

November 17, 2015

Tribal Affairs
Centers for Medicare & Medicaid Services

RE: Arizona comments re Medicaid Services ‘received through’ an Indian Health Service/Tribal Facility

Dear Tribal Affairs Workgroup:

The Arizona Health Care Cost Containment System (AHCCCS), Arizona’s single State Medicaid agency, appreciates the opportunity to provide comments to the proposed policy updates concerning circumstances when 100% federal funding would be available for services furnished to Medicaid-eligible American Indian and Alaska Native individuals through Indian Health Service (IHS) or Tribal facilities.

AHCCCS provides health care coverage for a considerable percentage of Arizona’s American Indian population and it is critical that policies allow for locally relevant and culturally appropriate approaches to important issues. AHCCCS has partnered with Arizona’s Tribes to accomplish a number of initiatives and achievements throughout the years through flexibility within the 1115 Waiver.

Overall, Arizona supports the proposed policy updates and appreciates the clarification provided and requests that states and facilities have maximum flexibility to operate their programs. Below are recommendations and specific points for CMS consideration:

Modification #1 (Second Condition):

- Arizona supports interpreting a “service received through an IHS/Tribal facility” as any services within the Medicaid State Plan benefit category, not just facility services; however, Arizona requests that the guidance clarify services provided through an IHS/Tribal facility also include any services covered through a 1915 or 1115 Waiver.
- CMS should give states flexibility to claim, as an administrative expense, costs associated with a Tribal Non-Emergency Medical Transportation broker at 100 percent FMAP.

Modification #2 (Third Condition):

- Arizona supports expanding the meaning of a contractual agent. However, facilities should be given flexibility to work with states and contractual agents on the best way to ensure responsibility for the provision of services. Without the flexibility to collaboratively establish such standards, the State is concerned that it will be difficult to ensure that a compliant contract exists between the IHS/Tribal facility and the contract provider for purposes of claiming FMAP at 100 percent.
- Requiring the IHS/Tribal facility to update the facility medical records with information from the contracted care provider should be optional as such requirements could be administratively burdensome and difficult to operationalize for facilities.

Modification #3 (Fourth Condition):

- Arizona supports including options for how the provision of services will be billed but such options should be manageable for both facilities and states who administer payments.

Modification #4 (Applicability to Fee-For-Service):

- As more states look to create value based purchasing incentives, CMS should consider how this policy can be structured to include I.H.S and 638 facilities.-including case management and care coordination
- CMS should provide clarification of what constitutes a “facility” service – particularly OP hospital and FQHC - since, under the proposed interpretation, only facility services are eligible for payment at the AIR. The regulatory definitions of OP and FQHC overlap with other State Plan services.

Modification #5 (Applicability to Managed Care):

- AHCCCS urges CMS to continue to provide states, like Arizona, with flexibility through 1115 Waivers with respect to alternate means of meeting the objectives of section 1932(h) regarding services to Indian enrollees.

AHCCCS has over 33 years of Medicaid managed care experience and serves as a model of the benefits of managed care, having achieved considerable recognition and national attention over the decades through the innovative practices, design, and flexibility of its comprehensive health care delivery system. States should continue to be afforded the flexibility to have discretion to work with their tribal partners to determine what works best for their programs.

Once again, we greatly appreciate this opportunity to comment and provide Arizona’s perspective regarding these policies. Please contact my office if you have any questions or concerns.

Sincerely,



Thomas J. Betlach
Director

cc: Jessica Woodward, CMS
Brian Zolynas, CMS