

Janice K. Brewer, Governor
Thomas J. Betlach, Director

801 East Jefferson, Phoenix, AZ 85034
PO Box 25520, Phoenix, AZ 85002
Phone: 602-417-4000
www.azahcccs.gov



Our first care is your health care
ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

Date: November 15, 2012

To: Interested Parties

From: AHCCCS Administration

Re: Summary of Written Comments re the “Childless Adult DRAFT Waiver Amendment”

Over the last few months, AHCCCS has been involved in a variety of stakeholder efforts to inform and accept comments from the public on the topics of the “Childless Adult DRAFT Waiver Amendment” (Childless Adults) and “Future of Arizona’s Medicaid Program” (AZ Future). Efforts include creating a page dedicated to these topics on the AHCCCS website, hosting a number of public meetings across the State and accepting public comments.

This document includes a total of 280¹ written comments received specific to the coverage of Childless Adults and the expansion of Medicaid in Arizona, organized in the order they were received. The public comment period for Childless Adults was open from September 18th through October 19th. Comments originated from a variety of sources including individuals, family members, healthcare organizations, healthcare providers and advocacy groups². Comments that were submitted on an organization’s formal letterhead are included as a separate section beginning on page 128 of the PDF document. Additional information about Childless Adults can be found at the following link:

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

In some instances, comments include AZ Future related topics in addition to Childless Adults. More information about AZ Future, including written comments, can be found at the following link: <http://www.azahcccs.gov/publicnotices/FutureOptions.aspx>. Also, some comments included attachments, which have been compiled as a separate document called “Referenced Attachments” due to space limits.

[Comments from Individuals](#)

[Comments from Organizations on Official Letterhead](#)

[Referenced Attachments](#)

¹ This number includes 128 petitions submitted by Crossroads Mission staff, volunteers and residents. However, due to space limitations, only 1 petition is included in this document as an example. The remaining petitions can be found in the “Referenced Attachments” link above.

² All personal information such as names and e-mail addresses has been redacted for privacy purposes.

From:
Sent: Wednesday, August 29, 2012 12:31 PM
To: AZ Future
Subject: AHCCCS COVERAGE

Follow Up Flag: Follow up
Flag Status: Flagged

It is my opinion that you should go back to what the voters have already authorized, and that is that all single adults with no or low income be included in the ahcccs program. These people are destitute as it is, they should not have to worry about getting health care also. Plus it would take a lot of the extra expense off our hospitals, who are also carrying the burden of healthcare for all the illegals in our state. The Federal Government has offered to pay the bulk of the expense for this. Let's be a state that takes care of our poor people!!

Please, please reinstate ahcccs for our children!!!! These are helpless individuals who have no choices in life, and they are our future. Let's keep them healthy so they can progress.

Thank you,

From:
Sent: Wednesday, September 05, 2012 5:49 AM
To: AZ Future
Subject: meicade

Follow Up Flag: Follow up
Flag Status: Flagged

i think you should expand medicade to those who need it

From:
Sent: Wednesday, September 05, 2012 8:54 AM
To: AZ Future
Subject: Medicaid Expansion

Follow Up Flag: Follow up
Flag Status: Flagged

I am in favor of the expansion of AHCCCS. Our granddaughter was recently hospitalized after suffering her second psychotic episode in a year and a half. A lovely young woman who is a student at UA, she is not eligible for AHCCCS because she is childless and single. She was hospitalized for nine days, also incurring ambulance and ER expenses.

If she had not been found seriously mentally ill ("SMI") by the mental health providers in Pima County, she would have incurred thousands of dollars in bills for a hospitalization she had no control over. She would likely have had to quit college to try to find a job in this down economy so as to begin paying for the bills. Single people can also become very ill and need emergency long-term care. Under these circumstances, it would have been counter-productive not to get help for her. She would likely have decompensated again and again and been locked into more and more debt.

Legislators need to understand what hard-working young people need so as to become productive members of our state.

Please do not use my name in any publication so as to not "out" our granddaughter against her wishes. Mental health issues are clearly not understood by many in the general public.

From: . . .
Sent: Wednesday, September 05, 2012 2:21 PM
To: AZ Future
Subject: Expand Medicaid

Follow Up Flag: Follow up
Flag Status: Flagged

Dear Governor Brewer and elected officials,

We believe it is to the advantage of all of Arizona's people that Medicaid be expanded to include additional low-income people.

We believe the data clearly shows that people who are ill but without insurance have resulted in severe financial problems for hospitals and medical providers, even as many working people without insurance have failed to get appropriate medical attention before the problem has escalated to require more expensive care.

As a society we are our brothers and sisters keepers. We are not a strong society when some are weak and remedies exist.

Please move ahead with plans to expand Medicaid coverage.

From:
Sent: Wednesday, September 05, 2012 2:23 PM
To: AZ Future
Subject: otions for Medicaide expansion

Follow Up Flag: Follow up
Flag Status: Flagged

Thank you:

Healthcare exchanges make good moral sense:

1. The US has the highest maternal death rate among Western nations, rising from 6.6 deaths in 1987 to 16 deaths per 100000. It is a useful indicator for our collective health as a nation.
2. AZ can do better and we voters have voted our approval for health care for all, taking into account the factor of women who are paid the lowest of wages as they keep our economy rolling in retail stores, child care establishments, nursing homes, cleaning office buildings, working in restaurants.
3. Healthcare exchanges that offer a choice of health care for those without health care insurance and AHCCCS provided to the medically indigent (100%+) of poverty level provides for a healthier, more productive AZ population.

From:
Sent: Wednesday, September 05, 2012 3:10 PM
To: AZ Future
Subject: Coomments on Medicaid Expansion

Follow Up Flag: Follow up
Flag Status: Flagged

This morning I read in the AZ Republic that there will be public meetings regarding the action to be taken by the State of AZ in regard to the Medicaid (AHCCCS) expansion allowed by the Affordable Care Action. The article also said that public comments could be submitted to the e-mail address above.

Ever since the most recent discussion/debate about health reform began several years ago, I have followed it with intense interest. I have also read and heard a lot about the ACA after its passage.

Therefore I'd like to add my comment to encourage the Governor, as strongly as possible, to accept the Medicaid/AHCCCS expansion allowed for by the ACA.

Accepting this expansion will be good for: AZ's finances (less money spent on emergency room and 'critical illness' care), the people of AZ who will benefit directly from the expansion, the medical community that will serve those new clients, and everyone else in AZ. The latter is true because we all come in contact with people from all walks of life on a daily basis -- in schools, grocery stores, restaurants, work places etc. -- and having more people with health care is in the best interests of the rest of us, in addition to being the humane thing to do.

From:
Sent: Wednesday, September 05, 2012 4:25 PM
To: AZ Future
Subject: AHCCCS
Follow Up Flag: Follow up
Flag Status: Flagged

I am a widow and single mom of four, with three still at home. I think it's terrible that I can't get insurance now because my sons get survivor benefits and it's counted as income! I had to sign a paper that I would not use that money for anything except for their care- which I do. It pays the rent so we're not homeless.

I was just turned down for AHCCCS because they said I don't have a deprived dependent at home...because he gets survivor benefits that my husband PAID INTO!

I HAVE TWO dependents that are 18 and under & it is just ridiculous that we can't even pay a premium to get some help on insurance (kids care)!!

Please change this so families with kids at home can get proper health care. My husband died of cancer because he didn't have insurance and we couldn't afford to have him go to the Dr. to see what the lump was in his lymph nodes.

PLEASE don't make some other family suffer because of this!!!

Change AZ healthcare laws!! PLEASE!

From:
Sent: Wednesday, September 05, 2012 9:48 PM
To: AZ Future
Subject: Medicaid expansion

Follow Up Flag: Follow up
Flag Status: Flagged

Please see the op-ed piece that I had published in the Arizona Daily Star several weeks ago about Medicaid expansion. I believe it is good health policy as well as economic policy for Arizona to expand to 133% of FPL and accept the federal funds. As the chair of the Prop 204 committee that expanded AHCCCS to 100% of FPL until funds were cut last year by the legislature, I believe the state has an obligation to restore the cuts as our economic position has improved, since that was a voter mandate. In addition, as a physician, I see the effects of lack of health insurance on children, families, and adults every day. We can do better. Thanks, Eve Shapiro MD, MPH

http://azstarnet.com/news/opinion/expanding-health-insurance-for-the-poor-is-imperative/article_fb27f715-edf5-5d32-8be7-292555d2e571.html

September 6, 2012

Dear AHCCCS Office of Intergovernmental Relations,

If the federal government covers 90% of the cost of Medicaid expansion (100% initially), it seems like a win-win situation for Arizonans: fewer people delaying care until emergency room visits, and overall healthier schoolkids, neighbors, and families--all at a 90% discount to the state. Otherwise, the hidden costs of illness and disease in our community can come back to cost us fully in the long-term.

More importantly, it helps prevent those of us struggling to get by from becoming those of us who are both sick *and* struggling to get by. God wanted humanity to lend aid to the the most vulnerable. Luckily for our state, the wisest move also happens to be the right thing to do. I support Medicaid expansion for healthier Arizona communities.

Sincerely,


F

From: >
Sent: Thursday, September 06, 2012 8:35 AM
To: AZ Future
Subject: Medicaid expansion

Follow Up Flag: Follow up
Flag Status: Flagged

To Whom It May Concern;

I would like to voice my opinion/concern that AZ should not reject Medicaid under federal health care reform. I won't take your time to list the numerous reasons for my feelings as I am sure they are the same as everyone else that shares my concern. Suffice it to say that as a citizen with chronic health concerns watching the cost of health care constantly rise I fear that someday I may need assistance and would like the peace of mind of knowing help is there should I need it. Until the country truly reforms health care in America my addressing the "costs" of care there are people suffering and America should be better than to turn it's back on her citizens.

Thank you

From:
Sent: Thursday, September 06, 2012 2:45 PM
To: AZ Future
Subject: Future of Health Care in Arizona

Follow Up Flag: Follow up
Flag Status: Flagged

CA'S

- I appreciate that the governor, her staff and the AHCCCS Administration is taking a thoughtful approach in researching and weighing the various options that may be open to the state for maximizing health insurance coverage for Arizonans and strengthening our state's healthcare infrastructure.
- I support a plan that will maximize coverage for as many uninsured Arizonans as possible. Such a plan should be based upon the following principles:
 - Recognizing that, through Prop. 204, Arizona voters mandated coverage of individuals with incomes below 100 percent of the federal poverty level. As such, the plan should focus on restoring voter-approved coverage for those individuals who are not currently eligible for coverage under AHCCCS as a result of the enrollment freeze on the Prop. 204 program.
 - Identifying enhanced federal match rate opportunities for the restoration of Prop. 204.
 - Leveraging the competitive private insurance market to promote individual choice and responsibility.
- I support collaborative efforts to build a high-quality healthcare infrastructure that is patient-centered, sustainable, accessible and affordable.
- I support a sustainable public payment structure that rewards quality and adequately reflects the cost of care so as not to exacerbate cost-shifting to commercial payors and businesses.

C

From:
Sent: Friday, September 07, 2012 6:10 AM
To: AZ Future
Subject: AHCCCS INPUT

Follow Up Flag: Follow up
Flag Status: Flagged

September 7, 2012

Tom Betlach, Director
AHCCCS

Dear Mr. Betlach:

As a member of the Board of Trustees Sierra Vista Regional Health Center (SVRHC) I would like to take this opportunity to share my thoughts with you as you seek input on ways to maximize coverage for the uninsured.

The thoughtful approach the governor, her staff, and the AHCCCS Administration are taking in researching and weighing the various options for maximizing Arizonans' health insurance coverage and strengthening our state's healthcare infrastructure are appreciated.

A plan that will maximize coverage for as many uninsured Arizonans as possible based upon the following principles is quite important to develop:

- H** Recognizing that, through Prop. 204, Arizona voters mandated coverage of individuals with incomes below 100 percent of the federal poverty level. As such, the plan should focus on restoring voter-approved coverage for those individuals who are not currently eligible for coverage under AHCCCS as a result of the enrollment freeze on the Prop. 204 program.

- H** Identifying enhanced federal match rate opportunities for the restoration of Prop. 204.

■ Leveraging the competitive private insurance market to promote individual choice and responsibility.

■ Keeping healthcare decision-making as local as possible.

I further support collaborative efforts to build a high-quality healthcare infrastructure that is patient-centered, sustainable, accessible, and affordable.

And finally... a sustainable public payment structure that rewards quality and does not under reimburse the cost of care so as not to exacerbate cost-shifting to commercial payers and businesses needs to be established.

Again, thank you for the opportunity to share my thoughts with you.

Trustee SVRHC

From:
Sent: Friday, September 07, 2012 9:59 AM
To: AZ Future
Cc:
Subject: May I reserve a seat at Monday's Phoenix meeting? Thanks.

Follow Up Flag: Follow up
Flag Status: Flagged

Please also consider the following input:

We in the HIV Services Community are grateful for the special provisions that were made, with the Childless Adult AHCCCS freeze, for HIV+ Arizonans whose coverage lapsed. Thus, over these past 12 months, nearly 290 Positive Adults continued to be covered medically while they were evaluated for disability. Over 130 of these Arizonans, however, have been subsequently dropped from AHCCCS, as they do not yet meet the Social Security Disability threshold.

The Federal HIV-specific safety net—our Ryan White HIV Care system—is now straining to serve these folks as well as the newly HIV diagnosed and new-to-Arizona Positive adults who are frozen out of our AHCCCS Care system.

McDowell Clinic, the HIV-specific medical clinic operated by Maricopa Integrated Health Systems for the greater Phoenix/Central AZ area, is currently preparing for 494 new Ryan White funded patients in 2012/13, compared to 289 new patients in 2011/12. Our Arizona AIDS Drug Assistance Program (ADAP) has been serving an increasing number of persons thus far in 2012, including the historically highest monthly number ever of 1,600 Arizonans just this May. It appears that core medical services, including substance abuse treatment, may be defunded in 2013 locally for poor HIV+ Adults in order to provide the acute HIV medical care needed for this growing number of uninsured and uninsurable adults.

Accessible Medicaid expansion is a key component of the ACA nationally and here in AZ in ensuring that all newly identified HIV+ people also have the medical treatment necessary to stay alive. Universal medical care for all HIV+ people is not only a Health Treatment remedy----it is the most powerful HIV Prevention tool we now have to reduce new HIV infections in the short term and end HIV/AIDS in the future. This is because HIV+ people on consistent antiviral therapy have viral loads too low to infect others.

The AIDS Epidemic is at a turning point. With accessible and consistent medical and behavioral health care and HIV meds for all Positive persons, we can end AIDS. As you deliberate the expansion of AHCCCS in the coming months, consider what a miracle that would be for our future.

From: [redacted]
Sent: Friday, September 07, 2012 3:43 PM
To: AZ Future
Subject: Health care in Arizona

Follow Up Flag: Follow up
Flag Status: Flagged

it is time that everyone in Arizona pays into health care and everyone is covered. Everyone wants access to health care when they need it and we want everyone to have it. Let's get everyone to pay into the system. If it's only \$100 a month for a low income family of 4 it's better than nothing and we can hopefully stop the big medical bills that come with sick people not getting help. Our state can be a beacon of forward action rather than the laughing stock of the country.

From:
Sent: Friday, September 07, 2012 4:00 PM
To: AZ Future
Subject: Medicaid in Arizona

Follow Up Flag: Follow up
Flag Status: Flagged

We have been Arizona residents for almost 40 years, and most of our children and grandchildren live in Arizona. This amounts to 10 adults, (parents) and 11 grandchildren.

We see Medicaid/AHCCCS as potential coverage for these family members. At present, only one person is on AHCCCS but in this uncertain economy that could change.

We are grateful to the governor, her staff, and AHCCCS Administration for taking a careful approach, weighing the options which could provide health coverage for the many uninsured Arizonans. We would like to see a plan that provides maximum coverage for Arizonans who may need AHCCCS.

From:
Sent: Friday, September 07, 2012 4:22 PM
To: AZ Future
Subject: Proposition 204

Follow Up Flag: Follow up
Flag Status: Flagged

Good afternoon. I am a member of the leadership team at Dignity Health's East Valley Hospitals. Please note:

- We are grateful to the governor, her staff and the AHCCCS Administration for the thoughtful approach they are taking in researching and weighing the various options that may be open to the state for maximizing health insurance coverage for Arizonans and strengthening our state's healthcare infrastructure.
- We support a plan that will maximize coverage for as many uninsured Arizonans as possible. Such a plan should be based upon the following principles:
 - Recognize that, through Prop. 204, Arizona voters mandated coverage of individuals with incomes below 100 percent of the federal poverty level (FPL). As such, the plan should focus on restoring voter-approved coverage for those individuals who are not currently eligible for coverage under AHCCCS as a result of the enrollment freeze on the Prop. 204 program.
 - Identify enhanced federal match rate opportunities for the restoration of Prop. 204.
 - Leverage the competitive private insurance market to promote individual choice and responsibility.
 - Keep healthcare decision making as local as possible.
- We support collaborative efforts to build a high quality health care infrastructure that is patient-centered, sustainable, accessible and affordable.
- We support a sustainable public payment structure that rewards quality and adequately reflects the cost of care so as not to exacerbate cost-shifting to commercial payors and businesses.

Dignity Health
Legal Department
1875 W. Frye Road
Chandler, AZ 85224

From:
Sent: Friday, September 07, 2012 5:13 PM
To: AZ Future
Subject: Medicaid expansion in Arizona

Follow Up Flag: Follow up
Flag Status: Flagged

We definitely need to support the medicaid expansion under the federal health care reform. Especially due to the recession we need to help our citizens who can no longer afford insurance. So often now this is due to job loss totally unconnected to their personal job performance or major illness - NOT due to lack of 'moral fiber' as some radical republicans would have us believe.

For there record, I am a moderate republican who ALWAYS votes and is sick of the far, far right stance of the republican party in this state. I am for tax increases if it goes to boost our education and care for our uninsured citizens. I am for tax increases if it is used to help child protective services in caring for our defenseless children. I am pro life but not to extremes. The Republican party believes in caring for the defenseless unborn but what about the defenseless children of child abuse, the defenseless worker who lost his/her job due to outsourcing or profit greediness, or the seriously sick person whose insurance company refuses care and moves the whole family into bankruptcy. I am not for the overreaching decreases in taxes for the large corporations that we want to have in our state. When that happens, the most needy suffer the most.

In 60 years, our family has NEVER had anyone lose their jobs or houses or medical insurance or go into bankruptcy. We were all raised with strong 'moral fiber' and work ethic. We have now had 2 job losses with only part time replacements and it looks like 2 more on the way. We have had 3 small business owners who lost their businesses and homes due to foreclosure. There have been 5 families in bankruptcy as a result of the recent depression brought on by wall street and large corporation greed. I am sure my family story is repeated all over Arizona.

With all of this happening to your decent, hard working citizens, as a state we must provide health care.

If the Republicans in our state don't start dealing with these issues, we will vote for those Democrats who will.

Sent from my iPhone

From:
Sent: Friday, September 07, 2012 5:31 PM
To: AZ Future
Subject: AHCCCS

Follow Up Flag: Follow up
Flag Status: Flagged

Thank you for accepting comments about the AHCCCS program in Arizona. I currently work for a program that has many families who qualify for AHCCCS. Without this insurance, they would not be able to obtain health care for themselves and more importantly for their children. The importance of well child checkups and immunizations as well as regular dental care is well documented. One of the top reasons for children missing school is mouth pain due to lack of dental care. Children who receive consistent health care and have health insurance are more likely to be healthier adults and disease can be caught sooner. Having insurance can also reduce the number of people using ER services which is where uninsured people tend to go. The overuse of the ER makes the cost of health insurance rise for those who are lucky enough to be insured.

AHCCCS has in the past also been available to young adults in Arizona. This population has now been dropped. While I can understand that this group could be determined to be healthier, that may not be the reality. Things like obesity and high risk behaviors of that age group (such as alcohol use) can contribute to health issues or injuries. Since I have children myself in this age group, I am aware of young adults who are uninsured and avoid accessing health care unless it is an emergency and then, again, end up in the ER.

I know that the cost to the states of providing Medicaid insurance is enormous. That is why the Federal government is helping states with the cost and is moving ahead with health care reform. However, I believe the cost of not providing insurance, especially to the poor, will in the end cost the citizens of the state more. The cost is just shifted to the insured and the hospitals.

My hope is that, some day, everyone in every state will be able to access health care at a reasonable cost and our country will move toward wellness and preventive care instead of treating illness when the cost becomes much higher. We do need reform of the Medicaid system but, in the meantime, the poor and the young should not have to pay the price.

Again, thank you for allowing citizen input.

Coconino County Public Health Services District
Healthy Families

From:
Sent: Sunday, September 09, 2012 11:53 AM
To: AZ Future
Cc:
Subject: AHCCCS Future

Follow Up Flag: Follow up
Flag Status: Flagged

Tom Betlach, Director
Arizona Health Care Cost Containment System

Dear Mr. Betlach;

I am writing to tell you of my support for the work that the Governor and her staff are doing as regards the decision for maximizing Arizonan's health insurance coverage as it relates to the recent US Supreme decision regarding the Affordable Care Act.

As a current member of the Sierra Vista Regional Health Center's Advocacy Committee and a previous member and chair of the University Medical Center board in Tucson, it is of grave concern to me that Arizona play a role in insuring that our citizens have the greatest opportunity for healthcare possible. Such a plan must take several issues into consideration:

1. The plan should focus on restoring voter-approved coverage for those individuals who are not currently eligible for coverage under AHCCS as a result of the enrollment freeze on the Prop 204 program.
2. Identifying enhanced federal match rate opportunities for the restoration of Prop 204.
3. Leveraging the competitive private insurance market to promote individual choice and responsibility.
4. Keeping healthcare decision-making as local as possible.
5. A sustainable public payment structure that rewards quality and does not under-reimburse the cost of care so as not to exacerbate cost-shifting to commercial payers and businesses.

From:
Sent: Monday, September 10, 2012 9:15 AM
To: ~~AZ Future~~ CAS
Subject: AHCCCS

Follow Up Flag: Follow up
Flag Status: Flagged

I am unable to attend the public meetings regarding the future of AHCCCS. However, I feel strongly that the low income residents of Arizona deserve health care benefits. I support a plan that will maximize coverage for as many uninsured Arizonans as possible. Such a plan should recognize that, through Prop. 204, Arizona voters mandated coverage of individuals with incomes below 100 percent of the federal poverty level (FPL). As such, the plan should focus on restoring voter-approved coverage for those individuals who are not currently eligible for coverage under AHCCCS as a result of the enrollment freeze on the Prop. 204 program. Let's please take advantage of federal matching funds to help our uninsured residents.

Regards,

From:
Sent: Monday, September 10, 2012 9:39 AM
To: AZ Future
Subject: personal
Attachments: GlobalCerts Secure; GlobalCerts Secure

Follow Up Flag: Follow up
Flag Status: Flagged

I am a single working mom of two kiddos... In my work I don't have any health insurance. If it wasn't for AHCCCS's help, who know where I be. Please don't take that away from those of us who actually benefit from the state subsidies insurance. I need it as bad as my kids do.

Arizona's Children Association and Its Family of Agencies
3780 S. 4th Ave. Suite K
Yuma, AZ. 85365

Protecting Children. Preserving Families.
Celebrating Our First Century of Hope 1912-2012
Across Arizona Since 1912.
www.arizonaschildren.org



From:
Sent: Monday, September 10, 2012 9:41 AM
To: AZ Future
Subject: Medicaid expansion

Follow Up Flag: Follow up
Flag Status: Flagged

Hi and thank you for requesting community input about medicaid expansion. I think the best way to describe this was to recite some info from an article I read awhile back about family practitioners and other such clinics and the outrageously high rates of financial problems they are seeing. In the neighborhood of 1 in 3. If we can get 30% of our population insurance and get the reimbursement rates up or costs down a bit we'll be in good shape for the first time in my life. When you are thinking about this please keep in mind that this decision is literally a life or death one for myself and many other like me. If we can afford smart bombs and aircraft carriers there should be no reason we can't ensure and afford good health care for our citizens. Also this is going to be the single biggest stimulus effect to the AZ economy in the history of the state and in a time when we need the jobs and tax revenue. There are just no good reasons not to expand Medicaid other than ideological and we all know how well ideology has been working for us lately.

Sincerely and with hope.

From:
Sent: Monday, September 10, 2012 9:49 AM
To: AZ Future

Importance: High

Follow Up Flag: Follow up
Flag Status: Flagged

- We are grateful to the governor, her staff and the AHCCCS Administration for the thoughtful approach they are taking in researching and weighing the various options that may be open to the state for maximizing health insurance coverage for Arizonans and strengthening our state's healthcare infrastructure.
 - We support a plan that will maximize coverage for as many uninsured Arizonans as possible. Such a plan should be based upon the following principles:
 - Recognize that, through Prop. 204, Arizona voters mandated coverage of individuals with incomes below 100 percent of the federal poverty level (FPL). As such, the plan should focus on restoring voter-approved coverage for those individuals who are not currently eligible for coverage under AHCCCS as a result of the enrollment freeze on the Prop. 204 program.
 - Identify enhanced federal match rate opportunities for the restoration of Prop. 204.
 - Leverage the competitive private insurance market to promote individual choice and responsibility.
 - Keep healthcare decision making as local as possible.
- We support collaborative efforts to build a high quality health care infrastructure that is patient-centered, sustainable, accessible and affordable
- We support a sustainable public payment structure that rewards quality and adequately reflects the cost of care so as not to exacerbate cost-shifting to commercial payers and businesses.

From:
Sent: Monday, September 10, 2012 10:11 AM
To: AZ Future
Cc:
Subject: Public Meeting on Mon., Sept.. 10th

Follow Up Flag: Follow up
Flag Status: Flagged

CK'S

9/10/2012

Good Morning AHCCCS,

I realize you are having a public meeting today on the Supreme Court's recent decision to uphold AZ health reform. I am writing to stress the importance of changing the current AHCCS eligibility to include adults.

I am the mother of two adult sons, one (age 34) with a diagnosis of Schizophrenia, and one (age 31) with end stage liver disease. They are both single, and have no children.

I am writing to gain support for adults without children who need ACCESS services so desperately. My son with liver disease just received a letter that he earns too much money from disability to receive ACCESS services at the present. They will review his ACCESS insurance benefits in the near future to see if he still qualifies. He has \$15,000. in bills from doctors that he is trying to pay a little each month. The hospital wrote off all of his stay, \$225,00.00, and God bless them for that. He was released to Hospice of the Valley and lives with us, his parents.

I urge you to increase coverage for adult individuals who so desperately need it and earn only \$900. from disability. With bills, meds, food, gas, etc. it seems they never have enough to get by on. Who ends up helping is us, their parents, and we only have limited recourses. We cannot continue, we are unemployed ourselves. This is not to mention the psychological services that he needs faced with this death sentence.

Thank you for your time,

A Chandler mom of two adult disabled children.

From:
Sent: Monday, September 10, 2012 10:40 AM
To: AZ Future
Cc:
Subject: Proposition 204 Coverage

Follow Up Flag: Follow up
Flag Status: Flagged

The freeze on Prop. 204 patients has led to tens of millions of dollars in increased charity and bad debt for Dignity Health Arizona. We need this program restored.

- **We are grateful to the governor, her staff and the AHCCCS Administration for the thoughtful approach they are taking in researching and weighing the various options that may be open to the state for maximizing health insurance coverage for Arizonans and strengthening our state's healthcare infrastructure.**
- **We support a plan that will maximize coverage for as many uninsured Arizonans as possible. Such a plan should be based upon the following principles:**
 - **Recognize that, through Prop. 204, Arizona voters mandated coverage of individuals with incomes below 100 percent of the federal poverty level (FPL). As such, the plan should focus on restoring voter-approved coverage for those individuals who are not currently eligible for coverage under AHCCCS as a result of the enrollment freeze on the Prop. 204 program.**
 - **Identify enhanced federal match rate opportunities for the restoration of Prop. 204.**
 - **Leverage the competitive private insurance market to promote individual choice and responsibility.**
 - **Keep healthcare decision making as local as possible.**
- **We support collaborative efforts to build a high quality health care infrastructure that is patient-centered, sustainable, accessible and affordable.**
- **We support a sustainable public payment structure that rewards quality and adequately reflects the cost of care so as not to exacerbate cost-shifting to commercial payors and businesses.**

Thank you!

From:
Sent: Monday, September 10, 2012 10:45 AM
To: AZ Future
Subject: Medicaid Expansion under the Affordable Care Act

Follow Up Flag: Follow up
Flag Status: Flagged

I strongly support the expansion of Medicaid under the Affordable Care Act.

Unfortunately, the United States health care system ties health insurance to employment. This has become an expensive and untenable construct.

Many small businesses cannot afford to provide health insurance to their employees, and many large employers 'work the system' to avoid providing health insurance benefits, thus shifting their overhead costs onto us taxpayers.

Because health insurance is tied to work, even middle class professionals who become seriously ill or injured, may need Medicaid if illness forces them from their employment.

Disabled children and adults need Medicaid. The elderly in nursing homes also need Medicaid.

At one time or another, nearly every American citizen, except for the most independently wealthy, will need some assistance from Medicaid.

The expansion of Medicaid is not a want, it is a need. And, in a civilized nation, health care is a human right, and not a privilege.

From:
Sent: Monday, September 10, 2012 1:12 PM
To: AZ Future
Subject: Re: AHCCCS Community Forum
Attachments:

Follow Up Flag: Follow up
Flag Status: Flagged

Please retract previous speaker slip and replace with attachment in this email

----- Original Message -----

From:
To: AZ Future
Sent: Monday, September 10, 2012 12:43 PM
Subject: Re: AHCCCS Community Forum

Please see attached speaker slip for meeting today.

The following text is within the document.

On behalf of me, my family, my community and state, I am requesting that Arizona expands Medicaid coverage, as passed into law.

Our family and our state residents pay federal taxes. I know, we know, that it is fiscally responsible for our state to get back the money we pay into the system for our community.

We are struggling as a community and as a state. According to Kaiser State Facts for 2009-2010, 25% of the population is below 100 FPL with another 9% at 100- 138%. This represents alarming number of greater than 30%.

As a mom, and active community volunteer, I see need all around me.

In my daughter's middle school, in Tempe of the enrollment of 1050 students, 1032 are enrolled in free and reduced lunch October 2011 through March 2012 - <http://www.azed.gov/health-nutrition/frpercentages/> These are families with children who are in need.

I talked with a mom when we picked up schedules at the beginning of the school year who cannot afford surgery – she works in a labor job. My friend, who is single, no children, works by the “job” struggles and self medicates because she has no health insurance.

And these past two weeks, it comes home on a personal level. We typically get sick at the beginning of the school year, when the kids get back together – this year was no exception. I wonder how many of the students my daughter interacts daily with (and therefore so do I) have access to health care.

We are hard working people, with immediate and extended families who deserve to get back what we have invested in taxes. Not just for our own health, but for the health of our community.

Please extend the Medicaid expansion, Arizona deserves it share.

Sincerely,

Tempe Resident

----- Original Message -----

From: AZ Future

To:

Sunday, September 09, 2012 6:01 PM

Subject: AHCCCS Community Forum

Thank you for your interest in the future of Arizona's Medicaid program. Your RSVP to attend the public meeting has been received. Please arrive 10 minutes prior to the start time. If you plan to offer comments at the meeting, please complete the speaker slip in the link below and e-mail it to: AZfuture@azahcccs.gov.

