



LOUISVILLE, KENTUCKY  
LOUISVILLE METRO BOARD OF HEALTH

GREG FISCHER  
MAYOR

July 22, 2016

SHERRY C. BABBAGE, D.M.D.  
BOARD CHAIRPERSON

**Comments from the Louisville Metro Board of Health on the Section 1115 Medicaid Waiver**

The Louisville Metro Board of Health stands in opposition to the changes to the Kentucky Medicaid program proposed in the Section 1115 waiver.

Long one of the sickest states in the nation with some of the worst health outcomes, Kentucky has been making tremendous strides to improve the health of its citizens since Medicaid was expanded in 2014.

More than 440,000 people in Kentucky and more than 67,000 people in Louisville have gained health coverage. In 2014 alone preventive screenings for diabetes, cholesterol and cancer doubled. Trips to the emergency room are decreasing. Tens of thousands of Kentuckians are benefiting from early detection, treatment and disease management.

These gains will be reversed if the waiver is enacted. The purpose of a Section 1115 Medicaid waiver is to demonstrate to the federal government that Kentucky can provide better access and better care than we are already doing. This is most certainly **not** the case with the proposed waiver.

The waiver erects barriers to treatment, cuts benefits, limits eligibility, increases costs and creates coverage gaps. It also exacerbates health inequities.

The proposed waiver creates many new ways to lose coverage: failure to pay a newly required premium; failure to complete a new work requirement and failure to complete the redetermination process for the next year's benefits during a specified period. Unlike current Medicaid, the proposed waiver would not allow dis-enrolled members to regain coverage for at least six months. An analysis of Michigan's Medicaid waiver program suggests that more than 100,000 Kentuckians will lose health coverage if Kentucky's 1115 Medicaid waiver is approved. There is absolutely no evidence to suggest that charging premiums and enforcing a lock-out period will increase patient engagement or improve health.

We appreciate that the Administration recognizes that opioid abuse is one of the most critical public health epidemics facing Kentucky. We support the proposed IMD exclusion to afford more inpatient and residential care and urge you to make clear that those with a dual diagnosis of SUD and mental illness (MI) will be included. Maintaining SUD services and expanding services to Kentuckians with SUD and co-occurring mental illness should be a priority.

However, we remain very concerned that numerous financial and administrative barriers to care proposed in this plan will make it nearly impossible for Medicaid members struggling with an opioid addiction to maintain their coverage in order to receive the necessary substance abuse treatment.

The proposed waiver also cuts benefits, most notably dental and vision care from basic Medicaid coverage. Medicaid expansion has led to a 37% increase in dental adult visits. While the proposed waiver makes some provision for dental and vision care through a complicated and bureaucratic points system, the proposed changes would effectively take away dental and vision care for 440,000 people. Dental pain is known to be the leading gateway to opioid addiction, making it all the more concerning that dental coverage is being removed from the basic benefit package. If Kentuckians are left to rely on the hospital emergency room as their only source of dental care, it will increase the likelihood that even more low-income Kentuckians fall into the grasp of addiction.

Unfortunately, the citizens that need health services the most, the most vulnerable, will be the most adversely affected by changes in the proposed waiver. Louisville has the highest number of people in the state enrolled under Medicaid expansion and has the state's highest population of people of color. This is a matter of health equity! By limiting coverage and erecting barriers to healthcare, the proposed waiver continues the long history of poor people and minorities leading sicker lives and dying sooner. This is unacceptable!

In February 2014 the Louisville Metro Board of Health issued a report outlining the success of implementing the Affordable Care Act in our city. We believe that Medicaid expansion continues to have a very positive role in improving the health of our citizens. We also believe that the changes to the Kentucky Medicaid program proposed in the Section 1115 waiver will reverse that progress. The proposed waiver erects barriers to care which will drastically reduce the number of people with health coverage and will increase health inequities by which poor and minority populations will continue to lead sicker, less-productive and shorter lives!

Respectfully Submitted



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Chairperson, Louisville Metro Board of Health

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Dwayne Compton

Margaret Handmaker

Connie Sorrell

Anthony Zipple

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Wayne Tuckson

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Bill Wagner

Karen Cost

# THE FRIEDELLE COMMITTEE

FOR HEALTH SYSTEM TRANSFORMATION

July 21, 2016

Commissioner Stephen Miller  
Department for Medicaid Services  
275 E. Main Street  
Frankfort, KY 40621

Re: Comments on Kentucky HEALTH 1115 waiver application

Dear Commissioner Miller,

The Friedell Committee for Health System Transformation is a group of community leaders from all over Kentucky that know that Kentucky is not a healthy state but that with collaboration, leadership and focus, we can do something about it.

Our committee is aware that there have been many comments regarding the implementation of Kentucky HEALTH particularly related to the potential impact of features that will likely lead to a decrease in participation. There are a number of requirements in the proposal that have been shown to decrease coverage and access, including premium and copay requirements, a six month lockout period, and other increased burdens on enrollees. We also are concerned about many of those issues since access to care is very important to improved health.

We would like also to address the results and outcomes that are expected from the waiver.

To quote Section 1.2 of the 1115 Waiver application:

“Kentucky HEALTH is an innovative, transformative healthcare program designed to not only stabilize the program financially, but to also improve the health outcomes and overall quality of life for all members.

The waiver is based on the premise that the current program is unsustainable. The state’s biennial budget has the appropriate funding to continue the program and there is some evidence that the state will have the resources to cover the cost in the future. We believe the public would be well served by addressing these important questions.

- What measures or indicators will be used to determine financial stability or sustainability?
- How will we be able to tell if the Medicaid program is sustainable?
- If a decrease in expenditures is necessary for sustainability, how much is required?
- When can we stop to consider changes and approaches that will address outcomes and the quality of life?
- What health outcomes or quality of life measures are expected to be improved?

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We have looked at Appendix II on Evaluation and understand the short term measures that are being proposed. We would like to request that some consideration be given to identifying longer term measures that relate to improved health outcomes and quality of life.

Perhaps the outcome measures might include the issues identified in your Program Overview.

“The Commonwealth also consistently ranks near the bottom of the nation in several key population health metrics. For example, over 26% of Kentuckians smoke cigarettes (second highest rate in the nation), 31.6% of adults in the Commonwealth are obese (twelfth highest rate in the nation), and the number of infant deaths per 1,000 live births is 6.8 (seventeenth highest in the nation). In addition, Kentucky has both the highest number of cancer deaths, as well as the highest number of preventable hospitalizations, in the nation. Further, Kentucky also faces significant health challenges related to high rates of diabetes and heart disease, ranking 45th and 47th in the nation respectively.”

Like you, these numbers concern us – and, like you, we hope for some immediate improvement, as well as long-term improvements that are sustained and assure a healthy Kentucky for our children and grandchildren.

Thank you in advance for consideration of our concerns. We are available any time to discuss these and other issues as you and all Kentuckians work together to assure our collective good health..

Sincerely,

J. D. Miller M.D., Chairman  
Friedell Committee for Health System Transformation



## **Proposed Medicaid Waiver Would Reduce Coverage and Move Kentucky Backward on Health Progress**

### **Comments on Kentucky's 1115 Medicaid Waiver Application**

**Dustin Pugel and Jason Bailey, Kentucky Center for Economic Policy**

**July 20, 2016**

Kentucky is applying to modify its Medicaid program through a waiver under Section 1115 of the Social Security Act. The proposed changes will result in fewer Kentuckians covered and decrease health care access, which will ultimately harm the health status of Kentuckians and move the state backwards in its recent health care gains. And while the proposal is framed in terms of increased financial sustainability and reduced costs, it can end up costing the state more overall as it introduces new, expensive and complex administrative burdens, and limits access to the preventative care that improves health. In the end, rolling back Kentucky's historic gains in healthcare coverage would be antithetical to the goals of the Medicaid program and the 1115 waiver process and hurt the many Kentuckians who benefit from the Medicaid program in its current form.

### **How far we've come, and what is at stake**

Kentucky's Medicaid participants include thousands of working families, veterans, pregnant women and people with disabilities, as well as hundreds of thousands of children and seniors. Current enrollees include the following:

- Children: 561,326 (39 percent) of enrollees are children.
- Working adults: The majority of Medicaid-eligible adults who gained coverage under the expansion in 2014 in Kentucky were low-wage workers.<sup>1</sup>
- Veterans: An estimated 9,500 uninsured Kentucky veterans and 5,300 uninsured spouses of veterans became newly eligible for Medicaid under the expansion.
- Pregnant women and infants: 43.6 percent of all births in Kentucky were covered by Medicaid in 2010 (the most recent year for which data were published).
- Seniors: 90,794 of current Kentucky Medicaid enrollees are ages 65 and older.
- Disabled or requiring long-term care: 161,380 Kentucky Medicaid enrollees are eligible through disability, blindness, long-term care needs or brain injury for which they require care either in a facility or at home.

Kentucky is a national leader in its substantial reduction in the uninsured rate under the Affordable Care Act; the share of the population without insurance dropped from 20.4 percent in 2013 to 7.5 percent in 2015, according to Gallup. The Medicaid and marketplace enrollment counts show these coverage gains were driven largely by the Medicaid expansion in 2014, which increased eligibility to up to 138 percent of the federal poverty level. Coverage alone is not the end goal, but it is the basis for better access to care, prevention of disease, cost-efficiency of long-term health spending and (over time) tremendous public health gains including reductions in preventable mortality.

As summarized by the Center on Budget and Policy Priorities, “Numerous studies show that Medicaid has helped make millions of Americans healthier by improving access to preventative and primary care and by protecting against (and providing care for) serious diseases. For example, expansions of Medicaid eligibility for low-income children in the late 1980s and early 1990s led to a 5.1 percent reduction in childhood deaths. Also, expansions of Medicaid coverage for low-income pregnant women led to an 8.5 percent reduction in infant mortality and a 7.8 percent reduction in the incidence of low birth weight.”<sup>2</sup> When compared to Texas in 2014, which did not expand its Medicaid program, low-income Kentuckians were more likely to take prescribed medicines; more likely to receive regular care for chronic diseases such as asthma, hypertension, and depression; were more able to pay medical bills; and were less likely to use the ER as a usual source of care.<sup>3</sup>

In Kentucky, increased coverage has led to better access to services, including many forms of preventative care. State Medicaid data shows hundreds of thousands of people are using their new coverage for such cost-effective purposes. Comparing 2013 to 2014, the following services were funded by Medicaid:

- Cholesterol screening, 80,769 to 170,514 (up 111 percent).
- Preventative dental services, 73,739 to 159,508 (up 116 percent).
- Hemoglobin A1c tests (diabetes), 52,685 to 101,360 (up 92 percent)
- Cervical cancer screenings, 41,613 to 78,281 (up 88 percent).
- Breast cancer screenings, 24,386 to 51,292 (up 111 percent).
- Annual influenza vaccinations, 14,090 to 34,305 (up 143 percent).
- Colorectal cancer screenings, 17,164 to 35,633 (up 108 percent).
- Tobacco use counseling and interventions, 406 to 1,094 (up 169 percent).

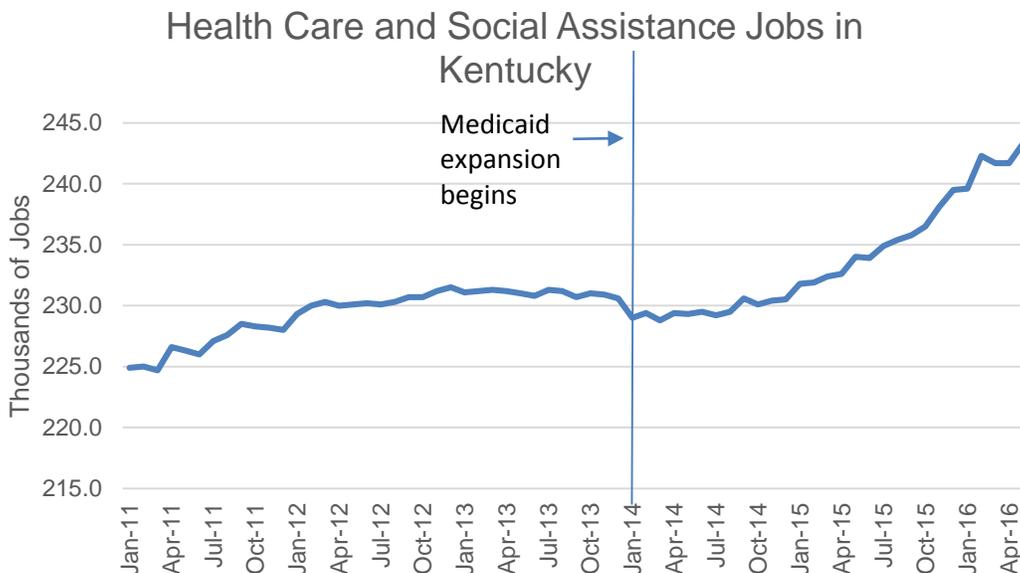
Although each service does have a cost, the services being used by the expansion population are, for the most part, not the services that drive overall Medicaid spending. These enrollees are relatively inexpensive to cover and the coverage allows them to maintain health and continue working and caring for their families. And when a screening does indicate cancer or diabetes, it is still money well-spent.<sup>4</sup> Left undiagnosed or untreated, these conditions worsen and become more complicated (and expensive) to treat later on.

Kentucky’s current Medicaid program also has a positive impact on Kentucky’s economy, an impact that this waiver would put in jeopardy. For example, the General Fund savings Kentucky will realize because of Medicaid expansion in 2017 and 2018 from spending on public health, mental health, indigent care and other areas surpasses what the state will have to put in to match the federal investment. Even when 10 percent of the cost must be covered by the state beginning in 2020, the return on the state’s net contribution will be large after taking into account these savings, the additional tax revenue resulting from job creation due to the injection of federal dollars and the health benefits for our communities and workforce.

Savings and Cost of Medicaid Expansion in the State Budget			
	FY 17	FY 18	Total
Dept for Behavioral Health, Development & Intellectual Disabilities	-\$30.6	-\$31.2	
Dept for Public Health	-\$11.9	-\$12.2	
Dept of Corrections	-\$11.5	-\$11.7	
Quality Care Charity Trust Fund (QCCT)	-\$18.5	-\$18.9	
Dept for Community Based Services	-\$1.1	-\$1.1	
<b>Subtotal</b>	<b>-\$73.6</b>	<b>-\$75.1</b>	<b>-\$148.7</b>
Breast and Cervical Cancer Screening	-\$1.9	-\$2.0	
Spend Down Recipients	-\$37.2	-\$37.2	
Ky Transitional Assistance Program /TANF	-\$9.5	-\$9.2	
Nursing Facility-short term	-\$9.5	-\$9.7	
<b>Subtotal</b>	<b>-\$58.1</b>	<b>-\$58.1</b>	<b>-\$116.2</b>
<b>Total</b>	<b>-\$131.7</b>	<b>-\$133.2</b>	<b>-\$264.9</b>
State Cost for Medicaid Expansion	\$62.3	\$149.0	\$211.3
<b>Net</b>	<b>-\$69.4</b>	<b>\$15.8</b>	<b>-\$53.6</b>

Millions of dollars. Sources: Cabinet for Health and Family Services; OSBD, "General Fund 2016-2018 Budget Analysis."

Over \$2.9 billion has flowed to health care providers because of Medicaid expansion as of last October. Such an influx of funds to the healthcare system has had an impact on jobs in the state. According to Bureau of Labor Statistics data, after modest growth in health care and social assistance jobs during the first year of Medicaid expansion, growth picked up at a rapid pace in 2015. The sector grew 5.5 percent from 2014 to 2016, compared to 3.4 percent growth overall (see graph below). That growth results in income and sales tax revenue to the Commonwealth.<sup>5</sup> Also, everyone saves when fewer people let health problems go untreated only to use expensive emergency room care later.<sup>6</sup> Hospitals saw a reduction of \$1.15 billion in uncompensated care from treating patients without health insurance during the first three quarters of coverage year 2014 when compared to the same time period a year before.<sup>7</sup>



Source: KCEP analysis of Bureau of Labor Statistics data.

## Waiver does not meet criteria set forward in law

The purpose of 1115 waivers is to provide flexibility to create and share better methods of providing health coverage and care. Waivers ultimately should result in a healthier population. They should also be rooted in evidence that the changes proposed can be made without harming the people Medicaid seeks to serve. We strongly believe that far from benefitting Kentuckians, there is evidence this waiver would be detrimental to the most vulnerable citizens in the Commonwealth. This result becomes clear when looking at the components of the proposal through the lens of the four criteria the Centers for Medicare and Medicaid Services (CMS) use to evaluate an 1115 waiver:

- Increase and strengthen overall coverage of low-income individuals in the state.
- Increase access to, stabilize and strengthen providers and provider networks available to serve Medicaid and low-income populations in the state.
- Improve health outcomes for Medicaid and other low-income populations in the state.
- Increase the efficiency and quality of care for Medicaid and other low-income populations through initiatives to transform service delivery networks.

### 1. Will this waiver increase and strengthen overall coverage of low-income individuals in the state?

The waiver is projected to result in fewer people enrolled because it includes a number of measures shown to reduce coverage, including denying benefits to people who don't pay premiums or fail to re-enroll in time and locking them out for a period of time as well as work requirements for maintaining coverage. Ample past research shows such barriers will reduce the number of people who can participate. But the purpose of 1115 Medicaid waivers is to test ways to *expand* coverage or otherwise improve care, not move backwards on health care access.

*The waiver is designed to reduce coverage*

The Medicaid waiver proposal claims the changes will save \$2.2 billion in federal and state money over the first 5 years of the program. But the waiver document shows those savings would occur because fewer Kentuckians are covered.

The data provided shows 17,833 fewer people will be covered by Medicaid in the first year of the demonstration compared to not having the waiver, a number that would grow to 85,917 in year 5 (data from report presents “member months,” and the table below converts that to number of full-year members by dividing by 12. The actual number of members who would lose coverage would be larger as those who lose coverage for portions of a year are taken into account).

	Year 1	Year 2	Year 3	Year 4	Year 5
<b>Without waiver</b>	1,172,500	1,193,250	1,214,667	1,236,667	1,259,250
<b>Waiver</b>	1,154,667	1,157,917	1,162,083	1,167,250	1,173,333
<b>Difference</b>	17,833	35,333	52,583	69,417	85,917

Source: KCEP calculations from Kentucky HEALTH document.

Other elements of the waiver don't explain the projected cost savings because the estimated cost per member, per month is actually slightly higher for the Medicaid expansion population under the waiver, though it is slightly lower for children and non-expansion adults.

*Evidence does not support that the waiver will result in members' incomes increasing such that they are no longer Medicaid eligible*

The administration suggests coverage reduction will happen in part because they will move people to private insurance plans; in addition, their incomes would need to rise above 138 percent of poverty so they are no longer eligible for either regular Medicaid or premium assistance and wrap-around coverage. But it is unclear what evidence is being used to connect the assumed increase in economic well-being to the measures and requirements included in the plan.

The assumption that promoting work will somehow lead to this outcome is at odds with the research on work requirements (reviewed below) and the reality that the majority of those who have gotten coverage from the Medicaid expansion are working now; they just work in jobs where they cannot afford or are not offered coverage.<sup>8</sup> Many workers are Medicaid recipients because a large portion of jobs pay low wages while wage growth has been stagnant, and because rising health care costs over the last few decades have led employers to shed responsibility for coverage. Whereas 70 percent of Kentucky workers had employer-based coverage in 1980, only 56 percent do today.<sup>9</sup> Even if the minority who are not working were to suddenly gain employment — which evidence does not support would result from these requirements — it should not be expected that many would obtain jobs that lift them above 138 percent of the federal poverty level.

*Experience with past safety net programs shows that work requirements do not increase well-being*

In spite of a rejection of work requirements in every other state that has proposed them (including Indiana and Pennsylvania), this waiver seeks to require work or community engagement activities as both an expectation for coverage and an incentive for added benefits. However, it has been long demonstrated that work requirements in other safety net programs are not only ineffective in promoting long-term employment and wage growth, but have led to a greater likelihood of being stuck in deep poverty — at or below 50 percent of the federal poverty level.<sup>10</sup>

The Center on Budget and Policy Priorities' analysis of potential work requirements for Medicaid eligibility determined that such requirements would 'unravel' many gains from the Medicaid expansion without increasing employment:

*Imposing a work requirement in Medicaid thus could undo some of the Medicaid expansion's success in covering the uninsured... The Medicaid expansion has enabled states to provide needed care to uninsured people whose health conditions have often been a barrier to employment, including people leaving the criminal justice system who have mental illness or substance use disorders and for whom access to health care can reduce recidivism and improve employability. Connecting these vulnerable populations with needed care can improve their health, help stabilize their housing or other circumstances, and ultimately improve their ability to work. These gains would be eroded if a work requirement led to significant numbers of these individuals losing coverage and being unable to access health care that they need.<sup>11</sup>*

Also, as already mentioned, most Kentuckians getting coverage because of Medicaid expansion don't need an incentive to work because they are already working, they are just working in low-wage jobs where they can't afford or are not offered health insurance through their employer. In the first year of Medicaid expansion, those who gained coverage most commonly worked in restaurants and food services followed by construction, temp agencies, retail stores, building services like cleaning and janitorial services and grocery stores. These kinds of jobs usually have limited benefits, if any.

Many Kentucky workers make low wages — in fact, in 2014 30 percent made wages that would put them below the federal poverty line for a family of four. Wages are low and also have been stagnant or declining across the bottom of the wage distribution after adjusting for inflation over the last 15 years. Because the waiver creates an escalating level of premiums for those who remain Medicaid eligible, it punishes workers for the low wages and wage stagnation that are beyond their control.

In addition, jobs are lacking in significant parts of the state as Kentucky still seeks to recover from the Great Recession and as fundamental restructuring of industries like mining and manufacturing have left certain communities with far fewer jobs than are needed. Only 28 of Kentucky's 120 counties have more people employed now than in 2007 — before the Great Recession hit — and 24 counties have seen more than a 20 percent decline in employment.<sup>12</sup> Those decreases are not because of a sudden unwillingness to work, but because jobs were eliminated and have not been replaced. The shortage of jobs is likely to exacerbate the extent to which work requirements result in losses of coverage rather than increases in employment.

Other Kentuckians face significant barriers to better employment including a criminal record, lack of education and training, inability to afford transportation and other hurdles. Absent a more comprehensive solution to create jobs and remove barriers, measures to make health coverage contingent on certain activities will result in fewer people covered.

#### *Premiums are a barrier to coverage*

According to an extensive body of research, premiums create a barrier for health coverage for many low-income individuals. For instance, Oregon received approval in 2003 to increase the premiums it charged participants in its Medicaid waiver program and also impose a six month lock-out period for non-payment of premiums; a study found that following these changes, enrollment in the program dropped by almost half.<sup>13</sup> Similar effects occurred with programs in Utah, Washington and Wisconsin.<sup>14</sup> All five states that have instituted premiums for their expansion populations have seen either an increase in collectable debt among enrollees, a decrease in enrollment or at the very least an increase in churn in and out of the Medicaid program.<sup>15</sup> Finally, since many employers don't offer coverage, escalating premiums are an ineffective incentive for moving people off of Medicaid on to employer-sponsored health insurance. They become, in effect, a penalty for being poor — especially as they increase over time while wages in low-income jobs remain flat. Escalating premiums are also harmful for entrepreneurs whose businesses often struggle in the early years after start-up; this proposal would introduce a graduating cost to those individuals just as their businesses are getting off the ground.

#### *Instituting a lock-out period will lead to fewer people covered*

A mandatory six-month lock-out for failure to re-enroll on time or to pay premiums on time for a population already struggling with low wages will almost certainly leave people without coverage. As of April of this year, Indiana had not publicly revealed how many people had been shut out of health coverage through their lock-out period, but given the thousands who had been disenrolled for failure to pay premiums, it is likely that the ranks of uninsured adults have swelled.

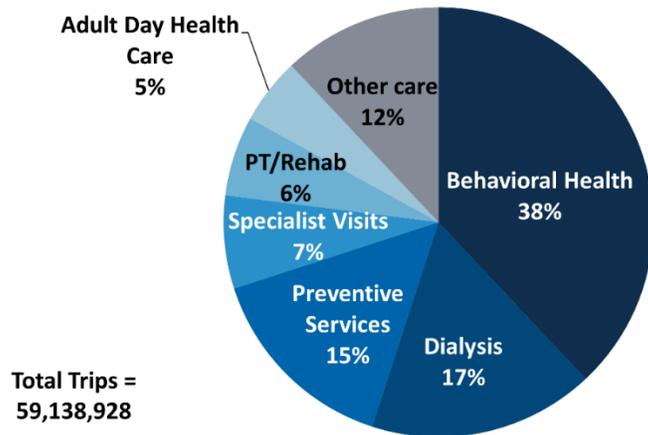
#### *Reducing some benefits is another method of reducing coverage*

The waiver proposal refers to benefits such as vision and dental coverage as “enhanced benefits” that people should earn back rather than be guaranteed. This stance reflects a dangerous departure from the recognized impact that oral and vision screenings and preventative care play in maintaining health as a whole. Though modest in cost, these benefits are a critical part of Medicaid coverage.

In addition, removing retroactive coverage and non-emergency medical transportation (NEMT) will create added barriers to coverage and the utilization of coverage. By eliminating retroactive coverage, there is risk of individuals facing unpayable bills, which would be further aggravated by the fact that they will owe premiums. Getting to and from treatment, especially in rural parts of the state, is often a challenge, which is why NEMT is such an important component of our state's healthcare success. In two expansion states (Nevada and New Jersey) adults who newly received coverage through Medicaid and used NEMT did so largely (40 and 30 percent respectively) to get to treatment for mental illness and substance abuse.<sup>16</sup> Removing this benefit would limit effective coverage for many Kentuckians who have difficulty with personal transportation, and could exacerbate drug abuse and mental health problems already rampant across the Commonwealth.

Figure 1

## Medicaid Non-Emergency Medical Transportation Trips in 32 States, by Treatment Type (Nov. 2015 year-to-date)



SOURCE: LogisticCare Solutions, *Medicaid Gross Trips by Treatment Type* (Nov. 2015) (data available for 32 states).



### 2. Will it increase access to, stabilize and strengthen providers and provider networks available to serve Medicaid and low-income populations in the state?

Provider networks and providers will likely become even less available to those covered by Medicaid and low-income populations in Kentucky under this waiver. Specifically, in the case of vision and dental providers who already receive low reimbursement rates for the services they provide to Medicaid recipients, making coverage for such services contingent upon community engagement activities and healthy behavior incentives will likely reduce the number of people who use such services. It is likely that providers will no longer see it as worthwhile to continue accepting such inconsistent coverage.

Moreover, healthcare providers who serve patients that have a blend of employer-sponsored health-insurance and Medicaid, as the waiver would promote, will have to determine which insurer to bill, and create systems to be able to make those determinations. This will add more administrative overhead and inefficiency in delivering care. Some small, vulnerable providers may have to discontinue accepting Medicaid coverage because they are unable to afford the added administrative costs.

### 3. Will the waiver improve health outcomes for Medicaid and other low-income populations in the state?

Reductions in the number of people covered by Medicaid, disincentives for using benefits and the elimination of dental and vision coverage will not lead to healthier Kentuckians. The idea that community engagement activities, cost-sharing measures and financial or health literacy courses will result in better health outcomes is not supported by evidence. However, higher rates of coverage have been associated with better health outcomes, particularly those that can lead to early diagnosis of preventable conditions.

#### *Dental and vision coverage are critical to wellness*

Though the waiver refers to these benefits as “enhanced,” they should be viewed as necessary, basic benefits essential for health. Both of these routine services offer critical opportunities for specialized early diagnosis and preventative treatment that often cannot be offered in a primary care appointment. Such care is especially needed because Kentucky already has poor oral health and significant vision

impairment, and because routine appointments with dentists and optometrists save money and sometimes lives.

The American Dental Association recommends that good oral health requires a minimum of one cleaning and check-up per year. The 2013 Kentucky Health Issues Poll found that individuals are much more likely to see a dentist if they are insured, or well off.<sup>17</sup> Only 43 percent of uninsured Kentuckians saw a dentist in the past year, versus 70 percent of those who were insured.

Kentucky's oral health reflects its low levels of dental care, and reducing access would only worsen these problems. A study by the Center for Health Workforce Studies shows:<sup>18</sup>

- Kentucky ranked eighth in 2012 for adults who had a tooth extracted because of tooth decay or gum disease.
- Kentucky ranked 5th in 2012 for adults 65 years or older who had 6 or more teeth extracted for the same reasons. While this population is largely covered by Medicare, tooth decay is a long-term preventable condition that would have started much earlier.
- Similarly, for Kentuckians aged 65 or older, 23.5 percent had untreated dental cavities, 19.3 had oral pain within the last 3 months and 22.1 percent had trouble chewing food.

Low-income Kentuckians are disproportionately affected by bad oral health. For instance, 28 percent of low-income Kentuckians surveyed by the American Dental Association in 2015 said the appearance of their mouth and teeth affects their ability to interview for a job, versus 17 percent of middle and high income Kentuckians. They were also more likely to report that life was less satisfying because of a dental condition and were more likely to have problems like dry mouth, difficulty biting and chewing, pain, avoiding smiling, embarrassment, anxiety, problems sleeping, reduced social participation, difficulty with speech, difficulty doing usual activities and taking days off from work due to oral conditions.

Although poor dental health can be debilitating on its own, there are several ways in which oral health is connected to more serious health problems. Problems with oral health have been linked to diabetes, stroke, adverse pregnancy outcomes and cardiovascular disease. Dental cavities left untreated often lead to secondary infections that can become life-threatening. Routine oral exams often lead to early detection of other diseases that display symptoms in the mouth, enabling less costly diagnosis and treatment.

Medicaid's provision of dental coverage is cost effective. Trips to the emergency room (ER) for dental-related conditions (which are covered by Medicaid) are expensive and often preventable through routine dental visits. Dental-related ER care is at least 3 times as expensive as a dental visit – \$749 for non-hospitalized care.<sup>19</sup> States that report ER visits show large numbers of patients who receive costly care for conditions that could have been prevented in a dentist's office.<sup>20</sup> Medicaid is the primary payer for 35 percent of all dental-related ER visits, which amounted to \$540 million in 2012,<sup>21</sup> but it only makes up 28.1 percent of non-dental-related ER visits. According to Pew, when California ended its dental care for 3.5 million low-income adults in 2009, ER use for dental pain increased 68 percent; in 2014 adult dental benefits to eligible Californians were restored.

ER visits do not typically treat the underlying dental disease, so issues like infection can reoccur, leading to costlier and repeated emergency room visits. Dental pain is also the leading gateway to opioid addiction, and doing more to prevent such pain is critical to addressing Kentucky's drug problem.

Dental care is relatively inexpensive as a Medicaid benefit. Given current Medicaid spending per patient, utilization rates and reimbursement rates in states that offer dental benefits, the Health Policy Institute estimated that it would cost an extra 0.7 percent to 1.9 percent for the other states to begin offering that benefit.<sup>22</sup> In 2014, the 29 states that offered some dental benefit through Medicaid collectively spent \$10.1 of \$327.5 billion on dental care. This means only three percent of Medicaid expenditures were spent on dental care.

Likewise, the health consequences of eliminating vision coverage for routine screenings would likely be significant. The Centers for Disease Control notes early detection, diagnosis and treatment can prevent significant loss of vision, and “people with vision loss are more likely to report depression, diabetes, hearing impairment, stroke, falls, cognitive decline and premature death.”<sup>23</sup>

In Kentucky there are an estimated 192,060 people who are either blind or have serious difficulty seeing even when wearing glasses, according to 5 year estimates of the 2014 American Community Survey. This represents roughly 1 in 20 Kentuckians who aren't in an institution like a nursing home. On a county level, vision impairment ranges from 1.5 percent in Gallatin county to 12.7 percent in Pike county.

Because diabetic retinopathy — or vision loss from diabetes — is a leading cause of blindness, early detection of diabetes often starts in an optometrist's office. Other conditions like glaucoma and cataracts are also often detected early during annual vision screenings, before they become more difficult and costly to treat.

The current Medicaid vision benefit in Kentucky is modest, and only covers exams and diagnostic procedures at optometrist and ophthalmologist offices. Glasses (lenses, frames and repairs) are only covered for Kentuckians up to age 21, so most Kentucky adults are still responsible for buying their own eyewear and contacts out of pocket.<sup>24</sup>

In the administration's waiver proposal, beneficiaries could “earn back” vision and dental benefits by completing “specified health-related or community engagement activities.” But evaluations of similar incentive programs in Iowa and Michigan suggest few people likely would earn such incentives, leading to a big drop in the number of people with coverage.<sup>25</sup>

*Lower rates of coverage will result in poorer health outcomes*

Findings from the ongoing Oregon Health Study show Medicaid beneficiaries were less likely than those without insurance to suffer from depression and more likely to be diagnosed with and treated for diabetes. Those with Medicaid were also far more likely to access preventative care such as mammograms for women.<sup>26</sup> Another study found that 5 years after 3 states expanded Medicaid, expansion was associated with a 6.1 percent reduction in mortality.<sup>27</sup> Recipients were also more likely to report that their health was “excellent” or “very good” and less likely to report delaying care due to costs.<sup>28</sup> With the recent increase in screenings and other forms of preventative care in Kentucky, we can expect similar results. But as coverage is either taken away in the case of dental, vision or lock-out periods, or made less available in the case of premiums and work requirements, health outcomes will almost certainly decline.

**4. Will the waiver increase the efficiency and quality of care for Medicaid and other low-income populations through initiatives to transform service delivery networks?**

The waiver proposal would increase inefficiencies and add costs by creating complex new bureaucratic systems to track payments, activities and other elements that will shift dollars away from care and are likely to cost more than the revenue that is generated. While cost savings is stated as a primary purpose for submitting this waiver, it is not a sufficient criterion for an acceptable waiver on its own. Further, proposed changes would likely not even save money other than by reducing the number of people covered under the program — which could result in higher costs in the long-term as more Kentuckians are treated in the emergency room for expensive conditions that could have been managed through earlier intervention.

*Added administrative costs and bureaucratic complexities will be expensive and inefficient*

Creating new requirements for premiums means creating state administrative structures to bill, collect, track, answer customer questions and otherwise administer the program, including tracking expenditures against each enrollee's income to ensure that premiums collected remain under federal caps. Also, the state must set up systems to manage two Health Savings Accounts (HSA) for each individual in the program (a deductible account and a “MyRewards” account), including tracking activities that earn credits

and making payments between, into and out of the accounts. This tracking would require either expanded state government structures, or having the state contract (and oversee) the service to a third party.

Other states have examined the costs of collecting premiums in Medicaid programs and found the costs of collection typically exceed revenue collected. For example, several years ago Virginia introduced \$15 monthly premiums to some families, but cancelled the program when the data showed the state was spending \$1.39 to collect each \$1 in premiums.<sup>29</sup> Arizona concluded even if it charged the maximum allowed premiums, it would cost four times more to collect them than the value of the collected funds.<sup>30</sup>

Another layer of complication arises from the fact that 31.7 percent of Kentucky households with family income under \$15,000 are unbanked, according to the Federal Deposit Insurance Corporation.<sup>31</sup> This makes collecting premiums even more difficult as traditional modes of making payments will not work for a significant portion of low-income households.

Regarding HSAs, the Urban Institute's analysis concluded, "HSAs for the poor are highly likely to be administratively inefficient. The amounts collected from individuals would be small relative to health care costs. Because there are large numbers of individuals in these programs, there would be a relatively large number of small monthly transactions. Similarly, the money that flows out of these accounts, also small amounts each time a service is used, would have to be managed.... Although these payments may lead to lower enrollment rates and more disenrollment, it is unlikely they will lead to more appropriate use of care by enrollees."<sup>32</sup>

Beyond collecting premiums and HSA contributions, new systems for assessing, certifying and tracking work or community engagement activities, financial literacy courses and health literacy courses will have to be created and managed. The state will then have to maintain a database that is able to affirm and record that members participated in some activity so that they can get credit in their "MyRewards" account. Then there will need to be some way of determining appropriate uses of those funds as enrollees make various health-related purchases. This will add significant bureaucratic inefficiencies and cost to the existing program.

For the premium assistance component of the waiver, yet another system will need to be created in order to track what benefits are being offered through employer-sponsored health insurance plans so the state will know what additional wrap-around services it will need to provide to satisfy all the guaranteed benefits of the Medicaid program. This will require reporting from insurance companies, a database for tracking benefit coverage for employees and ongoing monitoring for any changes that occur during open enrollment each year. It will also require that providers be knowledgeable about which program to charge for the services they perform – a patient's employer sponsored health insurance plan, or the Managed Care Organization (MCO) offering the remainder of the benefits.

*With less preventative care, costs will increase over time*

Limited access to or use of preventative care is likely to add greater costs in emergency room care and in other more expensive treatment as otherwise preventable conditions worsen over time. Cutting access to early screening and detection will result in more significant health problems that go undiagnosed and untreated. Again, as was demonstrated in California, when dental benefits were cut they saw a 68 percent increase in ER usage for dental pain. As people are disenrolled without other forms of coverage, they are more likely to use care without being able to pay for it – resulting in more uncompensated care for which hospitals will seek payment.

## **Conclusion and recommendations**

The Kentucky Center for Economic Policy seeks to improve the quality of life for all Kentuckians. We believe in policies that help create communities where everyone can thrive. To that end, we support the purposes and criteria of a Medicaid 1115 waiver as stated by CMS. That is why we are so concerned about the vast majority of the provisions in Kentucky's proposed waiver. It is not only misaligned to the criteria of a demonstration waiver, in many cases it stands in opposition to them. Some elements of the waiver such as boosts to substance abuse treatment, chronic disease management and renegotiated

contracts with MCOs are laudable, but either don't require a demonstration waiver specifically, or don't require waiving a part of the Social Security Act at all. We encourage the administration to continue to pursue these goals separate from the current proposal.

Work/community service requirements; premiums (including an escalation of premiums over time); reductions in coverage and benefits including loss of vision, dental, retroactive coverage and non-emergency medical transportation; lock-out periods for failure to pay premiums and for missing re-enrollment deadlines; blended employer-sponsored insurance; and complex administrative and compliance structures are real threats to the historic gains in health our state has recently experienced. For the first time in recent memory, Kentucky is heading in the right direction on health, and it would be a major mistake to go backwards now. We respectfully ask that the aforementioned features of the waiver be removed prior to its submission to the Department of Health and Human Services.

*The Kentucky Center for Economic Policy is a non-profit, non-partisan initiative that conducts research, analysis and education on important policy issues facing the Commonwealth. Launched in 2011, the Center is a project of the Mountain Association for Community Economic Development (MACED). For more information, please visit KCEP's website at [www.kypolicy.org](http://www.kypolicy.org).*

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<sup>2</sup> Center on Budget and Policy Priorities, "Policy Basics: Introduction to Medicaid," June 19, 2015, <http://www.cbpp.org/research/health/policy-basics-introduction-to-medicaid>.

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July 22, 2016

Commissioner Stephen Miller  
Department for Medicaid Services  
275 E. Main Street  
Frankfort, KY 40621

Dear Commissioner Miller,

The Campaign for Tobacco-Free Kids is pleased to submit comments to Kentucky's Department for Medicaid Services on its proposal for a Section 1115 waiver to run a Medicaid demonstration project, Kentucky Helping to Engage and Achieve Long Term Health (Kentucky HEALTH). The Campaign for Tobacco-Free Kids is the nation's largest non-profit, non-governmental advocacy organization solely devoted to reducing tobacco use and its deadly toll by advocating for public policies that prevent kids from smoking, help smokers quit and protect everyone from secondhand smoke.

We appreciate the opportunity to provide comments on the tobacco cessation provisions in the Kentucky HEALTH proposal. While we are pleased that the proposal includes coverage for tobacco cessation treatment, we are concerned that it contains vague and conflicting language that makes it impossible to determine which tobacco cessation services are covered. Further, the proposal includes provisions that could limit patients' access to care.

The Administration's proposal rightfully identifies Kentucky's high smoking and cancer rates as major challenges facing the state. Indeed, tobacco use inflicts a tremendous burden on the state's health and economy. Tobacco use is the leading preventable cause of death in the state. More than 400,000 Americans die each year because of tobacco use, including 8,900 Kentuckians. Kentucky ranks second highest in the nation for smoking - over 26% of Kentuckians smoke, far above the national smoking rate of 16.8%.<sup>1</sup> Medicaid beneficiaries are much more likely to use tobacco than the general population and costs to treat tobacco-caused disease are a significant driver of overall Medicaid costs. In Kentucky, tobacco use costs nearly \$2 billion in health care costs *each year*, including approximately \$590 million in state Medicaid expenditures.<sup>2</sup>

Because the human and financial cost of tobacco use is so high, we need to do everything we can to prevent and reduce tobacco use. Nearly 70 percent of U.S. adult smokers report that they want to quit.<sup>3</sup> Unfortunately, many tobacco users do not have access to proven interventions that would greatly enhance their chances of success and, because of the addictive power of nicotine, most smokers fail when they try to quit smoking on their own. Fortunately, there are proven ways to help smokers quit. Research demonstrates that use of FDA-approved medications combined with counseling can significantly improve cessation rates. Tobacco cessation treatments, including seven FDA-approved tobacco cessation medications and counseling (in-person, group, and telephone) have received an 'A' rating by the United States Preventive Services Task Force (USPSTF).<sup>4</sup>

In addition, tobacco cessation services are cost effective. In 2006, Massachusetts' Medicaid program (MassHealth) initiated a program to provide tobacco cessation treatments (tobacco cessation medications and counseling) to smokers. A 2012 study shows that Massachusetts saved more than \$3 for every \$1 it spent on services to help beneficiaries in the state's Medicaid program quit smoking.<sup>5</sup> These savings are conservative as they do not include long-term savings, savings that may occur outside the Medicaid program, or savings beyond cardiovascular-related hospital admissions. An earlier study found that after Massachusetts implemented this program for all Medicaid beneficiaries, the smoking rate among beneficiaries declined by 26 percent in the first 2.5 years.<sup>6</sup>

A review of the Kentucky HEALTH proposal and the Kentucky Employee Health Plan (KEHP) raises questions about the extent of tobacco cessation coverage for newly eligible Medicaid beneficiaries. The proposal contains conflicting language which makes it impossible to determine which tobacco cessation services will be covered. The Kentucky HEALTH proposal indicates that it will cover preventive services that received an "A" and "B" grade by the USPSTF (p. 22), but does not clearly indicate that it includes access to the full array of tobacco cessation services, including counseling and pharmacotherapy, that the USPSTF indicates are effective. Further, the proposal states that smoking cessation counseling services will be limited to "telephonic and online health coaching." (p. 22). The proposal also indicates that Kentucky HEALTH "benefits for the expansion population will be aligned with the commercial market State Employees' Health Plan." (p. 20). The state employee health plan appears to cover weekly group counseling sessions for up to 8 and 13 weeks, depending on the program selected, and coverage for a proactive telephone counseling program.<sup>7</sup> The state employee health plan also includes coverage for some FDA-approved over-the-counter nicotine replacement therapy medications, but not all medications found to be effective.

We strongly recommend that a comprehensive tobacco cessation benefit, including the evidence-based tobacco cessation services (i.e., individual, group and phone counseling and both prescription and over-the-counter tobacco cessation medications) recommended by the U.S. Preventive Services Task Force be available to all newly eligible Medicaid beneficiaries. It is important to provide the array of services because quitting is difficult, and no one method of cessation assistance works for everyone. Tobacco users are more likely to succeed in quitting if they have access to the combination of medications and counseling that addresses their unique challenges.

It is important to describe the benefit in clear and consistent language. Health care providers and beneficiaries need to know what services are covered. The proposal should clarify that "tobacco cessation interventions" include coverage of both counseling sessions and FDA-approved medications. If online health coaching is an additional benefit, that should be clarified. Tobacco users need to be encouraged to use cessation services, and lack of clarity about cessation coverage will result in confusion among both health care providers and consumers, leading to fewer successful quit attempts.

We are also concerned that the Kentucky HEALTH proposal creates barriers to care by requiring premiums to access coverage and by penalizing non-payment with co-payments and service cut-offs. Barriers such as cost-sharing limit access and utilization.<sup>8</sup> Research shows that costs, even small costs, can be a significant barrier to accessing coverage for low-income individuals.<sup>9</sup> This is a reason why ACA requires no cost-sharing for preventive services. Covering these services with no cost-sharing will

encourage tobacco users to utilize cessation services that increase their chances of quitting and reduce health care costs associated with tobacco use. We urge the Administration to reconsider its decision to erect these counter-productive barriers to care.

Enhancing access to tobacco cessation services will improve health and help rein in health care cost growth. During this time of increasing health care costs and economic uncertainty, preventing tobacco use and helping more tobacco users to quit is a critical investment. To save lives and money, we recommend that Kentucky ensure that all newly eligible Medicaid beneficiaries have access to comprehensive evidence-based cessation services without barriers.

Thank you for the opportunity to provide these comments.

Sincerely,



Amy M. Barkley  
Regional Advocacy Director, Kentucky  
Campaign for Tobacco-Free Kids

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**RAISING  
WOMEN'S  
VOICES**  
for the health care we need



July 22, 2016

The Honorable Matt Bevin  
Governor  
State of Kentucky  
700 Capitol Avenue, Suite 100  
Frankfort, Kentucky 40601

The Honorable Stephen Miller  
Commissioner  
Kentucky Department for Medicaid Services  
275 E. Main Street  
Frankfort, Kentucky 40621

Dear Governor Bevin and Commissioner Miller,

Raising Women's Voices for the Health Care We Need is a national initiative working to ensure that the health care needs of women are addressed. We have a special mission of engaging women who are not often invited into health policy discussions: women of color, low-income women, immigrant women, young women, women with disabilities and members of the LGBTQ community. We have 30 independent regional coordinators in 28 states, including Kentucky Health Justice Network.

