

AHCCCS Community Forum Agenda  
Childless Adult Phase Out Plan Public Training  
July 6, 2011

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Looking for a previous story? Information previously located on this page has been placed in either the [State Legislative Budget Activities](#) pages or the [Federal Activities](#) page.

Note: Information provided in PDF files, unless otherwise noted.

### Governor Brewer's Medicaid Reform Package

**Fri May 20, 2011**

Information about the implementation status of Arizona's Medicaid Reform plan is provided below. Continue to check the website for updates.

[Tracking AZ's Medicaid Reform Plan \[49KB\]](#)

**Wed Mar 16, 2011**

On March 15, 2011, Governor Brewer presented her plan to preserve Arizona's Medicaid program with reforms that will drive down costs by an estimated \$500 million in the State's General Fund for the partial first year. The plan was approved by the Legislature as part of the FY 2012 budget adoption and is subject to federal approval.

[Medicaid Reform Plan \[81KB\]](#)

#### 1. [Childless Adult Phase Out Plan](#)

**Fri. Jul 1, 2011**

Pursuant to the flexibilities outlined in Secretary Sebelius' letter, Governor Brewer's Medicaid Reform Package phases out the current Childless Adult program. A Phase Out Plan was first submitted to CMS on April 11, 2011 and was approved by CMS on July 1, 2011. AHCCCS eligibility systems will stop screening for the Childless Adult eligibility category beginning July 8, 2011.

[Childless Adult Phase Out Plan](#)

#### 2. [AHCCCS October 1, 2011 Rate Reductions](#)


**Tues. May 24, 2011**

Laws 2011, Chapter 31, gives AHCCCS authority to reduce rates for all providers up to 5%. Effective October 1, 2011, AHCCCS will reduce all provider reimbursements by 5%, including all payment ratios utilized for provider reimbursement (e.g., all Cost-to-Charge Ratios (CCRs), By Report Percentages (BR), etc.). The only exceptions are for:

- Drugs administered in a physician's office
- Hospice rates - AHCCCS matches Medicare rates as required by Federal law.
- Payments for services provided by the Indian Health Service or Tribal 638 facilities claimed at 100% FMAP.

For more detail regarding the Provider Rate Reductions, please click on the links provided below:

[Outlier Proposed Rule \[68KB\]](#)

[State Plan Amendments](#) 

[Access to Care Studies, Memos and Additional Information](#) 

Additional information, such as the Notice of Exempt Proposed Rulemaking and State Plan

Amendment to CMS will be posted on the web as it becomes available.

### 3. Community Forums

Wed May 18, 2011

AHCCCS will hold a number of public meetings over the next few months to provide updates on various aspects of Arizona's Medicaid Reform Plan. Specific information is provided in the link below.

[Community Forums](#)

### 4. Medical Expense Deduction (MED) Phase Out

Wed Mar 16, 2011 **UPDATED**

Pursuant to the flexibilities outlined in Secretary Sebelius' letter, Governor Brewer's Medicaid Reform Package includes the phase out of the MED program. A phase out plan was submitted to CMS on March 16, 2011 and the final version was approved by CMS on April 29, 2011. More information is provided below.

[Medical Expense Deduction \(MED\) Phase Out](#)

### 5. Revised Waiver Proposal

Thurs Mar 31, 2011

On March 31, 2011, AHCCCS submitted a revised Waiver Demonstration proposal to CMS incorporating provisions of the Governor's Medicaid Reform Plan. Waivers from various federal requirements are needed for flexibilities that will allow the State to manage its Medicaid program within budgetary constraints. The links below have more information including the proposal, how to submit comments about the proposal and public hearings about the proposal.

[Waiver Information](#)

[Estimated Impact Data \[17KB\]](#)

[Public Meeting Notice](#)

Tues Mar 15, 2011

In response to a number of requests, AHCCCS is providing details related to the medical utilization and costs of the expansion groups- including Waiver and Proposition 204 populations.

