



Quarterly Tri-Agency Tribal Consultation Meeting

[DATE]



Welcome to today's Quarterly Tri-Agency Meeting!

While You're Waiting....




Test your audio – make sure you can hear the music.



You were **automatically muted** upon entry



Use the **chat** for questions or click  raise your hand to speak

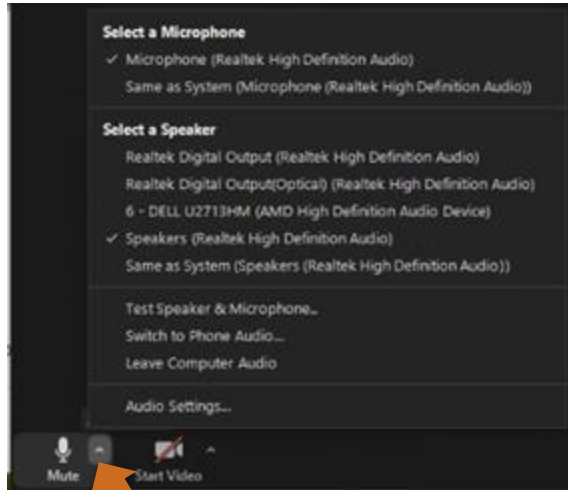
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Thank You!

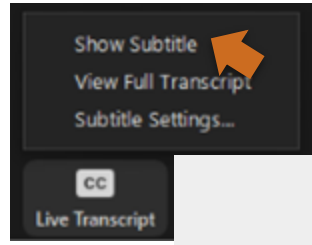
Zoom Webinar Controls

Navigating your bar on the bottom...

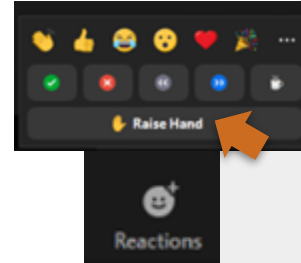
Audio Settings



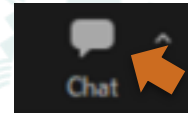
Turn on Closed Captioning



Raise Hand



Chat



KEYBOARD SHORTCUTS TO RAISE HAND

Windows: Alt+Y to raise or lower your hand

Mac: Option+Y to raise or lower your hand

Audio Settings

Settings

General
Video
Audio
Share Screen
Virtual Background
Recording
Statistics
Keyboard Shortcuts
Accessibility

Speaker **Test Speaker** Built-in Output (Internal Speakers)
Output Level: [Progress Bar]
Output Volume: [Slider]

Microphone **Test Mic** Built-in Microphone (Internal Micropho...
Input Level: [Progress Bar]
Input Volume: [Slider]
☒ Automatically adjust microphone volume
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☒ Join audio by computer when joining a meeting
☐ Mute microphone when joining a meeting
☒ Press and hold SPACE key to temporarily unmute yourself

Advanced

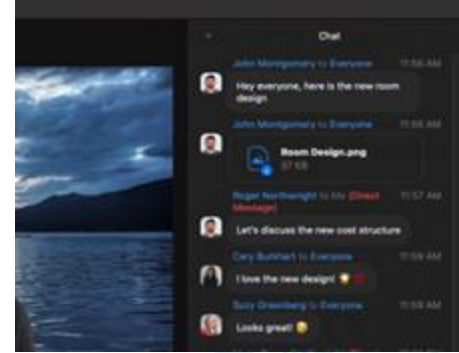
Webinar Tips



Mute your mic when you aren't speaking.



Limit background noise and distractions.



Use chat feature (or Q&A when available) to ask questions or share resources.

This Meeting Is Being Recorded

The recording shall be the sole property of AHCCCS and participation in this meeting indicates your waiver of any and all rights of publicity and privacy.

Please disconnect from this meeting if you do not agree to these terms.



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Meeting Protocols & Guidelines

Speaking Priority

1. Tribal Leaders
2. UIO Leaders
3. Appointed Delegates
4. Advisors

Participation Guidelines

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AHCCCS Updates

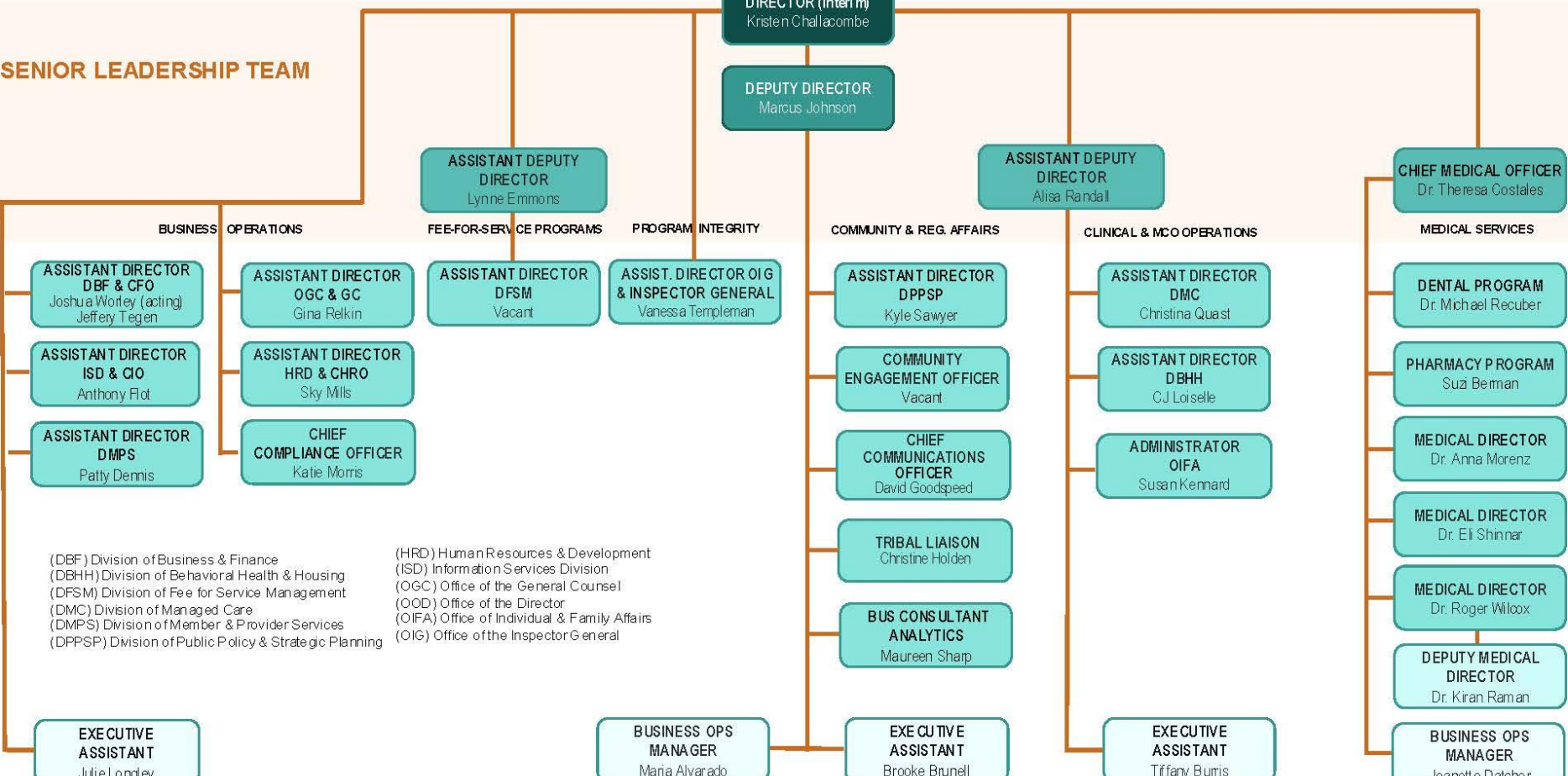


Marcus Johnson
*AHCCCS Deputy Director,
Community Engagement &
Regulatory Affairs*

HAPPY 60th BIRTHDAY MEDICAID!