Kentucky Health Justice Network supports Kentuckians towards achieving autonomy in our lives and justice for our communities. We advocate, educate, and provide direct services to ensure all Kentucky communities and individuals have power, access, and resources to be healthy and have agency over our lives.

We write today urging you not to pursue a waiver-based Medicaid expansion with provisions that will particularly harm the women you represent.

Women live in poverty at higher rates than men do and are much less likely than men to have employer-provided insurance in their own names.<sup>i</sup> Thus, even women with insurance are at greater risk than men of losing it following changes in their relationship status or in the family coverage offered by their spouse's employer. Unsurprisingly, women are more likely to fall into the Medicaid gap than men, and women of color are particularly vulnerable. In 2013, prior to expansion, a quarter of Black women and a third of Latina women were uninsured.<sup>ii</sup>

At the same time, women are more likely to face non-cost barriers to care. More than one in four low-income women (26%) delayed getting needed health care or skipped it altogether because they couldn't get time off of work, while one in five women with children (19%) did so because they couldn't find child care.<sup>iii</sup> These factors make women more vulnerable to the policy changes you have proposed.

## **1- Premiums and Copays**

A number of studies dating back to the 1970s have clearly documented the impact of even small premiums and “cost-sharing” requirements such as co-pays on access to care among low-income populations. For example, a 2004 study of Utah’s pre-ACA Medicaid waiver program found that requiring individuals below 150% FPL to pay a yearly fee of \$50 forced roughly one out of every 12 participants to drop out of the program after one year.<sup>iv</sup> Although the Utah study did not break out affordability concerns by gender, women made up a disproportionate share of the total disenrolled population (55%).

These cost-shifting provisions are often framed as “skin in the game,” a way to prevent beneficiaries from getting care they don’t really need. But this population already faces significant non-cost barriers to care that force them to delay or skip treatment. Cost-shifting is not only a solution in search of a problem for this population, its practical effect is to prevent low-income households from accessing the care they really do need, turning manageable health problems into costly emergencies. A 2003 review of relevant literature found that even small premium increases led to dramatic drops in enrollment and that cost-sharing resulted in foregone treatment and greater hospitalization and emergency care.<sup>v</sup>

These costs are felt even more strongly by women—who earn less, have fewer financial resources, and are more likely to be taking care of family members. Not surprisingly, then, significantly more women than men are forced to forgo care when costs increase.<sup>vi</sup>

Thus, the evidence strongly suggests that strict premium requirements will prevent women from accessing much-needed care, unwind Kentucky’s significant gains in reducing the uninsured rate, and ultimately imposing higher costs on society in the future.

## **2- Non-Emergency Transportation**

Traditional Medicaid covers the costs of non-emergency transportation to Medicaid-covered services, for example, covering the costs of a shuttle to a doctor’s appointment or a taxi cab to kidney dialysis. Researchers have found that providing this benefit is highly cost-effective over the long-run, ensuring that patients are able to access the kinds of routine and preventive services that mitigate the need for more expensive emergency care and hospitalization.<sup>vii</sup>

In keeping with the gender disparity in overall poverty rates, a 2005 study by the National Academies of Sciences, Engineering, and Medicine found that the “transportation-disadvantaged” population was “disproportionately female (62.8% female versus 51.9%).”<sup>viii</sup> And in a study conducted in 2013 prior to Medicaid expansion, the Kaiser Family Foundation found that nearly one in five low-income women nationwide (18%) cited transportation problems as a reason for forgoing medical care.<sup>ix</sup>

## **3- Work Requirements**

Using the waiver process to link work requirements to Medicaid eligibility, benefits, or cost-sharing will do little to increase employment. Not only are a majority of Kentucky’s Medicaid beneficiaries already working, from a public health perspective, it makes little sense to deny coverage that helps prevent the spread of disease, allows the mentally ill to access care, and

ensures that family members are able to care for individuals who might otherwise require more costly services like nursing homes.

But the consequences for women and people of color would be particularly severe. While women and men have had roughly equivalent unemployment rates post-recession, women are far more likely to work part-time or to be the primary caretakers for elderly parents and other family members, making them vulnerable to the kinds of hourly requirements you have proposed. In 2014, for example, women accounted for 66% of the part-time work force and only 41% of the full-time workforce.<sup>x</sup> Likewise, since the 1940s, the unemployment rate among African Americans has been consistently double that of white Americans.<sup>xi</sup>

CMS has already made clear that it will deny all work requirements, affirming that “this is not permitted under the Medicaid program.”<sup>xii</sup> We are alarmed by your ultimatum to deny Medicaid to thousands of currently insured if this provision is not approved, and we strongly urge you to remove these requirements.

In conclusion, we urge you to reject provisions whose impact would be particularly harmful to the women you represent.

Sincerely,

Raising Women’s Voices for the Health Care We Need  
Kentucky Health Justice Network

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<sup>i</sup> “Women’s Health Insurance Coverage,” Kaiser Family Foundation, February 2, 2016, <http://kff.org/womens-health-policy/fact-sheet/womens-health-insurance-coverage-fact-sheet/>

<sup>ii</sup> Eichner A, Gallagher Robbins K, "National Snapshot: Poverty Among Women & Families, 2014," National Women's Law Center, September 2015, <http://nwc.org/wp-content/uploads/2015/08/povertysnapshot2014.pdf>

<sup>iii</sup> Salganicoff A, Ranji U, Beamesderfer A, Kurani N, "Women and Health Care in the Early Years of the Affordable Care Act: Key Findings from the 2013 Kaiser Women’s Health Survey," Kaiser Family Foundation, May 2014, <https://kaiserfamilyfoundation.files.wordpress.com/2014/05/8590-women-and-health-care-in-the-early-years-of-the-affordable-care-act.pdf>

<sup>iv</sup> “Utah Primary Care Network Disenrollment Report,” Office of Health Care Statistics, Utah Department of Health, 2004, <http://health.utah.gov/hda/reports/PCN%20Disenrollment.pdf>

<sup>v</sup> "Health Insurance Premiums and Cost-Sharing: Findings from the Research on Low-Income Populations," Kaiser Family Foundation, March 30, 2003, <http://kff.org/medicaid/issue-brief/health-insurance-premiums-and-cost-sharing-findings/>

<sup>vi</sup> Salganicoff A, Ranji U, Beamesderfer A, Kurani N, "Women and Health Care in the Early Years of the Affordable Care Act: Key Findings from the 2013 Kaiser Women’s Health Survey," Kaiser Family Foundation, May 2014,

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<https://kaiserfamilyfoundation.files.wordpress.com/2014/05/8590-women-and-health-care-in-the-early-years-of-the-affordable-care-act.pdf>

vii "Cost Benefit Analysis of Providing Non-Emergency Medical Transportation," Transportation Research Board of the National Academies, October 2005, [http://onlinepubs.trb.org/Onlinepubs/tcrp/tcrp\\_webdoc\\_29.pdf](http://onlinepubs.trb.org/Onlinepubs/tcrp/tcrp_webdoc_29.pdf)

viii Ibid.

ix Salganicoff A, Ranji U, Beamesderfer A, and Kurani N, "Women and Health Care in the Early Years of the Affordable Care Act: Key Findings from the 2013 Kaiser Women's Health Survey," Kaiser Family Foundation, May 2014, <https://kaiserfamilyfoundation.files.wordpress.com/2014/05/8590-women-and-health-care-in-the-early-years-of-the-affordable-care-act.pdf>

x "Latest Annual Data," United States Department of Labor, 2014, [http://www.dol.gov/wb/stats/latest\\_annual\\_data.htm](http://www.dol.gov/wb/stats/latest_annual_data.htm)

xi Desilver D, "Black unemployment rate is consistently twice that of whites," Pew Research Center, August 21, 2013, <http://www.pewresearch.org/fact-tank/2013/08/21/through-good-times-and-bad-black-unemployment-is-consistently-double-that-of-whites/>

xii "CMS and Indiana Agree on Medicaid Expansion," CMS.gov, January 27, 2015, <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Press-releases/2015-Press-releases-items/2015-01-27.html>



# Advocacy Action Network

*Kentucky Mental Health Coalition* ♦ *Kentucky Medicaid Consortium*  
*Kentuckians for Health Care Reform* ♦ *United 874K Disabilities Coalition*

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July 22, 2016

Commissioner Stephen P. Miller  
Kentucky Department for Medicaid Services  
275 East Main Street  
Louisville, KY 40621

Dear Commissioner Miller,

RE: Proposed Medicaid 1115 Waiver – Kentucky HEALTH

On behalf of the coalitions and organizations represented by the Advocacy Action Network, I am submitting our collective comments regarding the Administration's proposed Medicaid 1115 Waiver – Kentucky HEALTH. We appreciate having had the opportunity to participate in the public hearings on this issue, as well as to submit written comments for the Administration's consideration. We urge the authors of the waiver proposal and their staff members to take the time necessary to carefully review the feedback that they have received and to give strong consideration to revising the waiver accordingly.

I have attached a sheet at the end of these comments which describes the coalitions gathered under the Advocacy Action Network (AAN) umbrella. As you can see from their descriptions, the organizations and their members, as well as individuals associated with the various coalitions, have as their goal improving the health of all Kentuckians, with a particular emphasis on those who are most vulnerable...those with disabilities of any kind, but particularly with behavioral health issues, and those without access to care.

AAN has been engaged in health care reform since the early 1990's and has tried to be an active and contributing member of any and all discussions initiated by various Administrations, legislative bodies, task forces or community forums which have as their goal the improved health and quality of life of Kentuckians. Our members and their organizations have spawned other working groups, committees, organizations and even coalitions to carry on that work. So, we bring to the table many, many years of activity and a wide range of input to advocate for and to strengthen services and supports, access to quality health care, the full continuum of behavioral health services, consumer/patient-centered care and the elimination of barriers and disparities. With that background in mind, we bring to you these comments:

- The Kentucky HEALTH waiver's goal is to improve health outcomes for all the Kentuckians which it serves.

We absolutely share that same goal. However, the Administration has repeatedly stated that the current Medicaid Expansion has failed "to move the needle" on improving health in Kentucky. We see the starting point quite differently. Medicaid Expansion has been good for Kentucky's health. It has provided health care access to nearly 500,000 Kentuckians who were previously uninsured and without health care, many for a long time. And Kentuckians have taken advantage of their coverage in record numbers to access preventive care, screenings,

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teeth cleanings, mental health services and follow-up care. Kentucky's overall health ranking among the states has risen by 3 places. While we would all agree that we still have significant health challenges, Kentucky is healthier since Medicaid Expansion.

There are many contributing factors to Kentucky's poor health status, and sadly, there is no simple cure. Kentucky's healthcare problems will not be fully addressed until we tackle the social determinants of health, particularly poverty. With poverty comes substandard or no housing, little or no access to nutritious foods, neighborhoods or communities with polluted air and no place to exercise, etc. Kentuckians also struggle with significant lack of education, illiteracy, and geographical and racial inequities. All of these will need to be addressed to catapult Kentucky's health forward; in the meantime, we must concentrate on coverage and access to care.

- The Kentucky HEALTH waiver will maintain Medicaid Expansion in the Commonwealth.

Once again, we are in agreement with the Administration that Medicaid Expansion should be maintained in the Commonwealth. We believe, however, that coverage and access without barriers are critical elements of Medicaid Expansion that must be maintained. There is no doubt that providing Kentuckians with access to health care – physical, behavioral, dental and vision – is one of the requirements for “moving the needle” on our significant health problems. It is not the only factor needed to improve health, but it is a necessary factor. Health care access without barriers is foundational.

The proposed 1115 waiver puts in place many roadblocks and barriers to Kentuckians keeping the Medicaid coverage and access that they have now, and being able to get the health care services that they need. More than forty years of research, beginning with the Rand Corporation studies in the 1970's, plus experience from many other states, have demonstrated that cost-sharing requirements will reduce the number of individuals who will have and maintain coverage. And without coverage, there is no access.

Maintaining coverage and access is more difficult when retroactive eligibility is removed, as is being proposed by the Administration. Particularly in the behavioral health arena, continuity of care is critical if members are to maintain their treatment regimen and be able to move toward recovery and more productive lives.

- The Kentucky HEALTH waiver also has a goal of engaging Kentuckians in the Medicaid Expansion program in their health and in their communities.

Again, we are in agreement with the goals here, but we disagree with the premised starting point and with the methods of getting there. Let's look at the nearly 500,000 Kentuckians who have enrolled in the Medicaid Expansion to date. They are concerned about their health and many have already taken actions to improve it, as seen in the jump in preventative care and screenings, and the increased number of healthcare visits. Furthermore, the majority of these Kentuckians in the Medicaid Expansion are working, or are care-givers or students.

These individuals in the Medicaid Expansion population are already making significant investments in themselves and in their families. Unfortunately, those who are employed are being paid low wages; they do not have access to employer-sponsored health care or cannot afford what is offered. Those who are caregivers may not have a labelled “dependent” to care for, but they are being pressed into daily service for a spouse, grandchildren, or aging parents in need of support and care.

The proposed waiver would place a significant burden on these individuals in the form of a monthly premium requirement which would escalate over time. This approach fails to recognize that they are already working or are engaged in meaningful activity. It is as if a penalty is being imposed on them for being “working poor”. And the penalty for failing to pay the monthly premium is potentially catastrophic in terms of their health. They would be locked out from care for a six month period. That is too long to go without treatment and medication and will result in deterioration of health and increased use of emergency rooms for problems that can be managed with regular visits to a primary care provider and medications. Rigid denial of care cannot improve an individual’s health, or the state’s.

The psychological literature is replete with studies that demonstrate that positive reinforcement (aka, the carrot) is more effective as a behavior change agent than is negative reinforcement (aka, the stick). We urge the Administration to rethink their approach to behavior change and take a much more positive approach in the proposal.

- The Kentucky HEALTH waiver sets out changes in the current program to assure the sustainability of Medicaid and of Medicaid Expansion.

We are certainly in agreement with the Administration that Medicaid Expansion needs to be “sustainable” in order for it to continue. We disagree with the premise that it is not. Medicaid Expansion has brought in more than \$3B in federal dollars since its inception to pay for health care delivery. Expansion has created at least 10,000 (some would posit more) health care jobs in Kentucky. Long-established studies have found a “multiplier effect” of Medicaid dollars into a state’s economy, most often set at \$7 to \$1. Even taking a much more conservative figure of \$1 of federal money generating a return of \$3.50 in state revenue, Kentucky has seen tremendous financial benefit from the Medicaid Expansion.

The approach taken in the waiver to reduce Medicaid Expansion costs appears to rest in a greatly-reduced number of Kentuckians who would be covered by the program. This is worrisome. Cost-savings cannot be built on the backs of an increasing number of dis-enrolled or uninsured Kentuckians. True cost-savings in the immediate timeframe will come from building efficiencies into the program, in early detection and intervention, less use of the ER, and better care coordination. True cost-savings in the long term will require health system transformation. In the meantime, it would seem to be a bargain for Kentucky to buy \$1’s worth of health care for 5 or 7 or 10 cents.

- The Kentucky HEALTH waiver fashions Medicaid Expansion like commercial insurance to teach Kentuckians how to be insured under employer-based plans.

The Administration’s goal here is an interesting one, and one not typically found in Medicaid programs. We wonder how realistic it is in Kentucky, where jobs are scarce...particularly jobs that pay a living wage and have the option of employer-sponsored coverage at an affordable price. It seems that if these jobs were already available, that more Kentuckians who currently need Medicaid Expansion for their health coverage would be working in those jobs. We would also point out that the commercial health insurers are in business to make a profit, not necessarily to improve the health outcomes of their covered lives.

- The 1115 waiver proposal is clearly inclusive of the full range of behavioral health services.

Kentucky's behavioral health community has long been active in advocating for the full range of services and supports for all Kentuckians who are dealing with these issues. Our advocacy goals have been greatly bolstered by the Affordable Care Act which mandated significant improvements in behavioral health, requiring all coverage plans – Medicaid and private market – to include the full range of behavioral health diagnoses and treatment...and to provide these services at parity or equality with physical health care. We are pleased that the proposed waiver keeps these mandated services in place for all who are included in the waiver. Kentucky has significant mental illness and substance use disorders which need to be treated.

- In addition, the waiver proposes a new treatment approach, made possible by utilizing the IMD Exclusion, to create a number of inpatient substance use disorder (SUD) treatment programs in the Commonwealth.

The additional inpatient or residential services which may be accessed with the relaxation of the IMD exclusion are much-needed across the Commonwealth. We have been told by the Administration in response to our questions about it, that Kentuckians with co-occurring mental illness and SUD will be able to get the help that they need. We request that this be specifically written into the waiver proposal. We are also aware that the proposed program will concentrate on the 54 counties at highest risk for SUD, Hepatitis C and HIV as identified by the CDC. We agree that this is a good start...but it is only a start.

We request that the Administration consider ways of expanding this inpatient or residential SUD treatment option to other areas of the state. Our Advocacy Action Network is happy to continue to work with the Administration on ways to incorporate and support promising practices in behavioral health and SUD treatment across the state. Finally, in light of SUD being the #1 public health issue in Kentucky, we urge the Administration to pursue this IMD waiver program regardless of the status of the overall proposed Medicaid 1115 waiver. Later in these comments, we note the barriers to continued coverage and therefore, access, which the waiver proposal puts into place. These barriers will likely cause individuals who need this expanded SUD treatment to lose their continuing access to these services, disrupting their progress to full recovery.

- It excludes the vulnerable populations of children and pregnant women from any changes in Medicaid benefits or in the way that Medicaid currently works for them.

We agree with the Administration that these vulnerable populations of children and pregnant women should be able to maintain their current Medicaid status, eligibility and benefits...all without any cost-sharing or other requirements imposed upon them. We have been told verbally that foster children and youth up to age 26 are also not affected in any way by the proposed waiver and would ask the Administration to put that exemption clearly in the waiver proposal.

There has been some question about when the "pregnant woman" designation ends for an individual postpartum. We request that this issue be clarified in the waiver, as well as a clarification about whether the woman then goes into the dependent caregiver category and for how long. All parents deserve assurance that they have coverage and access without barriers, as the research is clear that their health is a determining factor in the health of their children.

- The waiver attempts to define a category for the "medically frail" and treats individuals in this category differently from those who are in the "able-bodied" category of Medicaid members.

While we applaud the retention of behavioral health benefits and the potential increase in SUD treatment opportunities, we are extremely concerned about this proposed category of persons deemed to be “medically frail”. While there has been communication that this category would include those with Serious Mental Illness (SMI), Substance Use Disorders (SUD), other disabilities that interfere with a task of daily living, those receiving SSI, and those receiving SSDI, the exact definition and the methodology for applying that definition are not specifically described. We ask that if this category is to be retained in the waiver, that the definition be clarified with more specific language and process.

There is reference in the waiver to the definition of “medically frail” being made by the Managed Care Organizations (MCOs) on the basis of their data. We queried all five of the MCOs, asking how many of their members would be classified as “medically frail”. All of them indicated that they did not currently use that terminology, nor did they have that categorization, and would need much more guidance and directions from DMS in order to be able to make that categorization of their members. There was also the question of whether the “medically frail” terminology was an eligibility determination, in which case it would have to be made by DMS.

Words and descriptions matter and many Kentuckians are uncomfortable with the label “medically frail.” We have heard from Medicaid members who are behavioral health consumers and others with disabilities that they do not consider themselves “medically frail” and don’t like having what seems to be a stigmatizing and pejorative term applied to them. There is also the very concerning issue of whether this definition would also include the 7,000 – 8,000 Kentuckians who are potentially eligible for one of the 1915C waivers, but are on a waiting list for an open waiver slot.

Beyond the problems with the definition and application of the “medically frail” term is the requirement that individuals in this category would be required under the proposed waiver to pay a monthly premium for their coverage. It seems counterintuitive on the one hand to recognize that these individuals struggle every day with a significant disabling condition – or multiple conditions – but at the same time to require them to “put skin in the game” in order to maintain access to needed services and supports!

The Administration’s premise appears to be that these individuals are already being charged copays for their services and medications and so, a monthly premium is less expensive. The reality is that copays have not been charged since the advent of managed care – and before that, were not typically collected by the providers. So these individuals with disabilities – our most vulnerable Kentuckians – have not been required to pay for their Medicaid in recent years, but under the waiver would be burdened with this requirement. If the waiver is not modified to drop the premium payment requirement, then the bulk of these individuals will likely be required to pay a copay for every service and every medication that they need. Consumers have told us that they cannot afford to do that, and would have to forego their health care and their medications.

Further, the logistics for billing and collecting the premiums would prove very difficult for both the “medically frail” individuals and for the state. The majority of these “medically frail” individuals do not have a checking account, often do not open their mail (sometimes for fear that it has anthrax in it), do not always have a stable address and do not have guardians to rely on for help. And the penalty for failing to pay is steep. Requiring co-pays for each health service and for each prescription is unaffordable and will result in these “medically frail” individuals failing to keep appointments or to pick up their medicine. What is the cost then in human

suffering, angst, rapid decline in health status, trips to the ER, and possible hospitalizations? Certainly those costs are far greater than the justification for requiring the monthly premiums. We strongly urge the Administration to drop all cost-sharing requirements for those Medicaid members who are defined to be in the “medically frail” category.

For those other Medicaid members who are not children or foster youth, not pregnant women, and not “medically frail” – the bulk of those in the Medicaid Expansion – we assume that the Administration is terming them “able-bodied”. Again, these are Kentuckians who are, for the first time in many cases, having access to health care services and using them. We have heard from dental and vision providers, from allergists and asthma specialists, from primary care and behavioral health providers that these Medicaid members are engaged and are actively taking care of their health needs – physical, behavioral, oral and vision.

We know that health improves when the whole person is being treated. We have seen it in other states and in pockets of Kentucky where truly integrated care is taking place. This can only happen when the full range of benefits, dental and vision services, are available to all Kentuckians included in this waiver proposal. In a state plagued with toothlessness, cardiovascular disease and diabetes to name a few chronic conditions, the case has been strongly made to keep these critically important annual exams in the benefit package. It is a step backward and not forward toward improved health to do otherwise.

- It proposes changes in the way that the Managed Care Organizations (MCO's) will operate in Kentucky, particularly after January 1, 2017.

We applaud the Administration's stated intentions to do reforms in the ways that the MCOs do business in Kentucky. We have long urged a single formulary across MCOs and consistent Prior Authorization processes and standardized forms to reduce the barriers that Medicaid members and prescribers have in getting the right medication to the right person at the right time. Greater consistency across MCOs in forms and procedures will be a boon to providers and will increase the efficiency of care delivery. We are also supportive of uniform credentialing, and as providers have told us, the current system is time-consuming and difficult.

- KY HEALTH – Helping to Engage and Achieve Long Term Health

Yes, we absolutely share the Administration goal of long-term health for all Kentuckians! We appreciate having the opportunity to share our reactions, concerns, and recommendations with the Administration. We hope they will be received in the spirit of our wanting to build on our successes and to create a more efficient and effective health care system for all Kentuckians. We look forward to the next stage of the process when we will have the opportunity to review the revised proposal as the federal government is also reviewing it. We stand ready to be engaged with the Administration to bring to the table the voices of consumers, family members, advocates and providers to assure that Kentuckians have access without barriers to the care they need to improve their health.



# Advocacy Action Network

Kentucky Mental Health Coalition ♦ Kentucky Medicaid Consortium  
Kentuckians for Health Care Reform ♦ United 874K Disabilities Coalition

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**KY MENTAL HEALTH COALITION (KMHC)** – This coalition was established in 1982 by nine mental health organizations to support collaboration and to speak with one advocacy voice for the prevention and treatment of mental illness and the promotion of mental health. In 2003, the KMHC membership approved a reframed and broadened mission: To bring together the collective voices of consumers, family members, advocates and providers to educate the public, to engage policy makers and to increase the resources necessary to address the Commonwealth’s human service needs while improving the mental health and well-being of all Kentuckians. Voting membership in KMHC is limited to organizations, 80 of which are current members; individuals may also join. The member organizations pay annual dues which vary as to whether they are statewide or local and whether they are advocacy organizations, service delivery agencies or professional associations.

**THE UNITED 874K DISABILITIES COALITION (874K)** – Established in 2001, this coalition seeks to bring together and strengthen the voices of the growing number of Kentuckians (874,000-plus) who are identified as having a disability which interferes with activities of daily living. The 874K Disabilities Coalitions is comprised of organizations representing individuals with disabilities, their family members, advocates, providers and concerned citizens. The advocacy events sponsored by 874K are held in Frankfort during the legislative session with the goal of giving individuals affected by disabilities the opportunity to meet the Governor and key Cabinet officials, their state legislators and staff, and the media. Typical attendance is between 700 and 1,000 individuals from all parts of Kentucky. Sponsorship opportunities for these advocacy events are offered to organizations wishing to contribute to support 874K’s mission and vision for full inclusion of all individuals with disabilities.

**KENTUCKY MEDICAID CONSORTIUM** – This group was initially begun in 2000 to respond to federal threats to significantly cut funding from the federal level to state Medicaid programs. As initially organized, the Consortium worked on both federal and state funding issues, as well as focusing on the need for improved access to quality services. Out of the Consortium meetings grew a coalition with particular emphasis on assuring Kentucky’s children access to healthcare services through KCHIP, and a coalition with particular focus on long-term care issues. After a period of relative inactivity, the Consortium was reorganized and renewed in 2005, in response to the initiative of the Fletcher Administration to draft and file a “super waiver” transforming Kentucky’s Medicaid program. The membership of the Consortium, currently at 70 organizations, is open to any group which endorses the Consortium’s principles; there are no dues for members.

**KENTUCKIANS FOR HEALTHCARE REFORM (KHCR)** – This coalition was organized in 1993 in response to Governor Brereton Jones’ call for bold new initiatives to make health care affordable and accessible to all Kentuckians. KHCR wrote and adopted principles against which all proposals for reform were judged. The Coalition has been recognized by legislators, the administration, insurers, providers, and the media as being the voice of consumers of health care services in Kentucky. The membership of KHCR has included a number of health-related and disabilities-related organizations, as well as faith-based, civic and educational groups. There are no dues for membership. KHCR leadership was instrumental in the lawsuit which recovered \$45M from Anthem to establish the Foundation for a Healthy Kentucky. Currently, KHCR is working closely with *KY Voices for Health* and with the Foundation to increase coverage for Kentucky’s 639,000+ uninsured.

**FOR MORE INFORMATION ON ANY OF THESE GROUPS OR TO RECEIVE EMAIL ALERTS:**

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**BEHAVIORAL HEALTH TAC COMMENTS  
ON PROPOSED 1115 MEDICAID WAIVER – JULY 22, 2016**

**TO:** DMS Commissioner Stephen P. Miller  
**FROM:** Behavioral Health Technical Advisory Committee (TAC)  
**DATE:** July 22, 2016  
**RE:** Comments on Proposed 1115 Medicaid Waiver

At its July 7, 2016 meeting, the Technical Advisory Committee (TAC) on Behavioral Health (BH) reviewed and discussed the Administration’s proposed 1115 waiver and wishes to share these comments with you. As a statutorily-established committee of the Medicaid Advisory Council (MAC), we represent consumers, family members, providers and advocates concerned about Kentuckians with the full spectrum of behavioral health needs. We encourage you to review these comments and to take them into consideration as you revise the proposed waiver before submitting it to the federal government for approval.

The members of the TAC recognize the ongoing commitment in the waiver to the full range of behavioral health services and applaud that! Support for the substance use disorder (SUD) waiver was also expressed, as well as a strong interest in assuring that those with co-occurring SUD and mental illness (MI) would be included in the inpatient or residential programs that are developed and implemented.

The BH TAC is pleased to see that there are managed care reforms included in the proposed 1115 waiver. We have long advocated to DMS through the MAC that there be a single formulary across the MCOs, as well as consistent prior authorization procedures and standardized forms. We welcome these changes in the MCO contracts going forward. The BH TAC members also noted that there continue to be delays in credentialing providers, which are causing potential providers to give up on the process. Uniform credentialing is a priority for the provider community.

The BH TAC expressed a good deal of concern about the terminology of “medically frail” as used in the proposed waiver. Prior to our meeting, we sent a written request to each of the five MCOs with this question:

- Of your currently-enrolled members, how many would be classified as “medically frail?”

The Waiver proposal defines “medically frail” as: “a person with a disabling mental disorder (including serious mental illness), chronic SUD, serious and complex medical condition, or a physical, intellectual or developmental disability that significantly impairs their ability to perform one or more activities of daily living. MCOs will identify high-risk individuals through the health risk assessment and available claims data. Kentucky will develop a process by which individuals may be evaluated and assigned a risk score based on objective criteria, such as specific underwriting guidelines. Individuals with qualifying conditions and scores would be determined medically frail. The State will ensure that medically frail individuals receive the most robust benefits available, including non-emergency transportation.” Testimony at the Interim A&R Committee included a statement that individuals receiving SSI or SSDI will meet the qualifications of being “medically frail.”

Each of the MCOs indicated that they used the term “medically fragile” as defined by DCBS for children with especially complex health needs. The interpretation of the term “medically frail” was inconsistent at best, and in some cases, nonexistent. The MCOs generally stated that they did not use that terminology to assess their members and were unclear about what the exact parameters were in making that assessment. They made it clear that they would have to have much more direction and guidance from DMS about what criteria to use. There was also some discussion at the TAC meeting about whether the classification of “medically frail” would be seen as an eligibility determination; in that case, the determination would have to be made directly by DMS. Much more direction and clarity is required on this issue.

Besides the obvious problems with the definition and application of the “medically frail” label, significant concerns were raised about the requirement that would be imposed on this category of Medicaid members to pay a monthly premium, and if not paid, to make copays for every service and every medication. Those present expressed particular concerns about the expected difficulty in actually collecting premiums – particularly from those with SMI and those with co-occurring SMI and SUD. These individuals do not typically have permanent mailing addresses, don’t open their mail or understand its contents, don’t have a means of making the payment.

Medicaid members have not been paying copays for many years. To require the “medically frail” to make copayments for services and medication if they fail to pay their premium would create a tremendous financial hardship, and would likely result in their dropping out of treatment or failing to get and take their medications. This would result in significant human cost, as well as increased financial costs to the state for hospitalization, incarceration or more intensive interventions to re-start the recovery process.

While the BH TAC was concerned primarily with those having behavioral health issues, they also expressed concern about the removal of dental and vision services from the benefit package for other Medicaid members. These are critically important services for Kentuckians, and ones which frequently lead to the diagnosis of other significant health issues.

The BH TAC has been advocating for greater integration of behavioral and physical health care for Medicaid members since its inception. We urge the Administration to look at this issue and to address ways in which integration could be strengthened going forward.

Thank you for your attention to these comments about the proposed Medicaid 1115 waiver. We are eager to see our concerns addressed in revisions to the plan before it is submitted for approval at the federal level.



## Statement on the Kentucky HEALTH Medicaid 1115 Waiver Proposal

July 20, 2016

### Background and Introduction

On June 22, 2016, Kentucky [Governor Matt Bevin announced](#) the release of [Kentucky HEALTH \(Helping to Engage and Achieve Long Term Health\)](#), a [Medicaid Section 1115 demonstration project](#) proposal. Kentucky has experienced tremendous change over the past few years in an effort to transform its Medicaid program, including a shift to [Medicaid managed care](#) in 2011 and Medicaid expansion in 2014. Kentucky has made national headlines for enrolling Kentuckians in Medicaid and private insurance to achieve one of the two highest drops in uninsurance rate in the country, [from 20.4 percent \(December 2013\) to 7.5 percent \(December 2015\)](#). Kentucky has one of the highest poverty rates in the nation ([about 1 in 5 Kentuckians live in poverty](#)), as well as some of the most [challenging health status](#) statistics in the U.S. Fifty-two percent of Kentucky Medicaid families have at least one [full-time worker in the home](#), and an additional 14 percent have part-time workers in the home. The Foundation has not been able to locate statistics on those working independently or in the informal economy.

Since Kentucky expanded Medicaid, nearly half a million Kentuckians have gained coverage through Medicaid. We have seen an increase in [preventive care utilization](#) by Medicaid enrollees and a drop of 78.5 percent in [uncompensated care](#) (inpatient and outpatient charity and self-pay from rural and urban hospitals, 2013-15) since Medicaid expansion was implemented. Despite such positive gains, concerns over the financial sustainability of Medicaid has led the current administration to consider alternatives for providing access to health care services to low-income Kentuckians. The [criteria](#) that CMS will apply in evaluating whether Medicaid program objectives are met by the 1115 waiver proposal are:

1. Increase and strengthen overall coverage of low-income individuals in the state;
2. Increase access to, stabilize, and strengthen providers and provider networks available to serve Medicaid and low-income populations in the state;
3. Improve health outcomes for Medicaid and other low-income populations in the state;  
or
4. Increase the efficiency and quality of care for Medicaid and other low-income populations through initiatives to transform service delivery networks.

## Public Input

While Section 1115 waivers have been in use long before the Affordable Care Act (ACA), the ACA requires “[opportunity for public comment and greater transparency of the section 1115 demonstration projects.](#)” A [30-day public comment](#) period started on June 22, when Governor Bevin publicly released the proposal. Following submission to CMS, a second 30-day comment period will begin, when anyone can submit comments to [CMS](#). The [Foundation for a Healthy Kentucky](#) agrees that public input is integral to designing a Medicaid program that is responsive to the needs of low-income Kentuckians. To that end, we held a stakeholder convening on May 12 to facilitate a discussion on [components of existing Medicaid 1115 waivers](#) and what they would like to see implemented in Kentucky. A full report of the convening input can be found [on the Foundation’s website](#). Approximately 130 people attended the convening (including physical and behavioral health providers; consumers and consumer advocates; public health professionals; academic researchers; health system representatives; and payers) and provided their input and perspectives.

Some highlights of the input provided include:

1. Participants had diverse perspectives on **cost-sharing and penalties**, from opposing any cost-sharing in Medicaid to proposing specific premium and co-payment amounts. Participants were unified in opposing penalties to enforce cost-sharing provisions.
2. Participants were supportive of implementing **incentives for healthy behaviors** such as smoking cessation and health risk assessments.
3. Discussion of **benefits** ranged from retaining current Medicaid benefits to expanding existing benefits (i.e. expanded substance use treatment) to adding new benefits (i.e. support and assistance for housing, Uber as reimbursable transportation). Participants overall felt that medically necessary services should be covered for all enrollees.
4. Participants spoke of the need to streamline and accelerate the **reimbursement** process for providers; increase reimbursement rates to providers; and add new categories of services and providers to be reimbursed (i.e. community health workers, telehealth and home health).
5. Participants noted the need for **systems improvement** in the current Medicaid delivery and payment system, such as simplifying administrative processes for providers; expanding provider scope of practice; and increasing uniformity and consistency in processes among Medicaid Managed Care Organizations (MCOs).

Participants saw an 1115 waiver as an opportunity for Kentucky to explore new ways of delivering and paying for care and for moving beyond coverage issues to addressing access and quality to really improve health outcomes. Many participants expressed opposition to making any changes to the existing Medicaid expansion program.

## Promising Approaches

A number of [statements](#) and [blogs](#) have already been written about Kentucky HEALTH, noting concern about many of its components. The Foundation released an initial [statement](#) about the waiver on June 22. As referenced in the statement, the waiver contains some positive components that stakeholders at the May 12 convening said they would like to see:

1. Substance use treatment expansion: Through a pilot project, as part of the 1115 waiver, Kentucky will increase access to mental health and substance use disorder treatment services. The project would allow adults to receive residential treatment in institutes for mental diseases (IMD) for up to 30 days. Additionally, the proposal states that Kentucky will adopt [national best practices](#) in pilot communities and will require certain substance use providers to become accredited.
2. Medicaid managed care organization (MCO) reform: The proposal states that managed care contracts will be revised to control cost, improve patient experience, and accomplish population health goals. It also hints at a move from volume-based to value-based reimbursement. MCOs will be required to institute a quality-based bonus program for providers that will align with the health savings account given to some Medicaid enrollees. The changes are geared to align processes and requirements among MCOs, something that stakeholders at the May 12 convening strongly supported.
3. Healthy behavior incentives: Stakeholders attending the Foundation's May 12 convening strongly supported the use of healthy behavior incentives. While there is support for this strategy, it is important to note that research has found [mixed results](#) and we should be careful to implement only those programs that have been shown to benefit Medicaid enrollees' health. Kentucky should look to [other states](#) and existing research to design an effective healthy behavior incentive program to maximize the likelihood of improving health outcomes and decreasing health care costs.

## Areas of Concern

As a [mission](#)-driven organization that is data- and evidence-based in its work, the Foundation also finds areas of concern:

1. Loss of [dental](#) and [vision](#) benefits from core Medicaid package: [Oral health](#) affects overall health and low income Kentuckians [“are disproportionately affected by bad oral health.”](#) The Kentucky Center for Economic Policy believes cutting dental care services could lead to higher health care costs by increased emergency room (ER) use and preventable oral health problems going untreated.

2. No retroactive eligibility: Removing retroactive eligibility will leave Medicaid-eligible individuals without coverage (especially those with chronic conditions) and providers who serve them won't be reimbursed.
3. Monthly premium payments at all income levels: There is evidence that premiums are a barrier to coverage and enrollment for low-income individuals. [A study found that enrollment dropped when premiums were instituted in the Kentucky Children's Health Insurance Program](#). Further, [administrative costs](#) of collecting premiums are often higher than the revenue collected. Will Medicaid managed care organizations be responsible for the administrative cost of collecting monthly premium payments? Will the state provide a family limit on cost-sharing or will families with more than one person on Medicaid have to pay multiple premium amounts each month? What about Medicaid enrollees who are homeless?
4. Monetary penalties for nonpayment of premiums: For those making less than 100 percent of the FPL (\$11,770 or less for an individual), nonpayment of premiums results in copayments of \$3 to \$50. The waiver proposal states that MCOs will no longer be able to waive copayments and will be responsible for collecting copayments and premium payments. Additionally, not only does Kentucky have a high poverty rate, it also has one of the highest rates of families who are "unbanked," with [estimates ranging between one-fourth and one-third of families](#). Stakeholders at the May 12 convening were opposed to penalties for failure to pay cost-sharing.
5. Lockout periods for nonpayment: [A study found that when Oregon implemented lockouts for nonpayment, enrollment dropped](#). More concerning, almost three-fourths of those who were [disenrolled](#) remained uninsured.
6. Lockout periods for not enrolling on time: No other state has implemented lockouts for failure to enroll according to requirements. This increases the risk that low-income Kentuckians will be locked out of needed health care services.
7. Mandatory work and volunteer work requirements: The proposal requires nondisabled adults without dependent children to engage in paid or unpaid work from 5 to 20 hours per week, starting on the fourth month of Medicaid enrollment. Not fulfilling that mandatory work requirement results in suspension of benefits. CMS has [not approved](#) mandatory work requirements in any other state proposal and has indicated that work requirements are [not consistent with the purposes of Medicaid](#). The proposal refers to this component as community engagement and cites evidence that community

engagement is positive for people’s health and beneficial to joining the workforce. [Research](#) on [mandatory work requirements](#) has found that these programs do not significantly increase likelihood of employment beyond program participation, do not decrease likelihood of living in poverty (and in some cases may increase it), and that voluntary programs that provide skill and educational support are more beneficial for low-income participants than mandatory work programs. A [recent study](#) showed that mandatory work requirement could lead to loss of coverage for needy families and individuals. The value of skills training to increase work opportunities is reflected in a recent survey by [Bridging the Talent Gap](#) in Louisville (Kentucky), employers reported that only 44% of high school graduates in the labor pool have the math skills needed to do the jobs available.

The program cited in the proposal ([Maine’s SNAP program](#), which mandates work requirements), has seen a dramatic drop in enrollees in the SNAP program. While this drop is viewed by some as a success in savings for the SNAP program, a similar drop in the Medicaid program would leave many vulnerable Kentuckians uninsured, which is a detriment to enrollees, providers and the state as a whole. Medicaid recipients tend to be sicker and have lower incomes than those with private health insurance. Medicaid has been shown to [improve access to and use of health care, improve self-reported health, and prevent catastrophic medical expenses](#)—all of which are imperative to improving the health and economic well-being of Kentucky. Kentucky should closely review the evaluation data available to select an approach that will benefit low-income individuals and families and avoid harmful consequences. The state also will need to assess the cost and resources needed to create and sustain the necessary infrastructure to implement the proposed work requirement program, as well as the impact on individuals and families. Concern has also been expressed that the unpaid work requirement might supplant paid positions in small and rural communities with limited job opportunities.

8. [Loss of non-emergency transportation \(NEMT\)](#): CMS has stated that NEMT is “an important benefit for beneficiaries who need to get to and from medical services, but have no means of transportation.” Evaluation from Indiana and Iowa so far has been [inconclusive](#) on the effect of removing NEMT from Medicaid benefits. Kentucky should closely review Iowa’s and Indiana’s evaluations once completed to inform the availability of NEMT to Medicaid enrollees. [Studies](#) have found that Medicaid expansion increases access to care in rural communities, and that, specifically, NEMT is important to rural communities, especially when local rural hospitals close.
9. [Diminished smoking cessation benefits](#): The waiver proposal indicates that in-person counseling (individual and group) is no longer included in the Medicaid benefits package. In a state with some of the highest smoking rates and smoking-related death rates in the country, evidence-based therapies should be covered and incentivized through Medicaid and other insurance plans. Further, smoke-free policies should be

considered an integral part of Kentucky's approach to improving health outcomes and lowering health care costs. A [2016 study](#) found that changes in smoking behavior are quickly followed by a decrease in health care costs. The Foundation for a Healthy Kentucky has supported comprehensive smoke-free policies for many years, given the robust evidence of health benefits and cost-savings of such policies as well as broad support of comprehensive smoke-free policies by Kentuckians.

10. Emergency room penalties: Nonemergency use of the ER will carry a \$20 to \$75 fee. These fees are significantly higher than the \$8 maximum currently allowed under [federal regulations](#), and higher than the fees implemented by Indiana through a 1916(f) waiver. Despite commonly held beliefs, studies have found that higher ER use by Medicaid enrollees is driven by "[unmet health needs and lack of access to appropriate settings.](#)" Kentucky should focus on ways to address the systemic access issues rather than create further barriers to care for low-income Kentuckians.
11. Deductibles: [Research](#) on high deductible plans has shown that low-income individuals and families face financial barriers to accessing care when faced with a high deductible. High deductible plans do lower health care spending, however, they do so in part by decreasing health care utilization, including use of necessary and preventive services. While Kentucky HEALTH would provide participants with the deductible amount, Kentucky should consider the impact of the increasing proportion of [high deductible plans](#), and of the added administrative burden, especially for low-income populations, given the unmet health care needs in Kentucky.
12. Rewards account: While the combination of high deductible plans and health savings accounts have continued to attract interest, [research](#) so far shows that this combination is beneficial to higher-income and low medical need populations but could be harmful to lower-income and high medical need populations. Further, health savings accounts and high deductible plans are [limited in their ability to decrease system-wide costs](#), which is where Kentucky needs to focus.
13. Employer-supported insurance (ESI) and premium assistance: [Research on ESI and premium assistance](#) has found that administrative costs of running such a program can be high and not budget-neutral (a requirement of 1115 waivers). Kentucky will need to assess and take into account the administrative cost for providing necessary "wrap around" services not covered by ESI and of covering cost-sharing in ESI that goes beyond that approved for Medicaid. Further, we need to know what portion of the able-bodied

Medicaid eligible population are already employed —full- or part-time —with employers that offer health benefits. It is not clear what proportion of low-income workers in Kentucky have access to ESI. A concern also exists in moving children currently covered by Medicaid or KCHIP to ESI. Medicaid and KCHIP include robust benefits (such as early and periodic screening, diagnostic and treatment, or EPSDT services) that are generally absent in commercial health plans. We should strive to have all children receive the most appropriate health care.

14. Evaluation: The proposal presents some initial ideas for an evaluation plan. It will be important to look at the impact of the new initiatives on those who remain on Medicaid, as well as those who transition onto ESI and those who lose coverage due to new Medicaid cost-sharing, enrollment or work-requirement elements. We will want to know how the changes affect ER use, preventive care, hospitalizations and re-admissions, as well as access to care. Further, given that research has found that [Medicaid improves behavioral health](#) and protects low-income individuals and families from [medical catastrophes](#), it will be important to look at the impact on access to, and unmet needs for, mental health and substance use and the economic impact of Medicaid changes in terms of medical debt and self-reported ability to meet basic needs.

Overall, the Kentucky HEALTH proposal leaves many questions unanswered. Kentucky needs a strong, sustainable and fact-based proposal that addresses the needs, challenges and opportunities of Kentuckians to improve the health and economic wellbeing of the state.

### **Opportunities**

Kentucky approaches the 1115 waiver process from a very advantageous position. Kentucky has been one of the most successful states in terms of enrollment and coverage, attributable primarily to the Medicaid expansion. Data indicates that this increase in coverage is translating to early increases in access to care. However, it takes years to fully realize the potential gains from increased insurance coverage and access to care. Because of Kentucky's current position, an 1115 waiver provides an opportunity to pursue demonstrations to improve access, quality, and equity in health and health care—often referred to as Health Systems Transformation. The Centers for Disease Control and Prevention explains Health System Transformation this way: “The U.S. health system—consisting of public health, health care, insurance, and other sectors—is undergoing a critical transformation in both financing and service delivery. These changes include improving the efficiency and effectiveness of health organizations and services, as well as increasing connections and collaborations among public health, health care, and other sectors.” The 1115 waiver process provides states with an opportunity to explore ways to

do care differently through various health system transformation approaches, assuring sustainability by reducing care delivery costs while improving outcomes.

