



July 27, 2016

American Cancer Society
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The Honorable Sylvia Mathews Burwell, Secretary
Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, D.C. 20201

Re: Healthy Ohio Program 1115 Demonstration Waiver

Dear Secretary Burwell:

The American Cancer Society Cancer Action Network (ACS CAN) appreciates the opportunity to comment on the Ohio Section 1115 demonstration waiver submitted to the Centers for Medicare and Medicaid Service (CMS), which proposes to modify the state Medicaid program. 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 help 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 opposes many of the proposed modifications to Ohio's Medicaid program and requests that CMS ensure that low-income Ohioans access to quality, affordable health care is maintained through the Healthy Ohio Program. Approximately 66,020 Ohioans – many of whom rely on Medicaid for their health care - are expected to be newly diagnosed with cancer this year.¹ We are concerned that some of the components of the proposed demonstration waiver could create barriers to care and place unnecessary administrative burdens on enrollees, especially those who are battling cancer and those who will be diagnosed with cancer.

ACS CAN submitted comments to the Ohio Department of Medicaid on May 15, 2016 expressing our concerns with a number of provisions in the Healthy Ohio Program draft waiver, including: the mandated monthly member contribution (particularly for those enrollees under 100 percent of the federal poverty level (FPL)); the lack of a hardship exemption from the premium contribution in the waiver; the cost-sharing requirements for inpatient hospitalization; the lack of detail on continuity of care provisions in the waiver; the proposed annual and lifetime limits; and the lack of clarification on access to specialists in the program – all of which could create barriers to care for low-income Ohioans, particularly enrollees who are cancer patients and survivors. Unfortunately, the Ohio Department of Medicaid did not accept any of our suggested changes or provide additional clarification in response to

¹ American Cancer Society. Cancer Facts & Figures: 2016. Atlanta: American Cancer Society, 2016.

the questions we raised in our state comment letter. We urge CMS to address these concerns as it reviews Ohio's Medicaid waiver.

The following details ACS CAN's specific concerns with the Healthy Ohio Program 1115 Demonstration Waiver.

Cost-Sharing - Monthly Member Contribution

ACS CAN acknowledges Ohio's desire to take an innovative approach to individual cost-sharing and personal responsibility, but we have strong concerns regarding the requirement that all Healthy Ohio Program enrollees make a monthly contribution of two percent of their annual income or up to \$99 per year to maintain eligibility for the program. Studies have shown that imposing cost-sharing on low-income individuals is likely to deter enrollment in the Medicaid program.^{2,3,4} Proposals that place greater financial burden on the lowest income state residents, especially those under 100 percent FPL, create barriers to care, undermining a stated goal of the Healthy Ohio Program – to promote member engagement in health care – especially for those individuals and families confronted with a cancer diagnosis.

While CMS has permitted states to impose premiums or “member contributions,” these approvals have been granted for populations above the federal poverty level. We strongly oppose the mandated member contributions from enrollees below 100 percent FPL, which will deter enrollment or result in disenrollment, causing significant disruptions in care. Therefore, we urge CMS to deny the state of Ohio from mandating member contribution for enrollees under 100 percent FPL. Additionally, we ask CMS to require the state to calculate the amount of the member contribution on monthly household income, rather than the annual household income proposed in the waiver. Low-income populations are more likely to have inconsistent income throughout the calendar year and calculating income on a monthly basis would be a more accurate determination of actual income.

Hardship Exemptions

The demonstration waiver fails to provide enrollees a hardship exemptions or waiver from the required monthly contribution. We are concerned that failing to provide enrollees with a hardship exemption or waiver for a late or missed payment will result in gaps in coverage. For a patient undergoing cancer treatment, this could be a critical misstep in the delivery of their cancer treatment. ACS CAN strongly urges CMS to require Ohio to include a hardship exemption clause in the Healthy Ohio Program and to clearly define the requirements to meet such exemptions. We also urge CMS to prohibit Ohio from terminating coverage as a penalty for non-payment of a monthly contribution. The Healthy Ohio

² Hendryx M, Onizuka R, Wilson V, Ahern M. Effects of a Cost-Sharing Policy on Disenrollment from a State Health Insurance Program. *Soc Work Public Health*. 2012; 27(7): 671-86.

