



NATIONAL ACADEMY
FOR STATE HEALTH POLICY

Engaging Tribal Populations to Improve Oral Health Care Access in Arizona

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Improving access to oral health care is important for Indigenous populations who face [stark inequities in care and outcomes](#). A 2021 [report](#) by the U.S. Department of Health and Human Services, “[Oral Health In America: Advances and Challenges](#),” explains that American Indian and Alaska Native (AI/AN) populations face the following barriers to dental care:

- Geographic isolation
- Chronic shortage of dentists within the Indian Health Service (IHS), which creates difficulties in accessing routine and preventive dental care, and
- Underfunding of oral health care services provided through the IHS, resulting in a need to concentrate on providing basic emergency care services.

Indeed, [almost half](#) of AI/AN children have untreated dental caries compared to just 17% of the general U.S. population in this age group. Additionally, according to 2019 Census data, the AI/AN population continues to have the highest uninsured rate compared to other populations.

There are 22 federally recognized tribes in Arizona, and AI/AN populations comprise about 6.3 percent of the state’s population. Analysis of 2017 data [found](#) that AI/AN persons in Arizona were more likely to consume sugar-sweetened beverages and have diabetes or hypertension compared to White persons. This suggests that culturally tailored public health approaches are needed to reduce risk factors and chronic diseases among AI/AN populations in addition to policies to increase access among historically marginalized populations. As experience from Arizona shows, states can take steps to improve dental care access and oral health among tribal populations by leveraging tribal consultation policies and dedicating staff to support regular engagement with tribal leadership and community members.

This is a part of a series on engagement of tribes in state Medicaid oral health policy. To learn about Oklahoma’s work, [read the fact sheet](#).

What is the Indian Health Service and how are services reimbursed?

IHS is a health care delivery system that serves 2.6 million AI/AN individuals who belong to 574 federally recognized tribes in 37 states, regardless of insurance status.

IHS services are delivered through a system of federally run, tribally run, and Urban Indian health programs. Tribes [administer](#) Tribal Contract or Compact Health Centers (also known as Tribal 638 Facilities), and the IHS directly administers the remaining programs that tribes have chosen not to run.

IHS providers are authorized to bill third-party payers and collect reimbursements from third-party payers, including Medicaid (by the [Indian Health Care Improvement Act](#), made permanent by the ACA).

State expenditures for eligible Medicaid-covered services provided to AI/AN Medicaid beneficiaries by IHS federal or tribally run facilities can be reimbursed at a rate of 100 percent Federal Medical Assistance Percentage (FMAP).

The American Rescue Plan Act (ARPA) temporarily authorized a 100 percent FMAP for eight fiscal quarters beginning April 1, 2021, for Medicaid services provided by Urban Indian Organizations that have grants or contracts with IHS.

Arizona Medicaid – Improving Oral Health Through Tribal Consultation

Arizona’s Medicaid program has taken steps to address barriers to dental services and improve the oral health and overall health of tribal populations through dedicated staff and regular engagement with tribes per their tribal consultation policy. Arizona, like several other states, is subject to federal tribal consultation requirements. Tribal consultation seeks to ensure that tribal leaders, the IHS, and 638 and Urban Indian organization leaders are included in government-to-government discussions with state or federal governments. Section 5006 of the [American Recovery and Reinvestment Act of 2009](#) (ARRA) requires states in which one or more Indian health programs or urban Indian organizations provide health care services to establish a process for



Federally Recognized Tribes in Arizona

- Ak-Chin Indian Community
- Cocopah Indian Tribe
- Colorado River Indian Tribes
- Fort McDowell Yavapai Nation
- Fort Mojave Indian Tribe
- Gila River Indian Community
- Havasupai Tribe
- Hopi Tribe
- Hualapai Tribe
- Kaibab Band of Paiute Indians
- Navajo Nation
- Pascua Yaqui Tribe
- Pueblo of Zuni
- Quechan Indian Tribe
- Salt River Pima-Maricopa Indian Community
- San Carlos Apache Tribe
- San Juan Southern Paiute
- Tohono O’odham Nation
- Tonto Apache Tribe
- White Mountain Apache Tribe
- Yavapai-Apache Nation
- Yavapai-Prescott Indian Tribe

the state Medicaid agency to seek advice on a regular basis from IHS, tribally operated, and urban programs. [States](#) are required to submit this process as a state plan amendment (SPA) for approval by the Centers for Medicare and Medicaid Services (CMS). [HHS](#) and [CMS](#) also have tribal consultation policies.