1. Integrated care (primary, behavioral, and oral health). The Foundation for a Healthy Kentucky has been [committed to and supported](#) efforts for care integration in Kentucky for many years. [Research](#) supports integration of physical, behavioral and oral health to improve access to care, reduce stigma, and improve patient adherence to appropriate care. Through the 1115 waiver and MCO reform, Kentucky can take steps to truly integrate delivery and payment of physical, behavioral and oral health to improve care, health and cost-efficiency.
2. Patient- and community-centered care. While there is still much to be learned from patient-centered approaches, they offer a [promising approach](#) to using primary care in achieving better outcomes, better quality, and lower costs of health care. Further, the Prevention Institute has developed a [Community-Centered Health Home](#) model that incorporates community prevention efforts and resources to address the social context that affects health behaviors and outcomes. Kentucky should look to this model to improve health in a way that incorporates community reality and proven prevention approaches.
3. Population health approaches, including prevention efforts, regulatory action, changes to create healthier environments, and taxation of unhealthy products. A strong example of this is the implementation of smoke-free policies. [Smoke-free policies reduce smoking and prevent some from initiating](#) tobacco use; decreases in [smoking rates translate into improved population health and reduced health care costs](#).
4. Price transparency, including the adoption of an all payers all claims database (APCD) to provide information on prices of medical services and devices as well as quality and outcomes reports. The Foundation for a Healthy Kentucky has supported the development and implementation of an APCD that incorporates best practices for price transparency tools for consumers, providers, policy makers, and researchers. Kentucky already has made tremendous progress in establishing the [Kentucky Health Data Trust](#) and should pursue this option to its fullest potential. For more details about APCD and price transparency, see the Foundation's [issue brief](#).
5. Payment reform, including exploration of bundled payments, capitation, paying for outcomes and other approaches being explored and evaluated. The health care system

in the United States has been moving away from fee-for-service payment to alternative approaches that are more patient-centered, efficient, and reward quality and positive health outcomes. Kentucky can apply [lessons learned](#) so far to support positive health care system changes through payment reform.

6. [Care delivery reform](#), including exploration of expansion of provider scope of practice, better use of health information technology—especially telehealth which holds tremendous promise for rural communities, medical homes, accountable care organizations, care coordination and management strategies, and [community health workers](#)—an approach used in Kentucky and around the world with [success and significant promise](#). Kentucky should continue its exploration of [payment and delivery reform](#) while applying [lessons learned](#) thus far.
  
7. [Health equity](#) as the overriding framework for any payment and delivery reform proposal. The Foundation for a Healthy Kentucky believes that health equity is necessary to achieve the best possible health outcomes in Kentucky. The [ACA provides tools for addressing health disparities](#) and moving toward a health equity approach, where all communities and groups of people have access to conditions, resources, and opportunities necessary for a safe and healthy life. Extensive research proves that health is a result of [multiple factors](#), most outside of the health care system. By [addressing and incorporating the social and economic circumstances in which people live into policy and program development](#), we can best serve the needs and realize the potential of our state. [Policies and programs can be designed to address health equity](#) and the 1115 waiver provides an opportunity to put this into action. Further, there are [economic](#) as well as [health](#) arguments in favor of using a [health equity approach](#).

### **What We Don't Know**

In tailoring a Medicaid waiver program to the challenges and strengths of Kentucky, it is important to start with a clear and shared awareness of who the Kentuckians are that we seek to serve more efficiently and effectively through the waiver. The Foundation has not been able to answer these questions as of this writing, but believe that some answers can be obtained from data already available to the Cabinet for Health and Family Services and the Cabinet for Education and Workforce Development. The MCOs may also have insights on these issues. Working together, answers can be crafted that are tailored cost-effective to their needs and circumstances:

- How many of the current Medicaid recipients would be considered able-bodied adults who are not responsible for the care of dependent children or caregivers for adult family members with disabilities?

- How many of these able-bodied adults are presently employed full time? Of these how many work for employers who offer health insurance to employees and employees' family members?
- How many are working in one or more part-time jobs, or as independent contractors?
- How many of Kentucky's lowest income residents have a permanent place of residence—as reflected by ownership or lease of an apartment, house or trailer?
- How many have access to computers? Cell phones?

## Conclusion

Like so many others, we come to this work with a deep and abiding respect for the worth and dignity of the lives of all Kentuckians. We know that it costs Kentucky less in the long-run (in human and economic terms) for all Kentuckians to be healthy and to have timely access to needed preventive and therapeutic care than to delay or otherwise forego care. Kentucky should carefully consider before implementing elements with [evidence](#) that is mixed or shows potential harm to low-income individuals, or components that have only been deemed effective with high-income and low medical need populations.

Kentucky's Medicaid-eligible population is low-income and faces numerous health and socioeconomic challenges. Our state's commitment to all persons living in Kentucky should be to first "do no harm" and to treat all Kentuckians with respect, dignity and compassion. Medicaid 1115 waivers provide a unique opportunity for innovation and experimentation. Given our success in enrollment and coverage, Kentucky can take this chance to adopt new ways of providing care that limit the risk of vulnerable populations losing coverage or foregoing needed health care, and improve health care's quality, value, and positive impact on population health. Health systems transformation strategies listed above offer opportunities for taking Kentucky's Medicaid program to a next level of best practices.

It will be important to listen to the extensive input provided during the public comment period (including the three public hearings) and to look to lessons learned in other states and from past health services research literature. The [Department of Health and Human Services](#) has given us some indication of how it will review Kentucky's proposal by reiterating that "[\[w\]e are hopeful that Kentucky will ultimately choose to build on its historic improvements in health coverage and health care, rather than go backwards.](#)" Evaluation will be key in understanding how the waiver affects current and former enrollees and providers, and findings should be shared publicly to assure that evaluation informs appropriate course-corrections.

We believe that the opportunity costs for low-income Kentuckians to obtain health coverage and participate in their own health care, and that of their children, are far greater than those of Kentuckians who have higher incomes and benefits; that is their skin in the game. The Foundation for a Healthy Kentucky is committed to addressing the unmet health care needs of Kentuckians by increasing access to care, reducing health risks and disparities, and promoting health equity.





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July 22, 2016

Commissioner Stephen Miller  
Department for Medicaid Services  
275 East Main Street  
Frankfort, KY 40621

*via email -- kyhealth@ky.gov*

**Re: Comments on Kentucky HEALTH §1115 demonstration waiver proposal**

Dear Commissioner Miller,

Thank you for the opportunity to comment on the Kentucky HEALTH proposal. Kentucky Equal Justice Center is non-federally funded poverty law advocacy and research center. We work with multiple community partners on issues affecting low-income Kentuckians.

Although we are a small, policy-oriented watch dog group, during implementation of the ACA we chose to register two staff become Certified Application Counselors for coverage. Almost three years later, we know beyond doubt that hands-on help to consumers made us better policy advocates.

It showed us what worked right, it enabled us to report glitches and problems, and it gave us eyes and ears in the community through outreach and enrollment at diverse sites including Lexington's Village Branch Library and New Life Day Center, a day center for homeless people.

We heard, and often documented in audio and video, the difference that new coverage made in the lives of people we met—from a life-saving cardiac procedure to long-delayed dental care to help for depression.

Given the diversity of people helped by Medicaid expansion, it was not a single story. But throughout, we found that Kentuckians already had the dignity that Kentucky HEALTH claims it will give them and that coverage empowered them rather than making them "dependent."

This letter restates and amplifies my testimony at the Frankfort public hearing. It complements statements by our Health Law Fellow and Health Outreach Worker. Its underlying premise is that health is infrastructure and coverage is both a foundation and an opportunity.

At its heart, this letter expresses concern about the waiver's increased consumer costs, reduced coverage and imposition of pre-conditions that make health care contingent on participating in a set of "learning activities," including features of the waiver proposal that:

- Impose premiums—even below the poverty line—and delay coverage pending payment
- Impose six month lockouts for failure to pay premiums or renew within a time window
- Eliminate dental, vision and non-emergency transportation from the Kentucky HEALTH plan
- Eliminate the protection of retroactive coverage
- Create work or community service requirements as a condition of coverage

Under the waiver, the consequences of a new set of “failures” to learn lessons that Kentucky HEALTH seeks to convey are not low grades on a quiz. Increase in cost and suspension of coverage make them matters of life and health and would place family income and assets in jeopardy.

Taken together, the lessons substitute a set of purposes outside of—and in the details of the waiver, inimical to—coverage and health. To highlight just one example, the notion of “on ramps” during lockout periods is not reassuring. It is an acknowledgement of the possibility of harm. And it places a complex game of chutes and ladders between patients and providers.

### **The 1115 waiver process is standards-based**

Waivers under Section 1115 of the SSA are demonstration projects. They provide a means for states to try something new to better achieve the purposes of programs, with evaluation of the results. The purpose of Medicaid, KCHIP and Medicaid expansion under the ACA is to achieve coverage for low income adults and children who cannot otherwise afford it.

The Kentucky HEALTH waiver proposal is filled with declarations of purpose that are at least a step removed. Examples include statements that the goals are to:

“provide dignity to individuals as they move towards self-reliability, accountability and ultimately independence from public assistance” Section 1

“provide members the tools to successfully utilize commercial market health insurance and eventually transition off Medicaid” Section 1.2

We believe the “welfare dependency” model that pervades the waiver is misplaced. It ignores the diverse circumstances of Kentuckians newly eligible under the ACA, from entrepreneurs launching businesses, to students completing school, to adults on waiting lists for community-based long term care, to caretakers of other family members and Kentuckians working for employers who do not provide affordable coverage.

The model is misplaced in this sense, too: no one can “depend” on medical services. The payments go to providers (who may depend on them). They can’t be spent on rent, food, clothing or school supplies. Because medical coverage does not generate income, it does not create a disincentive to work.

We suggest that the framers of the waiver consider a different premise: health coverage and care are work supports rather than work substitutes.

Finally, we note that the 1115 waivers are not simply the occasion for a battle of wills between states and the federal government. The waiver process is a standards-based process. CMS has published its standards for review on its website. These criteria include assessment of whether the demonstration will do any or all of four things:

1. increase and strengthen overall coverage of low-income individuals in the state;
2. increase access to, stabilize, and strengthen providers and provider networks available to serve Medicaid and low-income populations in the state;
3. improve health outcomes for Medicaid and other low-income populations in the state; or
4. increase the efficiency and quality of care for Medicaid and other low-income populations through initiatives to transform service delivery networks.

Taking just the first two—increase coverage and access—we suggest that multiple elements of this proposal would do the opposite, creating delays in coverage, suspending it and, in particular, creating barriers to dental and vision benefits proven vital to health and workforce participation.

We trust the waiver will be evaluated by CMS based on the merits. The Governor’s statement that he would end Medicaid expansion if his plan is not approved is external to the proposal. It is responsive to none of the criteria above. And if the plan meets the standards on the merits, it’s unnecessary.

### **Coverage is foundational and new coverage is the starting point for analysis**

In testimony before the Medicaid Advisory Council, I pointed out that most of its members are providers. When people are covered, providers can use their knowledge, skills, tools and practices to restore health, improve it, sustain and manage it. When they are not, it gets harder—or doesn’t get done.

Kentucky has done a great job with coverage. The Commonwealth went from over 20 percent uninsured to less than eight percent. Depending on the poll, we’re ranked first or 2<sup>nd</sup> in the nation in the decline in the rate of uninsured. In Franklin County, the site of the hearing, by late last year 4,217 people had enrolled in new coverage through Medicaid expansion. In Lexington and Fayette County, our home county, the number was 22,951, just about the capacity of Rupp Arena.

Kentucky was seen nationally as winner: an attractive “can do” state.

The administration has tried in public statements to diminish the value of this success through use of the disparaging label of “welfare dependency,” by evocation of a stereotype of “able bodied adults” and by casting doubt about sustainability. It argues that predictions of sustainability made by the previous administration are wrong but offers no comparable new analysis of its own.

One thing is clear: the federal funds that would be lost to Kentucky under the waiver far outweigh the state dollars saved.

We suggest that CMS, by its own standards, must take Kentucky’s success with coverage as the benchmark when evaluating whether the waiver would “increase and strengthen overall coverage of low income individuals in the state.” Kentucky’s success simply makes us categorically different from states proposing expanded coverage for the first time—even if limited—through waivers.

If the benchmark—an historic, game changing achievement—is accepted, the plan doesn’t measure up. And, in any case, there is a better way to go than diminishing coverage.

### **Coverage creates the opportunity for health system transformation**

In testimony July 20, 2016, before the Interim Joint Committee on Health and Welfare, representatives of the administration stated that the Kentucky HEALTH waiver is but one prong of a four-pronged strategy, as follows:

- The Kentucky HEALTH 1115 waiver proposal
- A Substance Use Disorder initiative
- New emphasis on disease management
- Reform of Medicaid managed care through renegotiated contracts

The irony of this approach is that three of its four strategic elements seize the opportunity of new coverage to manage toward health, while only one does not: Kentucky HEALTH.

Along with Kentucky Voices for Health, we are fans and supporters of “Health Systems Transformation” that links payment and delivery reform in innovative ways. Examples include:

- Investing in Community Health Workers to help people navigate the health system
- Promoting prevention
- Targeting high utilizers and hot spots for smart management
- Paying to create health teams responsible for episodes of care
- Paying for outcomes rather than volume
- Enhancing oversight through data transparency, including a publicly accessible dashboard

It is true that, toward the back of the waiver proposal, managed care and payment changes are described in general terms. It is good that they are there. Many, perhaps all of them, can be done without a waiver through renegotiation of contracts and redesign of payment systems.

Through the waiver—the first prong of the strategy—the state would put a complex system of “chutes and ladders” between patients, coverage and care, requiring multiple new administrative systems for tracking premiums, work activity, the deductible account and the rewards account.

In short, the waiver would create administrative complexity around coverage. Why not keep coverage simple and go straight to delivery and payment reform?

### **New cost barriers create jeopardy for health and family assets**

Cost barriers are a clumsy tool to manage health. They call on patients rather than providers to distinguish medically necessary from unnecessary care. They have been studied for at least 40 years, since the RAND Corporation Health Insurance Experiment of the 70s and 80s. It is difficult to imagine that anything new can be demonstrated. See Rand [here](#).

RAND studied adult patients at multiple income levels. The research team found that most of the time, for most people, copayments did not reduce medically necessary care. People either found a way to pay them or skipped care without harm. But for low income people Rand found health effects:

“free care led to improvements in hypertension, dental health, vision, and selected serious symptoms. These improvements were concentrated among the sickest and poorest patients.”

Stand that on its head and it means that low-income and sicker people lost access to medically necessary and beneficial care in detectible ways when faced with cost barriers. (Given the removal of dental and vision care to a distance under the plan, the Rand findings appear particularly telling.)

Findings like these have influenced cost sharing policies to be smarter: we refrain from imposing copayments on children, or pregnant women, or for preventive services. But several aspects of the waiver are steps backward. Jeopardy like that found by Rand could occur when:

- Kentucky Health adults fail to pay premiums and are made subject to copayments
- Waiver of copayments is prohibited

- Older and sicker patients needing more services—particularly prescriptions—face multiple copayments each month

Perhaps most disturbing is the imposition of copayments on medically frail individuals. We believe smart disease management means strategic removal of cost barriers to related care. (Some prescriptions in my own plan are free for just that purpose.) We see no provision for that strategy here. The waiver would tie the hands of MCOs to manage toward health through smart management—or elimination—of cost barriers to vital elements of care.

If one can observe the adverse health effects that Rand found with small point-of-service costs, imagine the effect of the two six-month lockouts in this proposal:

- One for participants above poverty who don't pay premiums
- One for participants who don't re-certify within a window of time

Not just a service here and there but all services will be lost. The chance that *medically necessary care* will be lost skyrockets. It's impossible to imagine how that meets the criteria of "improve and strengthen coverage." CMS should not approve lockouts. DMS should remove them. As well, the elimination of retroactive coverage for low-income Kentuckians simply to "teach a lesson" about private coverage falls in the same category and adds financial jeopardy for both providers and patients.

#### **Activity requirements pose a big challenge to nonprofits and communities**

CMS has said it will not approve work or other activities requirements that make coverage conditional upon performance. It is unclear what is achieved by including them in Kentucky HEALTH, other than to heighten an element of brinksmanship in negotiations. And, as stated above, it gets things backwards: coverage supports work.

Meanwhile, the activity requirements pose a big challenge to nonprofits and communities. It's true that under the plan, the requirements would roll out slowly, from pilot counties to more counties. That's probably because a bigger approach defies implementation.

Here's a quick "back of the envelope" calculation:

- About 1.3 million people receive Medicaid
- About 400,000 are adults in the expansion population
- More than half are working
- Many may be exempt as medically fragile

Let's say that 100,000 Kentuckians statewide are covered for a year and have a 20 hour work requirement. That's 2,000,000 hours of work activity in a single week to arrange, track and enforce. And even at a tenth of that size—a small start-up scale of 10,000 Kentuckians faced with the requirement—where do we find:

- 10,000 nonprofits to take 1 volunteer
- 5,000 to take 2
- 2,000 to take 5
- 1,000 to take 10

What will be nonprofits' staff costs, liability costs and administrative and reporting time? Even if people wanted to do it, it's a huge challenge. (The pilot may start small but in a microcosm the nature of the challenge for each participating nonprofit is the same.) We should be concerned about an unfunded mandate on nonprofits, schools, churches and local governments—and about the administrative cost to the state.

### **The public hearing process was flawed**

It is hardly a secret that the U.S. Supreme Court left the decision to expand Medicaid to states. CMS can neither impose Medicaid expansion nor bar it. Yet Governor Bevin has said that CMS will be responsible for the demise of Medicaid expansion in Kentucky should it not approve his plan.

The Governor's statement may represent a "strong" negotiating tactic over a waiver, or a bravura public display of resistance to the federal government. But we suggest that its "take it or leave it" stance may have rendered the state hearing process a nullity—or at least compromised it. The Governor said he had already made up his mind and would greatly diminish coverage if he does not get his way.

We do not know whether low-income people, providers or advocates refrained from comment due to the threat of loss of coverage. Anecdotally, we hear that some did. But we know that the hearing process was troubling in other ways:

- Two of three hearings were held within a week and a day of release of the waiver, limiting time for thorough analysis or careful crafting of comments
- None of the three hearings were held in major urban centers of the "Golden Triangle" formed by Louisville, Lexington and the Northern Kentucky suburbs of Cincinnati, where tens of thousands of people received coverage
- In Frankfort, public testimony was not taken until the "fourth quarter" of the announced two hour schedule from 1:00 to 3:00 p.m. Though the hearing proceeded into overtime, many of the people who had signed up to speak had left.

In Frankfort, the state agency also dominated the first hour and a half of the two-hour scheduled hearing by engaging in lengthy explication of the plan followed by reading of multiple statements from state legislators, all of them from the Governor's party and all reciting similar talking points.

We acknowledge that at the next hearing, in Hazard, Secretary Glisson said that all comments would be considered. We look forward to evidence that was the case. But CMS should evaluate whether a hearing process made under a "take it or leave it" threat can be considered genuine. And, in any case, it should evaluate the proposal on the merits under the standards it has set.

Meanwhile, we are sympathetic to the call by Kentuckians for the Commonwealth for additional hearings, especially in urban areas. And we are deeply impressed by the eloquence and courage of ordinary Kentuckians who spoke up when given the chance. They painted a picture of a diverse, dignified population already deeply engaged in health care.

Sincerely,



Richard J. Seckel, Director



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July 21, 2016

Commissioner Stephen Miller  
Department for Medicaid Services  
275 E. Main Street, Frankfort, KY 40621

Re: AARP Kentucky Comments –  
Kentucky HEALTH 1115 Waiver Application

Dear Commissioner Miller:

AARP is a nonprofit, nonpartisan organization, with a membership of nearly 38 million people that helps people turn their goals and dreams into “Real Possibilities” by changing the way America defines aging. With staffed offices in all 50 states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands, AARP works to strengthen communities and promote the issues that matter most to families such as healthcare security, financial security and personal fulfillment. AARP Kentucky, representing 460,000 members in the state, is Kentucky’s largest organization representing the needs, views, desires, and hopes of individuals age 50 and older.

AARP believes everyone should have access to affordable health care. Indeed, since Kentucky’s Medicaid Expansion occurred in 2014, an additional 428,000 low income adults have gained access to healthcare, funded substantially by federal assistance payments intended to alleviate costs to the state.

We are writing to express our concerns with the proposed Kentucky HEALTH 1115 Waiver that would significantly alter Kentucky’s coverage of individuals up to 138% of the Federal

Real Possibilities

Poverty Level. While there are some positive proposals in the waiver, such as the chronic disease management program, the substance use disorder pilot program, and other incentives for quality care, overall we believe that the proposed waiver may negatively impact many of the 1.2 million Medicaid beneficiaries in the state, including AARP members aged 50 to 64 who often struggle to qualify for or afford quality health insurance coverage.

The issue of healthcare coverage is particularly important to individuals who are over age 50 and not yet eligible for Medicare. These middle-aged adults have been particularly hard hit by the economic downturn in recent years, and often experience unemployment for longer periods than their younger counterparts, or struggle in jobs that don't offer health coverage. The importance of healthcare coverage comes at a critical time when people are beginning to face the onset of health conditions that if left untreated could inevitably increase their need for and use of health and long-term care in the future. The 2014 expansion of Medicaid has given Kentuckians without insurance access to preventive care that can save lives, and has eased dangerous and expensive emergency room overcrowding that hurts all of us.

With this in mind, AARP urges the state to modify the following key areas before a final 1115 Waiver application is submitted to CMS:

**Member Cost Sharing**

As proposed in Kentucky HEALTH, new waiver premiums would be instituted for beneficiaries. Premiums for those with incomes between 101% - 138% of the federal poverty level would begin at \$15 per month for the first two years, and rise to \$37.50 for those who stay on the program for more than 5 years. Although exempting some groups such as pregnant women and children would be an important protection for some of the most vulnerable participants in Kentucky, we are concerned that the proposed monthly premiums could still result in reduced access to needed care. Premiums for individuals with extremely low incomes could result in stressful financial decisions for individuals and

families who are already having trouble making ends meet, thereby making it difficult for beneficiaries to maintain health coverage while affording other everyday essentials.

The institution of monthly premiums would be made more problematic by the proposal that some participants who fail to pay the premium within 60 days would be terminated from the program until overdue premiums are paid. This proposal would be a significant departure from the traditional Medicaid program, in which failure to pay point-of-service co-pays does not result in complete termination of enrollment in the program. The coverage gaps created by terminating enrollees would lead to added uncompensated care costs for providers, an inability of health plans to manage care over time, and poorer health outcomes for enrollees that would likely be more expensive to treat later. The new monthly premium requirement, coupled with the termination provision, would create a sizable barrier to access, participation, and continuity of care. This is especially the case for those who are newly eligible for coverage and may have “pent up” needs for health care.

In addition, the proposed Kentucky HEALTH waiver would impose harsh financial penalties for participants who failed to pay their premiums. People over 100 percent of the federal poverty level who did not pay premiums would be locked out from coverage for six months. To regain coverage after the six month lock out period, enrollees would be required to pay all overdue premiums, the current month’s premium, and participate in a health or financial literacy course for which there are no further details included in the waiver. People below 100 percent of the federal poverty level who don’t pay their premiums would face other cost sharing consequences, including penalties related to loss of funds in their “My Rewards” account (see below) established under Kentucky HEALTH. The lock-out provision would also apply to beneficiaries who do not timely renew their Medicaid eligibility by prohibiting them from re-enrolling in coverage for six months. Another concern we would like to raise in the proposed waiver is the penalty for non-emergency use of the emergency department, which is much higher than the current \$8 maximum allowed under federal regulations.

Due to these factors, we urge the Department to reconsider premiums as a requirement for participation in the plan, eliminate premiums for those below poverty, and eliminate termination of coverage as a consequence for failure to pay monthly premiums or for not renewing their eligibility on time.

### **Community Engagement and Employment Requirements**

To maintain enrollment under the proposed Kentucky HEALTH plan, all able-bodied working age adult members without dependents would be required to participate in the Community Engagement and Employment Initiative, beginning after three months of coverage.

Initiative activities include active employment, volunteer work, job training, or job search activities, and failure to meet required engagement hours would result in a suspension of benefits until the member satisfied the requirement for a full month.

AARP is concerned that the Community Engagement and Employment Initiative requirement would present yet another barrier to health coverage for a sector of the Kentucky population who needs coverage the most. While we are pleased that the plan does allow for individual exemptions from the Initiative's requirement, such as for pregnant women, individuals determined medically frail, and adults who are the primary caregiver of a dependent, there is little information provided on how these exemptions would be administered. This is problematic because those enrollees who would most likely need individual exemptions are also likely to be those who would have the most difficulty taking the necessary steps to obtain an exemption. In addition, the state should describe in detail what comprises community engagement activities and financial literacy education, and ensure that the requirements are attainable for all individual circumstances.

As with the non-payment of monthly premiums mentioned earlier, participants who do not comply with the requirements in the Community Engagement and Employment Initiative would be locked out of Kentucky HEALTH. The member would have no coverage until the beneficiary satisfied the Community Engagement and Employment Initiative requirements for a full month, placing the enrollee at risk for adverse health consequences that could be more expensive to treat later. Since the beginning of Medicaid, the federal Department of

Health and Human Services has shown extreme reluctance to grant a state any waiver that would create Medicaid eligibility requirements beyond the program's focus on those "whose income and resources are insufficient to meet the costs of necessary medical services" (42 U.S.C. § 1396-1(1)) and has never granted a Medicaid waiver that contained a work requirement. For these reasons, we urge the Department to remove the Initiative requirements as a condition of eligibility in the Kentucky HEALTH proposal.

### **Additional Benefits Eliminated**

Kentucky HEALTH would eliminate non-emergency medical transportation (NEMT) to newly eligible adults. The elimination of NEMT is already being evaluated through other state 1115 waivers (e.g., IA and IN). Any additional waiver requests should wait until more data is available from those evaluations in order to assess the impact on access to services for beneficiaries.

In addition, the proposed waiver would carve out dental and vision services, whereby beneficiaries could only gain access to coverage if they had enough funds in proposed "My Rewards" accounts to pay for those services. In Kentucky HEALTH, each beneficiary would be responsible for a \$1,000 deductible applied to all non-preventative healthcare services. To cover the deductibles, each beneficiary would be provided an account funded by \$1,000 to cover the initial medical expenses. Newly created "My Rewards" accounts would be funded by individual beneficiary contribution of 50% of unused deductible amounts into the account, and beneficiaries could "earn" additional rewards by participating in certain actions such as job search and training activities.

We believe that "My Rewards" is an inadequate source of funds for individuals who do not have deductible funds remaining, and would tend to disproportionately benefit the most healthy participants of Kentucky HEALTH. In addition, the accounts would have no value for anyone who uses \$1,000 or more of medical services throughout the year, and would essentially mean only healthy people would be provided access to vision or dental care. We therefore urge the state to reconsider the elimination of these benefits that are

currently provided under Kentucky's Medicaid program, and remove the cumbersome and inequitable "My Rewards" program as a method for restricting access to needed services.

### **Retroactive Coverage**

Members other than children and pregnant women would be required to make their first month's premium payment prior to the start of benefits, and the waiver seeks to eliminate retroactive coverage for beneficiaries. Under current Medicaid law, eligibility may be made retroactive for up to three months prior to the month of application if the individual would have been eligible during the retroactive period had he or she applied then. We urge the Department to reconsider this proposal and allow for retroactive coverage, as set forth under current Medicaid law. Without retroactive coverage, future low-income enrollees could incur crippling medical debt which would be exacerbated by their inability to take advantage of the more favorable provider reimbursement rates paid by Medicaid or Qualified Health Plans sold through the Kynect marketplace. In addition, lack of retroactive coverage would increase the burden of uncompensated care on providers, and may cause future enrollees to forego needed care, resulting in higher medical costs than would otherwise have been the case once they are covered. For these reasons, AARP believes enrollees should be afforded the same retroactive coverage protections that all other Medicaid beneficiaries receive.

### **Conclusion**

While AARP appreciates the desire of the Department to seek new ways to provide healthcare to the state's most vulnerable, we believe that the Kentucky HEALTH proposed waiver contains numerous provisions that could negatively impact the health of beneficiaries. AARP believes that Kentucky HEALTH would be greatly strengthened by revising the provisions of concern as outlined in this comment letter. We encourage the Department to build upon the positive impact Medicaid Expansion has brought to Kentucky since 2014, and to avoid creating additional barriers to care that will do little to address the needs of vulnerable, low-income Kentuckians.

Thank you for the opportunity to comment on Kentucky's proposed 1115 Waiver Application. Please contact my office if you have questions or need any clarification.

Respectfully,

A handwritten signature in black ink that reads "Ron Bridges". The signature is written in a cursive style with a large, prominent "R" and "B".

Ron Bridges  
State Director  
AARP Kentucky



1001 G Street NW, 8th Floor  
Washington, DC 20001

July 22, 2016

Commissioner Stephen Miller  
Department for Medicaid Services  
275 E. Main Street  
Frankfort, KY 40621

Re: Comments on Kentucky HEALTH §1115 demonstration waiver proposal

Dear Commissioner,

We appreciate the opportunity to offer our comments on the Kentucky HEALTH waiver proposal. Enroll America is a non-profit, non-partisan organization whose mission is to maximize the number of consumers who enroll in and maintain coverage under the Affordable Care Act (including Medicaid and CHIP coverage as well as coverage through the health insurance marketplaces). Enroll America also maintains reach into Kentucky through our Regional Director of State Assistance, Cheryl O'Donnell, who establishes and maintains an ongoing relationship with community partners in the Southeast US to support local enrollment efforts and identify best practices that inform efforts nationwide. In Kentucky, she has been working with local organizations, including kynectors, to bolster their efforts, especially focusing on the state's potential transition to a federally facilitated marketplace.

### **Kentucky's Record of Success**

Since the coverage expansions in the Affordable Care Act (ACA) began in 2013, Kentucky's model for streamlined eligibility and enrollment has been widely considered one of the most successful in the country. Many factors have contributed to the state's success, including champions in state leadership, cross-agency and organization collaboration, a single, integrated eligibility system that helped to minimize consumer confusion during the application and enrollment process, and an overall commitment to continuous improvement.<sup>1</sup> In addition to reversing the economic benefits the Medicaid expansion has brought to the state, the Kentucky HEALTH proposal threatens to seriously undermine the eligibility and enrollment success by dismantling this system and could lead to many Kentuckians losing their health insurance or experiencing a gap in insurance coverage.<sup>2</sup>

- **Historic coverage gains:** In 2013, Kentucky had one of the highest rates of uninsurance in the country. According to Enroll America's estimates, 19.2 percent of non-elderly adult residents did not have health insurance.<sup>3</sup> The uninsured rate dropped by nearly half in just two years, with 9.8 percent of non-elderly adult Kentuckians not having insurance in 2015, moving the Commonwealth to above-average in coverage rates compared with other states.<sup>4,5</sup>

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<sup>1</sup>Samantha Artiga, Jennifer Tolbert, and Robin Rudowitz, The Henry J. Kaiser Family Foundation, *Implementation of the ACA in Kentucky: Lessons Learned to Date and the Potential Effects of Future Changes*, April 20, 2016, Available online at: <http://kff.org/report-section/implementation-of-the-aca-in-kentucky-issue-brief/>

<sup>2</sup>The Kaiser Commission on Medicaid and the Uninsured, *The Effects of the Medicaid Expansion on State Budgets: An Early Look in Select States*, March 2015, Available online at: <http://files.kff.org/attachment/issue-brief-the-effects-of-the-medicaid-expansion-on-state-budgets-an-early-look-in-select-states>

<sup>3</sup>Enroll America, *Kentucky State Snapshot*, October 2015, Available online at: [https://s3.amazonaws.com/assets.enrollamerica.org/wp-content/uploads/2016/02/11133237/KY\\_State\\_snapshot\\_20160108.pdf](https://s3.amazonaws.com/assets.enrollamerica.org/wp-content/uploads/2016/02/11133237/KY_State_snapshot_20160108.pdf)

<sup>4</sup>Enroll America, *Kentucky State Snapshot*, October 2015, Available online at: [https://s3.amazonaws.com/assets.enrollamerica.org/wp-content/uploads/2016/02/11133237/KY\\_State\\_snapshot\\_20160108.pdf](https://s3.amazonaws.com/assets.enrollamerica.org/wp-content/uploads/2016/02/11133237/KY_State_snapshot_20160108.pdf)

<sup>5</sup>Enroll America, *Kentucky State Snapshot*, October 2015, Available online at: [https://s3.amazonaws.com/assets.enrollamerica.org/wp-content/uploads/2016/02/11133237/KY\\_State\\_snapshot\\_20160108.pdf](https://s3.amazonaws.com/assets.enrollamerica.org/wp-content/uploads/2016/02/11133237/KY_State_snapshot_20160108.pdf)

- **Robust Medicaid enrollment:** Kentucky’s coverage gains are a factor of marketplace (kynect) enrollment, young adults remaining on their parent’s plan, but also—most significantly—Medicaid enrollment. Over the past three years, Medicaid enrollment in the Commonwealth doubled from 600,000 enrollees in 2013 (pre-ACA) to 1.2 million in April 2016, and is reflective of the great need for coverage that existed among low-income Kentuckians and the success of the enrollment system the state created to meet this need.<sup>6</sup>
- **A leader among states:** At 100.3 percent, Kentucky experienced the largest Medicaid enrollment growth rate in the country between 2013 and April 2016 (the most recently available data). Kentucky beat out the next highest states, Nevada and Colorado, by a significant margin, and was well above the average of 35 percent enrollment growth among all Medicaid expansion states.<sup>7</sup>

In Indiana, a state that instituted a program with health savings accounts (similar to the Kentucky HEALTH proposal) as part of its Medicaid waiver, Medicaid enrollment growth is below-average, at 31 percent.<sup>8</sup> If Kentucky had only seen this rate of enrollment growth since 2013, some 400,000 fewer Kentuckians would be enrolled in Medicaid, and the majority of these would likely remain uninsured.

### Importance of Financial Help

Enroll America’s consumer research has found, year after year, that receiving financial help is one of the biggest motivators for consumers to enroll in and retain coverage, especially plans with little to no premium.<sup>9</sup> Conversely, our survey results show that the primary reason uninsured consumers give for not enrolling in coverage is lack of affordability.<sup>10</sup> Low-income consumers are highly price-sensitive; even nominal premiums have been shown to adversely affect length of enrollment by a significant factor.<sup>11,12</sup> The proposal would increase premiums on an annual basis, charging enrollees more the longer they have been enrolled making it even more likely that eligible consumers will fail to retain coverage over time. Accordingly, we are concerned that exposure to increased financial risk in the form of premiums, as included in the waiver proposal, could lead eligible enrollees to lose Medicaid coverage unnecessarily.

### Making Coverage Easy to Understand and Use

Substantial gaps remain in the general public’s knowledge of health insurance.<sup>13</sup> These gaps may result in improper utilization of health care services, and/or loss of coverage completely. The Kentucky HEALTH proposal would increase the complexity of the Medicaid program, jeopardizing retention and making new enrollment more challenging.

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<sup>6</sup>Department of Health and Human Services, *Centers for Medicare & Medicaid Services, Medicaid & CHIP: April 2016 Monthly Applications, Eligibility Determinations and Enrollment Report*, June 30, 2016, Available online at: <https://www.medicaid.gov/medicaid-chip-program-information/program-information/downloads/april-2016-enrollment-report.pdf>

<sup>7</sup> Department of Health and Human Services, *Centers for Medicare & Medicaid Services, Medicaid & CHIP: April 2016 Monthly Applications, Eligibility Determinations and Enrollment Report*, June 30, 2016, Available online at: <https://www.medicaid.gov/medicaid-chip-program-information/program-information/downloads/april-2016-enrollment-report.pdf>

<sup>8</sup> Department of Health and Human Services, *Centers for Medicare & Medicaid Services, Medicaid & CHIP: April 2016 Monthly Applications, Eligibility Determinations and Enrollment Report*, June 30, 2016, Available online at: <https://www.medicaid.gov/medicaid-chip-program-information/program-information/downloads/april-2016-enrollment-report.pdf>

<sup>9</sup> Enroll America, *Enroll America Survey: Engaging Consumers About Appropriate Use of Coverage May Help with Retention*, July 17, 2016 Available online at: <https://www.enrollamerica.org/blog/2016/07/enroll-america-survey-engaging-consumers-about-appropriate-use-of-coverage-may-help-with-retention/>

<sup>10</sup> Enroll America, *Enroll America Survey: Engaging Consumers About Appropriate Use of Coverage May Help with Retention*, July 17, 2016 Available online at: <https://www.enrollamerica.org/blog/2016/07/enroll-america-survey-engaging-consumers-about-appropriate-use-of-coverage-may-help-with-retention/>

<sup>11</sup> Laura Dague, “The Effect of Medicaid premiums on enrollment: A regression discontinuity approach” *Journal of Health Economics*, 2014, vol. 37, issue C: 1-12.

<sup>12</sup> Wright, B., M. Carlson, H. Allen, et al. “Raising premiums and other costs for Oregon Health Plan enrollees drove many to drop out.” *Health Affairs*, December 2010, vol. 29, no. 12: 2311–2316.

<sup>13</sup> Enroll America, *A Framework on Health Insurance Literacy for the Outreach and Enrollment Community*, May 2015, Available online at: <https://www.enrollamerica.org/a-framework-on-health-insurance-literacy-for-the-outreach-and-enrollment-community/>

- **Community engagement requirement:** The proposal’s required community engagement activities and financial literacy courses have no precedent in Medicaid programs or the health insurance marketplace. We are concerned that these requirements/ “incentives” will merely serve as barriers to retention/reenrollment.
- **Exposure to cost sharing:** The proposed use of an account for payment of deductibles with the goal of “exposing members to the cost of care and encourage cost-conscious healthcare decisions” might inadvertently lead consumers to avoid necessary care. In addition to the clear health risks that avoiding needed care carries, it may also increase the odds that an eligible consumer will ultimately disenroll. Our research shows that those who had health insurance in 2015 but did not purchase insurance in 2016 were the least likely to use health care services.<sup>14</sup>
- **Increased complexity and churn:** An estimated half of low-income, non-elderly adults experience a change in income or household composition in a given year, and as a result, some 40 percent of adults eligible for Medicaid or marketplace coverage experience a change in eligibility over the course of a year.<sup>15</sup>

The Kentucky HEALTH proposal envisions multiple, complicated coverage programs coexisting: the Kentucky HEALTH Premium Assistance program, the Consumer-Driven, High Deductible Health Plan, and the already-established health insurance marketplace. Each of these programs comes with its own set of rules around premium payments, disenrollment, and lock-out periods. This creates unnecessary complexity for a population of consumers whose eligibility is likely to change over the course of an average year. We are concerned that many consumers may fail to navigate these complexities successfully, and as a result, will lose coverage, despite still being eligible.<sup>16</sup>

Furthermore, research suggests that some of the most effective ways to stem churn are through doing precisely the opposite of what this proposal would entail: longer eligibility periods, either by extending eligibility to the end of a given calendar year or through 12-month continuous eligibility.<sup>17</sup>

Kentucky’s unprecedented success in supporting the enrollment and maintenance of health insurance coverage for its citizens is an example for all states. We are concerned that many provisions included in Kentucky HEALTH threaten to disrupt this system, and if approved, will lead to significant losses of Medicaid coverage among eligible consumers that could amount to upwards of 400,000 Kentuckians losing coverage.

Thank you very much for this opportunity to provide comments on Kentucky HEALTH. If you have any questions or comments, please contact Carolyn McCoy, Senior Policy Analyst, at [cmccoy@enrollamerica.org](mailto:cmccoy@enrollamerica.org) or 202-737- 6340.

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<sup>14</sup> Enroll America, *Enroll America Survey: Engaging Consumers About Appropriate Use of Coverage May Help with Retention*, July 17, 2016 Available online at: <https://www.enrollamerica.org/blog/2016/07/enroll-america-survey-engaging-consumers-about-appropriate-use-of-coverage-may-help-with-retention/>

<sup>15</sup> Benjamin D. Sommers, John A. Graves, Katherine Swartz and Sara Rosenbaum. “*Medicaid And Marketplace Eligibility Changes Will Occur Often In All States; Policy Options Can Ease Impact.*” *Health Affairs*, April 2014 vol. 33 no. 4: 700-707.

<sup>16</sup> Enroll America Survey: *Engaging Consumers About Appropriate Use of Coverage May Help with Retention*, Available online at: <https://www.enrollamerica.org/blog/2016/07/enroll-america-survey-engaging-consumers-about-appropriate-use-of-coverage-may-help-with-retention/>

<sup>17</sup> Katherine Swartz1, Pamela Farley Short, Deborah Roempke Graefe, and Namrata Uberoi, “Reducing Medicaid Churning: Extending Eligibility For Twelve Months Or To End Of Calendar Year Is Most Effective”, *Health Affairs*, July 2015 vol. 34 no. 7 (1180-1187).



Commissioner Stephen P. Miller  
Department for Medicaid Services  
Cabinet for Health and Family Services  
275 E. Main St.  
Frankfort, KY 40621  
VIA EMAIL TO: kyhealth@ky.gov

July 22, 2016

Dear Commissioner Miller:

The Homeless & Housing Coalition of Kentucky (HHCK) appreciates the opportunity to submit comment on Kentucky's proposed 1115 Medicaid Waiver Application. Please be aware that HHCK endorses written comment submitted by the Keep Kentucky Covered coalition to your office today. In addition to the detailed remarks submitted by Keep Kentucky Covered, we at HHCK wish to provide additional comment about the impact of the proposed 1115 Waiver Application on the lowest income Kentuckians, specifically those experiencing homelessness.

HHCK is the only state-wide advocacy organization for issues of homelessness and affordable housing, working together to eliminate the threat of homelessness and fulfill the promise of safe, decent, and affordable housing for all Kentuckians. We represent over 100 partner organizations around the Commonwealth that provide affordable housing and homeless services. In addition to our advocacy work, we strive to achieve our mission through our AmeriCorps programs that place members in service at partner agencies throughout the state and through our permanent supportive housing programs for homeless individuals and families with disabilities.

First, we want to laud the Commonwealth for the profound impact of Medicaid expansion for Kentuckians. The impact of expanded coverage has been tremendous, as Kentucky leads the nation in the decrease in our rate of uninsured, dropping from 20.4% in 2013 to 7.5% in 2015. Medicaid expansion is working for Kentucky and we must take steps that build on that success, especially in providing access to care for those experiencing homelessness.

We at HHCK strongly oppose any Medicaid changes that will create barriers to services for those experiencing homelessness. Kentucky's Medicaid expansion has been a game changer for low-income Kentuckians, especially for those experiencing homelessness who experienced homelessness faced many barriers to accessing health care that expansion alleviated. This has increased access to primary care, and, particularly, mental health services for Kentuckians who are homeless. This has reduced homeless persons' use of emergency room services and other forms of charity care.

For example, Family Health Centers' Phoenix Health Care for the Homeless Program in Louisville has found that Medicaid expansion has led to the following impacts for their population, among others:

- Quicker referral and payment for specialty services
- Access to substance abuse and mental health services
- Increased choice of providers

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- Decreased medication costs (from over \$300,000 in 2013 to \$50,000 in most recent 12 months)
- Increased client self esteem and access to stabilization services
- overall 3% reduction in emergency room visits in their homeless population

As Phoenix Health Care for the Homeless Director Andy Patterson said in an April webinar hosted by the Kaiser Family Foundation Commission on Medicaid and the Uninsured, “Most of our patients who now have insurance never had insurance in their life prior to Medicaid expansion, so just in talking to our patients, they get excited about the fact that they now have health insurance. It is normalizing to their lives to have that benefit.”

People experiencing chronic homelessness often need a broad array of health and behavioral health services to help them succeed in housing and to achieve individual health outcomes. For many, Medicaid did not figure largely as a source of financial support for these services because, until expansion, many of these people were not eligible for Medicaid. Most are single adults between the ages of 18 and 64; unless they had qualified for SSI on the basis of disability, most would not have met the criteria that would have placed them in an eligible category. Medicaid expansion has and can continue to prove an invaluable tool to serving the homeless and, especially, the high need population experiencing severe mental illness and/or substance use disorders. Additionally, Medicaid expansion has opened the door for formerly homeless persons with disabilities to services to help them to maintain housing that are eligible under the CMCS Informational Bulletin *Coverage of Housing-Related Activities and Services for Individuals with Disabilities* issued June 26, 2015.

We believe the co-pay, elimination of retroactive coverage, and community engagement and work requirements included in the Commonwealth’s proposed 1115 Medicaid Waiver will prove a barrier to access to Medicaid services and achieving the goal of using Medicaid for housing-related services. This is especially true for those with severe mental illness not receiving SSI or persons with substance abuse disorders who are qualified as “able-bodied” and not “medically frail” under 42 CFR 440.315. We believe that it will be a significant challenge for those without a stable home to comply with co-pay and community participation requirements and they will be significantly impacted by the elimination of retroactive coverage. The homeless frequently experience gaps in coverage and the elimination of the retroactive coverage will disproportionately impact this population. Phoenix Health Care for the Homeless found that amongst their homeless population, they made up 55 percent of all those needing reactivation of health care coverage. At minimum, we strongly encourage the state to exempt persons with severe mental illness, those with substance abuse disorders, and those experiencing homelessness from these requirements so we can continue to build on the great successes Medicaid expansion has had for high-need Kentuckians who are homeless. Additionally, access to vision and dental coverage should not be eliminated, as both are key to health outcomes for all citizens, especially for low-income Kentuckians who did not have regular access to those services prior to Medicaid expansion.

