Attachment Q

Public Comments and AHCCCS Responses

ATTACHMENT Q
COMWNTS FROM THE PUBLIC
AND AHCCCS'RESPONSES

The following are the maior comments that AHCCCS received in the two public hearings on the State Plan and in letters received by the agency. Following the comments are AHCCCS' responses. Please note that these comments do not include questions which were asked and answered in the public hearings.

Some of the persons commenting did not believe that they had sufficient time for public comments. AHCCCS acknowledges that the time for comment on the State Plan was compressed in order to submit the State Plan as quickly as possible. However, the State Plan is a reflection of the federal enactment of the Child Health Insurance Plan. and the state legislation which had significant discussion in the past seven months.

Comment - Under Strategic Goals and Objectives, AHCCCS should include an evaluation of special needs of children and assess the adequacy of the provider networks for this population.

Response - *A*HCCCS will evaluate all children through the indicators rather tim by a diagnosis. AHCCCS contractors must meet the needs of avacnhild and ensure that specialty providers are available. The ' network is a critical component in the evaluation of a contractor's ability to deliver services and will be evaluated by AHCCCS before the KidsCare Program begins and during the annual operati6nal reviews.

Comment - *A*HCCCS may have problems attaining the goal of immunizing 80 percent of the children since there are many locations where a child can be immunized. How will AHCCCS work with the county health departments?

Response: *The* 80 percent goal is one that AHCCCS believes is attainable. Currently, AHCCCS health plans immunize 75% of Medicaid eligible children. Regarding coordination with other entities who immunize children, AHCCCS is part of a group working on an automated system to track immunizations. This ability will improve the reporting of immunizations.

Comment - The **state** Plan states that it will decrease the number of uninsured children in the state. This goal does not take into account that some children may receive clinic services as needed but are not considered uninsured.

Response: Added this comment to the State Plan.

Comment - The proposal to add Medical Savings Accounts in the future may be confusing for the parents and not really an option that makes sense for children.

Response - If HCFA approves this proposal, AHCCCS will try to make this option as clear as possible.

Comment. Concerned that prior authorization requirements will hinder special needs children from accessing specialty care.

Response All KidsCare children must have accessible specialty care. By contract, the AHCCCS health plans must meet strict appointEnent standards. For example, if specialty care is needed on an emergency basis, care must be available within 24-hours of referral. For routine, the care must be available within 30 days of referral.

Comment - Special needs children should be able to di senroll from a health plan during the first three months of enrollment.

Response - A**HCCCS** will provide 12 months of guaranteed enrollment in the first year of enrollment, allow a family to choose the hi~alth plan, commercial carrier, the IHS or 638 tribal facilities and choose an available primary care practitioner. All children will. remain enrolled with their chosen provider until the next 12 month anniversary date. AHCCCS does have special circumstances that allow disenrollment before the anniversary date, such as continuity of care, which will be applied to the KidsCare Program.

Comment - Families may not want their child screened for Medicaid.

Response - A**HCCCS** must ensure that children who are enrolled with KidsCare are not eligible for Medicaid. The family will not be required to enroll a child in Medicaid but KidsCare coverage will not be available for a Medicaid eligible child.

Comment - The immunization package is not as comprehensive as Vaccines for Children coverage. Hepatitis A immunizations should be required for children entering day care.

Response - A**HCCCS** will use the same vaccine schedule that is required under Medicaid. This schedule is more comprehensive than the Intergroup coverage contained in Attachment K. The Hepatitis A vaccme will be provided.

Comment - Requiring a social security number may be a barrier for some families, including tribal members.

Response - A**HCCCS** will request a social security number from KidsCare applicants but will not deny eligibility if the family does not provide the social security number and the child is not Medicaid eligible. However, if the child is eligible for Medicaid, a social security number is required and will be requested. If the family does not provide a social security number, AHCCCS cannot enroll a child into KidsCare who is Medicaid eligible.

