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

February 28, 2013

VIA ELECTRONIC SUBMISSION TO WWW.REGULATIONS.GOV

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attn: CMS-10440
P.O. Box 8016
Baltimore, MD 21244-8016

RE: File Code CMS-10440

Thank you for the opportunity to review and comment on the single streamlined application published at 78 Federal Register, No. 19, on January 29, 2013 (CMS-10440), as required under the Affordable Care Act of 2010 (ACA). The Arizona Health Care Cost Containment System (AHCCCS) is the State agency that administers Arizona's Medicaid program, the Children's Health Insurance Program (CHIP, known as KidsCare), and other health programs which are responsible for providing quality health care coverage to more than 1.28 million Arizonans. Our comments are listed below.

General Comments:

As of the date of this submission, less than 215 days remain before implementation. Many states have already begun or finished development of their online applications. Because of this, in addition to our specific comments below, we have comments related to the process for states to submit and obtain approval to use their own application.

We recommend that CMS provide for an expedited review of states' applications. We ask that CMS approve applications that are reasonably comparable to the CMS application and allow states the flexibility in the wording and order of the questions. In addition, we ask that CMS approve additional questions states deem necessary if the state provides justification that necessitates the questions.

If CMS does not approve a state's application, Arizona requests that CMS provide a detailed description of why the application was not approved within 2 weeks of submission. In addition, because some states have already developed their online application and any changes at this point could mean they will not be able to implement timely, we request that CMS provide states with a conditional approval and allow for states to make modifications after implementation.

Appendix A: Online Application

Section I. My account

A. Create an account

Why does the application ask for the date of birth for the account holder? Although the account holder is usually an adult, there are instances when an emancipated minor applies on his/her own behalf.

Section II. Privacy

A. Privacy & use of your information

We understand this is where the HIPAA requirement to inform a person about how their information is used will be located. States would like to see what CMS has developed for the privacy statement & consent language.

Section III. Getting started

A. Contact information

If the person who is completing the application and created the account is an authorized representative, it is not clear if they put their name here or the head of the household. The notes say that the information will pre-populate from the account creation and allow for editing, but the individual will need to be prompted to change it if they are the representative and CMS really wants the head of household.

E. Contact preferences

What is meant by "information?" We are not going to send reminders, account set-up confirmation, etc. in paper form. We are only sending notices and requests for information in paper form.

F. Authorized representative

How is CMS collecting the electronic signature of the applicant if the authorized representative is the one completing the application?

The authorized representative also needs to sign the application stating they understand their responsibilities and agree to the terms.

Section VII. Person information

- B. We recommend providing a drop-down list of the eligible immigration status instead of referring the individual to a link with an explanation of the statuses. People may think they are in an eligible immigration status and not bother to go to the link, but actually not be in an eligible immigration status. We are listing the eligible statuses with an option of selecting other. If other is checked, we will not ask for additional information and will consider the person is not in an eligible immigration status.

We are not clear why the application asks for the 1996 entry date for everyone. It's not needed unless the person is an LPR and doesn't meet the 5 year ban or veteran exception. We are only asking for this if we need this additional information.

- C. This section is missing the disability indicator for parents/caretaker relatives who do not meet any other deprivation requirement.

Section IX. Special circumstances.

Most people do not understand what activities of daily living are. Arizona is extremely concerned that without detailed information about long term care services, applications to the state will significantly increase, but result in denials of eligibility. Arizona requests that CMS work with states on developing this question and help text.

Although not included in this version, in one of the webinars that displayed this screen, the information in the lead in before the disability question is very misleading. It says "Answer the optional questions below to see if you can get more help." People will answer the disability question as yes to try to get more help although they will more than likely not meet the disability criteria. There needs to be a clear definition of what it means to have a disability and what additional paperwork will be required for a disability determination for individuals who have not already been determined disabled by SSA. In its current state, this question is going to generate a tremendous amount of invalid applications referred to the state for an eligibility determination.

The foster care question needs to clarify that the person must have been in foster care under the jurisdiction of the state.

Section XI. Current monthly income

If the person chooses to delete the income found by a data source, they need to indicate why they are deleting it (e.g., no longer working there, never worked there, etc.). This appears to be done several steps later in Section XII and should be done here.