AHCCCS LEADERSHIP TEAM






Legislative Session Recap: AHCCCS Implications

2025 Legislative Session

- MES Modernization (IT Funding)
- Traditional Healing
- Outpatient Speech Therapy
- Cochlear Implants





Federal Policy Changes: Medicaid Implications

Recent Federal Developments

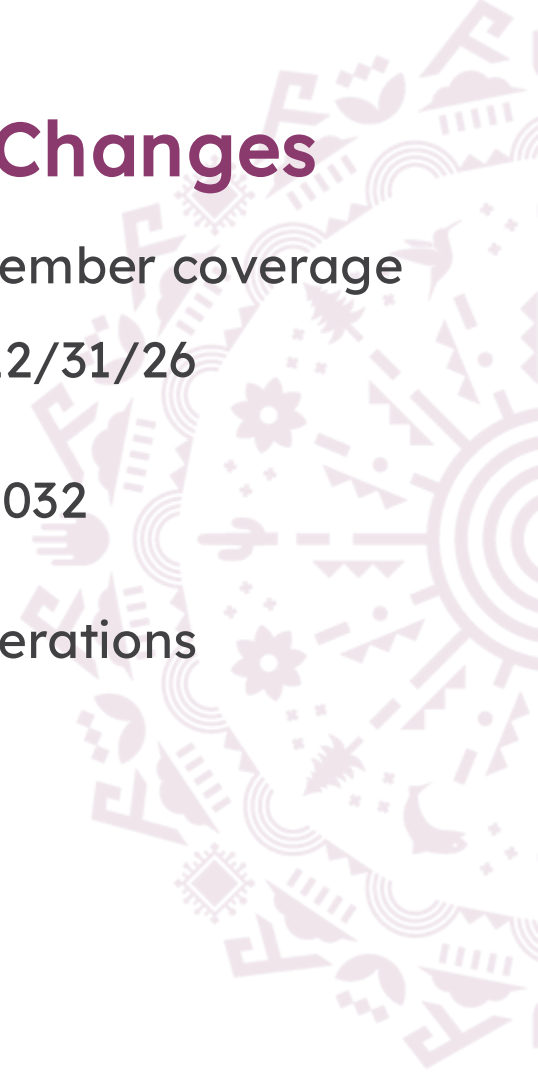
- Administrative Changes: e.g., Federal Grants Cancellation - ARPA Mental Health, Substance Abuse, and Community Health Worker Grants; Future DSHP Changes
- Congressional Changes
- [AHCCCS Insights: New Data Reports to Inform Decision-Making](#) - Intended to help inform stakeholders and policymakers
 - Enrollment and Spend by County and by Congressional District
 - Congressional District Profiles
 - Policy Briefs - Estimated Impacts of Congressional Changes
 - Administrative Cost Estimate of Congressional Changes



Medicaid Implications of Federal Changes

IMPORTANT: No immediate changes to AHCCCS member coverage

- Community Engagement/Work Requirements – 12/31/26
- 6-month Eligibility Redeterminations – 12/31/26
- Hospital Assessment Changes – Phase down by 2032
- Cost Sharing Changes – 10/1/28
- Administrative Costs for Implementation and Operations
- What's Next
 - Budget planning
 - Implementation Planning
 - Communication to Members





Other Updates...

New Provider Directory

[New Provider Registry Link](#)

ARIZONA
HEALTH CARE COST
CONTAINMENT SYSTEM

Home

Medicaid Provider Search

Provider Details

Provider Name

Search by Provider/Doctor/Clinic name

Provider Type

Select

Provider Specialty

Select

Note: At least one search parameter has to be filled to start searching.

Servicing Location

☒ Current Location ☐ Other

Provider Address

Search by provider address

Search by city

Search by city

State

Select

Search by zip code

Search by zip code

Radius within *

5 Miles

Additional Search Criteria

Search

Clear

⚠ Alert: Unauthorized Agent and Broker Activity on ACA Marketplace

The Health Insurance Marketplace is seeing an increase in suspicious activity by some agents and brokers selling Marketplace coverage. This may include signing you up for coverage without your knowledge or switching you out of a plan you already have and into a new one.



Agents and Brokers are individuals and organizations that help enroll consumers in coverage and also get payments from insurance plans.



What you need to know to protect yourself

- Agents and brokers must get your permission when signing you up or making changes to your insurance plan.
- Health insurance ads on social media or elsewhere that offer you cash, gifts, or other perks, could be a scam. Don't give out personal information that might be used without your consent.
- Use trusted, official sources to find legitimate help comparing and enrolling in Marketplace insurance. Go to "find local help" on [HealthCare.gov](https://www.healthcare.gov) or call the Marketplace Call Center at 1-800-318-2596 to find help in your area.



What to do if you suspect changes were made on your account

- You may discover a potential problem with your coverage when you get mail or a call, or visit the doctor and try to use your insurance.
- If you believe you were enrolled in or switched to a plan without your knowledge, call the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325) so our official Marketplace representatives can resolve any coverage issues. Wait times are low and a representative will be able to help answer your questions.



How the Marketplace can help

If the Marketplace representatives determine you have been enrolled or had your plan switched without your knowledge, our representatives can work with your insurer and the Internal Revenue Service (IRS) to:

- Make sure the unauthorized plan is cancelled
- Make sure you're reenrolled in a plan that you choose
- Have inaccurate costs repaid to you
- Get corrected tax forms

Health Insurance Marketplace
The Marketplace is a government program that helps people find and buy health insurance.



HealthCare.gov

Unauthorized Marketplace Enrollment

- This is a national issue and CMS is taking action against brokers/agents.
- Contact the Marketplace Call Center to drop the Marketplace plan, if desired.
 - 1.800.318.2596
- AHCCCS Clinical Resolution Unit (CRU) can assist with access to care issues.
 - 1.800.867.5808.
- Know the warning signs! No broker should be offering \$ or gifts to sign up for health insurance.
- AHCCCS to outreach to all members dual-enrolled in a commercial plan.

For more information
visit...

[THIS AHCCCS WEBPAGE](https://www.azahcccs.gov/Members/UnauthorizedMarketplaceEnrollment.html)

[https://www.azahcccs.gov
/Members/UnauthorizedM
arketplaceEnrollment.html](https://www.azahcccs.gov/Members/UnauthorizedMarketplaceEnrollment.html)

**Notice: ACA
Marketplace Fraud**

What to
Watch for
to Protect
Your AHCCCS
Coverage



ARIZONA
HEALTH CARE COST
CONTAINMENT SYSTEM

On the Horizon

- Changes stemming from H.R. 1
- AHCCCS Waiver Renewal – 10/1/27
- Traditional Healing Go Live – 10/1/25
- Continued system improvements to combat fraudulent billing and member exploitation
- Two Justice Initiatives
 - Consolidated Appropriations Act (CAA): healthcare services for incarcerated youth (10/1/25 w/ ADJC)
 - Reentry Waiver: Reimbursement for services 90 days pre-release: Date TBD
- MES Roadmap
 - MES = Medicaid Enterprise System, continued modernization of 30 yr old system
 - Pre & Post Claims Payment System (post pay goes live 1/2026 and pre pay in 5/2026) CMS certification required
 - EVV Changes - in house data aggregator (SanData contract ends 9/30/25)
- Cochlear Implants and Speech Therapy Coverage Expansion
- ACC Contracts – Extending through 9/30/28



Open Discussion

Tribal Open Mic



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Open Floor

Division of Fee-For-Service Management (DFSM) Updates



Leslie Short

DFSM Deputy Assistant Director

Intensive Outpatient Program (IOP) Services

What is an Intensive Outpatient Program (IOP)?

- Structured, non-residential setting
- Mental health and/or substance use disorders (SUDs)
- See the Covered Behavioral Health Services Guide: [Covered Behavioral Health Services Guide \(CBHSG\)](#)

IOP Service Types

- S9480 - Intensive outpatient services, per diem Psychiatric services, individual, group, family therapy, peer support services, and educational groups.
- H0015 - Alcohol and/or drug services; Intensive outpatient Assessment, counseling; crisis intervention, and activity therapies or education.

Fee-for-Service IOP Prior Authorization Requirement - Update

- New prior authorization (PA) requirement
- Includes CON and RON requirement
- IHS/638 providers excluded from PA
- AMPM 820 - Fee-for-Service Prior Authorization Requirements
- Effective July 1, 2025



New H Codes

- H0052 Missing and Murdered Indigenous Persons (MMIP) - mental health and clinical care
- H0053 Historical Trauma - mental health and clinical care for indigenous persons

AHCCCS is planning to open these new CMS codes as descriptor codes, in order to gather more information on how providers use them

- We want to gather more input from Tribal partners/leaders before doing so
- Codes will be purely informational only for now to understand usage patterns
 - This will inform future rates/potential DAP on these codes
 - Will be set at a penny rate because we are assessing the data
 - Will not affect current reimbursement
- Plan to discuss further at upcoming Tribal policy and IHS Leadership meetings
- Feedback can be provided to: codingpolicyquestions@azahcccs.gov

Referring, Ordering, Prescribing, and Attending (ROPA) Providers

- Under the Affordable Care Act (ACA) and the 21st Century Cures Act, all ROPA providers **must** be registered with AHCCCS to ensure compliance with federal regulations.
- As of **August 1, 2025**, Fee for Service claims involving ROA providers will be denied.
- Registered ROPA Providers: Must enroll via the AHCCCS Provider Enrollment Portal (APEP)
 - AHCCCS offers a simplified process for ROPA-only providers (Provider Type OR)
- Exception Providers: certain roles like pharmacists, residents, and interns are not required to register but must be listed on the ROPA Exception Provider List
 - [ROPA Exception Provider Info](#)
- Facilities must proactively contact ROA providers they work with and ensure they are registered.