Although speaker slips will be available at the public meeting, early submission will allow for the most efficient use of allotted time. Speakers will be called in the order their slips are received. A time limit may be imposed (if needed) so that as many speakers as possible can be heard. Written comments will also be accepted by e-mail to AZfuture@azahcccs.gov or by mail to AHCCCS Attn: Office of Intergovernmental Relations; 801 E. Jefferson, MD 4200; Phoenix, AZ 85034.

Speaker Slip (Complete and email to: AZfuture@azahcccs.gov)

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From:
Sent: Monday, September 10, 2012 1:44 PM
To: AZ Future
Subject: comment

Follow Up Flag: Follow up
Flag Status: Flagged

Please add me to the list of Arizonans in favor of our taking part in the medicaid program associated with the Affordable Care Act.

Our Ahcccs program does excellent work. Governor Brewer should accept expansion of it through the ACA initiative. Our Ahcsss program will then cover many new people who do not have insurance. Ahcsss can use its skills to prevent fraud and waste in the proper use of these funds. Our minimal costs will be well worth it to expand insurance coverage to those who need it.

From:
Sent: Monday, September 10, 2012 8:33 PM
To: AZ Future
Subject: AHCCCS

Follow Up Flag: Follow up
Flag Status: Flagged

I fully support giving adults and others access to Arizona's Medicaid plan.

- Uncompensated medical care is putting an enormous strain on hospitals and doctors, and is hurting Arizona's economy.
- Arizona voters have mandated better coverage and AHCCCS can deliver it. AHCCCS is a unique Arizona solution that for 30 years has provided high quality, cost-effective private health coverage that has become a national model for other states.
- Expanding health coverage through AHCCCS is a good deal for Arizona, with the federal government chipping in \$9 for every \$1 Arizona invests.
- People who cannot afford health care should not be left behind by the rest of our citizens. This is bad for our economy and bad for our communities.

It's not who you are that holds you back, it's who you think you aren't.

From:
Sent: Tuesday, September 11, 2012 8:27 AM
To: ~~AZ Future~~
Subject: AHCCCS coverage CAS
Follow Up Flag: Follow up
Flag Status: Flagged

The freeze on Prop. 204 patients has led to tens of millions of dollars in increased charity and bad debt for our hospitals. We really need this program restored.

- We are grateful to the governor, her staff and the AHCCCS Administration for the thoughtful approach they are taking in researching and weighing the various options that may be open to the state for maximizing health insurance coverage for Arizonans and strengthening our state's healthcare infrastructure.
 - We support a plan that will maximize coverage for as many uninsured Arizonans as possible. Such a plan should be based upon the following principles:
 - Recognize that, through Prop. 204, Arizona voters mandated coverage of individuals with incomes below 100 percent of the federal poverty level (FPL). As such, the plan should focus on restoring voter-approved coverage for those individuals who are not currently eligible for coverage under AHCCCS as a result of the enrollment freeze on the Prop. 204 program.
 - Identify enhanced federal match rate opportunities for the restoration of Prop. 204.
 - Leverage the competitive private insurance market to promote individual choice and responsibility.
 - Keep healthcare decision making as local as possible.
 - We support collaborative efforts to build a high quality health care infrastructure that is patient-centered, sustainable, accessible and affordable.
 - We support a sustainable public payment structure that rewards quality and adequately reflects the cost of care so as not to exacerbate cost-shifting to commercial payors and businesses.

If you have any questions or want more information, please call me at

Regards,

From:
Sent: Friday, September 14, 2012 7:04 PM
To: AZ Future

Follow Up Flag: Follow up
Flag Status: Flagged

I appreciate the opportunity to weigh in on the future of public support for our uninsured citizens. I voted for Prop 204 and believe we have to restore those individuals coverage first. This is voter-approved and once our state budget recovers, we must do this to reflect the law.

I think we should also seek opportunities to secure additional funding from the federal govt by using matching funds. i also support collaborative efforts to build a high-quality healthcare infrastructure that is patient-centered, sustainable, accessible and affordable. Finally, the AHCCCS payment rates must be fair to reflect hospital costs.

Hospitals in AZ are under tremendous stress from the increased charity care and bad debt write-offs. A failed hospital is devastating for a local community and damages our fragile economy. Thank you for your help.

From:
Sent: Friday, September 14, 2012 11:22 PM
To: AZ Future
Subject: My experience and opinion

My wife and I, childless adults, who were on AHCCCS for about two years, were dropped as of September 1 this year because I now make \$12/month too much. What kind of health insurance can we buy for \$12/month that will cover office visits with an oncologist and a rheumatologist as well as our primary family doctor? How much of the \$600/month in breast cancer and rheumatoid arthritis medications will that \$12/month pay for?

AHCCCS was the safety net for people in our financial situation, thanks to job losses and a loss of 75% of our household earning from 2006. Thanks to AHCCCS my wife is a breast cancer survivor and has her rheumatoid arthritis under control. Now what?

We are both 57 years old. I work full time with no benefits at all. My wife is unable to work at all outside the home.

Prescott Valley, AZ

From:
Sent: Saturday, September 15, 2012 4:03 PM
To: AZ Future
Subject: Extending Medicaid

Follow Up Flag: Follow up
Flag Status: Flagged

I support extending Obamacare provisions to Arizona's AHCCCS program. Have a 45-year-old son with preexisting fibromyalgia condition, plus other complications, and has no insurance because he lost his job and has been unable to find employment for past year. Now getting Obamacare coverage so he can be fully evaluated by specialists to determine if he can continue working (will need retraining) or should go on disability. There are costs to Obamacare care, and I will be happy to cover them. He hid his condition while he was employed and this did not help things.

Thanks & Best Wishes

Coordinator
Merchants for a Better Maryvale (MBM)

Coordinator
West Side Town Hall Program

Member, Society of St. Vincent de Paul
Member, Maryvale Assn. of Churches
Member, COPE Drug & Alcohol Prevention Program, Maryvale
Member, Poco Jardin Block Watch Steering Committee
Member, Knights of Columbus, St. Augustine, Maryvale

From:
Sent: Monday, September 17, 2012 3:00 PM
To: AZ Future
Cc:
Subject: Medicaid Comment
Attachments:
Follow Up Flag: Follow up *CA's*
Flag Status: Flagged

To Whom It May Concern:

I am writing because my son is and has been on Medicaid for the last 20 years. He was injured in a car accident years ago and lives with my husband and myself.

If it was not for AHCCCS, my son would be in a nursing home and I would not wish that on anyone, especially a young person.

My son is happy and content (as content and happy as a quadriplegic can be) and I am grateful that we have been able to keep him at home. I thank the Medicaid system for that and fervently hope that he will not lose it. I can't stand to think of him in a nursing home.

Enclosed is a pic of my son.

Thank you.

If you have any questions, please feel free to write, or call me at

Sincerely,

From:
Sent: Wednesday, September 19, 2012 9:14 PM
To: AZ Future
Subject: Medicare extension

Follow Up Flag: Follow up
Flag Status: Flagged

Yes, it is important for AZ citizens to have access to health care through the extension of Medicaid through the AHCCCS program. Healthy citizens make for a more productive work force.

Litchfield Park

From:
Sent: Friday, September 21, 2012 7:20 PM
To: AZ Future
Subject: RE: my access and Puplic meeting input
Attachments: govenor.wps

To Access RE: Public Meeting Input

-- Attached is a letter I wrote and sent to Gov. Brewer

It explains how I was treated and the reslut of my taking in my grandson and his turning 18 two months later and **my insuance being droped**

I was NEVER TOLD the I would ose my coverage due to my grandson turning 18 TWO months later

, Lake Havasu City A Z

Dear Governor Jan Brewer,

Sept 2012

I am writing you due to an issue I am having regarding Arizona State Access Medical Insurance and a recent change in eligibility.

I am a 61 year old divorced woman and unemployed. I have been on access and am living with a friend in Lake Havasu City who has graciously let me live with her rather than me living in my car or on the street.

In April my grandson asked if he could come live with us and finish school due to a bad situation with his stepfather at home. My friend and I agreed that he could. I went to the DES Office in Lake Havasu and got him on access. **At that time no one ever told me, I would lose my coverage when he turned 18 if I add him. (I would have never changed any thing for only two months of his being covered).** They added him onto my case, and in July he turned 18, and I received a letter that MY MEDICAL would terminate the 1st of August. He still had 2 years of school left till he could graduate due to his parent's bad parenting. So I went back into the DES office and they extended my coverage for one year. But now due to my grandsons bad choices he has had to go back to Mesa to his grandfather's till he can pass a GED and hopefully join the Army ASAP.

My problem is that now my medical insurance will be terminated due to the Fact (I no longer will have a minor child in my home.)

I can understand this rule needs to apply to parents of these children but to punish a grandparent who was only trying to help keep her grandson off the streets and help him get an education is wrong. He was only with me for 3 months. He became eligible for Access in June 2012 and left the home in August. I notified DES at that Time. **Now I have no coverage**

Again, I was not ever told that by adding him to my case that when he turned 18 it would cancel my own coverage permanently. If I had known that I would never have applied for him to receive coverage. As I have no way to pay for any medical services if I were to need them. Thank God I am in good shape at this point and only have a low thyroid problem but do need my medication on a monthly basis. Blood tests to get the medication and keep it monitored. Especially in this economy and being an elderly woman with now no way to get medical help if needed till I turn 65 this is totally inhumane to say the least. I am sure that I am not the only grandparent over 50 that this has happened to.

If there is money in the state coffers that can be used to buy back state buildings that were sold just a few years ago or other wasteful spending that goes on in our government, I would ask for your compassion on the elderly population in this job market to reconsider our ability to keep medical coverage for grandparents who are only trying to help and do the right thing and for cancer victims who need medical help. **Please don't leave us without medical coverage just because a grandchild we take in turns 18 and is no longer a minor or persons with Cancer who have no coverage. Thank-you for your consideration in this dyer situation that so many of us find ourselves in today.**

From:
Sent: Saturday, September 22, 2012 12:32 PM
To: AZ Future
Subject: AHCCCS future

Follow Up Flag: Follow up
Flag Status: Flagged

Dear Governor Brewer,

I am writing to urge you to accept the Medicaid expansion under health care reform. It would lovely if everyone could afford to buy insurance or be helped by charity, unfortunately, many people do not have affordable options and there are not enough charity donations to cover everyone who needs help.

Sincerely

From:
Sent: Wednesday, September 26, 2012 9:15 AM
To: Childless Adults
Subject: Support 204

Dear Director Betlach,

I am writing in support of AHCCCS' efforts to continue providing Medicaid coverage through the childless adult/Prop 204 program and to obtain the enhanced FMAP rate. Specifically, I support continuing this coverage through extension of AHCCCS' current waiver authority to provide Medicaid coverage to childless adults for the entire period of its Demonstration Waiver (through September 30, 2016). In addition, I strongly support the AHCCCS Administration's proposal to obtain enhanced FMAP for childless adults beginning January 1, 2014. This enhanced match rate is a critical component of the state/federal partnership to rebuild a sustainable childless adult program in Arizona.

While states that have never covered childless adults can obtain 100 percent federal funding for childless adults in 2014, Arizona is not eligible for this match rate. Our citizens are penalized for having done the right thing in covering childless adults prior to the federal expansion of Medicaid under the *Affordable Care Act (ACA)*. The loss in federal funding associated with having provided coverage to childless adults since 2000 cannot be understated. However, this inequity is partially mitigated through a provision of the ACA that authorizes an enhanced FMAP for childless adults to "early expansion" states like Arizona. Although the ACA does not make Arizona whole, obtaining enhanced FMAP for the state's childless adult population is imperative for state policymakers to consider restoration of Prop. 204.

The impact to [redacted] of the enrollment freeze on the Prop 204 population as well as other AHCCCS rate cuts has been devastating and endangers Arizona's health care safety net system. uncompensated care costs have literally doubled as we continue to provide care to the uninsured. As a result, we have cut programs such as the [redacted] and eliminated over 170 staff positions since 2011. The current cost of uncompensated care is simply unsustainable.

I support the AHCCCS Administration's waiver request and will strongly urge CMS approval.

Thank you for your consideration.

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From:
Sent: Wednesday, September 26, 2012 1:49 PM
To: AZ Future
Subject: Medicaid for Arizonans

Follow Up Flag: Follow up
Flag Status: Flagged

To: AHCCCS
Attn: Office of Intergovernmental Relations
801 E. Jefferson, MD 4100
Phoenix, AZ 85034

The multiple and complex opportunities now available with respect to the future the Arizona Medicaid program affords Arizona a unique opportunity. Arizona can now expand its Medicaid program to provide medical coverage/insurance to a much greater number of Arizonans -- including single adults without children. And this can be accomplished with a high percentage of federal funds paying Arizona's way in the near future.

For Arizona not to take advantage of this offer from the federal government would be foolish and costly in the long term for Arizona taxpayers and Arizona residents who now pay for their own medical insurance premiums. In addition, Arizona hospitals will continue to pass along their unpaid expenses, incurred from those who receive medical care but who have no medical insurance, to those of us who do have insurance and who pay our own way.

Recent state-wide media reports demonstrate how the state of Arizona is lagging behind other states in measured basic educational achievement and workforce development and is surpassing many other states in the rate of unemployment. To attract and retain the best possible workforce for Arizona, and to provide for the basic needs of all of its citizens, Arizona needs to provide all of its citizens with a basic safety-net of medical insurance. Otherwise Arizona's working-age population will continue to migrate to those states which provide such a safety-net for workers and their families.

It would be an obvious example of poor business sense, and demonstrably ignorant, for Arizona taxpayers to send their tax dollars to the federal government and have the federal government spend Arizona's tax money for medicaid programs in other states because of an administration in Phoenix which may attempt to make a political point by refusing the increased legislated federal Medicaid funds.

Let's take care of Arizonans with Arizonans tax dollars and accept the increased federal Medicaid funding and provide Medicaid for as many Arizonans as possible under the Affordable Care Act.

You noted on your website that Governor Brewer has started a deliberate and thoughtful process to review all options and engage with Arizona stakeholders for their valuable input. Therefore I think it is critical to put aside the obvious political animosity now existing between Governor Brewer and the Obama administration.

Accept the additional federal legislated Medicaid funds now before they are given to the citizens of other US States.

--

From:
Sent: Thursday, September 27, 2012 1:51 PM
To: Childless Adults
Subject: Attend And Speak request.
Attachments: AHCCS.pdf

To whom it may concern,

My name is _____ I have been an Arizona resident for the better part of 20 years. I wish to attend the AHCCCS update meeting On 10-1-2012 regarding the Prop.204 expansion group.

I would be prepared to speak of my own personal experience being denied Care through AHCCCs ; As well as offer Question's and Comment's I have gleaned from reading the reports of the Arizona State's JLBC report on the ACA, dated: 7-3-2012, as well as studies done by The Arizona Association of Health care Providers, regarding the Expansion group, And a Study Prepared by the ASU W.P. CAREY School of Business regarding the expansion group of Prop. 204.

I have, in fact, been encouraged by some of my State legislators to "Please attend!" as it is my right as a citizen to do so. And the fact that the meetings are also, in fact, open to the public. My speaker request form is attached.

Thank you,

From:
Sent: Thursday, September 27, 2012 2:44 PM
To: 'l
Subject: RE: Sept 27 2012 Childless Adults

Hello and thank you for your e-mail.

No Arizona has not lifted the freeze on Childless Adults. However, AHCCCS is in the process of exploring options to cover childless adults. Specifically to allow AHCCCS to maintain its current authority to cover childless adults at the enhanced federal match rate beginning January 1, 2014. Without approval from CMS, AHCCCS will no longer be able to cover childless adults beginning January 1, 2014.

I hope this is helpful.

From:
Sent: Thursday, September 27, 2012 11:47 AM
To: Childless Adults
Subject: Sept 27 2012 Childless Adults

Could you please clarify.

Has Arizona restarted covering non Medicare eligible childless adults?

Thanks

Tucson, Arizona 85719

From: >
Sent: Thursday, September 27, 2012 3:08 PM
To: Childless Adults
Subject: Disqualification of childless adults
Attachments:

The inability to obtain health insurance for childless adults has caused numerous problems for people of all ages. I am the _____ and serve many low income individuals with a variety of needs. In order to access our services, a person must have a recent medical evaluation to determine if they are incapacitated as is dictated by the law. A few of these individuals are unable to have this evaluation due to not being eligible for AHCCCS. As a governmental department given the responsibility to care for these people, we are not able to adequately serve them if they can not get the medical care they need.

One area I have seen that impacts the community is mental health. A number of people have gone through a crisis and have been court ordered to take medication to help them maintain their stability. They have no ability to get this medication if they have not been diagnosed as seriously mentally ill. This diagnosis is not appropriate for many people going through the court system. We are creating a more dangerous situation for communities by not treating the individual with mental health issues.

AHCCCS helps pay for medications. Due to inability to pay their drugs, the client goes off the medication. This is readily seen in older adults that may be living on SSDI and have not yet qualified for Medicare. This results in more visits to the hospital and more costs to the tax payer.

This does not address the issue of contagious diseases. If a young person gets ill with the flu or another virus, they may not seek help. This results in more people catching the disease.

Additionally, this gives the wrong message to the young poor that all ready may be looking at getting pregnant as a sign of maturity. Instead of making it more of a social taboo, it is encouraging them to get pregnant and have a child to get benefits. This adds to an overburdened system and does nothing for the overall health of Arizona.

In conclusion, cutting childless adults from the roster is not good for Arizona. It costs the state more in other resources and demonstrates that this administration is uncaring about its population. As a taxpayer, I believe in preventing problems by investing in people's health now rather than paying the higher price later.

Florence, AZ 85132

Please tell us how we are doing.

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From:
Sent: Saturday, September 29, 2012 5:45 AM
To: Childless Adults
Subject: Arizona AHCCCS Childless Adults Support

To Whom It May Concern:

My name is _____ totally blind, and have had severe rheumatoid arthritis my entire life. I am also childless, as I considered this to be the only responsible choice, not being able to hold a job for several reasons. I do not consider it the job of others to have to support children I can not.

As a result of my physical limitations and inability to earn a living, I have relied on AHCCCS to cover my multiple medical needs, and although no system is ever perfect, I consider myself to be very fortunate to have this assistance. Honestly, if it were unavailable, I would long since have died, unable to afford the emergency life-saving surgery I needed in 2008, not to mention the myriad medications I require to keep fairly well and functional.

I realize that many people wouldn't consider my life or my suffering worth the cost, but, although I'm unable to work, I give my time when I'm able to a local animal shelter, where I socialize feral and traumatized cats, often taking them into my home to work with for extended periods of time, which I enjoy enormously. It also benefits the cats and their new families, so we all end up better off for it. I know that a lot of people wouldn't consider the lives of these animals important, either, but, by volunteering my time to socialize animals who otherwise would end up homeless, euthanized, or in some other way miserable and costing taxpayer dollars to "deal with," we all end up with a far better result by giving some of what we have to make a cumulatively big difference for all involved.

I believe that programs like AHCCCS are much the same: people all giving a little so that, cumulatively, they're making a huge difference in the lives of others, others like me. I feel it's my responsibility, in turn, not to abuse the system which has made my life not only possible, but of good enough quality that I can contribute what I have back to the community in the ways I'm able. This, in large part, is why I am childless, as adding the medical complications of having children would only serve to make my treatment more expensive, not to mention then having any child I would have depending on taxpayer-supported programs to cover _their medical and other needs as well, as my only income is through SSI. Therefore, I don't feel it would be right to punish those without children for not adding to the taxpayers' burden, denying us health care simply because we haven't added to the overpopulation problem ourselves. Too many programs seem to almost promote procreation in order to attain more benefits. I understand that we need to protect our children when their parents suffer temporary financial setbacks, but continuing to add funding for every child born while the parents continue to remain dependent on public assistance is a very hard balance when parents continue to create children they can't afford to support, and one can't punish the parents without harming the innocent child.

I understand the many financial burdens that taxpayer monies are asked to stretch to support, and I know it's always an awkward balancing act, but I don't believe that, by indiscriminately denying people access to medical care simply because they've been prudent enough, sick enough, or otherwise have been fortunate enough not to have had a child dependent upon them when they are unable to afford medical care even for themselves, that anyone's best interests will be served. Anyone can suddenly end up severely ill or disabled at any time, and I know that, even with a decent job and benefits, the cost of even a fairly minor injury can far surpass the ability of any fiscally responsible person to pay, especially with the increasing costs of medical care and the declining insurance coverage for even the most critical of care. We also find ourselves struggling with an added burden here in Arizona, with the cost of providing medical care to all those who cross our borders without permission. I'm all for taking care of others, but we need to take care of our

own people first, or we won't be around and able to help others, and encouraging others to break our laws is also not a good first step in helping anyone.

I apologize for taking up so much of your time. I just wanted to make it clear how critical AHCCCS is to me and others in my position, how much I appreciate the support and feel that everyone can give something to make life better for us all, and that singling any particular group of people out for exclusion from assistance they genuinely need simply because they didn't procreate yet is not only punishing those who haven't done anything wrong, but could lead to further abuse of the system: people having children simply to become eligible for the assistance they themselves need, thereby adding yet another person, their child, to the roster of those requiring medical assistance. I realize it takes more time and more staff, but eligibility for medical assistance simply can't be determined by some random criterion such as whether someone has had a child or not. Each person's needs and ability to pay are different. Use criteria that are relevant to the situation, like the person's income, whether they'd be more productive to society if their medical issues were treated promptly and appropriately, etc. Stop promoting programs which only serve to encourage those already in financial distress from procreating just to get assistance. We need to be encouraging _everyone to be much more responsible about the number of children they bring into this already overwhelmingly overpopulated world. We need fewer people so that we as a whole can afford to survive.

Thank you for your time and consideration, and for your part in helping me to live a good and happy life, with only my feline children!

Sincerely,

From: ,
Sent: Saturday, September 29, 2012 8:05 AM
To: Public Input
Subject: parent providers

I would like to add some things to my previous e-mail. So, you are doing this to save money. O.K. Here will be my family's proposed outcome if this is passed:

1. My husband will be unemployed
2. He will have to look for a job.
3. We will qualify for Food Stamps. (cost the state of AZ more money)
4. We will probably have to put our son back in a day program or group home (cost the state of AZ more money)
5. If my husband cannot find a job and continues to stay at home with my son we will still qualify for Food Stamps and other Medicaid programs because of the lack of money that we had been receiving as Parent Providers.
5. We will be forced to take the chance that he will be abused again!! You see, he is a severely autistic and mentally impaired 30 year-old man. Mentally he is a 2 year-old. My husband can control him. Not many people can. He is on meds, but still has severe temper outbursts. His dad KNOWS HOW to handle him. And you think it is the best solution to have him outside of his home??? If my husband stays home with him like he has without getting paid, we will have to go on FOOD STAMPS and other Medicaid programs!!!! How is this saving money??? Will you tell me??????

Now, tell me, is this going to help out the state of AZ financially? NO!!! It will cost them more in the long run!!!!

We are more than willing to take a pay cut. Please do not totally eliminate the program!! What would YOU do if your child was abused not once but TWICE by state respite care workers and employees of a day program facility????? You would have done exactly what we had to do. My husband quit his job and became a paid parent provider to afford to be able to stay at home with our son. And I have witness to the abuse too. We have been advised to sue the state of AZ for the abuse as well. We didn't pursue it because we decided to care for him in our home. All we want is to be able to afford to care for our handicapped children in their own home where they are the happiest and the most comfortable. Please do not take this program away!!!

From:
Sent: Saturday, September 29, 2012 4:24 PM
To: Public Input
Subject: Coverage for Childless Adults

My daughter, now age 42, has been covered by Medicaid in several states since she became 18. She has had severe rheumatoid arthritis since the age of three (3), has lost both of her eyes due to the inflammation from said RA, has had numerous joint replacements (and needs at least one more), and suffers chronic pain from said RA. She subsists on SSI (we have been paying her food bills to keep her off Food Stamps, but that may not be able to go on any longer, as we are getting older and are now on fixed income). If she is denied AHCCCS coverage, there is no way in the world that she can cover her medical bills, nor can we. Please help! This scares us to death!!

From:
Sent: Saturday, September 29, 2012 8:02 PM
To: Childless Adults
Subject: Az 1115

Please continue coverage for childless adults. My son is a childless adult on Ahcccs. He deserves continued coverage. He has schizophrenia and without those services we feel he is being neglected by the state. I can rest at night knowing he knows exactly who to call if he has an anxious moment. It is cost effective to keep him on ahcccs, the result could be incarceration or hospitalization. Please help those that are adults without children, yet want to be healthy. No more freezes. Ask for federal monies to take care of our disabled.

Sent from my iPad

10-1-12

Mister Chaira person

Don't throw our single
men without children in
the trash, acknowledge
them as citizens who are
down on their luck & need
medical help. when they
have no money or job it
places a burden on the
family who may be trying
to help them & are almost
under water themselves.

Give these men help!

Be thankful they don't have
children to need help too.

I am

Ma

I am a registered voter.

OCT 1, 2012

AHCCCS
OFFICE OF INTERGOVERNMENTAL RELATIONS
801 E. JEFFERSON ST.
MAIL DROP 4200
PHOENIX, AZ 85034

DEAR SIR,

PLEASE EXTEND FEDERAL APPROVAL
FOR CHILDLESS ADULTS TO
CONTINUE MEDICAID PROGRAM,

WITHOUT A FEDERAL EXTENSION
THEY WOULD BE DENIED HEALTH
CARE,

MY SON IS ON AHCCCS AND
REALLY NEEDS IT, HE IS
RETRARDED AND UNABLE TO WORK

PLEASE HELP!

PHOENIX, AZ 85050

10/1/2012

ACHHS
Office of Intergovernmental Relations
801 E. Jefferson St.
Mail Drop 4200
Phoenix, AZ 85034

To whom it may concern:

You know, if you would curb the fraud that is going on within your system, additional funding would not be needed to help the people who actually need your assistance. I am talking about our senior citizens.

I for one am tired of paying for these freeloaders that own a house, own a car and have money in a savings account and still get your programs' help with whatever they can get out of you.

I work hard for my money and I pay taxes, which by the way they don't pay anything. Where is the fairness??

You people are dropping the ball. The people who really need the help don't get it just the ones that are bilking the system.

You should be ashamed...

A very concerned and honest taxpayer in Casa Grande, AZ who just read the article in the AZ Republic...

From:
Sent: Monday, October 01, 2012 7:04 AM
To: Childless Adults
Cc:
Subject: Childless adults are people too.

Childless adults are people, too. I fail to see the rationale in denying the needs of someone who doesn't currently have dependents. Many of these people are now at an age where they won't have any at precisely the time when they will need medical care.

A good friend of mine was recently discharged from her duties as a nurse of 35 years because she could no longer perform tasks due to her arthritic hands. Now, she is unemployed and cannot afford health insurance. And, to add insult to injury, when she did inquire about insurance, she was told she would be denied because of her pre-existing condition.

Something is terribly missing in the current system.

From:
Sent: Monday, October 01, 2012 7:15 AM
To: Childless Adults
Subject: Childless adult coverage

To whom it may concern,

I am at this moment sitting in a waiting room with a friend that I drove to her doctors appointment. She was a teacher for 22 years until she was diagnosed with a benign brain tumor needless to say a brain surgery, radiation and multiple drugs and physical therapy have left her with bells palsy, balance issues and double vision. She is no longer able to work and fighting for social security at the very least for insurance.

She is running out of time and money and as you can imagine purchasing insurance will be impossible with her preexisting conditions. She did not ask for this and was on her way to becoming a principal, now she is 44 and stresses everyday about what will happen to her once her cobra insurance runs out.

She deserves better and would give anything to go back to work of some kind and feel useful.

22 years of teaching in the state of Arizona and she can't even afford basic health insurance. I hope you can help get this message out.

Thank you

Sent from my iPhone

From: |
Sent: Monday, October 01, 2012 8:39 AM
To: Childless Adults
Subject: AHCCCS extension

I think in today's economic environment when so many of us are trying to help unemployed relatives, it is imperative that the governor and legislature find a way to cover childless-adults. It would seem imprudent if our state did not take advantage of the opportunity to receive financial assistance from the Federal government and help state residents who have been unlucky enough to lose their job and or business and any benefits that may have been lost because of the current economic climate. The people who are trying to help relatives are unable to totally support them. Any assistance regarding health care of these individuals would provide comfort to both the unemployed individuals and those trying to provide financial assistance. We should be in this together.

From: '
Sent: Monday, October 01, 2012 9:17 AM
To: Childless Adults
Subject: hearing

Yes, definitely, without delay, reinstate the 100,000 childless adults stricken from the AHCCCS rolls! Increase eligibility! AHCCCS for all! Sanity and humanity, please.

--

Arizona Green Party

I

Tempe, AZ 85281

From:
Sent: Monday, October 01, 2012 9:29 AM
To: Childless Adults
Subject: Expand Medicaid to low-income people

We think it is very important that all low-income people have medical coverage, and urge you to plan accordingly.

From: >
Sent: Monday, October 01, 2012 9:46 AM
To: Childless Adults
Subject: Comment

I truly believe there are people that need and deserve medical coverage due to circumstances beyond anyone's control. I would like to see the system cleaned up and get rid of those not deserving of medical care. One of my biggest complaints is that there are people covered by AZAHCCCS, that refuse to follow through with medical care a physician has advised them to do. So these people just keep getting treated at numerous emergency rooms for a condition that could be treated if the patient followed through with their care. I think if someone does not want to take care of themselves, then drop them from the state care. they are draining the system

From:
Sent: Monday, October 01, 2012 10:37 AM
To: Childless Adults
Subject: Public Comments

Dear Friends,

As a senior adult without children, with a yearly income from Social Security far below the Federal poverty level. I would encourage our lawmakers to do all within their power to assure that the Federal government grant an extension to our AZ Medical program, AHCCCS

Thank you.

From: |
Sent: Monday, October 01, 2012 10:41 AM
To: Childless Adults
Subject: AHCCCS for Childless Adults

Forwarded conversation

Subject: AHCCS for Childless Adults

Date: Mon, Oct 1, 2012 at 10:34 AM
To: childlessadults@ahcccs.gov

Gov. Brewer, State Legislators:

Re: AHCCS for Childless Adults

Last month, my disabled sister died unexpectedly, prematurely, and I believe, needlessly from undiagnosed 'walking pneumonia.' She was a resident of New York State, and my married brother, who is still working, was looking after her. As a family, we decided it was best for her to live in New York, because its social services are vastly superior to Arizona's.

My sister and I were very close. We shared many interests and enjoyed one another's company very much. I am a divorced retiree. How wonderful if she could have lived in Arizona, with me as her guardian, instead of our married brother. But, as an Arizona resident, I've watched in horror as the disabled of our state are denied reliable, consistent access to necessary social and health services.

Expand Medicaid services in Arizona now. Our residents need security. They need to know that they are not going to die.

From: **Mail Delivery Subsystem**
Date: Mon, Oct 1, 2012 at 10:34 AM

Delivery to the following recipient failed permanently:

childlessadults@AHCCCS.gov

From:
Sent: Monday, October 01, 2012 10:45 AM
To: Childless Adults
Subject: comments

I saw in the newspaper that if I can not attend a meeting on eligiblity for ahcccs I can post my comments here. My problem is I do not have any children, I have no income coming in, I have several health conditions. I have COPD, Heart Disease, Arthritis of both feet, Carpal tunnel in right hand and osteoporis in my lower back. I have applied for ahcccs and was turned down due to not having any children. I filed an appeal, never received the letter for my hearing but received one I was ineligible for not attending my appeal hearing. I sent another form back with why I was not there and as of today have not received anything. I have moved but have been back to the other place checking the mail. I can not afford to go to a doctor or hospital due to no insurance and no income. So my feeling is, if I got into not being able to breath or have a heart attack just stay at home. If there is anything you can do for me I would appreciate it. I need my medications refilled, have to see a doctor on my health problems and can do it...

