

August 29, 2014

Wakina Scott  
Division of State Demonstrations & Waivers  
Center for Medicaid and CHIP Services  
Centers for Medicare & Medicaid Services (CMS)  
7500 Security Boulevard, Mail Stop S2-01-16  
Baltimore, MD 21244-1850

**Re: Independent Evaluation and Request for Extension of the Uncompensated Care Payments to Indian Health Services and Tribally Owned or Operated 638 Facilities**

Dear Ms. Scott:

Pursuant to Special Terms and Conditions (STC) 28(e), the State submitted an independent evaluation for the uncompensated care payments to Indian Health Services (IHS) and Tribally Owned or Operated 638 Facilities (“638 Facilities”) on July 1, 2014. The report and survey responses submitted by IHS and 638 Facilities were independently evaluated by the Advisory Council on Indian Health Care.

The evaluative analysis and report reviewed the efficacy and impact of supplemental payments to IHS and 638 Facilities for services provided by those facilities to AHCCCS members that are no longer covered under the State Plan. The report clearly demonstrates the critical role these payments have made in supporting IHS and 638 Facilities to maintain needed services and staff to meet the needs of Medicaid beneficiaries. These payments have supported IHS and 638 Facilities to maintain their role and fulfill the unique trust responsibility to provide health care services to Arizona’s American Indian/Alaska Native population. The analysis clearly articulates the ongoing need for this payment program.

**Accordingly, the State hereby submits this formal request to extend uncompensated care payments to IHS and 638 Facilities pursuant to STC 26 for one additional year, through December 31, 2015.** Because this is an extension of an existing STC, no change to budget neutrality or to the evaluation is needed.

This amendment request was discussed during the July 9, 2014 meeting of the State Medicaid Advisory Committee, a public meeting.<sup>1</sup> The amendment has also been raised in tribal consultation numerous times, most recently on June 12, 2014 and April 17, 2014.<sup>2</sup> Finally, the amendment is posted on the AHCCCS website.<sup>3</sup>

<sup>1</sup> See: <http://www.azahcccs.gov/community/Downloads/SMAC/agendas/SMACMaterialsJuly92014.pdf>

<sup>2</sup> See: <http://www.azahcccs.gov/tribal/consultations/meetings.aspx>

<sup>3</sup> See <http://www.azahcccs.gov/reporting/federal/waiver.aspx>

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Please do not hesitate to contact me should you require additional information.

Sincerely,

/s/

Monica H. Coury  
Assistant Director  
Office of Intergovernmental Relations

Attachment: *2014 Performance Measures Evaluation:  
Payments to Indian Health Services and 638 Tribal Facilities*

# **Arizona 1115 Waiver 2014 Performance Measures Evaluation Payments to Indian Health Services and 638 Tribal Facilities**

## **I. Background**

On November 1, 2013, the Arizona State Medicaid system, Arizona Health Care Cost Containment System (AHCCCS) requested an amendment to the State's 1115 Demonstration Waiver. The amendment would continue its current authority to provide uncompensated care payments through September 30, 2016 to Indian Health Service (IHS) and 638 Tribal facilities for services provided to Medicaid-eligible adults that were eliminated or limited on October 1, 2010. On December 26, 2013, AHCCCS was notified that the amendment was approved by CMS to continue uncompensated care payments but only through December 31, 2014

As originally approved in the 2012 Demonstration Waiver, IHS and 638 Tribal facilities had two options through which to claim uncompensated costs. Option 1 was an encounter based approach in which IHS and 638 facilities would submit tracking sheets to AHCCCS based on the number of visits for childless adults or number of services provided that were no longer covered benefits. Option 2 was a per member per month calculated approach that did not require the facilities to submit claims.

Under the approved extension, beginning January 1, 2014, AHCCCS has reimbursed IHS and 638 Tribal facilities for uncompensated care payments under Option 2. This method of payment was selected due to the high administrative burden in reviewing claims submitted under Option 1. Furthermore, the overwhelming majority of the payments made were for childless adult coverage, which has been restored, AHCCCS could not maintain the administrative burden for Option 1 payments solely for benefits.

The waiver extension allowed AHCCCS to continue making payments to IHS and 638 Tribal facilities for critical services provided to adult Medicaid beneficiaries that were no longer covered by the State. These benefits included:

- Bone Anchored hearing aids
- Cochlear Implants
- Emergency Dental Care
- Inpatient 25-day limit (which expires October 1, 2014)
- Insulin Pumps (which will be reinstated October 1, 2014)
- Microprocessor-controlled lower limbs and joints for the lower limbs
- Orthotics
- Outpatient Physical Therapy Visits in excess of 15 per year
- Percussive Vests
- Services provided by a Podiatrist

## **II. Public Process**

This process was thoroughly vetted through tribal consultations on January 22, 2014 and most recently on April 17, 2014 and June 12, 2014. The AHCCCS Tribal Relations office distributed announcements to the tribal listserv on April 9, 2014 and May 16, 2014 in preparation of the evaluation.

## **III. Waiver Evaluation Requirements**

As indicated in the Medicaid section 1115 demonstration waiver Special Terms and Conditions (STCs), the State of Arizona is required to submit an evaluation of the uncompensated care payments provided to IHS and 638 Tribal facilities. The evaluation must test the following specific hypotheses related to the uncompensated care payments.

- What is the effect on service utilization as a result of the uncompensated care payments broken down by type of service as well as the population served?
- Are the affected facilities able to maintain and/or increase their current staffing levels?

## **IV. Evaluation Design**

The AHCCCS evaluation design is based upon the participatory process that involves both research (qualitative and quantitative data) and community partners responding to an evaluation survey tool. IHS and 638 tribal health facilities receiving uncompensated care payments under Option 2 are the designated community partners and sample population. This evaluation report summarizes the first six months of the 2014 waiver extension, January through June, 2014.

To accomplish the CMS evaluation requirement, the State developed an evaluation tool that consisted of the following questions: (Attachment A-Performance Measures Evaluation Survey)

- What percentage of your overall budget do Medicaid payments represent?
- Have these supplemental payments allowed you to either maintain or increase your staffing (e.g., were you able to keep podiatrists on staff or increase the number of PCP's or Nurse Practitioners).
- What service reductions were you prepared to make at your facility due to recent AHCCCS benefit reductions?
- How have these supplemental payments allowed you to either maintain or increase your service levels (e.g., are you able to continue to offer adult dental services or podiatry?).
- Have you been able to maintain or expand your hours of operation at your facility as a result of these supplemental payments? If yes, please explain.