Urban Indian Organizations (UIOs) and Care Coordination Agreements (CCAs)

- UIOs can be reimbursed for traditional healing services when provided through a Care Coordination Agreement (CCA) with an IHS/Tribal 638 facility.
- Claims for traditional healing services performed by the UIO under a CCA will be reimbursed at the fee-for-service rate.
- For information related to CCAs, please reach out to tribalcarecoordination_fmap@azahcccs.gov

DFSM Strategic Planning Session

- Kick-off held January 30th
 - Goal to establish a 5 year DFSM Strategic Plan
- Collaborative discussion to identify
 - Perspective on current state
 - Identify a shared vision
 - Identify what success looks like moving forward
 - Identify process to get to shared vision
 - Identify action plan to achieve it
- Next Steps
 - Collaborative planning sessions will be held throughout the state



DFSM Strategic Planning Session cont'd

- Central Region
 - Wednesday, August 13th
 - 9:00 A.M. to 1:00 P.M.
 - Hosted by Native Health
- Northern Region
 - Monday, August 18th
 - 1:00 P.M. to 5:00 P.M.
 - Hosted by Chinle Comprehensive Health Care
- Southern Region
 - Wednesday August 20th
 - 9:00 A.M. to 1:00 P.M.
 - Hosted by Pascua Yaqui Tribe
- Registration: <https://forms.office.com/r/uX1NS1qMd1>



Care Coordination for AIHP Members

- AHCCCS has identified some non-IHS/Tribal 638 facilities asking members to sign an opt-out form for care coordination and case management with the TRBHA, AIMH, or IHS/Tribal 638 facilities.
 - Per AMPM 570, case management may be provided by a TRBHA case manager or through a behavioral health providers.
 - It is not permissible under policy for a blanket opt-out of care coordination
 - <https://www.azahcccs.gov/tribalresources>

AI/AN Member Access to Services

- AHCCCS has identified some non-IHS/Tribal 638 facilities encouraging members to switch from AIHP to an MCO.
- Members should be aware of common red flags and ask more questions when a provider:
 - Offers incentives or bribes such as gifts, money, housing, etc.
 - Asks members to change or update their health plan.
 - Pressures members to make a decision on-the-spot regarding your health care.
 - Asks member for cash or payment directly.
 - Takes member's SNAP food stamps or benefits from member.
 - Contacts member on their personal social media account.
- Resources available to help Tribal members find health care:
 - <https://www.azahcccs.gov/tribalresources>
 - [Accessing Behavioral Health Resources](#)



Open Discussion

Federal Relations Update



Ryan Melson

Federal Relations Specialist, Division of
Public Policy and Strategic Planning

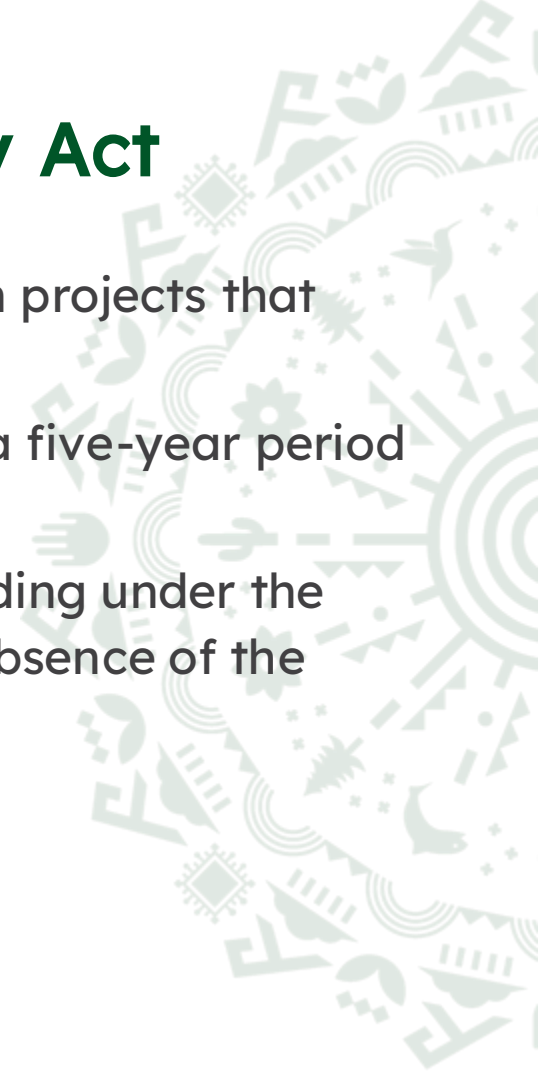


Parin Kaba

Federal Relations Specialist, Division of
Public Policy and Strategic Planning

Section 1115 of the Social Security Act

- Allows states the flexibility to design Demonstration projects that promote the objectives of the Medicaid program,
- Demonstration projects are typically approved for a five-year period and can be renewed every five years, and
- Must be budget neutral, meaning that federal spending under the waiver cannot exceed what it would have been in absence of the waiver.



Current 1115 Waiver Overview

- Arizona's current 1115 Waiver was last approved for a five-year extension on Oct. 14, 2022. This waiver is valid until September 30, 2027.
- This extension continued many longstanding AHCCCS programs including Integrated Managed Care through:
 - AHCCCS Complete Care (ACC);
 - the Arizona Long Term Care System (ALTCS);
 - the Comprehensive Health Plan (CHP) for children in foster care;
 - and Regional Behavioral Health Agreements (RBHAs) which provide integrated care for individuals with a Serious Mental Illness (SMI)



Current 1115 Waiver Overview

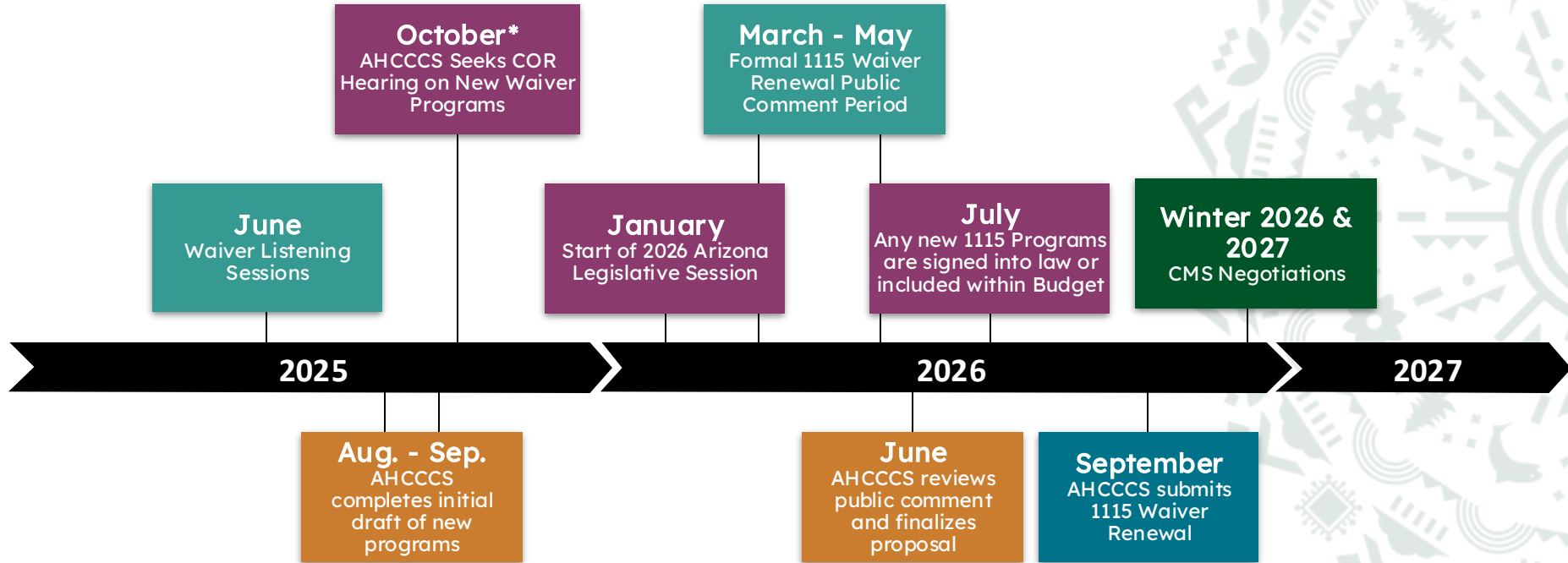
- In addition to continuing many longstanding programs, AHCCCS also received approval on a variety of new programs:
 - Targeted Investments (TI) 2.0,
 - KidsCare Eligibility Expansion,
 - Traditional Healing services, and
 - Pre-release services.
- AHCCCS is now seeking to renew its 1115 Waiver Authority and is beginning much of the exploratory work to envision what this may look like.



