



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

Re: Florida Section 1115 Waiver Amendment Request: Proposal on Retroactive Eligibility

Dear Secretary Azar:

Thank you for the opportunity to submit comments on Florida's Section 1115 Waiver Amendment Request: Proposal on Retroactive Eligibility.

The undersigned organizations represent millions of individuals facing serious, acute and chronic health conditions across the country. Our organizations have a unique perspective on what individuals need to prevent disease, cure illness and manage serious and chronic health conditions. The diversity of our groups and of those we represent 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 people that it serves. We urge the Department of Health and Human Services (HHS) to make the best use of the recommendations, knowledge and experience our patients and organizations offer.

Our organizations are committed to ensuring that Medicaid provides adequate, affordable and accessible health care coverage. However, we are concerned that Florida's Waiver Amendment could have harmful implications for individuals with serious, acute, and chronic conditions. We therefore urge HHS to reject this Waiver Amendment.

Waiving Retroactive Eligibility

Retroactive eligibility in Medicaid prevents gaps in coverage, by covering individuals for up to 90 days (or quarter of the year) prior to the month of application, assuming the individual is eligible for Medicaid coverage during that time frame. It is common that individuals are unaware they are eligible for Medicaid until a medical event or diagnosis occurs. Retroactive eligibility allows patients who have been diagnosed with a serious illness, such as cancer or heart disease, to begin treatment without being burdened by medical debt prior to their official eligibility determination.

In the Waiver Amendment, the state of Florida failed to address how eliminating the three-month retroactive eligibility period for non-pregnant adults would meet the Agency for Health Care Administration's (Agency) stated objective of enhancing fiscal predictability. The proposal simply noted that approximately 39,000 non-pregnant adult recipients took advantage of the retroactive eligibility during Fiscal Year 2016. Patients should not be left to choose between massive medical bills and treating their illness.

Medicaid paperwork can be burdensome and often times confusing. A Medicaid enrollee may not have understood or received a notice of Medicaid renewal and only discovered the coverage lapse when picking up a prescription or going to see their doctor. Without retroactive eligibility, Medicaid enrollees could then face substantial costs at their doctor's office or pharmacy. For example, when Ohio was considering a similar provision in 2016, a consulting firm advised the state that hospitals could accrue as much as \$2.5 billion more in uncompensated care as a result of the waiver.ⁱ Additionally, per the Deputy Secretary of Medicaid's letter to the Centers for Medicare & Medicaid Services (CMS), the Agency will be putting the undue burden of enrollment of Medicaid recipients on hospitals and nursing facilities.

Response to Public Comment

The undersigned organizations are disappointed by Florida's decision to continue to pursue this Waiver Amendment after receiving numerous comments, all opposing the proposal. The unresponsiveness to Florida citizens on how this proposal would impact the most vulnerable in their state is unacceptable. The state also did not provide any information on how they would mitigate the consequences of the waiver that were explained by the commenters.

Comments summarized by the Agency and included in the proposal to CMS highlighted that the elimination of retroactive eligibility will create an unnecessary burden for individuals with chronic disease, including increased out-of-pocket medical expenses, and will restrict access to care through Medicaid. This is in contradiction to the proposal's intention, as noted in Deputy Secretary of Medicaid's letter to CMS.ⁱⁱ

Additionally, it was noted that the state of Florida failed to update the state's evaluation design to test the impact of the proposed change. The proposal does not describe how the elimination of the three-month retroactive eligibility will enhance fiscal predictability. The evaluation of this demonstration waiver should accurately monitor the outcomes it is claiming to improve.

The undersigned organizations urge HHS to reject this proposed waiver amendment. The amendment will not promote patient care and will harm patients with chronic illness. Additionally,

the state has not adequately responded to the public comments it received and does not have a plan to evaluate the objectives of the proposal. Thank you for reviewing our comments.

Sincerely,

American Heart Association
American Liver Foundation
American Lung Association
Cystic Fibrosis Foundation
Leukemia & Lymphoma Society
Lutheran Services in America
NAMI, National Alliance on Mental Illness
National Multiple Sclerosis Society
National Patient Advocate Foundation
National Psoriasis Foundation

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

ⁱ Virgil Dickson, "Ohio Medicaid waiver could cost hospitals \$2.5 billion", Modern Healthcare, April 22, 2016. (<http://www.modernhealthcare.com/article/20160422/NEWS/160429965>)

ⁱⁱ In a letter on April 27, 2018 signed by Beth Kidder, Deputy Secretary of Medicaid, to Centers for Medicare & Medicaid Services, she states "This change is consistent with our goal of increasing access to high quality, coordinated, care that is provided in the most appropriate, least restrictive setting." (<https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/fl/fl-mma-pa2.pdf>)