## V. Sampling Methodology

The population sampled consisted of thirty-one (31) IHS health facilities located within three IHS Areas (Phoenix, Tucson and Navajo) and fifteen (15) 638 tribally operated health facilities. These facilities are all recipients of Option 2 payments under the 2014 waiver extension. The facilities received the Performance Measures Evaluation survey on two separate occasions, April 9, 2014 and May 16, 2014. Prior to distribution of the surveys, IHS and 638 facilities were informed by the AHCCCS Office of Tribal Relations that CMS required evaluation of the uncompensated care payments provided through the 2014 1115 Demonstration Waiver Extension. (Attachment B – Sample Population receiving Option 2 Payments.)

## VI. Data Sources

The data collection plan for the evaluation process consisted of a per member per month calculated approach that did not require Option 2 participating IHS and 638 facilities to submit claims.

### Option 2 – Historical Data Approach

Option 2 captures the total amount of uncompensated care costs borne by IHS and 638 facilities that can be attributed to benefit reductions. The State tracks the uncompensated care costs and makes payments. There is no reporting on the part of the facility.

- AHCCCS will pay facilities, on a monthly basis, a “lump sum” payment that is calculated from historical costs associated with care provided to AHCCCS members from a list of benefits that were removed or limited from the Medicaid State Plan.
- The “lump sum” payment is distributed from the date the amendment extension was approved based on the percentage of claims the facilities submitted to AHCCCS from January 2014 through December 2014 for services provided to AHCCCS members.
- These payments cover the costs of providing services that are no longer covered

### AHCCCS Data Collection System

AHCCCS utilizes the Pre-Paid Medical Management Information (PMMIS) data system to collect and store claims information. PMMIS is AHCCCS’ primary source of detailed financial information. PMMIS is a grouping of subsystems which includes: Finance, Claims, Encounters, Reinsurance, Recipient, Health plan, and others. PMMIS can be date-of-payment (DOP) basis only, date-of-service (DOS) basis only or in some cases the information can be accessed either way. Information in PMMIS is always based on a full day, month, quarter or year.

Funding for IHS and 638 Tribal Facilities is 100% Federal pass through; no state match is required. (42 CFR § 433.10 (c)(2)).

## VII. Evaluation Results

As indicated in the *Sampling Methodology* section of this report, the population sampled consisted of three Indian Health Service (IHS) Areas (Phoenix, Tucson and Navajo) which represents thirty-one (31) health facilities and fifteen (15) 638 tribally operated health facilities.

<b>Survey Participation</b>	
IHS Area Facilities:	
1. Tucson	<ul style="list-style-type: none"> <li>• Four (4) of four (4) facilities responded</li> </ul>
2. Phoenix	<ul style="list-style-type: none"> <li>• Nine (9) of eleven (11) facilities responded</li> </ul>
3. Navajo	<ul style="list-style-type: none"> <li>• One (1) of sixteen (16) facilities responded.</li> </ul>
638 Tribal Facilities:	<ul style="list-style-type: none"> <li>• Seven (7) of fifteen (15) facilities responded</li> </ul>
Total Submissions:	21
Sampling Size:	46 anticipated participants
Percentage of Participation:	46%

<b>Summary Responses to Survey Questions:</b> (Attachment C - Detailed IHS and 638 Tribal Facility Responses)	
<i>Question</i>	<i>Response</i>
<i>Question 1: What percentage of your overall budget do Medicaid payments represent?</i>	Average Percentage = 41%
<i>Question 2: Have these supplemental payments allowed you to either maintain or increase your staffing (e.g., were you able to keep podiatrists on staff or increase number of PCP's or Nurse Practitioners)?</i>	<ul style="list-style-type: none"> <li>• 15 facilities were able to maintain or increase staff</li> <li>• 6 facilities stated no impact to staffing</li> </ul>
<i>Question 3: What service reductions were you prepared to make at your facility due to recent AHCCCS benefit reductions?</i>	<ul style="list-style-type: none"> <li>• 1-Clinic closure</li> <li>• 3-Facilities were prepared to reduce Podiatry services</li> <li>• 4-Facilities were prepared to reduce Emergency Dental services</li> <li>• 2-Facilities were prepared to reduce Diabetes clinics</li> </ul>

	<ul style="list-style-type: none"> <li>• 2-Facilities were prepared to reduce DME, Orthotics, Prosthetics</li> <li>• 1-Facility was prepared to reduce Direct Care Service</li> <li>• 1-Facility was prepared to reduce Transportation Services</li> <li>• 1-Facility was prepared to decrease amount of department expenses</li> <li>• 6-Facilities stated no reductions considered</li> </ul>
<p><i>Question 4: How have these supplemental payments allowed you to either maintain or increase your service levels or types (e.g., are you able to continue to offer adult dental services or podiatry)?</i></p>	<ul style="list-style-type: none"> <li>• 19-Facilities were able to maintain service levels or types.</li> <li>• 2-Facilities were able to increase service levels or types.</li> </ul>
<p><i>Question 5: Have you been able to maintain or expand your hours of operation at your facility as a result of these supplemental payments? If yes, please explain.</i></p>	<ul style="list-style-type: none"> <li>• 19-Facilities were able to maintain hours of operation</li> <li>• 2-Facilities was able to increase hours of operation</li> </ul>

## VIII. Conclusion

### *Findings of Hypothesis Questions*

The payments made by AHCCCS under this authority have been critical in maintaining an appropriate level of staff and services available to IHS and 638 Tribal facilities. The responses to the evaluation survey by show that these payments warded off staffing reductions and elimination of services, which would have severely impacted an already fragile delivery system that provides critical care for a population struggling to overcome healthcare disparities.

Under Option 2, a total of **\$5,402,798 million** has been paid as of June 2014

### *Independent Review*

An independent review of facility survey responses and findings was conducted by the Advisory Council on Indian Health Care.

