

AHCCCS New Waiver Application: Community Forums Summaries

The Arizona Healthcare Cost Containment System (AHCCCS) held public forums regarding Arizona’s 1115 waiver proposals. Public forums were held in four locations, Phoenix, Flagstaff, Tucson, and Yuma, between August 18 and August 26. Participants were provided the opportunity to comment and ask questions about Arizona’s proposed waiver. Participants were provided with speaker slips and comments could be provided verbally or in writing. The following is a summary of questions and comments from the public and Agency’s responses during the forums. The summary is divided into five major sections: (1) Modernizing Arizona Medicaid, the AHCCCS CARE Program; (2) Legislative Partnership; (3) Delivery System Reform Incentive Payment (DSRIP); (4) American Indian Medical Home; and (5) Building upon the Past. The questions under each section are organized by subjects such as member eligibility, member cost sharing, work requirements, etc.

I. Modernizing Arizona Medicaid: The AHCCCS CARE Program

➤ Member Eligibility:

	Name/Organization	Question	Response
1.	AHCCCS Member, Flagstaff	Does the AHCCCS CARE program apply to elderly members over 65 years old?	No, AHCCCS CARE does not apply to members over the age of 65.
2.	Arizona Council for Human Service Providers, Phoenix	Which AHCCCS CARE provisions are applicable to persons with serious mental illness (SMI)?	AHCCCS CARE does not apply to members with SMI. Participation in AHCCCS CARE is optional for persons with SMI.
3.	Community Clinic Provider, Phoenix	Does the AHCCCS CARE program apply to all adults including GMH/SA (General Mental Health and Substance Abuse) population?	Yes, the AHCCCS CARE program is for all adults in the New Adult Group – Prop. 204 childless adults 0-100% FPL and expansion adults 100-133% FPL.
4.	AHCCCS Member, Phoenix	Does the AHCCCS CARE apply to members with disabilities?	AHCCCS CARE does not apply to people who have already been determined as disabled – e.g., ALTCS members, SSI-MAO, Freedom to Work.
5.	Arizona Hospital and Healthcare Association, Phoenix	Can you clarify for which populations the AHCCCS Care program will be mandatory?	All adults in the New Adult Group (Prop. 204 childless adults 0-100% FPL and expansion adults 100-133% FPL), unless otherwise exempt (e.g., persons with SMI).
6.	Pima Council on Aging, Tucson	Please take into account family caregivers who are caring for older	Noted.

	Name/Organization	Question	Response
		adults at home. We must ensure that those individuals do not lose AHCCCS coverage.	
7.	Family Caregiver, Tucson	What populations are impacted by the AHCCCS CARE program?	All adults in the New Adult Group (Prop. 204 childless adults 0-100% FPL and expansion adults 100-133% FPL), unless otherwise exempt (e.g., persons with SMI).
8.	Retired Healthcare Executive and Family Member, Tucson	What members are enrolled in the AHCCCS CARE program? Are disabled members and/or members with children enrolled in to the AHCCCS CARE program?	All adults in the New Adult Group (Prop. 204 childless adults 0-100% FPL and expansion adults 100-133% FPL), unless otherwise exempt (e.g., persons with SMI).
9.	Family Caregiver, Tucson	What is the income level for AHCCCS childless adult members?	0-138% FPL
10.	Tucson Area- Indian Health Service (IHS), Tucson	Are American Indians and Alaskan Natives required to participate in the AHCCCS CARE program?	Federal law exempts American Indians and Alaskan Natives from all cost sharing requirements. AHCCCS CARE will be an optional program for American Indian and Native Alaskan members.
11.	Children's Action Alliance, Phoenix	Does AHCCCS CARE impact former foster care members enrolled in YATI (Young Adult Transition Insurance)? Consider exemptions for stay at home parents of children over age 6 that have special healthcare needs.	No, the AHCCCS CARE program does not apply to YATI. Noted.
➤ Member Cost Sharing:			
12.	Advocate Mothers of Seriously Mentally Ill (MOMI), Phoenix	Are individuals with Serious Mental Illness (SMI) exempt from cost sharing and work requirements?	Yes
13.	Arizona Hemophilia Association, Phoenix	How is AHCCCS interpreting specialty medications with regards to copayments and coinsurance?	Copayments for medications are only applied to opioids (except cases of terminal illness or cancer) and brand name drugs where a generic is available (unless a physician has determined the generic is not efficacious).

	Name/Organization	Question	Response
14.	Community Clinic Provider, Phoenix	<p>How will copays and premiums apply to individuals receiving care involuntarily and on court-ordered treatment (who do not have a SMI)?</p> <p>Are members required to pay 5% of income in cost sharing regardless of service utilization?</p> <p>How much of the members copay/premiums are spent on administrative cost?</p>	<p>The copays and premiums will apply to all adults in the New Adult group unless otherwise exempted. Through discussions with the Centers for Medicare and Medicaid Services (CMS), the State will discuss possibilities for exemptions for individuals considered medically frail.</p> <p>No. Copayments are only made for services received that required a copayment. Members will have to pay monthly premiums at 2% of income regardless of service utilization.</p> <p>Members' copay will be used to offset program cost. Premiums collected remain with the member to be used by Qualified Members to pay for healthy incentives.</p>
15.	Patient Advocate, Phoenix	AHCCCS should concentrate its efforts on on-going system integration projects such as Administrative Simplification and Integrated Behavioral Health (RHBA). The agency needs to educate consumers about strategic copays. Premiums are burdensome for individuals experiencing financial crisis.	Noted.