Arizona recommends allowing the individual to edit the name and address of the source also. If using a source like TALX, the information may be of the corporate office or parent company and not the actual place of employment.

The one time amount should be listed in a separate field to be able to determine ongoing eligibility after the lump sum amount is considered.

Arizona recommends adding quarterly to the frequency list.

Why does the application only ask for the monthly amount for self-employment? Based on the expenses for the month the income could be extremely low one month but over the Medicaid limit when looked at on an annual basis. Is this question going to be customized based on how states are determining monthly self-employment income?

Questions 6, 7, 8, 10, 11, 12, 13 & 15 – If someone answers one time only, they need to indicate when it was received. An individual may say they received a one time payment but it could be from several months ago.

In question 7, the application asks whether unemployment income is received one time only, monthly or annually. Although some one might get a one time payment if they are only briefly out of work, unemployment payments are received weekly or bi-weekly in most states.

How does CMS plan on addressing pre-tax income that is not countable under MAGI? A person could report a job and enter the gross amount, but not know that the amount that is pre-taxed is not countable.

If an individual claims no income, we recommend asking questions to identify how the family is supporting themselves.

Question 19 – We do not understand why income types for American Indians/Alaska Natives are listed separately. Why not just list the income as an income type in question 14?

Section XII. Discrepancies

This whole section is confusing. CMS should address the income source at the time the person is attesting to the income source's correctness.

Arizona does not understand what employer is going to be listed under Question 1. If someone is no longer employed, they would have deleted the income type. Arizona recommends asking these questions at the point the person deletes the income.

If the applicant does not agree with the pre-populated income information in Section XI, , these questions should be asked at that time as part of their attestation of income.

Section XIV. Employer health coverage information

Questions 5 & 6 – Most people will not know the answer to these questions and will not be able to have a real time eligibility determination.

Question 9 – Arizona not clear why the application asks for the applicant's opinion of the affordability of the coverage. Affordability has a clear definition under the law and is not based on an applicants opinion.

Section XV. Other insurance (APTC eligible)

Is CMS going to pre-populate Medicare information if it's available from SSA?

Section XVIII. Special Enrollment Periods

Why is this asked of an individual who is found APTC eligible? According to 45 CFR 155.420(d)(6) individuals who are found eligible for APTC are in a Special Enrollment Period. Why does a state Medicaid agency need to ask these questions if screening for potential eligibility for APTC and referring to the Exchange for an APTC determination?

Section XIX. Medicaid & CHIP specific questions.

A. Medicaid specific questions

There is no question related to potential benefits. Arizona is going to ask if the individual worked for an agency with a pension plan, is a veteran, etc. to identify potential benefits for which the individual needs to apply.

We are going to ask if the person has an injury or illness due to an accident or malpractice and gather information needed for recovery purposes.

B. CHIP specific questions

There is no question related to incarceration. Incarceration is an eligibility factor for CHIP.

Section XX. Review and sign

B. Sign and submit

It will be confusing to have a checkbox in the attestations about incarceration when there are not questions about incarceration in the application flow.

Arizona understands that the 5 year authorization was for using the IRS data and not the authorization to conduct a renewal. Please clarify.

D. Eligibility Results

Please clarify the meaning of Emergency Medicaid.

“Withdraw the Medicaid application” is a term that is not well known by the public. We recommend putting it more in the format of question 4.

Appendix C: Paper Application

The flow of the paper application does not match with the flow of the on-line application. This will make it difficult for staff to enter the paper application into the online system.

Page 1

Who can use this application? – Why include the statement “You can still apply even if you don’t file a federal income tax return”? People do not know at this point about tax households, etc.

What you may need to apply? – Don’t individuals who are legal immigrants need to provide document numbers even if they have an SSN? This makes it seem like they only provide it if they do not have an SSN.

What happens next? – If verification is needed, the 1-2 weeks timeline seems short. Arizona usually gives 10 days to provide documentation. It should say that the Exchange will verify as much about the person as it can from electronic sources but the person may be asked to provide additional information if electronic verification is not available.

The online application has the privacy statement and notification of use but the paper application does not.

Page 2

The contact person may be an emancipated minor so the line about needing to contact an adult member of the family doesn’t apply in all circumstances.