**ATTACHMENT A**  
**Performance Measures Evaluation Survey**



**Supplemental Payments Waiver**  
**2014 Performance Measures Evaluation Survey**

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AHCCCS must conduct an independent evaluation of the uncompensated care payments provided to IHS and 638 facilities through the 2014 1115 Waiver Extension. A similar evaluation was conducted in 2012. Part of supporting a demonstration under an 1115 waiver is providing CMS with performance measures. The State must evaluate how the demonstration impacts the financial viability of IHS and 638 facilities and ensures the continued availability of a health care delivery network for current and future Medicaid beneficiaries.

This survey is related to the payments made to you for coverage of benefits that have been eliminated or limited in the AHCCCS program. This survey does not include the payments made to you for care provided to childless adults when eligibility for that category was frozen.

Your participation in this survey is critical. It is essential to provide CMS with information that reflects the impact of the supplemental payments on tribal health facilities. Without sufficient sampling, future CMS waiver requests and extensions may be affected.

Please respond to the following questions in detail and return to the AHCCCS Tribal Relations Office by **May 1, 2014**. You may respond to the survey by; 1) answering each question directly on this form (in color) or, 2) respond to each question on a separate piece of paper and attach to an email message. Send your responses to: Bonnie Talakte, AHCCCS Tribal Relations Office at [bonnie.talakte@azahcccs.gov](mailto:bonnie.talakte@azahcccs.gov).

A strong response from our tribal partners is greatly appreciated.

1. What percentage of your overall budget do Medicaid payments represent?
2. Have these supplemental payments allowed you to either maintain or increase your staffing (e.g., were you able to keep podiatrists on staff or increase number of PCP's or Nurse Practitioners).
3. What service reductions were you prepared to make at your facility due to recent AHCCCS benefit reductions?
4. How have these supplemental payments allowed you to either maintain or increase your service levels or types (e.g., are you able to continue to offer adult dental services or podiatry)?



5. Have you been able to maintain or expand your hours of operation at your facility as a result of these supplemental payments? If yes, please explain

**ATTACHMENT A**

**Performance Measures Evaluation Survey**



**Supplement Payments Waiver**  
**2014 Performance Measures Evaluation Survey**

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List of Services Covered Under the 2014 Waiver Extension

- Emergency Dental Care
- Services provided by a Podiatrist
- Insulin Pumps (Note: these services were restored in the 2014 legislative session so claiming for this service ends 10-1-14)
- Percussive Vests
- Bone-Anchored Hearing Aids
- Cochlear Implants
- Orthotics
- Microprocessor-controlled: lower limbs and joints for the lower limbs
- Outpatient Physical Therapy Limit of 15 visits per contract year
- Inpatient limit to 25-days per year (claiming for this ends 10-1-14)

**ATTACHMENT B**  
**Sample Population Receiving Option 2 Payments**

<b><u>Facilities Participating in Survey</u></b>	<b><u>Total January-June 2014 Option 2 Payments</u></b>
<b><u>Phoenix Area IHS:</u></b>	
1. Ft. Yuma	\$14,206.79
2. Keams Canyon	\$114,353.03
3. Parker	\$62,614.59
4. San Carlos	\$162,947.32
5. Whiteriver	\$358,062.65
6. Phoenix Indian Medical Center	\$649,551.11
7. Supai Health Center	\$5,786.21
8. Peach Springs	\$21,874.74
9. Bylas Health Center	\$33,957.47
<b><u>*Navajo Area IHS:</u></b>	
1. Four Corners Regional Health Center	\$36,893.78
<b><u>Tucson Area IHS:</u></b>	
1. San Xavier	\$86,332.32
2. Santa Rosa	\$14,744.39
3. San Simon	\$19,200.03
4. Sells	\$120,893.76
<b><u>Tribal 638 Facilities</u></b>	
1. Hu Hu Kam Memorial Hospital-Gila River	\$960,954.67
2. Wassaja Memorial Health Center-Ft. McDowell	\$1,120.94
3. Fort Defiance Indian Hospital-Fort Defiance	\$559,724.54
4. Pascua Yaqui Tribe Health Center	\$87,723.22
5. Tuba City Regional Health Center	\$1,152,281.36
6. Winslow Indian Health Care Center	\$146,015.80
7. Winslow Dental	\$5.97



**ATTACHMENT C**  
 Supplemental Payments Waiver  
 2014 Performance Measure Evaluation Survey  
**Detailed IHS and Tribal 638 Facility Survey Responses**

<b>QUESTION 1: What percentage of your overall budget do Medicaid payments represent?</b>	
<b>FACILITY</b>	<b>RESPONSE</b>
<b>Phoenix Area IHS:</b>	
• Ft. Yuma Clinic	FY13=15%, FY 12=12%, FY10=16%
• Hopi Health Care Center	5.10%
• Phoenix Indian Medical Center	FY 2010=34.3%, FY2012=38.5%, Overall Medicaid and 3.83% for the uncompensated care supplemental payments; FY 2013=46% Overall Medicaid and 13.83% for the uncompensated care supplemental payments.
• Bylas Clinic	2010=88%, 2011=86%, 2012=88%, 2013=87%
• Parker Indian Health Center	FY 2010=18%, FY 2011=17%, FY 2012=17%, FY 2013=29%
• Peach Springs Health Center	FY 2010=10%, FY 2011=41%, FY 2012=21%, FY 2013=24%
• San Carlos Indian Hospital	2010=84%, 2011=85%, 2012=85%, 2013=88%
• Cibecue Clinic	2013=59%, 2012=56%, 2011=56%, 2010=55%
• Whiteriver Indian Hospital	2013=59%, 2012=56%, 2011=56%, 2010=55%
<b>Navajo Area IHS:</b>	
• Four Corners Regional Health Clinic	49%
<b>Tucson Area IHS:</b>	
• San Simon HC	2.8%
• Santa Rosa HC	69.5%
• Sells Hospital	51%
• San Xavier HC	58.3%
<b>638 Tribal Health Facilities</b>	
• Fort Defiance Health Center	56%
• Fort McDowell Clinic	Less than 1% of our overall budget
• Gila River Health Center	Gila River Health Care relies on the State Medicaid program, AHCCCS, for approximately 42% of the annual budget.
• Pascua Yaqui Tribe	50%
• Tuba City Regional HealthCare Center	Currently TCRHCC's Medicaid reimbursement is 37% of total reimbursements. Medicare is 20%; IHS is 27% and 3 <sup>rd</sup> party reimbursement is 16%. We expect the Medicaid reimbursements to rise to 47%, as a result of the Medicaid Restoration. Native Americans previously ineligible for AHCCCS are re-enrolled this year.
• Winslow Indian Health Care Center	For Winslow Indian Health Care Center, Medicaid payments represent approximately 40% of overall

	budget. Federal contracts are approximately 55% with Medicare and private insurance at approximately 5%.
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**QUESTION 2: *Have these supplemental payments allowed you to either maintain or increase your staffing (e.g., were you able to keep podiatrists on staff or increase the number of PCP's or Nurse Practitioners)?***