Thank you

Phoenix, AZ 85022

From:
Sent: Monday, October 01, 2012 10:55 AM
To: Childless Adults
Subject: AHCCCS

Please reinstate this coverage to adults without children. Far too many people I know are now facing financial ruin do to unexpected, yet very costly medical bills. I truly believe this is discrimination. Thank You

From:
Sent: Monday, October 01, 2012 11:18 AM
To: Childless Adults
Subject: Childless Adult

Dear Governor Brewer and Legislature

As a senior adult without children, with a yearly income from Social Security far below the federal poverty level. I would encourage our lawmakers to do all within their power to assure that the federal government grant an extension to our AZ Medicaid program, AHCCCS.

Thank you

--

Phoenix AZ 85064

From:
Sent: Monday, October 01, 2012 12:24 PM
To: Childless Adults
Subject: public comments

My husband became ill last fall. Unfortunately there was no state help for him. Through friends , strangers and family , we were able to keep health insurance. We went through what retirement savings we had. He passed away on August 1st. We had our own business in AZ for 20 years and paid all taxes. At a time we could have used some help, there was none. I am now without anything left, thankfully I have good kids helping me temporarily till I can begin again. My husband and I are 56. Our children are grown and have children. We are all faced now with life without my husband and their father. I just hope that there will be help from the state for those who have nothing else available.

From:
Sent: Monday, October 01, 2012 12:35 PM
To: Childless Adults

As co-founder and Past President of the Arizona Ambulatory and Urgent Care Association, I would like you to know that we feel that coverage for childless adults is vital in our community. I have had the privilege of being the owner/operator of _____ for the past 14 years. Our population consists of 85% Medicare and Medicaid patients. We serve an underserved, culturally diverse, predominantly low income population of patients.

Since the coverage for childless adults ended, I can site numerous instances of patients presenting to my facility with life-threatening medical conditions. My facility is next door to Mountain Park Health Center, the large community FQHC facility. With the changes in AHCCCS coverage and the economic woes of so many of the non-profits, the length of time for patients to get an appointment at this and other facilities has increased dramatically. When patients cannot be seen at these locations they often present to Urgent Care centers. My center is privately owned and operated. We have seen nothing but increased costs and decreasing reimbursement for years. We are committed to our patient population so we constantly struggle to stay in business. Daily, patients with no insurance or means to pay present and need immediate medical attention. Despite being unable to recoup any of the costs of this care-we provide it- as we have no other alternative.

In the past 3 months alone we have had two adult male patients who lost their AHCCCS coverage and now have respiratory distress and went into respiratory arrest. In both of these situations these were childless adults who lost their coverage and had no rescue inhalers for their asthma diagnosis. Imagine at what cost-after we resusciated and sent them to the ICU at the hospital. Additionally, we have had numerous patients who are out of their diabetic medications or can no longer afford to test their blood glucose levels. As we serve a vast number of hispanic and african american patients, we have patients daily who are no longer on medications for their hypertension who present with a hypertensive crisis-also resulting in costly admissions.

Last week we had a 42 year old patient who was in severe respiratory distress with a blood clot in her lung from untreated atrial fibrillation. Again, this patient was no longer eligible for AHCCCS and out of medications and not under the care of her cardiologist.

We have begun doing disability cases for DES to supplement the income in the Urgent Care. Patients tell us they are attempting to get disability (a very lengthy process) to compensate for no longer having AHCCCS coverage.

I believe it is vital that this population obtain coverage, particularly when they have serious-chronic medical conditions.

Please feel free to contact me with any questions.

Phoenix, AZ 85042

From:
Sent: Monday, October 01, 2012 1:16 PM
To: Childless Adults
Subject: Daughter needs Healthcare

Our daughter is 46 years old, single and no children and has been unable to work since May 2011. She was granted AHCCCS in June 2011 and dropped from the program Dec. 31 when she started receiving SSD. Appeals and letters from Psychiatrist, neurologist, and counselors have been to no avail. She lives on SSD and this is enough to cover her rent, utilities and other household items, transportation to get to church and grocery store. She receives \$19.00 in food stamps.

She has many doctor bills, including one for hospital emergency hospital visit. She has diabetes, and asthma and these medications are expensive.

She has worked her whole adult life even though she has a learning disability and mental disability. She worked in group homes taking care of young adults with physical problems. It seems to me that someone who has always worked should deserve help with health care rather than getting further and further in debt.

My husband is 80 and I am 72 and our income is modest so it is difficult to help her out.

Please consider adding adults with no children back on AHCCCS especially ones that always worked and now need help.

Thank you!

Sun City West, az

From:
Sent: Monday, October 01, 2012 1:23 PM
To: Childless Adults
Subject: [SPAM?]

Importance: Low

To "Governor Brewer". Please do what you can, to insure the youngest members of our society, aren't "Left Behind"! If they receive proper "Medical" attention @ an early age, maybe it would be less expensive to treat them "NOW", than later... Have compassion in your "Heart" for those who can't help themselves 😊

From:
Sent: Monday, October 01, 2012 1:48 PM
To: Childless Adults

I am all in favor of restoring medical care for ACHCCS for childless adults and for any other future benefits for our less fortunate citizens.
Thank you

From: >
Sent: Monday, October 01, 2012 4:15 PM
To: Childless Adults
Subject: Re-instate AHCCCS state insurance for adults

I am writing to you to please ask that state insurance for childless adults be reinstated to AHCCCS. My best friend got a brain tumor last year and has lost her job and will not be able to work moving forward. She is a very responsible person, had a great job, etc...and now she spends every day nervous and worrying about whether she can go to a doctors appt or able to put gas in her car. When her COBRA insurance runs out she must have the option to enroll in state health care.

Thank you for listening and I hope you take this into concern.

Sincerely,

From:
Sent: Monday, October 01, 2012 5:05 PM
To: Childless Adults
Subject: insurance----lack of

To Whom It May Concern,

PLEASE be concerned! I am 54 years old and have asthma. I have exhausted every bit of my asthma medication and have nothing to control my asthma with anymore. I am unemployed with a broken down car that I cannot drive. I'm stuck. I can't look for work without a car. No work--no money to fix the car. No car to look for work. I have wound up living with friends in a rural area with no services or job possibilities anywhere close by so walking to work is not possible either. I need asthma meds and I need them now. But I have no insurance. It was taken away by the State of Arizona to save money. If I wind up in the hospital with no money guess what? I will either have to file bankruptcy on the debt and that becomes a burden on the public....you know that public that isn't insured anymore. Or I will have to just leave the debt there. Either way Health care costs will be affected and the covered Arizonans will be charged more thus costing the AHCCCS program more money than if they had just insured the childless adults in the first place. Has anybody thought of that? A health care professional that I have known for about 8 years was the one who pointed all this out. She was very clear as to what happens when you have uninsured people needing health care and how the long term affects cost more than the cost of keeping them insured. She said it won't take very many people needing critical long term care or catastrophic care to cause a very bad ripple effect throughout the State of Arizona's financial picture. I've been without medical insurance for about a year now. She was convinced that dropping so many people from the health care system would be very detrimental to the health of Arizona's already well documented financial problems. Was she right? Or are we still waiting for the affects to be felt? Either way its going to happen if it hasn't done so already. I know its been detrimental to my health.

Get us back onto AHCCCS.....**PLEASE!!!!** I'm not a person to run to the doctor but I would like to feel well again. Everything I do right now is punctuated with coughing. Yes, I can use over the counter cough medicine but after awhile that doesn't work any more. I need rescue inhalers and possibly other meds as well. Would one of you be willing to cover my health care costs to help out a fellow Arizonan? I'm sure most of you could afford to help out someone who isn't critically ill but just needs to see a doctor and get some meds. I would be willing to go to a low cost clinic to save you some money. Come on....for your fellow Arizonans..... for the State of Arizona or would it just be easier to give back the insurance. Yes, give it back, we desparately need it.

Please, please help the childless adults. Thank you for your attention.

FYI.....Do you have any idea how many women have had a child just to get help? I have had various women tell me thats exactly what they did to get insurance, food assistance, money and other help. They get food assistance but no insurance or other help to get working and taking care of themselves so have a baby and you get everything. What's wrong with that picture?

From:
Sent: Monday, October 01, 2012 6:44 PM
To: Childless Adults
Subject: comment

We voted to cover childless adults who earn below the poverty line.

We should continue to do so. Health care is too expensive for many young adults, so they go without. They don't get preventative care, and end up costing the system more money in the end. Some who try to get individual coverage are turned away due to pre-existing conditions. This is so unfair. Not everyone works for a company who provides full medical benefits. We need to have basic coverage for all citizens.

From: >
Sent: Monday, October 01, 2012 7:27 PM
To: Childless Adults
Subject: Ahcccs

Reinstate childless adults to Ahcccs

Sent from my iPhone

From:
Sent: Tuesday, October 02, 2012 5:28 AM
To: Childless Adults
Subject: AHCCCS

As a senior adult without children, with a yearly income from Social Security far below the federal poverty level. I would encourage our lawmakers to do all within their power to assure that the federal government grant an extension to our AZ Medicaid program, AHCCCS.

Thank you.

Enjoy my blog! for daily inspiration.
Add it to your "Favorites"!

)

From:
Sent: Tuesday, October 02, 2012 8:14 AM
To: Childless Adults
Subject: Coverage

Please keep the insurance coverage for Childless Adults.
Thank you

From: g>
Sent: Tuesday, October 02, 2012 9:57 AM
To: Childless Adults
Subject: Support AHCCCS for Childless Adults

I strongly encourage your support of AHCCCS for childless adults. Fronting the cost of mental health and medical care on the front end is much more cost effective than incurring the costs associated with mental decompensation and health care emergencies. As a social service provider, I see these crises daily.

Thank you for your consideration.

Sincerely,

z
c
v

From: (mailto:)m>
Sent: Tuesday, October 02, 2012 1:13 PM
To: Childless Adults
Subject: comment by parent of 2 childless adults

Just because an adult becomes a parent does not make their life and health more important than an adult that remains childless. A lot of the childless adults are mentally ill males and they need care in the mental health systems. Otherwise they might become a liability for crimes and homelessness. Many women just have baby after baby to get more welfare. They are rewarded for their irresponsible life styles. Governor Brewer has hurt a lot of mentally ill people in Arizona by excluding them in AHCCCS in the past and according to statistics one is four or one in six people in this country have a mental illness. PLEASE sign the extension. Thank you.

From: >
Sent: Tuesday, October 02, 2012 1:17 PM
To: Childless Adults
Subject: Extension of coverage for Childless adults

Just because an adult chooses to become a parent does not make their life or health more important than a childless adult. Many childless adults in Arizona are mentally ill males that need coverage for their medications that allow them to function in society. Many women have babies by multiple partners just to get more welfare. They are being rewarded for their irresponsible life styles. Please allow the extension and keep childless adults covered by AHCCCS!

From: .m>
Sent: Tuesday, October 02, 2012 1:32 PM
To: Childless Adults
Subject: Please support reinstatement of ahcccs state insurance for adults without children

I am writing in support of reinstating ahcccs state insurance for adults without children. Many people in our community have serious health issues and do not have health insurance due to loss of employment or inability to work. They need the help of ahcccs so that they do not have to choose between life-saving medical treatment and basic necessities. Please support the reinstatement of ahcccs state insurance for adults without children. The most vulnerable members of our communities cannot afford to be ignored in these difficult times.

Sincerely,

Voter

From: l 1>
Sent: Tuesday, October 02, 2012 1:56 PM
To: Childless Adults
Subject: Opinion on Childless Adults and Medicare

My 31 year old daughter lives with me. She does not qualify for Medicare, because she has no dependent child. She has chronic kidney stones and resulting kidney infections. She goes to the ER when the pain gets out of control and her urine is brown due to passage of blood. Repeatedly she is subjected to CT scans and sonograms and given intravenous pain medication in the ER, then sent home with a prescription for antibiotics. She is also instructed to see her primary care physician and see a urologist. She can't afford to do either. She has lost jobs over and over again because of her chronic condition and absences. Also, most of her past employers have offered no insurance for workers. She moved to AZ where I live, from Texas, because she could not support or care for herself. She is now here living with me. I'm paying for her medications out of my pocket. I cannot afford to pay her multiple hospital bills that keep piling up.

Recently, she was admitted to a hospital to receive intravenous antibiotics, since she has taken so many oral antibiotics to no avail. The ER doctor told her that the definition of insanity was doing the same thing over and over and expecting a different outcome. The multiple prescriptions for oral antibiotics obviously had not been working. Unfortunately, when the shift change took place the following morning, the next doctor quickly discharged her, I believe, because she had no medical insurance. So then, the cycle starts again.

In addition, due to the extreme stress that has accompanied her chronic physical illness and lack of a normal life, she is experiencing great mental distress/illness. She needs several prescriptions daily to combat depression, along with other identified diagnoses. The medications are expensive, and I must pay for them out of my pocket, or she will be back in the state hospital.

There are medical treatments and medications available that could help her with this chronic condition, but without medical insurance to cover or defray the costs, she will continue to be a statistic - ill, unemployed and uninsured. Please lift the freeze on Medicare enrollment for childless adults and continue to support those already enrolled. Many lives are being lost or wasted, due to situations like my daughter's. She, like many others, could be productive contributing citizens again, if they had the opportunity to regain their health.

Sincerely,

From: E
Sent: Tuesday, October 02, 2012 4:25 PM
To: Childless Adults
Subject: I Agree w/ the NAMI Arizona Governance Board Position Letter

To whom it may concern,

I want to express my full support of NAMI's proposition to set Medicaid coverage at 138% of the federal poverty level and to provide mental health coverage that equals physical health coverage in the private insurance sector.

Thank you,

Recovery Coach

Tucson AZ 85730

Phone:

Fax:

Email:

Web: [y](#)

From:
Sent: Wednesday, October 03, 2012 6:54 PM
To: Childless Adults
Subject: benefits

Hello,

My name is I am one of the many childless adults that was dropped off of AHCCCS last year so the budget could be balanced. I am also HIV+. If I were still living in Phoenix, it probably would be no big deal, as I would probably have a job that has benefits for its employees or could utilize the care provided by McDowell Health Care. But that is no longer the case.

I now live in rural N.E. AZ in Navajo County. My in laws own a restaurant on Historic Rt 66 and moved up here almost 10 yrs. ago. It is a small "mom & pop" place and it is 100% family run. They can not afford to provide insurance for us, so thankfully I was able to qualify for AHCCCS to continue seeing my Dr. in Phx.; as there were no Dr.'s specializing or educated in HIV care in N. Az at that time. It allowed me to not have to worry about medications as well. I could not afford my meds by myself if I were to have to pay full cost, even partial cost is high, not counting co-pay that I would fully support. Just for a mo. supply of one of the HIV meds is \$1500.00, while the other is \$800.00.

Fortunately, I had another option available to me, but only because I am HIV+. What about the other thousands of childless adults? I was able to qualify for the Ryan White Title funds for HIV+ individuals. And can only qualify for that if I have been denied AHCCCS. Fortunately for our governor, my health is excellent and am a model of how one can survive and live with HIV(20 yrs). But again, that is only because I have been able to maintain health coverage, one way or another, as to stay on my meds and receive Dr. care. But I haven't always had coverage and my health did go way down hill. My viral load was through the roof and my CD4(t-cells) count was in the single digits - not good!

After moving up here and got back on the right track, and now have a Dr. from Flagstaff that I see, my viral load has been undetectable for almost 9 yrs. and my t-cells are continuing to go up, almost 600 now. Again only because I am lucky enough to have access to health care. If the were not available to me, I would be screwed like the other childless adults, and my health taken a nose dive! What are we supposed to do? What options were/are available? Why should my tax dollars continue to support possibly out of work, or no benefits, unwed or single mothers, who continue to have children, so they can receive medical care and/or food stamps? I work full-time, pay taxes, car insurance, rent & mortgage, utilities, phone, etc, plus gas, registration/tags for vehicles, and groceries! And because I don't have children I'm one of the first demographics to hit the chopping block!

I'm not saying AHCCCS should have to pay for everything, I believe a lot of us would be willing to pay co-pays, especially if we are working, but don't have access to health care from employers. I do think AHCCCS should make caps on # of children covered per family. Again, esp. those who continue to have children and never take responsibility for themselves or the effects its has on their children in the long run.

I firmly believe that no one should be denied health care, but it also shouldn't cost so much to receive it! The pharmaceuticals industry is out of control, two major companies just recently got caught inflating prices & giving kickbacks. Wit

From: 7
Sent: Wednesday, October 03, 2012 10:45 PM
To: Childless Adults
Subject: Lost ahcccs and cannot pay for meds

I am one of the adults that have been effected by the new procedures. I lost my ahcccs coverage when I missed the check in. However, when I reapplied, I was denied. I make less than \$1000 a month. I do not work enough hours to gain health insurance through my work. Because I have pre-existing conditions most health insurances either do not want to cover me or I have to pay a high premium. I was able to get onto a private health insurance, but it barely covers anything. Although it is supposed to cover my Diabetes supplies, it only covers \$10-\$20 worth of my insulin or blood test strips before I must pay for the rest. This does not cover the costs for my insulin pump or my other medicines. Having to spend \$380 for insulin, \$125 for blood strips, and \$210 for health insurance, I have almost no money left for other things like food and other medicines.

I cannot afford not having ahcccs care. Without my medicines, especially the insulin, I will be in the hospital. Even though I am currently in school to hopefully find a better job, the loss of my ahcccs has meant that I have been focusing more on my health bills rather than my education. I would appreciate the old ahcccs system restored.

Sincerely,

From:
Sent: Thursday, October 04, 2012 11:11 AM
To: Childless Adults
Cc:
Subject: please restore our health care

Hi my name is [REDACTED] I'm a 46 year old adult who has always worked and always wanted to work despite the fact that I was not only a person with a learning disability, but also a person who struggled with and suffered from a severe mental illness. In May of 2011 I suffered a devastating illness and was forced to quit work. that put me in a place I never dreamed I would be!!! I was unemployed very ill and had to beg for SSDI And AHCCCS. I had AHCCCS from June 2011 untill they dropped me at the end of December 2011. The bad thing was that my heath care was dropped a few months after my having had a concussion that has left me with on going problems. In addtion I have asthma, diabetees, and a mental illness. my meds cost alot and some I can't afford because the cost is in the hundreds so I am forced to go without! Please, please, have compassion on me and the thousands and thousands like me. who wish they could work but physically are unable. Since I have come to phoenix,az I have met so many people who are in the same boat as me. People that are unable to work Need health care!! We need IT NOW! not later! What are we childless people (adults) supposed to do. Sometimes life throws you a Nasty Curve ball and you get forced out of work or your spouse does. If I could control life my company

would be taking off right now. instead im sitting on the side lines with all the other childless adults who have been denyed health care going well couldn't afford that medication again this month. hope my asthma doesn't act up, or hope my heart doesn't give out without the meds etc. my parents are 72 and 80 and as badly as they want to they can't help finacially. so please, please, please find it in your hearts and your budgets to reinstate health care for low income and childless adults.

Thank you,

Sincerely,

From: (mailto:starrazza@q.com>
Sent: Thursday, October 04, 2012 11:25 AM
To: Childless Adults
Subject: See attached comment regarding medicaid expansion for childless adults
Attachments: AHCCCS Comment Letter.doc

Please see the attached letter regarding the medicaid expansion to cover childless adults.

Thank You,

From:
Sent: Thursday, October 04, 2012 4:45 PM
To: AZ Future
Subject: AHCCCS Benefits

Follow Up Flag: Follow up
Flag Status: Flagged

We appreciate that the governor, her staff and the AHCCCS Administration for taking a thoughtful approach in researching and weighing the various options that may be open to the state for maximizing health insurance coverage for Arizonans and strengthening our state's healthcare infrastructure.

- We support a plan that will maximize coverage for as many uninsured Arizonans as possible. Such a plan should be based upon the following principles:
 - Recognizing that, through Prop. 204, Arizona voters mandated coverage of individuals with incomes below 100 percent of the federal poverty level. As such, the plan should focus on restoring voter-approved coverage for those individuals who are not currently eligible for coverage under AHCCCS as a result of the enrollment freeze on the Prop. 204 program.
 - Identifying enhanced federal match rate opportunities for the restoration of Prop. 204.
 - Leveraging the competitive private insurance market to promote individual choice and responsibility.
- We support collaborative efforts to build a high-quality healthcare infrastructure that is patient-centered, sustainable, accessible and affordable.
- We Support a sustainable public payment structure that rewards quality and adequately reflects the cost of care so as not to exacerbate cost-shifting to commercial payors and businesses.

Sincerely,

From:
Sent: Monday, October 08, 2012 3:06 PM
To: AZ Future
Subject: Arizona's Medicaid program

To whom it may concern:

I am responding to the invitation for public comment on the options for the state's Medicaid Program. I have been a physician in Arizona for 30 years. I have always had patients who could not afford insurance and often their health seriously suffered. Proposition 204 has been very helpful for this population. Coverage for this population has also smoothed out our emergency room crowding and uncompensated hospital care. I support resumption of this program - the state's income now demands that the state again begin to follow the will of the voters in prop 204. The state's negotiations with HHS to try to get more federal funding for this population (childless adults with incomes less than 130% of federal poverty level) is sensible but the state is still obligated by prop 204 to resume this program.

Sincerely,

From:
Sent: Monday, October 08, 2012 3:12 PM
To: Childless Adults
Subject: public comment

To whom it may concern:

I have been a physician in Arizona for 30 years. I favor the waiver comments being submitted by the AHCCCS program for Childless Adults Continuation. We need to resume our coverage of childless adults that was passed by voters in Proposition 204.

Sincerely,

From:
Sent: Tuesday, October 09, 2012 3:31 AM
To: Childless Adults

I believe that people on disability social security should be eligible with the maximum income be higher for single person. I worked all my young life to have a decent income at retirement. But my health had other plans. I make enough not to qualify for help but not enough to survive on. If I pay my bills I don't have anything left to buy food. If I buy food I risk things being turned off. Much less be on an advantage HMO plan, have to pay 20% of medical costs and a \$40 copay for specialist. If I don't have money for food how on earth can I pay the copay?

Oct - 12, 2012

To Whom it May Concern:

Re: Medicaid Coverage
for childless adults

Dear Sir or Madam:

My daughter,
age 57, is single with no children
and was taken off the AHCCCS rolls
last December. She needs very badly
to get reinstated as she has a
number of debilitating conditions.

According to
our primary physician,
an enlarged heart and kidney
damage, probably due to many
years of high blood pressure. The
blood pressure is being treated with
medication. She also suffers from
occasional seizures. The medication
for this is very expensive. She is
still waiting (nearly 2 years) for
disability approval.

I am
87 years
old, on a fixed income, and am
running out of money to help my
daughter.

Thank you for your consideration,
Sincerely,

From: ' '
Sent: Saturday, October 13, 2012 8:10 AM
To: Childless Adults
Subject: restoring benefits

As a parent of a mentally ill, borderline intellectually functioning adult, I clearly would like to state that funding for childless adults be reinstated in our state. To penalize this vulnerable population of adults is not only burdensome on families and on the state, but it clearly jeopardizes the well being, both physically and mentally on those already burdened adults afflicted with mental and emotional challenges.

Think of not only the short term consequences of your actions, but most importantly the long term actions for these vulnerable adults.

From: 1>
Sent: Sunday, October 14, 2012 10:03 PM
To: Childless Adults
Subject: AHCCCS coverage for childless adults

I strongly urge Governor Brewer and the legislature to reinstate coverage for childless adults in Arizona and use the federal funds to leverage these state funds. Childless adults actually have increased rates of certain risk factors, which costs each Arizona more in the long term. This can result in costs to each of us in increased health insurance costs because people are using the emergency room instead of preventing their health condition with their primary care doctor. Substance abuse, mental health issues, chronic health conditions can result in societal costs such as domestic and childhood violence, law enforcement and court costs, more prisons, home foreclosures, broken homes. Health care coverage is a priority and an essential right. It benefits us all to provide that safety net. It also attracts the types of businesses that pay liveable wages, which we really need right now. Thank you for asking for our input. I hope you do the right thing.

From:
Sent: Monday, October 15, 2012 8:18 AM
To: AZ Future
Subject: Pima Community Access Program Comments - In support

Good Morning,

The Pima Community Access Program a 501(c)(3) community based program serving the uninsured in Pima and Santa Cruz County is in support of continuing to build on the State of Arizona's healthcare infrastructure. We welcome the opportunity afforded by the governor to provide input. We also appreciate being invited to attend the public hearings presented by AHCCCS Administration.

PCAP feels that keeping healthcare decision making at the local level is critical in continuing the innovative approach Arizona has always taken in providing healthcare to all Arizonans.

We feel it is important to recognized that through Prop. 204 voters mandated coverage of individuals with incomes below 100% of the FPL and all future plans should focus on restoring coverage for those who are currently frozen out of programs.

We support the ability for Arizona to receive the enhanced federal match opportunities.

We agree that leveraging the competitive private insurance market allowing for individual choice and responsibility will strengthen healthcare delivery in Arizona.

Again, thank you for this opportunity to comment.

Tucson, AZ 85706

Ph

I

w

From:
Sent: Monday, October 15, 2012 9:42 AM
To: AZ Future
Cc:
Subject: Arizona's HIV+ Community needs Childless Adult expansion

Follow Up Flag: Follow up
Flag Status: Flagged

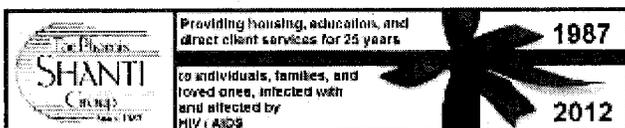
The Arizona HIV+ Community urgently needs restoration of the Childless Adult population to 100FPL, If not full expansion of Medicaid coverage to 138%.

I remain grateful, with the Childless Adult AHCCCS freeze in 2011, for the special provisions that were made for HIV+ Arizonans whose coverage lapsed. Thus, over these past 12 months, over 300 Positive Adults continued to be covered medically while they were evaluated for disability. 225+ of these Arizonans, however, have been subsequently dropped from AHCCCS, as they do not yet meet the Social Security Disability threshold and there are 85 pending discharges.

The Local Ryan White HIV Care system is now straining to serve these folks as well as the newly HIV diagnosed and new-to-Arizona Positive adults who are frozen out of our AHCCCS Care system. The net effect of these AHCCCS changes is that an average of 40 new clients/month have been enrolled in Ryan White Primary Medical Care since November, 2011, compared to an average of 12 new clients earlier. McDowell Clinic, the HIV-specific medical clinic operated by Maricopa Integrated Health Systems, currently is preparing for over 500 new Ryan White funded patients in 2012/13, compared to 289 new patients in 2011/12. Our Arizona AIDS Drug Assistance Program (ADAP) has been serving an increasing number of persons thus far in 2012, including the historically highest monthly number ever of 1,600 Arizonans just this May.

2013 will strain the Ryan White HIV funding safety net for medical care and meds to its limits. Then , in 2014, without continuing and open enrollment coverage of Positive People as Childless Adults in AHCCCS, hundreds will have no access for medical care or meds. For many, AIDS in Arizona will again become a Terminal rather than Chronic disease.

Thank you for listening,



IMPORTANT WARNING: This e-mail and any files transmitted with it may contain CONFIDENTIAL information, including

From:
Sent: Tuesday, October 16, 2012 10:49 AM
To: Childless Adults
Subject: Waiver Amendment for Jan.1,2014

Public Comment:

Please submit the waiver amendment to CMS to allow AHCCCS to maintain its coverage to Childless Adults beginning Jan.1,2014.

My husband and I were denied health insurance due to pre-existing conditions.

My husband died in 3 months from a fast moving cancer.

We lost our home, our business and my husband lost his life and I had to declare bankruptcy due to a system

that cared more about money than human life. This is inhuman and immoral.

I live only on social security survivor benefits.

I depend on Medicare and help help for my prescriptions.

I live alone and support myself.

My husband and I paid into Soc. Security from age 14 when we began work. We raised a family and created businesses.

We volunteered and gave into our spiritual community. We were an asset in every community we lived in and raised our family in. We GAVE BACK.

A state and nation that REFUSES to help it's people due to political warfare and greed is not a moral nation or state.

That vision is hate and fear based.

Please do what ever you can to protect those of us who deserve the care, respect and honor, who have worked their whole lives to pay politician's salaries. SUBMIT THE WAIVER TO CMS. Honor your Seniors and those who are in need with compassion. Love and compassion is far more important than budgets which are often barely veiled prejudice and greed.

When each of you are laying dying you will not be proud of having "balanced budgets". You will feel great grief and not a little fear for the hardened immature hearts and selfish motives.

Grow Up.

Take Care of Your People.

From:
Sent: Tuesday, October 16, 2012 2:08 PM
To: Childless Adults
Subject: Continuation Draft Waiver

Dear Governor Brewer,

I urge the State of Arizona to go forward immediately with the expansion of Medicaid as part of the Affordable Care Act. If we refuse the Medicaid expansion, hospitals will be stuck with losses which they will then be forced to shift to those who do have insurance in the form of yet higher fees for their services. With Arizona's freeze on AHCCCS for childless adults last year, there are even more uninsured Arizona residents now. A full 1/6 of every dollar paid in health insurance premiums goes to cover the cost of what hospitals incur in providing care to the uninsured. It is vital that all Arizonans have the opportunity to see a doctor. It is imperative that Arizona use these offered federal funds worth billions of dollars to improve the lives and health of residents by accepting Medicaid expansion.

I hope that you will have an opportunity to read the recent report from the Grand Canyon Institute. Their extensive study concluded that expanding Medicaid makes the most economic sense for our state.

I am very concerned to learn that while states that have never covered childless adults can obtain 100% federal funding for this population in 2014, Arizona's citizens are penalized for having elected to provide AHCCCS coverage to all Arizonans under 100% FPL. This makes no sense! Please urge the Centers for Medicare and Medicaid Services (CMS) to allow for an enhanced FMAP for childless adults. Shame on the federal government for penalizing our state for providing coverage to this vulnerable population.

Please make sure all Arizonans have access to vital health care services. Accept the Medicaid expansion. And please let CMS know that your citizens demand an enhanced FMAP.

Sincerely,

From:
Sent: Tuesday, October 16, 2012 2:30 PM
To: Childless Adults
Subject: Medicaid Expansion & Enhanced FMAP

Dear Governor Brewer,

I am writing to you as a physician to express my concerns about the current state of healthcare in Arizona. Medicaid is more than a program that provides healthcare to low income Arizonans. It allows all of us to prosper by meeting basic human needs for all Arizona citizens. The stated objective of the Medicaid program is to provide medical services to individuals "whose income and resources are insufficient to meet the costs of necessary medial services."

AHCCCS is vital to the health and well-being of our most vulnerable citizens. I work in the public mental health system and care for these individuals every day. I have witnessed the poor health outcomes for my patients without AHCCCS. Not expanding Medicaid would be irresponsible and would further devastate Arizona's economy while creating a public health crisis.

We can't put our most vulnerable citizens at further risk. Childless adults who are under the FPL would not be eligible for Medicaid nor would they be in a group eligible for subsidies in the insurance exchanges. We can't leave a group of our citizens with no options for healthcare coverage. I know you wouldn't want to be responsible for putting these people's lives in peril. We must accept Medicaid expansion under the Affordable Care Act of 2010 (ACA). I urge you to study the recent report from the Grand Canyon Institute that very carefully studied three options for Arizona to consider. They conclude that accepting the Medicaid expansion is the best economic decision our state can make. In fact, they estimate that it would save Arizona's general fund \$1.2 billion. Please read this report.