	Name/Organization	Question	Response
16.	Community Legal Services, Phoenix	<p>Are individuals with chronic illnesses required to pay copays for opioids?</p> <p>Are members required to make copay if they cannot afford paying for them?</p> <p>How are member copays used?</p> <p>Does the copay for missed appointments apply to missed preventative visits? What if the appointment is missed due to lack of transportation?</p> <p>Consider allowing people to use HSAs for copays.</p>	<p>The only exemptions to the copay for opioids are in cases of cancer and terminal illness.</p> <p>Members are required to pay copays based on service utilization. Copays requirements are limited.</p> <p>Members' copays will be used to offset program cost.</p> <p>Copays for missed appointments only apply if the copays would otherwise have applied for that service. Since there is no copay for preventive visits, a missed appointment copay would not apply.</p> <p>Noted.</p>
17.	Community Clinic Provider, Phoenix	How will debts to the State be paid?	The State is exploring options.
18.	Healthcare Advocate, Tucson	The AHCCCS CARE Program requires members pay copay for missing a doctor's appointment. How does AHCCCS save money by penalizing members for missing an appointment?	The AHCCCS CARE program is not designed as a cost savings measure. There are no copays for doctor visits, except to see a specialist without a PCP referral. The AHCCCS CARE program is designed to help individuals transition from Medicaid to private health insurance where things like missed appointment penalties, copays, premiums and deductibles apply, even for individuals just over the Medicaid income threshold. In light of this objective, AHCCCS CARE will engage adult members in experiences similar to private health insurance to enhance members' readiness to successfully transition from Medicaid.

	Name/Organization	Question	Response
		Copays no matter when you collect them at the point of service or later is a barrier for members. We know that AHCCCS members are discouraged from seeking services when they are required to make a copay. The State will pay more in the long run when members stop seeking vital chronic and preventive healthcare services.	The AHCCCS CARE copay requirements do not apply to physician visits.
19.	NAZCARE (Northern Arizona Consumers Advancing Recovery by Empowerment), Flagstaff	The American Journal for Public Health published that approximately 60 percent of people who experience a healthcare crises do not receive continuous care. If we are requesting those individuals to pay 3% of their incomes in copays, how could we ensure that they will continue receive care after a healthcare crisis?	CMS has historically exempted medically frail individuals from disenrollment for failing to pay cost sharing. AHCCCS will begin discussion with CMS about cost sharing and disenrollment for members identified as medically frail.
20.	Retired Healthcare Executive and Family Member, Tucson	The goal of Medicaid is to improve access to care for vulnerable citizens. Copayments for non-emergency medical transportation and paying premiums to HSAs reduce member's access to care. Furthermore, the program's administrative costs exceed the proposed savings. AHCCCS should instead focus on as promoting healthy behaviors, partnering with the private sector, HIT, value based purchasing, reducing fragmentation, and preventing fraud.	Noted.
21.	National Association of Social Workers, Arizona Chapter, Tucson	Although cost-sharing can reduce the use of non-essential services, studies show premiums and copays are barriers to accessing care particularly for those with low incomes and significant healthcare needs. Furthermore, research shows reduced access to care causes adverse health outcomes.	Noted.
➤ AHCCCS CARE Account:			
22.	Coconino County Public Health District, Flagstaff	Will providers get reimbursed through the AHCCCS CARE Account for non-covered services?	Members will pay directly as self-pay for approved non-covered services using funds from their AHCCCS CARE Account.

	Name/Organization	Question	Response
23.	Arizona Hemophilia Association, Phoenix	If an AHCCCS member transitions to private insurance and has money in their AHCCCS CARE Account, can he or she only use the money for health insurance costs?	No definitive decisions have been made on restrictions related to use of AHCCCS CARE Account funds post-Medicaid eligibility.
24.	Community Clinic Provider, Phoenix	How will members access their AHCCCS CARE Account funds? What can individuals purchase with their AHCCCS CARE Account funds? Can members use the funds to purchase medical marijuana or gender reassignment surgery?	AHCCCS is exploring ways members can access funds. AHCCCS has issued a Request for Information (RFI) to potential vendors and will seek additional information related to operating the AHCCCS CARE Account. AHCCCS CARE Account fund purchases are limited to non-covered services. At this time, approved services include: dental, vision care, nutritional counseling, recognized weight loss programs, chiropractic care, gym membership and sunscreen. Members cannot use CARE account funds to pay for other products/services including medical marijuana and gender reassignment surgery.
25.	Healthcare Advocate, Tucson	The theory of a Health Savings Account (HSA) is based on market concepts that do not exist in healthcare, and the research is quite clear that HSAs for low income people result in worse outcomes. The notion that employers are going to contribute to the members CARE account is wishful thinking. Businesses are looking for ways to reduce their costs and the State is assuming that these businesses are going to pay into this system.	Noted
26.	Family Member , Tucson	Small employers in particular are struggling to pay a living wage for their employees. These employers cannot afford contributing funds into the AHCCCS CARE Account.	Noted.