<b>FACILITY</b>	<b>RESPONSE</b>
<b>Phoenix Area IHS:</b>	
<ul style="list-style-type: none"> <li>Ft. Yuma Clinic</li> </ul>	We were able to retain 15 employees (two of which are Nurse Practitioners) with the supplemental payments.
<ul style="list-style-type: none"> <li>Hopi Health Care Center</li> </ul>	<ul style="list-style-type: none"> <li>Podiatry services were contracted through Tuba City Regional Health Care Center (TCRHCC) from Oct. 2011 to Sept. 2015 and were covered by supplemental payments at TCRHCC.</li> <li>Out of 9 Primary Care physicians, 2 salaries were paid with supplemental payments.</li> <li>Out of 6 Nurse Practitioners, 4 salaries were paid from supplemental payments.</li> <li>HHCC did not increase staff but were able to fill vacant positions with the supplemental payments.</li> </ul>
<ul style="list-style-type: none"> <li>Phoenix Indian Medical Center</li> </ul>	PIMC has been able to maintain 1 Podiatrist and 2 Dentists.
<ul style="list-style-type: none"> <li>Bylas Clinic</li> </ul>	About 90% of staffing is charged to Medicaid reimbursements; however, not to the supplemental payments.
<ul style="list-style-type: none"> <li>Parker Indian Health Center</li> </ul>	Parker Indian Health Center was able to retain the following staff: 1.5 Podiatrists, 9 PCPs, 0 NP
<ul style="list-style-type: none"> <li>Peach Springs Health Center</li> </ul>	Peach Springs Health Center was able to retain the following staff: 0 Podiatrists, 2 PCPs, 1 NP
<ul style="list-style-type: none"> <li>San Carlos Indian Hospital</li> </ul>	About 74% of staffing is charged to Medicaid reimbursements; however not to the supplemental payments.
<ul style="list-style-type: none"> <li>Cibecue Clinic</li> </ul>	The salaries of the Podiatrists, PCPs and NPs were not supported directly by the supplemental payments. However, the payments were used to offset a dramatic increase in costs to the Purchased/Referred Care (formerly Contract Health Services) Program for services no longer covered by AHCCCS.
<ul style="list-style-type: none"> <li>Whiteriver Indian Hospital</li> </ul>	The salaries of the Podiatrists, PCPs and NPs were not supported directly by the supplemental payments. However, the payments were used to offset a dramatic increase in costs to the Purchased/Referred Care (formerly Contract Health Services) Program for services no longer covered by AHCCCS.
<b>Navajo Area IHS:</b>	
<ul style="list-style-type: none"> <li>Four Corners Regional Health Clinic</li> </ul>	None at this time.
<b>Tucson Area IHS:</b>	
<ul style="list-style-type: none"> <li>San Simon Health Center</li> </ul>	<ul style="list-style-type: none"> <li>Maintain staffing for housekeeping and nursing. Without the nursing staff our specialty clinics such as podiatry and pediatric clinic would be a hardship for patient care.</li> <li>Housekeeping is a must to maintain Environment of Care which meets our credentialing requirements (under Joint</li> </ul>

	<p>Commission).</p> <ul style="list-style-type: none"> <li>•Currently there is no Physical Therapy at the San Simon Health Center patients must travel to Sells Hospital for PT care.</li> <li>•Podiatry Clinic is held only once a week, all other days, patient must travel to Sells Hospital or San Xavier Health Center.</li> <li>•There is no direct Orthotics service except via Podiatry orders.</li> <li>•There is no Audiology Clinic for hearing aids-patient must travel to a different location for these services.</li> <li>•Currently there is no Diabetic Educator (CDE) for Internal Medicine Clinic to support and educate patients on the use of insulin pumps.</li> <li>•Dental Clinic appointments are limited due to dental assistants (unfunded) shortage (to support two (2) dental officers positions).</li> <li>•There is a registered dietitian (Nutrition Clinic) twice a month.</li> </ul>
<ul style="list-style-type: none"> <li>• Santa Rosa Health Center</li> </ul>	<p>The Santa Rosa Health Center has been able to increase staffing through hiring a Social Worker Technician and a Medical Associate. SRHC will also benefit from the additional providers being hired at the Sells Hospital as they will provide coverage when needed. There are plans to increase SRHC optometry coverage.</p>
<ul style="list-style-type: none"> <li>• Sells Hospital</li> </ul>	<p>In FY 2014 Sells Indian Hospital approved hiring ; one (1) additional mid-level provider (PA/NP); one (1) additional Emergency Department physician; three (3) additional physicians for outpatient appointment clinic coverage; we set up, equipped and staffed one (1) additional same day appointment room; and added a “Pediatric Team”. Trained Optometry Technicians to perform ancillary testing; and, purchased pretest/posttest ancillary testing optometry equipment to standardize capabilities of ocular testing to preserve and protect eye sight at Sells (and Health Centers).</p>
<ul style="list-style-type: none"> <li>• San Xavier Health Center</li> </ul>	<p>The SXHC has been able to increase staffing through hiring a second same day (Physician Assistant) provider and Medical Assistant. We are also planning to increase pediatric coverage with the construction of 3-4 new exam rooms. There are also plans to increase out optometry coverage.</p>
<b>638 Tribal Health Facilities</b>	
<ul style="list-style-type: none"> <li>• Fort Defiance Health Center</li> </ul>	Maintained Podiatrist, PCPs, and Nurse Practitioners on staff.
<ul style="list-style-type: none"> <li>• Fort McDowell Clinic</li> </ul>	No impact
<ul style="list-style-type: none"> <li>• Gila River Health Center</li> </ul>	<p>Yes, we were not only able to keep all staff podiatrists, but because of our dire need for podiatric care, we were to add additional surgical podiatrist thanks to the 1115 Waiver Extension. The Podiatry Department had a total of 12,100 podiatry patients last year. Of those, approximately 10,000 of them were diabetic. There were 2,582 encounters with the diagnosis of “ulcer, infection, wound, or osteomyelitis”, all diagnoses possessing the highest risk to progress to major</p>