HHCK is privileged to serve as a state partner agency on the Kentucky Medicaid Innovator Accelerator Program (IAP) Medicaid Housing-Related Services and Partnerships (HRSP) Technical Assistance Grants. Kentucky was one of 8 states selected for this competitive program designed to strengthening state-level collaboration between health and housing agencies to bring to scale supportive housing by coordinating housing resources with Medicaid-covered housing-related services. Kentucky’s success with expansion implementation was cited as a reason for the commonwealth’s selection for this program. Housing First programs serving the most at-risk

persons experiencing homelessness have been proven through national and Kentucky studies to lead to tremendous savings in utilization costs for emergency health care services, corrections, etc. Because of the essential role housing plays in health outcomes and reducing health care costs, it's vitally important that the Department for Medicaid Services continue its work under the HRSP Technical Assistance Grant. This work can ensure that the Commonwealth can bring to scale supportive housing by coordinating housing resources with Medicaid-covered housing-related services eligible under the CMCS Informational Bulletin *Coverage of Housing-Related Activities and Services for Individuals with Disabilities*.

Under HRSP grant, Kentucky has chosen to focus planning under this grant on “persons with serious mental illness and/or co-occurring substance use disorder with an emphasis on Medicaid high-utilizers of the health system.” The goal of Kentucky’s work is to better coordinate the delivery of permanent supportive housing to enhance housing stability. Kentucky’s success with expansion implementation was cited as a reason for the commonwealth’s selection for the HRSP grant. Reducing access to Medicaid coverage through the draft 1115 Medicaid Waiver’s proposed co-pay, elimination of retroactive coverage, and community engagement and work requirements will prove a barrier to access to Medicaid services for this high-need, vulnerable population and thus inhibit achieving the goal of using Medicaid for housing-related services.

HHCK also encourages the Department for Medicaid Services to develop a payment model that will incentivize care coordination and care management for folks who have complex needs and/or are high-utilizers. Care-coordination, especially in conjunction with Medicaid-eligible housing-related services, could prove to be an essential tool for serving persons experiencing homelessness (particularly those with severe mental illness and/or substance use disorders). Persons who have chronic mental illness and/or substance use disorders do better, get healthier, get into and maintain recovery when their behavioral and physical health needs are met in an integrated way. This care coordination model should also incentivize co-location of mental/behavioral health and physical health services and should waive the prohibition of billing for more than one service per day. Additionally, Medicaid-eligible case management services should also be incentivized for integration into a co-located delivery model.

We also want to reiterate the Keep Kentucky Covered coalition’s concerns about the administrative costs for implementing and monitoring the co-pay, and community participation requirements. The State Health Access Data Assistance Center (SHADAC) has found in analysis of other waiver programs that these policies have incurred significant administrative costs and required complex policies and procedures to implement them. We strongly encourage a more robust cost benefit analysis of these proposals before they are included in any waiver request.

Thank you for your consideration of HHCK’s comments. Please contact me at 502-223-1834 x.1114 or [cstauffer@hhck.org](mailto:cstauffer@hhck.org) should you have any questions or require further information.

Sincerely,



Curtis A. Stauffer  
Executive Director



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July 22, 2016

via email to [kyhealth@ky.gov](mailto:kyhealth@ky.gov)  
Commissioner Stephen Miller  
Department for Medicaid Services  
275 E. Main Street  
Frankfort, KY 40621

**RE: Kentucky Department for Medicaid Services Proposed §1115  
Demonstration Waiver**

Commissioner Miller:

I write on behalf of Kentucky Equal Justice Center, a civil legal services program that works closely with the four legal aid organizations and community partners across Kentucky, focusing on low income or otherwise vulnerable Kentuckians. Our advocates assist individuals and families learn about, enroll, and troubleshoot their healthcare from all sources, with a particular focus on Medicaid. We appreciate this opportunity to provide feedback on this proposed demonstration project with the Kentucky Medicaid program before being submitted to the Centers for Medicare and Medicaid Services called Kentucky HEALTH.

The health law fellowship at KEJC exists in part to monitor new laws in the area of health on behalf of all low income or otherwise vulnerable Kentuckians. This includes tremendous focus on the Affordable Care Act (ACA), specifically the new category of Medicaid eligibility for adults age eighteen to sixty-four with incomes up to 133% of the federal poverty line, known as part of the expansion population.<sup>1</sup> Medicaid Expansion in

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<sup>1</sup> Patient Protection and Affordable Care Act, Pub. L. No. 111-148 § 2001(a), 124 Stat. 119, 271 (2010) (codified as amended at 42 U.S.C. § 1396a (2012)) [hereinafter ACA § 2001(a)]. Prior to the ACA, the federal Medicaid statute limited coverage for non-elderly adults to very low-income parents, people with “permanent and total” disabling conditions, and pregnant women. Social Security Amendments of 1965, Pub. L. No. 89-97, § 1901, 79 Stat. 286, 343-44 (1965). The only way states could cover so-called “childless adults” was through a Section 1115 demonstration waiver that had to be budget neutral for the federal government. CINDY MANN, THE NEW MEDICAID AND CHIP WAIVER INITIATIVES 11 (2002), <https://kaiserfamilyfoundation.files.wordpress.com/2013/01/the-new-medicare-and-chip-waiver-initiatives-background-paper.pdf>. The ACA Medicaid expansion for adults adds a new category of eligibility to the Medicaid statute and provides enhanced federal funds to help cover the cost of covering this new category. ACA § 2001(a).

Kentucky has improved the health of vulnerable Kentuckians and significantly reduced otherwise unmet medical needs.<sup>2</sup> Medicaid Expansion and our extremely successful marketplace, kynect, are the backbone of our seeing one of the largest reductions in uninsured in the country.<sup>3</sup> Medicaid Expansion is improving the health of Kentucky, and lays the groundwork for the opportunity to transform our Medicaid and indeed our health system.<sup>4</sup> Our director, Rich Seckel, has remarked that “health is infrastructure and coverage is foundational”, and Medicaid expansion is that foundation for around half a million Kentuckians.

The Kentucky Equal Justice Center asks the Kentucky Department for Medicaid Services to support and enhance Medicaid Expansion in Kentucky, and use a Section 1115 demonstration waiver as it is intended, to expand eligibility and enhance services for low income Kentuckians and those currently Medicaid eligible. Kentucky HEALTH creates unnecessary barriers by adding consumer cost sharing, more complex administration, confusion, penalties, and actual lock-outs from healthcare for those same Kentuckians.

We agree with the goals of empowering Kentuckians to seek and gain employment, noting that the majority of Kentuckians eligible for Medicaid because of Medicaid Expansion currently are already working.

We agree with the goal of encouraging healthy lifestyles and ensuring long-term fiscal sustainability for Kentucky taxpayers and the Kentucky budget. That sustainability is not possible without Medicaid Expansion as proposed in Kentucky HEALTH. Medicaid Expansion improves enrollees’ financial security which helps those same enrollees move out of poverty if otherwise possible.<sup>5</sup> Like we all heard from multiple consumers

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<sup>2</sup> In the first two years of the Medicaid expansion, there has been a 40% reduction in unmet medical needs among long-income Kentuckians. Joseph Benitez, et al., “Kentucky’s Medicaid Expansion Showing Early Promise on Coverage and Access to Care,” *Health Affairs* 35, no. 3 (2016) online at <http://content.healthaffairs.org/content/early/2016/02/16/hlthaff.2015.1294>

<sup>3</sup> Kentucky and Arkansas both saw a 12.9% decrease in uninsured 2013-2015, the largest decrease in the nation. Dan Witters, “Arkansas, Kentucky Set Pace in Reducing Uninsured Rate,” *Gallup*, February 4, 2016 online at <http://www.gallup.com/poll/189023/arkansas-kentucky-set-pace-reducing-uninsured-rate.aspx>.

<sup>4</sup> A seminal study on the impact of a state’s decision to expand Medicaid coverage to more adults looked at data across states covering 10 years—5 years prior to expanding coverage and 5 years after. The study found that expanding Medicaid was associated with a significant reduction in mortality. B.D. Sommers, et al., “Mortality and Access to Care Among Adults After State Medicaid Expansions,” *New England Journal of Medicine* (2012: 367: 1025-34) available online at <http://www.nejm.org/doi/pdf/10.1056/NEJMsa1202099>.

<sup>5</sup> Louija Hou et al., “The Effect of the Patient Protection and Affordable Care Act Medicaid Expansions on Financial Well-Being,” National Bureau of Economic Research Working Paper No.

at public hearings, there is much more to moving out of poverty in Kentucky than being told to and being monitored with additional bureaucratic processes.

We ask that the Kentucky Department for Medicaid please include in any proposals to transform Medicaid in Kentucky the authority upon which those transformations rely, and any existing data from any similar experiments in or outside of Kentucky. “Section 1115 waivers are supposed to test new and experimental projects, so it makes sense that states should be looking to propose waivers to test different, previously untried Medicaid designs.”<sup>6</sup> We heard Governor Bevin say there is little new in this proposed demonstration project, and would like to see the proposal compared to data for what has been tried before in other states upon which the state relies. Ignoring the impossibility of “testing” concepts that have been tested, why would Kentucky want to mimic known failure? By our research, Medicaid member contributions, and cost-sharing of any amount, even one percent of income, for those eligible by household income for Medicaid have shown decreases in enrollment and accessing of care.<sup>7</sup> We

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22170, Issued April 2016, available online at <http://nber.org/papers/w22170>; Nicole Dissault, “Is Health Insurance Good for Your Financial Health?” *Liberty Street Economics*, Federal Reserve Bank of New York, June 6, 2016 online at <http://libertystreeteconomics.newyorkfed.org/2016/06/is-health-insurance-good-for-your-financial-health.html#.V4IH6It7VJ>.

<sup>6</sup> 9 Saint Louis U. J. Health L and Pol’y 265 (2016)

<sup>7</sup> LEIGHTON KU & VICTORIA WACHINO, CTR. ON BUDGET & POLICY PRIORITIES, THE EFFECT OF INCREASED COST-SHARING IN MEDICAID: A SUMMARY OF RESEARCH FINDINGS 7 (2005), <http://www.cbpp.org/research/the-effect-of-increased-cost-sharing-in-medicaid> (indicating researchers estimate that premiums as low as one percent of income reduce enrollment by fifteen percent for families earning at or below poverty). In 2003, Oregon increased sliding scale premiums for Medicaid beneficiaries with incomes from zero to 100% of poverty. *Id.* at 8 (stating that people with no income were charged six dollars a month and those at the poverty level were charged twenty dollars per month, in turn causing enrollment to drop by about half with about three-quarters of those who dropped out of the Medicaid expansion program becoming uninsured). Research looking at those with incomes between 100-150% also shows that premiums reduce enrollment. See Salam Abdus et al., Children’s Health Insurance Premiums Adversely Affect Enrollment, Especially Among Lower-Income Children, 33 HEALTH AFF. 1353, 1357 (2014) (showing that a ten-dollar increase in monthly Medicaid premiums for families earning between 100 and 150% of poverty resulted in a 6.7% reduction in Medicaid and the Children’s Health Insurance Program coverage and a 3.3% increase in the uninsured). Only one study of Kansas children in families earning 151 to 200% of poverty shows no negative impact from premiums. See Genevieve Kenney et al., Effects of Premium Increases on Enrollment in SCHIP: Findings from Three States, 43 INQUIRY 378, 380 (2006). In Kentucky, where a twenty dollar premium was introduced for children in families from 150 to 200% poverty, there was a

support transforming Medicaid payment and care delivery as well as total health system transformation, redesigning how Kentucky provides and pays for accessible, equitable, and affordable care to improve the health of vulnerable and all Kentuckians, but ask that those redesigns be data-driven, and that data be publicly available.

### **Medicaid Covers State Plan Populations**

Beginning January 2014, individuals below 138% of FPL are a Medicaid state plan population and, thus, can no longer be considered non-Medicaid populations.<sup>8</sup> As a result, HHS can no longer use the expenditure authority to ignore Medicaid requirements. Rather, the State must either fully comply with all Medicaid requirements or obtain a waiver that meets all of the requirements of § 1115 for experimental/demonstration projects, and in the case of cost-sharing, § 1916(f). Kentucky HEALTH underscores the legal prohibition on treating the expansion population as a non-Medicaid population.

### **Premiums and Cost Sharing Generally**

Section 1115 demonstrations must also be “likely to assist in promoting the objectives” of the Medicaid Act. The objective of Medicaid is to furnish health care to low-income individuals.<sup>9</sup> Based on what we know about premiums and cost sharing from demonstration projects in other states, and common sense, the premium and cost-sharing elements in this proposal do not colorably assist in promoting the objective of furnishing health care to low-income Kentuckians and we ask they be reconsidered entirely. There is no experimental value to premiums or other contribution to low-income Kentuckians, and in fact come at a high risk to those same Kentuckians Medicaid is designed to protect.<sup>10</sup>

“The federal Medicaid statute has always limited state discretion to impose cost sharing and, since 1972, premiums too. While the premium and cost sharing provisions have been amended numerous times, the most important statutory development occurred in

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thirty percent decrease in enrollment. *Id.* at 380, 386. In New Hampshire, where premiums increased by five dollars per month for children 185 to 300% poverty, there was an eleven percent decrease. *Id.* at 381, 386.

<sup>8</sup> Patient Protection and Affordable Care Act, Pub. L. No. 111-148 § 2001(a), 124 Stat. 119, 271 (2010) (codified as amended at 42 U.S.C. § 1396a (2012), 133% with 5% disregard

<sup>9</sup> National Health Law Program, <http://www.healthlaw.org>

<sup>10</sup> For example, in 2003, Oregon experimented with charging sliding scale premiums (\$6-\$20) and higher copays on some groups in an already existing § 1115 demonstration for families and childless adults below poverty. Nearly half the affected demonstration enrollees dropped out within the first nine months after the changes. Bill J. Wright et al., *The Impact of Increased Cost Sharing on Medicaid Enrollees*, 24 *Health Affairs* 1106, 1110 (2005).

1982 when Congress moved the premium and cost sharing protections from Section 1902(a)(14) of the Social Security Act to a new Section 1916 to curtail the Secretary of HHS's ability to grant Section 1115 waivers for premium and cost sharing demonstrations."<sup>11, 12</sup> Secretary Burwell also cannot approve these cost sharing elements because they reduce access to care. "The Secretary of the U.S. Department of Health and Human Services has no statutory authority to grant Section 1115 waivers that allow states to impose premiums on Affordable Care Act-eligible adults."<sup>13</sup>

The Medicaid Act, particularly § 1916A, already provides with a great deal of flexibility to impose premiums, cost sharing, and similar charges, but not for the populations included in Kentucky HEALTH.<sup>14, 15</sup> The requirements of § 1916 and § 1916A cannot be ignored or waived for the populations subject to the demonstration (as they are state plan populations described in the Medicaid Act). HHS can only approve this change to the aggregate cap if the proposal complies with the additional requirements at § 1916(f). We note that annual caps also should not be approved by HHS because the HIP 2.0 application list does not specifically request waiver authority to apply caps on an annual basis, and HHS should only consider waiver requests that are explicitly stated and subject to comment. Considering that low-income individuals have little disposable income and the adverse impacts of cost sharing on this population are well known, applying the aggregate cap on a yearly basis would not be consistent with the objectives of Medicaid or serve any demonstration purpose.<sup>16</sup>

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<sup>11</sup> 9 Saint Louis U. J. Health L and Pol'y 265 (2016) at 282-283.

<sup>12</sup> Social Security Act, Pub. L. No. 74-271, § 1902(a)(14), 49 Stat. 620 (1935) (codified as amended at 42 U.S.C. § 1396a(14) (2012)); Social Security Act, § 1916 (codified as amended at 42 U.S.C. § 1396o (2012)).

<sup>13</sup> 9 Saint Louis U. J. Health L and Pol'y 265 (2016)

<sup>14</sup> Social Security Amendments of 1965, Pub. L. No. 89-97, § 1902(a)(14), 79 Stat. 286, 346 (1965) (codified as amended at 42 U.S.C. § 1396a(14) (1965)) The 1965 Amendments, [P]rovide that (A) no deduction, cost sharing, or similar charge will be imposed under the plan on the individual with respect to inpatient hospital services furnished him under the plan, and (B) any deduction, cost sharing, or similar charge imposed under the plan with respect to any other medical assistance furnished him thereunder, and any enrollment fee, premium, or similar charge imposed under the plan, shall be reasonably related (as determined in accordance with standards approved by the Secretary and included in the plan) to the recipient's income or his income and resources.

<sup>15</sup> See *Potter v. James*, 499 F. Supp. 607, 609-610, 613 (M.D. Ala. 1980) (striking down two dollar copays and citing *Moody v. Holzworth*, Civil Action No 76-349-N, striking down a similar statute requiring a one dollar copay). The court allowed cost sharing of fifty cents to three dollars for optional prescription drugs holding that such amounts were "nominal in amount" and thus allowed by Section 1902(a)(14). *Id.* at 608

<sup>16</sup> To be clear, we would like to provide an example as to why an annual cap would be so detrimental. An individual at 60% FPL would earn \$6,894 per year. Her 5% aggregate cost-sharing cap would be \$29 per month or \$86 per quarter. If she used minimal health care during

To meet the Governor’s purpose to “prepare them [Medicaid enrollees] for the commercial market”<sup>17</sup>, we propose implementing an optional cost sharing program, so that enrollees can opt-in to premiums if, as the Governor suggested in his press conference on June 22, Kentuckians would prefer to contribute. In Iowa, for example, enrollees have an opt-out rule, where Medicaid recipients can have their premiums waived on a month to month basis by checking a box on their premium bill that they have a financial hardship and are unable to pay.<sup>18, 19</sup>

## **Complexity**

The sheer complexity of these premium waivers raises a number of legal and policy concerns by adding administrative burdens to the state agencies and Medicaid enrollees and overall administrative costs to Medicaid. The Jane and Bruce Robert Professor of Law, Ms. Sidney D. Watson, in the Center for Health Law Studies at the Saint Louis University School of Law described these unnecessary and costly complexities in this non-exhaustive description:

Individualized premium statements must be prepared and mailed monthly, and premium payments collected and correctly credited. In Iowa, Michigan, and Montana, the state must track not only monthly premium payments, but also healthy behaviors, good cause, and hardship exemptions that reduce premium obligations. Indiana has to move some people who fail to pay premium payments from one health plan to a different one, and make sure providers and consumers are aware of the change in covered benefits. Indiana, Michigan and Arkansas are using

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the year, but had one health crisis month with high-utilization (ex. multiple ED trips), she is protected by a limit of \$29 for that month or \$86 for that quarter, and that might be her total cost-sharing responsibility for the full year. If an annual limit was used, however, she could pay as much as \$345. This would be the equivalent of what she would pay if they if she had the same crisis every quarter. Put another way, under the law, her cost for one event is limited to 5% of the cost of a quarter, but under an annual cap, her cost is 5% of her annual income.

<sup>17</sup> Kentucky HEALTH Waiver Proposal, Section 1, page 4.

<sup>18</sup> 9 Saint Louis U. J. Health L and Pol’y 265 (2016)

<sup>19</sup> IOWA WELLNESS PLAN, supra note 46, at 12; IOWA MARKETPLACE CHOICE PLAN, supra note 46, at 17. The waivers do not define “hardship” and the premium statement reads: By checking the hardship box you are stating that you have spent or will spend your monthly income on food, housing, utilities, transportation or other health care, and are unable to pay your . . . member contribution for this month. Claiming financial hardship will count for this month only, not amounts due for past months. How to Read Your Statement, IOWA DEP’T HUM. SERVS., [http://dhs.iowa.gov/sites/default/files/IHAWP\\_how\\_to\\_read\\_your\\_statement\\_FINAL\\_0.pdf](http://dhs.iowa.gov/sites/default/files/IHAWP_how_to_read_your_statement_FINAL_0.pdf) (last visited Mar. 18, 2016)

debit cards and must contract with a third party administrator to create and maintain the accounts, including making payments to providers for cost sharing and determining whether enrollees have funds that can carry over from year to year.

Second, these premium waivers are so complex, they are likely to generate consumer confusion that creates barriers to enrollment. All of these demonstrations say that one of the goals of the premium waivers is to help people make the transition to using private insurance. But private insurance does not operate like these Section 1115 waivers. People with employer sponsored insurance have their premium contributions automatically deducted from their paychecks. Medicare beneficiaries have their premiums automatically deducted from their Social Security checks. Yes, people with Marketplace plans and other individual insurance have to pay monthly premiums, but they generally have higher and more stable incomes than these Medicaid beneficiaries, particularly those with income below poverty.<sup>20</sup>

Professor Watson also pointed to the difficulty, if not impossibility of the state and federal governments' ability to evaluate such complex demonstrations to know whether which, if any, or in what combination elements in this proposal are impacting health status for members:

Third, the complexity of these premium waivers makes it difficult, and maybe impossible, to evaluate the impact of the premiums on enrollment and dis-enrollment, family finances, access to care, and health status. It may be impossible to untangle the impact of premium costs when they are imbedded in a whole array of other experiments including HSAs, healthy behaviors, and consumer preference for copays versus premiums.<sup>21,22</sup>

HHS must require the Kentucky to explain the full breadth of what it tested with respect to the population with the previous demonstration project, the results of those tests, how the lessons learned from that project have affected the new proposal, and what new experiments will be conducted regarding this population with the new project. We would like to see all of that information included in the proposal initially. Those lessons must be based on accurate and relevant data.<sup>23</sup>

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<sup>20</sup> 9 Saint Louis U. J. Health L and Pol'y 265 (2016)

<sup>21</sup> Id, at 281.

<sup>22</sup> See generally MATHEMATICA POLICY RESEARCH, MEDICAID 1115 DEMONSTRATION EVALUATION DESIGN PLAN (2015), <https://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/1115/downloads/evaluation-design.pdf> (plan for a national, cross-state evaluation of several different types of Section 1115 demonstrations, including premium waivers).

<sup>23</sup> Healthy Indiana Plan 2.0 1115 Waiver Application, 28, available at:

## Designation of Medically Frail

The proposal does not provide sufficient information regarding the criteria or the screening tool that will be used to determine whether an individual is “medically frail” and therefore facing different eligibility expectations for this demonstration. The proposal never specifies the definition that will be used to make this determination. We ask that Kentucky should confirm that it will treat as “medically frail” all individuals. As a floor, meet the definition set forth in the Medicaid statute and regulations, and not just those who are identified based on an arbitrary predetermined percentage of the population. The Department for Medicaid Services should also clarify how the choice of an ABP or traditional Medicaid coverage will be presented to medically frail enrollees to help them make an informed decision about coverage. It is disturbing that the hypothesis appears to be that those in the expansion population will have greater access to quality services. There is too much room for confusion, and indeed actual confusion already based on meetings and questions and public comments, about this designation. It is also pejorative and inaccurate in common usage for the many members of the population it attempts to define, which we find troubling. The struggle to understand these designations as population groups has been so time consuming and costly as to be eliminated in favor of simple income metrics, and have been so ripe to conflict to have made it to the courts.<sup>24</sup>

## Fiscal Responsibility

This proposal is not fiscally responsible for the Commonwealth. Kentucky HEALTH contains many of the same elements analyzed Government Accountability Office’s report on existing 1115 Demonstration Projects failure to ensure budget neutrality.<sup>25</sup> The Government Accountability Office has specifically listed the ways in which HHS did not ensure their own budget neutrality, and put the correlating state budgets at risk by

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<http://www.medicaid.gov/MedicaidCHIP-Program-Information/By-Topics/Waivers/1115/downloads/in/Healthy-Indiana-Plan-2.0/in-healthyindiana-plan-support-20-pa.pdf>.

<sup>24</sup> *Spry*, 487 F.3d at 1276; see also *Newton-Nations v. Betlach*, 660 F.3d 370 (9th Cir. 2011) (dispute over whether certain people subject to copays pursuant to a waiver were an expansion group or medically needy for purposes of entitlement to Section 1916 protections and thus outside the reach of the Secretary’s waiver authority).

<sup>25</sup> GAO, *Medicaid Demonstration Waivers: Approval Process Raises Cost Concerns and Lack of Transparency* at 32 (June 2013). The GAO concluded, “HHS’s [budget neutrality] policy is not reflected in its actual practices and, contrary to sound management practices, is not adequately documented....[T]he policy and processes lack transparency regarding criteria.”

added and unbalanced administrative cost.<sup>26</sup>

Common sense dictates that it is not cost effective to create a system to track and collect single dollars. The administration can look to the fiscally successful, perhaps unjustly profitable, managed care organizations in Kentucky, most of which are private companies to see that their business practice was to not collect small cost sharing from Medicaid enrollees in part because of doing so is not a cost effective business practice. Arkansas's Republican Governor eliminated their Medicaid member cost sharing requirements for their lower income enrollees because of fiscal responsibility, the state simply could not justify their tax payers spending more to collect less.<sup>27, 28</sup>

Kentucky Equal Justice Center has reviewed and suggests the Kentucky Department of Medicaid review the Kentucky Center for Economic Policy's fiscal analysis of Medicaid Expansion. Even without that analysis, Medicaid expansion is straight-forward in terms of its cost, it is, in state budget terms, controlled and manageable. When Kentucky's Medicaid budget is different than anticipated, it is because of unfunded mandates-- programs that were not included in the budget but now have to be funded (the brain injury slots, for example), not a lack of efficiency of Medicaid itself. "Repealing Medicaid expansion would blow a massive hole in the state's budget, imposing a negative fiscal impact of up to \$919 million over the next few years.<sup>29</sup> At the same time, repeal would cause the state to miss out on the creation of 28,000 jobs and up to \$30.1 billion in economic activity, as well as jeopardizing the 12,000 jobs that Medicaid expansion has already created."<sup>30</sup>

Our neighbor Indiana's Medicaid Expansion via a demonstration project under Section 1115 authority also has the state match beginning in 2017, often cited by Governor Bevin as a reason for this experimentation and changes to our Medicaid program.

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<sup>26</sup> GAO Letter to The Honorable Orrin Hatch and The Honorable Fred Upton re: Medicaid Demonstrations: HHS's Approval Process for Arkansas's Medicaid Expansion Waiver Raises Cost Concerns at 3 (Aug. 8, 2014)

<sup>27</sup> "The bottom line is it became clear to administrators of the Arkansas Private Option Medicaid program that they were spending far more than they were collecting when attempting to administer premiums and cost sharing for people below 100% of the federal poverty line. You can read the language in the Arkansas legislation at Section 4(b) where the purpose of this change is to "limit the state's exposure to additional costs." Searing, Adam. Arkansas Finds Collecting Medicaid Premiums and Copays from People in Poverty Not Cost Effective, February 6, 2015.

<sup>28</sup> State of Arkansas, 90<sup>th</sup> General Assembly, Regular Session, 2015, Senate Bill 96.

<http://www.arkleg.state.ar.us/assembly/2015/2015R/Bills/SB96.pdf>

<sup>29</sup> 4 Commonwealth of Kentucky, "Kentucky Medicaid Expansion Report: 2014" (2015), available at <http://governor.ky.gov/>

[healthierky/Documents/medicaid/Kentucky\\_Medicaid\\_Expansion\\_One-Year\\_Study\\_FINAL.pdf](http://healthierky/Documents/medicaid/Kentucky_Medicaid_Expansion_One-Year_Study_FINAL.pdf)

<sup>30</sup> Huelskoetter, Thomas. The Impact of Reversing Kentucky's Health Care Reforms. November 13, 2015.

Indiana paid for that 5% FMAP state match in their budget by increasing cigarette taxes and provider assessments. Indiana is also able to specifically rely on their provider assessments which are capped in Kentucky. Kentucky's hospitals secured a cap in the hospital provider tax in SFY 2005, which has resulted in a decline in total provider tax revenues every year since 2008. Since 2014, we know that billions of dollars have been paid directly to providers as a result of Medicaid Expansion. This would be a rational basis for looking to this and other revenue sources and recipients of the Medicaid dollars in Kentucky. Lifting the cap on the hospital provider tax would have generated \$120 million in additional revenue in fiscal year 2015.

### ***Administrative Costs Outweigh ANY and ALL Alleged Savings***

Arkansas is not our only example.<sup>31</sup> Virginia included premium payments in its Children's Health Insurance Program but found that the cost of collecting premiums exceeded the revenue collected.<sup>32</sup> Arizona studied this concept pre-ACA and found similar results specifically that even maximizing all premiums and cost-sharing (and assuming successful collection among other risk factors) would still cost the state three times what they could possibly collect.<sup>33</sup>

### **Community Engagement: Work Requirement**

We oppose conditioning Medicaid eligibility on compliance with work, volunteer, or work search activities. Work search, a much lower standard and therefore obviously work requirements are an illegal condition of eligibility in excess of the Medicaid eligibility criteria clearly enumerated in Federal law.<sup>34</sup> Medicaid is a medical assistance program, not a jobs program. We would support creation of a higher quality of life and a raised minimum wage and higher wage job opportunities and supports to get there in Kentucky, but cannot support the idea of conditioning access to life saving healthcare to that goal. Although states have flexibility in designing and administering their Medicaid programs, the Medicaid Act requires that they provide assistance to all individuals who qualify under federal law, and courts have held additional eligibility requirements to be

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<sup>31</sup> <http://www.arktimes.com/ArkansasBlog/archives/2015/01/23/hutchinsons-private-option-plan-would-nix-cost-sharing-and-savings-accounts-below-poverty-line>

<sup>32</sup> <http://www.healthreformgps.org/wp-content/uploads/Handle-with-Care-How-Premiums-Are-Administered.pdf>

<sup>33</sup> Arizona Health Care Cost Containment System. "The Fiscal Impact of Implementing Cost-Sharing and Benchmark Benefit Provisions of the Federal Deficit Reduction Act.", 2, 5-6, 2006

<sup>34</sup> See generally SSA § 1902

illegal.<sup>35,36</sup> Section 1115 cannot be used to short circuit the Medicaid protections, because the community engagement activities, work, and work search as described in no way promote the objectives of the Medicaid Act or demonstrate anything about the objectives of Medicaid. From a practical stand point, work requirements applied to health coverage get it exactly backwards. An individual needs to be healthy to be able to work, and a work requirement can prevent an individual from getting the health care they need to be able to work. We note finally that in almost any system in which eligibility is conditioned or attached to work search, there are likely to be serious violations of nondiscrimination laws, as persons with disabilities may end up with fewer benefits or higher costs due to their condition or the lack of adequate systemic supports to foster their employment. We urge the administration and the Department of Medicaid Services to be clear with Kentuckians that Medicaid is health coverage, period. This proposal could be interpreted as to perceive access to healthcare as some kind of standard of living cash assistance, which it is not. Healthcare does not replace income, but income is very difficult and sometimes impossible to generate without healthcare.

We are concerned that states will abuse the confusion of beneficiaries who may think the Medicaid and work search programs are somehow linked. We wholeheartedly support efforts by this administration to create independent and voluntary employment supports for lower income individuals, as accessible employment supports are services that our clients, particularly those with disabilities, have sought and been denied for decades.

### **Non-emergency Medical Transportation (NEMT)**

NEMT is an essential benefit for Kentucky Medicaid enrollees. It is cost effective and important element in improving health outcomes and reducing costs, both of which are goals of Kentucky HEALTH. Medicaid enrollees are a chronically underinsured, and prior to the ACA, largely uninsured population with known additional barriers to care. For example, a 2012 study based on National Health Interview Survey data published in the *Annals of Emergency Medicine* found that between 1999 and 2009, only .6 percent of those with private insurance reported that transportation was a barrier to accessing timely primary care treatment, while seven percent of Medicaid beneficiaries did so.<sup>37</sup> Studies have consistently shown that providing transportation to non-emergency care

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<sup>35</sup> Id. §§ 1902(a)(10)(A), (B)

<sup>36</sup> *Camacho v. Texas Workforce Comm'n*, 408 F.3d 229, 235 (5th Cir. 2005), *aff'g*, 326 F. Supp. 2d 803 (W.D. Tex. 2004) (finding that Texas could not “add additional requirements for Medicaid eligibility”). See generally *Carleson v. Remillard*, 406 U.S. 598 (1972) (invalidating state law that denied AFDC benefits to children whose fathers were serving in the military where no such bar existed in federal law governing eligibility)

<sup>37</sup> *Annals of Emergency Medicine, National Study of Barriers to Timely Primary Care and Emergency Department Utilization Among Medicaid Beneficiaries*, March 2012, <http://www.annemergmed.com/article/S0196-0644%2812%2900125-4/abstract>

results in fewer missed appointments, shorter hospital stays, and fewer emergency room visits. Alternatively, poor access to transportation is related to lower use of preventive and primary care and increased use of emergency department services.<sup>38</sup>

Medicaid Expansion has also provided the funding for actual vehicles, relieving that cost from the public transportation block grants.<sup>39</sup> There are many cost and budget analysis we would like to see, including the administration of the rewards program, and explanation of why the cost overruns and inefficiencies seen thus far in similar programs in other states potentially would not exist in Kentucky.

### **Exclusion of Appeal Rights and Grievance Procedures; Public Hearing concerns**

KEJC firmly believes that a public benefit comes with the right to a public hearing. With this proposal, pieces of those protections are eroded. Medicaid requires states to provide retroactive and point-in-time coverage for enrollees, and provide them with access to Medicaid with “reasonable promptness.”<sup>40</sup> This proposal requested § 1115 demonstration authority to waive these requirements, specifically Section 1903(a)(3) and (a)(8). We oppose that request. This Application includes no evidence of any demonstrative value to that request. The entirely predictable result will be: (1) more low-income individuals experiencing medical debt collections and bankruptcy; (2) more providers – especially safety net hospitals – incurring losses; and (3) more individuals experiencing gaps in coverage when some providers refuse to treat them because the providers realize they will not be paid retroactively by Medicaid. This policy has dubious hypothetical benefits and very concrete harms.

We urge you to reconsider the waiver of retroactive eligibility, immediate enrollment rights, and also the amount of time and opportunity for Kentuckians to be heard about changes to our Medicaid program. We note that Governor Bevin agrees that we should only change Medicaid with a transparent process. However, despite Governor Bevin’s assurance of “taking every step to ensure the process [of applying for a Section 1115 Demonstration Waiver] is open and accessible to the public”<sup>41</sup> the administration

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<sup>38</sup> <http://web1.ctaa.org/webmodules/webarticles/articlefiles/NEMTpaper.pdf>

<sup>39</sup> <https://insurancenewsnet.com/oarticle/transportation-officials-leery-of-potential-medicaid-waiver-effects>

<sup>40</sup> SSA §§ 1902(a)(3) and (a)(34); 42 C.F.R. § 435.914 (redesignated at §435.915 in 77 Fed. Reg. 17143).

<sup>41</sup> “As part of this administration’s continuing commitment to transparency, we are taking every step to ensure the process is open and accessible to the public,” continued Gov. Bevin. “Today marks the beginning of a 30- day public comment period in which we will be engaging the public and soliciting their feedback on this draft waiver proposal. In addition to the input we have already received from Medicaid providers, advocates, consumers and other stakeholders, we encourage Kentuckians to take advantage of the

has distorted and manipulated the standards set out in 42 CFR 431.408 and we hope that you can reconsider that and add greater transparency.

Federal regulation require “postal and Internet email addresses where written comments may be sent and reviewed by the public.”<sup>42</sup> The administration has provided postal and email addresses where written comments may be sent, but no meaningful ability to review public comments. Legislators at the Task Force on Vulnerable Kentuckians hearing in Beattyville, Kentucky commented how easy it is to make comments online, but there was no way to submit comments others could read on this Application.

What the administration did provide, on the Cabinet for Health and Family Services’ website, in line with the Frequently Asked Questions, overview, and formal public notice documents, is “Kentucky HEALTH Waiver Praise”. Describing the public comments from the hearings as praise is disingenuous. It is not transparent, and a directly misleading representation of the comments at the public hearings.. We hope the administration clarifies in all communication with the public and the federal government that the in person public comments were overwhelmingly critical. Not one person spoke in support of the substance of the Application at the first hearing, and the trend continued at all three.

The “Praise” document was available at the same time the Application became available to the public, which means the “praise” either was from parties who had not seen the Application, or from parties with access to the Application prior to the public, which would exclude those comments from the “public comment” category. As such, we ask that they not be included in any reviews of public comments made in the final proposal.

At the public hearings, the administration made comments that led advocates to believe public comments submitted via the process announced in the Kentucky HEALTH Formal Public Notice and website would never be available for the public to review and moved Kentucky Voices for Health to create an alternate email address to use to collect public comments. We would ask that the administration clarify the intended processes for public comments, including how they will be reviewed, by whom, and how they will be reported and incorporated in the application to HHS.

Gov. Bevin did hold “two public hearings in geographically distinct areas of the State”<sup>43</sup>,

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many different avenues and opportunities to provide thoughtful responses regarding the proposal we are presenting.” Press Release, Gov. Matt Bevin, June 22, 2016, available at <http://chfs.ky.gov/NR/rdonlyres/CDF0CCEE-0C11-4CB1-A20F-47E23EA334EC/0/nr062216.pdf>

<sup>42</sup> 42 CFR 431.408(a)(1)(iii)

<sup>43</sup> 42 CFR 431.408 (a)(3)

and in fact three hearing, but none in a population center.<sup>44</sup> Kentucky is a rural state, and has only two cities with populations over 70,000, Lexington and Louisville.<sup>45</sup> No public hearings were held in Lexington or Louisville. Requests were made by Kentuckians at the public hearing in Frankfort and Hazard to host public hearings in other regions of the Commonwealth, specifically Lexington, Louisville, Northern Kentucky, and somewhere in Western Kentucky.<sup>46</sup> After the Governor's proposal was announced and released on June 22, there were only three business days before the first public hearing in Bowling Green. The room was full, and no one made any positive comments about the proposal, but many more people had anticipated being able to participate via a live stream. There was a live stream, but it did not have any audio for a significant portion of the hearing, and poor audio throughout. The overall quality was so poor that live streaming the hearing from a cell phone via Periscope was an improvement that prompted public thanks from Kentuckians trying to watch remotely. The ability to hear in the room was not much better, noted by the "Female Audience Participant: I'm so sorry. There's so much noise to follow you in the back of the room. I can't hear anything." followed by the reporter also announcing she was unable to hear Mr. Adam Meier.

At the second public hearing, the next day, June 29<sup>th</sup>, less than a week after the announcement of the proposal for Medicaid Transformation in Kentucky, the perception of a disingenuous nature of the public comment process was more pronounced. The public hearing was scheduled from 1pm to 3pm. There was no live stream. Not only was the hearing room with seating for between 100-200 people overflowing, the overflow room with the hearing on screens was overflowing. People were sitting on the floor and standing in the hallway at 1pm waiting to speak. Not one member of the public was allowed to speak between 1pm and 2:30pm. It was not until around 2:35, ninety five minutes into a scheduled period with only twenty five more, were the first members of the public invited to speak and comment. People were outraged and shouting at the delay. People who had come to Frankfort to be able to make a comment left before their names were called. The perception in the room was that the administration did not want the public to speak and were filling as much of the scheduled two hours as possible to prevent more public comment. The administration did stay in the room past 3pm, and were generous in their willingness to stay, and we noticed and appreciated that – Secretary Glisson was clear she was willing to stay and listen – but that was said too late for Kentuckians I talked to in the hallway on their way

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<sup>44</sup> <http://chfs.ky.gov/dms/kh>

<sup>45</sup> <http://factfinder.census.gov>

<sup>46</sup> "Schedule more KY Public Health Hearings. Give Kentuckians a Voice & Choice in Healthcare." Petitioning Governor Matt Bevin, Larry and Serena Owen. [https://www.change.org/p/gov-matt-bevin-schedule-more-ky-public-healthcare-hearings-give-kentuckians-a-voice-and-choice-in-their-healthcare?recruiter=276009&utm\\_source=petitions\\_show\\_components\\_action\\_panel\\_wrapper&utm\\_medium=copylink](https://www.change.org/p/gov-matt-bevin-schedule-more-ky-public-healthcare-hearings-give-kentuckians-a-voice-and-choice-in-their-healthcare?recruiter=276009&utm_source=petitions_show_components_action_panel_wrapper&utm_medium=copylink)

out. They still deserve to be heard. Many of the Kentuckians who had come to share their concern were unable to stay, and others did not trust that the administration would extend the hearing, based on the experience thus far.

While we also support that an individual should not have to exhaust the grievance process before filing elsewhere, we also believe that this proposal creates new scenarios and many new administrative processes that will need clear appeal and public grievance processes included, which are not referenced in this proposal. We mechanism for complainants and so it fosters resolution of issues without further action. We believe that the basic features of OCR's model 504 Grievance Procedure should be incorporated for all elements, specifically including all of the factors in the My Rewards program.<sup>47</sup> These features of a grievance process include: a timeframe for filing complaints, issuance of a written decision on the grievance no later than 30 days after filing; an appeal to a different individual or group with a written response within 30 days after filing the appeal; provision for providing accommodations, if needed, for the involved parties to participate in the grievance process. This model procedure also includes important notice about protection against retaliation and that use of the grievance procedure does not prevent filing a complaint elsewhere. In order to maintain flexibility for entities, we suggest that the basic features be required with the timelines left to the discretion of the entities.

Further, we do not want to require individuals who allege discrimination to have to exhaust any internal grievance or complaint procedures before being allowed to file an administrative complaint or pursue judicial remedies. While we recognize that some individuals may have a positive result when utilizing internal processes, it is likely that for some individuals a covered entity's internal processes will offer no likely positive outcome.

## **Conclusion**

KEJC would again like to commend and thank the Department for Medicaid Services for consideration of all data and greatest opportunities for the health improvements for all Kentuckians, especially those most vulnerable, our Medicaid members. This is of particular interest to legal services non-profits, having represented clients facing exclusions from healthcare for decades and generations. KEJC looks forward to our continuing conversations to meaningfully transform the health of Kentuckians with changing to the way we pay for and deliver care for all Kentuckians.

If you have any questions regarding these comments, please contact me at the information included below. Thank you for your consideration of our comments, which include some of the analysis of national experts including Families USA, National Health

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<sup>47</sup> US DHHS OCR, Example of a Section 504 Grievance Procedure that Incorporates

Law Program, Community Catalyst and other. Thank you for taking the considerable time to review the those of all Kentuckians who have reached out and consider adding additional opportunities for more Kentuckians.

Please also send a copy of any response prepared to these comments to the same contact information: [carastewart@kyequaljustice.org](mailto:carastewart@kyequaljustice.org)

Sincerely,

A handwritten signature in black ink, appearing to read 'Cara Stewart', with a stylized, cursive script.

Cara L. Stewart  
Health Law Fellow, Attorney  
Kentucky Equal Justice Center  
[carastewart@kyequaljustice.org](mailto:carastewart@kyequaljustice.org)  
859-982-9242



July 18, 2016

Dear Commissioner Miller,

I am writing to express the Kentucky Office for Refugees' grave concerns regarding Governor Bevin's proposed 1115 Medicaid waiver, and to speak out strongly against it.

Through the U.S. State Department, Kentucky receives around 3,500 refugees and other eligible populations per year. The U.S. Refugee Program is designed around **early employment and self-sufficiency**, with limited and temporary dependence on public assistance.

Upon arrival, refugees begin an **intense period of English Language Training, Employment Training, and Cultural Orientation** provided by federally funded refugee resettlement agencies. Participation in these activities is required for continued assistance. New arrivals are eligible for SNAP and Medicaid. Families with minor children are eligible for KTAP. They must meet the same eligibility requirements, such as income thresholds, as established by the state. They **participate in job readiness activities** as a condition of the refugee resettlement SNAP and KTAP programs until they become employed. In FY2015, 75% of singles and couples without minor children and 64% of KTAP households entered employment within the first eight months of their arrival. The average number of days in the U.S. to job placement was 120 days (4 months). 87% of these job placements carry health insurance benefits.

Refugees are surprisingly resilient after what they have experienced, but expectedly, many still have complex medical and mental health needs. At arrival, they receive a medical screening that includes several components designed to keep refugees and all Kentucky residents healthy, including **early identification and treatment of parasitic infections, early detection and treatment of mental health needs, and early detection and treatment of any conditions of public health concern**. This screening, part of which is billed to Medicaid, is essential in identifying and treating conditions that could preclude a refugee from early employment opportunities.

Due to inherent glitches in both *benefind* and *kynect*, refugee populations have been plagued with extreme delays in accessing Medicaid coverage since expansion in January 2014. After enrollment, approximately 60% of our cases are put into an erroneous "Medicaid pending/denied" or "payment assistance" status based on their immigration status, which then have to be manually backdated by Department for Community Based Services staff at the state level. If this waiver passes and backdating of coverage is no longer possible, many refugees will be unable to ever access the coverage that is their

ADMINISTRATIVE  
OFFICES

ADOPTION

CATHOLIC IDENTITY

LONG-TERM CARE

OMBUDSMAN

MOTHER-INFANT  
CARE

2911 S. Fourth St.  
Louisville, KY 40208  
502-637-9786

LANGUAGE AND  
IMMIGRATION

LEGAL SERVICES  
2911 S. Fourth St.  
Louisville, KY 40208  
502-637-9097

KENTUCKY OFFICE  
FOR REFUGEES

2222 W. Market St  
Louisville, KY 40212  
502-873-2560

MIGRATION AND  
REFUGEE SERVICES

2220 W. Market St.  
Louisville, KY 40212  
502-636-9263

ENGLISH SCHOOL

2234 W. Market St.  
Louisville, KY 40212  
502-873-2566

SISTER VISITOR  
CENTER

SENIOR SERVICES

KY RESCUE AND  
RESTORE VICTIMS  
OF HUMAN  
TRAFFICKING

2235 W. Market St.  
Louisville, KY 40212  
502-776-4930

[www.cclou.org](http://www.cclou.org)



right. **Revoking the ability to backdate coverage would indeed be a discriminatory measure.**

If the Governor's proposed waiver is passed, refugees will **no longer have access to multiple services that support their journey towards employment**, including basic dental and vision services. They will be unable to participate in the "My Rewards" program proposed by the waiver to be eligible for basic dental and vision, as they are already **participating in the above long-standing and federally-required activities** that are designed for this population. Resettlement agencies and their community partners have spent years building sustainable structures to support these activities, with involvement by public school systems and other professional organizations.