	Name/Organization	Question	Response
27.	Family Member, Flagstaff	How does a person with limited education and experience navigate the complex requirements of the AHCCCS CARE program?	AHCCCS does not assume that all members have a limited education or ability to understand. However, AHCCCS recognizes programs that call for high consumer engagement can pose a challenge for some consumers. The State sees AHCCCS CARE as an opportunity to educate members on premiums, copays, and healthy targets in order to better prepare members for their transition to private insurance. AHCCCS will contract with a Third Party Administrator (TPA) to manage the AHCCCS CARE program. The TPA will be responsible for collecting enrollee premiums and copays, and educating members on healthy targets and AHCCCS Works.
28.	Registered Nurse, Phoenix Allies for Community Health, Phoenix	The goal of AHCCCS CARE should be to increase access to healthcare. Research states that copays (regardless of payment amount) are barriers to care and have no impact on ED utilization. AHCCCS CARE members are required to contribute \$320 per year in premium payments. If funds are put off limit to members as punishment, the state could make up \$112 million in a year. The program rules and regulations are likely to be profit-oriented for private corporations. Lastly, the federal government has never approved work requirements or a lifetime limit for Medicaid. Why does Governor Ducey think this time is going to be different?	The Legislative component does include the work requirement. Participation in AHCCCS Works is not a condition of Medicaid eligibility. Premiums do not go to the state, but stay in member's AHCCCS CARE Account.
29.	Phoenix Allies for Community Health, President, Midwives Alliance of North America, Phoenix	AHCCCS CARE impedes members' ability to receive care by placing a greater financial burden on families. Penalties and punitive measures imbedded in the program harm members. The new rules also stiffen healthcare workers ability to provide	Noted

	Name/Organization	Question	Response
		<p>care.</p> <p>The cost of administrating AHCCCS CARE can instead be used to cover more lives and expand healthcare services.</p>	
30.	Phoenix Allies for Community Health, Phoenix	<p>AHCCCS CARE is neither modern nor humane. The program’s requirements will reduce access to care, and as a result lead to poor health outcomes. Members with limited resources are forced to carry the burden of administrative costs of AHCCCS CARE.</p> <p>Medicaid should not have barriers for care. We are opposed to the following changes: copays, premiums, HSAs, disenrollment for failure to pay, lack of access to care via transportation, lifetime enrollment limits, and unreasonable work expectations</p>	Noted
31.	Casa de los Ninos, Tucson	Will the AHCCCS CARE program increase administrative cost for the program?	AHCCCS already administers copayment and premium requirements and has done so for many years. The new areas are education to members related to healthy targets and work opportunities. These costs will be covered by existing copayments which can now be reinvested to support members.
➤ GENERAL COMMENTS ON AHCCCS CARE			
32.	Arizona Community Action Association, Phoenix	Most vulnerable members had no input in the development of AHCCCS CARE. Many provisions demonstrate lack of understanding for the needs of low income individuals. Members are faced with challenges of maintaining a household and paying the bills with a low-income wage, no sick days, and unpredictable work schedule—these individuals are unfairly punished under AHCCCS CARE for missing an appointment or premium payment.	Noted. Calling to cancel an appointment obviates the missed appointment copayment.

	Name/Organization	Question	Response
		<p>Employment is key to prosperity- 20% of Arizona jobs are low wage- it is unfair to place so much on these low wage employees when jobs and training are scarce.</p> <p>What will you do with this feedback? Is there a part of this process to reevaluate this proposal?</p>	<p>Part of the goal is to promote connecting members to work opportunities and building up job training programs.</p> <p>We will consider all comments, make changes to the proposal and show where we took public comment/feedback., and incorporate all comments as part of the State's submittal.</p>
33.	Provider, Phoenix	The AHCCCS CARE program requirements are too complex. Who is responsible for educating members?	With regards to member education, we will look to the third party administrator to assist in those efforts. We will do a Request for Information to get information on what kinds of vendors/capabilities are out there.
34.	Retired Educator and President of the Arizona Hispanic Community Forum, Phoenix	Members in our community cannot afford premiums and copays. The job market discriminates against people of color. Governor Ducey should do away with this proposal.	Noted.
35.	Northern Arizona Regional Behavioral Health Authority (NARBA), Flagstaff	Will the AHCCCS CARE program go through an administrative rulemaking process?	Yes. Once CMS approves AHCCCS CARE, the Agency will enter a rulemaking process where needed to operationalize the program.
36.	Nurse Practitioner, ARNP , Tucson	AHCCCS CARE is highly bureaucratic and cost ineffective program diverting dollars from healthcare services. The program assumes members are lazy and must be forced to work, have discretionary time to navigate this very complex HSA system, and have higher health and financial literacy than general population.	The State strongly disagrees with this comment. In fact, many AHCCCS members already work, are hard-working and engage in their own health. In addition, the State believes it should invest in tools that support an individual's efforts to maximize their independence and quality of life.
37.	Health Services Consultant and Reform Advocate, Tucson	The inclusion of healthy targets and work incentives are noteworthy. However, premium and copays are prohibitive for individuals seeking care. If the State insists on premiums and copays, its proposal should be modified to prevent the cost sharing	Noted.

