

August 8, 2016

VIA ELECTRONIC SUBMISSION

The Honorable Sylvia Mathews Burwell, Secretary
U. S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Re: Arkansas Works Section 1115 Demonstration Waiver Application

Dear Secretary Burwell:

Planned Parenthood of Arkansas and Eastern Oklahoma (“Planned Parenthood”) is pleased to submit these comments on the proposed Arkansas Works Section 1115 Demonstration Waiver. As a trusted women’s health care provider and advocate, Planned Parenthood supports the Centers for Medicare and Medicaid Services’ (CMS) commitment to seeking input from a cross section of stakeholders on this unique proposal.

For more than 30 years Planned Parenthood of Arkansas and Eastern Oklahoma has operated two health centers in Arkansas, one in Little Rock and one in Fayetteville. Planned Parenthood’s health centers provide high quality, critically needed family planning and preventive health services to hundreds of men and women, including contraception and contraceptive counseling; breast and cervical cancer screenings; pregnancy testing and counseling; screening and treatment for sexually transmitted infections; men’s health services; , early medication abortion; and general health services including smoking cessation and screening for diabetes, high cholesterol, high blood pressure, and anemia. In FY15, 13 percent of Planned Parenthood patients were insured through Medicaid, totaling more than 1,000 health care visits for more than 500 men, women, and teens insured through Medicaid.

As Arkansas moves forward to formalize this proposal and seek federal approval, Planned Parenthood strongly urges CMS to make sure the Arkansas Works Program provides women timely access to care and coverage that includes the full range of reproductive health care services to which they are entitled under the law.

I. CMS Should Clarify the ESI Premium Assistance Program so that Enrollees have Access to Reproductive Health Services and Providers Without Delay.

We ask CMS to clarify that employer plans will only be eligible for the employer-sponsored insurance (ESI) premium assistance program if they cover the Essential Health Benefits. While we appreciate that the state will wrap family planning services and pregnancy-related services that are not covered by an employer’s plan and allow enrollees to access such care out-of-

network, as required under federal law, the state should make sure that enrollees can receive adequate benefits through their ESI plan so that they can have timely access to care and experience continuity of care.

We also ask that CMS reinforce that individuals eligible for the ESI premium assistance program remain entitled to the freedom of choice protection for family planning services. Under federal law, individuals who receive premium assistance still remain Medicaid enrollees and are entitled to critical Medicaid protections such as freedom of choice for family planning providers. In fact, CMS reinforced that a state must maintain freedom of choice for family planning providers when it amended Iowa's premium assistance waiver to include this protection.¹ Thus, in order to comply with federal law, it is critical that Arkansas reinforce the freedom of choice protection for ESI premium assistance-eligible individuals.

II. CMS Should Clarify that Family Planning Services are Exempt from Cost-sharing.

We appreciate that the state exempts pregnant women and enrollees with incomes at or below 100 percent FPL from all cost-sharing requirements. However, the waiver proposal is silent with respect to cost sharing obligations for enrollees with incomes above 100 percent FPL for family planning services.

Federal law expressly exempts family planning services from cost-sharing so that Medicaid enrollees would not face access barriers to critical services like birth control, life-saving cancer screenings, and prenatal care. Notably, the family planning services and supplies cost sharing exemption applies to both traditional populations and the new adult group.² We ask CMS to explicitly clarify that Arkansas Works Program enrollees will not be required to meet cost-sharing obligations when accessing family planning services and supplies.

III. CMS Should Ensure that Enrollees are Provided with Detailed Information Regarding Incentive Benefits and that Accessing Women's Preventive Health Services are a Part of Arkansas Healthy Behaviors.

The Arkansas Works proposal is seeking to create a new incentive benefit for the new adult group population that will only be available to enrollees who make timely premium payments (if required) and achieve healthy behavior standards. However, noticeably absent is an explanation or a list of exactly what the incentive benefits will be. It is important that Arkansas make enrollees aware of what these benefits are so that enrollees are fully informed and able to make decisions about how not meeting the requirements could potentially impact their health. Thus,

¹ See, e.g., CMS, *Iowa Marketplace Choice Plan Special Terms and Conditions* (July 31, 2015), <http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/ia/ia-marketplace-choice-plan-ca.pdf>

² 42 U.S.C. § 1396o(a)(20)(D), 1396o(b)(2)(D), 1396o-1(b)(3)(B)(vii); 42 C.F.R. § 447.53(b)(5);

it is critical that CMS ensure that enrollees are provided with detailed information about what services will be considered an incentive benefit.