Comment - An adequate number of applications must be available throughout the state. Please consider allowing sites to duplicate the applications and be sure that the literacy level is appropriat e.

Response - AHCCCS will ensure that sufficient applications are available throughout the state, including tribal lands, in a literacy level that makes the application easy to complete. Duplication of the application will be allowed.

Comment - There were many comments expressing concern about the limitations on behavioral health services of 30 inpatient days and 30 outpatient days per year.

Response - This was a legislative decision that AHCCCS must follow. It is more generous than the benchmark coverage under Intergroup. The only way to change this limitation is by an amendment to the KidsCare legislation.

Comment - Would like to see an indicator for well-child visits.

Response - Well child visits are two performance measures -that AHCCCS will use. Please refer to Section 7.

Comment - The 5.0% performance goal for dental visits and 70% for visiting a PCP are too low.

Response - The percentages are higher than most other states can attain through Medicaid. AHCCCS understands that it is not optimum and will work with the contractors and community to improve the percentages.

Comment Cost sharing should be kept at a minimum.

Response AHCCCS will develop the premium levels and share that information with the community before implementation of the premium schedule. The legislature clearly intended that families share in the cost of care based on income. AHCCCS is mindful that copayments and premiums cannot exceed 5% of gross household income.

Comment - Native American children should have an equal opportunity to enroll in the KidsCare Program. How will the eligibility cap impact rural areas if the state is running out of YjdsCare money?

Response - AHCCCS intends to conduct outreach in all areas of , the state, including onreservation, to maximize the opportunity for all persons in the state to apply for the program. Secondly, AHCCCS does not believe that the cap will be reached for'several years, if at all.

Comment - IRS is not allowed to impose cost sharing for tribal members. Several members commented that premiums and copayments should not be assessed on Native Americans whoreceive services from the IHS or 638 tribal facilities.

Response - The **legislature** established copayments and premiums for all KidsCare enrollees. The Inter Tribal Council did testify before the House Health Committee opposing cost sharing for Native Americans. The Committee did not waive Native Americans from this requirement.

AHCCCS has posed the question to HCFA whether cost sharing is allowed under KidsCare for Native Americans who receive services from an IHS or 638 facility. HCFA has verbally said cost sharing was allowed. AHCCCS will request a written response from HCFA on this issue.

Comment - The Inter Tribal Council of Arizona sent a written comment which stated that minimal tribal consultation has taken place and statements in the State Plan about consultation activities are misleading.

Response - AHCCCS is completely perplexed about this comment. As'a member of the Governor's Task Force, the ITCA agreed to facilitate communication, ensure the tribes were iniFormed about the KidsCare Program and encourage tribes to participate in the many meetings. AIJCCCS views ITCA as a key partner in this process and, prior to this letter, neither AHCCCS nor the Governor's Office had been advised that the ITCA believed that communication and consultation with the-tribes was lacking.

The Governor's Office convened a Task Force with Indian representation and established subcommittees to discuss eligibility, outreach and cost sharing for KidsCare. All interested parties were invited. AHCCCS did not ask ITCA if they invited representatives from the tribes to these meetings. Although ITCA did attend some of these meetings, tribes did not participate in these subcommittees.

AHCCCS has provided information about KidsCare in many different forums: a newsletter which was ' mailed to all tribes describing KidsCare with an offer to meet or answer questions, a letter to all tribes offering a presentation on KidsCare and an opportunity for them to comment and meetings with various tribal organizations. AHCCCS then met with any tribe who requested a presentation. AHCCCS also invited all tribes to participate in meetings and outreach strategies and convened a meeting with the Urban Indian Health Care Directors to discuss their issues. The Governor's Office also invited all tribes to attend a special meeting to discuss the KidsCare proposal and any tribal issues. All tribes were sent a copy of the State Plan and were invited to the. two public meetings on the State Plan.