	Name/Organization	Question	Response
		requirements for the dual members and cap copays at 2 percent. Furthermore, the State should provide each CARE program participants with a one-time contribution equivalent to the monthly premium.	
38.	Retired Physician, Phoenix	It is our responsibility to provide care to more people, rather than find ways to deny care. Physicians under Hippocratic Oath must provide care to anyone who needs it.	Noted.
39.	Registered Nurse, Phoenix	Did the Governor seek the input of members before developing his plan? People are on AHCCCS because they have no choice. They are looking for a hand up, not a hand out.	The AHCCCS Administration is seeking the input of members through these Community Forums. In addition, since many of these requirements – copays and premiums – are already required in state law, the Governor’s plan is to build upon those requirements to offer additional tools to members so their premium payments stay with them and can be put to use.
40.	Developmental Pediatrician, Phoenix	Copays for missed appointments are not effective. We have tried to implement such copays in the past, as a result, many patients stopped coming to our office. AHCCCS should consult physicians before implementing new copays.	Noted.
➤ AHCCCS Works Program:			
41.	Inter-Tribal Council of Arizona (ITCA), Flagstaff	Does the AHCCCS CARE work incentive program apply to American Indian members?	AHCCCS CARE is an optional program for Indian American and Native Alaskan members including the work incentive program. However, the work requirement in SB1092 is required for American Indian members.
42.	Flagstaff Bone and Joint, Flagstaff	Is AHCCCS Works Program the same as the work requirements in SB1092?	The AHCCCS Works is distinct from the SB1092 Work Requirements. AHCCCS Works builds upon the legislature’s desire for a work component for the adult population by creating a work incentive. Governor Ducey has put

	Name/Organization	Question	Response
			forward an alternative concept that incentivizes member employment. AHCCCS Works would be a voluntary program for the American Indian population.
43.	Community Provider, Phoenix	How will work incentive requirements be funded?	The proposal contemplates tapping into already existing resources, such as those available through the Arizona Department of Economic Security .
➤ Comment Period/ Submission Deadline/ Waiver Evaluation Process			
44.	Casa de los Ninos, Tucson	Does AHCCCS have the mechanism/tools to evaluate the outcome of the AHCCCS CARE program? Will AHCCCS evaluate the impact of the AHCCCS CARE program on members' access to care, hospital emergency department (ED) utilization rate, uncompensated care, etc.?	AHCCCS is required to conduct a rigorous and independent evaluation of the demonstration. The evaluation will reflect all of the programs covered by the waiver including AHCCCS CARE.
45.	Family Member, Phoenix	Why was a cost-benefit analysis or financial analysis of this proposal not prepared and included in the summary document? The only financial result of this proposal is to ensure that people living in poverty will have to decide between feeding their families and providing healthcare for them.	At this point, we have not done a full analysis since we do not know how many and what types of exclusions will apply. In addition, the State needs more information from potential vendors to be able to assess cost. Copays have been used to offset the cost of the program in the past.
46.	NAMI (National Alliance on Mental Illness), Phoenix	Since you have not done a cost-benefit analysis, are the Governor and the Legislature determined to do this even if it costs more money?	The State already has an existing infrastructure to collect copayments and premiums. The AHCCCS Works component taps into already existing work support programs. The Healthy Arizona targets are services that are already covered in AHCCCS. Copayments will be used to administer the program.
47.	Mothers of Seriously Mentally Ill (MOMI), Phoenix	Are quality of life outcome measures being changed/improved for SMI members?	AHCCCS is working toward capturing population health measures, particularly through the DSRIP proposal. One such measure that is being considered, for instance, is reducing homelessness for persons with SMI.
48.	Arizona Academy of Pediatrics, Phoenix	What is the goal that Arizona has set for itself in this health scenario? How	AHCCCS is required to conduct a rigorous and independent evaluation of

	Name/Organization	Question	Response
		do we promote health in Arizona? How do we evaluate whether the system we set up is actually achieving results we want?	the demonstration. The evaluation will reflect all of the programs covered by the waiver including the AHCCCS CARE.
49.	Family Advocate, Phoenix	The Monitor's office should be reinstated to evaluate the performance of AHCCCS programs.	Noted.
50.	Arizona Hospital and Healthcare Association, Phoenix	Is a draft of the waiver language going to be shared with stakeholders prior to the end of the comment period? Will there be more details in the draft?	The draft narrative is on website. Not all details are covered, particularly operational ones, because we don't know what components of the proposal the federal government will and will not allow. There is sufficient information with regard to the concepts on the website to allow for public comments. We are hoping to develop additional details based on that public feedback.
51.	Community Clinic Provider, Phoenix	If copayments do in fact increase no-show rates among members, will AHCCCS consider this impact on no-show rates as a quality measure?	There are no copayments for office visits, except for specialty care where there is no PCP referral.
52.	Navajo Department of Behavioral Health Services, Flagstaff	When will AHCCCS submit the 1115 waiver to CMS? When do you expect CMS to approve or deny Arizona 1115 waiver?	AHCCCS will submit the 1115 waiver by October 1, 2015. The draft of the waiver is posted on the AHCCCS website. There is no formal time frame by which the federal government has to approve or deny the waiver. Typically, it takes about a year to go through the process. Our current waiver expires by September 30, 2016. AHCCCS anticipates having the new 1115 waiver approved by CMS prior to that expiration date.
53.	AHCCCS Member, Tucson	When will AHCCCS submit the 1115 waiver to CMS?	AHCCCS will submit the 1115 waiver by October 1, 2015. The draft of the waiver is posted on the AHCCCS website.

