



THE AMERICAN CONGRESS
OF OBSTETRICIANS
AND GYNECOLOGISTS

September 17, 2014

Marilyn Tavenner, Administrator
Centers for Medicare & Medicaid Services
200 Independence Ave., SW
Washington, DC 20201

Re: Healthy Indiana Plan (HIP) 2.0 1115 Waiver Application

Dear Administrator Tavenner:

The American Congress of Obstetricians and Gynecologists (ACOG) represents over 57,000 members nationally, and the Indiana Section of ACOG represents 580 practicing ob-gyns in the state. As physicians dedicated to providing quality care to women, both nationally and in the State of Indiana, we commend Governor Pence in his effort to expand health coverage to more Indianans and preserve many consumer protections for pregnant women. ACOG fully supports an expansion of coverage to help improve access to care for over 598,000 Indianans. However, any improvements in the number of people covered should not be achieved by sacrificing quality of care or eroding essential services. We are concerned that the waiver application, as currently drafted, would (1) lower quality and reduce benefits for the newly eligible population and (2) jeopardize coverage for beneficiaries.

The ACOG Indiana Section previously raised the below concerns with Governor Pence's administration. We are now asking that the Centers for Medicare and Medicaid Services (CMS) exercise its oversight authority and alter the proposed program in the following ways to avoid narrowing benefits and to protect the health of low-income Indianans.

Benefits and Coverage

Benefits for Pregnant Women

Preventive health services. ACOG is concerned by the lack of coverage for the Preventive Care Essential Health Benefit (EHB) in line with ACA-required services. By ensuring that all Medicaid/HIP participants have access to the same preventive health care, Indiana can improve the health of its population and avoid costlier episodes of care. Providing care during pregnancy reaches women at a critical point in their lives, and not only impacts their health, but also their babies'.

ACOG recommendation: Pregnant women should have access to all of the same services – including preventive services – to which the HIP 2.0 expansion population will have access.

Benefits for Other Beneficiaries

ACOG supports increased access to health insurance coverage for low-income individuals. However, the proposed benefits package for childless adults is concerning because of the deleterious impact it

may have on women's overall health and privacy. CMS has clarified that beneficiaries enrolled in premium assistance demonstrations "remain Medicaid beneficiaries and continue to be entitled to all benefits and cost-sharing protections. States must have mechanisms in place to 'wrap-around' private coverage to the extent that benefits are less and cost sharing requirements are greater than those in Medicaid."¹ **However, as currently written, Indiana's waiver proposal does not contain such provisions.**

Non-emergency transportation. The waiver eliminates non-emergency transportation for all beneficiaries who are not pregnant, parent/caretaker relatives, or medically frail. We are concerned that this provision would severely limit participants' access to care. Women cite lack of transportation as a barrier to accessing health care, and this barrier is reported much more frequently among low-income women compared to their higher income peers.² Participants without transportation coverage may forgo care, thereby exacerbating preventable health conditions and leading to higher health care spending on acute incidents.

ACOG recommendation: CMS should deny the request for a transportation waiver.

Dental coverage. ACOG opposes the lack of dental coverage for participants in the HIP Basic Plan. Comprehensive state plan services, including dental coverage, are essential to maintaining good health. The full array of clinical services should be available to women without costly delays or the imposition of cultural, geographic, financial, or legal barriers.³ Low-income and underprivileged populations suffer from unmet need for dental care and have a high prevalence of oral disease. Oral health disorders, such as periodontitis, are associated with many disease processes, including cardiovascular diseases, diabetes, Alzheimer disease, respiratory infections, as well as osteoporosis of the oral cavity. These are all significant diseases that affect women across the lifespan. Regular dental care is a key component to preventing these conditions and maintaining good oral and general health.⁴

ACOG recommendation: At minimum, dental coverage for HIP Basic Plan enrollees should be the same as what is offered to HIP Plus Plan participants, and preferably, it should be the same as the level of coverage as what is offered to pregnant women, parents/caretaker relatives, and the medically frail.

Monthly statements and patient confidentiality. ACOG is also concerned by the proposal to send monthly expenditure reports to participants, modeled after private insurance carriers' explanation of benefits (EOBs). While we understand the value of informing patients about their health care utilization, the potential breach of confidentiality for women and adolescents is deeply troubling. Women, particularly young women, often cite confidentiality as a key concern when seeking reproductive health services.⁵ Protecting our patients' privacy and maintaining trust between physicians and patients is a key priority for ACOG.

¹ Centers for Medicare and Medicaid Services March 2013 available at: <http://medicaid.gov/Federal-Policy-Guidance/Downloads/FAQ-03-29-13-Premium-Assistance.pdf>

² Kaiser Family Foundation. Women and Health Care in the Early Years of the Affordable Care Act: Key Findings from the 2013 Kaiser Women's Health Survey. May 2014.

