



Catholic Commission of Summit County

Catholic Center
795 Russell Avenue
Akron, OH 44307-1115
P 330.535.2787
F 330.535.9040
www.clevelandcatholiccharities.org/dsao

Healthy Ohio Program 1115 Demonstration Waiver
Bureau of Health Plan Policy
Ohio Department of Medicaid
50 W Town St., 5th Floor
Columbus OH 43218

Dear Mr. McCarthy,

As a department within Catholic Charities, Diocese of Cleveland, I oppose the Healthy Ohio Program 1115 Demonstration Waiver. They are one of the largest comprehensive health and human services organizations in the region, carrying out Christ's healing mission in Northeast Ohio. They deliver more than 150 services at 50 locations to nearly 400,000 individuals each year – providing help and creating hope for people of every race and religion throughout the eight counties in the Diocese of Cleveland (Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Summit and Wayne). For decades the Diocese of Cleveland has followed the lead of the United States Catholic bishops in calling for genuine life-affirming reform to the nation's health care system. These efforts are rooted in John XXIII's encyclical *Pacem in Terris*, (1963) which listed medical care among those basic human rights flowing from the basic dignity of the human person.

The Healthy Ohio 1115 Demonstration Waiver is now being considered as a new approach to Medicaid by setting new requirements and objectives. I ask that you to address the grave concerns in the following areas: how this proposal affects eligibility, services, care, cost, and efficiency.

Catholic Charities knows how much work was accomplished in 2015 to enroll more than 650,000 Ohioans to receive Medicaid benefits. Along with them, I strongly believe the Healthy Ohio 1115 Demonstration Waiver would dismantle this very successful extension of Medicaid benefits to those already enrolled. This action has dire consequences; the general Medicaid population must retain benefits for the health care system to work. The current proposed waiver is overly complicated, punitive in many aspects and targets a population already at serious risk. Many Catholic Charities employees serve this population daily and see the waiver as setting up unrealistic long term requirements individual will not or cannot meet-- i.e. monthly payments, electronic transfers, bank accounts, postage and envelopes. These are serious monthly requirements for compliance that this population will not/cannot or will find overwhelming to meet on a monthly basis. It is as basic as choosing food, rent or transportation over a health care payment.

The persons served by Catholic Charities agencies include parents of young children, mostly mothers and minor children, a population with little expendable income that does not prioritize a premium for health care. From their experience, they find the client chooses to go without health care if a payment is involved. In addition to the above populations affected, this waiver will affect behavioral healthcare recipients which includes persons requiring mental health services and addiction treatment services, thus creating a situation

where recovery treatment and supports become more unattainable. We know, from years of service to this population, that treatment and prevention is cost effective and more efficiently accessed through established relationships with healthcare and behavioral health care providers.

When Ohioans lose their Medicaid coverage, they will have less access to behavioral health services, and less funding is subsequently available for supporting these needed services. Our citizens will experience longer waitlists for care and fewer services which ultimately impact the ability of persons to become self-sufficient through work, and to become healthy taxpaying individuals. Not having health insurance would cause poor Ohioans to return to the practice of postponing or avoiding seeking healthcare, driving up the cost through use of emergency rooms when adults and children are very ill.

The cost of processing and tracking premium payments will offset the savings expected by denying health insurance, and, furthermore, the State loses Federal match dollars which contribute to the cost of health care of the population in need. While estimates vary about how many Ohioans will not seek coverage or be dropped, I believe that the populations which are newly eligible for Medicaid will be compromised. For similar initiatives, “states such as Oregon and Vermont saw between a 30 percent and 77 percent drop in coverage. This potential disenrollment runs contrary to CMS’ stated goal of coverage integrity.” (Center for Community Solutions, 2016).

One of the greatest concerns is the significant disruption of continuity of care for patients, providers and the delivery of services. Since the waiver calls for a required payment of monthly premiums, it would take a massive administrative effort to keep everyone informed as to current and real time eligibility, i.e. whether or not the customer complied with paying the premium, or if the customer/patient’s coverage has been discontinued. It would take an additional massive State-wide effort to educate the citizens and the many providers of services to Medicaid eligible individuals and families about the workings of this new, complicated system.

I have a number of questions that require more information relative to this proposed waiver. As you are reviewing the proposed changes, please take into account the following questions and ensure that these issues are addressed:

1. What are the costs associated with operationalizing the Healthy Ohio 1115 Demonstration Waiver? How will these costs factor into the overall budget of Ohio’s Medicaid Managed Care Plans?
2. How do individuals make monthly premium payments if they do not have regular access to banking services or have language or comprehension challenges (non-English speaking, limited literacy, cognitively compromised, etc.)?
3. If the accounts are administered by banks, will they be prohibited from charging fees to participants?
4. Does this plan effectively decrease the number of Ohioans who are uninsured; does it increase the number of individuals with health care coverage and access?
5. Does this plan include alternative funding for providers when persons in need require emergency services?



Catholic Commission of Summit County

795 Russell Avenue
Akron, OH 44307-1115
P 330.535.2787
F 330.535.9040

www.clevelandcatholiccharities.org/dsao

6. Does this plan include provisions to prevent loss of coverage for persons unable to pay premiums due to domestic violence, residing in a region with a disaster declaration, being medically frail and other unavoidable exceptions?
7. Does this plan provide basic Medicaid-covered services if an Ohioan who is below the poverty threshold fails to pay their premiums?
8. We serve a population that is mobile and/or homeless. How will this population be notified if there is a change in status for their participation?
9. There will be a tremendous cost to agencies serving this population to help them maintain enrollment. Do you anticipate providing additional funds to agencies that provide clerical, administrative, interpretation and translation services?
10. If a participant loses coverage, are they still eligible for participation/coverage in other Medicaid services?
11. For those not literate in language and/or banking processes, what accommodations will be offered to encourage participation and continuity of care?

I concur with your desire to increase efficiency and quality while managing Ohio's budgets. I do not believe it should be at the expense of poor Ohioans who are Medicaid eligible individuals and families. I stand with Catholic Charities and strongly oppose the proposed Healthy Ohio 1115 Demonstration Waiver, because I am in grave disagreement with its intent and anticipated impact on the persons and communities we are committed to serve.

Sincerely,

Diane Zbasnik
Director
Catholic Commission of Summit County