	<p>lower extremity amputation. We had a total of only 2 such amputations last year. Prior to the institution of the Podiatry/Amputation Prevention Program at Hu Hu Kam Memorial Hospital (1987) this reservation averaged just under 24 major lower extremity amputations/year (below or above the knee amputations). The level 2 represents a reduction of nearly 92%. The Podiatry Department has saved the hospital approximately \$500,000 annually by decreasing the amount of Contract Health Service dollars spent to send these patients to outside hospitals for diagnostic testing, inpatient stays, surgeries, and/or amputations. By keeping the entire course of treatment in-house, the overall “cost-to-treat and cost-to heal” is drastically reduced.</p>
<ul style="list-style-type: none"> <li>• Pascua Yaqui Tribe</li> </ul>	<ul style="list-style-type: none"> <li>◆The additional UCP funds allowed us to initially contract with the University of Arizona Medical Center for the provision of podiatry, cardiology, rheumatism, and neurology services on the reservation rather than referring patients off reservation. By having the clinics on the reservation, patients showing up for their appointments increased by 60%. As a result of this association with the University, we were able to recruit one of their Podiatry Fellows. This will allow us to provide podiatry services 5 days a week instead of 2 days a week.</li> <li>•In addition, UCP funds allowed us to implement a wound clinic on the reservation.</li> <li>•The UCP also allowed us to integrate the provision of medical services in our Methadone Clinic with a Tribal Nurse Practitioner (NP). This has allowed us to catch the methadone patients when they are in the Clinic for dosing and make referrals for case management or specialty care. Our methadone patients are a very high risk population.</li> <li>•Another position we were able to establish is a Pharmacist position to allow us to better manage our psychotropic medication management program, 340b program, and our Tribal formulary. In addition, we were able to continue to fund another Pharmacist position to work with our Diabetic population by case managing their medication. A recent audit showed that for the first time there is a slight reduction in A1c among our sample population.</li> </ul>
<ul style="list-style-type: none"> <li>• Tuba City Regional Health Center</li> </ul>	<p>Tuba City Regional Health Care Center has been able to maintain staffing and hire only essential life safety positions to current date due to the Waiver extension of only one year compounded with Sequestration. The Tribal Waiver’s podiatry benefit has enabled TCRHCC to continue the First Nations Podiatric Residency, which is the first residency of its kind in the United States. The expiration of the Tribal Waiver benefit supplemental payments has caused concern that TCRHCC may not be able to continue the Podiatric Residency Program with Midwestern University.</p>

<ul style="list-style-type: none"> <li>• Sacred Peaks Health Clinic (Satellite clinic of Tuba City Regional HCC)</li> </ul>	SPHC has been able to maintain staffing and hire only essential life safety positions to current date due to the Waiver extension of only one year compounded with Sequestration.
<ul style="list-style-type: none"> <li>• Winslow Indian Health Center</li> </ul>	The supplemental payments have enabled us to maintain our staff particularly in the Dental Department for the emergency Dental Care, as well as our podiatry services.

**QUESTION 3: What service reductions were you prepared to make at your facility dues to recent AHCCCS benefit reductions?**

<b>FACILITY</b>	<b>RESPONSE</b>
<b>Phoenix Area IHS:</b>	
<ul style="list-style-type: none"> <li>• Ft. Yuma Clinic</li> </ul>	Potential changes included the reduction or elimination of transportation services.
<ul style="list-style-type: none"> <li>• Hopi Health Care Center</li> </ul>	None
<ul style="list-style-type: none"> <li>• Phoenix Indian Medical Center</li> </ul>	Fortunately, this difficult decision did not need to be made. However, if necessary, Podiatry and Dental services reductions would have needed to be considered. If necessary, PIMC was prepared to freeze the hiring of new staff due to reductions or restrictions.
<ul style="list-style-type: none"> <li>• Bylas Clinic</li> </ul>	No direct care services were reduced due to the recent AHCCCS Benefit Reductions.
<ul style="list-style-type: none"> <li>• Parker Indian Health Center</li> </ul>	None
<ul style="list-style-type: none"> <li>• Peach Springs Health Center</li> </ul>	None
<ul style="list-style-type: none"> <li>• San Carlos Indian Hospital</li> </ul>	No direct care services were reduced due to the recent AHCCCS benefit reductions.
<ul style="list-style-type: none"> <li>• Cibecue Clinic</li> </ul>	Potential changes included the closure of Cibecue Clinic, reducing the number of inpatient beds and decreasing the number of clinic appointments.
<ul style="list-style-type: none"> <li>• Whiteriver Indian Hospital</li> </ul>	Potential changes included the closure of Cibecue Clinic, reducing the number of inpatient beds and decreasing the number of clinic appointments.
<b>Navajo Area IHS:</b>	
<ul style="list-style-type: none"> <li>• Four Corners Regional Health Clinic</li> </ul>	None at this time
<b>Tucson Area IHS:</b>	
<ul style="list-style-type: none"> <li>• San Simon HC</li> </ul>	We have reduced services for dental, social services and there have been clinic cancellations due to PCP and NP staff shortages. The San Simon Health Center is a fairly new facility which opened in 2008. The overall H&C budget covers approximately 83% of budget, with supplementation from Medicaid, Medicare and Private insurance collections. There are currently nine (9) "UNFUNDED" positions created under the original Organizational Listing that do not have a funding source. Of the nine (9) unfunded positions, there are six (6) positions (67%) that are direct patient care and ancillary patient care.
<ul style="list-style-type: none"> <li>• Santa Rosa HC</li> </ul>	Direct services through IHS were not impacted. Like other Tucson Area facilities, Santa Rosa Health Center's recent

