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May 31, 2018

The Honorable Alex Azar
Secretary
Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, D.C. 20201

Re: Florida Managed Medical Assistance 1115 Waiver Amendment – Low Income Pool and Retroactive Eligibility

Dear Secretary Azar:

The American Cancer Society Cancer Action Network (ACS CAN) appreciates the opportunity to comment on Florida's Managed Medical Assistance (MMA) 1115 Waiver amendment. ACS CAN, the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society, supports evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem. As the nation's leading advocate for public policies that are helping to defeat cancer, ACS CAN ensures that cancer patients, survivors, and their families have a voice in public policy matters at all levels of government.

ACS CAN supports Florida's goal to improve health outcomes for their MMA Medicaid beneficiaries, but we believe the proposed elimination of the three-month retroactive eligibility period for non-pregnant recipients aged 21 years and older could negatively impact the adult Medicaid population, particularly cancer patients, survivors, and those who will be diagnosed with cancer in their lifetime. Over 135,100 Floridians are expected to be diagnosed with cancer this year¹ – many of whom are receiving health care coverage through the Florida MMA program. ACS CAN wants to ensure that cancer patients and survivors in Florida will have adequate access and coverage under the Medicaid program, and that specific requirements do not create barriers to care for low-income cancer patients, survivors, and those who will be diagnosed with cancer. We strongly urge the Centers for Medicare and Medicaid Services (CMS) to address our concerns or reject this waiver in its current form.

Medicaid currently allows retroactive coverage if: 1) an individual was unaware of his or her eligibility for coverage at the time a service was delivered; or 2) during the period prospective enrollees were preparing the required documentation and Medicaid enrollment application. Policies that would reduce or eliminate retroactive eligibility could place a substantial financial

¹ American Cancer Society. *Cancer Facts & Figures 2018*. Atlanta, GA: American Cancer Society; 2018.

burden on enrollees and cause significant disruptions in care, particularly for individuals battling cancer.

Further, many uninsured or underinsured individuals who are newly diagnosed with a chronic condition do not receive recommended services and follow-up care because of cost.^{2,3} In 2016, one in five uninsured adults went without care because of cost.⁴ Waiving retroactive eligibility could delay necessary care in low-income populations, negatively impact patients with complex medical conditions that require frequent follow-up and maintenance visits to help control their disease process, and result in unnecessary costs.

Safety-net hospitals and providers also rely on retroactive eligibility for reimbursement of provided services, allowing these facilities to keep the doors open. For example, the Emergency Medical Treatment and Labor Act (EMTALA) requires emergency departments (ED) to stabilize and treat individuals in their emergency room, regardless of their insurance status or ability to pay.⁵ Retroactive eligibility allows hospitals to be reimbursed if the individual treated is eligible for Medicaid coverage. Likewise, Federally Qualified Health Centers (FQHCs) offer services to all persons, regardless of that person's ability to pay or insurance status.⁶ Community health centers also play a large role in ensuring low-income individuals receive cancer screenings, helping to save the state of Florida from the high costs of later stage cancer diagnosis and treatment. It's notable that during the states' 2015-16 fiscal year, less than one percent of the Medicaid population actually requested retroactive coverage, so concerns about over-utilization would not appear to be warranted. But for the 39,000 individuals who needed retroactive coverage, the availability of the provision was important. Therefore, we urge CMS to consider these providers and their contribution to Florida's safety-net, as well as the patients who rely on Florida's Medicaid program for health care coverage, when deciding whether to allow the state to waive retroactive eligibility for Florida's MMA non-pregnant adult population.

Evaluation Design

It appears that the Florida Agency of Health Care Administration ("the Agency") has not provided an evaluation design or strategy for waiving retroactive eligibility. States are required to have a CMS

² Hadley J. Insurance coverage, medical care use, and short-term health changes following an unintentional injury or the onset of a chronic condition. *JAMA*. 2007; 297(10): 1073-84.

³ Foutz J, Damico A, Squires E, Garfield R. The uninsured: A primer – Key facts about health insurance and the uninsured under the Affordable Care Act. *The Henry J Kaiser Family Foundation*. Published December 14, 2017. Accessed April 2018. <https://www.kff.org/report-section/the-uninsured-a-primer-key-facts-about-health-insurance-and-the-uninsured-under-the-affordable-care-act-how-does-lack-of-insurance-affect-access-to-health-care/>.

⁴ The Henry J. Kaiser Family Foundation. Key facts about the uninsured population. Updated November 29, 2017. Accessed May 2018. <https://www.kff.org/uninsured/fact-sheet/key-facts-about-the-uninsured-population/>.

⁵ Centers for Medicare & Medicaid Services. Emergency medical treatment & labor act (EMTALA). Updated March 2012. Accessed April 2018. <https://www.cms.gov/regulations-and-guidance/legislation/emtala/>.

⁶ National Association of Community Health Centers. Maine health center fact sheet. Published March 2017. Accessed April 2018. http://www.nachc.org/wp-content/uploads/2016/03/ME_17.pdf.

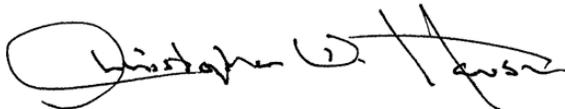
approved evaluation strategy for Section 1115 waivers.⁷ These 1115 waiver evaluation strategies must include an analysis of the impact that the elimination of retroactive eligibility would have on access, quality, and outcomes on Medicaid enrollees. We urge CMS to require the Agency to submit an evaluation plan for how waiving retroactive eligibility will affect their Medicaid recipients before making a decision on the waiver.

Conclusion

We appreciate the opportunity to provide comments on Florida's MMA 1115 demonstration waiver amendment. The preservation of eligibility and coverage through Medicaid remains critically important for many low-income Floridians who depend on the program for cancer and chronic disease prevention, early detection, diagnostic, and treatment services. Upon further consideration of the policy to waive retroactive eligibility, we ask CMS to weigh the impact this policy may have on access to lifesaving health care coverage, particularly for those individuals with cancer, cancer survivors, and those who will be diagnosed with cancer during their lifetime.

Maintaining access to quality, affordable, accessible, and comprehensive health care coverage and services are a matter of life and survivorship for thousands of low-income cancer patients and survivors, and we look forward to working with the Administration to ensure that all Americans are positioned to win the fight against cancer. If you have any questions, please feel free to contact me or have your staff contact Michelle DelFavero of our policy team at Michelle.DelFavero@cancer.org or 202-585-3266.

Sincerely,

A handwritten signature in black ink, appearing to read "Christopher W. Hansen". The signature is fluid and cursive, with a large initial "C" and a stylized "H".

Christopher W. Hansen
President

⁷ 42 CFR 431.424 – Evaluation requirements