	Name/Organization	Question	Response
54.	Healthcare Executive, Tucson	When do you expect CMS to approve or deny Arizona 1115 waiver?	There is no formal time frame by which the federal government has to approve or deny the waiver. Typically, it takes about a year to go through the negotiation process. Our current waiver expires by September 30, 2016. AHCCCS anticipates having the new 1115 waiver approved by CMS prior to that expiration date.
55.	Arizona Council for Human Service Providers, Phoenix	Is there a deadline for written comments?	September 25, 2015
56.	Not Disclosed, Phoenix	Is the approval process for AHCCCS still forty days? What if someone has to wait that long to get access to care. The last two days I have been on hold with the hotline for two hours.	There is no change to the eligibility process. We encourage you to bring those cases directly to AHCCCS, so that we may resolve them.
➤ Miscellaneous			
57.	Family Caregiver, Tucson	Do Medicare members with incomes below 138% FPL qualify for AHCCCS coverage?	AHCCCS covers dual eligible members— i.e. members who are eligible for both Medicare and Medicaid coverage. The income threshold depends on whether the individual is acute care enrolled (SSI-MAO covers up to 100% FPL) or ALTCS (300% of the federal benefit rate).
58.	Provider, Flagstaff	Will AHCCCS provide training for ICD-10?	AHCCCS typically does not provide training to providers on claiming issues except for some of our tribal and FFS providers.
59.	Not Disclosed, Phoenix	Can those with serious mental illness be accepted into ALTCS? Why or why not?	Yes, ALTCS is for anyone who is determined to be at risk for institutionalization. You are welcome to apply for ALTCS coverage.
60.	AHCCCS Member, Tucson	AHCCCS should consider bringing KidsCare back.	Noted.

II. The Legislative Partnership: SB 1475 & SB 1092

#	Name/Organization	Question	Response
61.	The Hopi Foundation , Flagstaff	Does SB1092 require AHCCCS to submit a waiver or an amendment on an annual basis to CMS?	Yes. SB 1092 mandates that AHCCCS submit on a yearly basis the waiver amendments that have not been approved by CMS.
➤ Non-Emergency Transportation (NEMT)			
62.	Inter-Tribal Council of Arizona (ITCA), Flagstaff	Does the elimination of NEMT benefit apply only to adults? Will AHCCCS request uncompensated care payments for NEMT services provided by IHS/638 facilities?	Yes, the language of the statute states that the elimination of the NEMT benefit applies to the expansion adult population (100-138% FPL) only. The elimination of NEMT services does not extend to ALTCS, children, and other AHCCCS members. Yes, AHCCCS is seeking to continue this authority into the new Waiver.
63.	AHCCCS Member, Flagstaff	Will the provision on non-emergency use of ED apply to AHCCCS members who live in rural areas?	SB 1475 requires AHCCCS members to pay a \$25 fee for a non-emergency use of the Emergency Department (ED), if there is a community health center, rural health center, or urgent care center within 20 miles of the hospital.
64.	Advocate Mothers of Seriously Mentally Ill (MOMI), Phoenix	Is the SMI population exempt from the elimination of non-emergency transportation? What services are provided to people who need transportation to appointments?	The legislature in SB1475 did not exempt any populations from the elimination of NEMT services. However, AHCCCS will work with CMS to identify certain populations that could be excluded. Non-emergency medical transportation is provided to all members currently to assist them in getting to medical appointments.
65.	Independent Living Facility-Tanner Terrace Apartments, Phoenix	Are dual eligible members exempt from SB 1092?	Yes. The legislative directive applies to the new adult group, not dual eligible members.
66.	Arizona Medical Transportation Association, Phoenix	NEMT service elimination impedes the ability for AHCCCS to promote wellness.	Noted.

#	Name/Organization	Question	Response
		<p>Did the legislature consider studies about the importance of NEMT transportation before developing SB 1475 and SB 1092?</p> <p>Can members use AHCCCS CARE funds to pay NEMT copays?</p>	<p>AHCCCS does not have this information.</p> <p>The legislature has required elimination of NEMT for the expansion adult population. There are not copays for NEMT.</p>
67.	NEMT Service Provider – ComTrans, Phoenix	The NEMT provisions SB 1475 and SB 1092 should apply only to “able-bodied” members. Housing Department should be included in transportation discussions. Public transportation services are inadequate for individuals in Section 8 housing.	The legislative language did not apply exemptions to the NEMT elimination. AHCCCS can explore with CMS opportunities for exempting medically frail populations.
68.	NEMT Provider-Safe Wing Medical Transportation, LLC., Phoenix	<p>The proposal to cut NEMT affects 50 percent of our client base.</p> <p>Did the legislature consider the impact on communities for people who are genuinely trying to seek help?</p>	We would defer to the Legislature on what considerations went into their proposal.
69.	Undisclosed, Phoenix	SMI population exempt from the NEMT elimination?	The legislative mandate applies to all expansion adults above 100% and did not identify any exclusions. AHCCCS will work with CMS to consider exemptions for SMI population.
70.	Provider, Flagstaff	The copays for NEMT services are prohibitive, and will diminish access to healthcare services for members.	Noted.
71.	Family Member, Flagstaff	<p>Communities in Northern Arizona lack access to local transportation. The removal of NEMT services will prevent members from getting access to healthcare services they need.</p> <p>Does SB 1092 exempt rural communities from NEMT elimination?</p>	No, SB 1092 makes no exemptions for members in rural areas. AHCCCS is required by state law to request the authority from the federal government to eliminate NEMT benefits as mandated by SB 1092.
72.	Provider, Tucson	CARE Program will create unnecessary economic obstacles for working	Noted.