Each state agency in Arizona must employ a Tribal Liaison and adhere to a tribal consultation policy per [statute](#). Tribal Liaisons in each state agency collaborate and coordinate on mutual strategies through the [Governor's Office on Tribal Relations](#). Tribal Liaisons may also serve on other state entities or councils, such as the Arizona [Advisory Council on Indian Health Care](#). Arizona's Medicaid program, Arizona Health Care Cost Containment System (AHCCCS), has a unique [tribal consultation policy](#) that provides opportunities for regular communication and programmatic and policy review with [input](#) from tribal leaders and their IHS, 638, and Urban Indian Organization counterparts. [84 percent](#) of Arizona's Medicaid members are enrolled in a managed care health plan, while the majority of fee-for-service enrollees identify as AI/AN. The [Tribal Liaison](#) in AHCCCS's Division of Community Advocacy and Intergovernmental Relations engages in regular communication with IHS and tribal-operated facilities. Tribal Liaisons work with tribes in Arizona, tribally operated health programs, urban Indian health organizations, and the IHS to serve as advocates and points of contact for health care issues affecting AI/AN AHCCCS members. AHCCCS-contracted health plans are also required to staff an individual to serve as a "Tribal Coordinator" to support AI/AN members enrolled in a managed care plan.

AHCCCS typically holds four tribal consultations a year, where discussion focuses on community-driven agenda items and other required topics, such as state plan amendments (SPAs) and waiver proposals. During the COVID-19 pandemic, these meetings began taking place monthly. This regular engagement allows for communication and bidirectional feedback between tribal leadership and AHCCCS on important issues affecting AI/AN persons.

Community Engagement on Oral Health

The AHCCCS Division of Community Advocacy and Intergovernmental Relations' [Office of Individual and Family Affairs](#) (OIFA) regularly engages community members via [forums](#), hot topics meetings, weekly newsletters, one-pagers communicating policy language, and community review processes. When a topic arises that pertains to a specific population subgroup, OIFA staff engage representatives from that population. OIFA is also charged with educating individuals on the public comment process to support them in becoming advocates

IHS and tribal-operated facilities consistently engage AHCCCS on topics such as oral health workforce, access to dentists, and minimally invasive care like dental sealants. Feedback from and collaboration with the [Inter Tribal Council of Arizona](#) led to the inclusion of a proposed expanded benefit, subject to approval from CMS, in [Arizona's 1115 Waiver Renewal](#). Currently, there is a \$1000 cap on emergency dental services that can be reimbursed through Medicaid, but, if approved, this amendment would give AHCCCS the "authority to reimburse IHS and Tribal 638 facilities to cover the cost of adult dental services that are eligible for 100 percent FFP [Federal Financial Participation], that are in excess of the \$1,000 emergency dental limit for adult members in Arizona's State Plan and the \$1,000 dental limit for individuals age 21 or older enrolled in the ALTCS [Arizona Long Term Care System] program." As part of the tribal consultation process, community members proposed language to include in this 1115 amendment, and AHCCCS worked to operationalize this language and fit it into state requirements.

AHCCCS

[covers](#) these dental services for all Medicaid members, including members of the American Indian Health Program and/or Tribal Regional Behavioral Health Authorities.

- Services for children under 21 years of age include: check-ups and sealants (prevention against cavities); emergency dental services; and all medically necessary therapeutic dental services, including fillings.
- Services for adults 21 years of age and over include: medical and surgical services furnished by a dentist only to the extent that such services: are emergency dental services, up to an \$1,000 annual limit; or are medically needed treatments prior to a transplant or cancer treatments (cancer of the jaw, neck, or head).

Conclusion

Deep historical inequities exist in oral health care access for AI/AN populations. As a result, it is critical to include AI/AN leadership in health policy decision-making processes. As Arizona experience shows, integrating engagement with tribal government entities into routine Medicaid administrative activities can help state Medicaid programs take steps to meet the oral health needs of AI/AN persons.

Note on language: Arizona agencies use the terms “American Indian or Alaska Native” because American Indian tribes and Alaska Native corporations/people hold a unique government-to-government relationship with the United States and are the only federally recognized political minority in the United States. While the terms “American Indian or Alaska Native,” “tribal populations,” and “Indigenous populations” are used here to describe people with different tribal affiliations, there are [limitations](#) to using this terminology interchangeably. When referring to a specific tribe, it is [best practice to use their preferred term](#). This publication uses the term American Indian and Alaska Native (AI/AN), but the authors recognize many members may prefer different terms.

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