

## Costsharing Public Comments

<b>Numb:</b>	<b>Date/ Commentor:</b>	<b>Comment:</b>	<b>Response:</b>
1.	12/20/13 Ellen Katz William Morris Institute	R9-22-711 Section B: Section B pertains to services exempt from copayments. This section does not comply with 42 C.F.R. § 447.56. Services that are exempt include preventative services to children under 18 “regardless of family income ....” This includes, at a minimum, well baby and well child care services in the state plan pursuant to 42 C.F.R. § 457.520. Also, the federal law includes as exempt provider preventable services as defined in 42 C.F.R § 447.26(b), which the proposed rule does not include. The proposed rule refers to emergency services as described in 42 C.F.R. § 447.53(b)(4). The correct reference cite is 42 C.F.R. § 447.54.	All preventive and well visits are exempt from copays for all members including adults. See section (B)(5) and (B)(6). The Administration has updated the rulemaking to add provider preventable services and the reference to 42 CFR 447.56.
2.	12/20/13 Ellen Katz William Morris Institute	R9-22-711 Section C: Section C pertains to persons exempt from copayments. Federal law exempts disabled children. See 42 C.F.R. § 447.56(a)(v). For persons exempt from copayments there is the reference to “An adult eligible under R9-22-1427(E).” We assume this reference is to the proposed rules published in September 2013. The rule should provide a brief description of these persons who the Institute understands are childless adults.	The Administration has elected not to provide coverage to this optional category. It’s a medically needy group. The adults eligible under R9-22-1427(E) is correct, final rules will be available early January.
3.	12/20/13 Ellen Katz William Morris Institute	R9-22-711 Section D: In Section R9-22-711(D)(7)(c), there is a reference to subsection (D)(9)(b) which does not exist under the proposed rule.	The Administration has updated the reference.
4.	12/20/13 Ellen Katz William Morris Institute	R9-22-711 Section E: Section E pertains to copayments for Transitional Medical Assistance (“TMA”). The section fails to refer to the services that are exempt from copayments in Section B. That section should be referenced. See 42 U.S.C. § 1396o-1(a)(3)(B). The rule also references TMA eligibility under R9-22-1427. The Institute thinks this must refer to the prior rule which did include a TMA section. The Institute could not find a TMA section in the current rule R9-22-1427 or any other rule proposed in September 2013. The Institute could not find any explanation of TMA eligibility in these rules or the rules proposed in	Currently the TMA population is covered under rule R9-22-1427(k) and is now covered under the proposed rule language for September 2013 under R9-22-1427(B).

		September 2013. That omission should be corrected.	
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