#	Name/Organization	Question	Response
		families and will harm access to health services. The elimination of the NEMT program will weaken members' ability to seek treatment for their health needs.	
73.	Pima Council on Aging, Tucson	The elimination of AHCCCS NEMT will create barriers for members to access care, and will drive the cost of healthcare by increasing the number of hospital readmissions.	Noted.
74.	Advocate Mothers of Seriously Mentally Ill (MOMI), Phoenix	Is the SMI population exempt from the requirements of SB 1475?	The legislature did not carve out any populations in SB 1475. However, in looking at implementation of the Governor's plan, AHCCCS is looking for ways to engage at risk populations and for opportunities to partner with providers to better engage these populations.
75.	Arizona Hospital and Healthcare Association, Phoenix	With regards to the copays outlined in legislative directives, when will you be able to release those? Are they tiered by income band?	Copays in the legislative directives are \$8 or \$25 for non-emergency use of the emergency room and premiums set at 2% of income. All other copay amounts are as prescribed in the State Plan.
76.	Arizona Department of Juvenile Corrections (ADJC), Phoenix	Is there consideration of exemptions for punitive requirements for work requirements, copays, and premiums for families in the Department of Child Safety?	The legislative mandates (SB 1092 and SB 1475) do not apply to children. Exemptions for requirements outlined in SB1092 and 1475 are as outlined in the legislation.
77.	Provider Asian Pacific Community in Action, Phoenix	This targets isolated members in our community. My concerns are that our community members already struggle to get time off work and get transportation to services that are not available. If a minimum wage worker in Phoenix pays 5%- that is about \$55 a month. Average rent in Phoenix is \$800- \$55 a month is a lot. This places an immense burden on community members and increases the burden on emergency rooms. The compliance	Noted.

#	Name/Organization	Question	Response
		<p>requirements are called incentives, but are barriers to access to care. Assistors are still struggling through Health-e-Arizona glitches. The proposed waivers do not take into account additional obstacles people face. They don't account for people who are unable to work because of their health or are currently navigating the often several years labyrinth of getting disability benefits. Healthy Arizona sounds like a wonderful idea, if it is voluntary.</p>	
78.	<p>Arizona Bridge to Independent Living (ABIL), Phoenix</p>	<p>Concerned AHCCCS will use federal SSI definitions for "able-bodied." The premiums are punitive for low income individuals who struggle to meet basic needs.</p>	<p>AHCCCS will not replicate the federal disability process. We are putting forward a number of proposals, all of which have to go through the federal review/approval process. AHCCCS will define terms such as "able-bodied" through the rule making process should the federal government approve these legislative provisions.</p>
79.	<p>Arizona Academy of Pediatrics, Phoenix</p>	<p>With regards to value-based purchasing payments how will the legislative mandate impact health plans and ACOs ability to achieve health outcome targets set by AHCCCS?</p>	<p>It is impossible to address this until CMS approves Arizona proposed framework for the waiver.</p>
80.	<p>Representative Juan Mendez- Arizona House of Representatives, Phoenix</p>	<p>What will the average person be expected to pay?</p> <p>What is 3% of the household income?</p> <p>How many people are enrolled in AHCCCS for longer than 5 years?</p>	<p>Copayments will be based on service utilization. At this time, we cannot assess what the average amount to be paid will be. However, for premiums, it is 2% of income. So for an individual at the 133% FPL range, that could be \$25 per month.</p> <p>3% of income for a single individual at the 133% FPL level would be approximately \$450.</p> <p>AHCCCS does not have an estimate of this figure at this time.</p>