The punishing six-month lockout period would **simply serve to increase inappropriate use of the ER** for those patients who are unable to pay their premiums or for those who have become unintentionally uninsured by missing a deadline.

Reducing access to coverage by creating arbitrary barriers to care for our state's most vulnerable populations will serve to harm us all in the end. **Unemployment rates, inappropriate use of the ER, and the incidence of perfectly treatable medical conditions, infectious and otherwise, will increase.**

We urge Governor Bevin to reconsider this disastrous proposal, for the health and well-being of all Kentuckians.

Sincerely,

A handwritten signature in black ink, appearing to read "Allison Pauly". The signature is fluid and cursive, with a large initial "A" and a long, sweeping underline.

Allison Pauly  
State Refugee Health Coordinator  
Kentucky Office for Refugees  
Catholic Charities of Louisville



seven counties services

**TO:** Mark Birdwhistell, Project Lead/1115 Waiver  
**CC:** Stephen Miller, DMS Commissioner; Veronica Cecil, DMS Deputy Commissioner; Wendy Morris, DBHDID Commissioner; Dr. Alan Brenzel, DBH Medical Director, Van Ingram, ED of KY Office for Drug Control Policy  
**FR:** Dr. Anthony Zipple, President & CEO ([azipple@sevencounties.org](mailto:azipple@sevencounties.org)) 502-589-8600  
Gwen Cooper, VP External Affairs ([gcooper@sevencounties.org](mailto:gcooper@sevencounties.org)) 502-498-0783  
Scott Hesseltine, VP Addiction Services ([shesseltine@sevencounties.org](mailto:shesseltine@sevencounties.org)) 502-931-0186  
Lauren McGrath, Government Affairs Dir. ([lmcgrath@sevencounties.org](mailto:lmcgrath@sevencounties.org)) 202-731-4373  
**RE:** 1115 Waiver Comments; Proposed SUD Pilot Submitted via email: [kyhealth@ky.gov](mailto:kyhealth@ky.gov)

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### Comments on Kentucky's 1115 Medicaid Waiver Application

Seven Counties is the preferred provider of behavioral health care and developmental services in Bullitt, Henry, Jefferson, Oldham, Shelby, Spencer and Trimble Counties. We deliver innovative, individualized and compassionate community-based treatment, support and services for persons with severe mental illnesses, children with severe emotional and behavioral disorders, individuals with developmental or intellectual disabilities, and adults and adolescents with addiction and substance abuse disorders.

As a provider to more than 34,000 individuals each year, the majority of whom are low income and Medicaid eligible, we know firsthand how Medicaid expansion has impacted our service delivery operations. Research shows that the expansion in Kentucky has helped to increase access and utilization of health care services in a state with historically poor health status indicators (Kaiser Family Foundation 2016). Prior to Medicaid expansion Seven Counties hovered around 2,000 new Adult evaluations each year. In 2014, after the expansion had taken place, that number skyrocketed to 4,395 and in 2015, we saw another increase of 63%. It is further estimated that up to 70% of adults seeking mental health care are parents. On the whole, evidence suggests children's mental and physical health fares significantly better when their parents are being treated for mental health concerns.

While we applaud the Administration for the overarching goal of encouraging engagement and responsibility for one's healthcare, we want to be mindful of the abrupt transition from the expansion program to the proposals outlined in the waiver project and how this will affect the able-bodied Medicaid eligible population served by Seven Counties.



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101 W. Muhammad Ali Blvd.  
Louisville, KY 40202  
502-589-8600  
[SevenCounties.org](http://SevenCounties.org)

Our comments address two distinct parts of the Waiver proposal. The first section contains our comments and suggestions regarding just a few of the elements outlined in Kentucky HEALTH and the second section provides detailed specifics that we recommend should be included in the framework of the SUD Pilot.

We appreciate the opportunity to provide these comments and welcome the continued dialogue as the 1115 Waiver proposal is vetted through CMS and HHS.

## Part One: Comments on Managed Care Reforms, Premiums, Dental & Vision Coverage and Non-emergency Transportation

### Managed Care Reforms

We appreciate the proposed MCO reforms, including uniform credentialing as well as consistency of formularies, prior authorization policies, and forms. Since managed care was implemented we have struggled to manage the administrative burden of working with multiple MCOs that have different policies and processes, in fact our administrative costs have risen over \$1M since 2013.

We also agree that there is a need to revise MCO contracts to better manage costs, increase access to care, and drive improved health outcomes. However, we have concerns regarding how this will be accomplished. The idea of value based care and incentivizing or providing bonuses to providers is attractive to us because we are confident in our ability to deliver quality services and measureable outcomes.

#### But the questions remain:

1. How will quality be measured? Will it be uniform across all systems of care?
2. What percentage of provider reimbursement will be withheld and for how long?
  - Seven Counties, like many nonprofit organizations has limited cash on hand and operates on a very small margin, withholding reimbursements for care will create an undue financial burden for our organization.
3. How will the bonus structure work?
4. Will there be additional funds available to invest in the infrastructure and technical assistance for data collection and analysis that will be required to document improved health outcomes?

#### Suggestion

As you know, behavioral health services accounts for only 1% of all Medicaid spending in Kentucky. It is well documented that less than 40% of those who need mental health services



receive them. Further, services are often reimbursed at less than the documented cost of care and the administrative burden continues to increase the costs of operation. Perhaps as the Cabinet embarks on the MCO contract negotiation for 2017 and beyond there will be opportunity to discuss a **behavioral health vertical carve out or bundled payment system, specifically for the serious mentally ill population**. The number of state Medicaid plans with a separate management entity for specific types of consumers continues to grow. Similar to the proposed SUD Pilot, a Behavioral Health vertical carve out should be explored as an additional opportunity to provide a robust continuum of care to a growing population. The cost saving possibilities are substantial over the lifetime of care for individuals. Credible and substantial information regarding the benefits of this concept are readily accessible and Seven Counties' leadership is available to discuss this concept in detail.

### **Premiums**

We agree consumers should be engaged in their healthcare. And we also agree, in principal, that the Medicaid program can emulate commercial health plans; however, we are very concerned that many of the consumers we serve will fail at remembering to pay their monthly premiums. Further, we are concerned that the costs and barriers to re-enroll may be prohibitive.

#### Premium costs:

The proposal does not take into account a dual income family who, even with two incomes, falls below 138% FPL. As confirmed to us in the most recent Interim Joint Health & Welfare Meeting held on July 20, 2016, *each* Medicaid eligible person must pay a premium. So, that means if a married couple falls between 101– 138% FPL, each person will pay \$15.00 a month or \$30.00 jointly. And the costs will increase after two years up to \$37.50 per person or \$75 per month, that's \$900 per year. In essence, this mandate requires two individuals to remember to pay their monthly premiums which will decrease their combined monthly income by \$30.00 or more. If one of the couple forgets to pay their premium, he/she risks a lock out period with additional costs of care in co-pays and penalties to their "My Rewards" Account.

Rather than elaborate on the concerns regarding the premium or the reasons this vulnerable population may not succeed at managing a premium account and a "My Rewards" account, we offer the following suggestions:

1. Add a married/domestic partnership option for premium caps per couple.
2. Instead of locking consumers out of their plans for paying premiums, create an auto deduction mechanism that moves the money from their "My Rewards" account as payment for the premium.



- a. This auto deduction can be a one time “payment” of premiums in lieu of a \$25 deduction and a lock out period.
- b. The auto deduction could trigger an education contact in the system where a “kynector” type person contacts the insured to counsel him/her about the missed payment in hopes that it is only an oversight. This type of counseling is exactly what the proposed waiver seeks to accomplish: engagement in one’s healthcare.
- c. Eliminate or reduce the “lock-out” period for failure to pay for the first 12 months; particularly while consumers adjust to this new plan and the state works out system glitches.
- d. Allow the able bodied Medicaid population to pay their annual premiums in full or quarterly via a “sponsor” or other payee as is often the case with the Medically Frail population.

#### Premium collection and verification of payment:

It is unclear how premiums will be collected. Many Medicaid eligible consumers are transient without stable addresses and bank accounts. We experienced the disruption in services when addresses for our consumers had to be verified in order to confirm continued eligibility. A substantial number of claims were denied because the system showed that the consumer was no longer enrolled in Medicaid.

#### Questions:

1. As a provider, how will we know if a consumer has paid their premium?
2. Who will ensure the consumers open and maintain a bank account in which “My Rewards” funds will be deposited?
3. What safeguards will be in place to ensure these funds are spent on healthcare and not withdrawn for other uses?

#### **Dental & Vision Care**

Dental and vision coverage are important benefits for adults and are part of an integrated system of care. Regular visits to the dentist and eye doctor often lead to early diagnosis of certain cancers, high blood pressure, high cholesterol and diabetes. By eliminating these benefits for Medicaid expansion adults, they will be much less likely to get necessary preventive care or benefit from early detection, leading to more advanced chronic health conditions.



### Suggestions:

1. Keep the benefit in year one but require consumers to complete a health assessment at the eye doctor and/or Dentist during their first visit. This would require collaboration with vision and dental professionals but could have profound effects on the ability for individuals to engage in their own healthcare.
2. Implement the elimination of Dental and Vision in year two with an incentive that if consumers complete a health assessment and/or work readiness profile that they will automatically keep their Vision and/or Dental benefit in year two.

### **Elimination of Non-emergency Transportation Benefit**

The goal of Kentucky HEALTH is to have consumers engaged in their healthcare. Lack of transportation is often a barrier to getting to an appointment. Medicaid members already have to apply separately for this benefit and provide proof that they have no reliable transportation, so it is unlikely that the benefit is being misused. We work collaboratively with TARC to make sure our locations are easily accessible to public transit. The “no show” rate for consumers with mental health issues is about 30 % or more. By eliminating the transportation benefit we anticipate this no show rate to drastically increase. Not only does this defeat the purpose of providing healthcare and improved health outcomes, but it also puts an extra administrative and financial burden on our clinical productivity. As mentioned earlier, CMHC’s operate on very low margins and the lost productivity from increased “no-shows” can make the difference between the ability to maintain staff or lay off staff. A reduction in staff reduces our ability to treat our clients, thus reducing clinical efficacy and decreasing revenue for providers.

### Suggestion:

Our suggestion is to simply reinstate this benefit as it truly is a barrier to continued access to care for the majority of the able bodied Medicaid population.



## Part Two: SUD Pilot Recommendations

### **Summary:**

Seven Counties Services commends the state’s sustained and strategic efforts to combat Kentucky’s growing opioid epidemic. As evidenced by the Substance Use Disorder (SUD) pilot in Kentucky’s proposed 1115 waiver; the Commonwealth is poised to leverage additional resources while continuing to prioritize the integration of research-informed service delivery models to more effectively combat the epidemic. Notably, the proposal for the 1115 SUD pilot (Kentucky HEALTH; pp. 31–32) identifies the following:

*The State will work with CMS in the design of the pilot project, examining the current mental health and SUD delivery system for best practice improvements related to standards of care, care coordination between levels and settings of care, and strategies to address prescription drug abuse and opioid use disorder. In addition, Kentucky intends to align standards of care for SUD treatment with the national best practice criteria set forth by the American Society of Addiction Medicine in the pilot counties. To further improve the quality and consistent delivery of these services, the State will also require certain SUD treatment providers to become accredited.”*

Seven Counties applauds this approach to address the proliferation of opioid dependency. As a frontline service provider, we see the on-the-ground impacts firsthand. For example, while the state of Kentucky experienced *double digit increases* in 2015 overdose rates (17 percent), Jefferson County experienced a 31 percent increase in overdose rates (KY ODPC 2015 Report). Inevitably, the profound impacts of these numbers have real consequences on the communities and families we serve. Now, more than ever, there is an acute need for a coordinated, robust response to this epidemic. However, to effectively and appropriately leverage and coordinate additional resources, we offer the following suggestions for the SUD 1115 pilot development and implementation:

- **Integrating best practices into treatment and recovery:** Responses to the Opioid Addiction Epidemic should integrate the Comprehensive Opioid Response with the Twelve Steps (COR-12) program framework combined with community-based service delivery that responsibly utilizes addiction medicine while emphasizing the vital role long term recovery supports.
- **IMD Exclusion:** Efforts to lift IMD exclusion should be designed in such a way to foster treatment and recovery over a continuum of care, specifically in cost effective community-based settings. The pilot implementation of IMD exclusion



in Kentucky must be designed in a manner that protects, rather than supplants, community-based care.

- ***Provider engagement:*** State Medicaid agencies should work and partner with relevant local, state, and federal social services agencies to ensure the overall welfare of beneficiaries is provided for so they are positioned to respond to treatment successfully. Engaging frontline community-based providers in the development and implementation of new initiatives will bolster system-level outcomes.
- ***Serving vulnerable populations:*** Mothers struggling with opioid addiction, individuals with co-occurring SUD and other mental disorders, and veterans are acutely impacted by this epidemic. Programmatic design should incorporate best practices for treatment and recovery within vulnerable populations. Collaborative partnerships that leverage the current service options rather than create duplicative service entry points should be negotiated.

What follows is further detailed specifics that we recommend should be included in the framework of the SUD Pilot. We have taken the liberty of highlighting relevant information showcasing Seven Counties as the subject matter expert in addictions treatment to illustrate that implementing the best practices in a continuum of treatment provides measureable and successful outcomes in substance use treatment disorders.

### ***Section 1: Integrating best practices into treatment and recovery.***

SCS has a robust history of providing innovative, patient-centered services for substance abuse/addictions treatment. In 2015, SCS provided over 39,000 substance abuse/addiction treatment services to over 6,000 individuals and families struggling to overcome addiction. SCS is a nationally recognized technical leader and provider of the *Comprehensive Opioid Response with Twelve Steps (COR-12)* program. Additionally, 70% of all adults contacting SCS's rural center locations seek opiate substance abuse related evaluations. Over 80% of the Jefferson Alcohol and Drug Abuse Center (JADAC) evaluations for adults seeking treatment are for opiate abuse. As a seasoned provider in this field, we make the following recommendations to leverage resources in a coordinated, comprehensive, evidence-informed approach to address this epidemic and serve the needs of Kentuckians, around the state.



***Expand access to Medication-Assisted Treatment (MAT) and integrated care for individuals with an opioid use disorder.***

- ✓ Improve accessibility and utilization of MAT services using a COR-12 approach.
- ✓ Increase community collaboration, partnership, and recovery oriented approaches by establishing both statewide and community-based steering committees focused upon COR-12, embedded in a Recovery Oriented System of Care (ROSC).
- ✓ Improve the screening and referral process for individuals with opioid use disorders utilizing the SBIRT model.
- ✓ Build capacity for psychiatry and integrated treatment, including the addition of robust IOP services at regional locations.

***Promote outcomes and rates of recovery among individuals with opioid use disorders.***

- ✓ Strive to connect 100% of participants with evidence-based treatment and recovery supports across the continuum of care.
- ✓ Follow COR-12 philosophy and phase system, providing on-going monitoring, structure, support and accountability for each consumers' chosen treatment pathway throughout the course of program participation.
- ✓ Provide the opportunity for Recovery Supports that include stable, safe, recovery oriented housing, peer support services, case management and other related services.
- ✓ Encourage and increase innovative and cutting edge treatment approaches that improve treatment engagement and support.

***Base treatment on best practices and philosophy outlined by the Hazelden Betty Ford Foundation's Comprehensive Opioid Response with the Twelve Steps (COR-12) program.***

- ✓ Treatment services should integrate appropriate use of addiction medicine with this patient population following the recommended guidelines of ASAM, while delivering evidence based practices that can be found on SAMHSA's registry (NREPP).
- ✓ Leading evidence based practices include: Twelve Step Facilitation, Helping Women Recover, Helping Men Recover, Assertive Continuing Care and Permanent Supportive Housing/Housing First Model.
- ✓ In addition to this list, emerging practices of neuro-feedback and neuro-stimulation can be explored as non-pharmacological alternative interventions.



- ✓ Project fidelity must be integrated in all aspects of implementation via a statewide project manager and oversight committee.

***Access to a Broad Array of Trauma-Informed Services and Level of Care Determination.***

- ✓ Expand treatment services available to respond in a more comprehensive manner addressing the biological, psychological, social, and spiritual needs of the clients with the appropriate usage of addiction medicine and evidence based psychotherapeutic models using Trauma Informed Care principles.

***Section 2: Waiving the IMD exclusion***

Seven Counties applauds the state’s proposal to waive the IMD exclusion in Kentucky, as part of the 1115 waiver. This critical step will better support appropriate detox and withdrawal; particularly when wrapped into a comprehensive array of recovery-oriented services. However to appropriately implement the IMD exclusion, Seven Counties recommends expanding IMD exclusions to sites that can demonstrate their ability to efficaciously apply medically assisted, recovery oriented treatment across the continuum (i.e., structured sober living, job placement services, and linkages to integrated healthcare). Additionally, we suggest that Kentucky design the implementation of an IMD exclusion pilot to mitigate unintended consequences; such as supplanting community-based SUD treatment providers through increased utilization of free standing psychiatric and/or medical hospitals creating new or expanded SUD treatment programs. By limiting the application of the IMD exclusion to residential SUD facilities under 100 beds, and requiring comprehensive, community-based programs that integrate recovery oriented, continuum of care frameworks, Kentucky will be well positioned to provide increased access to proven SUD treatment programs without a huge increase in new infrastructure costs.

***Recommendation for IMD Pilot Implementation:***

- ✓ Ultimately, efforts to waive the IMD exclusion should be designed in such a way to foster treatment and recovery, over a continuum of care, specifically in cost effective community-based settings. ***IMD should not be designed to supplant community-based care.***
- ✓ Encourage collaboration among service providers across regions with limited provider resources in SUD pilot counties to contract with providers in counties that have capacity to provide SUD treatment services before investing in the high cost creation of new facilities.
- ✓ Explore additional collaborations opportunities between the VA Hospitals and SUD detox programs in Kentucky. Currently, the VA is unable to accommodate the number of patients seeking detox. The IMD exclusion pilot implementation



should include a collaboration for veterans to safely detox at an approved SUD treatment center followed by coordination of care between the VA and SUD treatment facility to provide a true comprehensive Recovery Oriented System of Care (ROSC).

### ***Section 2: Provider engagement:***

As the state works to implement a myriad of system-level changes – i.e., the state plan, benefit, and the 1115 waiver – cross functional systems collaboration is vital to successful implementation and adaptation. Community-based providers, who are in direct communication with consumers and advocates, must be included in on-going, meaningful stakeholder dialog throughout the implementation process of the SUD waiver pilot. Creating stakeholder engagement across systems will further aid in early detection of systems glitches as well as optimize best practices, so that they may be more appropriately leveraged and scaled.

### ***Recommendation for provider engagement:***

- ✓ Streamline a system to consistently and meaningfully engage community-based providers in the SUD pilot implementation.
- ✓ Designate a project manager and oversight committee to ensure fidelity and document best practices as well as recommend improvement for a sustainable model in Kentucky.
- ✓ Create a payer system that reimburses the cost of care regardless of where the services are provided. For example, some MCO's are contracted for only specific counties in Kentucky. Not all counties are equipped to provide SUD treatments. Patients should be able to cross MCO "contract lines" and providers should be reimbursed for services from the patients "home" MCO.

### ***Section 4: Serving vulnerable populations:***

Pregnant women, youth ages 16–25, veterans, and those moving through the criminal justice system (with co-occurring SUD and mental health diagnosis who are high systems utilizers) are all vulnerable populations impacted by the opioid crisis. Community-based providers are well positioned to effectively serve these populations, thus improving health outcomes, reducing recidivism, and lowering healthcare spending.

### ***Serving vulnerable populations:***

- ✓ ***Pregnant women struggling with opioid addiction:*** According to a report on Neonatal Abstinence Syndrome (NAS) by the Kentucky Department for Public Health (2015), infants presenting with NAS have increased by 23-fold in just one decade. Out of the population of infants with NAS, approximately 80% are



covered under the Medicaid program. As such, this growing epidemic is largely affecting a population most often served by community-based safety net providers, such as Seven Counties Services.

- **Recommendation:**
  - Combine COR-12 with the recommended guidelines of ACOG and ASAM, while delivering evidence based practices that can be found on SAMHSA's registry (NREPP) including: Twelve Step Facilitation; Helping Women Recover; Child-Parent Psychotherapy (CPP); and Attachment and Bio-behavioral Catch-up (ABC). Ensure the appropriate medical infrastructure is available to deliver Medication Assisted Treatment along with educational content specialized to this population in tandem with the evidence based therapeutic interventions.
  
- ✓ **Veterans:** About 60 percent of those returning from deployments in the Middle East suffer from chronic pain (compared to the U.S. average of 30 percent). Until recently opioids were the first line of defense for chronic pain management in veterans. As a result, veterans are still twice as likely to die from accidental opioid overdoses as non-veterans (PBS Frontlines; 2016). In 2013 the Department of Behavioral Health, in cooperation with the Kentucky Department of Veterans Affairs created the Military Behavioral Health Initiative for Service Members, Veterans and Families. Each Community Mental Health Center in Kentucky designated one or more Military Behavioral Health Coordinators to work with community providers to create a comprehensive continuum of care to serve veterans and their families, regardless of discharge status. Without adequate funding and reimbursement mechanisms, many veterans did not receive treatments as the CMHC's could not afford to provide care without payment. The SUD pilot provides a unique opportunity to fulfill this mandate to provide services to this population regardless of their discharge status or registration with the local VA.
  
- **Recommendation:**
  - Expand treatment services available to ALL veterans in a comprehensive manner addressing the biological, psychological, social, and spiritual needs of the veteran and family member(s) with the appropriate usage of addiction medicine and evidence based psychotherapeutic models using all of the available



treatments and protocols outlined throughout these recommendations in order to provide a comprehensive wrap around continuum of care to address SUD and dual diagnosis.

- The SUD pilot provides an exceptional opportunity to create new partnerships between the community mental health centers, quality substance use disorder treatment programs and the VA to meet the unmet healthcare needs of veterans and their families. The need for services far exceeds the capacity of the VA to handle them. The SUD pilot, including the IMD exclusion pilot provides and unprecedented opportunity for the community and the VA to come together to provide critical services in a community setting.
- ✓ **High utilizers:** Effectively serving adults and adolescents with co-occurring mental health/substance use disorders can help reduce system costs by reducing emergency room utilization and recidivism.
- **Recommendations:**
    - Explore prioritizing pilots such as “The Living Room Model” which is, in effect, Acute Adult Crisis Services engineered to combine recovery-oriented substance use treatment programs with evidence based behavioral health innovation and comprehensive criminal justice involvement. Similar programs, such as LEAD (Law Enforcement Assisted Diversion) in Seattle, have rigorously documented costs savings within the criminal justice system, improved client care outcomes (particularly in populations in which substance abuse and mental illness are co-occurring), and an overall reduction in recidivism rates. For example, the LEAD program has demonstrated significant cost savings in corrections, noting that, on average, those served by the program spent 39 fewer days in jail per year.

**Conclusion:**

The proposed SUD pilot, under the 1115 waiver, should include evidence-based treatment with best practices from trauma-informed care, while also keeping in mind appropriate sizing and scope for application of the IMD exclusion. Pilots should prioritize serving vulnerable populations, include a research and evaluation component and mandate stakeholder engagement across the continuum of care.



Seven Counties Services stands ready to, at the very minimum, provide technical support to help implement a SUD pilot in identified counties. In addition, we have the immediate ability to tailor our programs to meet the acute needs of our community, utilizing the approved components of a SUD waiver pilot program. And finally, we are available to extend our successful SUD treatment programs to an expanded region to quickly provide access to care.

We look forward to ongoing conversations with state stakeholders in the final crafting of the SUD waiver and appreciate the opportunity to provide comments and recommendations.





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June 22, 2016

Commissioner Stephen Miller  
kyhealth@ky.gov  
Department for Medicaid Services  
275 East Main Street  
Frankfort, KY 40601

Re: Comments on Kentucky HEALTH § 1115 Demonstration Waiver Proposal

Dear Commissioner Miller,

Thank you for the opportunity to comment on the Kentucky HEALTH proposal. As a kynect Certified Application Counselor, commonly known as a kynector, with the Kentucky Equal Justice Center, I have interacted with many Medicaid recipients over the last two and a half years. I frequently have to convince people that they are eligible for Medicaid, because they've never signed up before or were not eligible in the past. They do not come looking for a hand-out, but rather turn to Medicaid because they are not offered or cannot afford employer-sponsored coverage and their income is too low to qualify for the federally-subsidized tax credits. Medicaid is a safety net for these individuals and families, and fulfills their basic right to access to healthcare. After reading the Kentucky HEALTH plan proposal under the 1115 Waiver, I have consulted with clients and partner organizations and include their comments below. I summarized some of these comments in my testimony at the Frankfort public hearing on June 29, but they written here in more detail.

**Regina Velazquez, Medicaid recipient, 34 years old, resident of Lexington, KY**

Regina Velazquez recently returned to Kentucky from Indiana and now works at McDonalds. In addition to throbbing pain, a dentist has told her that her poor dental health is affecting her hearing and sinuses. I helped her sign up for Medicaid on May 27. She immediately looked for a dentist that accepted her Medicaid Managed Care Organization and scheduled a dental appointment. She also saw a general practitioner and now has a primary care provider. This has led to new prescriptions for her inhaler, acid reflux, and insomnia medication, allowing her to sleep through the night and be ready for work each day. With access to health coverage, Regina has been empowered to take control of her health.

Without Medicaid dental coverage, Regina could not afford the dental work that she needs to have done. I asked Regina how having to pay a premium would affect her, to which she responded: "I would probably drop Medicaid...they're taking child support out of my check every week, leaving me with anywhere from about \$45 to about \$70 a week...you can't survive on that."

I asked Regina if she had a premium that she could afford, how would she pay it? "If I had enough on my check then you know I would pay it myself." But Regina is homeless, so receiving bills by mail can be a

problem. She has picked up her mail at various service organizations, but says, “I’ve had to change my mailing address just because they don’t want to give me my mail.” She currently stays at the Community Inn in Lexington. Before I met her, she had tried to sign up for Medicaid online, on the phone, and with another assister, and had given up. Once I enrolled her in Medicaid, she nearly was disenrolled because she was having trouble collecting her mail at another location. Now she gets her mail through general delivery at the post office, but under Kentucky HEALTH, if she had received a bill for a Medicaid premium while getting her mail at the shelter, she would have missed the letter, which could have delayed her becoming enrolled or added copayments to her expenses, preventing her from getting the care and medications. Under the current system, Regina has already acted gotten enrolled and acted on her new coverage, improving her quality of life, long term health, and ability to work.

Since Regina is currently living below 100% FPL, if she failed to pay her premiums under Kentucky HEALTH, then she would remain enrolled. However, under this plan, she would have had mandated copayments for her doctor’s visits and medications. Additionally, her “My Rewards Account” would be both reduced and suspended, preventing her from accessing the funds for dental services.

“I don’t know what I would do if the Medicaid coverage dramatically changed and dropped dental on me. I’d probably cry. I really would...I’m just really glad that I was able to get health insurance, you know, because it’s something I’ve needed for a while. And it’s just been so hard, you know. And even being homeless, in Indiana, you can’t really get insurance. Because you would have to pay premiums. And it’s like—you know I have to pay for it every time I go to the doctor and it’s like, dude, I’m homeless. Where do you expect me to have money coming in at? Yeah, I could sit and panhandle for 12 hours a day and maybe only make 20 bucks. You know, and it’s not always guaranteed that they feed you, unless you know it’s like around Christmas time. So I mean, you know, yeah, it would be hard if I lost that. Because that’s really my concern, is my oral health...There’s no way.”

### **Jay, Medicaid recipient, 55 years old, resident of Lexington, KY**

Jay is a teacher, educated, and with years of work experience. He recently signed up for Medicaid and was shocked that his medication copays were zero. He said he agrees with the charging of copays and incentivizing wise usage of coverage. However, he is afraid of the Governor’s threat to eliminate expanded Medicaid altogether if the Kentucky HEALTH plan is not approved. His additional relevant comments follow, excerpted from a recorded interview:

“For most of my adult life, I’ve worked and paid my own health insurance. The last job I had, I had for 14 years and I paid my insurance every month, week, and never used it. Last year, in February, when I got laid off, I didn’t have any more health insurance...I was kind of embarrassed to have to sign up for what I considered to be public assistance, even though I know I’ve paid my taxes my whole life and if anybody ought to deserve it, it ought to be people like me...My kynector was able to use the internet, and I brought in my paystubs and my forms from the job that I have and they were able to signed me up for Medicaid. Again, I’m not comfortable with the fact that I have to be on public assistance, what I consider to be public assistance. But I’m very glad that I have it because the only chance I had to get another job, I had to have a physical. If I hadn’t had any insurance, then I wouldn’t be able to get a physical, and if you can’t a physical, then you can’t get a job. And so without Kentucky kynect, I would still be unemployed.”

“My biggest fear is that Governor Bevin wants to shut the program down and not let us participate in the federal government’s assistance program for Medicaid. What’s going to happen is that people like me, since I still don’t make enough money to afford my own health insurance--I was able to get a temporary part time job with the school systems, but I still don’t have benefits at that job. And without Kentucky’s participation in the federal Medicaid system, I wouldn’t have insurance...The governor says he’s going to take this away at the end of the year and what he’s going to do is leave hard-working people like me without any health insurance and subject to federal penalties and not offer any basic alternative on how we’re supposed to get healthcare. I don’t abuse the system. I just use it when I need it, when I have to go to the doctor, when I need to get a job, when I need to get my medicine. It’s been there for me.”

“I really do appreciate the fact that the state has been kind enough to participate in this federal program and I sure would ask the governor to please reconsider cutting people like me, hard-working men and women, off from our medical coverage.”

“I think one of the best things that’s ever been done is when people said, you know, we’re going to get you guys the coverage you need so you can go to the doctor when you need to...I just wish the governor would stop and reconsider and give folks like me a chance to earn our way back up to where we can get ourselves a job. And as soon as I get a job where I can get enough money, believe you me I’ll turn in that little red, white, and blue card and be, you know, be appreciative of all that they’ve given to me and go back to paying my fair share like I’ve always done.”

**Anita Denson, Patient Account Representative and Certified (kynect) Application Counselor, Bluegrass Community Health Center**

*BCHC is a federally funded health center whose patients include low income families, the homeless, the uninsured, and Medicaid and KCHIP recipients.*

Anita questions the logistics of the community engagement requirement: Is the state going to limit individuals to going to certain agencies/organizations in order to fulfill the community engagement requirement? If so, are there going to be a limited number of spaces available with these participating agencies?

Anita is worried about the six-month lock-out period that is proposed for people who fail to pay their proposed Medicaid premium. Many individuals whose income is below 100% FPL will not be able to pay copays. In the past, the clinic has had a hard time collecting copays, but still did not turn people away for inability to pay. This is a financial strain on the health clinic.

Expanded Medicaid has saved people’s lives. Once, a man came in to the clinic to have his toe removed. He had no insurance, but he had gangrene already, which if it had remained untreated, would have spread to his leg, and may have killed him. He was able to sign up for Medicaid and was sent to the emergency room for immediate treatment.

Many people who need diabetes treatment, mental healthcare, or other care, will not be able to access these services if they have to pay premiums or copays. With care, many of these people can begin

working. However, without care, their conditions worsen and they remain unable to work. People face great obstacles to self-sufficiency.

Sometimes those obstacles are unpredictable, out-of-their-control, and temporary. One clinic worker recently lost a university job and their family is now lower income and without health insurance. Medicaid is meant to be a safety net for families like this. Creating barriers like initial premium payments further complicates an already overwhelmingly complicated period in their life when the most important and foundational need of the family is to remain safe and healthy.

**Latisha Jackson, Program Director, The Well of Lexington, Inc.**

*The Well's mission is to provide safe, supportive housing and comprehensive services free of charge for two years for adult women survivors of sexual exploitation, prostitution and addiction in Fayette County, Kentucky and surrounding areas.*

Latisha believes that “people should be covered automatically.” The Well serves women getting out of jail. It would be a big challenge for these women to have to pay an initial premium before their coverage starts. While they are in jail, they often have trouble obtaining needed medications. So when they get out of jail, they need those medications immediately, often to obtain or maintain stable mental health. If they cannot quickly obtain those medications, they are more likely to be hospitalized and to participate in more criminal activity, leading to repeated incarceration in the already overpopulated jails and prisons.

When Latisha was working with men and women in home incarceration, she met a woman who had a swollen breast that had green drainage and hurt to touch. She was able to immediately get this woman signed up for Medicaid, took her to a doctor, and what followed were a series of screenings, test, and procedures to address this woman’s advanced stage breast cancer. This woman had no means of income and could not have paid a premium for her Medicaid. But having Medicaid may have saved her life.

“This Kentucky HEALTH proposal would lead to a big decline in access to health insurance and would be a step backwards for our state. It would make it more difficult for treatment facilities.”

For example, if dental benefits are removed from adult Medicaid, then The Well will have to purchase dental coverage for each of its clients in order to help them get the care they need to become successfully productive members of the community.

Latisha also points out that adding barriers to people reentering society would also increase public health threats. Many people who have abused drugs in the past have contracted Hepatitis C and other infectious diseases. Without insurance, they cannot get treatment, and risk spreading those infections to others. This is a matter of public health and safety that should be taken seriously.

**The above comments were collected and are submitted by myself, Miranda Brown, Health Outreach Coordinator for the Kentucky Equal Justice Center.**

**My personal comments follow:**

The Kentucky HEALTH plan assumes that low-income Kentuckians do not have commercial insurance because they have chosen not to, because they do not understand it, or because they have chosen not to work. This is not founded in fact. A stated goal of the plan is to help people “gain employer sponsored coverage or other commercial health insurance coverage” by familiarizing “members with commercial health insurance coverage to prepare them for the commercial market.” However, complicating Medicaid only creates barriers to care—it does not help a person obtain commercial health insurance. It is not logical that knowing how to use a program would also help someone obtain that program. In addition, many Medicaid recipients, like Jay, have successfully navigated commercial insurance in the past, so do not need to be trained in how to use it.

Page six of the plan mentions saving Kentucky taxpayer money. However, Medicaid recipients also pay taxes, so it is fair that they receive benefits and have a say in how those benefits are administered.

Regarding section 1.2.2 about the Deductible Account, charging people extra for emergency room use will not keep them from going to the ER. If they don’t have and understand their other options, they will resort to the ER when their condition becomes intolerable. What prevents emergency room use is having reliable and affordable coverage, seeing a primary care provider and a dentist, and receiving regular health screenings. It does make sense to incentivize those activities.

Page 11’s paragraph on “Commercial Market Policies” states that “approximately half of adults with income below 200% FPL will move between Medicaid eligibility and Marketplace coverage at least once a year, while 25% will move between the two programs more than once.” Why then make the transition even more complicated for these consumers?

In addition, under the current Medicaid structure, members are disenrolled if they miss a recertification or do not report a new address. Disenrollment is punishment enough if it means a person cannot get their bipolar medication on time and could suffer a potentially dangerous episode. Why is it helpful to further punish a member by locking them out of Medicaid for six months?

Regarding the procedures for enrolling and maintaining Kentucky HEALTH participants in the Employer Premium Assistance Program, I do not believe that Kentucky’s Cabinet for Health and Family Services is currently prepared to handle administering timely payments and notices. This belief is based on the Cabinet’s management of client and MCO notices since the onboarding of the benefind system. Adding healthcare.gov into the complexity of our state marketplace will only further burden the Cabinet, making untimely notices and payments more likely. Consumers are likely to be faced with employer premiums not being paid by the state and difficulty paying for their coverage out of their own paycheck.

Section 4 “Cost-Sharing” credits upfront monthly premium contributions with preparing consumers for commercial market coverage policies. However, paying monthly premiums is not something that people need to practice if they are already paying rent and utility bills, as they are most likely doing.

Page 30 explains that Kentucky HEALTH members above 100% FPL will be disenrolled for non-payment following a sixty-day grace period. This is supposedly to prepare individuals for Marketplace policies, however it is not consistent with those policies of suspending claims payment after 30-day payment delinquency, termination of coverage after 90 days, and prevention of reenrollment until the next open enrollment period. Therefore, this inconsistent policy actually has the potential to confuse members if and when they do enroll in commercial coverage.

In summary, I believe the Kentucky HEALTH plan would create restricting barriers to healthcare, and it is naïve to expect low-income Kentuckians to jump through the hoops of this proposal in order to maintain coverage. In addition, it would be an ineffective, inefficient use of Medicaid recipients' and other Kentuckians' tax dollars that would decrease responsible use of healthcare, only feed the fires of chronic disease and public health threats, and create additional administrative burden.

Sincerely,

Miranda Brown

Advisory Council for Medical Assistance (MAC) Special Meeting  
Kentucky Capitol Annex  
Wednesday, June 29, 2016, 1:00 PM – 2:00 PM (EST)

James L Sublett MD Oral Comments

My credentials:

James L. Sublett MD

- Representing KY Allergy & Immunology Society & Greater Louisville Allergy Society
- Private Practice in Allergy & Immunology for 37 years
- Immediate Past-President of the American College of Allergy, Asthma, & Immunology
- Clinical Professor, Allergy & Immunology, University of Louisville Dep of Pediatrics - 37 years
- Section Chief, Allergy & Immunology, University of Louisville Dep of Pediatrics 1995-2014
- Charter member of KY Asthma Partnership FAA - co- founder & managing partner
- Managing partner & co-founder of Family Allergy & Asthma
  - 17 BC allergists, 3 BC Pulmonologists, 12 ARNPs with 26 offices.
- Served underserved areas of the state for nearly 40 years:
  - % on Medicaid:
    - Monticello 61%
    - Somerset 51%
    - Richmond 47%
    - London/Corbin 44%
    - Campbellsville/Taylor/Adair/Green/Lebanon/Marion 46%
    - Areas of Louisville - downtown//south end 48%

Concerned about the following paragraph in the proposal:

*Section 3 Kentucky HEALTH Benefits: The Commonwealth will make several minor modifications to the current State Plan covered services via State Plan Amendment to **remove certain non-traditional Medicaid benefits that were added in 2014 with expansion, such as private duty nursing and allergy testing.***

World-wide epidemic of non-communicable diseases: obesity, CV disease, DM, autoimmune & Allergy, Asthma, & Immunologic diseases.

In KY (based on our current statistics)

- 196,000 asthmatics 13.8-14.7 85% allergic
- Most common cause of hospitalization in children;
- Uncontrolled asthma costs \$14000 vs \$6400 per year for patients not controlled
- 210,000 patients with severe allergies (AR with complications e.g. chronic sinusitis, otitis media) food, drug & skin allergies)
- 1 out of 13 children have severe food allergies

- Allergic diseases are the most common cause of work loss & school absenteeism.
- Outpatient treatment - every \$1 spent saves \$71 in healthcare costs

Agency for Healthcare Research & Quality (August 2013) Reviewed 142 studies:  
Allergy shots improve allergy & asthma & quality of life

Cheryl Hankin PhD

- FL Medicaid plan
- 5000 patients on allergen immunotherapy with matched controls
- 38% lower mean health care costs over 18 mos.
- Overall difference of \$4000
- Significant savings in first 3 months:
  - Children 42% \$3900
  - Adults 30% \$4400

CONCLUSIONS:

- Allergic diseases are, and should be considered to be chronic diseases and included in the HEALTH efforts for disease management programs rather than excluded.
- Allergy treatment is highly cost effective.



## Kentucky Psychological Association

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*Promoting psychology as a science and a profession.*

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July 20, 2016

Commissioner Stephen P. Miller  
KY Department for Medicaid Services  
275 East Main Street  
Frankfort, KY 40621

via Email: [kyhealth@ky.gov](mailto:kyhealth@ky.gov)

Dear Commissioner Miller,

The KY Psychological Association appreciates having the opportunity to review and to make comments on the Kentucky HEALTH 1115 Waiver proposal. Being Medicaid providers, psychologists have a unique perspective on the proposed changes. For fifty years, psychologists have provided Medicaid services as employees of the Community Mental Health Centers, where they have served as CEOs of centers, directors of programs, supervisors of services, and direct service providers. With the advent of Medicaid Expansion in Kentucky and the opening of the behavioral health network, psychologists have been functioning as independent providers credentialed and reimbursed for both Medicaid behavioral health and health psychology services. With this depth and breadth of experience with Medicaid service delivery, we feel that psychologists provide a valuable perspective on the proposed changes to the Medicaid program.

We want to highlight two underlying priorities: maintaining Medicaid Expansion and preserving substance use disorder (SUD) services. Medicaid Expansion has given access to behavioral health services to a large number of Kentuckians who previously were not receiving care. Continuing this critical access to care should be a priority as changes are considered. Medicaid Expansion brought SUD diagnosis and treatments into the Medicaid program. Substance abuse could easily be identified as Kentucky's Number One public health problem! Maintaining SUD services and expanding services to Kentuckians with SUD and co-occurring mental illness should be a priority. We support the proposed IMD exclusion to afford more inpatient and residential care and urge you to make clear that those with a dual diagnosis of SUD and mental illness (MI) will be included.

We are also pleased to see in the waiver proposal:

- That all behavioral health services are fully maintained.
- That there will be significant reform with the managed care companies including uniform credentialing, and consistency of formularies, prior authorization policies and forms.
- That there is movement in reimbursement from a volume-base to a value-base system. We feel that psychologists have much to offer in definition and implementation, not only as

Thank you for this opportunity to comment on the proposed Medicaid waiver. As psychologists, we feel that we have expertise and experience to offer our assistance to the Administration and hope that we will be invited to do so.

Sincerely,

Handwritten signature of Lisa Willner in cursive script.

Lisa Willner, Ph.D.  
Executive Director

Handwritten signature of Amanda Merchant in cursive script.

Amanda Merchant, Ph.D.  
President

## MEMORANDUM

July 22, 2016

Commissioner Stephen Miller  
Department of Medicaid  
Cabinet for Health and Family Services  
Commonwealth of Kentucky

Commissioner Miller:

Here are comments on the 115 Medicaid waiver regarding the Medicaid expansion.

My name is Col Owens. I am a recently retired Senior Attorney from the Legal Aid Society of Southwest Ohio. During my career I concentrated on health care issues of our low-income clients, primarily Medicaid issues. Many of our clients relied on Medicaid. Others went without access to care -- until the Medicaid expansion.

Ohio adopted the Medicaid expansion in 2013 with the strong support of Gov. Kasich. The Republican-dominated legislature opposed it but finally acquiesced. Since its implementation over 600,000 Ohioans have received health care, many for the first time. Ohio is now seeking a waiver to redesign its program, at the behest of the legislature.

Gov. Beshear expanded Medicaid in Kentucky via executive action. Since its implementation over 400,000 Kentuckians have received care, and health conditions among recipients have improved greatly. Most people agree that the expansion is a good thing – a Kaiser Family Foundation poll found in December 2015 that 72% of Kentuckians wanted to keep the expansion without changes.

Gov. Bevin won election on a promise to take the expansion down. He has instead also developed a waiver proposal to redesign the program. His proposal is based on several assumptions: that 1) low-income Kentuckians do not understand private insurance, 2) they do not adequately appreciate the coverage they receive, 3) they do not work unless required to, and 4) they need to have “skin in the game” by paying co-payments, deductibles and premiums, to achieve dignity.

These assumptions are demonstrably inaccurate. Here’s why.

**First, not taking advantage of employer insurance.** The failure of many low-income workers to take advantage of employer insurance, where offered, has little to do with understanding insurance. Studies show, and experience validates, it is a matter of affordability. Costs are rising much faster than wages. As well, employer-sponsored insurance is declining, from 70% in 1980 to 56% today. It is thus less of an option for workers generally, much less low-income workers, and is increasingly unaffordable.

**Second, “churning.”** “Churning,” recipients going on and off the program because of failing to renew on a timely basis or other administrative failure, is not due to a lack of appreciation for the program or coverage. It is much more related to the overall complexity of the program, and the application and renewal processes, as well as the instability of many low income people’s lives. Continuous and predictable coverage over time helps to decrease churning.

**Third, work requirement.** It is a great fallacy that low income people must be forced to work. This assumption inverts the real truth of Medicaid – that it supports working. Most low-wage jobs do not offer benefits. Taking those jobs leaves workers and their families vulnerable to any health care issue or crisis that might arise, such as an accident, illness, injury, or chronic illness. Many low income people face major obstacles to working, including education and/or skills deficits, health issues, lack of transportation, or simply the lack of jobs. Notwithstanding these challenges, data show that most non-disabled low-income adults eligible for the Medicaid expansion are working.

**Fourth, “skin in the game.”** This is perhaps the most easily disproved of all these assumptions. Self-sufficiency studies show the living costs for varying-size families in specific communities or counties. They take into consideration all basic living costs, such as housing, food, utilities, health care, child care, transportation, etc. They routinely show that while many low-wage jobs, especially those near the minimum wage, pay below-poverty wages, the needs of almost all families lie somewhere near 200% of the poverty level. Low-wage workers do not earn enough money to achieve economic stability for their families. It is simply untrue that low-income people have sufficient discretionary income with which to pay co-payments, premiums or deductibles.

## **Conclusion**

Low income people, like all people, need health care. Medicaid provides that. Low income people want to work, if they are able, to provide for themselves and their families. Medicaid helps them to do so. Low income people, like all people, want dignity. Medicaid helps them achieve that. Finally, low income people want to get ahead economically, so they can assume greater responsibility – and ability – to “pay their way.” Medicaid helps with that.

The Medicaid expansion has achieved significant gains for hundreds of thousands of Kentuckians. This is an amazing accomplishment in the first years of implementation. Over time it will more than pay for the state’s investment, by reducing health care conditions and costs, by increasing employment, by creating health care jobs, by reducing uncompensated care costs that get inefficiently, dishonestly and unfairly re-distributed to the rest of society, and by increasing revenue from a healthier, more stable and productive workforce.

Kentucky should keep the Medicaid expansion as it is.