Further, accessing family planning services and other preventive women's health services, like a well-woman exam, Pap test, or STI screening, are critical components of preventive health care. In defining the list of healthy behaviors that qualify an individual for the incentive benefit, we urge CMS to include women's preventive health services.

Many women's preventive health services, such as well woman exams and family planning counseling, enable health care providers to screen for a wide range of health care needs. For example, well woman exams include general health assessments such as a physical examination, body mass index measurements, blood pressure monitoring, thyroid assessment, and breast and cervical cancer screenings. Further, many women rely on women's health providers – and women's health centers, in particular – to access the broader health care system. Six out of 10 women already consider women's health providers their usual source of care, and four in ten consider it their only source of care.³

If the state does not include preventive women's care, such as well woman exams and family planning counseling, into the list of healthy behaviors, the incentive structure will be unfairly biased against women. Accordingly, we urge CMS to ensure that the state's definition of healthy behavior is done in a way that is thoughtful and inclusive to the needs of both men and women.

IV. CMS Should Clarify that Medicaid Enrollees May Select an OB/GYN as their Primary Care Provider and Must Be Allowed Direct Access to Women's Health Providers.

As part of the Arkansas Works incentive program, enrollees will be required to visit a primary care provider (PCP) or be disenrolled from the incentive benefit. However, the waiver does not specify that women may elect to have an obstetrical or gynecological (OB/GYN) provider as their primary care provider.

OB/GYN providers, including women's health centers like Planned Parenthood, play a central role in the health care of women. For many women, their OB/GYN is their first health care provider as an adult and this important relationship continues throughout women's reproductive years. In fact, almost 6 in 10 women of reproductive age (18-44) report seeing an OB/GYN provider on a regular basis and approximately one-third of women (35 percent) view their OB/GYN provider as their main health care provider.⁴ In addition, OB/GYN providers

³ Guttmacher Institute, *Specialized Family Planning Clinics in the United States: Why Women Choose Them and Their Role in Meeting Women's Health Care Needs* (2012), available at <http://www.guttmacher.org/pubs/journals/j.whi.2012.09.002.pdf>.

⁴ Perry Udem Research & Communication, "Women & OB/GYN providers," *Planned Parenthood Federation of America*, (November 2013), http://www.plannedparenthood.org/files/4914/0656/5723/PPFA_OBGYN_Report.FINAL.pdf.

furnish primary and preventive care in addition to women-focused care, including wellness exams, blood pressure screenings, and cancer screenings. To ensure Arkansas's Medicaid program reflects the unique ways women experience the health care system, it is critical that the final waiver terms and conditions clarify that Medicaid enrollees may select an OB/GYN as their primary care provider.

Additionally, CMS should specify that Medicaid enrollees are entitled to direct access to women's health providers, in line with federal law.⁵ Affirming this provision of law in the final waiver terms will prove beneficial in ensuring that women receive the health care they need without delay.

V. CMS Should Ensure that Arkansas Works Enrollees Retain Retroactive Coverage.

We encourage CMS to reject the request to waive providing retroactive coverage to enrollees in the new adult group of the Arkansas Works program. First, federal law requires retroactive coverage. Under the Social Security Act, states must pay for covered services provided to individuals during the three month period prior to the date of application, if the applicant would have been eligible at the date of the application.⁶

Second, providing a retroactive period will help ensure the success of Arkansas Works. Retroactive eligibility guarantees providers reimbursement for care, which in turn reduces uncompensated care costs and alleviates financial burdens on health care providers. When providers are reimbursed adequately for their services (and not forced to absorb losses in revenue for Medicaid patients), they are more likely to participate in the Medicaid program and accept new Medicaid patients. Sufficient provider participation is essential to the implementation of Arkansas Works; indeed, health care coverage is meaningless if patients are unable to receive care from quality providers in a timely manner.

We look forward to working with CMS in our shared goal to improve access to quality health care, and we thank you for the opportunity to provide these comments. If you have any questions, please do not hesitate to contact me at 870.347.6078 or Ashley.Wright@ppheartland.org.

Sincerely,

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⁵ 42 C.F.R § 438.206(b)(2)

⁶ 42 U.S.C. § 1396a(a)(34); 42 C.F.R. § 435.914.