And lastly, I am very concerned that the Centers for Medicare and Medicaid Services is considering sanctioning Arizona for providing healthcare to childless adults. I also understand that the ACA does allow an enhanced FMAP for childless adults to the handful of states like Arizona who expanded Medicaid coverage prior to the passage of the ACA. Please let the CMS know that they must provide an enhanced FMAP to our state. And please accept the ACA provision for the expansion of Medicaid as this would be consistent with the actions our state has taken in the past in caring for all her citizens.

Sincerely,

From:
Sent: Wednesday, October 17, 2012 2:22 AM
To: Childless Adults
Subject: PLEASE RESTORE THE HEALTH CARE COVERAGE FOR CHILDLESS ADULTS

PLEASE RESTORE THE HEALTH CARE COVERAGE FOR CHILDLESS ADULTS

From:
Sent: Wednesday, October 17, 2012 5:28 AM
To: Childless Adults
Subject: AHCCCS for childless adults

Please restore health care coverage for childless adults. It is not right for those that need medication to go without because they are living in poverty. I believe that a "small" amount spent up front will save lots of \$\$ overall on huge hospital bills later on when we try to treat those that have not had poper care for long periods of time.

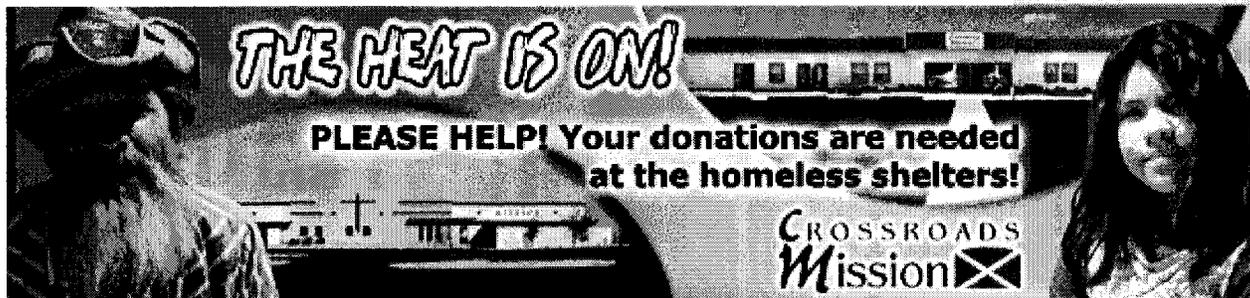
Thanks!

From:
Sent: Wednesday, October 17, 2012 6:28 AM
To: Childless Adults
Subject: Restore AZAHCCCS

Please restore AHCCCS to childless adults

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Mission 
www.crossroadsmission.org

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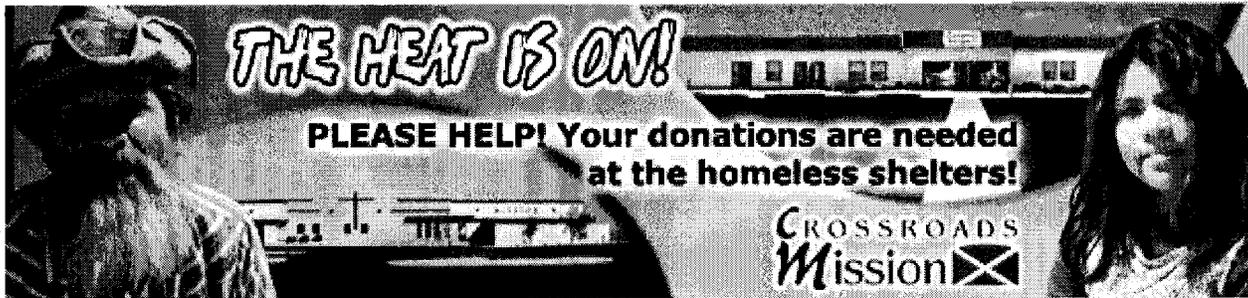
"Like Us" on Facebook and keep up to date with the latest Crossroads Mission news!

From: [redacted]
Sent: Wednesday, October 17, 2012 7:06 AM
To: Childless Adults
Subject: Health Care Coverage

PLEASE RESTORE THE HEALTH CARE COVERAGE FOR CHILDLESS ADULTS. There are many childless adults who need health care coverage. Many have mental issues making nearly impossible to obtain work. These people need coverage.

CROSSROADS
Mission 
www.crossroadsmission.org

 Find us on
Facebook



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From: [REDACTED]
Sent: Wednesday, October 17, 2012 7:26 AM
To: Childless Adults
Subject: Concerns with Childless Adults...

To whom it may concern;

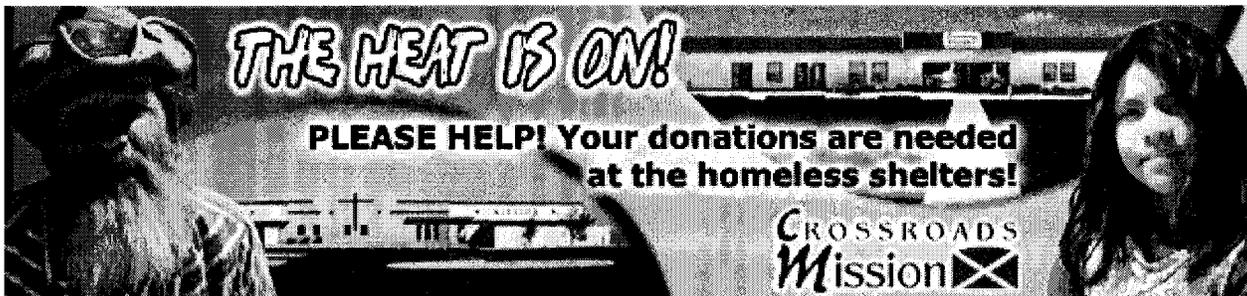
I am writing this due to a concern with a lot of our childless adults that need medications. Some of our clients at Crossroads Mission need their medications to have a normal daily life, and some just need it to be able to have a health stable life. With our clients that do not have AHCCCS because they do not have a child it can become hard for them to find financial ways to pay for their medications, and some have gone without medications for months because they were either denied for AHCCCS or there AHCCCS has been taking away from them. So if anyone that reads this, please understand that there is people out there that really do need the help from AHCCCS and if more percotions have to be taken in order for people to not abuse their use of AHCCCS that is understandable but please understand that there are a lot of people who really need AHCCCS to be able to have a normal healthy life again. Thank you for your time.

From:
Sent: Wednesday, October 17, 2012 8:38 AM
To: Childless Adults
Subject: PLEASE RESTORE THE HEALTH CARE COVERAGE FOR CHILDLESS ADULTS

PLEASE RESTORE THE HEALTH CARE COVERAGE FOR CHILDLESS ADULTS

Studies show up to one quarter of a million adults has or will lose health coverage by January 2014. This is a MAJOR HEALTH CRISIS!!!! AHCCCS is seeking a waiver from the Federal Government to restore these funds and is asking for an increase. I SUPPORT AHCCCS' EFFORTS!!!

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Mission 
www.crossroadsmission.org



"Like Us" on Facebook and keep up to date with the latest Crossroads Mission news!

From: >
Sent: Wednesday, October 17, 2012 8:57 AM
To: Childless Adults
Subject: AHCCCS for adults

As an insurance agent, I have seen a sharp rise in uninsureds who in no way can afford either individual or employer sponsored health insurance costs. I have witnessed 3 clients in the past 2 years die because they could not get health insurance. These low income clients, even though some have no children, work hard at low wages and do NOT deserve to suffer or die without access to regular health care. The State of AZ needs to make this a priority. The public is noticing. We are creating 3rd world country standards of living for those working hard at low wages. Also, greater numbers of children are now uninsured especially since AZ health carriers refuse to sell individual child health insurance. There is a major crisis in the industry and I don't believe AZ is doing all it can to improve this life threatening crisis!

Sincerely,

Sent from my Samsung Epic™ 4G

From:
Sent: Wednesday, October 17, 2012 9:17 AM
To: Childless Adults
Subject: PLEASE RESTORE THE HEALTH CARE COVERAGE FOR CHILDLESS ADULTS

PLEASE RESTORE THE HEALTH CARE COVERAGE FOR CHILDLESS ADULTS

Dr

~

From:
Sent: Wednesday, October 17, 2012 2:55 PM
To: Childless Adults
Subject: AHCCCS

PLEASE RESTORE THE HEALTH CARE COVERAGE FOR CHILDLESS ADULTS ! Thank you for your time

r

From:
Sent: Wednesday, October 17, 2012 9:43 PM
To: Childless Adults
Subject: Childless adults

To whom it may concern, I just want to tell some of my story. I was born and raised in Arizona, lived here all my 55 years. I have worked and raised a family. I have come down with Hep c and if I don't get treatment I will die. I can't work full time any longer because of my illness. I can't afford treatment. I guess I don't have a choice but to die thanks to this state I have called home all my life. Still working part time paying into the system just waiting to die. Thank you for reading this. .

From:
Sent: Thursday, October 18, 2012 8:35 AM
To: Childless Adults
Subject: Re: Childless adults health coverage.

Please restore the health care coverage for childless adults.

Thank you very much and your help will be really appreciated.

From:
Sent: Thursday, October 18, 2012 9:10 AM
To: Childless Adults

PLEASE RESTORE THE HEALTH CARE COVERAGE FOR CHILDLESS ADULTS

From:
Sent: Thursday, October 18, 2012 9:58 AM
To: Childless Adults

Please Restore the Health Care Coverage For Childless Adults. They have medical needs and most don't have the income to pay medical bills.

From: 1 >
Sent: Thursday, October 18, 2012 10:05 AM
To: Childless Adults

PLEASE RESTORE THE HEALTH CARE COVERAGE FOR CHILDLESS ADULTS. THEY ALSO HAVE MEDICAL NEEDS AND THEY CANNOT AFFORD IT.

From:
Sent: Thursday, October 18, 2012 2:09 PM
To: Childless Adults
Subject: Childless Adult Coverage
Attachments: AHCCCS ltr 10-18-12.pdf

CA'S

Please see attached letter

Phoenix, Arizona 85020

CA's

From:
Sent: Thursday, October 18, 2012 5:07 PM
To: Childless Adults
Subject: AHCCCS coverage for childless adults

I am responding to a request to give my input regarding Medicaid coverage in Arizona. Currently I am in the Freedom to Work program and supplement my Medicare coverage (coverage I began receiving while on SSDI) with AHCCCS, because my income is not enough to pay my bills and pay medical coverage from Medicare. I will lose AHCCCS in a few months when I turn 65, because FTW ends at age 65 (an issue that also needs to be addressed since most adults these days need to work beyond age 65 and I cannot receive full Social Security until age 66). Even when I do begin to receive Social Security, it will only amount to \$700 per month. I cannot afford to pay even my mortgage on this amount let alone the monthly premiums for Medicare medical benefits and the 20% of medical costs above Medicare coverage. I will continue to need to work and earn even more, This will put me above the poverty level for AHCCCS which I have used to assist me with Medicare premiums and as a supplement to Medicare.

I have appreciated the assistance of Freedom to Work. It has provided some relief from the stress of trying to maintain financial solvency during this time of my life where I find myself only able to work part time after trying to work full time during the past 3 years. I will continue to receive mental health services from Magellan, but losing AHCCCS will increase stress and could possibly increase my need for medical and mental health services.

I worked as a Behavioral Health Technician for over 2 1/2 years and witnessed, first hand, the devastating affects that losing AHCCCS had on our SMI population. This also increased the burden on emergency rooms, crisis calls made by my company, increased use of illegal substances and alcohol by former AHCCCS recipients who were not able to cope with the loss of the medical care. Some clients have attempted to work part time to become eligible for Freedom to Work, but many are unable to function on a high enough level to maintain their employment. I feel fortunate that I was able to function in my employment for 2 1/2 years, but the stress caused physical illness that persisted until I was released from employment when my FMLA benefits ran out.

I believe that the state should do all possible to assist childless adults with regaining medical coverage through all means necessary to relieve the suffering of our citizens and relieve the drain on other systems that are bridging the gap with bandaied type services.

I appreciate the opportunity to be heard in this matter, even though I will probably not personally benefit from AHCCCS after age 65 unless Freedom to Work is also extended to assist working seniors.

If you have any questions for me, please feel free to contact me.

Thank you,

CA'S

From: [REDACTED]
Sent: Thursday, October 18, 2012 9:21 PM
To: Childless Adults
Subject: Childless adults coverage

I believe this should be overturn. Every human being needs health care doing hardship. Not just seniors and children.

From:
Sent: Friday, October 19, 2012 6:06 PM
To: Childless Adults
Subject: PLEASE RESTORE THE HEALTH CARE COVERAGE FOR CHILDLESS ADULTS

PLEASE RESTORE THE HEALTH CARE COVERAGE FOR CHILDLESS ADULTS. This coverage was an integral component for obtaining a variety of services to address this growing population's needs!

From:
Sent: Saturday, October 20, 2012 3:26 PM
To: Childless Adults
Subject: Please help

PLEASE RESTORE THE HEALTH CARE COVERAGE FOR CHILDLESS ADULTS

My wife and myself lost our ACCESS. we both have medical issues and have jobs but we get no coverage from our jobs we don't make enough income to afford our own insurance. What do we do. Please help

wrote this a few months back in hopes I would advocate using his story of his need for holistic health care while participating in the AZ system of care for persons with SMI.

This very intelligent, sincere man had to use the Internet for his treatment, and still seeks access to knowledgeable professionals to help him put it all together. He knows natural approaches to mental health care works, but cannot find access in our system to this information.

Let's take his need seriously, folks, as David is only one of thousands.

In Health and Wellness,

--

creator of You're NEARLY THERE
Strategies for wellness anyone can achieve

Love Wins.

--

My name is _____ I am a 52 year old man of limited education that due to interests and various life choices have worked most of my life with my hands.

I am setting down here the story of my journey to find peace, happiness, mental and physical health.

Following the dissolution of a 4.5 year relationship on June 6th 2010 I realized that I needed to seek out some type of help to cope with the overwhelming emotions and feelings I was experiencing. I felt my life was over, nothing to live or strive for. I looked on the internet for community mental health assistance / counseling with no luck. Seemed like all of the crisis lines were disconnected or otherwise not answering. **That afternoon, I was facing myself in the bathroom mirror with a straight razor to my wrist when I found some last bit of strength and I decided to try one last time.** I set the razor down and got back on the net and finally found a number that answered. The nice lady there gave me the # for a crisis line which I called and was referred to UPC. I drove myself down to UPC on 2nd and after waiting a couple hours watching people brought in by the police in chains and others obviously suffering from severe drug and mental health issues I finally told the person at the front desk that I was losing it and asked if there was somewhere quiet I could wait. She put me in a small room that in retrospect was probably some kind of holding cell, don't know if the door was locked. Never tried it, was grateful to just get away from the "crazies". Eventually I was seen by a rather harried nurse practitioner who asked a few questions regarding my suicidal thoughts, reviewed my intake chart and proscribed me Prozac and at least one other drug whose name I don't recall and sent me on my way. Noted on my chart was the fact that I had been taking 3 x 325mg aspirin per dose for muscle pain and Nicorette gum to stop smoking. I specifically asked her if I should stop taking the OTC stuff and she assured me that it was no problem and I should continue as needed. I went home and after a few days was able to resume limited function. I had previously decided to enroll in college to get my engineering degree so I got busy and did so. **Early on the morning of June 29th approx I was standing at the toilet and felt a cold wave come over me then I lost consciousness. When I came to I was laying draped over the bathtub, covered in blood with blood all over the floor and walls.** I crawled to my sons bedroom door and woke him to take me to the hospital. He drove me to PV and my color and blood pressure prompted them to get me into a room in ICU. Apparently I had lost nearly 2 pints of blood and was on the verge of dying. After an endoscopy it was determined that I had an erosion in my esophagus that had nicked a blood vessel and caused me to bleed into my stomach while sleeping. The doctor that treated me was amazed when I related the experience I had at UPC and the advice to continue taking the aspirin and Nicorette, especially in the dosage I was taking and they were skeptical that I was doing this on medical approval. They gave me fluids and drugs and I got some much needed rest. After a couple days they discharged me and I went home to prepare for my first day of school on July 5th. Side note >part of my discharge instructions were to follow up with the GI that had treated me or one of his colleagues on a list provided by PV Hospital. Only problem was that neither that GI or any of his colleagues took my

AHCCs provider, in fact the referring GIs office said that he hadn't taken AHCCs for over a year<.

July 5th woke up to find blood all over the walls, bed and nightstand where obviously I had coughed / sneezed blood while sleeping. Had my son drop me at PV where I was re-admitted, re-scoped and put back on drugs and fluids. My daughter visited me the first night of my second visit and we both noted that my nurse seemed to be in some "altered" state of mind / emotion. Like she was on speed or something. By his time I was in the frame of mind that I was sick and tired of being treated so shitty and that I felt that just because I was an emergency AHCCS patient I didn't feel I deserved second rate, ineffective, indifferent medical treatment. I made a complaint and I was assigned to a new doctor. I got the impression that the PV staff doctors had drawn straws as to who would treat me and he got the short one. I must say that I feel lucky to have gotten him though. I credit him with saving my life. Turns out that he was a very caring and ground engaged doctor, listened to my issues and I could see that finally I had gotten someone that was determined to help me. Not only did he get my GI bleed stabilized but he gave me dietary advice, got me fitted for a CPAP machine to help with my severe sleep apnea and a referral to mental health services. He realized that helping me entailed not just stopping the bleeding but helping me with the life changes necessary to regain my health and function as a productive member of society. Oh, and he told me in no uncertain terms to stop taking any form of NSAID and to stop using Nicorette gum.

Immediately upon leaving PV for the second time I got busy with trying to find mental health resources, found out that Magellian was my first level of provider to PHP. Magellian directed me to JFCS and I got on the list to schedule an intake appointment. Got intake scheduled a week later and was seen for the intake appointment a couple weeks after that. **Yes, it took about a month just to get intake performed and it was weeks more until I was seen by JFCS councilor and prescribed medication. I was seen by _____ who on the basis of literally a couple minute discussion put me on a drug cocktail that I was assured would help me. This was to become a pattern of treatment. I would take the drugs for a week or two, find out that they were causing major issues or side effects and call for a med check / change. Would go in, see _____, tell him what my issues were and he would "spin the med wheel" and come up with another version or cocktail that was sure to do the trick. I would say that if you added up all my appointments with Dr. Bill that they would total less than 20 minutes in their entirety!! A point of note, he never once discussed diet, exercise or any other naturopathic / holistic approaches with me as effective therapy paths. He seemed to be of the mind set of better mental health thru more and different combinations of drugs.**

Every time I saw him I kept hearing in my mind the refrain from the Jefferson Airplane song "White Rabbit":

**One pill makes you larger
And one pill makes you small**

**And the ones that mother gives you
Don't do anything at all
Go ask Alice**

Except that there was no Alice to ask...

So I muddled along, got on the internet to research severe depression and found that many experts talked highly about diet, exercise, meditation etc. At this point I was a mental and emotional wreck; I knew that something was wrong but I couldn't get a handle on it. I was in college trying to improve myself and I just knew that that was a positive thing, that I had to clear my mind and succeed in my classes. Thank God that I met some wonderful people at PVCC. Great caring people like [redacted] at the information desk who went the extra miles to get me enrolled, a wonderful woman named [redacted] who thru her unique and caring teaching of a CPD class made me realize that life was indeed worth living. She convinced me that part of my problem was that I was not asking for enough help. I talked with the disabilities resources department and got authorization for a half dozen sessions of CBT with [redacted] in the counseling department. I got further lucky by becoming acquainted with [redacted] who kindly made time to listen, advise and council me on numerous occasions when I felt completely overwhelmed.

Continuing to seek answers I availed myself of the internet to seek resources and answers and started to try natural things like changing my diet, increasing my metabolism and getting more exercise. This helped markedly. Over a 6-8 month time period I lost 45 lbs, stopped smoking entirely and found my energy level greatly increased. I was actually dropping weight so fast that I became concerned that I had developed some type of cancer.

Sadly, at this time (I now realize) was the beginning of the end of a very good healthy relationship with a fine woman I had met at the end of 2010 that I feel was severely negatively impacted by some of my drug side effects (anorgasmia, panic attacks, paranoia, severe short term memory loss, etc)

At this point I was still following [redacted] regimens as I was afraid of side effects if I just stopped or of angering him by challenging his "expertise". Finally I found a # of internet references that spoke to the side effects that I was experiencing (severe anxiety attacks, Paranoia, insomnia, anorgasmia, OCD behavior) and scheduled an appointment determined to confront him and get a resolution. On the day of my appointment I was on my way to JFCS and got a call from them that told me not to bother coming in that day as [redacted] was not coming in. When I asked if we could reschedule for the next day I was reluctantly told that [redacted] was probably not going to be coming in anymore and that they would schedule me a new "prescriber" as soon as they got one. After a couple weeks they finally got me with a NP who immediately

cut the Wellbutrin in half and took me off the citalopram which turned out to help with the anorgasmia and some of the other side effects. I was still taking the prescribed Temazepam for sleep and Hydroxazine Pamoate for the increasingly severe anxiety attacks. I continued to seek other lifestyle remedies for these issues with mixed results. And CVS would refill my prescriptions automatically, in fact when one of my scrips for Hydroxazine ran out they kindly faxed JFCS and got it renewed for me.

This turned out to be interesting as when a few months or so later I started to experience severe anxiety attacks, insomnia etc to the point where I felt I was close to another suicidal episode I got back on the net and looked at Temazepam and Hydroxazine side effects and found that these two drugs are not indicated for use more than a month or so. I had been taking them for the better part of a year! I called JFCS and scheduled an emergency apt with my NP and when she asked me what I was taking and I told her: Wellbutrin, Temazepam and Hydroxazine Pamoate she got rather angry with me and said "I did not prescribe you the Temazepam or Hydroxazine, where are you getting them? I told her that I was just taking what I was told to take and had assumed that I would be told when to stop. Especially when I was getting regular refills and the prescription renewal from JFCS. She called CVS and figured out that they were filling Dr. Bills scrips but I am not sure about how the renewal happened.

Bottom line here was that she told me to stop taking anything but the 150 Wellbutrin and proscribed me Fluvoxamine in addition. Apparently I was allergic or had some type of reaction to the Fluvoxamine almost immediately. Had a terrifying weekend and ended up calling the crisis line for advice. They told me to stop taking the Fluvoxamine and see my NP first thing. Got appointment within a couple days and spoke to her and we discussed how after looking at internet resources my symptoms seemed to have more to do with OCD, PTSD and the attendant depression caused by those. She prescribed me a low dose of an OCD medication along with Vitamin D and kept me on the Wellbutrin and this combination seems to finally be helping, at least in conjunction with the more natural holistic approach I have been adopting.

It bothers me that in a supposedly enlightened society such as ours that people that are at the end of their rope and needing help are finding the process so daunting that I can see how many of them simply give up and kill themselves, or self medicate using drugs and alcohol and end up being an even bigger burden on the system than they would be if they just got effective holistic help for their issues.

I know that for my journey I had a difficult, nearly impossible time finding the help I needed and then ended up in the hospital from it and almost dying. Further once I got into the mental system I feel I was callously treated like a medical guinea pig or test subject and have suffered greatly from the drug roulette game. I have lost employment, depleted my assets, suffered greatly in my personal relationships and am far from

being the healthy happy productive person I want to be. I have heard innumerable times how the system is overburdened, underfunded and out of resources. **I cannot help but wonder how much money could have been saved in my case by making basic counselling and lifestyle help more readily available and then if needed getting me with the mental and physical health care professionals that would look at the entire problem from a more naturopathic and holistic mindset rather than the "White Rabbit" school of medicine?**

How much money did say the 8 days I spent in ICU because of of a drug interaction that could have been easily avoided cost the system? How much money has all the various drugs that were prescribed by dartboard methodology cost over the last 2 years? How much money has the state health care system paid JFCS for services provided me that have been mostly ineffective? Besides the irreplaceable years of my life I have lost how much loss of income and asset depletion have I suffered when I could have been working effectively and paying more taxes? I have to believe that if we eliminated or at least minimized the wasted money that is spent on ineffective if not damaging treatment the funds could be used to fund a more holistic and naturopathic system that would allow people to be healthier, happier and more productive citizens.

Thank you

From:
Sent: Sunday, October 21, 2012 3:06 PM
To: Childless Adults
Subject: Cuts in childless care programs

Please don't cut the coverage of childless care for the people who need it so badly. They wish they didn't have to rely on this but it's their only hope under the bad economic times. I believe it will get worse not better as the Obama Administration would like you to believe. It's imperative the AHCCCS stays the way it is right now, let's please not make it worse.

Thanks,



'In God We Trust'

Helping Improve Business Performance Through More Efficient Document Management

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Please contact the sender if you believe you have received this email in error.

Thank you.

From:
Sent: Thursday, November 01, 2012 12:45 PM
To:
Subject: FW: AHCCCS Pubic Meeting - The Future of Medicaid in Arizona and Childless Adults Continuation DRAFT Waiver

Follow Up Flag: Follow up
Flag Status: Flagged

Subject: RE: AHCCCS Pubic Meeting - The Future of Medicaid in Arizona and Childless Adults Continuation DRAFT Waiver

Thank you for sending this to us. We will include it in the final packet that we post. Please convey our appreciation to comment and the work she does to assist these clients.

Subject: FW: AHCCCS Pubic Meeting - The Future of Medicaid in Arizona and Childless Adults Continuation DRAFT Waiver

I received this comment regarding the Childless Adult Waiver.

From:
Sent:
To: Talakte, Bonnie
Subject: Re: AHCCCS Pubic Meeting - The Future of Medicaid in Arizona and Childless Adults Continuation DRAFT Waiver

Hi Bonnie,
I'm sorry I missed email in regards to giving feedback in regards to Childless Adults. However I do want to voice my concerns which you've probably already heard from other social agencies.

In working with clients especially CPS cases where children are removed from the homes, parents are charged with intoxication and many are repeats. In children's court the service plan may include treatment for parents before reunification is considered. Lot of these parents due to the removal of their children are therefore not eligible for AHCCCS because they are now considered childless. It makes reunification very difficult for families and the children remain in the system because their parents can't get AHCCCS services.

Thank you for you time.

NOTICE: This e-mail and any attachments to it may contain information that is PRIVILEGED and CONFIDENTIAL under State and Federal law and is intended only for the use of the specific individual(s) to whom it is addressed. This information may only be used or disclosed in accordance with law, and you may be subject to penalties under law for improper use or further disclosure of the information in this e-mail and its attachments. If you have received this e-mail in error, please immediately notify the person named above by reply e-mail, and then delete the one you received.

From:
Sent: 1
To: Childless Adults
Subject: Keeping Childless Adults

Hello,

I'm participating in the public comment in favor of keeping childless adults in the system. Over 100,000 fit that description and need the safety net provided in ACHCCCS. Many are live alone. Approve the waiver and keep childless adults on ACHCCCS.

AHCCCS Administration
801 E. Jefferson Street, MD 4100
Phoenix, AZ 85034

I am a parent of an adult child diagnosed as SMI who is currently on AHCCCS and is receiving Title XIX funding. He will in all likelihood fall under the segment of the population who may lose coverage if the state does not make further provisions to continue to cover those childless adults who fall under the 100% FPL.

It is my understanding that as of Jan 2014 approximately 100,000 childless adult Arizona citizens in our great state will loose all or most of their medical and behavioral healthcare coverage unless we as a state find a means to work with the CMS to expand Medicaid coverage under the current proposed guidelines being offered under the evolving ACA. I am under the impression that this significant segment of our population would not be eligible to procure self coverage through the proposed exchange program even if they had the available funds to do so, unfortunately even the basic needs, food, shelter, and clothing are beyond their financial reach. Many of these were once employed, some college educated, and at one time were productive members of our society, while others due to no fault of their own lack the education, or are disabled in some manner physically or mentally as to render them incapable of providing for their basic needs. How can we as a state charged with the protection and care for all of our citizens contemplate allowing this to occur? If we as a state allow this population to go without coverage, the ultimate costs financially will be shifted to the emergency departments and hospitals, which are ill equipped to provide any measure of mental health care and only episodic medical care which can not be adequately maintained upon discharge. The result of the loss of primary coverage in effect will set in motion a revolving door system of care to the detriment of the patients, healthcare providers and the families who are attempting to accommodate and provide personally for the needs of their adult indigent family members. Ultimately the cost to the state will increase due to uncovered hospitalizations, and frequent repeat ER visits. As an ER nurse and patient advocate I have observed first hand the progressive deterioration in my patient's health, increased ER utilization as a primary care source which has resulted in fragmented poor quality care. Additionally the uncompensated cost to the hospitals will be passed on to all patients in the form of rate increases which will raise insurance premium cost both to the employers and policy holders.

We need to extend the 1115 waiver past the January 2014 date as we evaluate with the CMS the level of FMAP that will be made available as the ACA is incrementally applied as currently proposed. Optimally the enhanced FMAP rate of 83-90% would provide the best financial position for our state and the recipients of care who are currently covered. If Arizona would simply move the income limit to 133% FPL, then we wouldn't have to seek this amendment and hope for CMS approval. The enhanced match for the Prop 204 population would simply be a part of that expansion.

I have read the policy paper presented by the Grand Canyon Institute's analysis of the financial and coverage impact of each of the available options currently under consideration. In review of this analysis, it is clear that the option 3 provides the best care and return on investment for the state and the recipients as coverage is expanded, economic output will be enhanced as increased employment equates to increased tax revenue further offsetting the cost to the state.

I am a member of the NAMI organization, and willingly volunteer my time to provide education and support to those families and patients who have been overwhelmed by their attempt to secure quality medical and mental health care for their family members who are otherwise unable due to illness, lack of education, and no prospect of securing meaningful employment in order to elevate themselves to a higher level of functioning. None of these people chose to be ill, or impoverished, and would, given ongoing support, recover to their own maximum level of functioning and return to a sustainable quality of life and contribute to society; no one is unimportant or disposable.

“A person who has sympathy for mankind in the lump, faith in its future progress, and desire to serve the great cause of this progress, should be called not a humanist, but a humanitarian, and his creed may be designated as humanitarianism.”

I thank you for your time and dedication to the citizens who have placed their faith in your ability to lead and provide the best possible environment for the continued growth, prosperity, and wellness for all the citizens of the State of Arizona.

