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ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

Date: October 31, 2012

To: Interested Parties

From: AHCCCS Administration

Re: Summary of Public Meeting re the Future of Medicaid in Arizona and Childless Adult DRAFT Waiver Amendment; **Sacaton/Gila River Indian Community**

On October 17, 2012, the Arizona Health Care Cost Containment System (AHCCCS) held a Public Meeting in Sacaton where 38 people attended regarding the Future of Medicaid in Arizona and the Childless Adult DRAFT Waiver Amendment. This was one of multiple public meetings held throughout the state to provide additional information and obtain stakeholder feedback about the multiple and complex opportunities with respect to the future of Arizona's Medicaid program. More information can be found at:

<http://www.azahcccs.gov/publicnotices/FutureOptions.aspx>

<http://www.azahcccs.gov/reporting/federal/childlessAdults.aspx>

Information was provided about where additional details and future updates can be found on the AHCCCS website, including how to provide written comments. AHCCCS presented the following topics:

- The Executive's Guiding Principles
- Process and Timeline for Deliberation
- Health Insurance Exchange
- AHCCCS Coverage Solutions
- Opportunities for Operational Efficiencies.
- Childless Adult DRAFT Waiver Amendment

The meeting was open for public comment and questions. Everyone who requested to speak was provided the opportunity. A total of 19 comments or questions were taken. Below is a summary of the meeting.

#	Question	Response
Health Insurance Exchange		
1.	Has there been consideration to partnering with other states or the federal government to run the Exchange in Arizona.	The federal government is still in the process of finalizing its plans so it's unclear what partnering with them to run the Exchange would look like. Arizona already has an advanced eligibility system that many other states do not have. The eligibility requirements are also very different between states, making it difficult to partner with other states.
2.	How would an American Indian, who can also receive services through I.H.S., coordinate with the Exchange?	If uninsured, they would go through the online eligibility process. They would be screened for Medicaid first; if not eligible, the individuals would be screened for subsidies under the Exchange, and have the opportunity to select a Plan under the Exchange. I.H.S. would be reimbursed by Plans under the Exchange. Also, American Indians will have special monthly enrollment periods. In addition, Navigators will provide enrollment assistance in a culturally and linguistically appropriate manner. Navigators will also be trained as specialists on specific provisions for American Indians. The Governor's office is working with a tribal workgroup in this area.
3.	Will American Indians be required to have insurance? Does contracted health qualify as having insurance?	No. American Indians are exempt from the individual mandate. However, obtaining coverage will help strengthen the I.H.S. and 638 systems, providing a new funding stream for systems that have traditionally been under-funded. Premiums will be capped for American Indians below 400% FPL and there will be no other out-of-pocket costs for American Indians below 300% FPL. It is unclear at this time whether contracted health qualifies as insurance.
Essential Health Benefits (EHB)		
4.	Since United Health Care is the State employee plan selected, will they be the only plan offered under the Exchange?	No. Only the benefits offered under United Health will be set as the minimum benefits that are required to be a plan in the Exchange.
5.	Would I.H.S. be a plan on the Exchange?	No. I.H.S. is not insurance. Rather, I.H.S. and 638s would be provider types and the Health Plans on the Exchange would reimburse I.H.S. and 638s.
6.	Can plans on the Exchange offer more benefits than the minimum required?	Yes but consumers would pay extra for those and they would not be part of the Benchmark plan where consumers can have access to the tax subsidy.
Medicaid Eligibility and Funding		
7.	Is the \$928 million vs. \$2.5 billion the cost to the State for restoring coverage to childless adults or does it include total costs?	Cost to the General Fund (state) only.
8.	Does the State have to pay for the coverage of American Indians?	Yes if they receive services outside of I.H.S./638 facilities.
9.	Will the decision about enhanced FMAP be a driving force on whether to cover childless adults and/or expand?	The cost of childless adult coverage will likely have a great impact on Arizona policymakers' decision as to whether the State can consider lifting the current enrollment freeze. The concern is that Childless Adults do not have access to the Exchange because people below 100% FPL do not have access to subsidies on the Exchange.

#	Question	Response
Other		
10.	What will Arizona do if Mr. Romney wins the presidential election?	The State would need to learn more about Mr. Romney's healthcare plan to assess the impact to Arizona. In order to fully repeal the Affordable Care Act, a super majority is needed in the Senate. Implementation of the ACA might be delayed as an option and there is talk about Medicaid block grants. Once the State learns more, a proper analysis can be conducted for state policymakers to review.
11.	There are many changes and issues impacting American Indians. Tribes want to be involved in decision-making and want to learn about all of the changes so they can help their members.	AHCCCS and the Governor's Office have established workgroups to review all of the issues and potential impact to tribes. There is still a lot to learn as final decisions are still pending. Training will be available in the future.
12.	An overview of the Exchange workgroup was provided by ITCA with a summary of the meetings and work to date.	Noted.
13.	Will Expansion help create more jobs?	It is unclear at this time. The Grand Canyon Institute conducted a study that may have mentioned jobs. It was noted that "expansion" for Arizona means adding adults between 100-138% FPL to Medicaid. Restoring coverage to childless adults is not part of the expansion and the State is not eligible for 100% federal funding for this group.
14.	Have any final decisions been made?	No. Information is being gathered. Once the Governor makes a decision, the Legislature must agree.
Childless Adults DRAFT Waiver Amendment		
15.	Do cost sharing requirements apply to American Indians?	No. Likewise, no cost-sharing for services through IHS, tribes, tribal organizations, Urban Indian programs, or contract health services enrolled in the Exchange.
16.	What is being done to keep Childless Adults currently covered on the system?	There is an extensive notice process when renewal dates approach. Community organizations are also campaigning to conduct outreach and raise awareness and there are over 200 Health-e-Arizona sites that are available for assistance. There are also special efforts to assist members with SMI to move them to SSI-MAO categories.
17.	Does the freeze impact children who turn 18? Speaker has clients that are turning 18 and having difficulty maintaining their coverage.	No. They are automatically processed and enrolled as a Childless Adult if eligible. However, once a child turns 18 they will have to comply with the annual renewal process to remain eligible. That renewal timing can be at or near the time of their birthday.
18.	Does Prop 204 require Arizona to cover Childless Adults up to 100% FPL?	Prop. 204, passed by voters in 2001, mandated all Arizonans under 100% FPL be covered in the AHCCCS program for health care, within available resources. The only dedicated funds for this coverage expansion were tobacco funds, which are inadequate to cover the entire Prop. 204 population. After that it is within the discretion of the legislature's appropriation authority to determine if there are available State funds for this coverage. Last year, the legislature determined there were only funds available to cover childless adults currently enrolled in the program, so enrollment was frozen.
19.	When the Childless Adult waiver ends, will supplemental payments to I.H.S. also expire?	Yes. Supplemental payments to I.H.S. for uncompensated care will also expire if the Childless Adult waiver ends.