In addition, AHCCCS was contacted by the, ITCA to help with legislation to include 638 tribal facilities in the KidsCare legislation. AHCCCS drafted this legislation for the ITCA and requested that it be included in the final bill, which it was.

Comment - Children should be allowed to disenroll from a contractor and enroll with IHS or a 638 tribal facility.

Response - Agree. Native American children will be allowed to disenroll from a contractor_ upon request and enroll with the IHS or 638 tribal facility.

Comment- IHS and the tribes cannot provide services under the Premium Sharing Program or Baby Arizona. IHS and the tribes have problems getting Medicaid reimbursement

Response - The Baby Arizona Program does not provide services. It is a program that allows staff in physician offices to accept Medicaid applications from pregnant women and. assist applicants in providing required verification. This facilitates DES in expediting eligibility for pregnant women, There is no reimbursement to the physicians for this assistance. The Premium Sharing Program is a 100% state flanded program established by the legislature as a pilot in four counties. If ITCA believes that IHS or tribal facilities should be allowed to provide the services offered under the Premium Sharing Program, they should approach the legislature for an amendment.

Comment - The existing Medicaid enrollment structure will be used and will have a negative impact on enrollment for Native American children.

Response - The existing Medic aid enrollment structure will not be used. Rather, AHCCCS, for the first time, will be performing eligibility for an acute care program. -- The application will be streamlined, mail-in applications will be accepted and outreach efforts throughout the state, including tribal lands, will be significant. Native American children have all the enrollment options of all other children plus IHS and 638 entities, plus they are allowed to disenroll from a contractor and enroll with IHS a 63 8 tribal entity.

Comment - The cap on the program will be reached before eligible Native American children can be enrolled into KidsCare.

Response - A**HCCCS does** not believe the cap will be reached for several years, if at all. All children in the state will have an equal opportunity to enroll in the KidsCare Program in the first few years. If a cap is imposed at a later date, it will affect all children in the same manner in the state.. AHCCCS understands the need to ensure that Native Americans are informed early about the program, which is why the agency has been working with the tribes on outreach strategies.

Comment - . A**HCCCS** needs to provide a portion of the 10% administrative funds to tribal governments to intensify outreach and coordination efforts.

Response - A**HCCCS** is meeting with tribal representatives to develop strategies that are culturally sensitive and that will be effective for tribal lands and urban Indians. The administrative and outreach funds are extremely tight in the first year of the program. Although no decision has been made to pay for outreach services in any part of the state, AHCCCS is cognizant about tribal resources and will work with the tribes to maximize resources.

Comment -children in Arizona.

The demographic information may underestimate the number of Native American

Response - Agree. However, this is the CPS data provided by the federal government and the best tool we have for estimates.

Comment - Native American children in rural areas do not have access to transportation.

*Response - A*HCCCS understands that it is difficult in rural areas to access services when nonemergency transportation is not provided. Since the legislature decided that the KidsCare Program would not provide non-emergency transportation, AHCCCS cannot pay for this service for any KidsCare eligible child.

Comment - The state must include all state agencies and external agencies who are responsible for children in the outreach activities for Native American children.

Response - AHCCCS agrees that outreach efforts should be as inclusive as possible.

CL7mment - Initial outreach efforts must be expanded to Indian and rural communities.

Response - Strongly agree that outreach is important to Indian communities and rural communities. This is part of the outreach strategy.

Omment - State must continue to work with the tribes, Indian organizations and three IHS offices in disseminating relevant information.

Response - Agree. AHCCCS has every intention of continuing to work not only with the entities listed above but Urban Indian Centers and other appropriate parties.

Comment - The state must ensure the participation of 638 tribal facilities which provide behavioral health services. Prior approval and *referral process* should not hinder services to children.

Response AHCCCS has mailed a letter to each tribe and the 638 Urban Indian Centers advising them about the program and the option for them to use 638 tribal facilities or the Centers to provide care. It will be up to each tribe whether they want to participate. AHCCCS will do all possible to streamline prior approval and referral processes.