[Summary](#)

[Data Narrative and Detail](#)

### 6. Transplant Restoration Update

Wed April 6, 2011

Governor Brewer's Medicaid Reform Plan restores the transplants AHCCCS previously covered for adult members age 21 and older, effective April 1, 2011. See the link below for additional information:

[Transplant Restoration Update\[81KB\]](#)

## **ALTCS RFP Award Announcement**

Tues June 14, 2011 **UPDATED**

On June 14, 2011, Mercy Care plan was awarded a contract for Pima county. Please see the link below for updated information:

[Updated ALTCS Award Announcement \[34KB\]](#)

Thurs May 13, 2011

On May 5, 2011, AHCCCS awarded managed care program contracts to provide long term care services to Arizonans enrolled in the Arizona Long Term Care System (ALTCS). On May 12, 2011, AHCCCS awarded an additional capped contract. The contracts begin October 1, 2011, and are in place for up to a five year period. Please see the link below for updated information.

[ALTCS Award Announcement \[44KB\]](#)

Mon Jan 31, 2011

The AHCCCS Long Term Care Request for Proposal and Bidder's Library is now available. Use the link below for more information.

[YH12-0001 RFP and Bidder's Library](#)

### **Outpatient Rebase**

Mon June 06, 2011

Every five years, the fee schedule and the state-wide cost-to-charge ratio are "rebased" using more current Medicare cost data. A number of other refinements are needed to ensure proper cost containment and provide more equitable compensation among hospitals. More information can be found here:

[Proposed Rule \[41KB\]](#)

### **Change in ALTCS Transfer Policies**

Thur Apr 28, 2011

Effective with ALTCS applications filed on and after May 1, 2011, uncompensated transfer penalty periods will be reduced and ended only when ALL transferred assets are returned. Penalty periods will no longer be shortened when only a partial return is made. For more information, click on the link below:


[ALTCS Transfer Change \[8KB\]](#)

### **AHCCCS Update Regarding Health Care Reform**

#### **1. [AHCCCS Activities](#)**

Fri Dec 16, 2010

Information regarding AHCCCS implementation of some of the Medicaid provisions of the Patient Protection and Affordable Care Act (ACA) is provided below. This document will be updated regularly as information becomes available.

[AHCCCS Activities- 5/13/11 \[45KB\]](#) 

For additional information about the ACA, please visit the [Federal Activities](#) page.

#### **2. [Incentives for Prevention of Chronic Disease](#)**

Fri May 13, 2011

On May 11, 2011, AHCCCS submitted its proposal for the Medicaid Incentives Prevention of Chronic Diseases grant opportunity.

[Proposal](#)

Thurs Mar 31, 2011

AHCCCS is reviewing and accepting comments for the Medicaid Incentives for Prevention of Chronic Diseases Program grant opportunity as part of an overall effort to reform the Medicaid program for Arizona.

#### **3. [Health Homes for Enrollees with Chronic Conditions](#)**

Wed March 23, 2011

On March 29, 2011, CMS approved Arizona's planning request for the funding opportunity provided under Section 2703 of the Affordable Care Act- "Health Homes for Enrollees with Chronic Conditions."

[AZ Planning Request](#)

### **KidsCare Wait List**

Wed June 22, 2011

There were 105,126 applicants on the KidsCare waiting list as of June 15, 2011. Please note, this number does not mean all individuals on the waiting list are actually eligible for KidsCare. AHCCCS has recently updated the list to remove duplicate applications, children who have turned 19 and would no longer qualify for KidsCare, and individuals currently eligible under other AHCCCS programs. Typically, 30% of all applicants are denied for the KidsCare program. However, this percentage will become less precise as more time goes by, since the applications on the waiting list will be older and circumstances for those applicants change. Thus, there is no good way to predict how many of the applicants on the waiting list might be eligible for KidsCare. Regardless, AHCCCS will continue to update the waiting list number at the end of each month.