	benefit (and eligibility) reductions had a negative effect on our contract health services (CHS) budget. Historically the Tucson Area facilities were able to offer priority 1 (Emergent/Acutely Urgent Care), 2 (Preventive) and 3 (Primary and Secondary Care) care services. In 2013 the Tucson area was only able to pay for priority 1 levels of service.
<ul style="list-style-type: none"> <li>Sells Hospital</li> </ul>	The Sells Indian Hospital would maintain direct care services. However, appointment slots would be limited resulting in increased ED visits here and at other non-IHS facilities. We limited referrals to priority one (1) due to the demands on the on our contract health services (CHS) budget. Historically the Tucson Area facilities were able to offer priority 1 (Emergent/Acutely Urgent Care), 2 (Preventive) and 3 (Primary and Secondary Care) care services. In 2013 the Tucson area was only able to pay for priority 1 levels of service. We also trained nurses to perform podiatry screening exams.
<ul style="list-style-type: none"> <li>San Xavier HC</li> </ul>	Direct services through IHS were not impacted however; the recent benefit (and eligibility) reductions had a negative effect on our contract health services (CHS) budget. Historically the Tucson Area facilities were able to offer priority 1 (Emergent/Acutely Urgent Care), 2 (Preventive) and 3 (Primary and Secondary Care) care services. In 2013 the Tucson area was only able to pay for priority 1 levels of service. The uncompensated payments augmented the CHS budget shortage.
<b>638 Tribal Health Facilities</b>	
<ul style="list-style-type: none"> <li>Fort Defiance Health Center</li> </ul>	No reduction in service, was able to maintain services
<ul style="list-style-type: none"> <li>Fort McDowell Clinic</li> </ul>	None
<ul style="list-style-type: none"> <li>Gila River Health Center</li> </ul>	Since the demand for podiatry/amputation prevention services is in such high demand, a reduction in podiatrist FTE's were not considered, we were, however, willing to decrease the amount of the departmental expenses by \$150,000.00. However, it should be noted that without the Waiver funding a long term strategy may have been to reduce both the professional and support staff of the Podiatry Department. We are grateful for our patient's health care needs that we did not have to face such a difficult decision.
<ul style="list-style-type: none"> <li>Pascua Yaqui Tribe</li> </ul>	<ul style="list-style-type: none"> <li>a. Reduce dental services to just emergencies</li> <li>b. Reduce our podiatry services to emergencies only</li> <li>c. Deny payments for in-patients stays over the 25 day limit.</li> </ul>
<ul style="list-style-type: none"> <li>Tuba City Regional Health Center</li> </ul>	<p>TCRHCC had no choice but to prepare to make service reductions in the following areas:</p> <ul style="list-style-type: none"> <li>• Podiatry services with increased amputations, reduced</li> <li>• Emergency Dental Services</li> <li>• Reduction of Primary Care</li> <li>• Diabetes clinical medicine/Health Promotions Diabetes Prevention Programs</li> <li>• Rehab Service</li> <li>• DME, orthotics, prosthetics</li> </ul>



<ul style="list-style-type: none"> <li>• Sacred Peaks Health Clinic (Satellite clinic of Tuba City Regional HCC)</li> </ul>	<ul style="list-style-type: none"> <li>• Well dental care</li> <li>• Public Health Nursing</li> <li>• Regional Trauma Center capacity, other life-threatening illnesses.</li> <li>• Elimination of Specialty Consultant Clinics at neighboring I.H.S. Health Facilities within and near NAIHS including: <ul style="list-style-type: none"> <li>○ Podiatry</li> <li>○ Surgery</li> <li>○ Orthopedics</li> <li>○ Women’s Health</li> <li>○ Obstetrics</li> </ul> </li> </ul> <p>SPHC had no choice but to prepare to make service reductions in the following areas:</p> <ul style="list-style-type: none"> <li>○ Podiatry services with increased amputations, reduced</li> <li>○ Reduction of Primary Care</li> <li>○ Diabetes clinical medicine/Health Promotions Diabetes Prevention Programs</li> <li>○ Rehab Service</li> <li>○ DME, orthotics, prosthetics</li> <li>○ Regional Trauma Center capacity, other life-threatening illnesses.</li> <li>○ Elimination of Specialty Consultant Clinics at neighboring I.H.S. Health Facilities within and near NAIHS including Podiatry</li> </ul>
<ul style="list-style-type: none"> <li>• Winslow Indian Health Center</li> </ul>	<p>We would have had to eliminate our walk-in dental access, and we would have ended our podiatry clinic, which has been very cost-effective in preventing amputations for our diabetic patients. The greatest impact to our facility regarding benefit reductions was in the area of Childless Adults. This is a fairly significant portion of our population and ultimately we would have had to reduce services to all of our population had we not been able to be reimbursed for that population.</p>

**QUESTION 4: How have these supplemental payments allowed you to either maintain or increase your service levels or types (e.g., are you able to continue to offer adult dental services or podiatry)?**

FACILITY	RESPONSE
Phoenix Area IHS:	
<ul style="list-style-type: none"> <li>• Ft. Yuma Clinic</li> </ul>	<p>Fort Yuma Clinic has been able to maintain the following services: 65-Podiatrist visits, 35-Preventative visits, 40-Emergency Dental visits, 28-Physical Therapy visits.</p>
<ul style="list-style-type: none"> <li>• Hopi Health Care Center</li> </ul>	<p>Hopi Health Care Center has been able to maintain the following services: 2525-Emergency Dental Services, 880-Podiatrist services, 641-Well Exams, 104-Physical Therapy visits.</p>

