

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 on April 5.
	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 Amendments	(1) Tribal Consultation; (2) IHS Area Directors; (3) Seek additional guidance when appropriate	Consult if state will run a health insurance exchange and when guidance is issued regarding IHCIA provisions.
	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 back as a proposed change 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.	Potential Change to AHCCCS Claiming to CMS	(1) Send Written Request to CMS; (2) Inform tribes and I/T/U of outcome	Sent a letter to CMS requesting clarification. Received clarification from CMS. Need to determine how state will appropriately claim.
	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.
	Consultation w/ Indian Health Programs and Urban Indian Organizations	The State Medicaid agency shall consult with designees of the IHS, Tribes or Tribal organizations under the Indian Self-Determination and Education Assistance Act, and Urban Indian Organizations under the Indian Health Care Improvement Act.	State Plan Amendment	(1) Tribal Consultation; (2) Submit SPA; (3) Incorporate into Annual Consultation Policy Revision Discussion	CMS has approved the SPA regarding Consultation with Tribes and I/T/U. Need to ensure that timelines for consult are adhered to.

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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	Need to determine if two-phase process is still appropriate. Form workgroups based on initial recommendations for payment changes.
	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 staff is looking into the applicability of 100% FMAP on services provided to non-AI.
	Non-Emergency Transportation for Limited Populations	In 2010, legislation mandated AHCCCS to obtain waiver authority to eliminate NET for certain populations residing in Pima and Maricopa Counties. NET is not reimbursed at 100% in any circumstance.	Waiver Amendment	(1) Tribal Consultation; (2) Submit Change to Waiver	CMS denied this waiver authority. The benefit remains unchanged for all populations. However, this is part of Governor's proposed reform.
	AHCCCS Member Copayments	Previously needed to obtain authority to exempt services that were paid by the AHCCCS Division of Fee-for-Service Management from copayment assessment. CMS has indicated through the SPA process the need for AHCCCS to exempt all previous and active users of I/T/U from copayments.	State Plan Amendment	(1) Tribal Consultation; (2) Submit SPA	Currently copayments do not apply to services received through FFS. AHCCCS is preparing to implement on 5/1/11 an exemption for active or previous users of I/T/U.
	Reimbursement Rate Reductions	Need to determine how to continue current rates for IHS and 638 facilities' services which are paid at 100% FMAP from rate reductions which are meant to achieve cost savings for the state.	State Plan Amendment	(1) Tribal Consultation; (2) Submit SPAs including an exemption for services eligible for claiming at 100% FFP	Three SPAs submitted to implement 4/1/11 rate reductions which include an exemption of services eligible for 100% FMAP from the rate reductions were approved by CMS.
	Adult Vaccinations in Pharmacies	Need to obtain authority for the use of pharmacies to administer seasonal flu and pneumococcal vaccines to adult members.	State Plan Amendment	(1) Tribal Consultation; (2) Submit SPA	The SPA was approved. This allows for IHS and 638s to administer vaccinations to adults in their pharmacies by pharmacists.

Issue/Change is Resolved