendar of Tribal consultation meetings for 2017-2018.	A schedule of formal consultation meetings was developed and distributed to the AHCCCS tribal email contact list and posted on the AHCCCS website in January, 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 and Webinar. All consultation and workgroup meetings were held to obtain tribal input, provide information and updates and to discuss policy and programmatic changes.	<p>1. A total of four (4) quarterly and three (3) Ad hoc tribal consultation meetings were held.</p> <p>2. Eleven (11) tribal workgroup meetings were held on topics including: Non-Emergency Medical Transportation (NEMT), American Indian Medical Home (AIMH), Traditional Healing Services, and Care Coordination. Meetings were also held with Tribal programs including: Tribal Arizona Long Term Care Services (ALTCS), and Tribal Regional Behavioral Health Authority (TRBHA).</p> <p>3. Five (5) Tribal Pharmacy workgroup meetings were held to discuss the AHCCCS Pharmacy Benefit and the development of a specialty medication list. The Workgroup included representatives from all IHS and tribal 638 pharmacies.</p>

<p>3. Provide opportunities for Tribes to request tribal consultation on specific topics or issues affecting one or more Indian Tribe(s).</p>	<p>Government-to-Government meetings were held with tribal nations as requested.</p>	<p>The Agency:</p> <ol style="list-style-type: none"> <li>1. Met with the Navajo Nation on three (3) occasions to discuss NEMT, Provider Registration requirements, and the Desert Sage Youth Wellness Center.</li> <li>2. Met with the Havasupai Tribe on two (2) occasions to discuss behavioral health and NEMT issues.</li> <li>3. Met with Tohono O’odham Nation on three (3) occasions to discuss NEMT, American Indian Medical Home (AIMH), Billing, Tribal ALTCS, &amp; Home Health.</li> <li>4. Met with the Ak-Chin Tribe on one (1) occasion to discuss the Facility Licensing process.</li> <li>5. Met with the Salt River Pima Maricopa Indian Community on one (1) occasion to discuss Care Coordination.</li> <li>6. Met with the Hualapai Nation on one (1) occasion to discuss the tribes’ plans to develop a Behavioral Health &amp; Substance Abuse Transitional Facility.</li> <li>7. Met with the Pascua Yaqui Tribe on two (2) occasions to discuss the Pharmacy Benefit Manager (PBM) Requirements.</li> <li>8. Met on one (1) occasion telephonically with the Phoenix Area IHS office to discuss a potential facility location in California. PR provided guidance on provider registration requirements.</li> <li>9. Met on one (1) occasion with representatives from various Arizona tribes to discuss NEMT concerns surrounding provider registration, claims and tribal regulations of NEMTs.</li> </ol>
<p>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.</p>	<p>Provide continuous tribal outreach and education and technical assistance to resolve issues.</p>	<ol style="list-style-type: none"> <li>1. The Agency held fourteen (14) IHS Area Director’s and Chief Medical Officer’s quarterly meetings/forums. Meetings were held as a means of sharing information and providing a forum for collaboration.</li> <li>2. The Division of Fee for Service Management (DFSM) training team provided fifty-seven (57) technical assistance trainings to tribal providers related to policy and billing requirements, etc.</li> </ol>

		3. The AHCCCS Tribal Liaison participated as a presenter at three (3) CMS/IHS tribal health staff trainings in Phoenix, the Navajo Nation and at a national CMS conference in Denver, Colorado.
5. Allow for Consultation with Tribal Nations 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.	1. DFSM conducted seven (7) regional Community and Tribal forums to provide an overview of AHCCCS Complete Care and Integration.  2. The Office of Intergovernmental Relations (OIR) distributed forty-seven (47) requests to the tribal contact list for review and comment on policies found in the AHCCCS Medical Policy Manual (AMPM) and AHCCCS Contractor Operations Manual (ACOM).

**Highlights:**

AHCCCS has been very successful in engaging Arizona tribal nations in healthcare discussions. During the 2017-2018 state fiscal year, the Agency held 166 tribal outreach and consultation activities that included quarterly tribal consultation meetings, ad hoc consultation meetings, IHS Area Directors and Chief Medical Officer’s meetings, tribal government-to-government meetings, tribal workgroup meetings, tribal forums and technical assistance trainings. Tribal participation at quarterly tribal consultation meetings has grown exponentially over the past 6 years to an average of 100+ participants. Tribal engagement has led to the adoption of new policies and programs that are improving outcomes for Tribal members that AHCCCS serves.

Key Initiatives:

AHCCCS met with the Inter Tribal Council of Arizona (ITCA) on two (2) occasions to find a solution to discrepancies with tribal emergency transportation rates. A solution, supported by tribal leaders, was reached that will increase tribal ambulance rates by \$8 million on October 1, 2018.

Division of Fee-for-Service Management (DFSM) Key Initiatives:

DFSM key initiatives have implications for tribal governments and members, including AHCCCS Complete Care (integration of physical and behavioral health care services into a single plan for 1.5 million AHCCCS members), the American Indian Medical Home (AIMH), Tribal 638 Federally Qualified Health Centers (FQHC) and Care Coordination Agreements (CCA) 100% FMAP projects. Despite the complexity of some of these changes, DFSM has ensured effective communication with tribes, resulting in improved collaboration and understanding. DFSM increased its outreach and training opportunities to more than double the volume of previous years. Additionally, DFSM’s Integrated Services Unit began TRBHA operational reviews, allowing DFSM and TRBHAs to increase 1:1 interaction, improve care coordination services and processes affecting our shared members, and build relationships.

Office of Inspector General – Provider Registration Unit:

Provider Registration strives to build a positive working relationship with Arizona tribes. This has led to various tribes being willing to reach out to AHCCCS to review a tribe’s draft NEMT regulations to ensure the tribe’s NEMT requirements align with AHCCCS.

For questions or more information contact:

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