



January 30, 2018

The Honorable Alex Azar
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Re: Centennial Care 2.0 1115 Waiver Renewal Application

Dear Secretary Azar:

Thank you for the opportunity to submit comments on the Centennial Care 2.0 1115 Waiver Renewal application.

The nine undersigned organizations represent millions of patients facing serious, acute and chronic health conditions across the country. Our organizations have a unique perspective on what patients need to prevent disease, cure illness and manage chronic health conditions. Our diversity enables us to draw upon a wealth of knowledge and expertise and serve as an invaluable resource regarding any decisions affecting the Medicaid program and the patients that it serves.

Our organizations are committed to ensuring that Medicaid offers patients **adequate, affordable and accessible health care coverage**. We share the goals New Mexico outlined in its waiver application, however we believe there are some policy proposals included that will harm the patients our organizations represent. We provide the Department of Health and Human Services (HHS) with the following comments and recommendations regarding the New Mexico Medicaid waiver.

Provisions to Advance Health

Our organizations are pleased to see many proposals in this waiver that will advance the health of patients and ease the burden of caretakers, including proposals for coordinated care and integration of physical and behavioral health, which can help patients better manage their disease. Our organizations

are also pleased to see the state incentivizing evidence-based treatments, and maintaining all of the current protections for Native Americans. The inclusion of a pilot home visiting program for prenatal, post-partum and early childhood development services in New Mexico's request demonstrate how state flexibility and innovation can help patients.

Enforceable Premiums

While the Centennial Care 2.0 1115 Waiver seeks to impose premiums on enrollees, our organizations commend the state for thoughtfully considering the feedback received at the state level and limiting the populations impacted by the premiums. However, our organizations believe that the premiums will still be a barrier to get healthcare for the population impacted, including individuals with pre-existing conditions and urge that the enforceable premium proposal be rejected.

The waiver proposal seeks to impose enforceable premiums for the population between 101 percent and 138 percent of the Federal Poverty Level (\$12,060 - \$16,644 for an individual). These premiums would start at \$10 per month and increase to \$20 per month. These amounts are substantial for a person or family making this little, potentially making coverage unaffordable for those who need it most.

The enforceable monthly premium would harm all eligible enrollees, but could be particularly harmful to patients with a chronic disease. Many patients can be treated effectively, but only if they participate in continuous treatment, including actively taking medications and using life-saving devices. A gap in coverage could make a treatable disease life-threatening. For patients with cancer, a gap in coverage could be a death sentence. Enforceable premiums could delay or halt care leading to poor health outcomes or even death.

A report prepared for the Indiana Family and Social Services Administration (FSSA) by the Lewin Group found that 29 percent of Indiana's Healthy Indiana Plan (HIP) 2.0 enrollees failed to pay their premiums and were dis-enrolled in the HIP 2.0 program resulting in poorer coverage or no coverage depending on income level.¹ Our organizations are concerned that the proposal put forward by New Mexico could result in a similar situation. New Mexico provided no evidence that the enrollees would be able to pay these premiums and as such, our organizations urge HHS to reject the enforceable premium proposal in the Centennial Care 2.0 waiver.

New Cost Sharing

The Centennial Care 2.0 1115 Waiver requests authority to impose new cost sharing on enrollees. This new cost sharing would impose significant barriers to care for all enrollees, including and especially for patients with chronic and serious health conditions.

New Mexico is requesting to impose a \$25 fee for non-emergent use of the emergency department. Even with strong safeguards, patients will be deterred from seeking care at the emergency department when they are in life-threatening situations. For example, a patient experiencing chest pains might be having a heart attack but delay seeking care at the emergency department because of concerns about being charged a co-pay if the condition is less serious. It is important that patients not be deterred from seeking care out of fear of a co-pay. Therefore, we urge HHS not to grant New Mexico the authority to impose this fee.

New Mexico is also seeking the authority to impose "no-show" fees for missed appointments. It is vital for patients, especially those with chronic illnesses, to keep medical appointments, but low-income

patients face a variety of economic and health challenges that may make missing an appointment unavoidable. We ask HHS to not grant the state this new authority.

Removal of Retroactive Eligibility

The Centennial Care 2.0 1115 Waiver proposes to waive the three-month retroactive eligibility policy that allows Medicaid to cover patient costs prior to enrollment if patients met eligibility criteria during that time. Medicaid enrollment and re-enrollment can be difficult to navigate. The three-months of retroactive coverage can prevent patients from going into bankruptcy when diagnosed with a costly illness. The patients represented by our organizations benefit from this eligibility and we urge HHS to keep retroactive eligibility in place.

Our organizations ask HHS to reject these specific policies outlined and work with New Mexico to successfully implement the rest of the Centennial Care 2.0 1115 waiver. Thank you for reviewing our comments. Our organizations appreciate the opportunity to provide feedback on this application.

Sincerely,

American Diabetes Association

American Heart Association

American Lung Association

Arthritis Foundation

Family Voices

Lutheran Services of America

March of Dimes

National Multiple Sclerosis Society

National Organization for Rare Disorders

CC: The Honorable Seema Verma, Administrator,
The Centers for Medicare and Medicaid Services

ⁱ *Healthy Indiana Plan 2.0: POWER Account Contribution Assessment* Prepared by the Lewin Group, Inc. March 31, 2017; <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/in/Healthy-Indiana-Plan-2/in-healthy-indiana-plan-support-20-POWER-acct-cont-assesmnt-03312017.pdf>