³ Wright BJ, Carlson MJ, Allen H, Holmgren AL, Rustvold DL. Raising Premiums and Other Costs for Oregon Health Plan Enrollees Drove Many to Drop Out. *Health Affairs*. 2010; 29(12):2311-16.

⁴ Office of the Assistant Secretary for Planning and Evaluation. Financial Condition and Health Care Burdens of People in Deep Poverty. Published July 16, 2015. Accessed April 21, 2016. <http://aspe.hhs.gov/basic-report/financial-condition-and-health-care-burdens-people-deep-poverty>.

Program should also include a grace period for payment of monthly contributions during at least the first quarter of 2018 (i.e., the first date of coverage for the Healthy Ohio program), providing enrollees additional time to transition to this new cost-sharing requirement before terminating coverage.

Cost-Sharing – Copayments

The waiver indicates that enrollees would be subject to copayments for inpatient and outpatient services and prescription drug coverage. ACS CAN is opposed to the proposed \$75 copayment for inpatient hospitalization. Enrollees with serious, chronic conditions, such as cancer, are frequently admitted to the hospital and recurrent inpatient care is a part of the treatment continuum.^{5,6} Imposing a \$75 copayment for each inpatient hospitalization in addition to the other related cost-sharing requirements, such as prescription drug and outpatient visits, could create considerable financial hardship for those fighting cancer. We implore CMS to ensure that no Healthy Ohio beneficiary is turned away at the point of service for inability to pay a copayment, especially for those individuals with complex, chronic conditions like cancer. Therefore, we urge CMS to require Ohio to reduce or eliminate the inpatient services copayment.

Continuity of Care

For an individual undergoing cancer treatment, timely and uninterrupted access to services is critical. When cancer treatment is delayed or disrupted, the effectiveness of the treatment could be jeopardized and the individual's chance of survival can be significantly reduced. We note that the 1115 waiver fails to provide specific provisions to ensure that individuals transitioning on to the Healthy Ohio Program, beginning January 1, 2018, can continue to see their health care provider if medically necessary. Additionally, we are concerned about the transfer of enrollees who reach the annual benefit threshold being systematically transferred back to the Healthy Ohio Program at the beginning of the plan year. Failure to consider the care delivery and/or treatment regimen of patients, especially those managing a complex, chronic condition like cancer, could have devastating effects on patients, their families, and providers.

We are especially concerned about women enrolled in Medicaid as a result of a cancer diagnosis through the state's Breast and Cervical Cancer Project. Cancer patients undergoing an active course of treatment for a life-threatening health condition need uninterrupted access to the providers and facilities from whom they receive treatment.

We requested that the Ohio Department of Medicaid consider continuity of care provisions that would ensure that individuals in active course of treatment for life-threatening illnesses, such as cancer, not face significant care disruptions, but the final waiver fails to provide this clarification. We urge CMS to ensure that a "medically frail" designation is incorporated in the waiver. Additionally, we recommend that a clearly defined process be established through which a Healthy Ohio Program enrollee can inform

⁵ Numico G, Cristofano A, Mozzicafreddo A, et al. Hospital Admission of Cancer Patients: Avoidable Practice or Necessary Care? Santini D, ed. *PLoS ONE*. 2015;10(3):e0120827. doi:10.1371/journal.pone.0120827.

⁶ Hjermstad M, Kolfaath J, Løkken A, et al. Are emergency admissions in palliative care always necessary? *BMJ Open*. 2013; 3 e002515 doi:10.1136/bmjopen-2012-002515.

the Ohio Department of Medicaid that they are in active treatment; allowing them to maintain their cancer care treatment regimen and continue to see their providers through the same health care systems through the end of their treatment.

