



TUBA CITY REGIONAL HEALTH CARE CORPORATION

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May 19, 2016

Thomas Betlach,
AHCCCS Director
801 E. Jefferson St., MD-4100
Phoenix, AZ 85034
RE: AHCCCS Audit

RE: Tuba City Regional Health Care Corporation (Corrected) Comments on AHCCCS Tribal Workgroup 1115 Waiver language: Uncompensated Care, Traditional Healing, and American Indian Medical Home

Dear Director Betlach,

Tuba City Regional Health Care (TCRHCC) is pleased AHCCCS sought Tribal consultation and input for these sections of the 1115 waiver demonstration through the tribal workgroups.

Comments on Uncompensated Care Proposal

TCRHCC continues to strongly support the extension of the Uncompensated Care Waiver and appreciates its inclusion for comment in this Waiver proposal process. The funding provided through the Uncompensated Care Waiver protects the viability of 638 and I.H.S. facilities by authorizing reimbursement for services no longer covered in the Medicaid Program, which would include Podiatry, Emergency Dental, and Physical Therapy.

TCRHCC is pleased that AHCCCS and the Tribal Workgroup have been able to review the reimbursement methodology and data used to create the existing Per Member Per Month (PMPM) and evaluate requests to modify the methodology to reflect current costs and population changes

The waiver includes the option 1. a “Per Encounter based all-inclusive rate reimbursement”, which would most accurately reimburse 638/I.H.S. for the uncompensated care provided. This option is beneficial and reflects the best route for providing quality care at Native American Health Care Facilities and remains the most highly supported method of reimbursement by TCRHCC.

Comments on Traditional Healing Proposal

TCRHCC is pleased to see the inclusion of a proposal for reimbursement of Traditional Healing services provided by 638/I.H.S. facilities. Three reimbursement options are

presented in the Waiver and TCRHCC strongly supports option A. “Per Encounter Payment at the OMB rate” for inpatient and outpatient traditional healing services. The definition of traditional healing and the qualifying entity allows for implementation for the various Tribes in Arizona: TCRHCC supports the service parameters.

American Indian Medical Home

TCRHCC continues to strongly support the American Indian Medical home proposal as a leader in care management. The updated PMPM amount of \$13.26 and the diabetes education \$2.00 PMPM better reflects the cost of delivering a medical home. TCRHCC has met or will meet most of the Medical Home criteria set out in the waiver proposal and the updated PMPM reimbursement will provide TCRHCC with the resources to better manage care for all of our patients.

The criteria that is **not** supported by TCRHCC is the inclusion of a Call Center as part of a Medical Home. While TCRHCC will be developing a Call Center in the near future, this does not mean the majority of Native American Facilities are able to do this financially. This criteria for a Call Center should be removed from the criteria to meet Medical Home Standards as set forth by AHCCCS in this Waiver.

TCRHCC as a Tribal PL 93-638 facility is concerned about the Indian Health Service IPC **mandatory** criteria which require the use of the I.H.S. IPC data portal and IPC Core measures should not be tied to technology “specific” to use by I.H.S. such as, RPMS or iCare. TCRHCC, like many other tribes that have compacted I.H.S. healthcare services, have adopted more modern reporting programs, (TCRHCC will implement ALLSCRIPTS Electronic Health Record), and the criteria should be flexible enough to allow reporting using more than one Electronic Health Record reporting system.

Thank you for the opportunity to submit our comments regarding coverage for Native Americans since we provide frontline quality services to our communities.

Sincerely,

A handwritten signature in black ink that reads "Lynette Bonar". The signature is written in a cursive, flowing style.

Lynette Bonar, RN, MBA, BSN
Chief Executive Officer