³ The American College of Obstetricians and Gynecologists and the American Congress of Obstetricians and Gynecologists. Statement of Policy: Access to Women's Health Care. Reaffirmed July 2013.

⁴ Committee on Health Care for Underserved Women. Oral Health Care During Pregnancy and Through the Lifespan. August 2013.

⁵ Kaiser Family Foundation. Women and Health Care in the Early Years of the Affordable Care Act: Key Findings from the 2013 Kaiser Women's Health Survey. May 2014.

ACOG recommendation: We urge CMS to eliminate this provision from the program in order to maintain confidential services.

Summation. The requested benefit changes are not appropriate for the demonstration waiver. Limiting the benefit package for the most vulnerable population is counterproductive.

ACOG recommendation: Benefits in HIP Basic and HIP Plus should align with those provided to pregnant women, parent/caretaker relatives, and the medically frail. This will ensure that women have access to needed care to maintain overall health regardless of pregnancy, caretaker, or health status.

POWER Account Payments and Cost-sharing

POWER Accounts

Amount of contributions. The waiver application proposes Personal Wellness and Responsibility (POWER) account contributions for adults with incomes above the federal poverty level (FPL) of should align with the Marketplace premium rates. However, in Table 4.4.1 on page 29 of the application, the amount is listed as \$25 per month (\$300 per year) for households with one adult. These contributions essentially function as premiums because non-payment can lock beneficiaries out of coverage. Of concern, the amount listed in the table is higher than qualified health plan premiums for adults at the same income level in the Marketplace. The expected contribution for coverage in the Marketplace for an adult with an income at 101% of the FPL is \$233 per year.⁶ At this income level, Indiana's listed contributions are \$67 more per year for a single person than the available Marketplace plans.

ACOG recommendation: CMS should clarify what amount participants over 100% FPL will be required to pay and ensure that contributions for beneficiaries enrolled in HIP Plus are not higher than adjusted premiums for plans in the Marketplace.

Lock-out provision. ACOG appreciates that non-payment into POWER accounts does not fiscally penalize providers, including ob-gyns, unlike non-payment of qualified health plan (QHP) premiums. However, we are troubled by the patient lock-out provision for non-payment of POWER account contributions. Unlike private insurance, Medicaid is an entitlement program, and payment of contributions should not be a condition of eligibility. Disenrollment of our patients from the Medicaid program inhibits our ability to maintain continuity of care and to receive reimbursement for services provided. When participants experience a lapse in coverage because of this provision, we will be forced to provide uncompensated care or refer patients to safety net providers, both of which disrupt our practice of medicine.

ACOG recommendation: We urge CMS to allow HIP Plus participants to continue to access coverage through HIP Basic if they do not make POWER account payments.

Cost-sharing

ACOG greatly appreciates that preventive health and family planning services are exempted from cost-sharing. However, we are apprehensive of the some of the other cost-sharing requirements for

⁶ Based on Kaiser Family Foundation subsidy calculator for a household with 1 adult, in Indiana, zip code 46202 (Central Indianapolis).

participants in the HIP Basic Plan. Adults, including women in Medicaid, report that out-of-pocket costs limit their access to care.^{7,8} This is further compounded for women by their increased health care needs.⁹ Women who qualify for this program are of limited means and paying co-pays may be financially burdensome. We are concerned that women who are required to pay co-pays will either not seek care or be unable to pay co-pays for the services they receive, the latter of which will be a penalty on us, as physicians, who provide care.

ACOG recommendation: CMS should reduce the amount of cost-sharing that individuals must pay for services under the proposed program.

Ultimately, we applaud Indiana's effort to expand coverage to low-income Indianans. However, we are looking to CMS to exert its authority to modify or deny provisions in this waiver that provide narrower benefits at a greater cost to beneficiaries. Thank you again for the opportunity to provide comments on the Healthy Indiana Plan (HIP) 2.0 1115 Waiver application. If you want to discuss these recommendations further, please contact Dr. Brownsyne Tucker Edmonds, MD, MS, MPH, FACOG at 317-944-1661 or Elizabeth Wieand, MSPH at 202-863-2544.

Sincerely,



Brownsyne Tucker Edmonds, MD, MS, MPH, FACOG
Legislative Chair
Indiana Section, American Congress of Obstetricians and Gynecologists



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President
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⁷ The Commonwealth Fund. Access to Primary and Preventive Health Care Across States Prior to the Coverage Expansions of the Affordable Care Act. July 2014.

⁸ Kaiser Family Foundation. Women and Health Care in the Early Years of the Affordable Care Act: Key Findings from the 2013 Kaiser Women's Health Survey. May 2014.

⁹ Kaiser Family Foundation. Ibid.