Respectfully,

List of Letters From Organizations and Advocacy Groups re

“The Childless Adult DRAFT Waiver Amendment” and “The Future of Arizona’s Medicaid Program”

◇ = Collaborative E-Mail of 3 Organizations

* = Collaborative E-mail of 12 Organizations

Childless Adults DRAFT Waiver Amendment

- Arizona Academy of Family Physicians 10-18-12
- Arizona Association of Community Health Centers 10-4-12
- Arizona Association of Health Plans 10-15-12
- Arizona Asthma Coalition 9-10-12
- Arizona Center for Law in the Public Interest 10-23-12
- Arizona Council of Human Service Providers 10-19-12
- Arizona Clinical Oncology Society 8-16-12
- Arizona Health Care Coalition (per Burns & Associates) 10-19-12
- Arizona Hospital and Healthcare Association 10-9-12
- Arizona Medical Association 10-16-12
- Banner Health * 9-25-12
- Carondelet Health Network * 9-25-12
- Carondelet Holy Cross Hospital 9-26-12
- Children’s Action Alliance 10-18-12
- Crossroads Mission (includes 128 petitions) 10-18-12
- Dignity Health * 10-16-12
- Iasis Healthcare * 9-25-12
- Inter-Tribal Council of Arizona 10-19-12
- John C. Lincoln Health Network * 9-25-12
- Keller, Keller & Newman Law Office 10-18-12
- Maricopa Consumers Advocates and Providers 10-19-12
- Maricopa Integrated Health System ◇ * 10-16-12
- National Alliance on Mental Illness 9-29-12
- Northern Arizona Healthcare * 9-25-12
- Phoenix Children’s Hospital ◇ * 10-16-12
- Pima Community Access Program 10-8-12
- Scottsdale Healthcare 10-8-12
- Sierra Vista Health Center 9-29-12
- Society of St. Vincent de Paul – Tucson Diocesan Council 10-22-12
- Summit Healthcare Regional Medical Center 10-1-12
- University of Arizona Health Network ◇ 10-16-12
- University of Arizona Medical Center * 9-25-12

- Vanguard Health Systems * 9-25-12
- William E. Morris Institute for Justice 10-18-12
- Yavapai Regional Medical Center * 9-25-12
- Yuma Regional Medical Center * 9-25-12



The Arizona
Clinical Oncology Society

The Arizona Clinical Oncology Society

August 16, 2012

CAS

President

Steven J. Ketchel, MD, FACP
Tucson

The Honorable Janice K. Brewer
Arizona Governor

President-Elect

Patricia Mich, MD
Cottonwood

Executive Tower
1700 West Washington Street
Phoenix, AZ 85007

Secretary

Deborah L. Lindquist, MD, FACP
Sedona

Dear Governor Brewer:

Treasurer

Ramesh K. Ramanathan, MD
Scottsdale

The Arizona Clinical Oncology Society (TACOS) represents almost 80 practicing hematology and oncology professionals who provide care to thousands of patients battling cancer across Arizona. TACOS represents the entire cancer care team and works to protect access to the most appropriate care for our patients.

Past President

Patrick J. Donovan, MD, FACP
Scottsdale

As you know, the US Supreme Court recently upheld most of the Affordable Care Act, letting states decide whether to expand Medicaid eligibility to 133% of the federal poverty level (FPL). While budgetary constraints prove a barrier, other considerations, such as the federal government covering 100 percent of expansion costs until 2017 and Arizona never being responsible for more than 10 percent of expansion costs, make Medicaid expansion in Arizona desirable. We strongly encourage your office to include groups like TACOS in any discussions regarding Medicaid expansion. TACOS members can provide a unique perspective into the needs of the Arizona population when they are sick and vulnerable.

Directors-at-Large

Don W. Hill, MD
Casa Grande

Parvinder Jit S. Khanuja, MD
Chandler

Jerry A. Olshan, DO
Phoenix

Albert G. Wendt, MD
Phoenix

TACOS appreciates the many factors that must be weighed in such an important decision. We view this as an opportunity to cover individuals in the state who have traditionally been uninsured and underinsured. Without the expansion, poorer patients may be forced to seek treatment in emergency rooms, which will ultimately increase costs. In addition, TACOS would prefer Arizona tax dollars to be spent on underserved Arizonans instead of on Medicaid expansion in other states.

Executive Office:

11600 Nebel Street
Suite 201
Rockville, MD 20852
Phone: 301.984.9496
Fax: 301.770.1949
www.tacos-oncology.com

Again, The Arizona Clinical Oncology Society encourages you to consult with groups like TACOS on the Medicaid expansion matter. Thank you for the hard work you do for Arizona. As the experts in cancer care, TACOS would like to be a resource for your office as you navigate the many options for the changing healthcare landscape. If you have any questions, or if TACOS can be of assistance moving forward, please contact Sydney Abbott at 301-984-9496 or sabbott@accc-cancer.org.

Sincerely,

Steven J. Ketchel, MD

Add to Health care providers
COP



The Arizona Asthma Coalition

5804 N Echo Canyon Lane, Phoenix, AZ 85018 602-956-6728 www.azasthma.org

STATEMENT IN SUPPORT OF MEDICAID REFORM IN ARIZONA

September 10, 2012

The statewide Arizona Asthma Coalition has been working to decrease the burden of asthma in Arizona through awareness, advocacy and education since 1997. We promote better access to health coverage and improved clinical care through the implementation of the National Asthma Guidelines.

Asthma is a complicated chronic disease that cannot be cured. When tissues of the respiratory system become exposed to stimuli such as environmental allergens, the inflammatory response causes wheezing, coughing, chest tightness and shortness of breath. If untreated, asthma may lead to permanent structural remodeling of the airways, reduced lung volume, serious attacks and even death.

Asthma is considered an “ambulatory-sensitive condition” because good primary health care provides patients with diagnosis, treatment, medications, continuity of care and patient self-education about avoiding triggers and monitoring their symptoms. For some patients, asthma symptoms may not be serious or can be managed with treatment. For others with severe asthma, symptoms may interfere with activities of daily life and lead to absences from school and work.

Good clinical care can prevent serious asthma attacks, but patients who lack health coverage and do not have a primary care physician often end up in expensive emergency rooms or hospital beds when they have a severe attack.

Lack of Health Insurance Linked to Adverse Health Outcomes

The number of people in Arizona who do not have health care insurance is at an all-time high. Uninsured people with asthma lack the support system to treat their disease.

Large research studies report that people without health insurance experience adverse health outcomes. In general, the uninsured:¹

- delay or forego needed care
- use fewer preventive services and are four times more likely than insured patients to require emergency care and avoidable hospitalizations
- receive fewer therapeutic services including medications
- have higher mortality and disability rates

Why is asthma a public health priority in Arizona? According to the Arizona Department of Health Services, the state asthma prevalence is above the national average and increased from 11 percent in 2000 to 15% in 2009. More than 700,000 Arizonans have ever been told by their doctor that they had asthma at some point in their life. ²

One out of five Arizonans lack health coverage, meaning that 105,000 people with asthma do not have access to clinically appropriate clinical outpatient care.

Excessive Emergency Visits and Hospitalizations

Emergency Department Visits (ED)

In 2009 there were 26,475 ED-only visits for people with the asthma listed as the first diagnosis (ICD-9-CM codes 493.00-493.92). The largest percentages of visits were for children younger than age 15 and young males.

ED Payer Sources: in 2009, AHCCCS was the payer source for 50% of all ED visits, followed by 6.7% by Medicare for asthma-related ED visits. 11.5% were uninsured. ³

Hospitalizations

8,455 Arizonans were hospitalized in 2009 with asthma listed as the principal diagnosis. The average length of stay was 3.1 days, and the total cost was \$44,515,575.

Hospitalization Payer Sources: The most common payer was AHCCCS (39.1%) followed by Medicare (23.8%). ⁴

Public funding already covers almost 57% of the costs of ED visits and 63% of hospital discharges for asthma in Arizona. The costs incurred by the increasing number of uninsured patients leads to uncompensated hospital care. These costs are shifted to all of us through higher hospital prices, increased health insurance premiums and out-of-pocket expenses.

Arizona could benefit financially in two ways by:

1. promoting clinical quality improvement practices that keep people healthy and out of ED and hospital care
2. restoring health insurance coverage to uninsured low income adults and children.

Costs and Benefits: Primary and Preventive Care Saves Money

Several research studies reveal that investing in asthma prevention and control can reduce health care costs while improving health outcomes. ⁵

- One systematic literature review reported that \$2.72 was saved for every \$1 dollar spent on asthma disease management programs.
- A second study in Virginia designed to reduce ED visits by low-income asthma patients developed a quality improvement program for community physicians. Clinicians who participated in the training reduced their patients' use of ED services by 41% compared to a control group. In this study, increased drug costs were more than offset by lower

ED care costs. The projected savings to Medicaid were \$3-4 for every \$1 dollar spent on training the participating clinicians.

- A study in Massachusetts compared hospitalization rates for children with the average for states with the lowest rates. They reported that 54% of childhood asthma hospitalizations might have been prevented with better quality of outpatient asthma care.

We Recommend That Arizona Tap Into the Federal Medicaid Reform Opportunity

- For the first three years, Federal Funds would cover 100% of every new coverage dollar, and scaled down to 90 cents on the dollar in 2020. No other program has provided such a generous matching ratio.
- Arizona voters repeatedly passed initiatives to mandate better health coverage. There is broad public support.
- Arizona's AHCCCS model has already demonstrated its efficiency and cost effectiveness. Systems are in place to enroll and serve more people
- More asthmatics could get primary and preventive care
- Patients will have improved health outcomes
- It is less costly to treat asthma in the primary care setting than in ED's and hospitals
- This option will reduce the burden of uncompensated hospital care and cost shifting

In conclusion, we believe that it is in the best interest of Arizona and its people to invest in the new Federal funding opportunity for Medicaid reform.



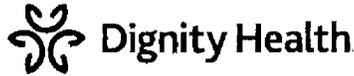
Mark A. Brown, M.D.
Chair, Board of Directors
Arizona Asthma Coalition
Professor of Pediatrics
Section of Pediatric Pulmonology, Allergy & Immunology
University of Arizona College of Medicine



Barbara Burkholder
Secretary/Treasurer
Board of Directors
Arizona Asthma Coalition

1. Breathing Easier in Arizona: an Action Plan for Change. Arizona Asthma Coalition, February 2005.
2. The 2009 Arizona Asthma Burden Report (Draft), Bureau of Tobacco and Chronic Disease, Arizona Department of Health Services. October 2010
3. Patient and hospital characteristics for ICD-9-CM first-listed diagnosis code(s) 9CM-ICD, 493.00-493.92. Agency for Healthcare Research and Quality. <http://hcupnet.ahrq.gov/HCUPnet.jsp>

4. Outcomes by patient and hospital characteristics for ICD-9-M principal diagnosis code(s) 493.00-493.92. Agency for Healthcare Research and Quality. <http://hcupnet.ahrq.gov/HCUPnet.jsp>
5. Asthma Care Quality Improvement: Resource Guide Module 1. Agency for Healthcare Research and Quality. <http://www.ahrq.gov/qual/asthmacare/asthmod1b.htm>



Two Great Hospitals ... One Caring Spirit

September 25, 2012

The Honorable Janice Brewer
Office of the Governor
State of Arizona
1700 West Washington
Phoenix, Arizona 85007

Dear Governor Brewer:

We would like to take this opportunity to thank you for your thoughtful approach to developing a health care policy for Arizona that is sustainable, contributes to our economic recovery and makes fiscal sense for Arizona.

We know there are a variety of options policymakers can choose to adequately fund health care, but one thing is certain – we cannot continue to be economically viable with the current situation.

Hospitals throughout Arizona have developed innovative approaches to provide quality health care while, simultaneously, facing multiple reductions in Medicaid reimbursement rates and huge increases in the number of uninsured patients. As a result, hospitals are experiencing unprecedented increases of uncompensated care that cannot be sustained without severe, long-term adverse ramifications.

We welcome the opportunity to support you as you pursue a health care policy that will effectively maximize the number of individuals who have access to health insurance through both public and private mechanisms. From our perspective, maximizing coverage will reflect Arizona's commitment to ensuring that hospitals remain financially solvent in order to carry out the mission of providing quality health care.

We look forward to working with you and your Administration in developing a comprehensive approach to increasing the number of insured residents and providing effective tools that will increase accessibility to such coverage.

Thank you in advance for your consideration.

Sincerely,

Reginald M. Ballantyne III
Senior Corporate Officer
Vanguard Health Systems

Timothy J. Barnett
President & CEO
Yavapai Regional Medical Center

Betsey Bayless
President & CEO
Maricopa Integrated Health Systems

James K. Beckmann
President & CEO
Carondelet Health Network

Bill Bradel
President & CEO
Northern Arizona Healthcare

David Covert
Chief Operations Officer
Iasis Healthcare

Peter S. Fine
President & CEO
Banner Health

Rhonda Forsyth
President & CEO
John C. Lincoln Health Network

Linda Hunt
President & CEO
Dignity Health Arizona

Karen D. Mlawsky
CEO
The University of Arizona Medical
Center

Bob Meyer
President & CEO
Phoenix Children's Hospital

Pat Walz
CEO
Yuma Regional Medical Center



CARONDELET
HOLY CROSS
HOSPITAL

a MISSION to HEAL

September 26, 2012

AHCCCS

Attn: Office of Intergovernmental Relations
801 E. Jefferson Street, MD 4100
Phoenix, AZ 85034

I support AHCCCS' efforts to continue providing Medicaid coverage through the childless adult/Prop 204 program. Specifically, I support continuing this coverage through extension of AHCCCS' current waiver authority to provide Medicaid coverage to childless adults for the entire period of its Demonstration Waiver (through September 30, 2016). In addition, I strongly support the AHCCCS Administration's proposal to obtain enhanced FMAP for childless adults beginning January 1, 2014. This enhanced match rate is a critical component of the state/federal partnership to rebuild a sustainable childless adult program in Arizona.

Arizona has been at the forefront of providing medical assistance to medically needy and vulnerable adults. Through the enactment of Prop. 204 and subsequent waiver authority from CMS, Arizona has been one of only six states to provide full Medicaid coverage to childless adults. Unfortunately, due to the recession and state budgetary constraints, enrollment in the program was frozen last year. With the federal government's assistance, Arizona now has an opportunity to lift the enrollment freeze on the Prop. 204 program and once again provide health insurance coverage and medical assistance to childless adults earning up to 100 percent FPL. While states that have never covered childless adults can obtain 100 percent federal funding for childless adults in 2014, Arizona is not eligible for this match rate. Our citizens are penalized for having done the right thing in covering childless adults prior to the federal expansion of Medicaid under the *Affordable Care Act (ACA)*. The loss in federal funding associated with having provided coverage to childless adults since 2000 cannot be understated. However, this inequity is partially mitigated through a provision of the *ACA* that authorizes an enhanced FMAP for childless adults to "early expansion" states like Arizona. Although the *ACA* does not make Arizona whole, obtaining enhanced FMAP for the

state's childless adult population is imperative for state policymakers to consider restoration of Prop. 204.

I support the AHCCCS Administration's waiver request and strongly urge CMS approval.

U

From:
Sent: Saturday, September 29, 2012 9:09 AM
To: Childless Adults
Subject: Section 1115 waiver to continue federal participation in the childless adult program.



BY ELECTRONIC TRANSMISSION

AHCCCS
Attn: Office of Intergovernmental Relations
801 E. Jefferson St MD 4100
Phoenix, AZ 85034

RE: Section 1115 waiver to continue federal participation in the childless adult program.

I would like to express our support for the Section 1115 waiver for the following reasons :

- Arizona has been at the forefront of providing medical assistance to medically needy and vulnerable adults. Through the enactment of Prop. 204 and subsequent waiver authority from CMS, Arizona has been one of only six states to provide full Medicaid coverage to childless adults.
- Unfortunately, due to the recession and state budgetary constraints, enrollment in the program was frozen last year.
- With the federal government's assistance, Arizona now has an opportunity to lift the enrollment freeze on the Prop. 204 program and once again provide health insurance coverage and medical assistance to childless adults earning up to 100 percent FPL.

- We support AHCCCS' efforts to continue providing Medicaid coverage through the childless adult/Prop 204 program. Specifically, we support continuing this coverage through extension of AHCCCS' current waiver authority to provide Medicaid coverage to childless adults for the entire period of its Demonstration Waiver (through September 30, 2016).
- In addition, we strongly support the AHCCCS Administration's proposal to obtain enhanced FMAP for childless adults beginning January 1, 2014. This enhanced match rate is a critical component of the state/federal partnership to rebuild a sustainable childless adult program in Arizona.
- While states that have never covered childless adults can obtain 100 percent federal funding for childless adults in 2014, Arizona is not eligible for this match rate. Our citizens are penalized for having done the right thing in covering childless adults prior to the federal expansion of Medicaid under the *Affordable Care Act (ACA)*.
- The loss in federal funding associated with having provided coverage to childless adults since 2000 cannot be understated. However, this inequity is partially mitigated through a provision of the ACA that authorizes an enhanced FMAP for childless adults to "early expansion" states like Arizona. Although the ACA does not make Arizona whole, obtaining enhanced FMAP for the state's childless adult population is imperative for state policymakers to consider restoration of Prop. 204.
- We support the AHCCCS Administration's waiver request and strongly urge CMS approval.

Sincerely,



Honorable Jan Brewer
Office of the Governor
1700 West Washington
Phoenix, AZ 85007

September 29, 2012

NAMI Arizona
Is a grassroots organization of individuals and families whose lives are affected by mental illness. Its mission is to serve as an alliance of local Arizona Affiliates of NAMI and their Members who are dedicated to the eradication of mental illnesses and to the improvement of the quality of life of persons whose lives are affected by these diseases.

Dear Mr. Hughes,

NAMI Arizona has a 29 year history as Arizona's only state-wide Peer and Family Support and Advocacy Organization dedicated to supporting persons affected by Mental Illness and working to improve the system that serves them. Enclosed you will find an information sheet that tells you more about our organization.

NAMI Arizona
Board of Directors:

James B. Frost, M.D.,
F.A.C.S.,
President

Chery Fanning, B.S./
M.B.A.,
Past President

Rebecca Chesnutt, M.A.,
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Stan Alexander, M.A.O.M.,
Governor

Jeffrey Brown, B.S.-Political
Science,
Governor

Beth Stoneking, Ph.D, CPRP
Governor

Liz Smithhart M.C., LPC,
CPRP
Governor

Executive Director/CEO:

- **Jim Dunn, M.Ed/C, CPRP**

We are writing to you to express NAMI's concern about two topics that relate to Arizona's implementation of the Affordable Care Act:

1. Arizona's implementation of Medicaid Expansion; and
2. Arizona's response to the need for parity and comparability between the Medicaid funded behavioral health services and behavioral health services that will be funded by private insurance as defined through essential health benefits (EHB) for the Arizona Health Insurance Exchange.

Medicaid Expansion

In October 2011, Arizona froze enrollment in the Childless Adult program. Since that time, the impact on persons with behavioral health challenges who could not otherwise qualify for AHCCCS has been harmful.

For persons with Serious Mental Illness who were affected, state dollars were available for limited services and resources but the changes in support and medication have resulted in a range of hardships to the individual and to the health care and criminal justice systems.

Use of emergency care during behavioral health crises has increased along with incarcerations of SMI adults as well.

We now face an opportunity to remediate the current situation.

The decision by the U.S. Supreme Court affirming the majority of the Affordable Care Act gave the states the option about whether they would implement Medicaid Expansion to 138% of poverty. NAMI is aware that there is considerable discussion within the Executive Branch about setting maximum eligibility at 100% of poverty and allowing persons above that level to seek health care through private coverage. NAMI is writing to encourage you to set maximum eligibility at 138% of poverty.

Persons with behavioral health challenges have difficulties managing the stresses related to poverty. A person who is just above the FPL does not have excess cash for the various needs and demands that typically present a person who obtains medical care through private insurance. Examples of the extra expense a person would likely experience include insurance premiums, transportation expenses to obtain medical care and prescription co-pays.

Further, NAMI is concerned that the system of services a person with Serious Mental Illness will encounter in the private insurance world will lack the supportive services they may have known in the Medicaid funded system. These include: employment assistance, peer or family support, a range of medication options that meet their needs and many other services.

Because of the vulnerability of this population, we are concerned that the 100 FPL demarcation may result in persons experiencing behavioral health difficulties that otherwise could have been avoided.

Behavioral Health Services Defined through Essential Health Benefits

The above concern about the limited services that may be available to a person with behavioral health challenges through private insurance relates to Arizona's definition of Essential Health Benefits for the Health Insurance Exchange.

There is a long history within the private insurance market of restriction against treatment and service benefits for the mentally ill. For years, Arizona NAMI partnered with other NAMI state chapters and with the National NAMI organization to advocate for mental health parity in the private insurance market.

We have achieved legislative success but the market itself continues to make resistant and slow progress to offer comparable level of behavioral health care to the primary health area of medicine. The full range of rehabilitation, habilitation and recovery support that has made Arizona's public behavioral health system the envy of the country needs to be offered within the private insurance realm as well.

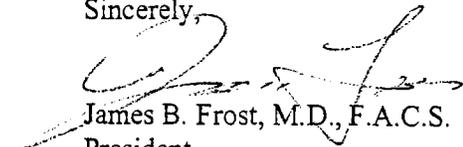
We can accept no less.

When both Medicaid and Private Insurance funded behavioral health services are comparable, Arizona citizens who have behavioral health challenges will make the most successful adjustments in the community. They will be more successful in holding employment and becoming tax paying members of our society.

NAMI Arizona appreciates the effective role that our Medicaid System, AHCCCS, has had in building a behavioral health system that offers some of the most effective and innovative care in the United States. We hope that this progressive history can continue in the role Arizona will play to build an effective overall health care system in our state. There are opportunities here that we must not miss.

Thank you for your consideration of our recommendations.

Sincerely,



James B. Frost, M.D., F.A.C.S.
President,
NAMI Arizona
5025 E. Washington St., Ste 112
Phoenix, AZ 85034
928-830-7847
jimfrost.nami@yahoo.org



Jim Dunn, M.Ed/C, CPRP
Interim Executive Director/CEO
NAMI Arizona
5025 E. Washington St., Ste 112
Phoenix, AZ 85034
602.885.4166
jimdunnaz@msn.com



October 1, 2012

To Whom It May Concern:

On behalf of Summit Healthcare Regional Medical Center, we appreciate the opportunity to comment in support of the extension of its current authority to provide coverage to adults without depended children with incomes up to 100 percent of the federal poverty level (FPL). Summit Healthcare is a not-for-profit organization in the White Mountains. As a regional medical center with 89 licensed beds, Summit responds to the health care needs of more than 90,000 permanent and seasonal residents.

Arizona has been at the forefront of providing medical assistance to medically needy and vulnerable adults. Through the enactment of Prop. 204 and subsequent waiver authority from CMS, Arizona has been one of only six states to provide full Medicaid coverage to childless adults. Unfortunately, due to the recession and state budgetary constraints, enrollment in the program was frozen last year.

With the federal government's assistance, Arizona now has an opportunity to lift the enrollment freeze on the Prop. 204 program and once again provide health insurance coverage and medical assistance to childless adults earning up to 100 percent FPL. Summit Healthcare supports AHCCCS' efforts to continue providing Medicaid coverage through the childless adult/Prop 204 program. Specifically, we support continuing this coverage through extension of AHCCCS' current waiver authority to provide Medicaid coverage to childless adults for the entire period of its Demonstration Waiver (through September 30, 2016).

Summit Healthcare strives to provide our communities with quality care every day and continue to face challenges to ensure patients continue to have time access to critical services. It is difficult to plan the needs of the community when there is uncertainty over whether a program will continue.

Even though states have never covered childless adults can obtain 100 percent federal funding for childless adults in 2014, Arizona is not eligible for this match rate. Our citizens are penalized for having done the right thing in covering childless adults prior to the federal expansion of Medicaid under the Affordable Care Act (ACA). Summit Healthcare strongly supports the AHCCCS Administration's proposal to obtain enhanced FMAP for childless adults beginning January 1, 2014. This enhanced rate is a critical component of the state/federal partnership to rebuild a sustainable childless adult program in Arizona.

Summit Healthcare Regional Medical Center is in support of the AHCCCS Administration's waiver request and strongly urge CMS approval.

Thank you for this opportunity to comment.

Sincerely,



Arizona Association of Community Health Centers

Healthcare Access for All

October 4, 2012

AHCCCS

Attn: Office of Intergovernmental Relations
801 E. Jefferson St., MD 4100
Phoenix, AZ 85034

Dear Mr. Betlach:

We appreciate your action to seek a waiver amendment to allow AHCCCS the authority to reinstate coverage of childless adults. Additionally we are grateful to the governor, her staff and the AHCCCS Administration for the thoughtful approach they are taking in researching and weighing the various options which may be open to the state for maximizing health insurance coverage for Arizonans and strengthening our state's healthcare infrastructure.

Community Health Centers are vital to primary care for Arizonans throughout the state. Our members support a plan that will maximize coverage for uninsured Arizonans. Such a plan should be based upon the following principles:

- Recognition that, through Prop. 204, Arizona voters mandated coverage of individuals with incomes below 100 percent of the federal poverty level (FPL). As such, the plan should focus on restoring voter-approved coverage for those individuals who are not currently eligible for coverage under AHCCCS as a result of the enrollment freeze on the Prop. 204 population.
- Identify enhanced federal match rate opportunities for the restoration of Prop. 204 while optimizing funds available to Arizona through the Patient Centered Affordable Care Act.
- Leverage the competitive private insurance market to promote individual choice and responsibility.
- Keep healthcare decision making as local as possible.

We support efforts to build a high-quality healthcare infrastructure through collaborative efforts that is patient-centered, sustainable, accessible and affordable. A sustainable public payment structure that rewards quality and adequately reflects the cost of care and that does not exacerbate cost shifting to businesses, individuals and families who purchase private health insurance is of great importance to our members and our communities.

We recognize the points listed above are a work in progress that will evolve as Governor Brewer's proposal takes shape and a broad-based collaborative effort is organized. We will continue to keep AACHC members informed.

Respectfully,



**SCOTTSDALE
HEALTHCARE.**

October 8, 2012

AHCCCS

Attn: Office of Intergovernmental Relations
801 E. Jefferson Street, MD 4100
Phoenix, AZ 85034

As a locally owned, nonprofit healthcare system, Scottsdale Healthcare treats thousands of AHCCCS patients a year through our three hospitals and medical clinics. For example, as a Level One Trauma Center, Scottsdale Healthcare Osborn Medical Center sees a large number of childless adults come through our facility as trauma patients who need extensive acute care and rehabilitation services. With the freeze on enrollment for Childless Adults in the AHCCCS Program, Scottsdale Healthcare has seen our uncompensated care double systemwide in just the last year.

AHCCCS is an important safety net program for patients and hospitals in Arizona. AHCCCS has always been at the forefront of innovation in covering medically needy and vulnerable adults within available resources. This is in large part due to the flexibility CMS has afforded Arizona in the 1115 Waiver. To that end, Scottsdale Healthcare supports AHCCCS' efforts to continue providing Medicaid coverage through the Childless Adults Program with the help of enhanced federal medical assistance percentage (FMAP). Specifically, Scottsdale Healthcare supports continuing this coverage through extension of AHCCCS' current waiver authority to provide Medicaid coverage to childless adults for the entire period of its Demonstration Waiver (through September 30, 2016) and urges CMS to provide the enhanced FMAP beginning January 1, 2014.

With the federal government's assistance, Arizona now has an opportunity to lift the enrollment freeze on the Childless Adult program and once again provide health insurance coverage to childless adults earning up to 100 percent FPL. The enhanced FMAP is a critical component of the state/federal partnership to rebuild a sustainable childless adult program in Arizona. Scottsdale Healthcare respects the deliberative approach Governor Brewer has taken in reviewing the options for Arizona in light of the Supreme Court ruling and hopes that CMS will continue to work in partnership to meet the needs of Arizona.

Scottsdale Healthcare appreciates the opportunity to comment on the 1115 Waiver request for continuing coverage for Childless Adults. The future of the Childless Adult program and enhanced FMAP is an important consideration for our state's fiscal health and ultimately the health of our medically needy and vulnerable adults. Scottsdale Healthcare strongly supports the AHCCCS Administration's waiver request and urges CMS approval.

Sincerely,



Arizona Hospital and Healthcare Association

October 9, 2012

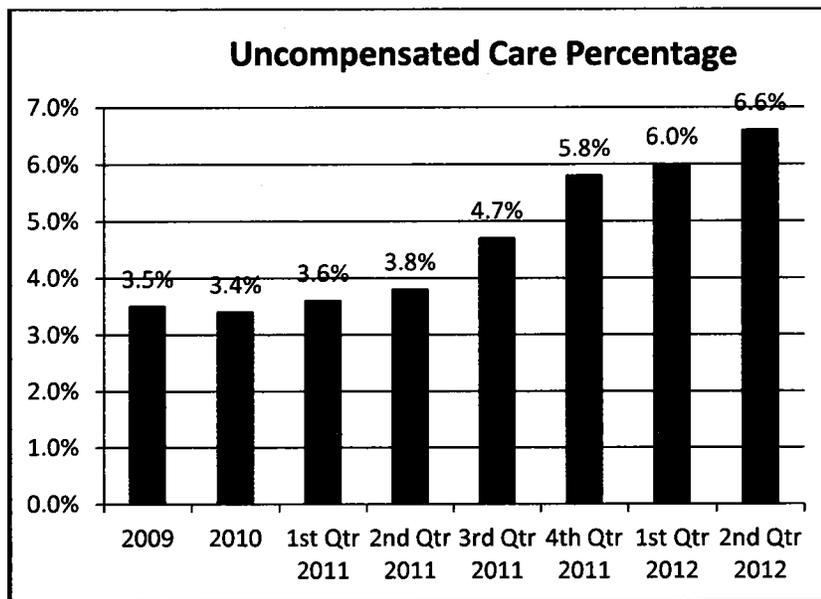
Monica Higuera Coury
Assistant Director
AHCCCS
801 East Jefferson, MD 4100
Phoenix, Arizona 85034

Dear Ms. Coury,

On behalf of the Arizona Hospital and Healthcare Association (AZHHA), thank you for the opportunity to comment on the draft Section 1115 waiver amendment to allow Arizona to continue its current authority to provide Medicaid coverage to the childless adult population beginning January 1, 2014 through the end of the Demonstration. The waiver amendment also asks Secretary Sebelius to exercise the discretion afforded to her under Section 1115 of the Social Security Act to honor the will of Arizona voters by providing Arizona with the enhanced federal match rate to cover the childless adult population beginning January 2, 2014.

We strongly support the waiver request. Since 2000, Arizona has been at the forefront of providing medical assistance to the medically needy and vulnerable adults. Through enactment of Proposition 204 and subsequent Section 1115 waiver authority from the Centers for Medicare & Medicaid Services (CMS), Arizona has been only one of six states to provide full Medicaid coverage for childless adults. Unfortunately, due to the recession and state budgetary constraints, enrollment in the program was frozen last year. Since implementation of the freeze, more than 100,000 adults have not been covered by the Arizona Health Care Cost Containment System (AHCCCS). As such, patients with chronic conditions that could be managed in an outpatient setting are waiting to seek treatment, often ending up in emergency departments in need of acute care intervention. Arizona hospitals see this every day.

Our hospitals take seriously their ethical and legal duty to care for the sick and injured. Hospital foundations provide millions of dollars of funding for charity care annually. But as the ranks of the uninsured increased over the past few years, demand on hospital charity care programs and resulting hospital uncompensated care costs have skyrocketed. The most dramatic increase in uncompensated care occurred in the last two quarters of 2011 when the medical expense deduction program was eliminated and the freeze on enrollment in Proposition 204's childless adult program took effect. Since then, hospital uncompensated care has remained above 6 percent of revenue. For the month of July, it rose to an unprecedented 7.4 percent.



Uncompensated care percentages are derived from monthly data reported to AzHHA.

When uncompensated care rises beyond the capacity of a hospital's charity care program, hospitals have two choices: cut expenses or find new revenue sources, which generally means shifting costs to commercial payors. Arizona hospitals have been resourceful and resilient through these tough financial times. They have worked with vendors, employees and medical staff to carefully manage resources. But hospitals' ability to cut expenses is diminishing. Hospitals in rural areas are announcing significant staff layoffs, and recently one has reported it is operating without a cash reserve. This trend cannot continue much longer without dire consequences to the healthcare safety net.