Although individuals with no home address do not need to provide a residential address, Arizona still request a description of the location and the city and county to assist with enrolling in a health plan that serves that area.

Although the application provides the individual with a place to indicate if they want to receive information about the application by email or text, it does indicate that if they do not complete this section, that their notices, etc. will be sent via U.S. mail.

Where is the disclosure of accessing electronic sources for more information?

For other phone number, you should ask for the type of number (message, work, etc.).

Page 3

It isn't clear that Person 1 should be the person listed in Step 1 because the header says to complete for your spouse and children, etc. and then at the end says start with yourself. Arizona recommends that for Person 1 you remove the reference to the spouse, etc. until you get to Person 2.

The question about dependents should include the words tax return. Maybe "Does PERSON 1 plan on claiming any dependents on their tax return?" Although the question is listed in the section about tax returns, people may just answer the question as it is and include dependents that they have that they may not claim.

Most people do not understand what activities of daily living are. Arizona is extremely concerned that without detailed information about long term care services that applications to the state will significantly increase, but result in denials of eligibility. We request that CMS work with states on developing this question and help text.

Why does the application ask if the person lives with at least one child? That information will be already available based on the other members of the household and relationships.

Arizona needs to know the age that the person was in foster care. In addition, the question should specific foster care under the jurisdiction of the state.

Page 4

Why is CMS asking for only one month of self-employment income? We need to know what their annual amount is.

Other Income – people may report assets under retirement accounts.

Current Job – Recommend including a section about bonuses and commissions?

Deductions – Does an individual have to be claiming the expenses on their tax return in order to get the deduction?

There is no question related to potential benefits. Arizona is going to ask if the individual worked for an agency with a pension plan, is a veteran, etc. to identify potential benefits for which the individual needs to apply.

Page 15

Insurance from Jobs - What does state health benefit plan mean? Is this insurance offered to state employees?

Where can an individual obtain information on the minimum value standards? Has this been determined yet?

What does it matter whether the consumer thinks the employer's coverage is affordable? What does "affordable" mean? It has a different meaning depending on the person's circumstances.

Page 16

Arizona does not think applicants will know what CHIP means and did not see it spelled out anywhere on the application.

What does it matter whether the consumer thinks the employer's coverage will be affordable next year? What does "affordable" mean? It has a different meaning depending on the person's circumstances.

Page 17

Does the income reported in Step 3... needs to be changed to Step 2. We are not clear why this income type is separated out from other income listed in Step 2.

What does money from selling things that have cultural significance mean? Please provide examples.

Page 18

Why can't someone live in a medical facility? What if someone is incarcerated? If someone is unable to confirm that no one on the application is incarcerated, they can't apply. Arizona recommends removing this statement and adding a question on the application related specifically to incarceration.

There should be information about the reconciling the tax credit in the renewal section.

Please explain who the second signature line is for.

1-2 weeks is a short timeframe if documentation/verification is needed. Arizona usually provides the individual with 10 days to provide needed documentation.

Have the authorization and other statements on page 18 above the signature lines been determined to be HIPAA and HITECH compliant? Under HIPAA, a person must be told who their information will be shared with and for and for what purposes. Under HITECH, a person must be advised of their right to see the information that an agency has received about the person.

Page 19

There should be something at the beginning of the application that refers to this page. If the representative is the person completing the application, they will be looking for this up front.

CMS should also gather the representative's language read and spoken so notices, etc. that are sent to the representative are sent in the appropriate language.

Is the signature that of Person #1? The authorized representative should also sign stating they understand all of the responsibilities, etc. of being a representative.

What does the Application Start Date mean under application counselors/navigators section? For Medicaid, the date of application is the date the Medicaid agency receives the application and not the date that an application counselor started the application.

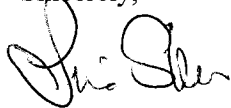
Page 21

It's not clear that you are only asking for the employee's portion or single coverage premium.

The instructions are not clear related to minimum value standards and we do not believe all employers will understand this.

I appreciate the opportunity to comment on the single streamlined application and to provide Arizona's perspective. Please contact my office if you have any questions or need additional information.

Sincerely,

A handwritten signature in black ink, appearing to read "Linda Skinner", written over a horizontal line.

Linda Skinner
Director, Health Care Innovation Infrastructure Management