Fri Dec 29, 2010

AHCCCS continues to work with CMS on issues related to the KidsCare program, including the

impact of the Enrollment freeze. For additional information about the Enrollment cap, visit:  
[KidsCare Enrollment Cap](#)

Information about denial and discontinuance activity in the KidsCare program can be found at:  
[KidsCare Activity](#)

<b>AHCCCS Care (Childless Adults) Phase out Plan Fact Sheet</b>
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**Eligibility for the AHCCCS Care program will be frozen July 8, 2011, until additional funds become available to reopen enrollment into the program. No one will be approved for AHCCCS Care after July 7, 2011, except children aging out of their eligibility group because they turned 19 or 21.**

**What is the AHCCCS Care program?**

AHCCCS Care or Childless Adults, as it is sometimes known, is a waiver program for adults who have not been determined eligible under one of the regular Medicaid groups (aged, blind, disabled, pregnant, under 18 or parent of a deprived child). An asset test is not required and they must have income under 100% of the Federal Poverty Level (FPL). Eligibility must be renewed every 12 months.

**How many people are on AHCCCS Care?**

As of June 1, 2011, there are nearly 225,000 AHCCCS Care members.

**What will happen to those already on AHCCCS Care?**

All AHCCCS Care members with eligibility that began before July 8, 2011, will remain eligible for the program, unless they lose eligibility because they no longer meet the requirements. This includes the requirement to comply with the renewal process.

AHCCCS will make an administrative change from AHCCCS Care to SSI MAO – a program for people who are aged, blind or disabled (SSI MAO enrollment will not be frozen) - if the member is over age 65, under age 65 and has Medicare or is diagnosed as seriously mentally ill (SMI) by the Department of Health Services. AHCCCS Care members who are diagnosed with HIV/AIDS will be administratively changed to SSI MAO, if they lose eligibility for AHCCCS Care for failure to complete the renewal process. Most SMI and HIV/AIDS members under the age of 65 will have to later be determined disabled under federal requirements by the Disability Determination Service Administration (DDSA), Department of Economic Security. If an SMI member does not meet the federally defined criteria of disabled for Medicaid under the SSI MAO category, AHCCCS will continue their coverage under the AHCCCS Care category, as long as they meet all other required eligibility criteria, such as income.

Although AHCCCS will make every effort, using information already available to the state, to identify people who age 65 or older, disabled, pregnant, or the parent of a deprived child, to ensure that their coverage continues under other categories, we may not identify all of these individuals. If an individual's coverage in the childless adult program is being terminated and the individual believes that they may be covered under one of these other groups, they should notify their eligibility worker, who can help them apply for coverage under these categories. AHCCCS is also working with DDSA to streamline the process of collecting and submitting documentation for the disability determination. RBHA providers can also assist individuals in submitting documentation to DDSA.

**What can AHCCCS Care members do?**

AHCCCS Care members should do everything in their power to complete their renewal on time. They can complete a paper renewal form or complete an electronic renewal on line at [www.healtharizona.org](http://www.healtharizona.org). They should also report any changes in address to their eligibility worker to insure no loss of contact.

<b>AHCCCS Care (Childless Adults) Phase out Plan Fact Sheet</b>
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**How will AHCCCS Care members know their renewal date?**

**1<sup>st</sup> Notice:** All AHCCCS Care members will be notified 60 days before the due date of their renewal and given information about how to comply.

**2<sup>nd</sup> Notice:** If they have not complied they will receive a notice telling them their benefits will stop, the date they will stop and giving them appeal rights.

**3<sup>rd</sup> Notice:** AHCCCS will send another notice on the 25<sup>th</sup> of each month as a 3<sup>rd</sup> warning that AHCCCS Care members have until the end of that month to comply with the renewal process.