<ul style="list-style-type: none"> <li>Phoenix Indian Medical Center</li> </ul>	<p>Number of services provided 4/6/2012 through 4/6/2014: 4547-Emergency Dental Care, 891-Services provided by a Podiatrist, 1226-Well Check Exams, 0-Outpatient Physical therapy, limit 15 visits per year, 494-days Inpatient limit to 25-days per year (claiming for this ends 10-1-14), Podiatry and Adult Dental services were able to continue as previous.</p>
<ul style="list-style-type: none"> <li>Bylas Clinic</li> </ul>	<p>Bylas Clinic has been able to maintain services levels for childless adults as follows: 57-Well Exams, 235-Emergency Dental, 99-Podiatry, 391-Total visits, 1602-Total non-Medicaid eligible childless adults.</p>
<ul style="list-style-type: none"> <li>Parker Indian Health Center</li> </ul>	<p>Parker Indian Health Center has been able to maintain the following services; 600-Podiatrist visits for AHCCCS members, 360-Emergency Dental visits, 288-Physical Therapy visits, 168-Well Exams.</p>
<ul style="list-style-type: none"> <li>Peach Springs Health Center</li> </ul>	<p>Peach Springs Health Center has been able to maintain the following services: 65-Podiatrist visits, 35-Preventative visits 40-Emergency dental visits, 28-Physical Therapy visits.</p>
<ul style="list-style-type: none"> <li>San Carlos Indian Hospital</li> </ul>	<p>San Carlos Indian Hospital has been able to maintain service levels for childless adults as follows: 229-Well Exams, 1721 Emergency Dental, 604-Podiatry, 2554-Total Visits, 8879-Total non-Medicaid Eligible Childless Adults.</p>
<ul style="list-style-type: none"> <li>Cibecue Clinic</li> </ul>	<p>Supplemental payments were used to offset Purchased/Referred Care (PRC). The following services were also maintained: 456-Podiatrist Visits, 0-Well Exams, 1829-Emergency Dental, 2646-Physical Therapy, 12-Inpatient</p>
<ul style="list-style-type: none"> <li>Whiteriver Indian Hospital</li> </ul>	<p>Supplemental payments were used to offset Purchased/Referred Care (PRC). The following services were also maintained: 456-Podiatrist Visits, 0-Well Exams, 1829-Emergency Dental, 2646-Physical Therapy, 12-Inpatient</p>
<b>Navajo Area IHS:</b>	
<ul style="list-style-type: none"> <li>Four Corners Regional Health Clinic</li> </ul>	<p>None, adult dental services are non-covered and podiatry is considered not a medical necessity.</p>
<b>Tucson Area IHS:</b>	
<ul style="list-style-type: none"> <li>San Simon HC</li> </ul>	<p>Able to maintain hours of operation (nursing &amp; housekeeping), expansion of services is also depended on the services we receive from Sells Hospital, such as Podiatry, Pediatrics, Nutrition. Currently we are using a contractor for:</p> <ul style="list-style-type: none"> <li>medical laboratory services;</li> <li>personnel assigned to SSHC for Medical Imaging (due to SL-staff shortage);</li> <li>Nursing</li> </ul>
<ul style="list-style-type: none"> <li>Santa Rosa HC</li> </ul>	<p>The SRHC patients currently travel to Sells Indian Hospital for dental and physical therapy service. Podiatry services are provided once a week. These supplemental payments allow us to continue to provide service on those days when short staffed through provider coverage from Sells Indian Hospital.</p>
<ul style="list-style-type: none"> <li>Sells Hospital</li> </ul>	<p>The Sells Indian Hospital was able to maintain adult dental, podiatry and physical therapy services. We replaced our contracted one-day a week ultrasound services with in-house</p>

	five days a week ultrasound services. Purchased a new podiatry chair; and, set up eye-screening services performed by technicians at Sells Indian Hospital (and at the three Health Centers) which allows for increased Optometrist appointments.
<ul style="list-style-type: none"> <li>• San Xavier HC</li> </ul>	The SXHC was able to maintain adult dental, podiatry and physical therapy services.
<b>638 Tribal Health Facilities</b>	
<ul style="list-style-type: none"> <li>• Fort Defiance Health Center</li> </ul>	Maintained and continued services for adult dental services and podiatry services
<ul style="list-style-type: none"> <li>• Fort McDowell Clinic</li> </ul>	No changes to services.
<ul style="list-style-type: none"> <li>• Gila River Health Center</li> </ul>	To date, (April 2014) we have seen over 29% more patient's year over year since 2013 due to the addition of our surgical podiatrist. The Podiatry Department is on course to see 15,000 podiatry patients this year (compared to 12,100 FY 13). We have experienced only one major lower extremity amputation this FY. (6+months)
<ul style="list-style-type: none"> <li>• Pascua Yaqui Tribe</li> </ul>	The additional monies allowed a further scope of dental services far beyond the "welfare, rudimentary services" as provided in urban settings and prison care. These dollars allowed for extra staffing of contract practitioners to perform an array of dental services beyond temporization and extraction of teeth that have been saved as a result. These services are vital in upholding quality of care and quality of life to our members of the Pascua Yaqui Tribe of Arizona. The concept of preventative care and the seeking of such services were all possible with the influx of dollars. To provide only emergency dental care on the Tribal members we serve is not quality of care.
<ul style="list-style-type: none"> <li>• Tuba City Regional Health Center</li> </ul>	TCRHCC has been able to maintain all services listed above with the essential assistance of the supplemental payments under the Demonstration 11115 Waiver. Both Dental and Podiatry services have been supported in these supplemental payments and are a continued service at TCRHCC. We have been able to continue supporting Podiatry clinics at Hopi Health Care (HHC) and Winslow Health Care (WHC), I.H.S. facilities, where 1,500 patients have been seen since January, 2014. Our Podiatry encounters have steadily increased from 2012 to 2014 at TCRHCC, including our Flagstaff Sacred Peaks clinic, HHC, and WHC. Without these supplemental payments, reduction in this services and the other cited above would have been cut.
<ul style="list-style-type: none"> <li>• Sacred Peaks Health Clinic (Satellite clinic of Tuba City Regional HCC)</li> </ul>	SPHC has been able to maintain services with the essential assistance of the supplemental payments under the Demonstration 11115 Waiver. Podiatry services have been supported in these supplemental payments and are a continued service. Our Podiatry encounters have steadily increased from 2012 to 2014 at SPHC. We have also been able

	to continue supporting Podiatry clinic services at Hopi Health Care (HHC) and Winslow Health Care (WHC), I.H.S. facilities, where 1,500 patients have been seen since January, 2014 by our Podiatrists. Without these supplemental payments, reduction in these services and the others cited above would have been cut.
<ul style="list-style-type: none"> <li>Winslow Indian Health Center</li> </ul>	The primary area impacted and which has allowed us to maintain a full-service program are the Dental Emergency Care and podiatry services. We barely balanced our overall budget last year, and couldn't have maintained these programs without the supplemental payments.

