Billings Clinic

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October 13, 2015

Ms. Sylvia Mathews Burwell
HHS Secretary
200 Independent Avenue, SW
Washington, DC 20201

RE: The Health and Economic Livelihood Partnership (HELP) Medicaid Waiver

Dear Secretary Burwell:

Billings Clinic appreciates this opportunity to provide comments pertaining to the Montana application for federal waivers necessary to implement the HELP act. Billings Clinic is a fully integrated health system in south central Montana. Billings Clinic has nearly 4,000 full and part-time employees, including 450 physicians and advanced practitioners and a 285-bed acute care hospital, multiple regional clinics and a long-term care facility. We also manage 11 critical access hospitals and health care organizations in Montana and Wyoming. Billings Clinic has focused its core strategy on improvements and outstanding performance in the areas of patient safety, quality, service and value to patients and their families.

Billings Clinic supports the Montana Department of Health and Human Service's request for the Section 1115 Demonstration Waiver necessary to provide health coverage to certain adults, and the Section 1915(b)(4) waiver necessary to utilize a third party administrator to manage the demonstration program.

Financial Participation by the Medicaid Beneficiary
The requirement of financial participation by the beneficiary and the use of a third party administrator is at the core of the waivers sought by Montana. We are pleased that the waiver requests the use of a TPA model for implementing the expansion of Medicaid in MT. This model has worked well in the past for the SCHIP program. We agree with the department's assertions in the waiver regarding the merits of the TPA approach. The Montana legislature found it essential that there be a shared financial burden as a condition of extending coverage. The financial impact of a modest premium on the beneficiary is mitigated by assuring that persons below 100% of federal poverty do not lose coverage if they are unable to make a premium payment. Those persons between 100% and 138% of federal poverty may also avoid losing coverage for various circumstances, including working to improve their health status. Unlike other State waiver proposals, Montana has not proposed any lockout provisions in its program.

Montana proposes to impose copayments on the expansion population. Montana Medicaid currently has copayments in place for the beneficiaries, including the exceptions required under federal law.

Among those exceptions is a condition that a provider may not refuse care due to the beneficiary's inability to make a copayment.

There are some who are concerned about the financial burden of copayments. This concern should be balanced against the fact that copayments will be nominal in amount, and will exclude emergency services. The plan also provides additional exceptions for prevention and wellness services, among other things.

Billings Clinic is committed to working with the newly eligible Medicaid beneficiaries to address copayment concerns and to help patients access the necessary resources to reduce these burdens, such as financial assistance.

Eligibility
Montana proposes to provide a 12-month continuous period of eligibility for persons who qualify for coverage. We understand that income earned by potentially eligible beneficiaries can vary during the year. A small increase in income could mean that the beneficiary could be placed in a private insurance plan with subsidies on the exchange. We expect that for those whose incomes are reasonably assured to increase beyond the Medicaid coverage limits that a person might make that change in coverage.

But for many others whose incomes may fluctuate erratically during the year, continuous eligibility will assure continued health coverage and reduce administrative costs. The Department is statutorily authorized to propose this policy under the general state statute, so the measure is not required to be specified in State enabling legislation. Billings Clinic supports the Department's proposal to provide a 12-month eligibility period.

Coverage Options
Without federal approval of the approach adopted by the Montana legislature, there will be no expansion in Montana, and the people we propose to serve will be left without a realistic option for health coverage. Montana's legislation is a starting point that we believe merits federal support. Like any health care delivery system, Montana expects to evolve over time as we test our approach and continue to seek improvements in the Medicaid program. Montana proposes to begin coverage on January 1, 2016. To do so requires CMS approval at the earliest time possible. There is much work to be done to provide the systems necessary to determine eligibility and to enroll the expansion population. To delay the waivers means that coverage needed by so many is delayed as well.

Billings Clinic urges the Secretary to approve Montana's waiver application in time for the 2015 open enrollment period for insurance. Please contact J.J. Carmody, Director of Reimbursement and Health Policy, at jcarmody@billingsclinic.org with any questions or to discuss our comments further.

Sincerely,

Nicholas Wolter

Nicholas Wolter, M.D.
Chief Executive Officer