1115 Waiver Renewal

- To renew the 1115 authority, AHCCCS must submit a renewal application to CMS by September 30, 2026.
- This renewal application must include all existing programs under the waiver and could also include any new programs the state wishes to pursue.
- In May 2025, Arizona's Legislature passed **HB 2945**:
 - Institutes a new requirement for AHCCCS to first gain legislative approval prior to submitting any new 1115 Waiver Program that:
 - Expands eligibility,
 - Adds new services, or
 - Will lead to an annual increase in utilization greater than 10%.

Arizona's 1115 Waiver Renewal Timeline



Next Steps

- Listening Sessions have concluded, and we will post a high-level summary of the feedback received and a copy of the listening sessions to the [AHCCCS waiver renewal webpage](#).
- AHCCCS will now:
 - Prepare an initial draft of new waiver programs based on stakeholder input
 - Seek a Committees of Reference (COR) hearing to review any new waiver programs
- The next formal public comment period following legislative approval to pursue new programs will be held between March-May 2026.
- As always, feel free to reach out with any additional comments or questions to our waiverpublicinput@azahcccs.gov email.

State Plan Amendment (SPA) Updates

25-0001, Clinic Services Four-Walls Exception

- This SPA will provide an exemption of the Medicaid clinic services “four-walls” requirement to the following:
 - IHS and Tribal Clinics
 - Behavioral Health Clinics
 - Including BH Outpatient Clinics, Crisis Providers, FQHCs
 - Clinics located in rural areas
 - Added definition adopted by a state governmental agency with a role in setting rural health policy.
 - In final stages of negotiations with CMS.

State Plan Amendment (SPA) Updates

CHIP – 25-0005 Substitution of Coverage

- This SPA provides assurance that AHCCCS has methods and policies in place to prevent the substitution of group health coverage or other commercial health insurance with public funded coverage.
- This SPA also assures that there is no waiting period during which an individual is ineligible due to having been disenrolled from group health coverage, Medicaid, or another insurance affordability program.

CHIP – 25-0006 Substitution of Coverage, CMS CS-20 Form

- This SPA is the same content just mentioned with SPA 25-0005, but the information is placed in the CMS CS-20 Form.

CHIP – 25-0007 Removal of Premium Lock-Out Period, CMS CS-21 Form

- This SPA allows the State to attest that we do impose premiums and enrollment fees, but non-payment of premiums or enrollment fees does not result in loss of CHIP eligibility.

State Plan Amendment (SPA) Updates

Medicaid and CHIP SPA Section 5121 of the Consolidated Appropriations Act (CAA) – Overview

- As part of the Consolidated Appropriations Act, 2023, section 5121 adds requirements for a certain set of services for Medicaid and CHIP juvenile beneficiaries who are incarcerated. This includes:
 - A Medicaid eligible individual who is under 21 years of age, and individuals between the ages of 18 and 26 who is eligible for Medicaid under the former foster care children group.
 - Under section 5121, state Medicaid and CHIP programs are required to offer the following:
 - Screening and diagnostic services: In the 30-days prior to release, or within one week or as soon as practicable after release, juveniles must receive screening and diagnostic services (including behavioral health screenings) in accordance with EPSDT requirements.
 - Targeted Case Management: In the 30-days prior to release and for at least 30-days following release.

State Plan Amendment (SPA) Updates

Medicaid and CHIP SPA Section 5121 of the Consolidated Appropriations Act (CAA)

- This SPA updates the standards to be compliant with Section 5121 of the CAA, 2023 by including numerous provision. Some provisions include:
- The State not terminating eligibility for children enrolled in a separate CHIP because the child is an inmate of a public institution.
- The State elects to suspend CHIP coverage for the duration of a child's incarceration and uses a benefit suspension to do so.
- The state redetermines eligibility for any child prior to their release if it has been longer than 12 months since the child's last redetermination.

State Plan Amendment (SPA) Updates

Medication Assisted Treatment (MAT) Authority Changes

- This SPA will change the authority SSA 1905(a)(29) that expires on September 30, 2025 to a new authority that will change the benefit category to cover those services beginning October 1, 2025.

Primary Care Services Rate Increase

- Effective 10/1/2025
- Primary care services for provider types are being updated in accordance with the Special Terms and Conditions of the 1115 Demonstration Section X Provider Payment Rate Increase Requirements.
 - Physicians, Physician Assistants and Registered Nurse Practitioners will observe an aggregate increase of 3.81% as a result of the Differential Adjustment Payment (DAP) for primary care services.

State Plan Amendment (SPA) Updates

Fee-for-service Rate SPAs

- Effective 10/1/2025
- FQHC/RHCs will see a 3.7% increase for 10/1/2025.
- Hospice per diem rates will be updated based on the state plan language that incorporates the *2025 Medicaid Hospice Payment Rates* published by CMS.
- Ambulance rates will see an aggregate increase of 2.0%.
- Air Ambulance will see an aggregate 5% increase to rates.
- Physician Drug Schedule Rates will be updated on the state plan amendment language.

State Plan Amendment (SPA) Updates

Fee-for-service Rate SPAs

- Effective 10/1/2025
- Inpatient Hospital Long-Term Acute Care Hospital and Rehabilitation
Hospital inpatient per diem rates will be updated for changes in hospital case mix indices; and outlier cost- to- charge ratios will be updated to match Medicare 2025 ratios.
- Inpatient Hospital APR-DRG fee schedule cost-to-charge ratios will be updated for October 1, 2025.

State Plan Amendment (SPA) Updates

Fee-for-service Rate SPAs

- Effective 10/1/2025
- In addition to the general increases this year, AHCCCS has set rates for the following codes:
 - Behavioral Health Fee Schedule:
 - H2038 - SKILLS TRAINING AND DEVELOPMENT, PER DIEM - \$488.88
 - H2018 - PSYCHOSOCIAL REHABILITATION SERVICES, PER DIEM - \$400.80
 - H2016 - COMPREHENSIVE COMMUNITY SUPPORT SERVICES, PER DIEM-\$123.63

State Plan Amendment (SPA) Updates

Fee-for-service Rate SPAs

- Effective 10/1/2025
- In addition to the general increases this year, AHCCCS has set rates for the following codes:
 - Respite Codes S5150 and S5151 group modified percentages will be updated to the following:
 - UN – 2 members served 62.5%
 - UP – 3 members served 50%
 - UQ – 4 members served 50%
 - UR – 5 members served 50%
 - US – 6 or more members served 50%

State Plan Amendment (SPA) Updates

Fee-for-service Rate SPAs

- Effective 10/1/2025
- In addition to the general increases this year, AHCCCS has set rates for the following codes:
 - Adult vaccination rates are being set at \$21.33 in line with vaccines for children.
 - A rate has been set for T1017 - Targeted Case Management, per 15 minutes \$26.10.
 - The new telehealth code set CPT codes 98000 to 98007 will be priced based on the Physician Fee Schedule methodology using CMS RVU's to calculate the rates.

State Plan Amendment (SPA) Updates

Fee-for-service Rate SPAs

- Effective 10/1/2025
- In addition to the general increases this year, AHCCCS has set rates for the following codes:
 - The AHCCCS MSIC Fee Schedule will be updated as follows:
 - T1015 – Flat Rate: Tucson \$350.54; Flagstaff \$706.24; and Yuma \$558.16.
 - All Other Codes – Percent of Capped Fee Schedule: Tucson 130%; Flagstaff 125%; and Yuma 125%.

State Plan Amendment (SPA) Updates

Fee-for-service Rate SPAs

- Effective 10/1/2025
- The following fee schedules will be updated to reflect changes to the Medicare fee schedules on which they are based:
 - Ambulatory Surgical Center Fee Schedule rates
 - Durable Medical Equipment Fee Schedule rates
 - Physician Fee Schedule rates
 - Clinical Laboratory Fee Schedule rates

State Plan Amendment (SPA) Updates

Fee-for-service Rate SPAs

- Effective 10/1/2025
- The following fee schedules will remain unchanged:
 - Applied Behavioral Analysis (ABA).
 - AzEIP Speech Therapy Fee Schedule rates.
 - Behavioral Health Inpatient Fee Schedule rates.
 - Community Health Worker Fee Schedule rates.
 - Dental Fee Schedule rates.
 - Dialysis Fee Schedule rates.
 - Doula Fees Schedule rates.
 - Emergency Ground Ambulance.



State Plan Amendment (SPA) Updates

Fee-for-service Rate SPAs

- Effective 10/1/2025
- The following fee schedules will remain unchanged:
 - Freestanding Dialysis Facility Composite rates.
 - Health and Housing Opportunities (H20).
 - Home and Community Based Services rates.
 - Hospital-Based Freestanding Emergency Department Fee Schedule rates.
 - Hospital Outpatient rates.
 - Nursing Facility Per Diem rates.
 - Transportation, Non-Emergency rates.
 - Treat and Refer rates.



