

Section 1115 Demonstrations: AZ Health Care Cost Containment System

Public Comments

Title	Description	Created At
<p>I don't approve the integration for dual because it restricts my rights as a medicare beneficiary. Medicare offers more comprehensive care.</p>	<p>As a dual eligible and SMI, most of my benefits are using Medicare traditional because Medicare offers higher medically necessary standards in duration and scope than Medicaid does. AHCCCS has very few doctors already. The vast majority listed do not accept new patients, never accepted AHCCCS and it can take weeks to locate a primary care doctor accepting a new patient within the next 3 months. I have never understood why AHCCCS is allowed to list "ghost doctors" when private insurers can't. AHCCCS never offers Medicare level of care, never refer out of network, do not offer outpatient therapy, do not have psychiatrists to handle the patients they do have. The rudest treatment I have ever received has been within AHCCCS network. Nowhere in Arizona's application do they describe how they will meet their goals. Arizona does not examine why SMI's tend to die 30 years earlier might be due to the specialty drugs they are prescribed or the fact that many regular physicians are not trained about mental health issues or have a personal bias. Anyone with a chronic illness opts out of AHCCCS network and uses Medicare traditional whenever possible. My own experience is that I would have died several times if I had been restricted to using only AHCCCS networks. AHCCCS also has a dismal history of meeting even the minimum level for Medicare reimbursements for inpatient care - and that was achieved with a waiver. Segregating out a high need population that is largely voiceless and has no practical way to file appeals or grievances or gain access to the court system is asking for death even sooner. Arizona already has a higher suicide and violence rate than the rest of the nation due to poor behavioral health services.</p> <p>AHCCCS has attempted to strong arm me into accepting their SNP plan already. I was informed I could not use Medicare traditional anymore unless I appealed to an Administrative law hearing when that was not true. I've been told that even LIS for Plan D is not available without enrollment in AHCCCS which is also not true. Obviously, the state has figured out a way to make money on Medicare as primary payer and delivering the minimum level of treatment. None of the doctors I've seen have needed or wanted previous medical records saying they only provide "intermediate care". Most quality doctors drop out of AHCCCS networks (although they remain listed). I am not even told about Medicare LCD's from Noridian.</p> <p>The last time I tried an appeal, it took over 4 years to get to an administrative law hearing - and then then the medical director looked at my file for the first time. He immediately said he "couldn't defend this" and that nearly took my life. Another time, appeals and grievances were never received even though I had signed receipts. Later I asked why those were canceled and the insurance company responded that they saw I got care using Medicare. So they lied. AHCCCS was involved, insurance admitted my care should have been covered - but AHCCCS said there was "no process for that". Since then I could get NO care. A minor technical change was approved by a judge that exempted insurance from accepting medical records for treatment that was received outside of network. That means</p>	<p>2012-11-08 03:00</p>