Col Owens, J.D.



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[kyyouth.org](http://kyyouth.org)

July 22, 2016

Commissioner Stephen Miller  
Department of Medicaid Services  
275 E. Main Street  
Frankfort, KY 40621

RE: The Kentucky HEALTH waiver proposal

Dear Commissioner Miller,

Kentucky Youth Advocates (KYA) appreciates the opportunity to engage in multiple conversations with the Cabinet for Health and Family Services since the release of the Kentucky HEALTH proposal. We believe Kentucky HEALTH provides several positive provisions for specific populations on which KYA focuses. KYA strongly recommends the proposal maintain the cost-sharing exemptions for children and pregnant women, work or community engagement exemptions for parents who are the primary caregiver, and the current benefit package for children, pregnant women, and parents covered through SSA 1931.

Although these positive components are in place, some provisions in the Kentucky HEALTH proposal raise concerns. Previous experience in other states has shown that when parents lose coverage due to added requirements and cost-sharing mechanisms, their children will also lose coverage even if children's eligibility and benefits do not change. In 2003, Oregon<sup>1</sup> implemented several requirements for parents on Medicaid at certain income levels such as premiums, reduced benefit packages, and lockout periods. A study on Oregon after the changes found that 50 percent of uninsured children lived in a household with at least one adult who had recently lost Medicaid coverage. Similarly, over 51 percent of children with a recent gap in insurance coverage had an adult in the household who lost Medicaid, compared with only 38 percent of children without coverage gaps. Overall, children living in a household with an adult who lost Medicaid coverage after implementation of new Oregon requirements were more likely to have no health insurance and/or have had a recent insurance gap.

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<sup>1</sup> Devoe, J.E., Krois, L, Edlund, T., Smith, J., & Carlson, N.E. (2008) Uninsurance among Children Whose Parents Are Losing Medicaid Coverage: Results from a Statewide Survey of Oregon Families. *Health Research and Educational Trust*, 2, 401-418. DOI:10.1111/j.1475-6773.2007.00764.x

Kentucky Youth Advocates Recommendations:

**We recommend former foster youth be explicitly addressed by the waiver and exempted from premiums, lockout periods, and work/community service requirements.** Current research has shown that vulnerable populations face significant challenges to accessing and receiving health care services. Under the 2010 Affordable Care Act, former foster youth are eligible for Medicaid until age 26 despite their income. This population has serious health care needs due to the trauma they have experienced in life and we want to ensure continuous health coverage for them.

**We recommend that individuals diagnosed with a substance use disorder (SUD) be exempted from all cost-sharing and work (or community engagement) requirements until they no longer require treatment.** We know the Cabinet is aware of substance abuse issues that plague Kentucky. If adults fall behind in paying premiums, we are concerned about their access to substance abuse treatment which is important to help individuals get back on track.

**We recommend that the Kentucky HEALTH proposal exempt all caregivers in non-traditional situations, like kinship care, from all cost-sharing and work (or community engagement) requirements.** Non-traditional families, like kinship caregivers, face many challenges. This vulnerable population often struggles to meet the financial requirements associated with raising children they had not planned to care for and may be unable to keep up with the requirements in this proposal.

**We recommend that the Kentucky HEALTH proposal includes dental and vision benefits in the standard benefits package.** We are concerned about the loss of dental coverage for many parents in the Commonwealth. Currently, Medicaid adults have limited preventive and restorative dental coverage, which includes: exams, cleanings, x-rays, and fillings. The proposal makes it difficult for adults to earn enough points in a My Rewards account to pay the Medicaid rates for dental services. They would have to engage in several activities that they may not be able to complete in a timeframe when they need immediate dental care. We believe this proposed change will cause people to forego care if they cannot afford dental services and lead to an increase in Emergency Room visits to get immediate relief. We believe the inclusion of dental coverage should not be an earned benefit, but rather a key component in the standard benefits package. By including dental coverage, Kentuckians will ultimately have better oral health and health outcomes.

**We recommend Kentucky HEALTH cap the monthly premium at \$15 per month for the length of the demonstration project to make Medicaid affordable for working adults without employer-sponsored insurance who cannot secure jobs with higher pay.** We are concerned that low-income parents from 100-138% of the poverty line will not be able to pay the increasing premiums if they cannot find higher-paying jobs. If parents cannot afford monthly premiums, they will likely lose coverage and, as a result, many parents may go without having

their health needs met, causing poorer overall health. We know parent coverage is closely linked to child coverage and worry if parents lose coverage, they will not know to renew their kids in coverage when it comes time each year. We support a lower maximum premium threshold.

**We recommend that those under 100% FPL be exempt from premiums and co-payments.** Individuals and families living at or below 100% of FPL struggle to provide for their children. Premiums or co-payments would put more strain on the family budget.

**We recommend removing barriers such as lockout provisions and the requirement to back pay premiums (if dis-enrolled for non-payment).** Removing these barriers will ensure individuals stay covered without digging into a financial hole from which they cannot recover.

**We recommend that Kentucky HEALTH include a robust list of incentives for parents and pregnant women,** for example: attending prenatal care visits, post-pregnancy visits, registering for HANDS home visiting services, taking children to well-child visits, taking children for preventive dental visits, and purchasing healthy foods. The incentive-based program called the *My Rewards Account* includes many activities to earn money for other services, but, as written in the waiver, is most beneficial to those who already participate in unhealthy behaviors (like smoking) or are ill. Individuals and parents who are deemed healthy have limited opportunities to earn rewards for services.

**We suggest that a definition of pregnancy include a time period of 6 months after birth to ensure eligibility for appropriate follow-up care.** In the proposed waiver, the timeframe for pregnancy is not defined. Previously, Medicaid has defined pregnancy as ending 3 months after birth. However, we have heard this is not adequate time for appropriate follow-up care for women, especially if they have a C-section.

**We recommend the commonwealth of Kentucky extend the implementation timeline of this proposal.** As with any program, effective implementation is the foundation to success. To ensure a smooth transition, a thorough communication strategy should be in place so consumers know how to navigate Kentucky HEALTH. Extensive outreach and ongoing communication about eligibility and program requirements will be crucial for both parents and children to maintain coverage and access to services. The communications plan should ensure members understand the plan, requirements, and coverage.

**We encourage the state to ensure Medicaid members have access to help if they have questions about their plan in person, by phone, and online. We also strongly recommend that help be available after regular business hours so parents who work during the day can get help in the evening in understanding their plan.** In the commercial marketplace, there are typically many places people can go if they have questions about their plan such as phone numbers to call, people to help them in person like insurance agents, and information online.

Under Kentucky HEALTH, Medicaid members would need several accessible places to go to help them learn about and understand their plan. In the past, parents have had trouble reaching the state for answers to their benefit questions, and neither they nor their children can afford for their questions to go unanswered.

Children and pregnant women are protected from the potential negative impacts that premiums and reduced benefit packages could have, and we thank Governor Bevin for considering those vulnerable Kentuckians. However, many parents will be significantly impacted by this proposal. Because parents' health is critical to the well-being of children, Kentucky Youth Advocates supported covering more parents through Medicaid, and we want to ensure continued access to health coverage and health care. We look forward to working with you to improve health outcomes for Kentucky children and families. Thank you for the opportunity to communicate our recommendations for the Kentucky HEALTH proposal. We appreciate your consideration of these suggested changes.

Sincerely,

A handwritten signature in black ink, appearing to read "Terry Brooks", with a long horizontal flourish extending to the right.

Dr. Terry Brooks  
Executive Director

Joan Buchar, PhD, MPH  
1733 Chichester Avenue  
Louisville, Kentucky 40205

July 21, 2016

Stephen P. Miller, Medicaid Commissioner  
Cabinet for Health and Family Services  
275 E. Main St.  
Frankfort, KY 40621

Dear Commissioner Miller:

As a public health professional who has worked in local public health settings, taught public health courses and consulted with public health agencies, I would like to express my concerns about the changes being proposed in the Kentucky HEALTH waiver.

From a public health perspective:

We know that people need to have access to healthcare services (coverage) if they are going to be healthy. The requirement for premiums is likely to create a financial burden on current Medicaid members which will cause them to lose their coverage. Barring them from services will not make them healthier; rather it may cause their health to decline.

Moreover, a person with untreated illness may endanger others. For instance, a person with an infectious bacterial or viral disease can put whole communities at risk, with the potential of causing economic, emotional and physical stress on entire populations.

Furthermore, undiagnosed and/or untreated chronic diseases can result in the loss of potential years of productivity and increase the likelihood that more extensive and expensive emergency care may be needed in the future at a much greater cost to the individual and other insureds who will bear that cost, too..

The proposed reduction in benefits on dental and vision health makes no sense from a public health perspective, as these visits are often the site of early diagnosis of serious health conditions, and oral and systemic health are often related.

From a taxpayer perspective:

I am happy to have my future tax money supplement the federal dollars necessary to continue covering my fellow Kentuckians in the Medicaid Expansion. Improving the

health of Kentuckians through increased access to comprehensive health care is a wise investment of our resources. The fact that the federal government will invest 90 cents for our 10 cents is an opportunity we shouldn't refuse.

From a humanitarian perspective:

The requirements for Medicaid members to attend classes or to volunteer in their community are laudable, but unrelated to health coverage. The presumption seems to be that the individual is neither engaged in their community nor educated. The low income people I know have multiple jobs and are active in church and/or their children's school activities.

A person with chronic or acute illness should have access to health care to alleviate pain and suffering and allow the person to pursue the God-given (and constitutional) right to life and happiness.

I believe that health care is a right for all.

In closing, it appears that the plan being proposed is a step backward rather than an improvement on the success that we have achieved in Kentucky through Medicaid Expansion. I urge you to reconsider the particular details of the HEALTH proposal that will reduce coverage and benefits or make coverage more difficult to attain or keep. The current expansion has been a boon to Kentucky's economy, but more importantly, it has provided much-needed access to healthcare for thousands of Kentuckians and their families.

Respectfully,

Joan Buchar, PhD, MPH

## **Waiver Design and Oral Health Considerations concerning the Proposed Kentucky Health Waiver (7-15-2016).**

### **Background**

*We are a group of 5 senior dental scientists and Kentucky health leaders with more than 160 years of direct experience concerning oral health and Medicaid/KCHIP in Kentucky.*

Thank you for the opportunity to provide written comments.

### **Summary**

Our professional opinion is that the design of Kentucky Health clearly does not fulfill the stated access objectives and intent of CMS Medicaid waivers or the Affordable Care Act, but instead adds additional jeopardy to the already poor oral health and general health metrics of the Kentucky population.

### **Comments**

Significant benefit reductions and new access barriers are proposed regarding enrollment, continuity and costs for participants in this plan to control Medicaid costs.

Instead of enabling health and targeting Kentucky's major health problems as was "rolled-out" to the public in the official announcement from the Governor's office, the proposed design constrains and interrupts enrollment of a vulnerable Medicaid population, at the expense of quality health for the population and under the guise of controlling state expenditures.

We are baffled by the "fuzzy" cost explanation put forth by the design team to justify reducing the adult dental and vision benefit. Both were proposed as examples that underpinned why Kentucky cannot afford the existing successful Medicaid expansion.

The frank reality is that adult dental expenditures comprise less than 2% of the cost drivers for the state share of the Medicaid state/federal match. The flawed concept that the Medicaid system could be better financially balanced by eliminating these costs seems rather disingenuous. We believe the fundamental basis behind this decision reflects poor understanding and disregard of available health science. Instead, this is an ideological design choice to set up a “Reward Program” that will somehow improve the future health of the Commonwealth.

Our contention is that if the “design team” had vetted the literature on oral and general health, they would have realized the folly of this design and that many unrecognized and unintended long term health costs would result from the consequences of lack of dental care.

In the case of adult dental services, our dental team comment is the proposed design would cost Kentucky more in direct state expenditures due to the comorbid effects of poor dental health on major cost drivers such as diabetes and cardiovascular disease, not less, as proposed by the “design team.”

**We offer three additional summary observations about the general design.**

**First**, the design is inconsistent with the ample body of existing evidence on work requirements, reward programs and efforts to move Medicaid populations towards improved health and income status.

**Second**, the design as proposed is extremely complex. It would be cumbersome and expensive to administer and evaluate and we believe fundamentally creates an environment to discourage the ability of Medicaid population to access care. **Third**, we applaud the efforts to

strengthen behavioral health and substance abuse services for the Medicaid program, both of which are extensive unmet needs in the population of Kentucky.

Our remaining observations address considerations associated with the specific dental recommendation.

### **Oral Health/Dental Services**

The Kentucky Health design is not based on the latest science of oral health and general health, the available evidence concerning the delivery and finance of Medicaid dental services or recent input from Kentucky stakeholders. All available scientific evidence indicates oral health should not be discretionary for any member of our population. Poor oral health has many hidden major costs, both direct and indirect, that regularly accrue for state and private medical expenditures and for patients because of inadequate care coordination between medical, behavioral and oral health providers.

Existing CMS policy, reflecting how healthcare should occur in the 21<sup>st</sup> century, and the resulting recommendations stipulate increased integration of oral health with primary medical and behavioral healthcare. **We note the 2015 national report on the Oral Health Delivery Framework for integrating oral health with primary care.** A similar recommendation and regional demonstration projects using this framework were called for after a year of planning and input by Kentucky stakeholders and included in the 2015 Kentucky State Health Innovation Plan (SHIP). A 2016 study of Oral Health in Kentucky conducted by the national CMS Oral Health Workforce Center at State University of New York at Albany reached the same conclusion. Their report also called for increased oral health/primary care integration and care coordination in Kentucky.

At the University of Kentucky, we now work with primary care partners and dental providers across Kentucky to respond to the CMS and Kentucky stakeholder recommendations. Recently, CMS awarded **10** oral health expansion grants to community health systems in Kentucky, affirming their national policy and the responsiveness of the Kentucky primary community to act on this need.

We have ample evidence indicating that low income adults who received dental coverage via Medicaid expansion in Kentucky did have serious unmet dental needs reflecting previous financial barriers to dental care. Many were working adults. After receiving Medicaid dental benefits, they sought relief and care in large numbers, and the Medicaid dental community also responded, increasing participation in Medicaid. It is well documented, after Medicaid expansion, that the oral health access for Medicaid adults was addressed in substantial ways that we had not previously observed in Kentucky. A major need was being addressed in the nationally recognized Kentucky delivery system.

Our comment is eliminating the adult benefit as proposed for the expansion population would be a major step backward for Kentucky, negatively affecting the ongoing implementation of integrated primary care delivery models. This is inconsistent with CMS waiver objectives and integrated care recommendations. It is also inconsistent with Kentucky's needs and input from Kentucky stakeholders.

The following considerations and observations are also highly relevant:

**Oral Health/General Health Relationships**

Stated goals for Kentucky Health include addressing obesity, diabetes and cardiovascular disease, all major cost drivers for the Kentucky Medicaid Program.

We have a growing body of evidence that poor oral health is a risk factor for these major Kentucky health problems. Indeed, the latest professional care literature recommends chronic gum infections, obesity and diabetes should be managed as a “syndemic,” with all of these diseases sharing an underlying cycle of chronic inflammation.

Oral diseases for all income groups have been described as a “silent epidemic.” That is particularly true in low income populations, where finances represent major barriers to receipt of regular dental care. Scientists continue to publish research studies defining the connections between oral health and general health, the breadth of which are even stronger than first realized with the associated cost considerations embedded in the subsequent massive costs of medical and hospital care for the systemic disease sequelae.

Comment: CMS has very strong interagency reports and recommendations for increased care integration and coordination at all levels. A waiver design that reduces this emphasis and works against increased care coordination should not be presented to CMS, nor do we believe it will be approved by CMS.

### **Cost Considerations**

We also determined that the proposed waiver dental design in the waiver request is based on a set of flawed cost assumptions. This alone is a very strong argument for re-visiting and changing the dental design of Kentucky Health.

In 2014, total Medicaid claims expenditures paid to dentists for the age 21 and older Medicaid population were \$53,160, 592. **At a future expansion Medicaid match rate of 90/10, the 2014 state dollars required to provide dental coverage for the adult expansion population are estimated to be a little more than \$5,300,000.** The total Medicaid dental expenditures represent less than 2% of total Medicaid expenditures. We estimated the number of Kentuckians in the expansion group will range between 225,000 and 250,000. If the dental expansion cost is calculated accurately, the state share of this cost is and will continue to be an extremely small part of the total state Medicaid budget. It should not be “sold” to the public and CMS as a concrete fiscal or health improvement for the Commonwealth. The adult expansion state dental Medicaid line item for will always be relatively small. Kentucky can afford the adult dental benefit.

Oral health should be accurately viewed, based on scientific evidence, as essential for helping improve the overall health and cost containment objectives for Kentucky Health. Additionally, the business community recognizes that dental pain in adults results in missed work and substantially reduced employee job productivity, both adversely affecting the economic base in Kentucky, particularly in rural areas.

**As a specific example, all existing evidence supports that, if the waiver is implemented as designed, hospital emergency room (ER) use related to dental pain and infection would dramatically increase. ER use for dental pain and infection is financially inefficient and wasteful.** Most ER departments in Kentucky do not have onsite dental services. Typically, dental pain and infection are addressed by medical ER personnel using prescription medication and referral. This ties up valuable ER time needed for medical emergencies and is an often unrecognized, hidden cost for hospitals.

The cost to the system of an ER visit for a “simple toothache” can vary from \$750-\$1000 dollars without fundamentally resolving the problem due to lack of dental expertise in ERs. In contrast, funding for a visit to a local participating dentist to treat/eliminate the disease is much cheaper, less than \$200, and directly addresses the primary problem.

National studies of health care financing consistently document that the major cost drivers are long-term care, hospital care, pharmacy and complex chronic disease care, particularly end-of-life support. If the state Medicaid system truly wants to reduce these costs long-term, it will satisfy the need for coordinated, community-based primary care models that provide more efficient and effective models to care for Kentucky’s aging population. Oral health services need to be integrated within these models, not to be excluded from them.

To use adult dental benefits as the example of services Kentucky cannot afford in controlling healthcare costs is misleading. If Kentucky can support building another bridge across the Ohio River to Indiana at a cost just under \$1B, Kentucky can and should be able to support \$3-5 million for an annual adult dental benefit for 250,000 low income adult Kentuckians. As importantly, the simple math of the financing of healthcare with the economic multipliers and the *economic impact in*

Kentucky communities (high federal match rate of 90%), points to false financial and economic logic underlying the proposed waiver.

We also observe that hospitals and other providers have greatly benefited from reduced bad debt due to Kentucky's nationally recognized successful Medicaid expansion. This "protection" seems to be maintained in the waiver design, perhaps explaining the support of the Kentucky Hospital Association and some major health systems for overlooking fundamental defects in the Kentucky Health waiver. The hospital and major medical disease is where major costs are and major savings can be achieved. Perhaps the hospitals, other health care organizations and managed care organizations, rather than Medicaid patients and dental providers, should be asked to "put more skin in coordinated, integrated primary care." This approach would benefit patients and save both hospitals and Kentucky money long-term, resulting in improved health for all Kentuckians and an improved economic structure for the future of the Commonwealth.

Again, our evidence-based conclusions strongly support that the dental portion of Kentucky Health, as currently designed, will cost Kentucky more, not less money in ancillary health care costs over the long-term.

### **Other Dental Delivery Systems Effects for Kentucky**

We are also deeply concerned about the effects of the proposed dental waiver design on the dental workforce and dental safety net system in rural Kentucky. Kentucky has an aging dental workforce. In rural Kentucky, particularly the Appalachian coal fields and the Mississippi Delta, the dental workforce in rural Kentucky has suffered a "triple whammy."

Due to the depressed economy, their patient base has lost much of the previous private dental insurance, patients cannot afford high out-of-pocket payments for dental services and dental reimbursements have been reduced by the new MCOs as managed care was implemented across Kentucky. Many administrative and credentialing complexities and payment disputes have been introduced by the multiple MCOs that are well documented by the Medicaid Technical Advisory Committees.

Many dental providers report that Medicaid expansion and the adult dental benefit are the only way they currently maintain rural dental practices. Many rural dentists even question the long-term viability of the private professional dental practice model in rural Kentucky even if the current adult benefit continues. Recent workforce trends indicate existing dentists are leaving practices in rural counties and younger dentists are reluctant to locate in rural Kentucky, preferring the Central Kentucky Triangle. If the adult dental benefit is eliminated as proposed in the waiver, these trends will clearly accelerate, reducing the positive economic infusion of dental services into rural Kentucky counties, further adding to the economic downturn in Kentucky's economically depressed rural regions.

Similarly, the network of federally qualified health centers serving Kentucky will also be adversely affected by the dental waiver design and elimination of the adult dental benefit. Medicaid expansion and the adult benefit have helped support the current oral health expansion in rural Kentucky and the initial evolution of coordinated care models.

Negative dental workforce outcomes, both for the private and dental safety-net sectors, are almost certain to occur if the current dental provisions of the Kentucky Health waiver are implemented. **Workforce losses would harm dental access, not only for adults who live in rural Kentucky, but also for children who live in these rural areas.** This

would translate into a very heavy health systems cost burden for Kentucky, far exceeding the relatively small cost of the state portion required to maintain the adult dental benefit under a 90/10 match rate.

### **Dental Insurance**

As a final set of concerns, we believe the waiver as designed is based on an incomplete understanding of the implementation parameters of dental insurance. **Dental benefit plans in the private marketplace principally reflect dental prepayment, not dental insurance.** The optional dental plan benefit design and choices of the Kentucky Employees Health Plan reflect this difference from health insurance coverage. With the inter-relationships between dental premiums, copays, cost sharing percentages for many services and annual maximums, the patient is essentially paying most of the major portion of the full cost of their dental services. Dental benefit companies'/plans' financial success is predicated on profits derived from low dental utilization.

For the adult expansion population and their limited income levels, the cost barriers associated with private dental insurance would be problematic. Eliminating the Medicaid dental benefit for adults and allowing them to earn coverage through the proposed "Reward Program" linked to the Kentucky Employees Health Benefit dental plan options essentially asks them to self-fund a significant share of their dental services cost. **The net effect is introducing a substantial new financial access barrier for dental services for the adult expansion population. This is a hidden cost barrier, not immediately obvious or adequately described in the Kentucky Health waiver.**

## **Summary**

**For all of the reasons presented above, we strongly urge Governor Bevin and the design team for the Kentucky Health waiver proposal to seriously reconsider the dental provisions.**

In contrast to the current dental aspects of the waiver, our input and recommendations are supported by the latest dissemination and implementation science, stakeholder input and the best current knowledge concerning dental care delivery, workforce utilization and financial structure for improving health.

### ***Recommendations***

- (1) Maintain the Medicaid adult dental (and vision) benefits.
- (2) Build positive dental incentives into the design of the final Reward Program. Reward incentives should strengthen current benefit structure and be aligned with CMS framework recommendations for well-child visits, dental care for expectant mothers, oral cancer screening and dental care for diabetic patients.
- (3) Give serious consideration to incorporating demonstration projects related to the CMS recommended Oral Health Delivery Framework into the Kentucky Health waiver.

We conclude adoption of these 3 recommendations would be positively received by CMS and would significantly strengthen the waiver proposal. All can be adopted while maintaining the major consequences for controlling state Medicaid costs in Kentucky. This approach would save money and help control future state Medicaid costs.

## **Post-Comment**

We appreciate the opportunity to provide input.

We all feel and share a deep professional responsibility and duty to give you our very best professional and scientific dental advice on the proposed Kentucky Health waiver. If you think it appropriate, we also offer to help shape an improved waiver plan.

**Implementing the current design of Kentucky Health is not in the best interests of the citizens of our Commonwealth or the state Medicaid budget.**

*Note: Our comments and recommendations reflect the beliefs and assessments of only the five senior dental authors listed on the following page. In no way does this comment document represent official comments or policy positions from the University of Kentucky or any of its academic units.*

## **Respectfully Submitted**

M. Raynor Mullins DMD MPH Emeritus Dental Faculty, University of Kentucky and UK Center for Oral Health Research, Member, Kentucky Public Health Hall Of Fame; Past-President, American Association of Public Health Dentistry.

James C. Cecil DMD MPH Former Dental Director and Medicaid Dental Director, Kentucky Cabinet for Health and Family Services, Member, Kentucky Public Health Hall of Fame; former Chief Dental Consultant to Assistant Secretary of Defense (Health Affairs) and Advisor in Preventive Dentistry and Oral Health to Surgeon General, U.S. Navy.

Jeffrey P. Ebersole PhD. Alvin L. Morris Professor of Oral Health Science, Associate Dean for Research, Director, UK Center for Oral Health Research , University of Kentucky; Past-President , American Association for Dental Research.

Robert G. Henry DMD MPH Veterans Administration, Lexington, Ky. Former President, American Association for Geriatric Dentistry and Kentucky Dental Health Coalition; Chair, Board of Directors, Federations of Special Care Organizations in Dentistry; Founder, Mission Lexington Dental Clinic.

David A. Nash DMD M.S. Ed.D. Former Dean, College Of Dentistry, University of Kentucky; William R. Willard Professor of Dental Education and Professor of Pediatric Dentistry, University of Kentucky .

# DOVES

*Domestic Violence Emergency Service of Gateway, Inc.*

*P.O. Box 1012*

*Morehead, Kentucky 40351*

*606-784-6880 • Business Line • 606-784-2622 • Fax*

*800-221-4361 • 24 Hour Crisis Line • dovesofgateway@yahoo.com*

July 22, 2016

Commissioner Stephen Miller  
Department for Medicaid Services  
Frankfort, KY 40621  
[kyhealth@ky.gov](mailto:kyhealth@ky.gov)

Dear Commissioner Miller:

As the executive director of Doves of Gateway Inc., I appreciate the opportunity to comment on Gov. Bevin's proposal to transform Medicaid. My agency provides residential and nonresidential services to domestic violence survivors and their children, so we have seen first hand how low-income families have benefited from the expansion of Medicaid.

Medicaid recipients need access to care without barriers. We are concerned that charging premiums and co-pays will discourage people from seeking care, which can lead to more emergency care and hospitalizations.

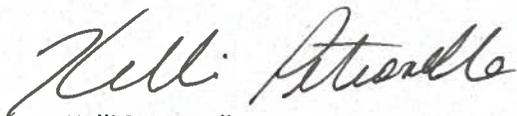
We are also concerned about the provision that would "lock out" adult Medicaid recipients who make more than 100% of the FPL when they don't pay their premiums or reenroll. This will lead to families losing coverage for lengthy periods of time. The only solid evidence we have about the impact of premiums on low-income individuals and families is that it *decreases* access to care. There's no evidence that charging premiums and enforcing a lock-out period will increase patient engagement or improve health.

While we applaud the potential increases in behavior health care, we are extremely concerned about the requirement that individuals deemed to be "mentally frail" pay a premium for their health care. Many of these individuals have serious mental illnesses or substance abuse disorders or other disabilities and aren't equipped to pay premiums. Many don't have checking accounts or even a stable address.

Finally, please restore the dental and vision benefits to all Kentuckians.

We need to ensure that the 1115 waiver is designed improve access to critically needed healthcare services for our most vulnerable citizens. Kentucky's Medicaid expansion has been a tremendous success and we need to build on our successes not move backward.

Sincerely,



Kelli Petronella  
Executive Director

My name is John Rosenberg. I chair the Big Sandy Aging Council in Prestonsburg, Kentucky. I am pleased to file these comments on behalf of the Council.

The Council is established under the Older Americans Act, and, among other things, serves as an advocate for older persons in the Big Sandy District. There are about 30,000 persons over age 60 in our District, and over 5000 who are under the poverty guidelines. We know that, because of the expansion of Medicaid, many of our older persons are now able to get access to health care who were unable to get this important benefit in the past.

I testified at the Public Hearing on the 1515 Waiver proposal in Hazard, Kentucky on July 6, 2016. My testimony is incorporated in these written comments. I have updated it somewhat in light of the other testimony that I heard at the Hearing, as well as the explanations and illustrations provided by members of the Cabinet and Administration.

Our concerns and objections regarding the Waiver are the same as the ones that have been highlighted by individuals and representatives of advocacy groups at the prior hearings and again at the hearing in Hazard, especially those related to the provisions regarding community engagement and employment; the payment of premiums, and the deletion of dental and vision coverage from basic benefits for adults. I will address those objections only in part because they have been well documented by others.

In addition to chairing our Aging Council, I served as Director of Appalred, the legal services program that serves low income Kentuckians in thirty seven eastern Kentucky counties, for over thirty years, so I have some familiarity with the day to day problems this

population faces. Like many others, I was very pleased to see the Medicaid expansion put into place by Governor Beshear, to see the huge drop in the uninsured population in Kentucky; and to see this population, often for the first time, get access to health care which they need and deserve. For in this country, access to health care should be a right for all of us.

The Secretary states that there has been no noticeable improvement in Kentucky's health since the expansion; and therefore the changes in the waiver are justified. But this overlooks the thousands of persons who have been screened for the first time, and those who have received preventive services and treatment for the first time. While it is true that the state's overall health statistics continue to be among the worst in the country, there has hardly been enough time to evaluate the changes that are bound to come as these thousands of persons who have entered the health care system for the first time will now continue to participate. As you have heard from respected Doctors like Doctor JD Miller, rather than expanding health care, your proposal sets up impediments to care. Dr. Miller spent years serving low income clients and the working poor in Harlan and neighboring counties and knows whereof he speaks.

Others have already addressed the proposed deletion of dental and vision care. What a mistake! So many health issues are the result of the failure to have dental care; and conversely, so many health related problems are recognized for the first time by the person's dentist. My own sister in law would have died years sooner if her local dentist had not determined that there was more to the tooth ache she complained of, and sent her on for further testing, which determined she had cancer of the jaw and for which she needed to be treated. Similarly, we

know what a disability the failure to have good vision can be. Often times diseases like diabetes are diagnosed for the first time in the optometrist and ophthalmologist chair. If you have been to one of the medical fairs staged by RAM, Remote Area Medical, in eastern Kentucky, or in nearby southern Virginia, you will see people waiting for hours for free medical care –the longest lines are for persons who need glasses and can't afford them, and the lines for dental services are equally compelling. What is the sense in deleting these important basic benefits, and making them available only as an add-on for those who could obtain them under your very questionable proposed awards program. In many respects, it is quite vague, and the proposed listed awards seem to be quite small relative to the proposed costs they are intended to cover. To be sure the awards program is a poor substitute for basic benefits that ought to be included for all recipients.

As persons testified at the hearing in Hazard, coverage for hearing aids should not be deleted, either; for these aids are often the key to being able to function independently. Yet, because of the prohibitive cost, without coverage by Medicaid, many of our citizens would not be able to obtain them.

The proposed change to limit transportation coverage only for emergency services would hit recipients in our rural area particularly hard. Transportation availability here is so limited, that we are fortunate to have providers like Sandy Valley Transportation as the only means for many Medicaid recipients to get to their medical providers. Limiting reimbursement for medical transportation to emergency situations would be a severe blow to the agency, but more importantly to the clients, especially our older citizens, who depend on them.

To be sure there are some good things in your proposal. Our terrible drug problem has to be addressed, and proposing incentives to stop smoking is good- although a statewide smoking ban ought to be part of an overall solution. Nevertheless, I would hope that your priority would be to address the concerns and objections we have set forth first. In that regard, I hope you will give particular attention to the analyses and recommendations of groups like Kentucky Voices for Health, the Kentucky Center for Economic Policy and AARP.

We are disappointed that the Governor has chosen to end the KYnect program, surely one of the great successes under the Affordable Care Act. The potential transition to Benefind has been anything but smooth, with thousands of complaints still being processed. We hope that there will be accommodations which will ensure that the future system will be responsive to recipients, consumer friendly, and economical.

We know this is an expensive program- but so is the state pension program for which this administration and the legislature provided a major fix. And so is the corrections program which has been costing millions more of state tax dollars from year to year. Yet our state budgets seem to be able to cover the increasing cost. Surely, the health and well being of a major segment of our population is at least as important, and that better solutions can be found than the proposals about which we have expressed our concerns.

Finally, I would hope that, if the effort to obtain the waiver is unsuccessful, that the Governor would avoid eliminating coverage for those who are participating because of the expansion-as he indicated he would do- and look for alternative remedies including additional funding.

Thank you for considering these comments.

John Rosenberg

July 9, 2011

## Comments on the Proposed KY Medicaid Waiver

Thank you for the opportunity to speak to the proposed waiver changes to Medicaid expansion in Kentucky. We appreciate that the administration is looking at alternatives in healthcare that could promote healthier Kentuckians and grow our economy.

In Kentucky the rate per 100,000 people of years of potential life lost before age 75 is 8,800 compared to the U.S. rate of 7,700; 24 percent of Kentuckians report being in poor health compared to 16 percent overall in the U.S.

- Kentuckians report 5.0 physically unhealthy days in a 30-day period, compared to the U.S. at 3.7.
- Kentuckians report 4.6 mentally unhealthy days in a 30-day period, compared to the U.S. at 3.7.
- 26 percent of Kentucky children live in poverty compared to 23 percent nationally.<sup>1</sup>

These data speak of a Kentucky population that suffers from diabetes, heart disease and cancers resulting from lack of preventive care, poor working conditions, and addictions. Almost one quarter of Kentucky citizens is unable to contribute at full capacity toward the economic and social well-being of our state. Vulnerable Kentuckians live throughout the Commonwealth, in urban and rural areas from Appalachia to far Western Kentucky.

Yet, since Medicaid expansion more than 500,000 people have health insurance coverage and more than \$3 billion have come into the Commonwealth. Since expansion implementation Kentucky has risen three places in U.S. health rankings.

To support the proposed waiver there are questions we have, and answers and strategies we are requesting. Already we know that in Louisville, fragile families with young children have been left off the Medicaid rolls after changing addresses. We know that it sometimes takes up to two months to rectify that problem and reinstate coverage, not the fault of the recipient. With the waiver, the parent is required to pay a premium based on income and family size from \$1 to \$15 monthly. Our experience with overburdened families is that the struggle to maintain a healthy home and nurture and parent successfully preclude their good intentions. After a year in the program, premiums continue climbing for those with incomes above the poverty line, up to \$37.50 a month. How will changes be communicated to these families? How will the administration sustain these families if they are locked out of the system through no fault of their own? How will our tertiary care and morbidity data change?

The plan includes a requirement that non-disabled adults without children work and/or meet community requirements beginning after three months in the program. These activities start at five hours a week and ramp up to twenty hours a week after one year. Failure to do so results in suspension of benefits. Such requirements have been consistently rejected by federal HHS in waiver proposals.

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<sup>1</sup> 2016 County Health Rankings Kentucky, Robert Wood Johnson Foundation and the University of Wisconsin, 2016.

We applaud inclusion of mental health benefits but have difficulty with the exclusion of vision and dental coverage. There is evidence that dental care prevents serious illness and vision coverage enables an individual to perform at full capacity.

Thank you for this opportunity. We look forward to working together for the health of the Commonwealth and its citizens.

Elizabeth Ferguson, ACSW  
Family & Children's Place  
525 Zane Street  
Louisville, KY 40203

Submitted July 21, 2016



July 22, 2016

Mr. Stephen P. Miller  
Department for Medicaid Services  
275 East Main Street  
Frankfort, KY 40621

Commissioner Miller:

Mental Health America of Kentucky is the oldest mental health advocacy organization in Kentucky. For 65 years, we have been the voice of those affected by mental illness. MHA-KY was founded in 1951 to promote mental health, prevent mental illnesses, and improve the care and treatment of persons with a mental illness. Its founding members and early supporters included Dr. Spafford Ackerly, Dr. William Keller, Barry Bingham, Sr., Dr. Arthur Kasey, Dr. Frank Gaines, Dr. Harold McPheeters, and Cornelia Serpell. The association was instrumental in the creation of Kentucky's community mental health services system and laws preserving the rights of people involuntarily hospitalized for a mental illness.

We appreciate having the opportunity to submit our comments on the Governor's proposed changes to the Kentucky Medicaid program, as outlined in the 1115 waiver called Kentucky HEALTH. We agree with the Governor that the goal is to improve the health of all Kentuckians.

As a mental health advocacy organization, we are particularly focused on those parts of the waiver proposal which address behavioral health services and those Medicaid members who need them. We are, of course, supportive of maintaining the current behavioral health services in keeping with the Affordable Care Act and its mandates.

We are also supportive the proposed waiver to use the IMD exclusion to open up inpatient and residential treatment opportunities for those Kentuckians with substance use disorders (SUD). It makes sense to target those areas of the state which have been identified as most at risk for SUD and for Hepatitis-C and HIV. We urge the Administration to also include in the waiver programs those Kentuckians who are "dually-diagnosed" with both SUD and with mental illness.

MHA-KY is very concerned about the proposal to charge a monthly premium to those Medicaid members who would fall into a category labelled "medically frail". Those for whom we advocate would undoubtedly be in that designation and we feel strongly that they would be unable to regularly pay a monthly premium for their Medicaid services. Further, to punish them for non-payment by increasing their financial burden to a copayment requirement is unacceptable! We want and need these individuals to stay in treatment, to continue to take their medications and to work toward recovery. These requirements would put a roadblock in the path toward treatment and recovery!

We are sure that the Governor and the Administration do not want to create a situation in which these most vulnerable Kentuckians are kept from getting the services that they need. We urge you to remove the requirement for monthly premium payments or the imposition of copays on those Medicaid members who are considered to be "medically frail."

We appreciate your consideration of these comments and look forward to seeing and reviewing the revised 1115 proposal. On behalf of all Kentuckians and their families who are dealing with mental health issues, we thank you.

Sincerely,



Bonnie Cook, MAS  
Executive Director

# GreenHouse17

Nurturing lives

harmed by intimate partner abuse.

July 17, 2017

Commissioner Stephen Miller  
Department for Medicaid Services  
Frankfort, KY 40621  
[kyhealth@ky.gov](mailto:kyhealth@ky.gov)

Dear Commissioner Miller:

As the Executive Director of GreenHouse17, the primary domestic violence service provider in the 17-county Bluegrass Area Development District, I appreciate the opportunity to comment on Governor Bevin's proposal to transform Medicaid. My agency provides residential and nonresidential services to domestic violence survivors and their children, so we have seen firsthand how low-income families have benefited from the expansion of Medicaid.

Medicaid recipients need access to care without barriers. We are concerned that charging premiums and co-pays will discourage people from seeking care, which can lead to more emergency care and hospitalizations.

We are also concerned about the provision that would "lock out" adult Medicaid recipients who make more than 100% of the FPL when they do not pay their premiums or reenroll. This will lead to families losing coverage for lengthy periods. The only solid evidence we have about the impact of premiums on low-income individuals and families is that it *decreases* access to care. There is no evidence that charging premiums and enforcing a lockout period will increase patient engagement or improve health.

While we applaud the potential increases in behavior health care, we are extremely concerned about the requirement for individuals deemed "mentally frail" to pay a premium for their health care. Many of these individuals have serious mental illnesses, substance abuse disorders, or other disabilities and are not equipped to pay premiums. Many do not have checking accounts or even a stable address.

Finally, please restore the dental and vision benefits to all Kentuckians.

We need to ensure that the 1115 waiver is designed improve access to critically needed healthcare services for our most vulnerable citizens. Kentucky's Medicaid expansion has been a tremendous success and we need to build on our successes not move backward.

Sincerely,



Darlene Thomas  
Executive Director  
[dthomas@greenhouse17.org](mailto:dthomas@greenhouse17.org)



PHONE 859.233.0657  
FAX 859.519.1938

P.O. Box 55190  
Lexington, KY 40555

24-HOUR CRISIS LINE  
**800.544.2022**

[GreenHouse17.org](http://GreenHouse17.org)

Formerly Bluegrass Domestic Violence Program



# SpringHaven, inc.

## Domestic Violence Program

P.O. Box 2047 • Elizabethtown, Kentucky 42702-2047  
 Business Line: (270) 765-4057 • Fax: (270) 766-1081  
 Help & Information: (270) 769-1234 • Toll Free Help Line: (800) 767-5838  
[www.springhaveninc.org](http://www.springhaveninc.org)

July 17, 2017

Commissioner Stephen Miller  
 Department for Medicaid Services  
 Frankfort, KY 40621  
[kyhealth@ky.gov](mailto:kyhealth@ky.gov)

Dear Commissioner Miller:

As the executive director of SpringHaven Domestic Violence Program from the L.T.A.D.D., I appreciate the opportunity to comment on Gov. Bevin's proposal to transform Medicaid. My agency provides residential and nonresidential services to domestic violence survivors and their children, so we have seen first hand how low-income families have benefited from the expansion of Medicaid.

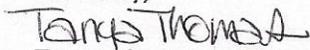
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Finally, please restore the dental and vision benefits to all Kentuckians. We need to ensure that the 1115 waiver is designed improve access to critically needed healthcare services for our most vulnerable citizens. Kentucky's Medicaid expansion has been a tremendous success and we need to build on our successes not move backward.

Sincerely,

  
 Tanya Thomas, CDVA  
 Executive Director

LaRue County Office

Hodgenville, KY 42748  
 (800) 767-5838

Breckenridge County  
 Office

Hardinsburg, KY 40143  
 (800) 767-5838

Washington County &  
 Marion County Offices

Springfield, KY 40069  
 Lebanon, KY 40033  
 (859) 336-9185

Grayson County Office

P.O. Box 4257  
 Leitchfield, KY 42755  
 Bus. (270) 259-0746  
 Fax: (270) 259-9647

Nelson County Office

P.O. Box 618  
 Bardstown, KY 40004  
 Bus. (502) 331-9443  
 Fax: (502) 331-9446

Meade County Office

P.O. Box 493  
 Brandenburg, KY 40108  
 Bus. (270) 422-7771  
 Fax: (270) 422-7873

40 YEARS & counting.  
until there is peace.



July 18, 2016

Commissioner Stephen Miller  
Department for Medicaid Services  
Frankfort, KY 40621  
[kyhealth@ky.gov](mailto:kyhealth@ky.gov)

Dear Commissioner Miller:

Women's Crisis Center, Inc. appreciates the opportunity to comment on Gov. Bevin's proposal to transform Medicaid. We are a member of both state coalitions, Kentucky Coalition Against Domestic Violence and Kentucky Association of Sexual Assault Programs, and have seen first hand how low-income families have benefited dramatically from the expansion of Medicaid.

Medicaid recipients need access to care without barriers. We are concerned that charging premiums and co-pays will discourage people from seeking care, which can lead to more emergency care and hospitalizations.

We are also concerned about the provision that would "lock out" adult Medicaid recipients who make more than 100% of the FPL when they don't pay their premiums or reenroll. This will lead to families losing coverage for lengthy periods of time. The only solid evidence we have about the impact of premiums on low-income individuals and families is that it *decreases* access to care. There's no evidence that charging premiums and enforcing a lock-out period will increase patient engagement or improve health.

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Finally, please restore the dental and vision benefits to all Kentuckians.

We need to ensure that the 1115 waiver is designed to improve access to critically needed healthcare services for our most vulnerable citizens. Kentucky's Medicaid expansion has been a tremendous success and we need to build on our successes not move backward.

Sincerely,

Marsha A. Croxton  
Executive Director



WOMEN'S  
CRISIS CENTER  
Hope Is Found Here

3580 Hargrave Drive, Hebron, KY 41048

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# BARREN RIVER AREA SAFE SPACE, INC.

## *Domestic Violence Shelter & Program*

---



July 18, 2016

Commissioner Stephen Miller  
Department for Medicaid Services  
Frankfort, KY 40621  
[kyhealth@ky.gov](mailto:kyhealth@ky.gov)

Dear Commissioner Miller:

As the executive director of the Barren River Area Safe Space, Inc., located in Bowling Green, KY serving the 10-county BRADD region, I appreciate the opportunity to comment on Gov. Bevin's proposal to transform Medicaid. My agency provides residential and nonresidential services to domestic violence survivors and their children, so we have seen first hand how low-income families have benefited from the expansion of Medicaid.

Medicaid recipients need access to care without barriers. We are concerned that charging premiums and co-pays will discourage people from seeking care, which can lead to more emergency care and hospitalizations.

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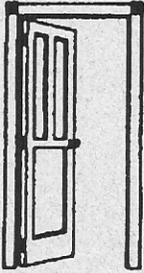
Sincerely,

  
Tori Henninger  
Executive Director

**GIVE. ADVOCATE. VOLUNTEER.**  
**LIVE UNITED.**   
United Way  
of Southern Kentucky

PO Box 1941  
Bowling Green, KY 42102  
Business Tel: (270) 781-9334  
Fax: (270) 782-3278  
[www.barrenriverareasafespace.com](http://www.barrenriverareasafespace.com)

Serving Allen, Barren, Butler, Edmonson, Hart, Logan, Metcalfe, Monroe, Simpson, and Warren counties for over 30 years.



# OASIS

**Owensboro Area Shelter,  
Information & Services Inc.**  
(270) 685-0260  
Fax (270) 685-1764  
P.O. Box 315  
Owensboro, Kentucky 42302  
[www.oasisshelter.org](http://www.oasisshelter.org)

**Daviess (270) 685-0206**  
**Daviess Non-Residential (270) 685-5271**  
**Henderson (270) 826-6212**  
**Ohio (270) 298-4485**  
**Webster, Union (270) 389-9906**  
**Outside Daviess Co. 1-800-88-ABUSE (22873)**

July 19, 2016

Commissioner Stephen Miller  
Department for Medicaid Services  
Frankfort, KY 40621  
[kyhealth@ky.gov](mailto:kyhealth@ky.gov)

Dear Commissioner Miller:

OASIS, Inc. appreciates the opportunity to comment on Gov. Bevin's proposal to transform Medicaid. We are a Spouse Abuse Program and licensed Women's Substance Treatment provider for battered women and/or homeless, chemically dependent women and their dependent children. We serve Daviess, Hancock, Henderson, Ohio, Union and Webster Counties. We have seen first-hand how low-income families have benefited dramatically from the expansion of Medicaid.