**QUESTION 5: *Have you been able to maintain or expand your hours of operation at your facility as a result of these supplemental? If yes, please explain.***

<b>FACILITY</b>	<b>RESPONSE</b>
<b>Phoenix Area IHS:</b>	
<ul style="list-style-type: none"> <li>Ft. Yuma Clinic</li> </ul>	Hours of operation have been maintained, i.e. Monday-Friday 8am-5pm. The supplemental payments enabled Fort Yuma Clinic to retain existing patient service lines.
<ul style="list-style-type: none"> <li>Hopi Health Care Center</li> </ul>	Hours of operation have been maintained. HHCC did not expand hours during this timeframe.
<ul style="list-style-type: none"> <li>Phoenix Indian Medical Center</li> </ul>	PIMC was unable to expand hours of operation at the facility as a result of the supplemental payments.
<ul style="list-style-type: none"> <li>Bylas Clinic</li> </ul>	The hours of operations have been maintained as follows: Monday through Friday, 8:00 am to 5:00 pm.
<ul style="list-style-type: none"> <li>Parker Indian Health Center</li> </ul>	Hours of operation have been maintained. Parker Indian Health Center did not expand hours during this timeframe.
<ul style="list-style-type: none"> <li>Peach Springs Health Center</li> </ul>	Hours of operation have been maintained. Peach Springs Health Center did not expand hours during this timeframe.
<ul style="list-style-type: none"> <li>San Carlos Indian Hospital</li> </ul>	The hours of operations have been maintained as follows: Outpatient Clinic -Monday through Friday, 8:00 am to 5:00 pm and Emergency Department - 24/7.
<ul style="list-style-type: none"> <li>Cibecue Clinic</li> </ul>	Hours of operation were maintained.
<ul style="list-style-type: none"> <li>Whiteriver Indian Hospital</li> </ul>	Hours of operation were maintained.
<b>Navajo Area IHS:</b>	
<ul style="list-style-type: none"> <li>Four Corners Regional Health Clinic</li> </ul>	Not applicable
<b>Tucson Area IHS:</b>	
<ul style="list-style-type: none"> <li>San Simon HC</li> </ul>	The SSHC was able to maintain the facilities Monday – Friday, 8am to 5 pm schedule.
<ul style="list-style-type: none"> <li>Santa Rosa HC</li> </ul>	The SRHC was able to maintain hours of operation. Expansion of services here at SRHC depends on services received from Sells Indian Hospital for example Podiatry, Pediatrics, and Nutrition.
<ul style="list-style-type: none"> <li>Sells Hospital</li> </ul>	The Sells Indian Hospital was able to maintain hours of operation and increase same-day appointments by 24 patients by adding a room, provider and equipment. We have implemented 24/7 pharmacy service which enhances patient

	safety and allows patients to pick up medication and fill prescriptions here in Sells instead of at distant commercial pharmacies. Pharmacy 24-hour services include responding to medical emergencies; dispensing prescriptions for ER patients; and, processing inpatient admission orders.
<ul style="list-style-type: none"> <li>• San Xavier HC</li> </ul>	The SXHC was able to maintain the facilities Monday – Friday, 8am to 5 pm schedule.
<b>638 Tribal Health Facilities</b>	
<ul style="list-style-type: none"> <li>• Fort Defiance Health Center</li> </ul>	Maintained hours of operation
<ul style="list-style-type: none"> <li>• Fort McDowell Clinic</li> </ul>	No changes to hours
<ul style="list-style-type: none"> <li>• Gila River Health Center</li> </ul>	<p>Yes, the Podiatry Department increased their hours of operations from 8AM-5PM daily to 7AM-7PM due to the increase of staff.</p> <p>Summary: This hospital exists by treating a patient population with the highest documented rates of Type II Diabetes in the world. Prior to the establishment of the Podiatry Program, the Gila River Indian Community also experienced one of the highest rates of major lower extremity amputation rates in the world. Podiatrists, with their surgical and wound care training and skills are the only barriers standing in the way of another wave of amputations on this reservation. This program is much too vital to limit funding.</p> <p>As indicated in our responses to the survey questions our main impact in response to the CMS Waiver need relates to our Podiatry Department. However, the following should be noted about the Outpatient Physical Therapy Limit of 15 visits per contract year. On average 40% of our AHCCCS Physical Therapy patients exceed the 15 limited visits. Because of our true commitment to patient care, regardless of payment reimbursement we continue the patient’s treatment plan until the patient is discharged. Our historical data is indicating that that number of visits per contract year frequently is between 15.65 to 21.00 days; which of course exceed the mandated 15 days. Below are the typical reasons that patients would be seen greater than 15 visits:</p> <p><u>Typical reasons Gila River Health Care Physical Therapy patients would be seen greater than 15 visits are:</u></p> <ul style="list-style-type: none"> <li>-- Medically complex: many of our patients have multiple co-morbidities such as diabetes, end stage renal disease on hemodialysis, diabetic neuropathy, morbid obesity, multiple trauma, as well as a host of rheumatologic conditions. These issues can cause the rehab process to take longer periods of time.</li> <li>-- Failed conservative treatment that included Physical Therapy which eventually progressed to surgical intervention and then required post-operative rehab</li> <li>-- Failed surgical procedures requiring multiple bouts of post-</li> </ul>

	operative rehab/Physical Therapy -- Multiple diagnoses in one year: ex. patients with bilateral knee replacements in the same year, Ankle fracture and then a CVA.
<ul style="list-style-type: none"> <li>• Pascua Yaqui Tribe</li> </ul>	Allowed us to expand our Pharmacy hours.
<ul style="list-style-type: none"> <li>• Tuba City Regional Health Center</li> <li>• Sacred Peaks Health Clinic (Satellite clinic of Tuba City Regional HCC)</li> </ul>	TCRHCC has been able to maintain hours of operation at our facility. We have been unable to expand hours of operation because of the level of supplemental reimbursement coupled with Sequestration and our higher scope of services as a regional medical center.  SPHC has been able to maintain hours of operation. We have been unable to expand hours of operation because of the level of supplemental reimbursement coupled with Sequestration.
<ul style="list-style-type: none"> <li>• Winslow Indian Health Center</li> </ul>	We have been able to maintain our hours of operation. We operate 16 hours a day, as an out-patient facility.