With the federal government's assistance, Arizona now has an opportunity to lift the enrollment freeze on the Proposition 204 program and once again provide healthcare coverage and medical assistance to all childless adults earning up to 100 percent of the federal poverty level (FPL). The first step in moving down this path is for CMS to approve an extension of the current waiver authority to provide Medicaid coverage to childless adults for the entire period of the Demonstration (through September 30, 2016). AzHHA strongly supports the AHCCCS Administration's efforts to extend this waiver authority.

In addition, we strongly support the AHCCCS Administration's proposal to obtain enhanced Federal Medical Assistance Percentage (FMAP) for the program's childless adults beginning January 1, 2014. This enhanced match rate is a critical component of the state/federal partnership to rebuild a sustainable childless adult program in Arizona. While states that have never covered childless adults can obtain 100 percent federal funding for childless adults in 2014, Arizona is not eligible for this match rate. Our

Monica Higuera Coury

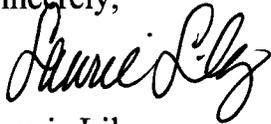
October 9, 2012

Page 3

citizens are penalized for having done the right thing in covering childless adults prior to the federal expansion of Medicaid under the *Affordable Care Act (ACA)*. The loss of federal funding associated with having provided coverage to childless adults since 2000 cannot be overstated. However, this inequity is partially mitigated through a provision of the *ACA* that authorizes an enhanced FMAP for childless adults to “early-expansion” states like Arizona. Although the *ACA* does not make Arizona whole, obtaining an enhanced FMAP rate is imperative for state policymakers to consider full restoration of Proposition 204.

AzHHA supports the AHCCCS Administration’s waiver request, and we strongly urge CMS to approve it. If you have any questions, please feel free to contact me at (602) 445-4300.

Sincerely,

A handwritten signature in black ink, appearing to read "Laurie Liles". The signature is fluid and cursive, with the first name being more prominent.

Laurie Liles

President and Chief Executive Officer



Arizona Association of Health Plans

October 15, 2012

801 E. Jefferson St.
Phoenix, AZ 85034

L

On behalf of the Arizona Association of Health Plans (AZAHP), representing the organizations who contract with AHCCCS to provide for the health care needs of Arizona's Medicaid members, I write in support of the draft 1115 Research and Demonstration Waiver amendment which would enable AHCCCS to continue coverage for childless adults and seek the enhanced federal medical assistance percentage (FMAP) to fund the restoration of coverage for this population.

With a vote of the people of Arizona, we became one of six states in the Nation to provide for the health care needs of childless adults up to 100% of the federal poverty rate. Extending our authority to serve childless adults is consistent with the will of the people of our State and reflective of AHCCCS' position as a national model for offering quality health care to the greatest number of people in need, in the most responsible, cost-effective way possible.

In light of the Supreme Court's decision on the expansion of Medicaid, seeking an enhanced federal match seems a critical step, and we support your efforts to seek a fair share of medical assistance for our State. Arizona should not be penalized for being a forward-thinking state; nor should our Governor be expected to make significant decisions about how Arizona will meet the health care needs of our most vulnerable citizens without knowing what the federal commitment will be.

Our member health plans represent the private half of the public-private partnership model that makes the AHCCCS program successful. So that Arizona's waiver application is not considered in a vacuum, we believe it is critical that Secretary Sebelius be made aware of the milestones that make Arizona's 30-year commitment to providing exemplary health care at the lowest possible cost unique among all of the Nation's Medicaid organizations. Among many achievements in a difficult economic climate, today AHCCCS:

Arizona Health Care Cost Containment System (AHCCCS)

October 15, 2012

Page 2

- Provides health care to over 1.2 million Arizonans, most of whom are children, elderly, or have a disability or serious mental illness.
- Is continually ranked as having the lowest per-member cost among Medicaid programs in the country, while still meeting high quality standards.
- Serves over 80% of its long-term care members in the home or community—among the highest rates in the country.
- Maintains the lowest pharmaceutical costs in the country and the highest use of generic drugs.
- Boasts a 1% error rate for enrollment, far surpassing the national average of 6.7%.
- Is ranked the number one Medicaid program for individuals with intellectual and developmental disabilities by United Cerebral Palsy.

Approval of the waiver would not only pave the way for the restoration of benefits for childless adults, it would enable our Governor to make a fully-informed decision about how to establish a sustainable system of health care for the greatest number of Arizonans, in the most responsible, cost-efficient way possible. We are hopeful that the federal government will see the wisdom in letting Arizona continue to set the national standard for high quality, cost-effective health care; the justice in providing an enhanced FMAP; and that it will approve AHCCCS' waiver request expeditiously.

Very truly yours,

ARIZONA ASSOCIATION OF HEALTH
PLANS, INC.

By:

DAG/plp
23585-1/3160896

cc:



October 16, 2012

William J. Thrift, MD
President

Chic Older
Executive Vice President

Tom Betlach, Director
AHCCCS
801 E. Jefferson Street, MD 4100
Phoenix, AZ 85034

Dear Mr. Betlach:

The Arizona Medical Association (ArMA) strongly supports AHCCCS's draft amendment request to Arizona's Section 1115 waiver to continue federal participation in the childless adult program.

We understand that, if granted, the waiver will allow Arizona to continue its authority to provide coverage to childless adults with incomes up to 100% of the federal poverty level from January 1, 2014, until the culmination of the demonstration waiver in September of 2016. Further, without the waiver, the federal participation ends December 31, 2013. Finally, if accepted, the waiver will allow the state to obtain the enhanced federal medical assistance percentage for the childless adult population.

ArMA believes that our previous efforts, which have made us one of only six states to cover this population, should be acknowledged by federal approval of the waiver request. Otherwise, Arizona and the childless adult population will be penalized merely because we have shown leadership in covering a vulnerable population, which would be a patently unfair result caused by changes in the law.

Additionally, we support the AHCCCS administration's proposal to obtain enhanced federal medical assistance percentage funding as we believe that the enhanced match rate is necessary to reestablishing a sustainable childless adult program in Arizona.

Thank you for the opportunity to comment on the waiver proposal. If we can be of further assistance to you, please do not hesitate to contact our office.

Respectfully,

William J. Thrift, M.D., President

cc: Chic Older, Executive Vice President
David Landrith, Vice President of Policy & Political Affairs
Monica Higuera Coury, Assistant Director, Office of Intergovernmental Relations



3030 N. Central Avenue, Suite 1402
Phoenix, AZ 85012
direct 602.406.1050
fax 602.406.4190
dignityhealth.org

October 16, 2012

Arizona Health Care Cost Containment System
Attn: Office of Intergovernmental Relations
801 E. Jefferson, MD 4100
Phoenix, AZ 85034

To Whom It May Concern:

On behalf of Dignity Health Arizona, I would like to express our support for the Childless Adults Continuation Waiver being submitted by the Arizona Health Care Cost Containment System (AHCCCS).

Due to a combination of increased recessionary unemployment and reduced AHCCCS eligibility for childless adults, uncompensated care has increased to unprecedented levels for hospitals located throughout Arizona, including the entire Dignity Health Arizona system. While we appreciate the difficult budget decisions that led to the reduced eligibility requirements, the full elimination of coverage for childless adults will have long-term adverse ramifications to hospital systems throughout Arizona.

In addition, as Arizona policymakers consider the coverage options available under the Affordable Care Act, Dignity Health strongly believes that the state should have the ability to secure the enhanced federal match rate for the childless adult population. More specifically, we recognize that the enhanced Federal Medical Assistance Percentage (FMAP) is needed in order for AHCCCS to provide coverage to this population.

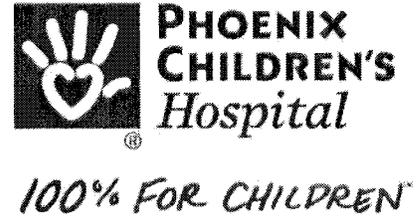
Recognizing the critical nature of health care funding, Dignity Health Arizona supports this waiver to facilitate a continued dialogue on how to most effectively maximize the number of individuals who have access to health insurance through both public and private mechanisms in Arizona.

From our perspective, as an "early adopter" of the childless adults population for Medicaid coverage, Arizona should be allowed to obtain the enhanced federal match in order to provide the state with the appropriate flexibility that will maximize coverage.

Thank you in advance for your consideration.

Sincerely,

Suzanne Pfister
Vice President, External Affairs
Dignity Health Arizona



October 16, 2012

Tom Betlach, Director
Arizona Health Care Cost Containment System (AHCCCS)
801 E Jefferson St.
Phoenix, AZ 85034

Dear Director Betlach,

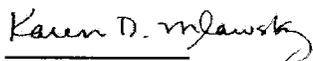
The University of Arizona Health Network, Phoenix Children's Hospital, and Maricopa Integrated Health Systems support the draft 1115 Research and Demonstration Waiver request, which would allow Arizona to resume its coverage of the childless adult population. In addition, we strongly support your agency's request to receive an enhanced federal medical assistance percentage (FMAP) to cover this population.

Twice Arizona voters have approved an expansion of Medicaid coverage for our poorest citizens. With the approval of Proposition 204 in 2000, Arizona finally became one of six states to cover childless adults up to 100percent of the federal poverty level. Prior to the NFIB vs. Sebelius Supreme Court decision, it was assumed that Arizona would not need additional waiver authority to cover this population since Medicaid expansion was mandatory for all 50 states. Given the Supreme Court's decision and our change in circumstances, extending this waiver authority to cover childless adults is consistent with the will of Arizona's voters and will provide the essential health care safety net that our residents need and deserve. The draft waiver also ensures that Arizona taxpayers are treated fairly when providing coverage for childless adults. It is also important that Arizona's policymakers do not face uncertainty from the federal government or confusion when they are deciding the best and most cost effective way to address the health care needs of their constituents.

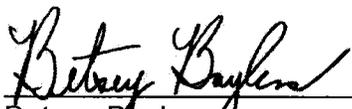
As three of Arizona's largest safety net hospital systems, we experience first-hand the dramatic effects of the reduction in coverage of the childless adults due to the nation's recession and resulting budget cuts. As more people have gone without coverage, they have turned to our emergency departments to receive basic services. This model of care delivery has caused record levels of uncompensated care for our hospitals and for other providers throughout the state. With your help, as well as support of the Legislature, the Governor's Office, and our congressional delegation, we were able to create a Safety Net Care Pool to help mitigate some of this financial burden. In addition, we were able to expand coverage for low income children through the KidsCare program for two years. Unfortunately, this solution only provides temporary relief -- it will end in 2014, along with the expiration of Arizona's waiver authority.

Given these realities, let us again express our support for the draft 1115 Research and Demonstration Waiver request, which will help AHCCCS resume its 30-year history of providing quality and cost effective care with some of the lowest levels of fraud in the nation.

Respectfully,



Karen Mlawsky
Interim CEO
University of Arizona Health Network



Betsey Bayless
President & CEO
Maricopa Integrated Health System



Robert Meyer
President & CEO
Phoenix Children's Hospital



ARIZONA ACADEMY OF
FAMILY PHYSICIANS
STRONG MEDICINE FOR ARIZONA

October 18, 2012

Tom Betlach, Director
Arizona Health Care Cost Containment System
801 East Jefferson Street, MD 4100
Phoenix, Arizona 85034-2217

ChildlessAdults@azahcccs.gov

Re: Arizona's Section 1115 Waiver Amendment Request Continuing Coverage for
Childless Adults Under the Demonstration

Dear Director Betlach:

The Arizona Academy of Family Physicians (AzAFP) is a professional association representing 1500 family physicians, resident and medical students in Arizona. The AzAFP is a state chapter of the American Academy of Family Physicians, which represents 101,000 family physicians across America. We are writing to comment on the proposed draft "Arizona 1115 Waiver Amendment Request Continuing Coverage for Childless Adults under the Demonstration" dated September 18, 2012.

AzAFP appreciates the deliberative and collaborative approach taken by Governor Brewer in examining the current options available to Arizona for the expansion of AHCCCS coverage. AzAFP strongly supports action that will allow Arizona to maintain authority to cover childless adults as requested by AHCCCS. Reinstating coverage for this population is consistent with the will of Arizona voters and the spirit of the Affordable Care Act. If this waiver is not approved, beginning in January 2014, thousands of individuals currently on AHCCCS will lose coverage.

Research consistently shows that people with health insurance coverage, whether public or private, have a usual source of care, better overall health and better control of chronic conditions. Studies also demonstrate that people without insurance skip or delay needed preventive services and postpone care during early, easily treated stages of an illness. By the time these people seek help, they require much more intensive and expensive care that could have been avoided. Worse, they are less likely to have the resources to pay for that more expensive care. As family physicians, we see this scenario play out daily.

The AzAFP further supports that portion of AHCCCS's waiver request that seeks an enhanced federal match for restoring coverage to this childless adult population. Arizona should not be

penalized for having expanded coverage to this group in the past. Moreover, the enhanced match rate is essential to the sustainability of a childless adult program in Arizona.

Thank you for your consideration of our comments.

A handwritten signature in black ink, appearing to read 'Melody Jordahl-Iafrato'. The signature is fluid and cursive, with a large loop at the end.

Melody Jordahl-Iafrato, MD, President
Arizona Academy of Family Physicians (a state chapter of the American Academy of Family Physicians)

cc: Laura Dearing, Executive Vice President, AzAFP
Monica Higuera Coury, Assistant Director, Office of Intergovernmental Relations



Children's Action Alliance

A Voice for Arizona's Children since 1988

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Tucson Office
2033 E Speedway Blvd
Suite 102
Tucson, AZ 85712
(520) 795-4199
(520) 319-2979 fax
psjacks@azchildren.org

A Member of

**For America's
Children**

October 18, 2012

Director Tom Betlach
AHCCCS
801 E. Jefferson
Phoenix, AZ 85034

Both EXP / CA's

Dear Director Betlach:

Children's Action Alliance (CAA) appreciates the opportunity to provide feedback on the current AHCCCS waiver request to continue coverage of adults without dependent children while drawing down favorable federal matching rates. We are an independent voice for Arizona children at the state capitol and in the community. CAA works to improve children's health, education and security through information and action.

Children's Action Alliance is pleased that AHCCCS will extend coverage to children living in families with incomes up to 133% of the federal poverty level (138% after income disregard) starting in 2014. We also support strong Medicaid coverage for adults. The high rate of uninsured Arizonans has led to uncompensated care costs that make it difficult for the health providers we all rely on to continue operating and delivering high quality care. These uncompensated care costs have also led to cost shifting that has driven up the cost of care for all Arizona families. For this reason, CAA strongly supports continued AHCCCS coverage of adults without dependent children.

It is noteworthy that if Arizona chooses to improve AHCCCS coverage levels for all Arizonans with incomes up to 133% FPL, as envisioned by the Affordable Care Act, this waiver would not be necessary. Setting AHCCCS coverage levels at 133% FPL for adults, the same as for children, would provide working families with lower cost-sharing than they would face in the exchange, making it easier for them to cover child care and other bills, while also giving them the convenience of covering their entire family in one health plan.

Children's Action Alliance opposes a waiver that allows Arizona to enact enrollment caps or freezes. The purpose of the enhanced matching funds in health reform is to provide states like Arizona, which were already strengthening health care by providing AHCCCS coverage to adults, with similar funding to other states that were increasing their Medicaid eligibility levels. These funds should be invested in clear commitments to health coverage. As we have experienced with KidsCare and Medicaid for adults without dependent children, enrollment freezes impose great hardship on individuals and families, inject tremendous instability into our health care

system, and put overwhelming strain on our charitable health infrastructure. Enrollment freezes contradict the purpose of health care reform and preferred federal matching rates.

AHCCCS has for 30 years provided high quality, cost-effective coverage that meets the needs of Arizonans. Children's Action Alliance supports continued coverage of adults through AHCCCS, and asks that enhanced federal funding be used to strengthen coverage and Arizona's health care system.

Sincerely,

A handwritten signature in cursive script, appearing to read "Dana W. Naimark".

Dana Wolfe Naimark
President and CEO

William E. Morris Institute for Justice

202 East McDowell Road, Suite 257, Phoenix, AZ 85004-4536

Phone 602-252-3432

Fax 602-257-8138

October 18, 2012

Attn: Office of Intergovernmental Relations
Arizona Health Care Cost Containment System
801 East Jefferson Street, MD 4100
Phoenix, Arizona 85034-2217

ChildlessAdults@AHCCCS.gov

Re: Arizona's Section 1115 Waiver
Amendment Request Continuing
Coverage for Childless Adults
Under the Demonstration

Dear Office of Intergovernmental Relations:

The William E. Morris Institute for Justice ("Institute"), the Arizona Center for Disability Law ("Center"), Community Legal Services ("CLS"), and the National Health Law Program ("NHelp") submit these objections and comments to the proposed "Arizona's 1115 Waiver Amendment Request Continuing Coverage for Childless Adults under the Demonstration" for the period January 1, 2014, through September 30, 2016, posted on the Arizona Health Care Cost Containment System ("AHCCCS") website on September 18, 2012. AHCCCS is the state Medicaid program. The Institute is a non-profit program that advocates on behalf of low-income Arizonans. As part of our work, we focus on public benefit programs, such as Medicaid. The Center is the protection and advocacy program in Arizona and works on issues concerning access to health care for persons with disabilities. CLS is the federally funded legal services program in Arizona and represents low-income Arizonans on many civil issues including health care. NHelp is a national program whose mission is to secure health rights for those in need.

On October 21, 2011, the federal government approved Arizona's Section 1115 Demonstration Project until September 30, 2016. The approval contains Special Terms and Conditions ("STCs") for the demonstration project. In order for Arizona to become compliant with the Affordable Care Act ("ACA"), the STCs require that AHCCCS submit a transition plan by July 1, 2012. The transition plan requires that AHCCCS must

transition childless adults into a coverage category in the state plan pursuant to 42 U.S.C. § 1396a(a)(10)(A)(i)(VIII) by January 1, 2014. (Paragraph 36(a)(i), page 30). One part of the transition plan is a “cost-sharing transition” that requires AHCCCS to develop a plan that:

must include the State’s process to come into compliance with all applicable Federal cost-sharing requirements, including the section 1916(f) requirements that apply to the adults without dependent children population when it becomes a mandatory State plan population on January 1, 2014.

Paragraph 36(b), page 31.

Despite these requirements, on September 18, 2012, AHCCCS posted on its website a draft “Arizona 1115 Waiver Amendment Request Continuing Coverage for Childless Adults under the Demonstration” with an executive summary. AHCCCS proposes to request approval from the federal government to continue to provide medical assistance to childless adults as a demonstration project and to be allowed to continue the heightened and mandatory cost-sharing for childless adults, including copayments for office visits, prescription medications and non-emergency transportation and the missed appointment penalty. In addition, although AHCCCS does not propose to expand AHCCCS to 133% of the federal poverty level or to include the childless adults in the state plan, AHCCCS proposes to seek the enhanced federal medical assistance percentage (“FMAP”) reimbursement for the medical costs for childless adults as if they were state plan enrollees under the ACA beginning January 1, 2014.

As fully explained in this letter, the Institute, the Center, CLS and NHelp object to the proposal concerning childless adults in its entirety and to AHCCCS’ apparent intent to not expand medical coverage to all persons with incomes up to 133% of the federal poverty level. Full ACA expansion will help Arizona’s economy and save lives. The proposal is an effort to circumvent the ACA and a continuation of the state’s failure to comply with Proposition 204, the Arizona voter initiative Arizonans overwhelmingly approved to mandate AHCCCS coverage for persons with incomes up to 100% of the federal poverty level. A.R.S. § 36-2901.01. We also are concerned that AHCCCS is not providing for meaningful input concerning the request as required by federal law. Finally, AHCCCS’ proposed continuation of the childless adult demonstration project and its mandatory and heightened copayments fails to meet federal requirements for demonstration projects under federal law. For all these reasons, the proposal should not

be submitted and, instead, AHCCCS should proceed with the transition plan and expand AHCCCS coverage to 133% of the federal poverty level.

A. The Supreme Court's Decision in *National Federation of Independent Business* Provides No Support for the Amended Request

The ACA requires that all states provide Medicaid coverage to “all individuals” with incomes up to 133% of the federal poverty level. 42 U.S.C. § 1396a(a)(10)(A)(i)(VII).¹ The remedy in the ACA if a state failed to expand Medicaid coverage to 133%, was that the federal government could withhold all of the state’s Medicaid funding, even for persons covered before the ACA was enacted. 42 U.S.C. § 1396c.

AHCCCS relies upon *National Federation of Independent Business v. Sebelius*, ___ U.S. ___, 132 S.Ct. 2556 (2012) (“NFIB”) for support of its claim that childless adults are not a mandatory state population. In that case, the Supreme Court held that the federal government could not withhold all Medicaid funding if a state did not expand its Medicaid program to persons with incomes up to 133% of the federal poverty level. *Id.* at 2606-07. AHCCCS claims that the Court held that the expansion was “optional” and that the ruling “creat[ed] new coverage opportunities for states.” Executive Summary, page 1, Draft Amendment Request, page 1. A close reading of the decision shows that AHCCCS is incorrect.

State participation in Medicaid always has been voluntary. Every state has determined it is in their citizens’ best interests to participate. In holding that the federal government could not withhold all Medicaid funds to a state if the state did not provide Medicaid coverage up to 133% of the federal poverty level, the Court was careful to explain that states who participate in Medicaid must comply with the Medicaid Act requirements:

Nothing in our opinion precludes Congress from offering funds under the ACA to expand the availability of health care, and requiring that states accepting such funds comply with the conditions on their use. What Congress is not free to do is to penalize States that choose not to participate in the new program by taking away their *existing* Medicaid funding.

¹ Although 42 U.S.C. § 1396a(a)(10)(A)(i)(VII) refers to persons whose income does not exceed 133% of the federal poverty level, because 5% of income is deducted from gross income, the actual income limit is 138%. *See* 42 U.S.C. § 1396a(e)(14)(I).

Id. at 2607 (emphasis added). The Court did not hold that the expansion of Medicaid to 133% of poverty was not mandatory. Rather the Court disallowed the remedy for noncompliance with the ACA of total withholding of all Medicaid funds even for groups covered by the states prior to the ACA enactment. If a state decides to participate in the “new program” under the ACA, such as pursuing the enhanced federal match for childless adults, then the full expansion for childless adults is a mandatory component of that participation. In addition, the Court treated the ACA expansion as one program and did not bifurcate the expansion into two subsets, those under 100% of poverty and those between 100-133% of poverty. “The Medicaid provisions of the Affordable Care Act ... require States to expand their Medicaid programs by 2014 to cover *all* individuals under the age of 65 with incomes below 133% of the federal poverty line.” *Id.* at 2601. (emphasis in original).

While there may be unresolved questions, one thing is clear: persons up to 133% of poverty are no longer expansion populations covered by the demonstration authority in 42 U.S.C. § 1315 (the statutory cite that AHCCCS refers to as “1115”). Under the ACA they are mandatory state plan populations. There has not been any guidance from the federal government that undercuts this analysis. The May 22, 2012, CMS “Medicaid/CHIP Affordable Care Act Implementation” sheet specifically noted that demonstrations will not continue beyond December 31, 2013, for childless adults because “States that have utilized demonstrations to expand eligibility to the childless adult population will no longer need the expenditure authority because this population will become a mandatory State plan population under the Affordable Care Act’s Medicaid eligibility expansion.” <http://www.Medicaid.gov/State-Resource-Center/Frequently-Asked-Questions/Downloads/Coordination-FAQs.pdf>. There is nothing in the NFIB’s decision to the contrary. Even if a court were to hold that under the ACA the childless adults are an optional population that would not support AHCCCS’ proposal. Demonstration projects are not intended to provide coverage to optional populations, but rather expansion populations. *See Spry v. Thompson*, 487 F.3d 1272, 1274 (9th Cir. 2007). Finally, we are not aware of any federal guidance that acknowledges that a state under the ACA could choose to implement a partial Medicaid expansion such as only covering persons up to 100% of the poverty level.

B. AHCCCS Should Comply with Current Demonstration Project Requirements and Transition Childless Adults into the State Plan by January 1, 2014

As noted in the introduction, the Special Terms and Conditions in the current demonstration project provide for a transition plan for AHCCCS to include childless adults with incomes up to 100% of the federal poverty level into the state plan and to be charged the nominal, non-mandatory copayments for state plan participants in the Medicaid Act pursuant to 42 U.S.C. §§ 1396o and 1396o-1. There is nothing in the AHCCCS proposal that explains why this transition should not occur. This is especially true since the state seeks the federal reimbursement rate that applies for childless adults who are state plan enrollees under the ACA.

In the proposal, there are references to “flexibility,” keeping options open and the need to obtain the enhanced federal match for childless adults but there is no explanation why the transition plan does not satisfy these purported needs. We request that AHCCCS comply with the transition plan for persons up to 100% of the federal poverty level and include them in the state plan and comply with the Medicaid cost-sharing restrictions in the Act for these persons.

C. The State Should Expand AHCCCS to Include All Persons Up to 133% of the Federal Poverty Level Because the Increased Federal Reimbursement Makes this an Option the State Should Not Decline

The apparent premise of the “amended request” is that the state has no other option except to request a continuation of the demonstration project for childless adults. AHCCCS concedes that stakeholders want AHCCCS to continue to cover childless adults after December 31, 2013. This should not come as a surprise since the citizens of Arizona voted 12 years ago to mandate that AHCCCS cover all persons up to 100% of the federal poverty level. AHCCCS claims one of the Governor’s principles is to “recognize the will of Arizona voters regarding AHCCCS coverage for Childless Adults as expressed through the passage of Prop. 204.” The will of the citizens of Arizona 12 years ago was full coverage of AHCCCS to 100% of poverty. We believe if the full ACA expansion was put to a vote, Arizonans would overwhelmingly support it.

We do not understand AHCCCS’ apparent decision at this point to not include all persons up to 133% of the federal poverty level in the state plan by January 1, 2014. Under the ACA, Arizona’s federal reimbursement for childless adults in the state plan will at least be the following:

Year	FMAP for newly eligible expansion adults (100-133% FPL)	FMAP for adults already eligible (below 100% FPL) ²
2014	100%	$65.68^3 + (0.5(100 - 65.68)) = \mathbf{82.84\%}$
2015	100	$65.68 + (0.6(100 - 65.68)) = \mathbf{86.27\%}$
2016	100	$65.68 + (0.7(100 - 65.68)) = \mathbf{89.70}$
2017	95	$65.68 + (0.8(94 - 65.68)) = \mathbf{88.33}$
2018	94	$65.68 + (0.9(94 - 65.68)) = \mathbf{91.17}$
2019	93	$65.68 + (1(93 - 65.68)) = \mathbf{93}$
2020	90	90
2021+	90	90

AHCCCS does not provide any rationale for not covering all persons including childless adults up to 133% of the poverty level beginning in 2014. For the years 2014 through 2016 the federal reimbursement rate for persons between 100-133% of poverty is 100%. After 2016, the rate drops slowly to 90% by 2020 and 2021. Thus, over the eight year period, the lowest reimbursement rate for the 100-133% population is 90%. For every one dollar the state spends, the federal government will reimburse the state at least \$9.

For childless adults with incomes up to 100% in the state plan, the reimbursement rate increases by at least 50% from the current reimbursement rate and continues to increase up to 93% in 2019. For 2020 and 2021, it is 90%. Again the receipt of at least \$9 for every one dollar in state expenditures is significant.

² Formula is: Base FMAP + Percentage of Transition FMAP (NewlyEligibleFMAP-BaseFMAP)). 42 U.S.C. 1396d(z)(2)(B)(ii). Further information available at: http://www.medicaid.gov/State-Resource-Center/downloads/FMAP_for_Newly_Eligible_Mandatory_Individuals_and_Expansion_States.pdf

³ Arizona Base FMAP is from 2013, found at <http://www.statehealthfacts.org>.

The AHCCCS proposal makes no mention of the option to expand AHCCCS to persons whose incomes are 100-133% of poverty and we interpret the proposal to mean that AHCCCS does not intend to expand its program to cover these persons in the state plan or at all. Full ACA expansion guarantees compliance with Proposition 204, ensures the enhanced federal reimbursement and appears to cost the state over 1.3 billion dollars *less* than coverage of childless adults under the current FMAP during the period 2014 through 2017. *See AHCCCS Medicaid Expansion Cost Analysis.*

In addition, using AHCCCS' Medicaid Expansion Cost Analysis, shows that comparing a full ACA expansion (option 1) with AHCCCS' proposal of covering childless adults up to 100% with the enhanced FMAP (option 3), option 1 would only cost the state 12 million dollars for the period 2014 through 2017. *Yet this modest sum would leverage more than 1.4 billion federal dollars.* We do not understand this short-sided approach. We object to the state's apparent decision to not fully implement the ACA and to not obtain these additional federal funds. If AHCCCS fails to implement the full expansion, the citizens of Arizona as well as the state economy will suffer.

1. There Are Significant Economic Benefits to the State for Full ACA Expansion

As noted above, AHCCCS' cost analysis shows the huge infusion of federal funds to the state if the state expands to 133% of poverty. The Grand Canyon Institute recently published an analysis of the economic benefits of the ACA for Arizona. "Arizona's Medicaid Options under the Affordable Care Act: Fiscal and Economic Consequences" September 26, 2012. <http://grandcanyoninstitute>. The policy paper was prepared by Dave Wells, Ph.D. The analysis looks at three options: (1) keep the freeze on enrollment for childless adults but add coverage for children 6-18 years old to 133%; (2) full compliance with Proposition 204 requirements for mandatory coverage of childless adults with incomes up to 100% of the federal poverty level and increased coverage for children 6-18 years old to 133%; and (3) full compliance with the ACA – coverage up to 133% of the federal poverty level for all persons.

The analysis assumed that if AHCCCS did not fully expand coverage to 133% of poverty that the federal reimbursement rate for childless adults would remain at the current level, approximately 66%. Page 7. This assumption is implicit in the AHCCCS proposal. The analysis found that for every federal funding dollar, the state's economy grew by 1.85 dollars and for every new job created by the initial inflow of federal funds, the multiplier effect resulted in nearly one additional job for a total of 1.97 jobs. Page 2.

The author concludes that by expanding AHCCCS to 133% of poverty, Arizona will create 21,000 jobs and save 1.2 billion dollars. He estimates that the state's economy will grow by 2.776 billion dollars and the unemployment rate will be reduced by .07%. Table 2, and page 3. The author concludes that full implementation of the ACA is "the clear preferred pathway for Arizona." Page 20.

In addition, the ACA provides incentives so that states will be able to shift state and locally funded mental health programs to Medicaid and receive the federal match. Thus, any assessment of the cost of the expansion must also consider the savings that will occur with full expansion. As an example, the ACA requires that newly eligible persons receive mental health and substance abuse services at parity with other benefits. *See* 42 U.S.C. § 1396u-7(b)(6). It is our understanding that much of the current funding for the state's Seriously Mentally Ill ("SMI") program will be covered by the ACA. There are numerous other provisions in the ACA that allow the state to shift what are typically state costs to the Medicaid program. *See, e.g.*, 42 U.S.C. 1396n (community based services that may include housing and other supportive services).