Medicaid recipients need access to care without barriers. We are concerned that charging premiums and co-pays will discourage people from seeking care, which can lead to more emergency care and hospitalizations.

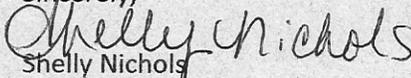
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While we applaud the potential increases in behavior health care, we are extremely concerned about the requirement that individuals deemed to be "mentally frail" pay a premium. Many of these individuals have serious mental illnesses or substance abuse disorders or other disabilities and aren't equipped to pay premiums. Many don't have checking accounts or even an address.

Finally, please restore the dental and vision benefits to all Kentuckians.

We need to ensure that the 1115 waiver is designed improve access to critically needed healthcare services for our most vulnerable citizens. Kentucky's Medicaid expansion has been a tremendous success and we need to build on our successes not move backward.

Sincerely,

  
Shelly Nichols  
Executive Director



LKLP SAFE HOUSE DOMESTIC VIOLENCE PROGRAM

P.O. Box 1867 \* Hazard, Kentucky 41702  
Crisis Line: 1-800-928-3131 or (606)-439-5129  
Business Line: (606) 439-1552 \* Fax (606) 436-0940  
E-mail: [j.ison@lklp.net](mailto:j.ison@lklp.net)

July 20, 2016

Commissioner Stephen Miller  
Department for Medicaid Services  
Frankfort, KY 40621  
[kyhealth@ky.gov](mailto:kyhealth@ky.gov)

Dear Commissioner Miller:

The LKLP Safe House Domestic Violence Program appreciates the opportunity to comment on Gov. Bevin's proposal to transform Medicaid. We are one of the 15 domestic violence shelters in KY. And we belong to the Kentucky Coalition Against Domestic Violence. We have seen firsthand how low-income families benefitted dramatically from the expansion of Medicaid.

Our shelter is located in Eastern Ky. and we cover the eight counties in the Kentucky River District. A large population of our people has lost their jobs due to the coal industry and have had to leave their homes to seek employment elsewhere. Most of the population that remains do not have any or enough income to survive as it is.

Medicaid recipients need access to care without barriers. We are concerned that charging premiums and co-pays will discourage people from seeking care, which can lead to more emergency care and hospitalizations.

We are also concerned about the provision that would lock out adult Medicaid recipients who make more than 100% of the FPL when they don't pay their premiums or enroll. This will lead to families losing coverage for lengthy periods of time. The only solid evidence we have about the impact of premiums on low-income individuals and families is that it decrease access to care. There's is no evidence that charging premiums and enforcing a lock-out period will increase patient engagement or improve health.

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Finally, restore the dental and vision benefits to all Kentuckians.

We need to ensure that 1115 waiver is designed improve access to critically needed healthcare services for our most vulnerable citizens. Kentucky's Medicaid expansion has a tremendous success and we need to build on our success but not move backward.

Sincerely,  
*Judy A. Ison*  
LKLP Safe House  
Domestic Violence Program



Kentucky Coalition  
Against Domestic Violence  
**KCADV**

July 15, 2016

Commissioner Stephen Miller  
Department for Medicaid Services  
Frankfort, KY 40621  
[kyhealth@ky.gov](mailto:kyhealth@ky.gov)

Dear Commissioner Miller:

The Kentucky Coalition Against Domestic Violence appreciates the opportunity to comment on Gov. Bevin's proposal to transform Medicaid. We are a coalition of the state's 15 domestic violence programs and have seen first hand how low-income families have benefited dramatically from the expansion of Medicaid.

Medicaid recipients need access to care without barriers. We are concerned that charging premiums and co-pays will discourage people from seeking care, which can lead to more emergency care and hospitalizations.

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We need to ensure that the 1115 waiver is designed improve access to critically needed healthcare services for our most vulnerable citizens. Kentucky's Medicaid expansion has been a tremendous success and we need to build on our successes not move backward.

Sincerely,

Sherry Currens  
Executive Director

111 Darby Shire Circle, Frankfort, KY 40601, Phone 502-209-5382, Fax 502-226-5382, Website [www.kcadv.org](http://www.kcadv.org)

Barren River Area Safe Space  
Bethany House Abuse Shelter, Inc.  
The Center for Women and Families  
DOVES of Gateway  
Family Life Abuse Center

GreenHouse 17  
LKLP Safe House  
Merryman House  
Owensboro Area Shelter & Information Services, Inc.  
Safe Harbor

Sanctuary, Inc.  
Sandy Valley Family Abuse Center  
SpringHaven, Inc.  
Women's Crisis Center-Northern KY  
Women's Crisis Center-Buffalo Trace





# Asthma and Allergy Center

Breathe Easy.

July 22, 2016

Pikeville, Kentucky

Dear Commissioner Miller and Governor Bevin,

This letter is in response to the news that the Commonwealth also announced plans to submit a “State Plan Amendment” to change certain benefits, concurrent with the waiver request. I have been providing medical care in Eastern Kentucky since 1975, and have witnessed the many changes to our healthcare system in the Commonwealth of Kentucky and in the United States as a whole. I strongly oppose ending, denying, or cutting the coverage of allergy testing to any patient!

It is not clear what, exactly, the state intends to ask for in the way of a change in the 2013 SPA but we trust that it does not involve a rejection of coverage for allergy testing, shots and treatment.

According to American College of Allergy, Asthma, & Immunology (ACAAI), more than 50 million people in the United States have allergies. Allergic disease, including asthma is the 5<sup>th</sup> leading chronic disease in the United States, and the 3<sup>rd</sup> most common chronic disease in children under 18 years of age.

American Academy of Allergy, Asthma, & Immunology (AAAAI) states,

“If you have an allergy, your immune system overreacts to a substance you inhaled, touched, or ate. Your immune system controls how your body defends itself. For instance, if you have an allergy to pollen, your immune system identifies pollen as an invader or allergen. Your immune system overreacts by producing antibodies called Immunoglobulin E (IgE). These antibodies travel to cells that release chemicals, causing an allergic reaction. These reactions can range from annoying sneezing and sniffing to a life-threatening response called anaphylaxis. So how can you be sure which allergens are responsible for symptoms? Allergy tests, combined with physical examination and medical history, can give precise information about what you are, as well as what you are not, allergic to.”

Obviously, it is agreed upon that allergy testing is very important in the fight to improve the health of our patients. Allergies have an extremely negative impact on several diseases that are very prevalent, particularly asthma and COPD, which are high cost chronic respiratory conditions. For allergic asthmatics, exposure to allergens can increase asthma symptoms and trigger asthma attacks. According to the Center for Disease Control & Prevention (CDC),

“Both allergy test results and asthma symptoms are important information for persons with asthma. Because allergies found during allergy testing do not always trigger asthma symptoms, health-care providers can find out if an individual’s asthma symptoms relate to his or her allergy test results. Sometimes, allergens found during allergy testing can affect an individual’s asthma without him or her realizing it. Healthcare providers can use their expertise to assess which allergy test results are most important for each individual with asthma.”

According to the Asthma & Allergy Foundation of America (aafa), each day, ten Americans die from asthma. Many of these deaths are avoidable with proper treatment and care.

Allergy testing and the subsequent treatment of the patients will help cut down on or lower the hospital admission and ER visit rates. The aafa states that,

“in 2010, Americans with nasal swelling spent about \$17.5 billion on health costs. They have also lost more than 6 million work and school days and made 16 million visits to their doctor. In 2012, there were 200,000 visits to the emergency room because of food allergies. Almost 10,000 people stay in the hospital because of food allergies alone. Asthma causes almost 2 million emergency room visits each year, 14 million doctor visits, and 439,000 hospital stays. (The average length of an asthmatic’s hospital stay is 3.5 days).

Proper treatment can include avoidance and medication, but can and does also include the possibility of allergy immunotherapy (allergy shots). AAAAI states that “a 7-year analysis showed significantly reduced healthcare use and costs in the six months after versus before children with allergic rhinitis began allergy immunotherapy.”

In conclusion, allergy testing is a critical factor in giving patients a proper diagnosis and an appropriate treatment plan. Without a physician’s ability to perform allergy testing, we cannot determine what patients are specifically allergic to. Some people will not be allergic at all, some will need medications, and some will need avoidance instructions. All will need the actual allergy test, medical history, and physical exam to properly take care of each individual patient.

- Without testing, in regard to respiratory disease such as asthma and COPD, we won’t be able to create an effective plan to reduce exacerbations.
- Without testing, in regard to food allergies, again, we won’t be able to determine what foods patients are sensitive to, and consequences could be dire, such as with food allergies.
- Without testing, in regard to skin rashes, eczema, and urticaria, we won’t be able to determine a specific cause for each episode.

I strongly urge you to re-consider denying any patient in the Commonwealth an allergy test. I urge you to keep paying for allergy tests, because it is a very cost effective way to treat patients. Lives depend on it. Lives are saved by it.

Thank you for taking time to read my concerns and for the opportunity to comments for your consideration.

Sincerely,



Leonor Pagtakhan-So, MD

I am spending you this on the behalf of my little girl. She is 10 and has had such a rough road to get this far. From the time she was a baby, she would stay so sick. As soon as I would feed her it would come back up. The allergy center has done so much for her. She is living proof that I am begging you please don't take away the allergy center from my little girl. She is all I have. Please help me help her!

Amanda Mosely





To Governor Beanson

7-21-16

To Whom it Concerns

I have been a patient at the Asthma and Allergy Center for some time now. When or before I started seeing Dr. So I was really struggling with my Asthma. I had very bad episodes where I was hospitalized.

I was taking my rescue Inhaler 2 to 3 times a day. I used my nebulizer quite often but now hardly ever need it. The doctors used to tell me and my Family I might not live past 40 years of age.

I am now 49 and doing better than

I ever have in my entire life. I owe my health as far as Asthma

to the Asthma and Allergy Center

I can only say Thank God for them and the dedication to their work and patients.

Allergy testing has made world of difference. It has allowed me to know what affects my Asthma.

Jerry Sumner

Dear Governor Berin  
please do not stop ~~letting~~ letting  
my medical card pay for allergy  
testings and the shots. I have  
been taking allergy shots for  
at least 30 yrs. I was in such  
bad shape when I started the  
shots back in the 80<sup>s</sup> that my  
skin was wheltd and peeling so  
badly after being off of ~~them~~  
the shots. (Set me back up.)  
I took allergy shots from about  
the age of 10 or 11 yrs of age.  
then when I turned 18 they took  
me off of them. Well it took 15 yrs  
before my allergies and eczema  
came back full blast on me.  
Governor Berin please, my life  
depends on allergy shots so please  
let the medical card pay for them.  
I beg of you, please.

one Consumed patient  
Estey Janie Childers

7-21-16

From Barbara Davis  
I was the most top & bottom  
my medical work for a long  
time and the other I have

at least 20 years in an  
book shop in the 80's that  
I was in which was with  
the photo (but we have  
I have a photo from about

the age of 10 or 11 years  
then when I turned 18 I was  
in off of them, while it was  
before my college and  
I was back full time and  
I was in Davis about my life

and I was in Davis about my life  
I was in Davis about my life

and I was in Davis about my life  
I was in Davis about my life

7-21-16

To Whom it may Concern;

- I have been coming to the allergy clinic for 5 years now or more!!

- I couldn't get out of Bed 4 days out of 7! But DR. So Saved my life!!

- I now lead a better Quality of life!!

- I have reason to get out of the Bed! - I haven't suffered with Sinus - Head aches in a long time! - I get flare-ups, But I'm not in the Bed

all week, like Before! The allergy shots have Brought me to a healthier Better way of life. My out-look on life is so much Better, the allergy shots work & are a Blessing to me. - I would of died if it weren't for the allergy shots.

- I thank God for my Doctor & my medicaid insurance that has saved my life!

Sincerely;

P.S. Please continue

TERESA MCCALL

to pay for  
allergy testing &  
shots

a → { Healthier patient due to  
the allergy shots



AJ Jones <kymedicaidchanges@gmail.com>

---

## All Kentuckians Deserve Affordable Health Care

1 message

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**Audrey Bebensee** <bebensee@gmail.com>

Fri, Jul 22, 2016 at 6:47 AM

To: Kyhealth@ky.gov

Cc: kymedicaidchanges@gmail.com

All Kentuckians deserve access to quality and affordable health care. The governor's HEALTH proposal creates more barriers, takes Kentucky backwards and should be withdrawn. We should not take away anyone's health care!

My husband and I have both benefited from the affordable health card act, and it is embarrassing and horrifying that it is being threatened.

Audrey



AJ Jones <kymedicaidchanges@gmail.com>

---

## All Kentuckians Deserve Affordable Health Care

1 message

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**J. Smith** <smith2008@mac.com>

Fri, Jul 22, 2016 at 8:14 AM

To: Kyhealth@ky.gov

Cc: kymedicaidchanges@gmail.com, Sandy Smith <lowerboulder@mac.com>

All Kentuckians deserve access to quality and affordable health care. The governor's HEALTH proposal creates more barriers, takes Kentucky backwards and should be withdrawn. We should not take away anyone's health care!

Jim and Sandy Smith  
371 Noland Pike  
Simpsonville, Kentucky  
[502-405-1079](tel:502-405-1079)



AJ Jones <kymedicaidchanges@gmail.com>

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## All Kentuckians Deserve Affordable Health Care

1 message

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**nick lacy** <nicholas.h.lacy@gmail.com>

Fri, Jul 22, 2016 at 8:36 AM

To: Kyhealth@ky.gov

Cc: kymedicaidchanges@gmail.com

*All Kentuckians deserve access to quality and affordable health care. The governor's HEALTH proposal creates more barriers, takes Kentucky backwards and should be withdrawn. We should not take away anyone's health care!*



AJ Jones <kymedicaidchanges@gmail.com>

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## All Kentuckians Deserve Affordable Health Care

1 message

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**Chadwick Singer** <chadwick.singer@gmail.com>

Fri, Jul 22, 2016 at 9:20 AM

To: Kyhealth@ky.gov

Cc: kymedicaidchanges@gmail.com

All Kentuckians deserve access to quality and affordable health care. The governor's HEALTH proposal creates more barriers, takes Kentucky backwards and should be withdrawn. We should not take away anyone's health care!



AJ Jones <kymedicaidchanges@gmail.com>

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## All Kentuckians Deserve Affordable Health Care

1 message

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**Kathy Shell** <shellnping@mindspring.com>

Fri, Jul 22, 2016 at 9:46 AM

To: Kyhealth@ky.gov

Cc: kymedicaidchanges@gmail.com

July 22, 2016

All Kentuckians deserve access to quality and affordable health care. The governor's HEALTH proposal creates more barriers, takes Kentucky backwards and should be withdrawn. We should not take away anyone's health care!

Please keep in mind that not all people in Kentucky have computers to send an email requesting that Kentuckians deserve affordable health care.

Kathy Shell

1600 Southcross Drive, Hebron, KY 41048



AJ Jones <kymedicaidchanges@gmail.com>

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## All Kentuckians Deserve Affordable Health Care

1 message

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**Joetta Prost** <joettapro@mindspring.com>

Fri, Jul 22, 2016 at 9:46 AM

To: Kyhealth@ky.gov

Cc: kymedicaidchanges@gmail.com

The governor's HEALTH proposal creates more barriers, takes Kentucky backwards and should be withdrawn. All Kentuckians deserve access to quality and affordable health care. We should not take away anyone's health care! Supporting the health and welfare of Kentuckians should be one of the Governor's top priorities.

Thank you.

Joetta Prost

1600 Southcross Dr.

Hebron, Kentucky 41048

[joettapro@mindspring.com](mailto:joettapro@mindspring.com)



AJ Jones <kymedicaidchanges@gmail.com>

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## All Kentuckians Deserve Affordable Health Care

1 message

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**Mary Love** <mbloveky@yahoo.com>

Fri, Jul 22, 2016 at 10:31 AM

Reply-To: Mary Love <mbloveky@yahoo.com>

To: "Kyhealth@ky.gov" <Kyhealth@ky.gov>

Cc: "kymedicaidchanges@gmail.com" <kymedicaidchanges@gmail.com>

So many Kentuckians have benefitted from the Medicare expansion that it makes no sense to take that coverage away. To do so in order to balance the budget--when the tax burden is already disproportionately carried by low income citizens--also makes no sense. At the least, it is discriminatory and does not help the state economically. In order to have a healthy economy, Kentucky must have healthy citizens!

All Kentuckians deserve access to quality and affordable health care. The governor's HEALTH proposal creates more barriers, takes Kentucky backwards and should be withdrawn. We should not take away anyone's health care!

Mary Love

[502-541-7434](tel:502-541-7434)



AJ Jones <kymedicaidchanges@gmail.com>

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## All Kentuckians Deserve Affordable Health Care

1 message

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jojofeld <jojofeld@bellsouth.net>

Fri, Jul 22, 2016 at 10:20 AM

Reply-To: jojofeld <jojofeld@bellsouth.net>

To: "Kyhealth@ky.gov" <Kyhealth@ky.gov>

Cc: "kymedicaidchanges@gmail.com" <kymedicaidchanges@gmail.com>, Jim Wayne <jimwayne@twc.com>

All Kentuckians deserve access to quality and affordable health care. The governor's HEALTH proposal creates more barriers, takes Kentucky backwards and should be withdrawn. We should not take away anyone's health care!

I am very active in a parish with many older members. And a parish with many young, working families. Neither of these groups can afford to pay any more for health insurance. It is a matter of putting food on the table and going to the doctor. Food usually wins out in this vulnerable demographic. The young families already have "skin in the game." They don't need to be stripped down to the bone.

I know when people look at me they cannot see that I have COPD. Thanks to God that I am not incapacitated. But many times it is hard to judge the book by its cover.

Federal exchanges are not the answer. My husband and I were forced to go through an exchange this year when the company that he got retiree health benefits from was bought out. It has been a total nightmare! We are in our 70's. I know there were other retirees our age and older who had no idea where to begin. Even after 3 months of research, my husband ended up with a terrible drug plan. Medicine that once was \$60 every 3 months suddenly jumped to \$1000 every 3 months. The insurance companies are the ones at fault here. They are messing with the American people and ripping them off. Don't let this happen to more people in Kentucky.

Thank you for listening. A very concerned Kentuckian,

Jo Anne Feldman  
8809 Denington Drive  
Louisville, KY 40222  
[502-429-3567](tel:502-429-3567)



AJ Jones <kymedicaidchanges@gmail.com>

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## All Kentuckians Deserve Affordable Health Care

1 message

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**Lee Ann** <aperturienne@att.net>  
To: Kyhealth@ky.gov  
Cc: kymedicaidchanges@gmail.com

Fri, Jul 22, 2016 at 9:57 AM

All Kentuckians deserve access to quality and affordable health care. The governor's HEALTH proposal creates more barriers, takes Kentucky backwards and should be withdrawn. We should not take away anyone's health care!

Please represent and protect the Kentuckians who need it most.

Thank you.

Best,  
Lee Ann Paynter  
40422



AJ Jones <kymedicaidchanges@gmail.com>

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## All Kentuckians Deserve Affordable Health Care

1 message

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**Dave Porter** <David\_Porter@bera.edu>

Fri, Jul 22, 2016 at 10:45 AM

To: "Kyhealth@ky.gov" <Kyhealth@ky.gov>

Cc: "kymedicaidchanges@gmail.com" <kymedicaidchanges@gmail.com>

As a teacher at Berea College, I've seen the devastating effects of poverty on health. Since the implementation of the Affordable Care Act I've noticed a decline in the number and severity of illnesses among our incoming students.

All Kentuckians deserve access to quality and affordable health care. The governor's HEALTH proposal creates more barriers, takes Kentucky backwards and should be withdrawn. We should not take away anyone's health care!

Respectfully,

David Porter

Professor of Psychology

Berea College



AJ Jones <kymedicaidchanges@gmail.com>

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## All Kentuckians Deserve Affordable Health Care

1 message

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**Lummus, Zana (lummuszl)** <lummuszl@ucmail.uc.edu>

Fri, Jul 22, 2016 at 11:03 AM

To: "Kyhealth@ky.gov" <Kyhealth@ky.gov>

Cc: "kymedicaidchanges@gmail.com" <kymedicaidchanges@gmail.com>

All Kentuckians deserve access to quality and affordable health care. The governor's HEALTH proposal creates more barriers, takes Kentucky backwards and should be withdrawn. We should not take away anyone's health care!

Zana Lummus, PhD, MT(ASCP)

Research Scientist

Division of Immunology, Allergy, & Rheumatology

Department of Internal Medicine, ML 0563

University of Cincinnati College of Medicine

Work Phone: [\(513\) 558-3510](tel:5135583510) (Mon, Tues, Fri)

Home Phone: [\(859\) 781-6586](tel:8597816586) (Wed, Thurs)



AJ Jones <kymedicaidchanges@gmail.com>

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## All Kentuckians Deserve Affordable Health Care

1 message

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**Megan Neff Sherehiy** <mkneff2@gmail.com>

Fri, Jul 22, 2016 at 11:17 AM

To: Kyhealth@ky.gov

Cc: kymedicaidchanges@gmail.com

To whom it may concern,

All Kentuckians deserve access to quality and affordable health care. The governor's HEALTH proposal creates more barriers, takes Kentucky backwards and should be withdrawn. We should not take away anyone's health care!

Sincerely,

Megan Sherehiy



AJ Jones <kymedicaidchanges@gmail.com>

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## All Kentuckians Deserve Affordable Health Care

1 message

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**Peggy Goodman Moody** <w4moody@hotmail.com>

Fri, Jul 22, 2016 at 11:21 AM

To: "Kyhealth@ky.gov" <Kyhealth@ky.gov>

Cc: "kymedicaidchanges@gmail.com" <kymedicaidchanges@gmail.com>

All Kentuckians deserve access to quality and affordable health care. The governor's HEALTH proposal creates more barriers, takes Kentucky backwards and should be withdrawn. We should not take away anyone's health care!

My son is a college graduate and was self employed for several years but decided to return to college and was able to get on Medicaid since he was no longer eligible to be on our health plan. He worked hard for several years starting his own business but could not make enough to afford to buy health insurance. When he moved to Kentucky to return to graduate school in a STEM field, he was able to have health insurance for the first time since he turned 26. This would now be taken away from him if your Medicaid program goes into effect or if your waiver plan is rejected-- he is unable to work full-time as a student and cannot afford the dental and other health care he now needs if it isn't covered by Medicaid. It is unconscionable that the coverage he needs would be withdrawn and that he would be treated as someone who wants to be on the public dole when he is desperately trying to better himself. He would NOT need to stay on Medicaid after graduation and should not be penalized for living in Kentucky and trying to move into a more secure financial position after struggling so many years.

Sincerely,  
Margaret Moody

Sent from my iPad



AJ Jones <kymedicaidchanges@gmail.com>

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## All Kentuckians Deserve Affordable Health Care

1 message

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**Bonifacio Aleman** <flaco@flacozbrain.org>

Fri, Jul 22, 2016 at 1:49 PM

Reply-To: flaco@flacozbrain.org

To: Kyhealth@ky.gov

All Kentuckians deserve access to quality and affordable health care. The governor's HEALTH proposal creates more barriers, takes Kentucky backwards and should be withdrawn. We should not take away anyone's health care!

Thank you,

Bonifacio Aleman, BSSW

Flacozbrain Solutions

[www.Flacozbrain.org](http://www.Flacozbrain.org)

(502) 310-6456 (mobile)

(702) 708-2821 (office)



This email has been checked for viruses by Avast antivirus software.

[www.avast.com](http://www.avast.com)



AJ Jones <kymedicaidchanges@gmail.com>

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## All Kentuckians Deserve Affordable Health Care

1 message

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**Katy Bialczak** <katybialczak@icloud.com>

Fri, Jul 22, 2016 at 2:30 PM

To: Kyhealth@ky.gov

Cc: kymedicaidchanges@gmail.com

*All Kentuckians deserve access to quality and affordable health care. The governor's HEALTH proposal creates more barriers, takes Kentucky backwards and should be withdrawn. We should not take away anyone's health care!*

*Be compassionate! Be a decent human being!*

Sent from my iPhone



AJ Jones <kymedicaidchanges@gmail.com>

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## All Kentuckians Deserve Affordable Health Care

1 message

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**karenmckim@aol.com** <karenmckim@aol.com>

Fri, Jul 22, 2016 at 4:23 PM

To: Kyhealth@ky.gov

Cc: kymedicaidchanges@gmail.com

We as citizens of Kentucky are opposed to Gov. Bevin's Health proposal to restrict health care.

We are concerned because the Governor's proposal will harm our citizens who deserve adequate, affordable health care.

Our Kentucky Health plan was once the pride of the United States. Please restore its strength in order to maintain quality of life for all of our citizens.

Thank you

William and Karen McKim  
Fort Thomas, Kentucky, residents since 1972.



AJ Jones <kymedicaidchanges@gmail.com>

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**FW: All Kentuckians Deserve Affordable Health Care**

1 message

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**Mitchell, Richard** <richard.mitchell@uky.edu>

Fri, Jul 22, 2016 at 2:40 PM

To: "kymedicaidchanges@gmail.com" <kymedicaidchanges@gmail.com>

Friends,

Below find my comments concerning Gov. Bevin's proposal to dismantle Kentucky's Medicaid expansion.

Thanks for the work you are doing on this important issue

Yours for justice & peace,

Richard

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**Richard J. Mitchell**

**Central KY Council for Peace & Justice**

**Board Member & Volunteer Staff**

**1588 Leestown Road**

**Suite 130-138**

**Lexington, KY 40511**

**[www.peaceandjusticeKY.org](http://www.peaceandjusticeKY.org)**

**(859) 488-1448**

**Mitchell directly:**

**(859) 327-6277 cell**

**[rjm47@twc.com](mailto:rjm47@twc.com)**

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**From:** Mitchell, Richard  
**Sent:** Friday, July 22, 2016 2:33 PM  
**To:** 'Kyhealth@ky.gov' <Kyhealth@ky.gov>  
**Subject:** All Kentuckians Deserve Affordable Health Care

To Whom it may concern:

All Kentuckians deserve access to quality and affordable health care. The governor's HEALTH proposal creates more barriers, takes Kentucky backwards and should be withdrawn. We should not take away anyone's health care!

Specifically, this system is overly complex. It's complexity will result in too many members of the public losing health care services because of inability to fully understand the system. Kentucky would be much better served by a simpler system that reduces fewer services.

This program will continue practices that have made our state unattractive to employers. Employers need a healthy workforce. The architects of this program will discover that this program creates disincentives for high tech industries to come to our state. This program is pennywise but pound foolish.

Respectfully submitted,

Richard Mitchell

206 Shady Lane

Lexington, KY 40503-2035

[Rjmq47@twc.com](mailto:Rjmq47@twc.com)

(59) 327-6277



AJ Jones <kymedicaidchanges@gmail.com>

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## FW: Comments for KY Health

1 message

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**Djien So** <djien@bellsouth.net>  
To: kymedicaidchanges@gmail.com

Sat, Jul 23, 2016 at 3:51 PM

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**From:** stephanie warrix [mailto:[stephanie.warrix@aacenter.com](mailto:stephanie.warrix@aacenter.com)]  
**Sent:** Saturday, July 23, 2016 1:21 PM  
**To:** Leonor Pagtakhan-So; Djien So; Djien So; [djienso@setel.com](mailto:djienso@setel.com)  
**Subject:** FW: Comments for KY Health

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**From:** stephanie warrix [mailto:[stephanie.warrix@aacenter.com](mailto:stephanie.warrix@aacenter.com)]  
**Sent:** Friday, July 22, 2016 4:55 PM  
**To:** 'kyhealth@ky.gov' <[kyhealth@ky.gov](mailto:kyhealth@ky.gov)>  
**Subject:** Comments for KY Health

Please see the attached letters!

Thank you,

*Stephanie D. Warrix on behalf of Leonor Pagtakhan-So*

Asthma & Allergy Center

156 Island Creek Road

Pikeville, KY 41501

[606-432-0174](tel:6064320174) office

[606-432-4931](tel:6064324931) fax

----- Forwarded message -----

From: Dawell Robinson <[dawellrobinson@yahoo.com](mailto:dawellrobinson@yahoo.com)>  
To: <[stephanie.warrix@aacenter.com](mailto:stephanie.warrix@aacenter.com)>  
Cc:

Date: Fri, 22 Jul 2016 00:59:02 -0400  
Subject: Asthma and Allergy  
Governor Nevins

To whom this may concern:

Hi my name is Dawell Robinson and I am a current patient at the asthma and allergy clinic located in Islands Creek KY. I started seeing doctor Sole around February and was continued with my allergie shot and have been tried different medicines. Giving the shots time and getting the correct medicine for my asthma and allergy and excercise induced anaphylaxis has been helping with my symptoms. The process is great and I think with time I'll be alot better.

Sincerely  
Dawell Robinson

[Sent from Yahoo Mail on Android](#)

No virus found in this message.  
Checked by AVG - [www.avg.com](http://www.avg.com)  
Version: 2016.0.7688 / Virus Database: 4627/12658 - Release Date: 07/22/16

----- Forwarded message -----

From: Dellena <dellenasparkmanlpn@gmail.com>  
To: <stephanie.warrix@aacenter.com>  
Cc:

Date: Thu, 21 Jul 2016 16:11:58 -0400

Subject: Keep serving Lacey Mosley

Hello my name is Dellena Sparkman. I am Lacey Mosley's nurse at Hindman Elementary. My job was created by our board to allow Lacey to be able to attend public school. Lacey has severe allergies and needs a nurse with her at all times to administer allergy medications and an Epi-pen if needed. The Asthma and Allergy Center has been a staple in helping Lacey be able to get an education, have friends and even go on school outings. The Asthma and Allergy

Center administers Lacey periodical allergy testing, prescribes her medications and is recently started giving her allergy shots all in an effort to enhance her quality of life. Lacey has made astounding progress with her allergies. She once had to eat her breakfast and lunch away from other children, stay inside during recess and miss countless field trips. Thanks to the Asthma and Allergy Center, Lacey now eats in the lunch room, goes outside for recess as tolerated and goes on most field trips. Without the Asthma and Allergy Center's ability to test and treat Lacey, I'm afraid she will regress and her progress will stop. Please keep allowing the Asthma and Allergy Center to serve Lacey and others like her. Their future depends on it !!!

Thank you,  
Dellena Sparkman

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No virus found in this message.  
Checked by AVG - [www.avg.com](http://www.avg.com)  
Version: 2016.0.7688 / Virus Database: 4627/12655 - Release Date: 07/21/16

----- Forwarded message -----

From: Elizabeth Oney <reju1108@gmail.com>  
To: <stephanie.warrix@aacenter.com>  
Cc:

Date: Thu, 21 Jul 2016 14:37:26 -0400

Subject: Letter

To whom it may concern,

My daughter, Addison Jupiter, is five years old. She was hospitalized a few days before Christmas 2015 due to a very

severe asthma attack. She spent the holiday in the hospital. As her mother, this was the some of the scariest moments of my life. Seeing your precious child not being able to breathe and being helpless. Not able to do anything to help her. So fearful that you may lose your baby. Not knowing the cause of her asthma attack was difficult because we didn't know how to prevent it from happening again. This was Addison's first severe asthma attack. She has always had a little breathing difficulties but never as major as this particular time. Her pediatrician always said it was just simply because she was a preemie baby born early. After her hospitalization, my mother instincts went into overdrive and I decided that it was a lot more serious than just being a preemie baby. I decided that I wanted to make sure that if an asthma attack occurred again that I knew how to help her and that I knew the steps to save my baby's life. That's how we ended up seeking treatment for Addison at the Asthma and Allergy Center under the care of Dr. So. Dr. So immediately give Addison a series of Allergy tests to determine what her asthma triggers could be. From those tests, it was determined that Addison was allergic to several things. This critical life saving information gathered from allergy testing is what helps my family on a daily basis to maintain and treat Addison's asthma. Having this knowledge of what she is allergic to allows us to protect her and keep her away from those triggers and allergens. Without this critical information obtained from her allergy testing, we would not be able to control and maintain Addison's asthma. In my opinion, as a mother with an asthmatic child, allergy testing is critical to Addison's long term treatment. Allergy testing is what allows my child to live without the fear of the unknown allergies and asthma triggers. Because of these tests, we know how to keep her safe. Allergy testing is a critical part of medicine and should be covered by all insurances. If these tests were not covered by Addison's insurance, we would not have been able to afford the test which provides us with life saving knowledge for my child. This life saving information should be available to everyone and covered by the patients insurance policy because it could be the difference between life and death. Knowing your allergies and triggers as well as, how to protect yourself, can save your life. Having this knowledge has been a lifesaver for Addison.

Sincerely,

Elizabeth Oney

No virus found in this message.

Checked by AVG - [www.avg.com](http://www.avg.com)

Version: 2016.0.7688 / Virus Database: 4627/12655 - Release Date: 07/21/16

----- Forwarded message -----

From: Gina Wilson <freemom89@yahoo.com>

To: <stephanie.warrix@aacenter.com>

Cc:

Date: Thu, 21 Jul 2016 12:11:54 -0400

Subject: Governor Bevin's proposal to change Medicaid for allergy testing and injections

Dear Governor Bevin,

I am writing in regards to the proposal to change Medicaid to no longer allow allergy testing and injections to be a covered service for Medicaid patients. My daughter has had allergy testing and takes injections due to her allergies. She has allergies to foods that we were not aware of until she had her allergy testing. Her allergies had contributed to many visits to the doctor until we discovered what was making her ill through the allergy testing. Now she can avoid the foods that were making her ill. If she had never had the testing she would still be having very frequent visits to the ER and other doctors. I feel that it is vital for all patients to be able to keep this service in order to stay well. My daughter is doing very well on the allergy injections and has had significantly fewer trips to the doctor. Please take into consideration that many people will not be able to have a quality of life without these services. Also, many people will do without necessary medical treatment without this service. My daughter, as well as other people could have a life threatening reaction to their allergy. If you have never experienced trouble breathing due to your throat closing off from an allergic reaction, then you will not understand how important these services are to many people. Please reconsider the proposal to eliminate this service from coverage.

Sincerely,

Gina Wilson

No virus found in this message.  
Checked by AVG - [www.avg.com](http://www.avg.com)  
Version: 2016.0.7688 / Virus Database: 4627/12652 - Release Date: 07/21/16

----- Forwarded message -----  
From: Watson Williams <watina2@tds.net>  
To: <stephanie.warrix@aacenter.com>  
Cc:  
Date: Thu, 21 Jul 2016 10:51:39 -0400  
Subject: Allergy issues

First off let me say that if it were not for the Asthma and Allergy Center, my daughter, Britny Williams would not be able to have near the quality of life she has now. When she was about 1 and a half years old she was diagnosed with asthma and also excema. It has been a struggle ever since, inhalers different types of meds and oatmeal baths and different creams and lotions. But none of this seemed to work very well, she still struggled to breath alot of the time. So, we dealt with her not being able to play sports and things that the rest of the kids could without a struggle. That is until finally one of the CNA's at Quantum Health here in Hazard, KY decided to send her to the Asthma and Allergy Center to be tested and after that process we knew exactly what the problems were. As in, what all she is allergic to and what triggers her asthma and the excema. Up until this point, we discovered that the Doctors had been giving the wrong inhalers, the wrong medicine for her breathing machine, and absolutely no kind of preventative breathing meds! So, in short I just want to say if it were not for allergy testing, my child would not have any quality of breathing whatsoever!

Thank you,  
Watson Williams

I hope this helps!  
Sent from my iPhone

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No virus found in this message.  
Checked by AVG - [www.avg.com](http://www.avg.com)  
Version: 2016.0.7688 / Virus Database: 4627/12652 - Release Date: 07/21/16

----- Forwarded message -----  
From: mollie mosley <smilinggean@yahoo.com>  
To: <stephanie.warrix@aacenter.com>  
Cc:  
Date: Thu, 21 Jul 2016 10:37:51 -0400  
Subject: Allergies and insurance

My name is Mollie Mosley and I am writing this on behalf of Lacey Mosley.

Lacey was born on August 13 2006 , and was a beautiful baby girl . It was very noticeable that something was wrong days after birth . She would throw up many times every day and was refusing to eat.

One day I realized when I feed her she was instantly sick , I tuck her to many Doctors that would not listed to me so I went straight to the top and made her a appointment with Asthma and Allergy center .

When her first test results became clear we all knew she was a very sick little girl . The Doctors said it was a wounder we never killed her trying to force her to eat .Thanks to the Asthma and Allergy center we have are little girl today and test her every year to see if she is able to eat any new foods .

Now I hear that her insurance may not cover her testing and needs . How sad of a day when your

grandchild will no longer seem important to the government or state where you live.

Lacey never chose to be born with this disability and we pray someday she will out grow it , but without the help and testing and shots provided at Asthma ans Allergy center we will never know , she will have to avoid most food forever .

So I write you today and I am begging you to not take her coverage away at the Asthma and Allergy center they have helped Lacey so much threw her life , and I credit them with saving her life and testing her many years ago. She needs testing threw out her life to see if any new food allergies appear so she will know to avoid new foods or if maybe someday she will get to eat like normal children.

Sincerely,  
Mollie Mosley  
Lacey Mosley

No virus found in this message.

Checked by AVG - [www.avg.com](http://www.avg.com)

Version: 2016.0.7688 / Virus Database: 4627/12652 - Release Date: 07/21/16

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#### 9 attachments

 **noname.eml**  
4K

 **noname.eml**  
2K

 **noname.eml**  
7K

 **noname.eml**  
6K

 **noname.eml**  
2K

 **noname.eml**  
9K

 **patient letter.docx**  
332K

 **allergy testing public comment.docx**  
65K

 **patient letters 2.pdf**  
316K



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## Fw: Gov. Bevin must withdraw his 1115 Waiver

1 message

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**firstwave9@juno.com** <firstwave9@juno.com>  
To: kymedicaidchanges@gmail.com

Fri, Jul 22, 2016 at 1:56 PM

----- Forwarded Message -----

From: "firstwave9@juno.com" <firstwave9@juno.com>  
To: [Kyhealth@ky.gov](mailto:Kyhealth@ky.gov)  
Subject: Gov. Bevin must withdraw his 1115 Waiver  
Date: Fri, 22 Jul 2016 17:49:24 GMT

### Remarks

By K.A. Owens      Wednesday June 29, 2016      Capitol Annex, Frankfort, KY  
432 Knightsbridge Rd  
Louisville, Ky 40206-1410

### Medicaid Waiver Hearing

Kynect and expanded Medicaid have been one of the most extraordinary accomplishments Kentucky has made in the last 30 years. We are talking about 400 hundred and forty thousand people in Kentucky who now have a primary care provider, who can get an eye exam, who can see specialists, who can get a dental exam, an x-ray and their teeth cleaned once a year. It has been a tremendous step forward.

For some reason Gov. Bevin wants to reverse this progress.

The changes Gov. Bevin wants to make in expanded Medicaid to eliminate vision and dental, and create premiums with lockouts for people who can't pay the premiums – these actions have nothing to do with health care.

As a matter of fact his changes are not even justified by economics, but seem to be motivated by the concept that poor people are defective morally, that poor people (poor people being defined as people whose wages are artificially low) are not trying hard enough and that poor people need to be guided by people like him.

In reality, poverty is structural; poverty is built in to the system by the people who have the power to do so. The people on Medicaid are in no more need of moral guidance than the governor and the people on the governor's staff.

There is nothing more offensive than the wealthy (people whose earnings are artificially high and who have the best health care that money can buy) having the nerve to tell poor people they can't have health care.

Gov. Bevin's tactic is to submit a 1115 waiver to the federal government detailing his desired changes to expanded Medicaid and then announce that if his changes are not accepted he will abolish the program. He uses this tactic because he obviously feels that poor people in Kentucky just haven't suffered enough.

As a citizen of the state of Kentucky I ask that Gov. Bevin withdraw his 1115 waiver and consult with people who have the best interests of all Kentuckians at heart before he makes his next move regarding health care.

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## Fw: Kentucky medicaid waiver

1 message

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Caroline Guthrie <guthrie\_caro@yahoo.com>

Fri, Jul 22, 2016 at 4:47 PM

Reply-To: Caroline Guthrie <guthrie\_caro@yahoo.com>

To: "Kymedicaidchanges@gmail.com" <Kymedicaidchanges@gmail.com>

I misaddressed this copy when first sent. Am sending again to corrected address.

On Friday, July 22, 2016 4:37 PM, Caroline Guthrie <guthrie\_caro@yahoo.com> wrote:

I wish to comment on the Kentucky Medicaid waiver plan submitted to the U.S. government for approval.

The intent of the waiver plan has some laudable goals. However, as one who has determined eligibility for Medicaid in another state, I see several red flags.

The rules of participation are complex.

Example: For some, there will come a time when they cannot pay the month's premium. They may pay the following month's premium, but not pay the missed premium. Much caseworker time will be expended in contacting the individual, explaining why another payment is needed, etc. If Kentucky tries to limit caseworker costs by not providing caseworker contact, we might assume that loss of eligibility will be an effective learning experience. But having limited reading skills, having moved and thus not received the letter, having limited understanding of the difference between premium and copay -- these and other issues may cause eligible recipients to be without medication. Losing access to insulin, antibiotics or thyroid medications can be life threatening. In the state where I worked, deaths came soon after single adults lost access to Medicaid. The state legislature responded to the resulting publicity by making eligibility changes.

The requirement to move to employer health insurance is untenable for much of the Medicaid population.

While there may be financial help for employer-offered health insurance premiums, a great many employer-offered plans have large deductibles of \$1500 to \$5000 per year. That's a huge barrier for someone earning \$20,080 per year (\$10.00/hr., 40 hr./wk, 52 wks./yr.) What will happen to those who cannot afford to keep their employer-offered insurance?

Most often, the healthier the parent, the healthier the family. The healthier the employee, the better his work. Kentucky needs to help its low-income adults become the best they can be.

Caroline Guthrie  
3806 Plymouth Rd.  
Louisville, KY 40207



AJ Jones <kymedicaidchanges@gmail.com>

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## Fw: Kynect comments

1 message

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**andrew mcdonald** <andyboeke@yahoo.com>

Fri, Jul 22, 2016 at 2:34 PM

Reply-To: andrew mcdonald <andyboeke@yahoo.com>

To: "kymedicaidchanges@gmail.com" <kymedicaidchanges@gmail.com>

*I oppose the governor's efforts to reduce availability of health insurance and Medicaid to people in Kentucky. All Kentuckians deserve access to quality and affordable health care. The governor's HEALTH proposal creates more barriers, takes Kentucky backwards and should be withdrawn. We should not take away anyone's health care!*

Andy McDonald  
Frankfort, KY 40601  
[502-223-7936](tel:502-223-7936)



AJ Jones <kymedicaidchanges@gmail.com>

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## Fw: Make Your Voice Heard on the Medicaid Waiver Proposal!

1 message

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**Natalie Pasquenza** <nap933@yahoo.com>

Wed, Jul 20, 2016 at 1:38 PM

Reply-To: Natalie Pasquenza <nap933@yahoo.com>

To: "kyhealth@ky.gov" <kyhealth@ky.gov>, "kymedicaidchanges@gmail.com" <kymedicaidchanges@gmail.com>

Dear Commissioner Miller,

I am a pediatric nurse in a Louisville clinic that primarily serves low income families. Every day we see the direct impact of caregiver health on child health. Children living in families in toxic stress are at high risk for abuse and neglect. Protecting a child means we have to support and strengthen the whole family. Parents and caregivers need access to medical care. The Medicaid waiver proposal will significantly restrict medical care for 1/2 million Kentucky adults.

Some of my top concerns:

1. Half of the adults covered by medicaid expansion are caregivers to children. Many of them are low income workers, struggling to buy food, diapers, pay rent, and find childcare. Many of them suffer from mental illness and chronic diseases. Asking them to pay monthly premium of any amount will only decrease their access to care. When parents and caregivers have poor health, their children do too.
2. Adding a 6 month lock out period if the premium isn't paid on time is frightening. Many caregivers are only capable of adequate care for their children because they are taking medications, getting therapy, and receiving medical care. They struggle with organization due to daily chaos. Any decrease in access to their own healthcare, will certainly increase child abuse and neglect in a state that already ranks among the highest in the nation.
3. Dental and vision coverage will be removed. If dental care isn't covered, more adults will experience dental pain, a common pathway to opiod addiction, a major problem in Kentucky. Vision coverage is critical for a parent to provide good care for their children, safe transportation, and continue working.

Please help strengthen Kentucky families by keeping Medicaid expansion strong!

Sincerely,

Natalie Pasquenza



AJ Jones <kymedicaidchanges@gmail.com>

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## Fwd: All Kentuckians Deserve Affordable Health Care

1 message

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**Linda Kubala** <lmkubala@peoplepc.com>  
To: kymedicaidchanges@gmail.com

Fri, Jul 22, 2016 at 7:54 AM

----- Original-Nachricht -----

**Betreff:**All Kentuckians Deserve Affordable Health Care

**Datum:**Fri, 22 Jul 2016 07:52:32 -0400

**Von:**Linda Kubala <lmkubala@peoplepc.com>

**An:**Kyhealth@ky.gov

I was proud when my state expanded Medicaid, created KyNect, and enacted the other measures to take full advantage of "ObamaCare." Why providing affordable health care to Americans is so hated by some conservatives I do not know, but I ask the present Governor to move beyond this partisan position.

All Kentuckians deserve access to quality and affordable health care. The governor's HEALTH proposal creates more barriers, takes Kentucky backwards and should be withdrawn. We should not take away anyone's health care!

Thank you for taking comments.