AHCCCS members can find their renewal dates can on [www.myahcccs.com](http://www.myahcccs.com). AHCCCS registered providers can also obtain an AHCCCS Care members' renewal date through the provider portal on the AHCCCS website.

**What appeal rights will AHCCCS Care members have?**

If AHCCCS Care members lose their eligibility and they believe their eligibility was not determined correctly, they can ask for a hearing. If they request a hearing within 10 days their eligibility can be continued until the final decision is made.

**Alternative resources**

See: <http://www.azahcccs.gov/community> for ideas about helping people who are not eligible for AHCCCS Care or other AHCCCS programs.

## AHCCCS Care Phase Out Plan List of Notices\*

#	Description	Issued By	Timing	Mail Date
1	To all AHCCCS Care members explaining that enrollment for the AHCCCS Care program will be frozen and to comply with renewal requirements, etc.	AHCCCS	One time	7/7/11 – 7/13/11
2	To all AHCCCS members who are not MED or AHCCCS Care explaining that they are not affected by the Phase Out Plans for MED and AHCCCS Care.	AHCCCS	One time	7/11/11 – 8/5/11
3	To AHCCCS Care members who are aged 65 and older or who are under age 65 and have Medicare explaining that the AHCCCS Care program is frozen and that AHCCCS has transferred their case to SSI MAO.	AHCCCS	Monthly	29 <sup>th</sup>
4	To AHCCCS Care members who failed to comply with the annual renewal process and have a diagnosis of HIV/AIDS and/or take antiretroviral drugs explaining that although they lost their AHCCCS Care eligibility, they were transferred to SSI MAO, they will not experience a lapse in coverage, but they must comply with the renewal at SSI MAO.	AHCCCS	Monthly	29 <sup>th</sup>
5	To AHCCCS Care members who are identified as Seriously Mentally Ill (SMI) explaining that the AHCCCS Care program is frozen and that AHCCCS has transferred their case to SSI MAO.	AHCCCS	Monthly	29 <sup>th</sup>
6	To AHCCCS Care members (not listed in 3, 4, or 5) who have not yet complied with the renewal process as a third* and final notice to comply with the renewal process or else they will lose eligibility and will not be able to regain coverage in AHCCCS Care because of the enrollment freeze.	AHCCCS	Monthly	25 <sup>th</sup>
7	To AHCCCS Care members who lose eligibility because they failed to comply with the renewal process explaining the reason for the discontinuance, the effective date of discontinuance, legal references supporting the decision, and hearing rights. This notice is issued by the eligibility agency.	DES or AHCCCS	Monthly	varies
8	To AHCCCS Care members whose renewal is due by June 30, 2011 explaining the freeze and that if they do not comply with the renewal, they may not be able to get coverage again.  This notice will also be sent in July to AHCCCS Care members whose renewal is due by July 31, 2011	AHCCCS	Twice	6/20/11 7/20/11
9	To SOBRA, YATI, and KidsCare children who are aging out of those programs AND have a renewal due in in that same month explaining the AHCCCS Care enrollment freeze and that they must comply with the renewal because if they do not comply, they may not be able to get coverage again.	AHCCCS	Monthly	15 <sup>th</sup>



10	To SOBRA, YATI, and KidsCare children who aged out of those programs notifying them that their case has been transferred into the AHCCCS Care program and informing them of the AHCCCS Care enrollment freeze, which means that if they lose coverage they may not be able to get coverage again.	AHCCCS	Monthly	27 <sup>th</sup>
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\*In addition to the notices stated above, all AHCCCS Care members: (1) will be notified 60 days before the due date of their annual renewal and given information about how to comply; (2) if they have not complied, will receive Notice #7 telling them their benefits will stop, the date they will stop and giving them appeal rights. DES also notifies members by phone (using the Interactive Voice Response system) 30 days prior to the renewal due date if the individual has not already responded. If the member still has not complied with their renewal, they will receive Notice #6 as their third and final notice.