Finally, regardless whether Arizona expands to full ACA compliance, the state is going to lose funding for uncompensated care under the ACA. 42 U.S.C. § 1396r-4(f)(7)(B). The ACA dramatically reduces the Medicaid Disproportionate Share Hospital ("DSH") programs because it is expected that full ACA implementation will result in fewer persons receiving uncompensated care. If Arizona does not implement the full ACA expansion, the number of persons seeking uncompensated care will remain high yet the DSH payments will decrease. For Arizona to lose both the higher FMAP and DSH payments would severely reduce federal dollars that are an integral support for our state Medicaid providers/system. There are many analyses of the ACA and its impact on state budgets. *See, e.g.*, Center for Budget Reform and Policy Priorities "How Health Reform's Medicaid Expansion Will Impact State Budgets," July 25, 2012 at <http://www.cbpp.org/cms/index.cfm?fa=view&id=3801>; National Health Law Program or Medicaid Expansion Toolbox at www.healthlaw.org; "50 Reasons Medicaid Expansion is Good for Your State," Jane Perkins, August 2, 2012 at www.healthlaw.org. The state should proceed with full ACA expansion.

2. Full ACA Expansion Will Save Lives and Improve Health

Not only are there significant economic benefits to the state if there is full ACA expansion, but there also are documented improvements in health for those covered by Medicaid. The main benefit of healthcare is that it saves lives. The New England Journal of Medicine on September 13, 2012, published a research paper on this issue.

“Mortality and Access to Care Among Adults After State Medicaid Expansions,” Sommers *et al.* at www.nejm.org/doi/full/10.1056/NEJMsa1202099. This study looked at the medical effects of expansion of Medicaid in three states, Arizona, Maine and New York, compared to neighboring states without expansions. Medicaid expansion showed a significant reduction in mortality with the greatest reductions for older adults, non-whites and residents of poorer counties. Improved access to care, decreased rates of delayed care because of cost and increased rates of self-reported health status were also found. Results and Tables 1-4.

It is well documented in the research that persons without health care coverage forego preventative and necessary care. *See, e.g., Kaiser Commission on Medicaid and the Uninsured, Pub. No. 7451-05, The Uninsured: A Primer (2009) at page 7.* Persons with chronic conditions such as diabetes, asthma and cancer, require on-going treatment and monitoring. The research conclusively shows the shortsightedness of not providing health care for these persons. As an example, individuals with diabetes can face life-threatening complications if the disease is not treated on a regular basis. Persons without health care coverage who postpone care due to a lack of access have a much higher risk of developing complications. Diabetics who cannot acquire needed medication, are substantially more likely to require hospitalization. Diabetes is the leading cause of new cases of blindness, end-stage chronic irreversible kidney disease, and lower-extremity amputations not related to injury. *Centers for Disease Control and Prevention, Diabetes: Successes and Opportunities for Population-Based Prevention and Control, At-a-Glance 2010 (2010).* These are all conditions which result in a loss of health that cannot be remedied by emergency treatment.

Without AHCCCS, persons with chronic medical conditions will face a cycle of emergency treatment, stabilization, discharge, deterioration, and renewed emergency treatment. Moreover, without access to medical care, the costs in the AHCCCS program will shift to emergency care, a more costly medical service. *See discussion in Section G below.*

Finally, the AHCCCS executive summary alludes to the fact that persons with incomes above 100% can apply for the insurance exchange. Persons with incomes less than 133% of the federal poverty level are expected to be state plan enrollees and do not have adequate incomes to participate in the exchanges. *See* <http://www.cbo.gov/sites/default/files/cbofiles/attachments/43472-07-024-2012-CoverageEstimates.pdf>. If they cannot afford the exchange coverage these persons will increase the uncompensated care costs and potentially be subject to penalties. The fact

that these persons hypothetically could go into the exchange is not a reason to not fully implement the ACA.

3. AHCCCS' Proposal to Limit the Childless Adult Coverage to "Available Resources" Cannot Be Justified When the High FMAP Is Available

With the passage of the ACA and its expected implementation on January 1, 2014, the state should take full advantage of the significantly increased FMAP. To continue to insist that AHCCCS intends to provide coverage to childless adults with "available resources" when the FMAP is so high, is not justifiable. It is not just state funding, but also the federal government's funding that must be considered. As noted above, AHCCCS's Medicaid Expansion Cost Analysis shows that if the state expands to 133% of poverty, it only costs the state 12 million dollars more than expanding the childless adults to 100% of poverty with the enhanced FMAP *but the federal government's reimbursement goes up 1.4 billion dollars*. AHCCCS' analysis also shows that the full ACA expansion costs 1.3 billion dollars less in state funds than coverage for childless adults under the current FMAP. These huge sums of federal funds are available to the state and must be secured.

Any effort to continue the freeze on enrollment for childless adults also is not justifiable and violates the will of the people. In the last year, over 100,000 persons have fallen off the childless adult program. These are our most vulnerable citizens. They are the homeless, persons with mental impairments, those without stable residences and those who find it difficult to navigate the state system and submit documentation to state agencies. If the freeze continues, there will be more preventable hardship.

D. AHCCCS Failed to Provide for Meaningful Public Input

The process AHCCCS has instituted for the request does not provide for meaningful public input as required by federal law. In the news announcement, AHCCCS stated that "[t]o begin the dialogue with the federal government on this matter, AHCCCS has submitted a waiver amendment." Having already submitted the waiver amendment, AHCCCS subsequently set a 30-day public comment period for the waiver amendment request dated September 18, 2012. Although AHCCCS states it will consider the public comments, it is clear AHCCCS already has made up its mind to proceed with the request. On the AHCCCS website, AHCCCS states that "[o]nce the comment period is closed ... AHCCCS will formally submit the waiver amendment request to the Centers for Medicare and Medicaid Services ("CMS")." www.azahcccs.gov/reporting/federal/

waiver.aspx.?ID=Pending*. In addition, there is no statement that AHCCCS will consider public comments and two of the three public meetings will occur on October 17 and 18, just 1 and 2 days, respectively, before the end of the comment period.

In the ACA, Congress recognized the importance of meaningful public participation in the design of Section 1115 demonstration waivers. 42 U.S.C. § 1315(d)(1). The ACA required the Secretary of the Department of Health and Human Services (“HHS”) to promulgate regulations for transparency and public notice and comment procedures to ensure a meaningful level of public input for applications and renewals of projects that impact eligibility, enrollment, benefits, cost-sharing or financing. 42 U.S.C. § 1315(d)(1) and (2). CMS proposed regulations to implement 42 U.S.C. § 1315(d) and the final regulations were effective April 27, 2012. 42 C.F.R. §§ 431.400-427. The introduction to the proposed regulations outlines the historical lack of public input for demonstration projects. The federal government has made a broad commitment to transparency and meaningful public input for demonstration waivers and these regulations are intended to implement that commitment.

The process AHCCCS is utilizing does not provide the transparency and meaningful public input intended by 42 U.S.C. § 1315(d) and the federal regulations. Under the federal regulations, transparency and meaningful public input at the state level require three major components. First, there must be public notice of the proposed demonstration waiver with sufficient detail to allow the public to understand the proposed changes and respond. 42 C.F.R. § 431.408(a)(1). Second, the state must allow a sufficient time and appropriate forum for the public to comment on the state's proposal with at least a 30-day comment period. *Id.* Third, the state must review and consider the public comments. 42 C.F.R. § 431.412(c)(2)(vii).

Critical to ensuring meaningful participation is the requirement that the state actually consider and address the matters raised by the public comments. The regulations emphasize that public participation must be meaningful. If a state does not seek or consider public input, meaningful participation cannot occur. The state also is required to include in its request issues raised by the public during the comment period and how the state considered those comments when developing the demonstration extension application. 42 C.F.R. § 431.412(c)(1)(vii).

As explained above, AHCCCS has made up its mind and so public input will not be meaningful. Furthermore, AHCCCS’ proposal does not provide the required information. The federal regulations require that the public notice “shall include all of the following information.” 42 C.F.R. § 431.408(a)(1).

(i) A comprehensive description of the demonstration application or extension to be submitted to CMS that contains a sufficient level of detail to ensure meaningful input from the public, including:

(A) The program description, goals, and objectives to be implemented or extended under the demonstration project, including a description of the current or new beneficiaries who will be impacted by the demonstration.

(B) To the extent applicable, the proposed health care delivery system and the eligibility requirements, benefit coverage and cost sharing (premiums, co-payments, and deductibles) required of individuals that will be impacted by the demonstration, and how such provisions vary from the State's current program features.

(C) An estimate of the expected increase or decrease in annual enrollment, and in annual aggregate expenditures, including historic enrollment or budgetary data, if applicable. This includes a financial analysis of any changes to the demonstration requested by the State in its extension request.

(D) The hypothesis and evaluation parameters of the demonstration.

(E) The specific waiver and expenditure authorities that the State believes to be necessary to authorize the demonstration.

AHCCCS provided only a cursory overview of the information required by paragraph A. AHCCCS also failed to provide the information required in paragraph C. As a preliminary matter, although AHCCCS attaches two cost summaries, it is impossible for the public to understand what assumptions AHCCCS made in reaching these cost summaries. There is no information provided explaining how AHCCCS calculated the

costs. As an example, AHCCCS fails to provide per member per month costs it used in its calculations. Moreover, the summaries fail to segregate out childless adults in each option. In addition, although the summaries show either “total lives” or “increase in covered lives,” there is no explanation on how these numbers were derived. Nor is there any indication that AHCCCS considered any savings that the state would achieve from the full ACA expansion including the shift of state and local costs for medical care to the Medicaid program.

In addition, for one of the expansion cost analysis/summary, AHCCCS uses the terms “Transitional match” for option 1 and “Enhanced Transitional match” for option 3 without explaining what the difference is, if any. In the written request the term “enhanced FMAP” is used. Clearly the information required in paragraph C above was not provided. Thus, it is impossible for the public to understand the cost summaries and evaluate whether AHCCCS’ financial analyses are correct.

The information requested in paragraph D also is not provided. As an example, for “details,” the AHCCCS proposal states: “This amendment seeks to maintain a current program beyond the stated termination date of December 31, 2013. There are no other anticipated changes at this time.” For “evaluation design,” the proposal only states that “The State proposes to apply the same evaluation criteria to this proposal that it currently applies to this Demonstration population.” The inadequacy of the current draft evaluation is discussed in Section H below.

E. The Proposed Section 1115 Childless Adult Amendment Request Fails to Satisfy Federal Requirements for Demonstration Projects

Although we request that AHCCCS expand to cover all persons up to 133% of the federal poverty level as state plan enrollees pursuant to 42 U.S.C. § 1396a(a)(10)(A)(i)(VII), we also address the demonstration extension request. In this and subsequent sections, we explain the reasons why the demonstration extension does not comply with federal law and should be scrapped.

Section 1115 of the Social Security Act, 42 U.S.C. § 1315(a) authorizes the Secretary under certain conditions to approve “experimental, pilot or demonstration projects” that are “likely to assist in promoting the objectives of the Medicaid Act.” The hallmark of Section 1115 is its requirement of research or experimentation. Thus, section 1115

was not enacted to enable states to save money or to evade federal requirements but to ‘test out new ideas and ways of dealing with problems of public welfare recipients.’ [citation omitted].

Beno v. Shalala, 30 F.3d 1057, 1069 (9th Cir. 1994); *See also, Newton-Nations v. Betlach*, 660 F.3d 370, 380 (9th Cir. 2011). In *Beno*, the Ninth Circuit held Section 1315(a) “plainly obligates the Secretary to evaluate the merits of a proposed state project, including its scope and potential impact” on recipients. *Id.* at 1068. Under *Beno*, there are three main parts to the required analysis. First, the Secretary must determine that the project has research or demonstration value. *Id.* at 1069. Second, the proposed project must assist in promoting the objectives of the Act. *Id.* As part of this assessment, the Secretary must consider the impact the demonstration project has on the persons the Medicaid Act was intended to protect. *Id.* Part of this assessment implies the collection of data. *Id.* at 1070-71 and fn. 30. Finally, the Secretary can only approve Section 1315 projects for the “extent and period” necessary. *Id.* at 1071.

The only rationale AHCCCS provides for the proposed amendment request is to have “flexibility” to provide coverage for childless adults “within available resources.” This rationale does not satisfy the statutory requirements for a Section 1115 demonstration project. Moreover, there is nothing experimental, pilot or demonstrational about covering childless adults up to 100% of the poverty level when as of January 1, 2014, all states are required to cover “all” persons up to 133% of the federal poverty level. Many states already have expanded coverage for childless adults under the ACA.

AHCCCS also fails to explain how this proposal promotes the objectives of the Medicaid Act, when the ACA requires coverage of childless adults as state plan participants. AHCCCS totally fails to provide any explanation about how a childless adult demonstration project extension meets the requirements of Section 1115.

F. The Proposed Continuation of the Mandatory and Heightened Copayments Is Inconsistent with the Medicaid Act’s Strict Limits on Cost Sharing for Low-Income Persons Below 100% of Poverty

AHCCCS wants to continue the heightened and mandatory copayments for prescriptions, doctor visits, and the non-emergency use of emergency room as well as the missed appointment penalty, and the transportation copayment. AHCCCS does not want to comply with the Medicaid Act cost sharing limits for state plan enrollees. Congress initially refers to cost sharing at 42 U.S.C. § 1396a(a)(14). According to section

1396a(14), the state plan must provide that, if cost sharing is being used, it will be imposed as provided in 42 U.S.C. § 1396o. *See also* Tax Equity and Fiscal Responsibility Act of 1982, Pub. L. No. 97-248, § 133 (adding 42 U.S.C. § 1396o).

The Medicaid Act also concerns the contents of a state plan. 42 U.S.C. § 1396o. This provision allows states to use various types of cost sharing, for example premiums and copayments, and is detailed concerning the copayments allowed. Among other things, it provides that “the state plan shall” impose only “nominal” copayments on individuals who are described in the Medicaid Act’s mandatory categorically needy, optional categorically needy and medically needy provisions. *See* 42 U.S.C. § 1396o(a) (regarding categorically needy individuals described in section 1396a(a)(10)(A) or (E)(i)); § 1396o(b) (regarding individuals other than those described in 1396a(a)(10)(A) or (E)).

Although copayments are authorized, they are strictly limited for very low-income persons. 42 U.S.C. §§ 1396o, 1396o-1. This is a safety valve provision because low-income persons have little or no discretionary income. While the Deficit Reduction Act of 2006 gave states additional flexibility for cost sharing, individuals with family income below 100% of the federal poverty level were exempt from this new flexibility. 42 U.S.C. § 1396o-1(a)(2)(A). For mandatory and optional Medicaid categories, only nominal copayments are allowed. 42 U.S.C. § 1396o(a)(3) and (b)(3).

The Medicaid Act refers to the definition of “nominal” contained in duly promulgated regulations in effect on July 1, 1982. *Id.* The federal regulations tie the permissible copayment to the amount the state Medicaid program pays for the service subjected to the copayment. *See* 42 U.S.C. 1396o-1(b); 42 C.F.R. § 447.54(a)(3). These amounts can be adjusted for the medical component of the consumer price index. *Id.* Currently, copayments may range from \$.65, when the Medicaid payment for the service is \$10.00 or less, up to a maximum of \$3.80, when the Medicaid payment for the service is \$50.01 or more. CMS Informational Bulletin, September 30, 2011, found at <http://downloads.cms.gov/archived-downloads/CMCSBulletins/downloads/CIB-9-30-2011.pdf>. Also, for individuals with family income below 100% of the federal poverty level, the copayments are non-mandatory, meaning that Medicaid providers cannot deny care to an eligible individual because of the inability to pay a copayment. 42 U.S.C. §§ 1396o(e); 1396o-1(a)(2)(A).

There are many categories of persons and services exempt from copayments and others who can only be charged nominal copayments. *See, e.g.,* 42 U.S.C. §§ 1396o(a)(2), (b)(2), (b)(3); §§ 1396o-1(a)(2), (b)(3)(B). In addition, even for higher

income individuals, a state must include a cap on copayments of 5% of income. 42 U.S.C. § 1396o-1(b)(1)(B)(ii). All these protections would be eliminated under the AHCCCS proposal.

As of January 1, 2014, the current Demonstration Project requires AHCCCS to come into compliance with 42 U.S.C. § 1396o for childless adults. Special Terms and Conditions, Paragraph 36(b). Under that provision, the Secretary can only approve non-nominal cost-sharing under the waiver of a demonstration project. In addition, the Secretary must make specific findings “after public notice and the opportunity for comment.” 42 U.S.C. § 1396o(f). Those required findings are that the demonstration project:

- (1) will test a unique and previously untested use of copayments,
- (2) is limited to a period of not more than two years,
- (3) will provide benefits to recipients of medical assistance, which can reasonably be expected to be equivalent to the risks to the recipients,
- (4) is based on a reasonable hypothesis which the demonstration is designed to test in a methodologically sound manner, including the use of control groups of similar recipients of medical assistance in the area, and
- (5) is voluntary, or makes provision for assumption of liability for preventable damage to the health of recipients of medical assistance resulting from involuntary participation.

AHCCCS’ cost sharing requests does not purport to satisfy the requirements of 42 U.S.C. § 1396o(f). In fact, in an e-mail to the federal government on September 18, 2011, in response to a request concerning how AHCCCS would meet the requirements in section 1396o(f) if AHCCCS was allowed to impose heightened and mandatory copayments on state plan enrollees AHCCCS stated that “Congress has established an unattainable standard” in section 1396o(f). Attached as Exhibit 1.

What this request boils down to is another barrier to the receipt of health care. Certainly there is no factual support for a “unique and previously untested use of copayments, or a study based on a “reasonable hypothesis” to test in a “methodologically sound manner,” or the use of control groups. 42 U.S.C. §1396o(f)(4). Nor is there any showing of how this will be voluntary. 42 U.S.C. §1396o(f)(5).

Finally, it is unconscionable that although AHCCCS has not evaluated the mandatory and heightened copayments it has imposed since October 2010 on prescriptions, office visits and the non-emergency use of the emergency room, to see if they hinder the ability of low-income persons to obtain needed medical care, AHCCCS proposes an extension of those copayments. Before AHCCCS considers a proposal to extend the copayments, it must draft a competent study, complete its study, analyze the data and make the results public.

G. The Proposed Continuation of the Mandatory and Heightened Copayments Does Not Satisfy the Requirements for Demonstration Projects Under 42 U.S.C. § 1315

AHCCCS seeks authority to continue the mandatory and heightened copayments for childless adults currently in place to “retain the personal responsibility component.” By its own admission, there is nothing experimental, pilot or demonstrational about heightened and mandatory copayments for childless adults. AHCCCS has imposed the heightened and mandatory copayments since October 2010. In the past two years, AHCCCS has failed to conduct any valid experiment or evaluation of the copayments.

Dr. Leighton Ku, a national expert on Medicaid and cost sharing prepared declarations in the *Newton-Nations* and *Wood v. Betlach*, CIV 12-08098 PCT DGC, litigation. In 2008, Dr. Ku submitted a declaration in *Newton-Nations v. Rodgers*, CIV 2003-2506 PHX EHC, in which he stated that “of all forms of cost sharing, copayments are the most heavily studied.” Second Declaration of Leighton Ku, ¶ 9, (“Second Ku Dec.”), attached as Exhibit 2. Dr. Ku’s current resume is attached as Exhibit 3.

Dr. Ku stated that the effects of copayments on the poor have been extensively researched and studied for over 30 years. Second Ku Dec. ¶¶ 9-18. Dr. Ku noted that a “substantial and rigorous body of research has consistently concluded” that individuals with incomes below the federal poverty level are more vulnerable to the adverse effects of copayments than other groups, and copayments cause these individuals “to use substantially fewer *essential* and *effective* medical services or medications.” Copayments lead to an increase in emergency room visits and more hospitalizations. Second Ku Dec.

¶¶ 10-17, 19 (emphasis in original). He noted that copayments have been shown to lead to poorer health for low-income persons and that copayments increase the use of emergency rooms when persons go without essential medications. Second Ku Dec. ¶ 11. When persons limit their use of medications because of the inability to pay for copayments, they are significantly more likely to experience heart attacks, strokes, and experience a decline in health. Second Ku Dec. ¶ 12. Dr Ku concludes that he knows of no “unique or untested” aspect of copayments. Second Ku Dec. ¶ 24.

The Institute and the National Health Law Program represent four Plaintiffs in the *Wood et al. v. Betlach et al.* case who challenge the current heightened and mandatory copayments for prescriptions, office visits and the non-emergency use of the emergency room that AHCCCS wants to continue until 2016. . Dr. Ku submitted a supplemental declaration in the *Wood* case in July 2012, in which he summarizes recent research on copayments. Supplemental Declaration of Leighton Ku. (“Supp. Ku Dec.”), attached as Exhibit 4. Dr. Ku reiterates that over the last 40 years, the most heavily studied aspect of cost sharing is copayments and his expert opinion that copayments present barriers to low-income persons’ receipt of needed medical care and medication. Supp. Ku Dec. ¶11. He cites studies in Tennessee and Oregon concerning access to medical care when copayments were imposed on similar populations to the childless adults in Arizona. Supp. Ku Dec. ¶¶14-15. In Tennessee, those who could not pay the copayments went without medical care. Supp. Ku Dec. ¶ 14. In Oregon the researchers found the copayments led to reductions in prescription drug and office-based physician care, but increases in outpatient and inpatient hospital care. Thus, higher copayments on a population similar to the childless adults led patients to reduce their use of routine medication and medical care use, and this led to greater use of more expensive hospital services. Supp. Ku Dec. ¶ 15.

Dr. Ku cites a study of adult cancer patients in Georgia, where after copayments were raised, use of prescription medications went down, while emergency room visits increased and Medicaid expenditures increased. Supp. Ku Dec. ¶16. He also cites research that looked at whether copayments reduce the use of emergency rooms and found the copayments do not. Supp. Ku Dec. ¶¶18-19.

AHCCCS has known about the effects of copayments on low-income persons for almost a decade. AHCCCS’ consultants in 2003-04 reached similar conclusions that mandatory and heightened copayments would reduce utilization of preventative services and increase the use of costly hospital services by the affected persons:

Based on a March 2003, Kaiser study on the impact of cost sharing on Medicaid and the uninsured, Mercer assumed lower utilization rates for the services to which co-pays applied, and increased the assumed utilization of inpatient hospital and emergency room services. The Kaiser Commission study, as well as several others, showed that when cost sharing is applied to a population like the TWG [with incomes below the poverty level], people will tend to forgo seeing their physician and having their prescriptions filled. Use of the hospital and emergency services will increase because the use of preventative services has decreased.

Defendant Rodgers' Answers to Plaintiffs' Interrogatories, No. 3 in *Newton-Nations* case. Exhibit 5.

The former director of AHCCCS explained in an e-mail to AHCCCS staff dated February 21, 2007, how cost sharing interferes with managed care. He concluded that "Cost sharing works against the notion of managed care." He further explained:

Cost sharing is imposed to change beneficiary behavior or to make the beneficiary financially responsible for the service choices "they" make... If you are going to put co-payments and co-insurance on AHCCCS MCO [managed care organization] members it will work against the health plans medical management programs. The reason that AHCCCS has one of the lowest PMPM [per member per month payments] of all state Medicaid programs is our managed care model. Health plan[s] manage the utilization of members better than any cost sharing program would do. Cost sharing is for States that do not have Medicaid managed care.

Exhibit 6. The current AHCCCS director agreed. *Id.* We agree with them. AHCCCS' proposal is inconsistent with the managed care model it claims is so successful.

Finally, these mandatory and heightened copayments fall heaviest on those with the most medical needs. Both the *Newton-Nations* and *Wood* cases have numerous declarations from persons adversely affected by the copayments. These are persons who often have applied for disability and have significant and chronic medical conditions.

They cannot afford the copayments and go without needed medical care. Without proper medical care, these persons end up using the most costly medical care in hospitals or emergency rooms.

H. AHCCCS' Current Evaluation Design Is Fundamentally Flawed and Useless and Should Not Be Used

AHCCCS proposes to continue to “apply the same criteria to the proposal that it currently applies to the Demonstration population.” Currently, AHCCCS claims it will test four hypotheses. The first hypothesis is: “How will utilization of needed preventive, primary care, and treatment services be affected.” The second hypothesis is: “To what extent will the imposition of the pharmacy copayments and copayments related to non-emergent use of emergency rooms ensure appropriate utilization of emergency room care and appropriate utilization of cost and clinically effective generic and brand name drugs.” There is absolutely nothing novel, pilot or experimental about these hypotheses. As explained by Dr. Ku and noted by the Ninth Circuit in *Newton-Nations*, these hypotheses have been repeatedly tested by more than the 35 years of research that consistently concludes that the imposition of the challenged copayments on lower income beneficiaries results in these individuals using “substantially fewer *essential* and *effective* medical services or medications” and an increase use of emergency rooms and hospitalizations. *See* Second Ku Decl., Exhibit 2 (emphasis in original). *Newton-Nations*, 660 F.3d at 381.

Hypothesis three is: “Will the mandatory co-payments affect State and federal expenditures (per enrollee) in the short and long term.” This hypothesis, which is tied to cost expenditures, is not a proper basis for a section 1315 proposal. Rather, the Secretary must look at the impact of the project on those whom the Medicaid Act is intended to serve, namely low income people. *Newton-Nations*, 660 F.3d at 381; *Beno*, 30 F.3d at 1069.

The fourth hypothesis is: Will there be an impact on physician participation, or physician willingness to accept appointments from the adults without dependent children population. In addition to adding nothing to the decades of copayment experimentation, hypothesis (iv) looks at physician participation and similarly fails to focus on the impact of the copayments on the beneficiaries. *Newton-Nations*, 660 F.3d at 381; *Beno*, 30 F.3d at 1069-1070.

In addition to the concerns about what AHCCCS proposes to study, there are concerns about AHCCCS' methodology. Dr. Ku has provided his expert opinion in

Wood v. Betlach, CIV 12-08098 PCT DGC, concerning AHCCCS' draft evaluation plan for the copayments AHCCCS would like to continue beyond December 31, 2013. Suppl. Ku Dec., Exhibit 4. Dr. Ku's expert testimony is that a demonstration project must be designed to yield "meaningful and valid information that could be used to improve the Medicaid program on a broader basis." Suppl. Ku Dec. ¶25. His opinion based on his review of the evaluation plan is that the proposed copayment demonstration project in the *Wood* litigation and the evaluation that AHCCCS proposes to continue will not provide any "reasonable research insights . . . that have not been studied elsewhere repeatedly." Suppl. Ku Dec. ¶24. Dr. Ku's expert opinion is that "neither the State of Arizona nor the Centers for Medicare and Medicaid Services have planned serious attempts to research new or novel approaches to deliver care with respect to cost-sharing that would offer meaningful information about the effects of cost-sharing." Suppl. Ku Dec. ¶24.

Dr. Ku also assessed the draft evaluation plan to see if it would yield anything useful. He noted that the plan did not have an independent evaluation and is fatally flawed. *Id.* . Suppl. Ku Dec. ¶¶31-39. The plan purports to test the effect of copayments on medications, office visits, the use of the emergency room and to evaluate the transportation copayment and the missed appointment fee at the same time and on the same persons. Suppl. Ku Dec. ¶¶31-32, 34, 36, 38, 40-42. Dr. Ku concluded the findings will be useless. He likens this study to a study of a grocery store

that is trying to test, all at the same time, the effects of special sales coupons, changes in shopping cart size and the presence of pleasing background music, on consumers' shopping behaviors simply by looking at changes in the average grocery expenditures per customer in Time A vs Time B. Even if you observed a \$3 difference in average grocery bills, you would not be able to determine [the cause]. The weak evaluation design would not produce useful findings.

Suppl. Ku Dec. ¶40.

AHCCCS has imposed the heightened and mandatory copayments since October 2010, and as of the date of this letter has not crafted a competent evaluation plan and thus has not completed an evaluation of the copayments. There is no lawful justification to extend these copayments and AHCCCS should not request the extension.

I. The Missed Appointment Penalty for Childless Adults Should Not Be Extended

The State wants to continue to allow a provider to charge a missed appointment penalty if a childless adult does not attend the scheduled appointment in counties outside Maricopa and Pima Counties. This penalty is allowed in the current STCs, Paragraph 17(e), page 12. The STCs also include a required evaluation component. Paragraph 26(d), page 27. This penalty is set to expire on January 1, 2013, but may be extended upon request to December 31, 2013.

CMS allowed AHCCCS to impose this penalty and AHCCCS began the penalty in April 2012. AHCCCS purportedly is going to study this penalty but as Dr. Ku concluded, AHCCCS' draft evaluation plan is fundamentally flawed and will produce useless information. Suppl. Ku Dec. ¶ 24, Exhibit 4. There is no reasonable justification to continue the penalty and AHCCCS should not request the extension.

J. The Copayment for Non-Emergency Transportation for Childless Adults in Maricopa and Pima Counties Should Not Be Extended

The State seeks to continue the copayment for non-emergency medical transportation for childless adults in Maricopa and Pima counties. The current SCTs allow AHCCCS to impose these copayments and AHCCCS began the copayments in April 2012. These copayments like the ones for medications, doctor visits and the non-emergency use of the emergency room, end with the transition of childless adults to the state plan by December 31, 2013. As explained above, Dr. Ku has concluded that AHCCCS' draft evaluation plan is fundamentally flawed and will produce useless information. Suppl. Ku Dec. ¶ 24, Exhibit 4. There is no reasonable justification to continue these copayments and AHCCCS should not make this request.

K. The State Should Consider a Challenge to the Differential FMAP for Childless Adults for Arizona Under the ACA

The ACA provides for a differential federal reimbursement percentage for childless adults in states depending on whether the state covered expansion populations prior to the ACA. If the state does not think this differential treatment has a rational basis, then it should challenge the reimbursement rate on equal protection grounds or any other basis the state concludes has merit. Of course, to pursue this challenge, the state would have to state its intent to comply with the full ACA expansion.

Office of Intergovernmental Relations
Arizona Health Care Cost Containment System
October 18, 2012
Page 23

Conclusion

For all the above reasons, the William E. Morris Institute for Justice, the Arizona Center for Disability Law, Community Legal Services and the National Health Law Program request that AHCCCS not submit or withdraw the amended request and instead, work toward full ACA expansion up to 133% of the poverty level. If you have any questions or need additional information, please contact me at (602) 252-3432.

Sincerely,

/s/

Ellen Sue Katz on behalf of

Arizona Center for Disability Law

Community Legal Services

National Health Law Program

William E. Morris Institute for Justice

ESK
Attachments

CROSSROADS Mission

Helping People Achieve a Better Quality of Life!

www.crossroadsmission.org
944 S. Arizona Avenue • Yuma, AZ 85364 • Phone: 928.783.9362 • Fax: 928.329.1021

October 18, 2012

AHCCCS – Office of Intergovernmental Relations
801 E. Jefferson St. MD4100
Phoenix, AZ 85034

Dear OIR Representative:

Enclosed you will find the "I SUPPORT AHCCCS' EFFORTS" petitions signed by Crossroads Mission staff, volunteers, and residents. This concern is very important to Crossroads Mission because the issue of childless adults not being covered by insurance has a major impact on our residents.

Crossroads Mission is 100% behind AHCCCS' campaign to help keep insurance coverage for the poor childless adults of Arizona.