Per Year and Lifetime Limits

The proposed use of annual and lifetime limits is arbitrary and will cause additional disruption in care for individuals managing complex chronic conditions, like cancer. We note that under the ACA, individual, small group, and employer plans are prohibited from limiting the lifetime dollar value of benefits and we urge this important patient protection be applicable to the Healthy Ohio program as well. Individuals are diagnosed with cancer at various stages, and depending on the type of cancer and the stage, the patient could easily reach the proposed annual and/or lifetime limit. Forcing enrollees to transition to an alternative delivery system would likely result in a different provider network and new care/utilization management protocols, which would be highly disruptive to the enrollee and their care team.

We urge CMS to deny the annual and/or lifetime limit proposal and recommend instead the use of the “medically frail” designation. This approach would allow enrollees and their providers to inform the Ohio Department of Medicaid at the onset of a diagnosis that their health status has changed, which will likely result in the use of more frequent and higher cost service utilization. Allowing the enrollee to utilize the “medically frail” designation will minimize disruptions in care during the course of treatment and allow the enrollee and their care team to carefully consider if their diagnosis and subsequent treatment regimen will necessitate enrollment in fee-for-service or a different managed care plan. Further, we recommend that the Ohio Department of Medicaid only be able to transition a “medically frail” or high utilizer from their chosen delivery system after the enrollee has affirmatively selected the new delivery system.

Access to Specialists

We are pleased that the 1115 waiver seeks to promote the use of primary care services. A significant proportion of cancers are preventable through lifestyle changes and screening.⁷ However, we are concerned that the waiver fails to provide sufficient information to determine the extent to which enrollees will have access to specialized medical services, such as oncologists – including subspecialists.

Preventive Screenings

Providing Ohioans access to high quality primary medical care and preventive services is one of the most effective ways to prevent or detect cancer at an earlier, more curable, and less expensive stage. We are encouraged that the Healthy Ohio Program will focus on quality metrics and performance incentives and we strongly encourage CMS to urge the Ohio Department of Medicaid to include breast, cervical, and colorectal cancer screening in its health plan performance incentive program. We also encourage CMS to urge the state to base the list of qualifying preventive services that make an individual eligible to carry forward a Buckeye Account balance on the United States Preventive Services Task Force (USPSTF) list of “A” or “B” rated services, as required by section 4106 of the ACA.

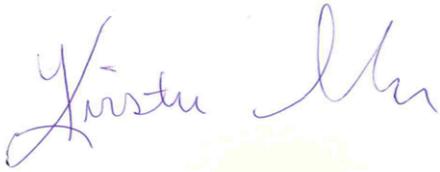
⁷ American Cancer Society. Cancer Facts & Figures: 2016. Atlanta: American Cancer Society, 2016.

Conclusion

We appreciate the opportunity to provide comments on Ohio's demonstration waiver application. The expansion of the Medicaid program remains critically important for many Ohioans who need access to cancer prevention and cancer treatment. Upon further consideration of the policies that will be included in the final waiver application, we ask CMS to weigh the impact such policies may have on access to lifesaving health care coverage, particularly those individuals with cancer and those who will be diagnosed with cancer during their lifetime.

We look forward to working with CMS and the state of Ohio to ensure that all low-income Ohioans have access to quality, affordable, comprehensive health care coverage that best fits their needs. If you have any questions, please feel free to contact me or have your staff contact Michelle DeFavero of our policy team at Michelle.DeFavero@cancer.org or 202-585-3266.

Sincerely,

A handwritten signature in blue ink that reads "Kirsten Sloan". The signature is written in a cursive style. Below the signature, there is a faint yellow rectangular stamp or watermark.

Kirsten Sloan
Senior Policy Director
American Cancer Society Cancer Action Network (ACS CAN)