Federal Relations Updates



Maxwell Seifer

Federal Relations Chief

*Division of Public Policy and Strategic
Planning*

H.R.1 - One Big Beautiful Bill Act

- On July 4th, 2025, President Trump signed *H.R.1 - One Big Beautiful Bill Act* (OBBBA) in law.
 - The U.S. Senate approved the bill with a 51-50 vote on July 1, 2025, with Vice President JD Vance serving as the tie breaking vote.
 - The U.S. House of Representatives passed an identical version on July 3, 2025 with a final vote of 218-214.
- In addition to various tax policies, the legislation makes significant changes to the Medicaid program by imposing changes that impact eligibility standards, Medicaid financing, and impose additional administrative requirements.

H.R.1 - One Big Beautiful Bill Act

- **Community Engagement Requirements (Section 71119)**
 - **Beginning December 31, 2026***, certain individuals between the ages of 19 and 64 will be required to complete community engagement activities to qualify for Medicaid.
 - *States may request an extension of implementation date
 - **Exceptions:** Mandatory exceptions are expressed for certain individuals (pregnant women, foster and former foster youth, Native Americans/Urban Indians, Veterans with rated disabilities, medically frail, Active AUD/SUD Treatment, meet work requirements for TANF/SNAP, parents/caregivers of a dependent child 13 years of age and under or an individual with a disability, incarcerated individuals, and those postpartum)

H.R.1 - One Big Beautiful Bill Act

- **Community Engagement Requirements (Section 71119) Cont.**
 - **Compliance:** Individuals subject to the requirement must complete a qualifying activity for at least 80 hours per month. Activities include employment, community service, work program, > half-time enrollment in educational program, and seasonal workers above an income threshold.
 - **Verification:** States must verify at time of application for at least the preceding month (no more than three preceding months) and then ongoing at least once during ongoing eligibility window.
 - **Additional Requirements:** States are required to use an ex parte process where applicable and will be required to conduct various outreach and education to make members aware of the requirement.
 - **Prohibitions:** Prohibits any state from waiving this requirement through an 1115 and prohibits conflicts of interest when determining compliance.

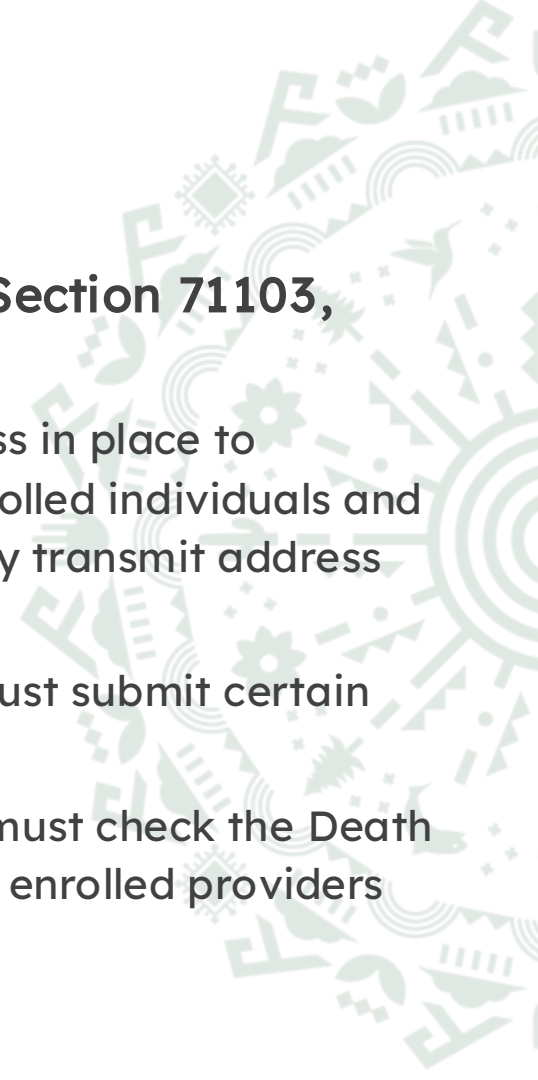
H.R.1 - One Big Beautiful Bill Act

- **Eligibility Redeterminations (Section 71107)**
 - Beginning December 31, 2026, requires states to conduct eligibility redeterminations for expansion adults every six months (currently once every 12 months)
- **Cost Sharing for Expansion Adults (Section 71120)**
 - Beginning October 1, 2028, requires states to impose cost-sharing on expansion adults with incomes over 100 percent of FPL
 - Must be more than \$0 and cannot exceed \$35 per item or service
 - States can no longer impose premiums, enrollment fees, etc.
 - Certain services/settings are excluded (primary care, prenatal care, pediatric care, emergency care, FQHCs, rural health clinics)



H.R.1 - One Big Beautiful Bill Act

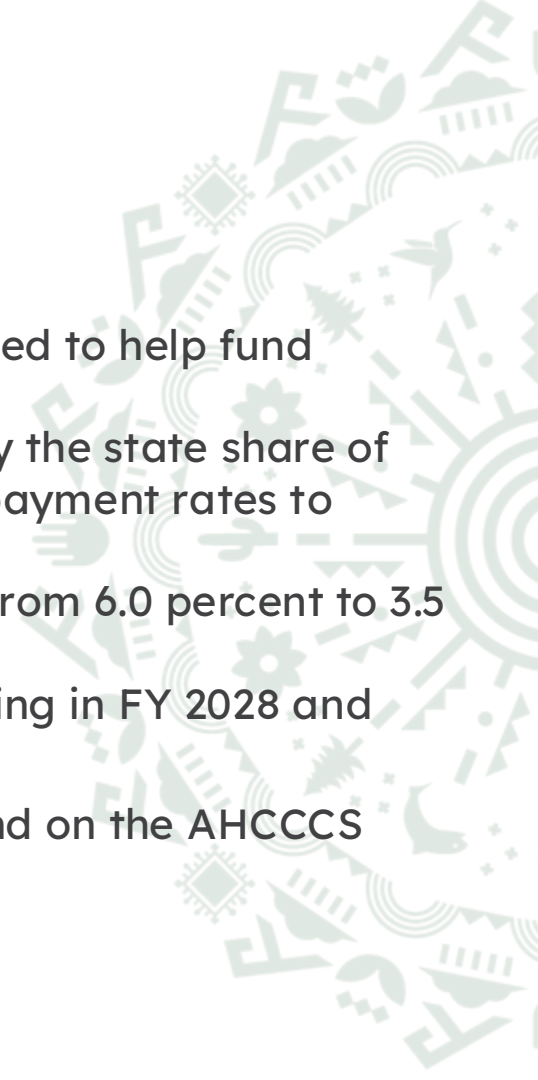
- Duplicate enrollment and deceased individuals (Section 71103, 71104, and 71105)
 - Beginning January 1, 2027, states must have a process in place to regularly obtain updated address information for enrolled individuals and contractually require managed care plans to promptly transmit address information
 - Beginning October 1, 2029, Medicaid agencies must submit certain information (including SSN) to HHS
 - Beginning January 1, 2028, state Medicaid agencies must check the Death Master File (DMF) to identify if enrolled individuals or enrolled providers are deceased.



H.R.1 - One Big Beautiful Bill Act

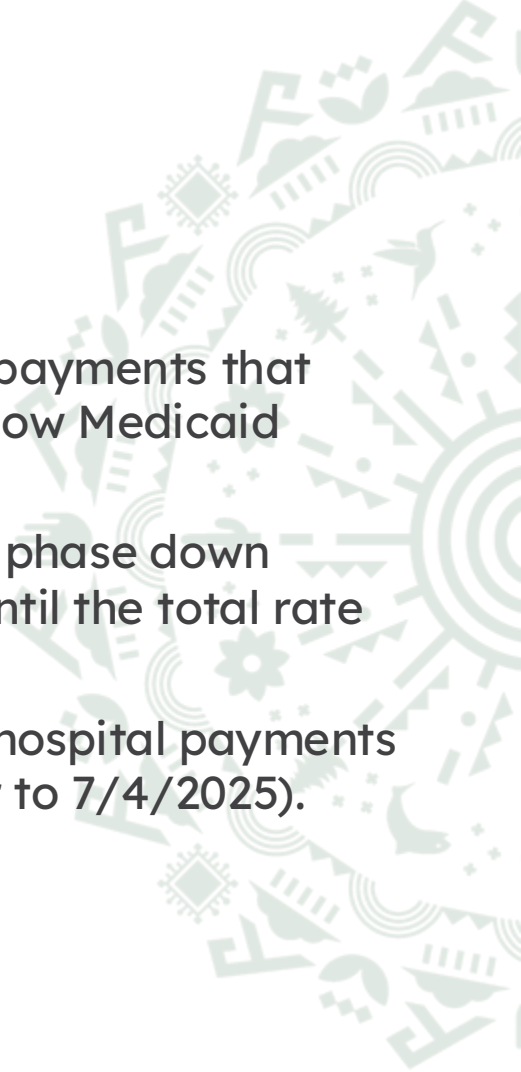
- **Provider Taxes (Section 71115)**

- Provider taxes are state-imposed taxes that are utilized to help fund various Medicaid programs.
- In Arizona, we use a fair portion of these funds to pay the state share of costs for the expansion populations and to increase payment rates to certain provider types.
- The new law will reduce the maximum allowable tax from 6.0 percent to 3.5 percent of net patient revenue.
 - This decrease will be phased-down by 0.5% starting in FY 2028 and reaching 3.5% in FY 2032.
- A more detailed analysis of this provision can be found on the AHCCCS Data Insights Webpage.