Sincerely,

Teresa Gribble

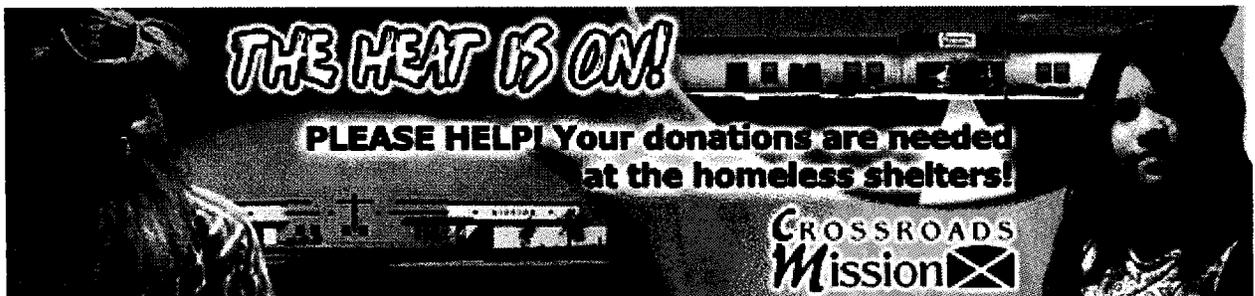
Teresa Gribble
Executive Coordinator
944 South Arizona Avenue
Yuma, Arizona 85364
(928) 783-9362 extension 55
tgribble@crossroadsmission.org
www.crossroadsmission.org

128
total Petition
Submissions

**CROSSROADS
Mission**

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URGENT AHCCCS UPDATE

Please restore the Health Care coverage for childless adults. Study show up to 1 quarter of a million adults has or will lose health coverage by January 2014. This is a major Health Crisis. AHCCCS is seeking a waiver from the Federal Government to restore these funds and is asking an increase. I Support AHCCCS' Efforts!

Raelee Cornelius

10/15/12

Staff Member Name

Date



AHCCCS received 128 responses

E-mail:

October 18, 2012

AHCCCS
Attn: Office of Intergovernmental Relations
801 E. Jefferson, MD 4100
Phoenix, AZ 85034

Re: Childless Adult Coverage

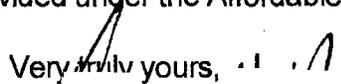
To Whom it May Concern:

Please count me as an Arizona citizen (and registered voter – Republican) in favor of restoring AHCCCS eligibility to the more than 124,000 individuals who were eliminated from coverage last year by our Legislature. These individuals were childless adults with income below the federal poverty level.

I have been a resident of Arizona since 1972. For the past ten years, I have had the privilege of serving on the Board of Directors of TERROS, Inc., a nonprofit charitable organization, which provides an array of behavioral health services to the AHCCCS-eligible population. The removal of childless adults from this population has resulted in the delay or loss of primary and preventive care for these individuals. The ultimate cost of attending to these persons at a later date (emergency rooms, etc.) will far exceed the "budget savings" contemplated by our Legislature.

Restoring coverage to childless adults should be a no-brainer for our state. It is consistent with the voter mandate of 2000. Moreover, if AHCCCS eligibility is expanded to 133% of the federal poverty level, the costs of this coverage would substantially be borne by the federal government, not our state.

For all of the foregoing reasons, plus my conviction that we (Arizonans) need to reexamine our priorities as a state to ensure that we are sensitive to the needs of less fortunate and more vulnerable citizens, I urge you to expand AHCCCS coverage to 133% of the federal poverty level, restore eligibility to childless adults, and take advantage of the compensation being provided under the Affordable Care Act.

Very truly yours, 

are straining the limited resources of the crisis system. At the Urgent Response Center in downtown Phoenix, only 8% of the 700 plus persons a month who are taken to the center by law enforcement are Seriously Mentally Ill, the rest of the people are in the GMH/SA category.

The jails are seeing an increase of people who have substance use disorders and mental illness. As many as 75% of prisoners in the state prisons have substance abuse issues. When they are released from prison there are no substance abuse services available to them and they frequently resume using substances, violate their conditions of parole/probation, and are sent back to prison.

For persons with mental illness, the lack of treatment has resulted in persons who are severely decompensated who are then brought in for evaluation for court ordered treatment. There are no state funds for inpatient treatment. The counties have seen huge increases in costs for commitment proceedings--sometimes people are found to be a danger to themselves and others and they are released because there is no funding source for treatment. The person being evaluated for court ordered treatment may receive care during the three to five days that they are in the hospital for evaluation, but then they are discharged to the community with no resource for medications or treatment. They then decompensate and the cycle is repeated. This results in an expensive revolving door with no lasting benefit to the person who is mentally ill. The untreated persons can be a risk to self, family and community.

In 2009 the state cut funding for in home family preservation services for families referred to the Department of Economic Security because of possible abuse and/or neglect of the children. The in-home services were provided as a means of keeping families intact and preventing the need for children to go into foster care. Since that time, there has been a significant increase in children in foster or out of home care- from 9000 to 13,700 children. More than 75% of the families have substance abuse issues. If the children are removed, the parents immediately lose their eligibility for Medicaid services. With no treatment dollars to pay for services, they cannot get treatment or they are on waiting lists for treatment. Their children are staying in out of home placements longer or permanently.

During this same period the state has lost foster parents, in part because of reduced payments to the parents. There are not have enough placements and children are staying too long in shelters and group homes, and sometimes have to sleep in state offices because of a lack of placements.

The most successful program for treating parents with substance use disorders is Families FIRST, which receives some funds from the state. The funds were adequate when the parents who were eligible for Medicaid were able to receive substance abuse treatment services from the Medicaid program. Parents whose children are removed to state custody lose their eligibility for Medicaid and there are not enough state funds to pay for substance abuse treatment services for this population. There are long waiting lists. Children whose parents are treated through the Families FIRST program have an average length of stay in out of home care of 70 days. Children whose parents do not receive treatment from Families FIRST are in out of home care an average of seven months. Some children are not able to be reunited with their parents because of a lack of treatment services for substance abuse or mental illness.

The lack of treatment services results in huge social and health care costs to the clients, their children and families, and to society. The state, local governments and hospitals are burdened with the costs of coping with this untreated population.

What is most unfortunate is that this is a population of people who, when treated effectively, can go back to work or school or parenting. When the Affordable Care Act is fully implemented

and insurance coverage is available that includes essential health benefits and parity, people with mental illness and substance use disorders will be able to obtain insurance with adequate benefits to cover their ongoing medication and therapeutic needs. They will no longer be dependent on the public system for services.

The Arizona Council urges CMS to work with the state to ensure that the resources are in place to provide the services that start people on a journey of recovery and self-sufficiency, with a private health insurance system that, for the first time in the nation's history, will provide the benefits to keep people healthy and functioning.

Sincerely,

A small, handwritten signature or mark, possibly a stylized 'u' or a similar character, located below the 'Sincerely,' text.

Burns & Associates, Inc.

3030 North Third Street
Suite 200
Phoenix, AZ 85012

Health Policy Consultants

Phone (602) 241-8520
Fax (602) 241-8529

October 19, 2012

Ms. Monica Coury
Arizona Health Care Cost Containment System
801 East Jefferson
Phoenix, AZ 85034

Dear Ms. Coury:

I am writing to you today on behalf of the Arizona Health Care Coalition in support of the draft waiver amendment that was posted on the AHCCCS web site on September 18, 2012.

The Arizona Health Care Coalition (AHCC) is a group of health care providers that has organized to generate background information and active support for favorable decisions from both the Governor and the Legislature with respect to a state operated health insurance exchange, the restoration of the Proposition 204 population, and the expansion of Medicaid coverage in Arizona. At the present time our membership includes: the Arizona Hospital and Healthcare Association; the Arizona Council of Human Service Providers; the Maricopa Integrated Health System and its associated physicians' group the District Medical Group; the Phoenix Children's Hospital and its associated physicians' group the Phoenix Children's Medical Group; the Tucson Medical Center; the University of Arizona Health Network and its associated physicians' group University Physicians' Healthcare; and the Regional Behavioral Health Authorities of both southern and northern Arizona: the Community Partnership of Southern Arizona and the Northern Arizona Regional Behavioral Health Authority.

During the Great Recession Arizona was forced to make some necessary, but unfortunate budgetary decisions. Among these was the freezing of enrollment for the childless adult segment of the Proposition 204 population. As you know, the Proposition 204 population – all Arizona citizens with incomes below the federal poverty level – was granted eligibility for the AHCCCS program by voter initiative in 2000. With the approval of the initiative Arizona moved to the nation's forefront in expanding access to health care coverage for the childless adult population.

However, with the Great Recession Arizona simply could not afford to maintain coverage for the 1.3 million citizens who were enrolled in the AHCCCS program and as a result, enrollment of childless adults was frozen as of July of 2011. The freezing of enrollment has resulted in tens of thousands of individuals losing health care coverage, an unknown number being denied coverage and the resulting uninsured population deferring – or completely foregoing – necessary treatment. Additionally, we believe the freeze has caused a tremendous spike in uncompensated care costs, staff reductions in numerous health care providers and other unfortunate effects on the State's health care system.

The coalition members believe that coverage should be restored for the childless adult population at the earliest possible date. However, coalition members also understand that the restoration must be made with an eye to the AHCCCS program's long term fiscal sustainability.

The members of AHCC are fully supportive of Governor Brewer's approach to considering the options for Arizona with respect to the Affordable Care Act. We appreciate the thoughtful approach she undertook with respect to recommending the reference package of essential health benefits and is undertaking with respect to whether the State should operate the Arizona Health Insurance Exchange and if, and to what degree Arizona should expand health care coverage under the AHCCCS program.

It is clear that an essential piece of information the Governor must have in reaching a recommendation is whether or not, and under what circumstances, enhanced FMAP will be available to Arizona.

As an expansion State (i.e. a State that expanded coverage to non-pregnant childless adults to 100% of the FPL prior to enactment of the ACA) it is clear that Arizona will not get the same level of enhanced match as other States for the childless adult population, and it also seems clear that unless the State expands Medicaid coverage to 133% (138%) of the FPL that it will not receive enhanced match under the provisions of Sec 1905(z) of the Act. However, we understand that it is within the Secretary's discretion to grant the enhanced match under the waiver provisions of Sec 1115 of the Act if Arizona chooses to expand AHCCCS coverage to a level less than 133% (138%). To date, the Secretary has been silent as to what her course of action will be with respect to enhanced FMAP for limited expansions of coverage.

During the Great Recession the State of Arizona witnessed our General Fund revenues decline by 30%, the State incurring over \$1 billion in debt, and substantial budget reductions in the health care, behavioral health, social service, education, university and general governmental functions of the State. Neither the citizens nor our policy makers are anxious to expand State responsibilities in an unsustainable manner and therefore repeat the difficult decisions of the last four years.

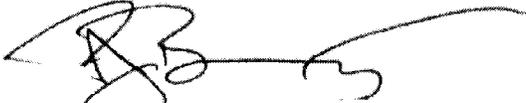
As a result, it is common wisdom that restoration of the childless adult population may – at this time – be the high water mark of the coverage expansion possibilities under the ACA for Arizona. However, without the enhanced FMAP even this limited goal may be beyond the State's reach. With the enhanced match it is estimated that the State will have to expend \$928 million over the four years of 2014 to 2017 to restore coverage to the childless adult population; without the enhanced match the estimate for the four year period grows to \$2.5 billion. Given the scars the budgetary decisions of the Great Recession have left, the \$928 million commitment is a "tough sell" but a \$2.5 billion commitment appears to be politically untenable.

The draft waiver amendment seeks to prompt a decision from CMS as to whether the enhanced FMAP will be available to Arizona should it choose a limited expansion under the provisions of the ACA. A decision on this point is essential for the Governor and the Legislature as well as for

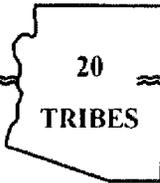
advocacy groups such as ours to have a thoughtful and informed discussion of the current realistic options for coverage expansion in Arizona.

We commend the Governor and AHCCCS for preparing the draft amendment and express our full support for its approval by the Secretary. If there is anything further that we can do, please do not hesitate to contact us.

Sincerely,

A handwritten signature in black ink, appearing to be 'Peter Burns', with a long horizontal flourish extending to the right.

Peter Burns
President



INTER TRIBAL COUNCIL of ARIZONA

October 19, 2012

- MEMBER TRIBES**
 AK-CHIN INDIAN COMMUNITY
 COCOPAH TRIBE
 COLORADO RIVER INDIAN TRIBES
 FORT McDOWELL YAVAPAI NATION
 FORT MOJAVE TRIBE
 GILA RIVER INDIAN COMMUNITY
 HAVASUPAI TRIBE
 HOPI TRIBE
 HUALAPAI TRIBE
 KAIBAB-PAIUTE TRIBE
 PASCUA YAQUI TRIBE
 PUEBLO OF ZUNI
 QUECHAN TRIBE
 SALT RIVER PIMA-MARICOPA
 INDIAN COMMUNITY
 SAN CARLOS APACHE TRIBE
 TOHONO O'ODHAM NATION
 TONTO APACHE TRIBE
 WHITE MOUNTAIN APACHE TRIBE
 YAVAPAI APACHE NATION
 YAVAPAI PRESCOTT INDIAN TRIBE

AHCCCS
 Attn: Office of Intergovernmental Relations
 801 E. Jefferson, MD 4100
 Phoenix, AZ 85034

Dear AHCCCS,

The Inter Tribal Council of Arizona (ITCA) consists of 20 member tribal governments in the state of Arizona. ITCA appreciates this opportunity to transmit comments on the AHCCCS proposed Arizona 1115 Waiver Amendment Request for Continuing Coverage for Childless Adults under the Demonstration. Your efforts to inform Tribal Nations and representatives of the Indian health care system at various meetings and Tribal consultation sessions on Medicaid policy issues have been very valuable. These efforts can lead to positive health outcomes for the American Indian population served by the Medicaid program in Arizona.

Please do not hesitate to contact myself at (928) 475-2361 and John Lewis, Executive Director of the Inter Council of Arizona at (602) 258-4822 regarding the enclosed comments.

Sincerely,

Terry Rambler,
 Chairman San Carlos Apache Tribe
 President, Inter Tribal Council of Arizona

Enclosure

cc: John Lewis, Executive Director, Inter Tribal Council of Arizona

Medicaid Expansion – Childless Adult Waiver Amendment Impact on Tribes and the Indian Health System

Issue

As of result of the U.S. Supreme Court ruling on the Patient Protection and Affordable Care Act (ACA), the State Medicaid Programs have the option, as opposed to a federal mandate, to expand eligibility up to 133% of the Federal Poverty Level (FPL) in January 2014. Should the states decide to cover additional groups, including Childless Adults up to 133% of the FPL; the federal government will provide an increased matching rate of 100% for the services provided during the first three years of Medicaid expansion. The Federal match will decrease in subsequent years and level off at 90% in 2020 and beyond. The resulting match rate will still be significantly higher than the current federal matching rate for the Medicaid programs.

The Arizona Medicaid program provided an analysis of the ACA requirements under the Medicaid expansion option and indicated that Arizona was one of six states in the country to provide Medicaid coverage to childless adults and therefore not eligible for the increased Federal match rate. For these states, another rate, an *enhanced* Federal match was included in the ACA. It provides 83% in 2014, 86% in 2015 and eventually increases to 90% in 2020 where it levels off. The program reports that if Arizona receives the enhancement, the four year cost of the childless adult population is decreased from \$2.5 billion to approximately \$928 million. Ultimately which matching rates apply to Arizona's eligible populations in an expansion is subject to final rulemaking underway by the Center for Medicare and Medicaid Services. The Arizona Health Care Cost Containment System (AHCCCS) has decided to begin the process to amend the current Section 1115 Waiver, for the childless adult population up to 100% FPL so that coverage for this group may continue beyond December 31, 2013 when the current Waiver expires. It is stated that the amendment request does not reflect any decision on the part of Governor Brewer about the future of the Medicaid program in Arizona.

Recommendations

The member Tribal governments of the Inter Tribal Council of Arizona, Inc. (ITCA) highly support increasing Medicaid eligibility up to 133% FPL for the eligible groups, including Childless Adults, as it will insure access to health care for thousands of American Indian people in the state of Arizona.¹ Tribal leaders support covering uninsured individuals through Medicaid expansion rather than requiring lower income individuals obtain private insurance through a state or federally operated Health Insurance Exchange for the following reasons including;

- Tribal governments have developed a consultative relationship with AHCCCS that insures that policy is formulated to uniquely address the Indian health care system policies and requirements.
- Indian health care providers and AHCCCS have developed an electronic billing and payment system that is predicated on 100% Federal pass through dollars in which no state match is required.

¹ Data compiled over a 3-year period (2008-2010) by the American Community Survey. This data demonstrates that approximately 49,288 AI/AN with incomes under 138% of the FPL still do not have access to health insurance coverage. These individuals will be potentially eligible for Medicaid under AHCCCS guidelines if the current freeze on childless adults is lifted and also through Medicaid expansion.

Medicaid Expansion – Childless Adult Waiver Amendment Impact on Tribes and the Indian Health System

- Should the state consider relying on the Health Insurance Exchange as a fallback for coverage, it must be noted that Indian health providers have few contracts with private health insurance companies at the present time. Based on the ACA insurance reforms, Tribes believe that the barriers and challenges to contracting can be sorted out. A significant level of work will be required to have these contracts in place by 10/1/13, when the exchange starts enrolling individuals online and through the call-in center.
- Outreach and education of American Indian patients about AHCCCS, its health plans, eligibility and benefits is conducted uniformly across all IHS and Tribal facilities. With Medicaid expansion these efforts along with enrollment assistance can be more easily accomplished as the infrastructure is already in place.
- The Waiver amendment restores the childless adult population in Arizona ending the current freeze on enrollment and formally requests the enhanced federal match indicated in the ACA as it will provide the critical resources that Arizona needs. This an important step in the process in the future of Arizona's Medicaid program, but it is also important that Arizona participate in Medicaid expansion of newly eligible individuals between 100%-133% FPL as the state should take advantage of the increased Federal match that is afforded in the ACA.

Background

Although the increased Federal match and increased access to care for individuals that would be eligible under the Medicaid expansion are significant incentives for the state of Arizona to opt-in, the state remains apprehensive and appears to be considering all options. These options include opting in to fully expand Medicaid up to 133% FPL; opting in to partially expand Medicaid, or not expanding Medicaid and keeping the current eligibility levels. The Governor of the State of Arizona has not provided indication as to the state's policy position regarding Medicaid Expansion and will likely not do so until late 2012 – early 2013. However, the Arizona Medicaid program has taken an interim step to propose a waiver amendment to the federal government to extend the authority to cover the childless adult population up to 100% FPL beyond December 31, 2013. AHCCCS instituted a series of public meetings to provide information about the ACA decision and the future of Arizona's Medicaid program. Meetings to discuss these issues with Tribes, Urban Indian programs and Indian Health Service representatives were held on August 13, 2012 and September 27, 2012. A public meeting was held in Sacaton, Arizona on October 17, 2012. AHCCCS staff informed Tribal representatives that the comment period on the pending waiver amendment is open until October 19, 2012.

Much of the apprehension of the states has to do with the anticipated rise in costs to the federal and state governments to cover the program. Some believe that the dramatic rise in costs to the federal government will drive federal policymakers to consider decreasing the amount of available federal match beyond 2014, thus increasing the financial burden on the states who have decided to participate in Medicaid expansion. Additionally, Medicaid expansion may require states to cover children from age 6-18 up to 133% FPL, may not provide the new expansion match for states that have already provided coverage for childless adults, and may contribute to an increase in enrollment of individuals who are eligible under current eligibility categories. These factors contribute to the overall increase in costs that will be experienced by states.

Medicaid Expansion – Childless Adult Waiver Amendment Impact on Tribes and the Indian Health System

The states' decisions regarding whether to expand their Medicaid programs, and to what degree, hinge on the amount of increased costs they will have to bear to implement the expansion. The proposed rule on Medicaid eligibility changes under the Affordable Care Act describes the increased Federal match for *newly eligible individuals*, including non-pregnant childless adults. The increased FMAP is 100% for the services provided during the first three years of Medicaid expansion, 95% in 2017, 94% in 2018, 93% in 2019 and 90% in 2020 and beyond. It is understood that for states that previously covered childless adults, such as Arizona, an enhanced FMAP rate was included in the ACA. It provides 83% in 2014, 86% in 2015, 89% in 2016, 89% in 2017, 91% in 2018, 93% in 2019 and 90% in 2020. Ultimately which matching rates apply to Arizona's eligible populations in an expansion is subject to final rulemaking for determining the federal share of the Medicaid expenditures for the mandatory groups. It should be noted, that the resulting match rates will still be significantly higher than the current federal matching rate for the Medicaid programs, an opportunity that Arizona should take advantage of. Another advantage for Arizona is that the cost of services provided to American Indians and Alaska Natives (AI/AN) by facilities operated by the Indian Health Service (IHS) and facilities operated by Tribes under P.L. 93-638 are funded with 100% Federal match. There will be no additional financial impact to the state by expanding Medicaid eligibility up to 133% FPL for these services.

Although some states may be considering relying on the Health Insurance Exchanges as a fallback for coverage, AI/AN are exempt from the individual mandate and may choose not to enroll in a Qualified Health Plan (QHP) available through the health insurance exchange due to out-of-pocket costs for premiums if they do not qualify for the subsidy.

If the states, including Arizona, decide not to expand Medicaid, there will also be a loss in potential reimbursements due to the fact that the provider rates negotiated by each QHP will likely not cover the cost of providing services as much as the All-Inclusive Rate negotiated annually under Medicaid, at least for outpatient services. In addition, AI/AN may decide not to enroll in a QHP, which in turn does not defray the costs to the IHS and Tribal health programs operated under P.L.93-638 of providing direct services and contract health referral care. Further, if individuals choose not to enroll in a QHP, they may have limited or no access to services outside of the IHS due to limitations in contract health funds. Ultimately, if the states do not expand Medicaid, AI/AN will experience limitations in their access to health care in Arizona.

Inter Tribal Council of Arizona
10/19/12

MCAP

**Maricopa Consumers Advocates and Providers
1406 N. 2nd Street
Phoenix, AZ 85004**

October 19, 2012

Tom Betlach, Director
AHCCCS
801 E. Jefferson St.
Phoenix, AZ 85034

Dear Mr. Betlach:

On behalf of the Maricopa County Consumers Advocates and Providers Inc. (MCAP), an association committed to ensuring adequacy of the public behavioral health system in Maricopa County, we submit the following comments relating to the AHCCCS plan to seek a Section 1115 waiver to reinstate the childless adult program beyond January 1, 2014 and to seek a higher FMAP rate for this population.

We support Arizona's waiver request and believe that it is a critical first step as policymakers evaluate our state's response to federal health care reform. MCAP supports the full implementation of the Affordable Care Act (ACA) by covering all populations up to 133% FPL. We also believe that Arizona should have the flexibility to consider other options that will enhance coverage for childless adults.

If Arizona does expand to the 133% FPL level, we understand that the higher FMAP rate would be provided for the childless adults program which had a freeze in enrollment imposed on July 8, 2011. While Arizona has made no final decision on the extent to which it will expand coverage under the ACA, the following comments are focused on the waiver amendment that is before us.

We wish to affirm the status of three special populations that are important to our community.

1. The waiver amendment being submitted does not impact the SSI MAO populations.
2. The waiver amendment has no impact upon populations served under the Freedom to Work programs.
3. Foster children who "age out" of foster care system will continue to be eligible for AHCCCS in accordance with the requirements of the ACA regardless of whether or not the waiver amendment is approved.

There are three areas of concern that we wish to bring to your attention:

1. Parents who become classified as childless adults when their minor children are removed by Child Protective Services (CPS) may lose AHCCCS coverage should the waiver amendment be denied. A sad reality is that the parents' addiction disorder is a major reason for removal of minor children from the home by CPS. When the parents do try to comply with efforts to address their issues, then the full cost is either borne by the child welfare system in longer stays in foster care or our limited federal block grants targeted for substance abuse services.
2. AHCCCS data shows almost 600 former SSI MAO individuals have been transferred back to the childless adult category and this number continues to grow each month. This population, we believe,

includes many of our SMI clients. Should the waiver amendment not be approved, the burden of care would be transferred to the state-only SMI budget line items within the Department of Health Services. This would simply add the demands on state's general fund.

3. Some of the childless adults currently being served are in the General Mental Health and Substance Abuse category. They have complied with existing rules to retain their AHCCCS eligibility. If the waiver is not approved and Arizona does not move forward with implementation of the ACA, there would be no safety net for this population except the street or jail.

MCAP supports restoration of the childless adult program:

- Restoration is consistent with Arizona voters back in the year 2000 when they approved expansion of AHCCCS to serve individuals with incomes up to 100% FPL.
- Reinstatement of the Childless Adult program would put over 124,000 adults back on AHCCCS and prevent about 100,000 from losing coverage in January 2014 if this waiver is not approved.
- Loss of AHCCCS coverage did not eliminate the need for health care by individuals; it simply has been borne by growing levels of uncompensated care at local hospitals, increased demands at local ERs, and delays in primary or preventive care that saves money and improves lives.

Sincerely,

82792 ✓

Society of St. Vincent de Paul Tucson Diocesan Council

829 South Sixth Avenue
Tucson, AZ 85701
www.svdptucson.org



GOVERNORS OFFICE 9TH FLR 520-628-7837 phone
520.624.9102 facsimile
2012 OCT 23 A 11: 00 inbox@svdptucson.org

The Honorable Janice K. Brewer
Arizona Governor
Executive Tower
1700 West Washington Street
Phoenix, AZ 85007

October 22, 2012

Dear Governor Brewer,

I write to encourage you to accept the Medicaid expansion for our state. A Medicaid (AHCCCs) expansion would help approximately an additional 325,000 people in Arizona, who do not have basic medical coverage. We cannot turn our backs on the poor that reside in Arizona as if they do not exist.

The St. Vincent de Paul Society and other Catholic charities are major suppliers of medical assistance to Arizona's uninsured. Our resources are strained to the point we are unable to serve everyone that needs assistance. The lack of early medical intervention grows small problems into large problems that eventually find their way to hospital emergency rooms.

A man, who had exhausted his unemployment benefits, recently came to us for help. He was diabetic and needed weekly insulin injections. With no job and no medical insurance, he could not afford the cost of the insulin, so he went without it for a number of weeks, until he collapsed and was taken to the emergency room. There, doctors were able to bring his medical conditions under control, but, at what cost for the individual and for society? And without insurance this person will likely be a repeat patient at the hospital emergency room.

I respectfully request that you approve the full expansion of Medicaid in our state. The impact that this decision will have on the most vulnerable and on our state as a whole is overwhelmingly positive.

Thanks in advance for the time and consideration given this letter. If I can ever be of service please do not hesitate to call.

Sincerely,

Dan Torrington
President

October 23, 2012

Office of Intergovernmental Relations
Arizona Health Care Cost Containment System
801 East Jefferson Street, MD 4100
Phoenix, Arizona 85034-2217
ChildlessAdults@AHCCCS.gov

Re: Arizona's Section 1115 Waiver Amendment Request Continuing
Coverage for Childless Adults Under the Demonstration

Office of Intergovernmental Relations:

The Arizona Center for Law in the Public Interest submits these comments to the proposed Arizona's 1115 Waiver Amendment Request Continuing Coverage for Childless Adults under the Demonstration for the period January 1, 2014, through September 30, 2016, posted on the Arizona Health Care Cost Containment System ("AHCCCS") website on September 18, 2012.

AHCCCS proposes to continue to provide medical assistance to childless adults as a demonstration project, subject to "available resources," and to be allowed to continue the heightened cost-sharing, including copayments for office visits, prescription medication and non-emergency transportation and a missed appointment fee. The proposal makes no mention of the option available to Arizona to expand Medicaid benefits for all adults up to 133% of the federal poverty level.

AHCCCS should not submit the current demonstration proposal and instead expand AHCCCS to include all persons up to 133% of the Federal Poverty Level. The increased federal reimbursement with full expansion under the Affordable Care Act is a significant financial opportunity for the state and will ensure that low income persons with serious mental illness receive the comprehensive service package only available under Medicaid. It will also free up state funds currently spent on psychiatric services for persons with serious mental illness and allow those funds to support housing and other non Medicaid services necessary for recovery.

The estimates of the increase needed in state funding for full expansion from 2014 through 2017 is slightly over \$13 million dollars with an ultimate savings of approximately 1.2 billion dollars as a result of the enhanced federal matching payments and coverage for currently uninsured individuals. "Arizona's Medicaid Options under

the Affordable Care Act: Fiscal and Economic Consequences” September 26, 2012, Grand Canyon Institute. The Report estimates that the state’s economy will grow by 2.7 billion dollars and the unemployment rate will be reduced by .07%, with a projected 21,000 additional jobs created.

If the state chooses to forgo the generous federal funding tied to expansion, it will be doing so at the same time that the state loses funding for uncompensated care under the ACA. 42 U.S.C. § 1396r-4(f)(7)(B). The ACA dramatically reduces the Medicaid and Medicare Disproportionate Share Hospital (“DSH”) programs because it is expected the ACA will result in fewer persons receiving uncompensated care. If Arizona does not implement the full ACA expansion, the number of persons seeking uncompensated care will remain high yet the DSH payment will decrease. For Arizona to lose both the higher FMAP and DSH payments would severely reduce federal dollars that are an integral support for our state Medicaid providers/system.

With the federal financial participation so high and the economic benefits to the state so great, it is insupportable for the state to insist that AHCCCS provide coverage to childless adults only within “available resources”.

Not only are there economic benefits to the state if there is a full ACA expansion, but there also are documented improvements in health for those covered by Medicaid. The main benefit of access to reliable healthcare is that it saves lives. See, “Mortality and Access to Care Among Adults After State Medicaid Expansions,” Sommers *et al.* at www.nejm.org/doi/full/10.1056/NEJMsa1202099.

AHCCCS’ proposal assumes that persons with incomes above 100% will be covered by private insurance through the insurance exchange. However, the Congressional Budget Office found that persons with incomes less than 133% of the federal poverty level do not have adequate incomes to participate in the exchanges. See <http://www.cbo.gov/sites/default/files/cbofiles/attachments/43472-07-024-2012-CoverageEstimates.pdf>.

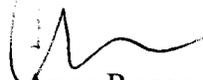
In addition, the ACA provides incentives so that states will be able to shift state funded mental health services to Medicaid and receive the enhanced federal match. Thus, any assessment of the cost of the expansion must also consider that with the majority of mental health services covered by Medicaid, state funds will be freed up to provide housing and employment supports not covered by Medicaid but critical to the recovery of persons with serious mental illness.

Office of Intergovernmental Relations
Arizona Health Care Cost Containment System
October 23, 2012
Page 3

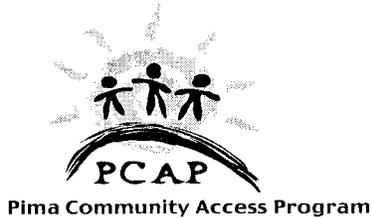
AHCCCS has not evaluated the mandatory and heightened copayments it has imposed since October 2010 on prescriptions, office visits and the non-emergency use of the emergency room, to see if they hinder the ability of low-income persons to obtain needed medical care. Before AHCCCS considers a proposal to extend the copayments, it must complete its study, analyze the data and make the results public.

In conclusion, we urge the AHCCCS administration to refrain from submitting the limited demonstration proposal and submit instead a plan to expand coverage under Medicaid to 133% of the poverty level.

Sincerely,



Anne Ronan



AHCCCS
801 E. Jefferson St., MD 4100
Phoenix AZ 85034

The Pima Community Access Program (PCAP), a medical discount program, serving the uninsured in Pima County and managing a similar program, the Santa Cruz Health Connection (SCHC) program in Santa Cruz County fully supports AHCCCS in seeking approval from CMS for the Arizona 1115 Waiver Amendment Request Continuing Coverage for Childless Adults under the Demonstration.

AHCCCS is known nationally for their innovative approach to providing cost effective health care coverage to Arizonans for 30 years and should be allowed to continue doing so.

We feel it is critical for AHCCCS to be allowed to maintain its current authority to cover "Childless Adults" and for AHCCCS to have the ability to access the enhanced federal match for this population beginning January 1, 2014.

Thank you for this opportunity to comment.