

Arizona 1115 STC #40 Transition Plan

Community Forums: For all of the transition issues below, AHCCCS will conduct training with Health-e-Arizona community assistors and call center staff. In addition AHCCCS will conduct community forums for the public and other community-based groups on this transition. AHCCCS is currently scheduling forums for Tucson (covering Southern Arizona), Phoenix and Flagstaff (covering Northern Arizona). Information will also be made available on the AHCCCS website.

I. Eligibility: Transition of Populations

A. KidsCare I

Children from 100-133% FPL

Step 1:

Transition children currently enrolled in KidsCare with incomes between 100% and 133% FPL into Medicaid.

Step 2:

Send notice to the household explaining transition to Medicaid, that there is no difference in benefits and no premium requirement, but that there may be some copayments that apply.

Children above 133% FPL

Children above 133% FPL (up to 200% FPL) stay in KidsCare I and no further action is needed.

B. KidsCare II

Children from 100-133% FPL

Step 1:

Transition children currently enrolled in KidsCare II with incomes between 100% and 133% FPL into Medicaid.

Step 2:

Send notice to the household explaining transition to Medicaid, that there is no difference in benefits and no premium requirement, but that there may be some copayments that apply.

Children above 133% FPL

Step 1:

Send notice to household explaining KidsCare II is ending and household is required to obtain insurance pursuant to the individual mandate. Notice will also explain that affordable coverage with tax credits is available through the FFM and provide direction on how to contact a navigator, FFM call center and access the

FFM website. Notice should also explain that if the household's income has changed and fallen below 133%, the child(ren) may be eligible for Medicaid.

C. Childless adults

Step 1:

Make necessary systems and other operational changes to open enrollment.

Step 2:

Send a notice to currently enrolled childless adults explaining that the enrollment freeze has been lifted and that there may be changes to their copayment requirements.

D. Family Planning Extension Program (FPEP)

The State is seeking to maintain the FPEP. CNOM #21 needs to be moved out from under the subheading of CNOM authorities that expire 12/31/13.

Women from 100-133% FPL

Step 1:

Transition women currently enrolled in the FPEP with incomes between 100% and 133% FPL into Medicaid.

Step 2:

Send notice to member explaining transition to Medicaid and access to full Medicaid benefit package.

Women above 133% FPL

Step 1:

Women above 133% FPL stay in FPEP and no further action is needed.

F. Phase Out of Employer Sponsored Insurance (ESI) Program

Step 1:

All KidsCare I families have been informed of their opportunity to elect ESI coverage. There are currently no KidsCare I households receiving coverage through ESI. Since KidsCare I enrollment remains frozen, there will be no new families that will elect ESI coverage. Thus, the only action necessary is to phase out ESI and amend the STCs accordingly.

II. Cost Sharing

Phase Out of Mandatory Copayments for Childless Adults in STC 17(d)

Step 1:

Make necessary systems and other operational changes to ensure members are no longer assessed mandatory copay pursuant to terms of 1115 Demonstration.

Step 2:

Send a notice to currently enrolled childless adults explaining that the mandatory copayment requirement has been lifted and that they may be subject to different, nominal copayments under the State Plan.

Phase Out of Missed Appointment Penalty in Counties outside of Maricopa and Pima Counties in STC 29(d)

No providers elected to participate in the missed appointment fee demonstration. Language regarding this demonstration shall be deleted as part of this transition.

III. Access to Care

- The State estimates approximately 347,675 additional Arizonans will enroll in Medicaid beginning January 1, 2014 for State Fiscal Year 2014. This figure includes restoration of childless adult coverage (0-100% FPL), woodwork, child expansion (children ages 6-18 between 100-133% FPL) and the adult expansion (between 100-133% FPL).
- Since the State previously covered childless adults without an enrollment freeze, the State believes its current provider network will be sufficient to address the demand for the estimated Medicaid population.
- Medicaid Managed Care Contractors are required to maintain provider networks in accordance with the terms of the contract with the State and to monitor them to ensure access to care. Those standards define access in a number of different ways including physical proximity of the member to providers and time to scheduled appointments.
- Contractors are also contractually obligated to report when they lose a provider who was providing services to a designated population and/or when they lose providers that had served 5% of their population.
- AHCCCS monitors each Contractor's compliance with network standards through quarterly reports and annual operational and financial reviews.
- Since January 2010, AHCCCS requires Contractors to report and track all member complaints including access to care issues and take action to remediate systemic issues when identified.
- Also in 2010, AHCCCS developed a tool to capture data on providers who leave the networks.
- The AHCCCS program, through its Contractors, has focused on establishing broad provider networks, including private physician offices, rather than using a system of "Medicaid mills," where beneficiaries receive their care through designated Medicaid providers.
- Because of this broad-based, inclusive system of care and the relatively modest number of new Medicaid enrollees estimated under the ACA, the State believes it is well positioned to ensure appropriate access to care for its Medicaid members.

IV. Pilot Programs

A. Dual Eligibles

The State has withdrawn its demonstration submittal to pursue the Capitated Financial Alignment model with CMS.

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