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	<p>everything. I couldn't even get asthma care, no mammograms were compared, nothing. No medical care.</p> <p>Now you want to take away my rights as a Medicare beneficiary even though Medicare is primary payor. Medicare offers benefits that are more comprehensive in scope and duration than Medicaid NEVER offers for both behavioral and physical health. The SNP plans omit major categories of specialists if CMS were to take time and spot check the list of providers AHCCCS claims to have.</p> <p>Medicare Cost Sharing (QMB) is a supplement paid to Arizona and I can find no evidence of its existence. I have been told I can't get QMB-only, there is no process for payment, no providers listed or able to list and it's not possible to get QMB payment. CMS says there are 4,000 QMB-onlys in Arizona. So where is the money going?</p> <p>Most of the people in SNP plans do not know they had any choice to be in those plans or not. Most people do not change plans because anniversary notices are sent out with 4 days notice and have several months variable when they are sent. One year there was no plan to send me a chance to change plans at all until I called in and asked. This is how AHCCCS "cooks" their figures.</p> <p>I have rights as a Medicare beneficiary and I would be extremely disappointed if CMS removed those from me. The only purpose AHCCCS serves is to restrict those rights, deliver the minimum level of medical care and capture Medicare payment. Essentially, AHCCCS is a federal money laundering program.</p> <p>I would have died 10 years ago if I did not have Medicare. The insurance company admitted knowing I got treatment using Medicare, AHCCCS knew and so coordination of benefits was not the issue. I ended up paying both Part A and B deductibles (with QMB) and copays. There is no process available to get denials, to get what utilization was used, to know how I could get coverage or even follow up within AHCCCS - and the fact I was SMI seemed to make it worse.</p> <p>The behavioral health system is already overwhelmed and inadequate. AHCCCS hasn't been able to satisfy a 30 year court case for meeting even minimum mental health services. There is NO private outpatient therapy. I have PTSD and I've been told without a diagnosis of major depression (and a pill) I wouldn't be treated within their system.</p> <p>AHCCCS should not be able to take away my Medicare when Medicare is primary payor like they are doing. AHCCCS restricts Medicare - not supplements it in any way.</p> <p>I really could use Medicare cost savings (QMB) but I don't have access to that program according to Arizona unless I give up my Medicare coverage. None of their insurance plans covers the medications I need either. I am very happy with my Plan D (that AHCCCS did not tell me I had a right to). I have had many discussions with AHCCCS client advocates and legal department trying to get both Medicare and Medicare cost sharing without luck. I don't have any need for AHCCCS. I would rather inflate my income and take a chance on insurance exchanges than use AHCCCS. I</p>	

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	<p>think because I fought them several times that it's impossible for me to get care within AHCCCS network.</p> <p>I strongly oppose this waiver. 70% of my income is housing and I can't afford to lose QMB or I would have dumped AHCCCS a long time ago. I just wish QMB covered copays too.</p>	
<p>As a parent of a child with complex medical issues that uses CRS, I support the Arizona request for a single integrated plan.</p>	<p>Last year I chose to have both my youngest son's acute and CRS insurance under the same insurance plan. It has saved me so much time and trouble to be able to coordinate his acute and CRS care through the same insurance provider. With both acute and CRS care being under the same insurance plan I still have a wide range of providers, including the same pediatrician I have had on my private insurance plan, that I have had for all 4 of my children, since my oldest child was born well over 20 years ago. I so look forward to having one plan for my youngest child's insurance for his acute, specialty, behavioral health, and CRS care. This will save me so much time and frustration by not having to coordinate so many different insurance plans. I feel my child will receive care in a timelier manner since care will not be delayed by the different insurance plans deciding who is going to pay - if there is just one plan then it is obvious. It is my understanding that primary care providers will have a key role in creating the integrated system of care which allows for better coordination between special health needs, behavioral health, and primary care.</p>	<p>2012-10-22 17:05</p>
<p>Concern about lack of choice for children/families and providers.</p>	<p>On behalf of the Arizona Chapter of the American Academy of Pediatrics, I am writing to express grave concern with Arizona's Waiver Request to allow a single integrated health plan designed to integrate specialty care for children eligible for care under Arizona's Children's Rehabilitative Services program with acute care services and behavioral health services for these children.</p> <p>The Chapter strongly supports the concept of integration of health care services for these children, and ultimately for re-integration of the many services "carved out" of the acute care system. It is the idea of denying choice of health plans to both families and to the provider community with which we take issue.</p> <p>Arizona's Medicaid Program, AHCCCS, has long been a model for utilizing the private medical community in a managed care model. It affords parents and children wide spread choice of physicians. Most primary care offices throughout the state have contracts with at least one, and often many Medicaid managed care plans. The AHCCCS model also incorporates the mandate that throughout the entire state, all Medicaid eligible children must be allowed a choice of at least two AHCCCS managed care plans. While the list of services that health plans must offer is consistent across plans, the mechanisms by which the plan provides support and ease of use of the plans can vary widely. Both families and providers can and do take advantage of changing to a different health plan when a health plan no longer meets the needs of the family or practice. This is especially true for medical practices where the support services within a plan can be widely different and difficult for efficient patient care.</p> <p>The current Arizona health model for CRS affords these children only specialty services that are related to their CRS eligible condition. All other medical services including acute care, routine well care and non-CRS</p>	<p>2012-05-24 21:13</p>

