



The Free Medical Clinic of Greater Cleveland

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August 4, 2016

Sylvia Matthews Burwell, Secretary
Health and Human Services
200 Independence Avenue S.W.
Washington, DC 20201

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*deceased

Re: Opposition to Healthy Ohio Program 1115 Demonstration Waiver

Dear Secretary Burwell:

The Free Medical Clinic of Greater Cleveland (The Free Clinic) has been dedicated to the work of meeting the health care needs of the underserved for 45 years. During the majority of those years, our services were directed exclusively to individuals who had no health insurance coverage. With the advent of the Affordable Care Act, and the anticipation that many of our patients would have access to some form of insurance options and/or coverage, Free Clinic leadership made the decision to change our business model to be able to accommodate billing for services provided to our patients. In June of 2012 we made the transition to becoming a Federally Qualified Health Center (FQHC).

In October of 2013, not only were we billing for health care services, but we were empowered to work with uninsured individuals and families to enroll them in Ohio's Health Insurance Marketplace plans with additional monies provided by the Health Resource Services Administration (HRSA) designated specifically for that purpose.

In January 2014, not long after the Outreach and Enrollment program was launched, Governor Kasich made expanded Medicaid available to Ohioans, opening insurance coverage doors to hundreds of thousands more people. As an FQHC we have the added advantage of being able to authorize presumptive eligibility so that patients can readily receive needed care before Medicaid can fully complete the new application.

Given the patient population we had always served, we were not surprised that when put to the eligibility test, the majority of our patients qualified for Medicaid plans rather than the state's Marketplace Exchange. Extended Medicaid was a great boon to our patients, and we appreciate the governor's efforts to make this access a reality for them. However, some of the proposed changes to the Medicaid program outlined in the Healthy Ohio 1115 Demonstration Waiver cause us concern.

First, it is noteworthy that convincing some of our patients to enroll in Medicaid at all was a tough sell. Many people feel that the program is a form of welfare and do not want to consider themselves welfare recipients. More than half of our patients are employed, some in multiple jobs, but low-paying jobs without

Health care is a right, not a privilege.



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benefits. The Marketplace Exchange is not an affordable option for many of them. So it was disappointing when many of them, after several meetings about the merits of coverage, relented and enrolled in Medicaid only to be informed soon after that they were no longer covered.

In January 2015, our health center was inundated with phone calls and people dropping in to find out why their Medicaid coverage had been revoked. In most instances, coverage had been discontinued because the given individual had failed to reenroll, a requirement they were informed about via letter. Because many of our patients are fairly transient, many did not receive the letter as they were no longer residing at the address on their Medicaid application. Often their first indication that something was wrong was when their Medicaid card was denied at a medical appointment, or when trying to pick up and pay for a prescription. The reenrollment requirement, while in theory not terribly complicated, was in practice a fiasco and resulted in the Ohio Department of Medicaid (ODM) settling a lawsuit after 150 thousand Ohioans lost coverage due to the ineffective outreach associated with the federally mandated redetermination process.

We fear that the far more complex procedures contained in the Healthy Ohio plan, particularly monthly premium payments, will cause many of our patients to fall out of Medicaid coverage. Individual Health Savings Accounts would be an alien concept indeed to our patients who do not hold bank accounts and a whole new layer of training would be required for those assisting people to enroll in Medicaid. More than infusing personal responsibility into the Medicaid program, this “skin in the game” approach would potentially impose heavy new responsibilities on a host of agencies and providers to try to shepherd enrollees through the new compliance rules. ODM has vaguely outlined the need to reach out to beneficiaries to explain the new system and it does not delve into the potential costs to ODM, payers, providers, or anyone else who may be involved in this new program of eligibility.

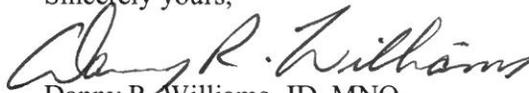
We believe that sufficient evidence has been gleaned from states that have already tried strategies similar to those contained in the 1115 Waiver that Ohio need not put our most medically vulnerable citizens at risk of losing vitally needed health coverage. In our view, Healthy Ohio would only harm the ability of the successfully expanded Medicaid population to retain benefits. As presented, Healthy Ohio would likely result in a large disenrollment of currently covered beneficiaries through a set of intricate cost-sharing policies focused on a population largely unable to meet the financial and logistical requirements of the proposal.

When Governor Kasich convened the Controlling Committee in October of 2013 to pass Medicaid expansion, he said he believed it was simply the right thing to do. And as Robert Laszewski, a contributor to Forbes online recently wrote, *“Presidential candidate John Kasich (R-Ohio) has taken a lot of criticism on the campaign trail for expanding Medicaid under Obamacare. But if his Medicaid expansion isn’t an extraordinary example of successful conservative governance I don’t know what would be.”*

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We believe that the changes proposed in the 1115 Waiver would do more harm than good to both patients who, in many of the cases we see, are just beginning to understand and trust the Medicaid program, and to the overall costs of the program by requiring far more administrative resources for implementation and oversight. We strongly recommend that HHS rejects the proposed Waiver as it does not promote the objectives of CHIP and Medicaid, and would, we believe, be detrimental to the well-being of thousands of people who rely on these important health insurance programs.

Sincerely yours,

A handwritten signature in black ink that reads "Danny R. Williams". The signature is written in a cursive style with a large, stylized initial "D".

Danny R. Williams, JD, MNO
Executive Director
dwilliams@thefreeclinic.org