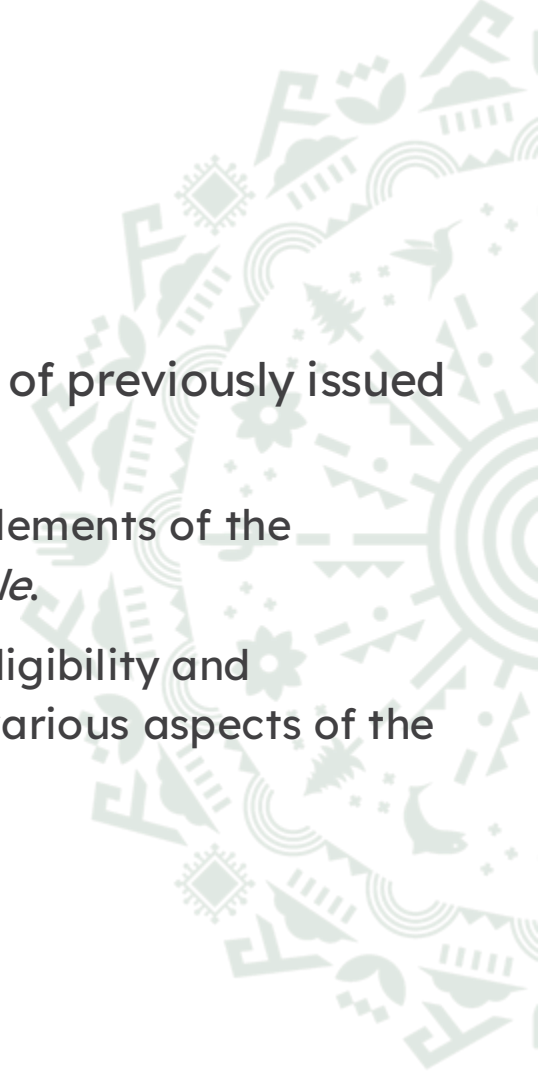
H.R.1 - One Big Beautiful Bill Act

- **State Directed Payment (Section 71116)**
 - State directed payments (SDPs) are supplemental payments that many states, including Arizona, utilize to augment low Medicaid reimbursement rates for certain providers.
 - Beginning January 1, 2028, this new legislation will phase down existing SDPs by 10 percentage points each year until the total rate reaches 100% of the Medicare Payment Rate.
 - Certain SDPs may be grandfathered (certain rural hospital payments and certain SDPs that were submitted to CMS prior to 7/4/2025).



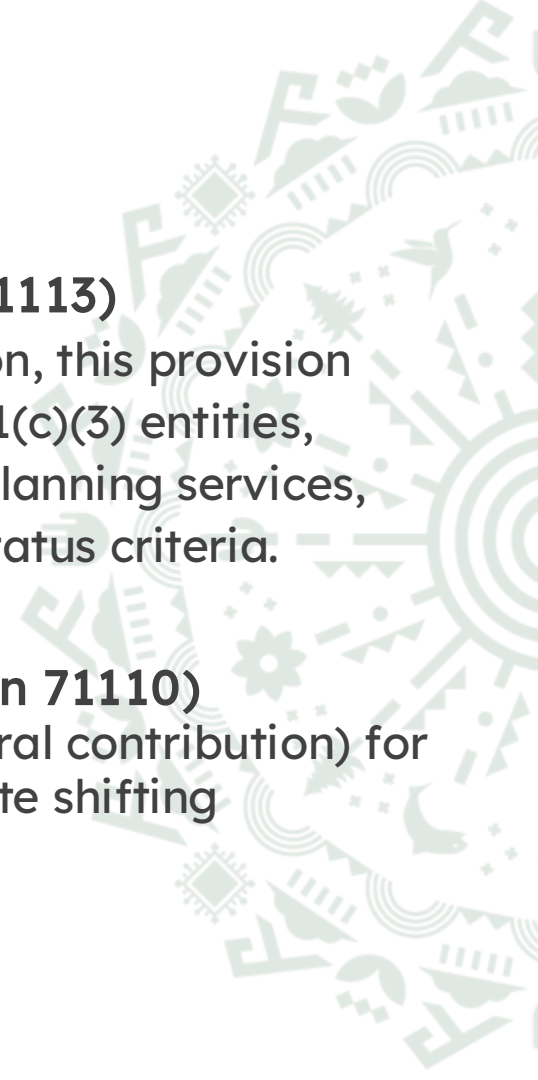
H.R.1 - One Big Beautiful Bill Act

- Rule Changes (Sections 71101, 71102, and 71111)
 - Prohibits CMS from implementing certain portions of previously issued CMS rules for the next 10 years.
 - CMS may not implement the minimum staffing elements of the *Nursing Facility Minimum Staffing Standards Rule*.
 - CMS may not implement two previously issued eligibility and enrollment final rules that set out to streamline various aspects of the eligibility and enrollment process.



H.R.1 - One Big Beautiful Bill Act

- **Federal Payments to Prohibited Entities (Section 71113)**
 - For one year following enactment of this legislation, this provision prohibits federal payments to entities that are: 501(c)(3) entities, essential community provider engaged in family planning services, provide abortions, and meet other financial and status criteria.
- **Expansion FMAP for Emergency Medicaid (Section 71110)**
 - Beginning October 1, 2026, sets the FMAP (or federal contribution) for emergency Medicaid to the base FMAP for the state shifting additional costs to the state.

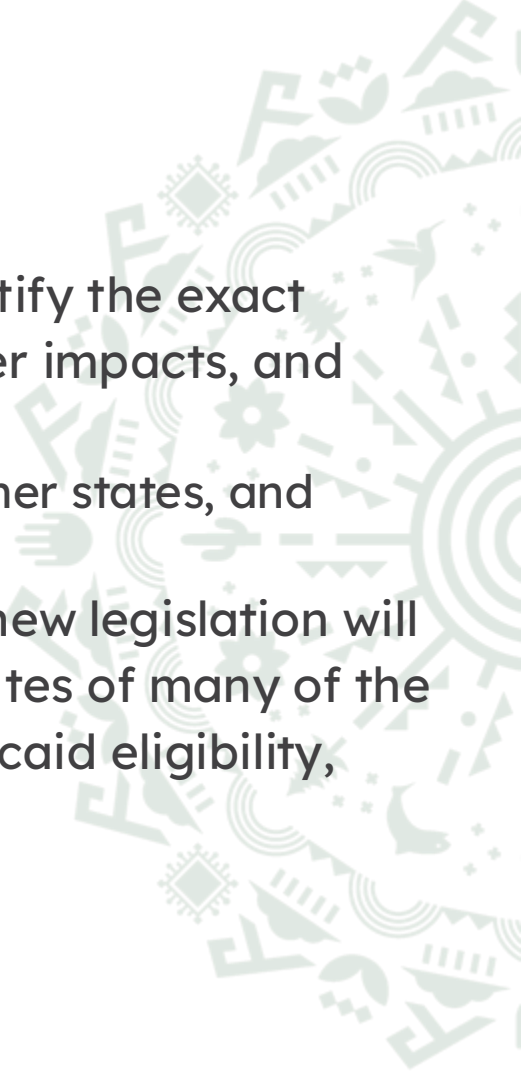


H.R.1 - One Big Beautiful Bill Act

- **Rural Health Transformation Program (Section 71401)**
 - Creates a rural health transformation fund in the amount of \$10 billion per year for the next five fiscal years which states may use to promote various rural health initiatives.
 - States must carry out at certain activities to obtain the funds. Examples include:
 - Promote evidence-based interventions to improve prevention and chronic disease management,
 - Provide payments to health care providers for the provision of health care items or services,
 - Recruiting and retaining clinical workforce talent to rural areas,
 - Supporting access to OUD, SUD, and mental health services, and more.

What's Next?