#	Name/Organization	Question	Response
81.	Registered Nurse and President of a Phoenix Allies for Community Health, Phoenix	<p><u>Phoenix: Comment Re SB 1092 and SB 1475</u></p> <p>Concerned that members are disenrolled for not meeting healthy targets and work requirements. NEMT services are vital for member's ability to seek timely care. There are many valid reasons to seek ED care for non-emergent conditions.</p>	To clarify, there is no disenrollment for failure to meet Healthy Arizona or AHCCCS Works targets. Hopefully, you articulated your concerns during the legislative process.
82.	Arizona Council for Human Service Providers	<p><u>Phoenix: Comment Re SB 1092 and SB 1475</u></p> <p>Concerned about the adverse effect of copays and disenrollment for members with chronic illness and medically frail populations.</p>	In states that were granted the ability to disenroll for failure to pay, they were also required to exclude persons who are medically frail. We will work with CMS on this going forward. The Governor's plan calls for strategic copays, so there would be no copay for basic services.
83.	NAMI Valley of the Sun, Phoenix	<p><u>Phoenix: Comment Re SB 1092 and SB 1475</u></p> <p>What about a family member caring for child who will reach 7 and then fall under the 5 year lifetime rule. I don't understand the logic. This is still a single parent taking care of a minor. It looks like there are lots of unanswered questions to be answered in a short timeframe. Do we need to pass it before we know what's in it? It seems you are in a rush to put this together and get it to CMS. Many of the General Mental Health population who are non-Title XIX are receiving some mental health services to help keep them from progressing to more disability symptoms. What do we do with their needs in 5 years? Without ongoing services, the cost to provide care will increase.</p>	This is not the first opportunity for public comment on these bills. Both of these bills went through the public process as part of the 2015 legislative session and there were opportunities for public comment, though little was provided. With respect to the non-legislative components of the waiver, there is not a rush. We have the draft up for comment and then will have a yearlong process with CMS. We welcome feedback from NAMI.
84.	Representative Sally Ann Gonzales - Arizona House of Representatives, Tucson	Concerned people will lose access to healthcare as a result of stringent requirements in SB 1475 and SB 1092. Worried that AHCCCS will fail to come up with a suitable definition for "able-bodied" person	Noted.

#	Name/Organization	Question	Response
➤ Work Requirement			
85.	Arizona’s Children Association, Flagstaff	Does the work requirement apply to former foster youth under the Young Adult Transition Insurance (YATI)?	The former foster care members in the Young Adult Transition Insurance (YATI) are exempt from the AHCCCS CARE program as well as the work requirement, lifetime limits and NEMT benefit elimination in SB 1092 and SB 1475.
86.	Arizona Hemophilia Association, Phoenix	How is AHCCCS defining “actively seeking work”?	If the federal government approves this plan, we would look to the Department of Economic Security for guidance on how they define it. AHCCCS will define “actively seeking work” after indication from the federal government that approval is forthcoming.
87.	Community Legal Services, Phoenix	State must not mandate work requirements for individuals who are disabled but have not completed SSI determination process.	Noted. Hopefully, these comments were articulated as part of the legislature’s public process.
88.	Partners in Recovery, Phoenix	Members with disability should not be labeled as permanently unemployable.	The language is taken directly from the statute. Comments regarding appropriateness of language should be directed to the legislature.
89.	Retired Government Employee, Phoenix	The Work requirement provision in SB1092 assumes poor people are lazy and must be forced to work. Communities need more employment opportunities	Noted.
90.	Healthcare Advocate, Tucson	The work requirement provision in SB1092 implies many individuals on AHCCCS are able to work but are not working. What percentage of AHCCCS enrollees are “able-bodied” members who are unemployed?	AHCCCS has not defined “able-bodied” for this purpose and, hence, cannot provide an estimate of number of members unemployed who could seek employment.
91.	CODAC—Behavioral Health Services, Tucson	Will the State change policies to reduce barriers for employment for formerly incarcerated AHCCCS members?	AHCCCS does not manage these policies nor does the State directly mandate who employers can hire. AHCCCS will work closely with the Arizona Department of Economic

#	Name/Organization	Question	Response
			Security (DES) and others to develop a process to help AHCCCS members gain employment.
92.	Tucson Area- Indian Health Services (IHS), Tucson	<p>How will SB 1092 work requirements and 5 year enrollment limit specifically impact Native American member on AHCCCS?</p> <p>Are American Indians exempt from the work requirement and 5 year program enrollment limit stipulated in SB 1092?</p>	<p>SB 1092 does not include specific exemptions for American Indian and Alaskan Native members regarding the work requirement and 5 year enrollment limit. AHCCCS will provide clarification related to impact on American Indian and Alaskan Natives with respect to the work requirement and 5 year limit once terms such as able-bodied are further defined should CMS approval the requirement.</p> <p>SB 1092 does not exempt American Indian and Native Alaskans members from work requirements and 5 year program enrollment limit.</p>
93.	Family Member, Tucson	It will be difficult for individuals to fulfill the work requirements in SB 1092. The legislation is mandating AHCCCS members to seek employment, but there are no jobs within our communities. Furthermore, taking care of family is an important cultural value for members in our community which at times may conflict with the individual's ability to seek employment.	Noted.
94.	NAMI-Southern Arizona , Tucson	The work requirement provisions in SB1092 are punitive towards SMI members and individuals with the least education, job skills, and work experience.	Persons who are "currently receiving temporary or permanent long-term disability benefits" or "persons who have been determined to be physically or mentally unfit for employment" are exempt from the SB 1092 work requirement. This would likely include persons with serious mental illness.