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	<p>specialty services are directed through AHCCCS managed care plans. Many children currently receiving their CRS services under the specialty contract through one health plan are enrolled in a different plan for the remainder of their care needs. In some cases, this is due to the way children are assigned by rotation to health plans; in other cases, the family has made this choice deliberately due to the plans accepted by their primary care provider, or due to an ease of service coordination with the non-CRS plan. Choice, in these examples, matters.</p> <p>AHCCCS, in the Waiver Amendment Request, states that both families and the provider community strongly support the request for a single integrated health plan. These comments are based upon information that came from interviews, focus groups, and a public comment process. These comments should be interpreted carefully as you review this Waiver Amendment Request. Family input was gathered from 18 family representatives; CRS enrollment is 25,000.</p> <p>During the interview process, families were asked the question, “If all your child’s health care services were covered under one plan, there might not be a choice of health plans, but you would still have a choice of doctors. Would that work for your family?” (Summary of Input from Family Members and Advocates, 2/12). This question could be interpreted by a family member that their own primary care provider would still be available under the new plan. This assumption, however, may not be true, since not all primary care providers contract with all health plans. It is not clear that the new, integrated health plan would require an open provider network to accommodate previous non-CRS condition specialists or a patient’s previous long term primary care physician.</p> <p>Most, if not all pediatricians’ care for this population of children with special health care needs. They also care for many children with special health care needs that have not been specifically identified for coverage under the CRS program. If CMS approves a single-payer for these children, there is no flexibility for both children and families or for physicians and other care providers. Providers educate members about health plan options when a choice of plan is available.</p> <p>Finally, we are concerned that the Waiver Amendment Request is silent on an especially vulnerable group of children – children in Arizona’s foster care system. These children currently are insured through AHCCCS under the Comprehensive Medical and Dental Plan (CMDP). Many children in foster care have special health care needs and are eligible for services through CRS. Would these children be removed from the special supports provided through CMDP and placed into the integrated plan? Have there been special considerations made for how the plan will coordinate with the Child Protective Services system? The silence on this issue is concerning.</p> <p>For these reasons, the Arizona Chapter of the American Academy of Pediatrics does not support the Waiver Amendment Request for a single integrated health plan to provide care for children currently served through the Children’s Rehabilitative Services system. We recommend a choice of plans to protect both patients and providers.</p>	

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	<p>If you have any questions, or would like clarifications, please contact me at Sue@azaap.org or (602) 532-0137, x 402.</p>	
<p>Violation of UNIVERSAL DECLARATION OF HUMAN RIGHTS article 25</p>	<p>The State of Arizona should not be permitted to discriminate against certain parts of the population as this is a clear violation of the UNIVERSAL DECLARATION OF HUMAN RIGHTS.</p> <p>Dear Sir/Madame,</p> <p>I recently moved to the State of Arizona and applied for medicaid at my local Dept. of Social Service office.</p> <p>I applied for medicaid on Apr 24, 2012 and was denied on Apr 27, 2012 for the following reason:</p> <p>"This person does not live with an eligible dependent child."</p> <p>According to a newly passed law in Arizona, I am not eligible for health care since I am considered a "childless adult"</p> <p>(please see link)</p> <p>http://www.azahcccs.gov/shared/Downloads/News/AZReformProgressoverview.pdf</p> <p>I believe there is a very clear human rights violation to this sector of the population which appears to be based on age and *** of the applicant.</p> <p>Article 25 of the UNIVERSAL DECLARATION OF HUMAN RIGHTS states that EVERYONE shall be entitled</p> <p>http://www.un.org/en/documents/udhr/index.shtml</p> <p>Which further states:</p> <p>" right to security in the event of unemployment"</p> <p>Since I am currently unemployed with no savings or access to health care, I believe that I am being discriminated upon and would respectfully request your assistance in this matter.</p>	<p>2012-04-30 12:32</p>