- AHCCCS teams are working to understand and quantify the exact impact of this new legislation (fiscal impacts, member impacts, and operational impacts)
 - This is in collaboration with outside contractors, other states, and various stakeholder groups.
- It's largely too early to know the exact impacts the new legislation will have. It's important to note the delayed effective dates of many of the provisions. There are no immediate changes to Medicaid eligibility, services, rates, etc.

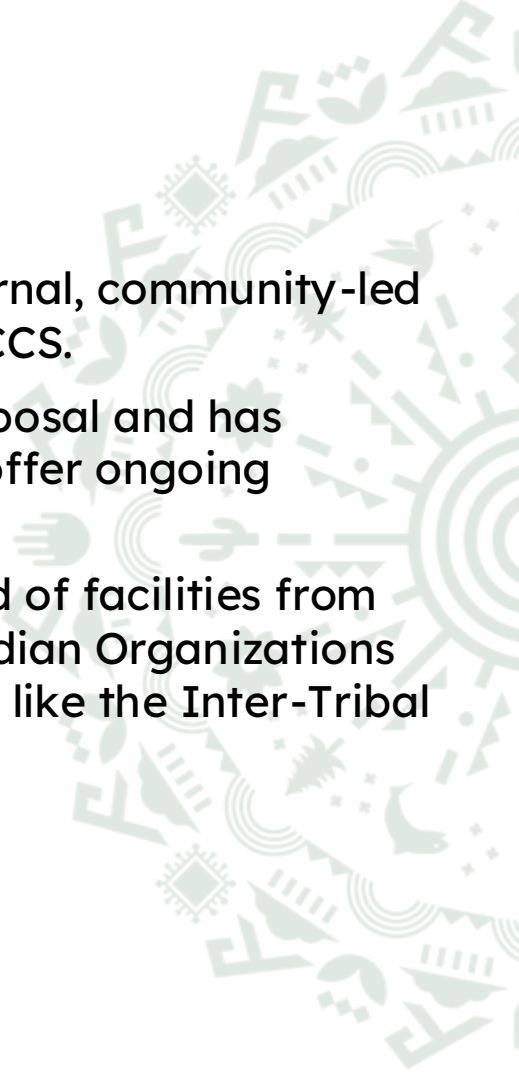




Open Discussion

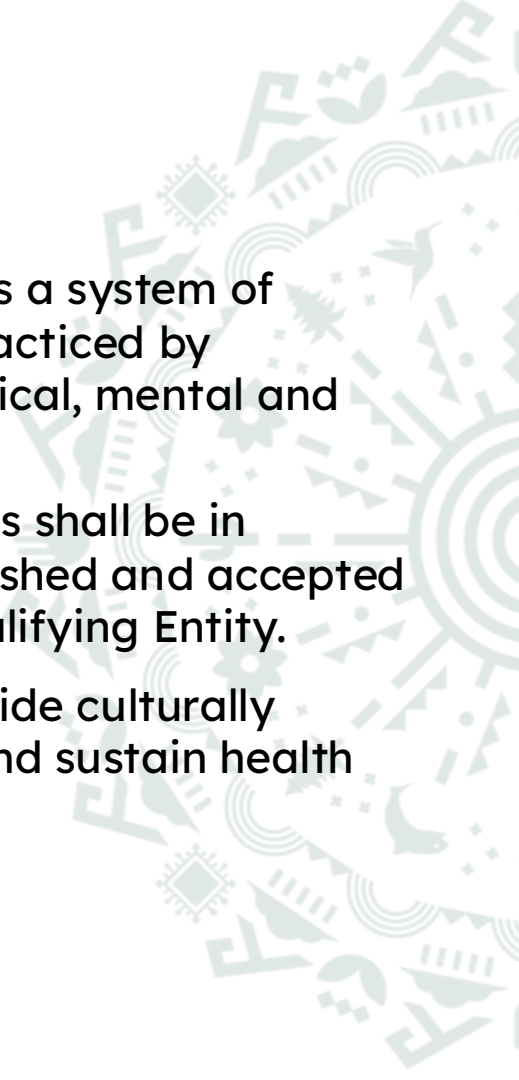
Traditional Healing Waiver History

- The traditional healing proposal was created by the external, community-led traditional healing workgroup in collaboration with AHCCCS.
- Met to establish the structure and parameters of the proposal and has maintained contact with the agency for updates and to offer ongoing support.
- The workgroup guiding AHCCCS' proposal was comprised of facilities from all three of the IHS area offices in Arizona, two Urban Indian Organizations (UIOs) in addition to other tribal health advocacy groups like the Inter-Tribal Council of Arizona (AACIHC).



Purpose

- As defined by our Waiver proposal, **Traditional Healing** is a system of culturally appropriate healing methods developed and practiced by generations of Tribal healers who apply methods for physical, mental and emotional healing.
 - The array of practices provided by traditional healers shall be in accordance with an individual Tribal Nation's established and accepted traditional healing practices as identified by the Qualifying Entity.
- The purpose of the traditional healing program is to provide culturally appropriate options for AHCCCS members to maintain and sustain health and wellness through traditional healing practices.



Traditional Healing Waiver History

2015

Traditional Healing (TH) workgroup was established.

Winter of 2016

CMS recommends a State Plan Amendment (SPA) instead of waiver for Traditional Healing Services.

2018 & 2019

No clear direction from CMS on path forward to incorporate Traditional Healing in State Plan.

2022

AZ Section 1115 Waiver approved without approval for Traditional Healing Services.

October 16, 2024

CMS approved AZ' request for reimbursement for Traditional Healing.

Summer of 2016

AHCCCS submits to CMS the Traditional Healing waiver proposal developed by TH workgroup.

2017

TH Workgroup re-submitted and develops a crosswalk for Traditional Healing Services.

2020

AHCCCS re-convened the TH workgroup & resubmitted a Traditional Healing waiver proposal.

2023

Conversations around Traditional Healing proposal re-initiated with CMS.

June 27, 2025

Traditional Healing received the needed state legislative authority.

Waiver Overview

- The waiver honors Tribal sovereignty by *not* prescribing how healers are selected, recognized, or what traditions are used.
 - Each Tribe/facility determines the scope, format, and cultural protocol for their Traditional Healing services.
 - Traditional Healers *will not* register as independent providers with AHCCCS.
 - Traditional Healers must be either contracted with, or employed by, an IHS/Tribal 638 facility.
- Eligibility: Must be Medicaid eligible; *and*, must qualify to receive services through IHS/638 facilities.
- Traditional Healers *will not* register as independent providers with AHCCCS.
- Traditional Healers must be either contracted with, or employed by, an IHS/Tribal 638 facility.
- UIOs may deliver traditional healing services via a Care Coordination Agreement with a IHS/638 facility

Traditional Healing Waiver: Locally Defined, Sovereignty-Centered

A Tribal-Defined Approach

- The AHCCCS Traditional Healing waiver was constructed with intentional flexibility, allowing the definition, delivery, and governance of Traditional Healing services to occur at the local level.

Why It Matters

- No single definition of Traditional Healing can reflect the diverse cultural and spiritual practices of the 22 Tribal Nations in Arizona.
- This model was shaped in recognition of the sovereignty, self-determination, and inherent authority of Tribal Nations to define care for their people.

What the Waiver Provides

- A funding pathway – not a prescription.
- Support for Tribally defined providers, practices, and protocols.
- Flexibility for each community to determine its own priorities, standards, and implementation strategies.

AHCCCS: What's Next

System, Policy & Program Development

- Finalize policies on:
 - Provider qualifications and enrollment pathways
 - Reimbursement guidance (rates, billing codes, modifiers)
 - Documentation expectations that respect cultural protections
- Complete internal system updates to enable claims processing
- Monitor and support future waiver amendments, if applicable



AHCCCS: What's Next *cont'd*

Engagement & Support

- Support Traditional Healing Workgroup meetings and technical subgroups
- Offer training and TA for interested Tribal Nations and I/T/U sites
- Provide educational materials for providers and members
- Assist with onboarding and readiness

Monitoring & Reporting

- Develop metrics for tracking utilization, access, and quality
- Set up/maintain feedback loops with Workgroup and stakeholders