#	Name/Organization	Question	Response
95.	Casa de los Ninos, Tucson	Who will determine the definition for “able-bodied” adult? And how will “able-bodied” adult be defined?	If the federal government were to approve the legislative mandate, AHCCCS would have to define the term “able-bodied.” AHCCCS will not convene this assessment process until the federal government approves the work requirement provision in SB 1092.
96.	MIKID (Children Behavioral Health Services), Phoenix	<p><u>Phoenix: Comment Re Work Requirement</u></p> <p>As we look at legislative and AHCCCS plans, how much of either actually talked to people receiving services? We have access to folks who could have given wisdom. It feels like there is an overarching assumption that people who are poor need disincentives to do better. What we know is punishment doesn't work. If you are teaching people to take care of themselves better, then incentives work. Take away the disincentives and create incentives for providers do better. Get feedback from customers. Can incentive systems to do better?</p> <p>With regards to the cutback on nonemergency use of the emergency room and non-emergency transportation, this means people will not get regular services. I hope you get all comments in the record.</p> <p>Around youth and young adults, there is a huge number not in the system who come back at 23 and it took more than five years to figure it out. In the legislation, those who took six years to figure it out would be done per the 5-year limit. Now they are ready to get a job, but are still in poverty. But, they can't get a job. You need healthcare while getting yourself out of poverty.</p>	Noted.

#	Name/Organization	Question	Response
➤ Five Year Lifetime Enrollment Cap			
97.	Inter-Tribal Council of Arizona (ITCA), Flagstaff	Does SB1092 include an exemption for American Indian in regards to the 5 year life-time limit?	No, SB1092 does not exempt American Indian and Native Alaskan members from the 5 year life -time enrollment limit.
98.	Advocate For Hemophilia Clients, Phoenix	Please exclude members with hemophilia from the 5 year program limit.	Noted.
99.	Arizona Department of Juvenile and Corrections (ADJC), Phoenix	Do the criteria that result in adult disenrollment result in disenrollment of children as well?	The 5 year limit does not apply to children. Children may still be eligible if their parent has been disenrolled.
100.	Provider, Phoenix	Are retroactive payments to providers impacted when members are disenrolled from AHCCCS due to the 5 year limit?	Providers receive payment for services furnished to persons who are AHCCCS eligible.
101.	Juvenile Probation, Phoenix	Are youth and adolescents impacted by the disenrollment, lifetime cap, work requirements clauses in SB 1092?	Youth are not included in in AHCCCS Care Program or legislative directives. The legislation also provides for specific exemptions for a single parent with a child under 6.
102.	Healthcare Advocate, Tucson	The 5 year enrollment limit implies that members are on AHCCCS for an extended period of time. What is the average enrollment period for an individual on AHCCCS?	AHCCCS currently does not have information available on average enrollment period for members.

III. Delivery System Reform Incentive Payment (DSRIP)

#	Name/Organization	Question	Response
103.	Provider, Flagstaff	Will the DSRIP program change payments for all providers contracted with AHCCCS?	No, DSRIP will not change payments for all providers contracted with AHCCCS. Providers can participate on a voluntary basis in DSRIP to implement delivery system and payment reform projects. Participating providers are then reimbursed an incentive payment for achieving system reform goals.

#	Name/Organization	Question	Response
104.	Reporter- The Hertel Report, Phoenix	What is the funding source for the DSRIP?	AHCCCS is exploring various ways to fund DSRIP. Some states have used Medicaid savings or Designated State Health Programs (DSHP) to fund the initiative.
105.	Arizona Hospital and Healthcare Association	We appreciate the DSRIP provisions in the waiver.	Noted.
106.	Retired Healthcare Executive and Family Member, Tucson	The Medicaid system in Arizona is a model for the country. Programs like DSRIP have the potential to improve care coordination, quality, and cost effectiveness of care.	Noted.

IV. American Indian Medical Home

107.	Retired Healthcare Executive and Family Member, Tucson	The medical and behavioral health and the native American medical home model are programs that can improve our delivery system for Medicaid populations. But, more needs to be done in terms of developing multidisciplinary medical homes for children with complex healthcare needs, disabled adults, and chronically ill members.	Noted.
------	--	--	--------

V. Building upon Past Successes

108.	Utilization Director-Tuba City Regional Health Care (TCRHCC), Flagstaff	With the request for renewal of the IHS and tribal 638 uncompensated care payments included in this waiver, it is important that we at our facility are able to reconcile those payments to look at the services provided, cost services, patient utilization, and reimbursement for services. Is AHCCCS willing to share with our facility the values used in the calculations for those payments for the historical and current value of the enrollment numbers, and the descriptive rates of the payments?	AHCCCS is willing to share with IHS and 638 facilities the data for calculating uncompensated care payments. Furthermore, AHCCCS is prepared to work with stakeholders through the tribal consultation process to revise the uncompensated care payment methodology.
------	---	---	--

#	Name/Organization	Question	Response
109.	Inter-Tribal Council of Arizona (ITCA), Flagstaff	Will the Urban Indian program be included as a provider that will receive uncompensated care payments?	If the workgroup around this issue recommends including Urban Indian programs, the State will consider the request.
110.	Partners in Recovery, Phoenix	Will there be changes to service delivery as a result of AHCCCS and DBHS merger? I am concerned because a couple PNOs have recently dissolved.	Merger is between DBHS and AHCCCS so that the RBHA is under a direct contract to AHCCCS and not a subcontract to DBHS. There are no changes to the RBHA contracts or changes to covered services or service delivery as a result of the merger. The PNO dissolution in Maricopa county is not related to the merger.
111.	Community Activist, Phoenix	AHCCCS and DBHS merger should accelerate transformation in service delivery. Members with SMI should have access to all physicians and pharmacies to enhance member choice and access to timely care.	Noted.