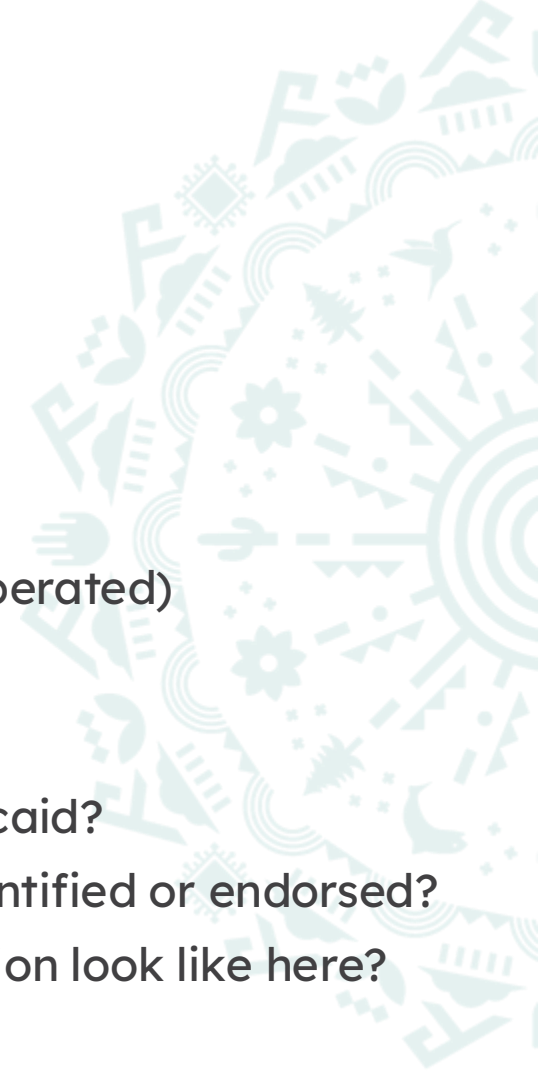
Key Local Decisions: Tribal & IHS/638 Considerations

Local Decision-Making

- Engage in meaningful conversations between:
 - Tribal leadership
 - Cultural and spiritual leaders
 - Health and behavioral leadership (if not tribally operated)
 - IHS/638 facility leadership

Topics to consider:

- Should Traditional Healing be offered under Medicaid?
- How should community-recognized healers be identified or endorsed?
- What does respectful, culturally safe implementation look like here?



Key Local Decisions: Tribal & IHS/638 Considerations

If moving forward with offering Traditional Healing:

- Partner with the Tribe or local IHS/638 programs to clarify roles, responsibilities, and mutual priorities.
- Begin identifying cultural protocols and boundaries that must be honored in documentation and delivery
- Establish endorsement or vetting processes for Traditional Healers (community-based, *not* license-based)
- Ensure internal alignment across Tribal government and IHS/638 facilities
- Appoint Workgroup delegates to participate in critical implementation planning discussions

Key Local Decisions: Facility Considerations

- Assess interest and facility readiness to offer Traditional Healing services under Medicaid
- Coordinate with Tribes to identify provider pathways
- Update EHR and billing workflows
- Assign staff for training and TA
- Appoint staff to the Traditional Healing Workgroup
- Determine how Traditional Healing services could be:
 - Integrated into existing behavioral health or wellness programs
 - Supported through staffing, facilities, and partnerships



Traditional Healing Workgroup Participation

Appoint or confirm your Tribal and I/T/U facilities' **workgroup delegates**, ensuring cultural, administrative, and billing/program voices are represented.

Why participation matters?

- Participate in implementation discussions to shape key decisions
- Help define culturally grounded expectations and protections
- Information and resource sharing

Traditional Healing Key Highlights

- Go Live: October 1st, 2025
 - What's needed? Billing
 - TH Locally Defined – shared with AHCCCS? Do they need to share for go live? Just make sure Tribes have processes in place to endorse healers / how healers are identified. Tribes should also consider have a set of services – does not need to be provided to AHCCCS.
- Call to Action
 - Join Workgroup
 - Interested in offering TH services > here's the step

Delegate a Representative

Traditional Healing Workgroup

The Workgroup advises AHCCCS on all things Traditional Healing, ensuring services are developed in partnership with Tribes and I/TUs in a way that reflects their values, protocols, and cultural practices. Having a representative helps shape respectful, community-informed implementation.

Tribes and UIOs: To formally designate a representative, please complete the [Tribal Delegate Form](#) and follow the instructions provided for submission.

All Others: Scan the QR Code or click the link to complete the [Traditional Healing Workgroup Interest Form](#).





Open Discussion



Closing Remarks

Announcements



2025 Tribal Meeting Calendar

Tribal Policy Workgroup (*Virtual Only*)

Date: Monday, August 18, 2025

Time: 9:00AM – 10:30AM

Virtual Registration: [HERE](#)

Quarterly Tri-Agency Meeting/ AHCCCS Tribal Consultation*

Date: Thursday, November 7, 2025

Time: 8:30AM – 4:30PM (*subject to change*)

Location: TBD / Host Needed

Virtual Registration: [HERE](#)

Tribal Policy Workgroup (*Virtual Only*)

Date: Wednesday, November 12, 2025

Time: 2:00PM – 3:30PM

Virtual Registration: [HERE](#)

Tri-Agency In-Person Registration

In-person participation is limited to Tribal leaders and delegates, I/T/U representatives, MCO Tribal Teams, and invited guests. All others are encouraged to attend virtually.

* Note: To register for in-person attendance, please email TribalRelations@azahcccs.gov to request the registration link.

Seeking Tribal Hosts

Hosting meetings on Tribal lands reflects and honors Tribal Sovereignty by:

- Supporting government-to-government relationships
- Centering Tribal voices
- Creating a more accessible environment for Tribal leaders and community members

Examples of Meetings:

- Quarterly Tri-Agency Meetings
- Ad hoc AHCCCS Tribal Consultation
- DFSM Strategic Planning Sessions
- Tribal Policy Workgroup
- Tribal Advisory Workgroup
- Traditional Healing Workgroup meetings



Scan the QR code or click the link to complete the [Tribal Host Interest Form](#) to let us know your availability & preferences.

Delegate a Representative

Traditional Healing Workgroup

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All Others: Scan the QR Code or click the link to complete the [Traditional Healing Workgroup Interest Form](#).



DFSM Strategic Plan

- Summer 2025 Regional Tribal Feedback Sessions, Part 2
 - Northern Region
 - Monday, August 18th, 1 PM to 5 PM
 - Chinle Comprehensive Health Care Facility
 - Central Region
 - Wednesday, August 13th, 9 AM to 1 PM
 - Native Health
 - Southern Region
 - Wednesday, August 20th, 9 AM to 1 PM
 - Pascua Yaqui Behavioral Health Center

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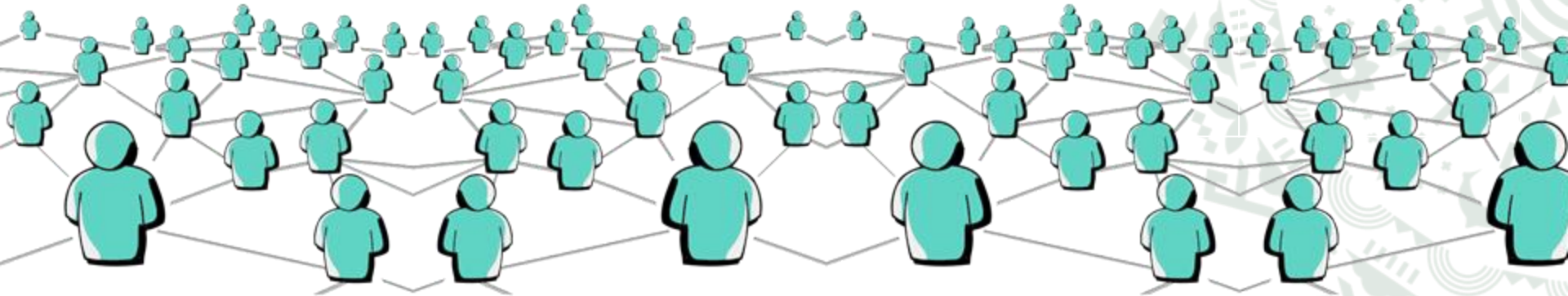
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Learn about AHCCCS' Medicaid Program on YouTube!

AHCCCS
Explains...

Medicaid Eligibility

AHCCCS
Explains...

ALTCS

AHCCCS
Explains...

Health-e-Arizona Plus



Other Resources - Quick Links

- AHCCCS [Waiver](#)
- AHCCCS [State Plan](#)
- AHCCCS [Grants](#)
- AHCCCS [Whole Person Care Initiative \(WPCI\)](#)
- AHCCCS [Office of Human Rights](#)
- AHCCCS [Office of Individual and Family Affairs](#)
- [ALTCS](#) Email: mcotransitions@azahcccs.gov FAQ: chrome-extension://efaidnbnmnnibpcajpcglclefindmkaj/https://www.azahcccs.gov/Resources/Downloads/ALTCSEPD/ALTCS-EPD_FAQ.pdf



We Value Your Feedback - Post-Survey

We created the post-survey to gather feedback on your experience and identify areas for improvement. Your input is incredibly valuable—it helps us understand what worked well and what could be better, so we can enhance future Consultations. Completing the survey only takes a few minutes, but it makes a big impact!

☐ [Click here to take the survey](#) Or Scan the QR Code

Thank you for your time and feedback!





Thank you!
Have a great day!