Sincerely,

Linda Kubala

Sharp Road

Stamping Ground, KY



AJ Jones <kymedicaidchanges@gmail.com>

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## Fwd: Kentucky Medicaid 1115 Waiver Request

1 message

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**Leslie Lawson** <leslie.lawson@live.com>  
To: "kymedicaidchanges@gmail.com" <kymedicaidchanges@gmail.com>

Fri, Jul 22, 2016 at 2:12 PM

Sent from my iPad

Begin forwarded message:

**From:** <leslie.lawson@live.com>  
**Date:** July 22, 2016 at 1:53:30 PM EDT  
**To:** <kyhealth@ky.gov>  
**Subject:** Kentucky Medicaid 1115 Waiver Request

It is good to be able to comment on the current Medicaid 1115 Waiver Request submitted to the U.S. Department for Health and Human Services (DHHS) by the Commonwealth of Kentucky. With the recent expansion of Medicaid benefits to over 400,000 recipients enabled by the Affordable Care Act, there are already measurable positive outcomes in the health status of individuals, communities, and the state.

Many provisions of Kentucky HEALTH (Helping to Engage and Achieve Long Term Health) are not consistent with the goals of empowering individuals to improve their health while ensuring the program's long-term fiscal sustainability.

I am proud and honored to have worked in the delivery of direct services and the development and implementation of effective, evidence-based public health programs at community and state levels within Kentucky for over thirty years. By making access to appropriate preventive, primary, and treatment services to individuals and families possible, it was gratifying to observe and measure improvements in health status and outcomes.

I know from personal experience within my own family how critical access to care is and how damaging it is when individuals do not have the means to get services that are affordable and meet their needs. My mother who was widowed with two infants could not afford to purchase health insurance. My coverage began when I secured my first job after college. Fortunately our low income made it possible for me to get a good education and other needs met with the assistance of many caring mentors and often federal and state funded programs. I will never forget how it feels to not have the resources to pay for basic needs and how demeaning this is.

I am so grateful that close family members have access to necessary health care due to Medicaid benefits. Three of my adult children live with severe mental illness. Two also have significant cognitive and other impairments due to lead exposure in infancy. Several grandchildren are healthier because they are covered. A hard-working self employed son-in-law can get the care he needs to provide for his family. Medicaid expansion made it possible for him to be insured for the first time in the twenty years I have known him.

It is necessary for individuals to have the cards to identify them as persons with the benefits to reimburse providers, but this is not sufficient to ensure access to critical preventive and treatment care. Programs must be marketed effectively to target populations, enrollment and recertification must be easy and continuous, program requirements and provisions must be easy to understand, and services must be accessible in a timely manner and acceptable to current and potential recipients. As I understand them, many aspects of the proposed waiver do not meet these criteria.

Proposed premiums are a major barrier to care. Income based premiums for Medicaid recipients, who, by definition are low income, are counterproductive. More than half are employed; the remainder live with disabling conditions or are students and caregivers. It is difficult to imagine that the costs of assessing, collecting, and tracking the proposed modest monthly premiums are fiscally responsible.

Compounding the premium burden is the consequence of imposition of substantial co-pays for services and medications if premiums are not paid and credited in a timely manner. Those who do not understand or comply with program requirements may be locked-out of coverage. A penalty for inappropriate use of emergency rooms is also counterproductive. Whether in urban or rural areas of the commonwealth, access to primary care and specialty providers is often not available when needed or these services are non-existent.

If an objective is to ensure access to appropriate care, requiring persons with low incomes to participate in most employer-sponsored health insurance is also problematic at this time. Those plans that require high deductibles are increasing. A recent report of the Foundation for a Healthy Kentucky found that 39 percent required high deductibles in 2014 compared to 7 percent in 2006. As a result, persons enrolled in these plans use fewer cost-saving preventive services. Service network limitations, often limited coverage of all services currently provided under Medicaid, and lack of parity in the provision of mental health and substance use care also make this requirement unreasonable.

The waiver also proposes fewer Medicaid covered benefits. Coverage eligibility should continue to be retroactive to the month of application. Eliminating basic dental, vision and hearing exams/aids benefits for adults makes no sense. These are critical to maintaining and improving overall health status. Optimal dental, vision, and auditory health also enables individuals to be most productive and self-sufficient.

As has already been mentioned, all communities have limited access to essential services. Eliminating medical transportation for non-emergency care would be an overwhelming barrier for program participants. Many without reliable personal transportation cannot get to appointments without this service. Even in urban communities, public transportation does not serve all areas or at all required times.

Proposed rewards accounts and community engagement and employment requirements are unreasonable and impossible for many beneficiaries. Most recipients are employed and/or students and caregivers of children and other family members. Those who are employed often work multiple part-time jobs without benefits such as health insurance and paid time off. Therefore, they do not have the time or means to participate. The most reasonable and cost-effective efforts are to maintain and enhance current health benefits. Healthier Kentuckians will be able to pursue educational and employment opportunities and to contribute to economic improvements.

The proposed waiver would continue improvements in the range of mental health services mandated by the Affordable Care Act and the achievement of parity with physical health care. Screening for and treatment of brain diseases including mental health and substance use disorders is a critical need in all areas of the Commonwealth of Kentucky. Relaxation of the IMD (institutes for mental disease) exclusion is essential to address unmet needs for necessary inpatient and residential treatment services for adults with mental health, substance use, and co-occurring disorders. State officials should pursue vigorously the elimination of the IMD exclusion.

I implore you to reconsider the proposed changes in Medicaid services in the 1115 waiver request that would not be in the best interests of recipients or the commonwealth. In my experience, family members and the individuals with and for whom I worked want to be as healthy and productive as possible. Many of the waiver provisions would not facilitate the achievement of the desired objectives. They are in many instances complicated to communicate and impose. Also several would be impossible for hard-working and/or persons with disabling conditions to understand and comply.

The Medicaid expansion does not require draconian fixes. It is working by providing coverage for over 400,000 recipients statewide and almost 70,000 in my Jefferson County home. These beneficiaries are responding by doubling preventive screenings and decreasing emergency room visits. Establishing relationships with primary care providers in a healthcare home enables access to the most appropriate, cost-effective services. Already Kentucky's ranking in overall health status has risen by three places.

Increased demand for health services has generated \$3 billion in reimbursement to providers and the addition of 13,400 health sector jobs. The additional tax revenue generated by the expansion offsets its costs.

Provisions in the waiver request are not compatible with DHHS principles. These include that "states may not limit access to coverage or benefits based on work or other activities, nor may they impose premiums or cost sharing that prevent low-income individuals from accessing coverage and care".

The Kentucky Medicaid Expansion should be continued and improved. It's immediate outcomes are demonstrating positive improvements in the lives, health, and well-being of individuals, families,

communities, and the state. Benefits should be made more accessible and continuity ensured for even greater improvements over the longer term.

Thank you for your consideration of these comments.

Leslie J. Lawson, MPA, MPH  
2500 Glenmary Ave.--#102  
Louisville, KY 40204-2132  
[502-451-9145](tel:502-451-9145)

Sent from my iPad



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## Fwd: MAKING MY VOICE HEARD. KEEP KY COVERED

1 message

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**Joanna Hatch** <joanna.hatch@gmail.com>  
To: KYMEDICAIDCHANGES@gmail.com

Fri, Jul 22, 2016 at 11:58 AM

----- Forwarded message -----

From: **Joanna Hatch** <joanna.hatch@gmail.com>  
Date: Fri, Jul 22, 2016 at 11:52 AM  
Subject: MAKING MY VOICE HEARD. KEEP KY COVERED  
To: [kyheath@ky.gov](mailto:kyheath@ky.gov)  
Cc: [kymedicaidchanges@gmail.com](mailto:kymedicaidchanges@gmail.com)

I am replying to the major changes being proposed for Medicaid in KY.

1. The income limit proposed is ridiculous. How is a family of four supposed to live off of \$33,465 a year? Have you ever heard of inflation? Have you ever raised a family of four on that much money? Do you know of anyone who has successfully, and without fail, taken care of a family with that \$33,465? Where do you get these numbers, and why are you basing them on the poverty level? Shouldn't you be setting your sights higher than the poverty line? How do you expect to change the amount of people in poverty, or have less people that need state support, if you base your income levels above poverty guidelines? This old antiquated method that clearly does not work, WORK SMARTER!

2. Why are you taking benefits away from people who get services through other waivers? They are on a waiver program because they need all the help they can get. Why on earth would you remove help? I work for a man who gets benefits through the MPW, I get paid via the grant. I also know he gets Medicaid benefits that cover a majority of his medical expenses. But guess what, he pays 265 dollars each month to keep the MPW services through Seven Counties. He also pays about 10 to 20% of what insurance does not cover, plus medical bills he is still paying on that have followed him for years. He is also paying a ton on money in credit card debt, that he acquired trying to keep his medical services and still trying to live a normal life. IT IS INSANE what the state deems as extra income for him and because of that, his life is sadly restricted, even though the MPW was put into place to remove limits from people's lives, people that have disabilities that can't complete activities of daily living. Removing benefits would be moving backwards in progress, DON'T DO THIS!

3. Why would there not be dental or vision anymore? As if not covering most mental health services wasn't enough, you want to cut off all other coverage and programs that promote an all-encompassing well-being ideal. My daughter get insurance through Medicaid programs. She had horrible cavities (10 in fact) that were a result of being sick as a baby often and being on many different antibiotics. It's not the fault of an unhealthy diet or lack of tooth care. It was caused by circumstances we could not have controlled. Also, when we started her eye care journey, she was legally blind, she now has almost perfect vision with the help of a surgery and glasses. That is all because we had the health care coverage to help her. IF I HAD NOT HAD PASSPORT, SHE WOULD HAVE NEVER HAD THE SURGERY THAT CORRECTED HER EYES. Does that speak to you at all? Her life would have been completely different.

4. How is it fair to eliminate retroactive eligibility. If someone loses benefits to no fault of their own, why the hell would you not reimburse them for the care they paid for out of pocket. This is asinine and you know it. I should need to type a long explanation to explain this issue.

5. Medicaid is to help people who cannot afford or are not offered medical coverage through their job. Why would you then charge a premium? If they can't afford it, how is making them pay for coverage solving anything. again, this is asinine.

Think before you rip much needed help away from the people who need it most. If you want communities in KY to improve, then do it by helping the people, no hindering them. These "Proposed" changes are not going to help KY solve its deficit.

--

*Joanna Hatch*

*Personal Care Aide to William "Corey" Nett*

*Treasurer of Nett for Metro Council*

*Treasurer of Differently Abled Associates, Inc.*

[502-509-4235](tel:502-509-4235)



AJ Jones <kymedicaidchanges@gmail.com>

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## Fwd: Medicaid waiver proposal comments

1 message

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**Julia Mitchell** <julialanemitchell@gmail.com>  
To: kymedicaidchanges@gmail.com

Wed, Jul 20, 2016 at 10:59 PM

----- Forwarded message -----

From: **Julia Mitchell** <julialanemitchell@gmail.com>  
Date: Wed, Jul 20, 2016 at 10:54 PM  
Subject: Medicaid waiver proposal comments  
To: [kyhealth@ky.gov](mailto:kyhealth@ky.gov)

Dear Commissioner Miller:

I grew up in a conservative household with loving parents who believe in limited government and fiscal responsibility. I understand these values--- of not wanting the government encroaching upon small businesses or spending money frivolously. I respect the desire of the governor to balance the budget and ensure the state is financially sound.

However, I am also a pediatrician who has served children living in poverty, first in rural Mississippi and now in urban Kentucky. I know that these children need access to quality healthcare beginning prenatally. Their parents need quality healthcare to take care of their children and to perform well on the job.

By cutting benefits and adding stringent penalties with the proposed changes outlined in the Medicaid waiver, not only will the health of those people on Medicaid suffer more, but also society will suffer; poor health outcomes will incur a greater cost burden to the state as emergency room utilization will increase as the number of uninsured adults will rise.

Providing quality healthcare to those living in poverty has many challenges, not the least of which is ensuring accessibility to doctors; many people living in poverty lack reliable transportation. Therefore, we must allow provision of transportation to remain a part of Medicaid services to ensure patients get the care they need. If they do not get preventive and non-urgent treatment due to lack of transportation, their health problems will worsen, and the cost of emergent and critical services will intensify, creating a greater strain to the state's economy.

We should not neglect our vulnerable citizens living in highly stressful environments due to poverty.

Children need healthy parents to thrive and become productive citizens themselves; children's health is dependent upon the overall health of their caregivers.

If enacted, the Medicaid waiver proposal will lead to more negative health outcomes and incur a greater financial burden for the state.

We should maintain the success of the Medicaid expansion in Kentucky and continue to strive toward excellent health outcomes for all citizens.

Sincerely,

Julia Lane Mitchell, M.D., FAAP



AJ Jones <kymedicaidchanges@gmail.com>

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## Let's Keep Kynect.

1 message

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**daniel martin moore** <info@danielmartinmoore.com>

Fri, Jul 22, 2016 at 4:12 PM

To: Kyhealth@ky.gov

Bcc: kymedicaidchanges@gmail.com

All Kentuckians deserve access to quality and affordable health care. The governor's HEALTH proposal creates more barriers, takes Kentucky backwards and should be withdrawn. We should not take away anyone's health care.

Kynect works beautifully, is a model program for the nation, and has made a real, positive difference in the lives & health of many Kentuckians. Let's not throw that away.

Thanks for your time & careful consideration,

Daniel M. Moore



AJ Jones <kymedicaidchanges@gmail.com>

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## Maintain KY Healthcare

1 message

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**Phil Schervish** <pschervish@gmail.com>

Fri, Jul 22, 2016 at 10:43 AM

To: Kyhealth@ky.gov

Cc: kymedicaidchanges@gmail.com

*All Kentuckians deserve access to quality and affordable health care. The governor's HEALTH proposal creates more barriers, takes Kentucky backwards and should be withdrawn. We should not take away anyone's health care!*

\*\*\*\*\*

Phil Schervish  
[pschervish@gmail.com](mailto:pschervish@gmail.com)  
502.558.7175



AJ Jones <kymedicaidchanges@gmail.com>

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## Medicaid changes

1 message

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**NeShaune Lasley** <nshaune@gmail.com>

Fri, Jul 22, 2016 at 4:13 PM

To: kyhealth@ky.gov

Cc: kymedicaidchanges@gmail.com

Gov. Bevin's proposal puts citizen's health care in danger. It's presumptuous and PRIVILEGED for you to monitor how people live their lives. Give people the support they need, and when they're not busy fighting everyday just to maintain, they'll be inclined to do the right thing.

Sent from my iPhone

Sent from my iPhone



**Template\_for\_Consumer\_Comments\_re\_Medicaid\_Waiver\_6.29.16\_FINAL.pdf**

367K



AJ Jones <kymedicaidchanges@gmail.com>

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## Medicaid Waiver Proposal Concerns

1 message

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**amber.pendleton@louisville.edu** <amber.pendleton@louisville.edu>  
To: "kyhealth@ky.gov" <kyhealth@ky.gov>  
Cc: "kymedicaidchanges@gmail.com" <kymedicaidchanges@gmail.com>

Thu, Jul 14, 2016 at 10:43 AM

Commissioner Miller,

As a pediatrician at the University of Louisville, I care for children and families living in poverty every day. In my experience, the mental and physical health of a child's caregiver is THE MOST important factor in a child's health, especially for these families who are in the midst of toxic stress and turmoil.

After reviewing the Medicaid Waiver Proposal, I am quite honestly shocked. It contains multiple components that will weaken families who are already fragile. The proposed changes will not only damage health, but also be incredibly costly in a healthcare system that is already strained.

Please consider these specific concerns:

1. The changes would require a medically frail adult (mentally ill, disabled, or with complex medical condition) to pay monthly premium of \$1-37/month, then give them a 6 month lock out period from health care if they miss a payment. As a pediatrician, this is frightening. Many caregivers are only capable of adequate care for their children because they are taking meds, getting therapy, and medical care. They struggle with organization due to daily chaos. Any decrease in access to their own healthcare, will certainly increase child abuse and neglect in a state that already ranks among the highest in the nation.

2. If dental care isn't covered, more adults will experience dental pain, a common pathway to opioid addiction, a major problem in Kentucky.

In my experience, caregivers covered by Medicaid expansion are finally able to get their feet under them. They are getting anti-depressants, getting custody of their children back, and getting their medical problems under control so they can go back to work. Since these proposed changes, a mother said to me the other day, "Dr. Pendleton, I'm just so scared it'll all fall apart again."

Please support children living in fragile families by improving rather than limiting caregivers' access to medical care.

Sincerely,

Amber Pendleton, MD

Associate Professor

Division of General Pediatrics

University of Louisville



AJ Jones <kymedicaidchanges@gmail.com>

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## Medicaid Waiver Proposal Concerns

1 message

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**Jon Sayat** <jon\_sayat@yahoo.com>  
Reply-To: Jon Sayat <jon\_sayat@yahoo.com>  
To: "kyhealth@ky.gov" <kyhealth@ky.gov>  
Cc: "kymedicaidchanges@gmail.com" <kymedicaidchanges@gmail.com>

Wed, Jul 20, 2016 at 5:55 PM

Dear Commissioner Miller,

I am a pediatrician in a clinic in Louisville, KY that primarily serves low income families. Every day we see the direct impact of caregiver health on child health. Children living in families in toxic stress are at high risk for abuse and neglect. Protecting a child means we have to support and strengthen the whole family. Parents and caregivers need access to medical care. The Medicaid waiver proposal will significantly restrict medical care for 1/2 million Kentucky adults.

Here are some of my main concerns:

1. Half of the adults covered by medicaid expansion are caregivers to children. Many of them are low income workers, struggling to buy food, diapers, pay rent, and find childcare. Many of them suffer from mental illness and chronic diseases. Asking them to pay monthly premium of any amount will only decrease their access to care. When parents and caregivers have poor health, their children do too.
2. Adding a 6 month lock out period if the premium isn't paid on time is frightening. Many caregivers are only capable of adequate care for their children because they are taking meds, getting therapy, and medical care. They struggle with organization due to daily chaos. Any decrease in access to their own healthcare, will certainly increase child abuse and neglect in a state that already ranks among the highest in the nation.
3. Dental and vision coverage will be removed. If dental care isn't covered, more adults will experience dental pain, a common pathway to opiod addiction, a major problem in Kentucky. Vision coverage is critical for a parent to provide good care for their children, safe transportation, and continue working.

Please help strengthen Kentucky families by keeping Medicaid expansion strong!

Sincerely,  
Jonathan Sayat, MD



AJ Jones <kymedicaidchanges@gmail.com>

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## Medicaid Waiver Proposal

1 message

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**kyle.brothers@louisville.edu** <kyle.brothers@louisville.edu>

Fri, Jul 22, 2016 at 2:20 PM

To: "kyhealth@ky.gov" <kyhealth@ky.gov>

Cc: "kymedicaidchanges@gmail.com" <kymedicaidchanges@gmail.com>

Dear Commissioner Miller,

I am a pediatrician in a Louisville clinic that primarily serves low income families. Every day we see how important the health of parents and other adults is to the health of our children. Children living in families in toxic stress are at high risk for abuse and neglect, and we have convincing evidence that toxic stress during childhood has long-lasting health effects even into adulthood. Protecting a child means we have to support and strengthen the whole family. Parents and caregivers need access to medical care. The Medicaid waiver proposal will significantly restrict medical care for a half million Kentucky adults.

Some of my top concerns:

1. Half of the adults covered by medicaid expansion are caregivers to children. Many of them are low income workers, struggling to buy food, diapers, pay rent, and find childcare. Many of them suffer from mental illness and chronic diseases. Asking them to pay monthly premium of any amount will only decrease their access to care. When parents and caregivers have poor health, their children do too.
2. Adding a 6 month lock out period if the premium isn't paid on time is frightening. Many caregivers are only capable of adequate care for their children because they are taking meds, getting therapy, and medical care. They struggle with organization due to daily chaos. Any decrease in access to their own healthcare, will certainly increase child abuse and neglect in a state that already ranks among the highest in the nation.
3. Dental and vision coverage will be removed. If dental care isn't covered, more adults will experience dental pain, a common pathway to opioid addiction, a major problem in Kentucky. Vision coverage is critical for a parent to provide good care for their children, safe transportation, and continue working.

Health is so integral to the hope for a positive future for our state. Please don't sabotage one of the few bright spots in our state's ongoing work to become a more prosperous, healthy place to live.

Sincerely,

Kyle Brothers, MD, PhD



AJ Jones <kymedicaidchanges@gmail.com>

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## Medicaid Waiver

1 message

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**Maturus** <maturusexpleo@gmail.com>

Sun, Jul 3, 2016 at 6:39 PM

To: kyhealth@ky.gov

Cc: kymedicaidchanges@gmail.com

Hello, I am a very active voter from a family of active voters in Mayfield, Kentucky.

The uninsured rate in KY went from 20.4 to 7.3% because of the ACA. The ACA helped me get through college. I had massive cavities and blurry vision. As a first generation full time student I didn't get financial help from family....I could barely afford: school, rent, gas, food, let alone able to afford dental and vision. I thank medicaid's expansion, because now my teeth are not abscessing and I can see writing on the chalk board.

Because of the ACA my mom, who works full-time as a CNA, was able to find out why she can't hear out of one of her ears.....she straight missing an ear drum. If Bevin kicks her off Medicaid because his strong-arming the Fed doesn't work...my mom may end up staying half deaf. Yes, this is personal. Please reconsider this waiver. Find ways to strengthen it. Removing dental and vision from the base coverage, adding premium and work requirements sounds novel.....but, the impacts include people dying, and my mother potentially staying partially deaf. Please reconsider strong-arming the Fed with 400,000 good Kentuckian's lives, we deserve better than being used for political points.



AJ Jones <kymedicaidchanges@gmail.com>

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## medicaid

1 message

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**Steve Hegge** <shegge86@gmail.com>

Fri, Jul 22, 2016 at 7:57 AM

To: Kyhealth@ky.gov

Cc: kymedicaidchanges@gmail.com

All Kentuckians deserve access to quality and affordable health care. The governor's HEALTH proposal creates more barriers, takes Kentucky backwards, and should be withdrawn. We should not take away anyone's health care.

Steve Hegge  
Ft. Mitchell

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## My public comment to be entered into the official records concerning the 1115 waiver proposal

1 message

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**Gregory D. Welch** <gregorydalewelch@gmail.com>

Fri, Jul 1, 2016 at 2:10 PM

To: kyhealth@ky.gov, kymedicaidchanges@gmail.com

Cc: Cara Stewart <carastewart@kyequaljustice.org>, Daniel Lowry <dlowry@kydemocrat.com>

To be entered into the public record concerning the proposed 1115 waiver, my opposition:

Most of us has heard the expression, "if it ain't broke don't fix it." But I'm not so sure Governor Bevin has. Instead of advancing sound and smart efforts that protects all Kentuckians, and especially those most in need, our Governor has denied them this help, their dignity, and the protection of their rights that good Healthcare policy can be. In short, Governor Bevin seems hellbent on changing our great commonwealth into a common poverty!

Imagine you're one of the people needing Medicaid, hopefully you don't ever miss a payment, or come up short of the money for two, three or more months and get locked out of Medicaid. Six months is a long time to wait if what you need is immediate help or are experiencing a constant discomfort. I mean, sure, you could, in some delusional theory, simply pay whatever overdue premiums you owe, plus the current month's premium and take precious time out of an already burdened schedule to attend classes on how "irresponsible" you are and "bad" at finances you are, and make it all square again. It's not like you're already busting your butt the majority of your time trying to scrape by at the minimum wage or nearly minimum wage job you're juggling between a part time and other responsibilities of your life. No, the governor sees your inability to pay as a judgement on your responsibility, or your goodness and therefore must scold you like a small child and bleed you of what small amount of dignity and self respect you have left after he has robbed you of what help you needed to find your feet in the first place.

And as for having to earn points to get a tooth removed, your eyes checked, or hearing aid, what absolute arrogance and indecency to even suggest such!

The beginning of all health, I have heard it said, is good and preventive dental health care. The new provisions that the governor is seeking in preventing oral, vision, and hearing Healthcare is a direct denial of that person's liberty to fully enjoy their lives and contribute to society comfortably and as they have experienced previously.

Try enjoying a nice dinner of any kind with something wrong with, or in, your mouth and tell any of us that oral health is not a necessity and that it doesn't impact a person's full life. Have something go wrong with your eyes and tell the rest of us that it doesn't hamper, limit or hurt the full freedom of how you experience and interact with the world around you. Have something go wrong with your ears, and tell me that it doesn't restrict you or stop you from fully being involved with your surroundings, how you work or what you do in your down time away from work. Each of these things are a vital part of a person's health and freedom, and their removal or restriction is a denial of that person's rights to life and its quality, to their liberty and its full experience and their pursuit of happiness.

Putting blockades in front of people's access to health care is the same as putting blockades in front of their freedom. Without a basic quality of health or as much health as a person can have, what person can truly and fully enjoy all the many opportunities that life can afford them?

If folks are busting their butts just to stay ahead--and that by mere inches, if they're lucky--why make it harder on them by restricting their access to Healthcare and human dignity?

If we claim the right to life, liberty and the pursuit of happiness but deny the access to these sacred truths then ladies and gentleman what we are doing is telling hard working folks, our friends and neighbors, to pull

themselves up by their bootstraps but not bothering to make sure they have boots or can afford to buy them if they don't. At its best, such double speak is hypocritical and at its worst is downright cruel and Un American.

Become seriously ill and tell me it doesn't threaten your basic freedoms, that it doesn't deny you the fullness of your liberty, and that it cannot turn into a struggle just to continue your precious and sacred gift, your very life.

Access to Healthcare through the public service that Medicaid is, is not a bargaining chip, a tool to corral the public into some kind of submission to an economic idea held by the privileged few. It is a common decency, a building block of the kind of society we ought to want to be able to hold ourselves accountable in the building of. It is service embodied. It is empowerment and protection of the core beliefs of our Kentuckian way of life. It is a guardian of life, liberty and the pursuit of happiness for all our citizens, and especially so for those who are already struggling.

Governor Bevin decided to rip away a successful program that allowed access to nearly a half a million newly insured people. He said it wouldn't come at the high cost that time and again numerous experts, professionals, policy analysts and others warned him that it would. And now, seeing that it will in fact come at great costs--both economically and directly from the life and health of those affected--it seems to me he's trying to double down and cover that cost by furthering the damage of Kynect's dismantling by pushing the cost of it onto the backs of hardworking Kentuckians. Either that or he's playing a childish, manipulative and deviant game of politics, hoping for failure in this waiver endeavor so that he can have ready excuse to simply purge the system of those most needing a hand up and not a slap in the face. It's unfit for someone in his position to plot, plan or attempt to carry out.

Instead of advancing the success of Kynect, Governor Bevin is trying to push our Healthcare back generations, and is putting at risk and jeopardy (life, limb, and livelihood alike) the very people that need that hand up the most.

Empowerment should be the ambition of any administration that wants to build the society we can all be proud to live in. Empowering folks, protecting them from the many dangers in life, and at all costs protecting their right to life, liberty, and their pursuit of happiness. Our governor has instead chosen to attack these sacred rights.

What's at stake here is far more than what meets the eye at first glance. These are issues of freedom. Get sick, get hurt, or find yourself diagnosed with something life altering, or worse, life threatening and tell me it doesn't impact your freedom. It does. And not just for those who are being restricted, locked out, penalized or charged outrageous amounts for access either. This effects all of our great commonwealth.

The countless diseases that could have been slowed down, addressed head on, studied or even avoided will no longer have the watchdog of easily accessible Healthcare to keep an eye on them. That's what a healthy society creates: protection against and prevention from diseases affecting the whole of our society.

Whether Governor Bevin wants to acknowledge it or not, we are responsible to more than just ourselves if we choose to live in a shared society of communities, neighborhoods and families.

We are each responsible for the continuation of that society and it's advancement and betterment. That means we must cooperate and serve each other and remove selfish policies that excludes instead of includes and empowers instead of disempowers. Governor Bevin may have given up on such a higher ideal as this, but I and countless others have not.

Gregory D. Welch

Vice Chair  
Jessamine County Democrats

Regional Director  
Second Congressional District  
Kentucky Young Democrats

[Gregorydalewelch@gmail.com](mailto:Gregorydalewelch@gmail.com)



**Objection to Governor Matt Bevin's request for 1115 Medicaid Waiver**

1 message

**PHatfield@vogtpower.com** <PHatfield@vogtpower.com>

Fri, Jul 22, 2016 at 12:43 PM

To: kyhealth@ky.gov

Cc: kymedicaidchanges@gmail.com

To Whom It May Concern,

I am sending this email to object strenuously to Governor Bevin's proposal to eliminate the KY. Medicaid expansion. I know that the Ky. Medicaid expansion has allowed many homeless and poor people of Kentucky to get health insurance in the past two years and address some of their mental and physical needs. I volunteer at a Louisville shelter for homeless men and I know that many of the men urgently need health care. The type of assistance under the KY Medicaid expansion is what is needed to allow the poor and homeless to have any chance of rectifying their situation of being homeless. The KY. Medicaid expansion has been a life saver for many of these men!

My understanding is that the 1115 Medicaid Waiver would impose a monthly premium even on the poor and homeless who currently cannot afford health care. Also, my understanding is that under this proposal a Medicaid recipient would be denied access to health care through a 'lock out' period if the premium was not paid. Other similar measures would certainly mean that the poor would have to suffer more, i.e., requiring non-disabled adults without children to engage in certain work and/or community engagement requirements and that failure to participate in these activities would result in a suspension of Medicaid benefits; removing dental and vision benefits; and eliminating means of transportation to medical appointments. **THE 1115 MEDICAID WAIVER PROPOSAL IS NOT FAIR TO THE POOR AND HOMELESS.**

It is obvious that the KY. Medicaid expansion is and would continue to be beneficial for thousands of Kentucky citizens. Please do not allow the new Medicaid rules to be enacted. Please continue to ensure that the great state of Kentucky will continue to be compassionate and caring for its most marginalized citizens, the poor and homeless. **The 1115 MEDICAID WAIVER PROPOSAL IS NOT AN ANSWER TO OUR CALL TO BE OUR BROTHER'S KEEPER.** If the 1115 Medicaid Waiver is enacted any reference by a state official that Kentucky has and will continue to care for all of its citizens will certainly fall on deaf ears.

Sincerely,

Paul Hatfield

1107 Clerkenwell Rd., Louisville, Ky 40207

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<http://www.babcockpower.com>

\*\*\*\*\*



AJ Jones <kymedicaidchanges@gmail.com>

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## Opposing Gov. Bevin's Proposals on Health

1 message

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**Margaret Gardiner** <rm@gardinerfamily.net>

Fri, Jul 22, 2016 at 10:51 AM

To: Kyhealth@ky.gov

Cc: kymedicaidchanges@gmail.com

*I endorse this position BELOW. Bevin is putting his political stance over the needs of the poorer people of Kentucky and costing us more money in the process. His proposals and their justification do not stand up.*

*"All Kentuckians deserve access to quality and affordable health care. The governor's HEALTH proposal creates more barriers, takes Kentucky backwards and should be withdrawn. We should not take away anyone's health care!"*

*Sincerely,*

*Margaret Gardiner*



AJ Jones <kymedicaidchanges@gmail.com>

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## #KeepKYCovered

1 message

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**Loretta Stafford** <l1st227@g.uky.edu>

Sat, Jul 23, 2016 at 4:31 PM

To: kyhealth@ky.gov

Cc: kymedicaidchanges@gmail.com

All Kentuckians deserve access to quality and affordable health care. The governor's "health" proposal creates more barriers, takes Kentucky backwards and should be withdrawn. I'm ashamed that I live in a state that is controlled by people so determined and eager to take away the healthcare of its citizens. I'm a college student who depends on public assistance for my medical coverage. Because I have been under legal guardianship of my grandparents, I have no other option for healthcare.

—

**Loretta L. Stafford**

Integrated Strategic Communication | Arabic & Islamic Studies

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**1115 waiver comments**

1 message

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**susan buchino** <sbuchino@hotmail.com>  
To: "kyhealth@ky.gov" <kyhealth@ky.gov>  
Cc: "kymedicaidchanges@gmail.com" <kymedicaidchanges@gmail.com>

Fri, Jul 22, 2016 at 12:02 PM

Dear Commissioner Miller,

Please accept the following comments regarding Kentucky's proposed 1115 Medicaid Waiver and the Kentucky HEALTH plan. These comments are my own.

Kentucky is a poor, sick state. With the health and well-being of nearly half a million Kentuckians at stake, I am disheartened that Governor Bevin has vowed to end Medicaid expansion if the U.S. Department for Health & Human Services does not approve the Kentucky HEALTH plan. I believe that by eliminating Medicaid expansion and its current level of benefits, this administration will put the health and economic security of our Commonwealth at risk.

Both Medicaid expansion and kynect have been successful in Kentucky. Insurance is overwhelming and confusing for the most highly educated among us. Kentucky HEALTH is a complex plan will not only be administratively cumbersome, but also create more barriers, promoting disengagement of individuals who are eligible but confused, and thus limit access to care.

The purpose of an 1115 waiver is to demonstrate that Kentucky can provide better access and better care than we are already doing. Therefore, any proposed changes should build on the success of Kentucky's Medicaid expansion to increase access to care, improve health outcomes, and create system efficiencies. Kentucky HEALTH does not improve the current system. Additionally, many components are in conflict with research findings and inconsistent with evidence-based practices.

This plan is not cost effective for Kentucky. Both the administrative and the human costs are high to businesses and organizations. Neither the Department for Medicaid Services nor the individual Managed Care Organizations have the existing infrastructure or staff capacity to process, track, and manage plan requirements effectively. Moreover, individuals who have no income cannot pay a premium of even \$1.00 monthly. Extensive research has shown that premiums are largely unaffordable in the Medicaid population (and oftentimes individuals in this population do not have bank accounts, which translates to difficulties in the logistics of making a payment), leading the significant reductions in coverage and access to care. The burden of this cost will be transferred to medical and social service agencies that serve individuals. However, safety-net providers and

social service agencies have already experienced loss of external funding and budget cuts.

The Kentucky HEALTH plan states that the program is designed for “able-bodied”, working age adults and their families. Underlying this proposal is a sense of paternalism; the plan implies that low income Kentuckians aren’t already engaged in their communities and contributing meaningfully to our economy. It is also misguided to treat Medicaid as a Welfare program that creates dependency for “able-bodied” adults. To the contrary, Medicaid coverage KEEPS Kentuckians working and helps parents get healthy and stay healthy so they can be better parents.

The majority of Kentuckians who benefit from Medicaid expansion are working adults in low-wage jobs. The majority of those who aren’t working outside of the home are caregivers and students. The expectations of Kentucky HEALTH are unrealistic expectations of individuals who work low-wage jobs that may offer unpredictable hours, or who have other full-time unpaid obligations. The proposed open enrollment period will reduce access to care by eliminating passive enrollment and requiring individuals to take time off work for an annual redetermination. This does not “educate members on the importance of meeting commercial market open enrollment deadlines,” since people sign up for employer-sponsored plans at work, during paid hours. This requirement instead taxes the already short-staffed Department for Community Based Services as well as individuals who don’t have paid leave time or must arrange for caregiver coverage.

Additionally, evidence shows that work programs do not reduce poverty and would increase the number of uninsured. The work requirements of Kentucky HEALTH mean this plan is not a safety net program for Kentucky’s most vulnerable residents. The plan presented for public comment presents vague parameters of “non-disabled” adults who would be required to work or volunteer. Who will screen and determine those who qualify as “medically frail?” Does “non-disabled” include individuals who are sick enough to have applied for disability benefits but are still awaiting a decision? Does “non-disabled” include individuals newly diagnosed with cancer who can’t maintain a job while they undergo weekly treatments, but also don’t qualify for an application to SSD? Does “medically frail” include individuals with mental or cognitive disorders that may be invisible but limit one’s ability to maintain full-time employment? Is a full-time caregiver of a family member, whose work is at home and unpaid, allowed to count that 24/7 job toward a work requirement?

Individuals who are homeless or have a felony on their record have benefited from Medicaid expansion. Many, many of these individuals have gotten health insurance in the past two years, and have therefore been able to address both their physical and mental health needs as they look to successfully reintegrate and contribute to the community. However, these populations have difficulty finding jobs or volunteer work. Without insurance coverage these populations will return to the cycle of recidivism and emergency room use when they need care.

Kentucky HEALTH eliminates dental and vision benefits, even though they currently make up less than 2% of the Medicaid budget. Regular visits to the dentist and eye doctor are an effective way to prevent and detect disease. Oral health is intimately linked to overall health. The public health and medical communities have worked toward integrated care to improve health outcomes, but removing dental benefits is contrary to evidence-based work toward health system transformation to integrate oral health with primary care. Kentucky has a reputation of toothless residents, which

impacts how people look when they seek employment. With Kentucky's high rate of diabetes, vision care is imperative. Although individual on Kentucky HEALTH would have the ability to earn dental and vision benefits, someone who completed ALL the activities and earned the maximum dollars in the "My Rewards" program will not earn enough to cover both dental and vision benefits.

Kentucky HEALTH eliminates retroactive payments. Because of the known complications of signing up for Medicaid through the Department of Community Based Services (because without kynect, kynectors will no longer be able to assist with this job), individuals will not receive timely benefits. Without the retroactive payments, providers will not see patients, or simply won't receive reimbursement for their services if they do.

Kentucky HEALTH eliminates non-emergency medical transportation, which creates more barriers to accessing care. Many of Kentucky's poorest residents do not own cars. The rural parts of the Commonwealth do not offer public transportation systems. Therefore, individuals on this plan may not be able to travel to appointments. Instead of receiving preventive and routine care, they may wait to use more costly emergency transportation when they need emergency care.

Finally, the proposed evaluation plan includes a number of important measures, however, they are heavily focused on cost and utilization. Again, the hypotheses posed are not consistently reflective of evidence provided by research and other demonstration programs. I would also argue that measures must be included to track access to care, utilization, and patient experience as well, and define "cost" not only in terms of patient care costs, but the administrative costs required to implement this plan. The evaluation plan should also be transparent, rigorous, and conducted by a third-party evaluator, and should include mechanism for influencing changes to the plan if evaluation demonstrates the administration's hypothesis are not proven true.

Respectfully submitted,

Susan Buchino

Jefferson County



AJ Jones <kymedicaidchanges@gmail.com>

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## 1115 Waiver proposal

1 message

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**Chris Keyser** <ckeyser@fairviewcommunityhealth.org>

Wed, Jun 29, 2016 at 1:29 PM

To: "kyhealth@ky.gov" <kyhealth@ky.gov>

Cc: "kymedicaidchanges@gmail.com" <kymedicaidchanges@gmail.com>, "carastewart@kyequaljustice.org" <carastewart@kyequaljustice.org>

To Whom it May Concern:

As the Executive Director of a Federally Qualified Health Center in Bowling Green, I have seen firsthand the tremendous health gains that safety net providers have been able to effect in the patients we serve. Before Medicaid expansion, patients struggled with obtaining necessary medications due to cost barriers and often did without thus leading to uncontrolled health issues. As a result of the expansion our patients actively participate in health care decisions taking advantage of preventive health services such as Mammograms, Cervical Cancer Screenings, Prostate Cancer Screenings, Vision Care and Dental Care. With the coverage of nearly a half a million Kentuckians at stake, it's alarming to hear that Governor Bevin has vowed to end Medicaid expansion if this waiver isn't approved. Governor Bevin's proposal to reform Medicaid puts Kentucky's successful coverage expansion and the tremendous health gains we've made at risk. This waiver will place more burden on low income working Kentuckians, families and our most vulnerable citizens. I am particularly disturbed by his mandate that anyone wanting dental or vision coverage must "earn points" by attending health or financial literacy classes as well as participate in community services. His assumption that somehow Medicaid recipients are "illiterate" on health or financial matters and that access to dental or vision will be rewarded if they but jump through his hoops! Shame on him! The goal of this waiver shouldn't be to move Medicaid members onto commercial insurance. The goal should be for Medicaid members to use their coverage to improve their health. Kentucky's Medicaid expansion has been a tremendous success and we need to take steps that build on that, rather than going backward.

Sincerely,

Ms. Chris M. Keyser

Executive Director

[ckeyser@fairviewcommunityhealth.org](mailto:ckeyser@fairviewcommunityhealth.org)

Fairview Community Health Center

615-7<sup>th</sup> Avenue

Bowling Green, Kentucky 42101

[270-783-4251](tel:270-783-4251)

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**Advocacy Alert**

1 message

**Steve Giacobbe** <[sgiacobbe@accreditedwm.com](mailto:sgiacobbe@accreditedwm.com)>

Fri, Jul 22, 2016 at 11:04 AM

To: "kyhealth@ky.gov" <[kyhealth@ky.gov](mailto:kyhealth@ky.gov)>Cc: "kymedicaidchanges@gmail.com" <[kymedicaidchanges@gmail.com](mailto:kymedicaidchanges@gmail.com)>

*ALL Kentuckians deserve access to high quality, affordable healthcare regardless of their circumstances. Governor Bevin's proposed Medicaid waiver puts Kentucky's successful Medicaid expansion and the coverage of nearly HALF A MILLION Kentuckians at risk. It will mean less coverage and more barriers for low-income workers, families and the most vulnerable Kentuckians. This plan threatens to undermine all of the progress and health gains we've made in the past two years as a result of Medicaid expansion. It would be a giant step backward for Kentucky.*

*Medicaid expansion is working for Kentucky. We must take steps that build on our success to move Kentucky's health, economy and quality of life forward."*

Sincerely,

Steven J. Giacobbe, CFA, CFP®

Chief Investment Officer | Managing Partner

**Accredited Wealth Management**

6010 Brownsboro Park Blvd. Suite F | Louisville, KY 40207

Office: [\(502\) 290-1905](tel:5022901905) | Cell: [\(502\) 609-0227](tel:5026090227) | Fax: [\(502\) 290-1908](tel:5022901908)[www.accreditedwm.com](http://www.accreditedwm.com) | Visit our Blog: [accreditedwm.com/Blog](http://accreditedwm.com/Blog)Like us on [Facebook](#) and Follow us on [LinkedIn](#)***We Appreciate Your Referrals!!******Experienced Professionals.******Client Focused. Results Driven.***

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AJ Jones <kymedicaidchanges@gmail.com>

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## Affordable healthcare

1 message

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**J. Shawn Conrey** <jsconrey@gmail.com>

Fri, Jul 22, 2016 at 7:56 AM

To: Kyhealth@ky.gov

Cc: kymedicaidchanges@gmail.com

*“All Kentuckians deserve access to quality and affordable health care. The governor’s HEALTH proposal creates more barriers, takes Kentucky backwards and should be withdrawn. We should not take away anyone’s health care!”*

Please don't undo the progress that has been made. Everyone deserves affordable healthcare!

--

- J. Shawn Conrey



AJ Jones <kymedicaidchanges@gmail.com>

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## Against 1115 Medicaid Waiver

1 message

---

**Anne Walker** <awstudio208@gmail.com>

Fri, Jul 22, 2016 at 11:11 AM

To: kyhealth@ky.gov

Cc: kymedicaidchanges@gmail.com

As a board member and volunteer at St John Center for Homeless Men in Louisville, I disagree with the proposed changes in Medicaid coverage including the elimination of dental and vision care, and transportation to medical appointments. The proposed changes change negatively affect the individuals that St. John Center serves. Medicaid recipients need access to care without barriers. This allows people to get regular check-ups, preventive care and to manage chronic illnesses. Charging premiums and co-pays discourages people from seeking out necessary care, which can lead to more emergency care and hospitalizations.

Many, many of our guests and the men in our housing program have gotten health insurance in the past two year, and have therefore been able to address both their physical and mental health needs. The proposed waiver would significantly impact both homeless individuals and the agencies that serve them.

ALL Kentuckians deserve access to high quality, affordable healthcare regardless of their circumstances. Governor Bevin's proposed Medicaid waiver puts Kentucky's successful Medicaid expansion and the coverage of nearly HALF A MILLION Kentuckians at risk. It will mean less coverage and more barriers for low-income workers, families and the most vulnerable Kentuckians. This plan threatens to undermine all of the progress and health gains we've made in the past two years as a result of Medicaid expansion. It would be a giant step backward for Kentucky.

We need to build on the success of Kentucky's model. "If it ain't broke, don't fix it."

Anne Walker  
Active voter, Jefferson County

--

Anne Walker Studio  
Louisville, KY 40206

p [502 299 9920](tel:5022999920)  
e [awstudio208@gmail.com](mailto:awstudio208@gmail.com)

*"Service to others is the rent you pay for your room here on earth."  
Muhammad Ali*



AJ Jones <kymedicaidchanges@gmail.com>

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## ALL Kentuckians deserve access to high quality, affordable healthcare

1 message

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**Steve Giacobbe** <sgiacobbe@accreditedwm.com>

Wed, Jun 29, 2016 at 1:29 PM

To: "kyhealth@ky.gov" <kyhealth@ky.gov>

Cc: "kymedicaidchanges@gmail.com" <kymedicaidchanges@gmail.com>

*ALL Kentuckians deserve access to high quality, affordable healthcare regardless of their circumstances. Governor Bevin's proposed Medicaid waiver puts Kentucky's successful Medicaid expansion and the coverage of nearly HALF A MILLION Kentuckians at risk. It will mean less coverage and more barriers for low-income workers, families and the most vulnerable Kentuckians. This plan threatens to undermine all of the progress and health gains we've made in the past two years as a result of Medicaid expansion. It would be a giant step backward for Kentucky.*

*Medicaid expansion is working for Kentucky. We must take steps that build on our success to move Kentucky's health, economy and quality of life forward.*

Steven J. Giacobbe, CFA, CFP®

Chief Investment Officer | Managing Partner

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AJ Jones <kymedicaidchanges@gmail.com>

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## Bevin's health care proposal

1 message

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**jamitra.fulleord@louisville.edu** <jamitra.fulleord@louisville.edu>  
To: "Kyhealth@ky.gov" <Kyhealth@ky.gov>

Fri, Jul 22, 2016 at 8:25 AM

All Kentuckians deserve access to quality and affordable health care. The governor's health proposal creates more barriers, takes Kentucky backwards and should be withdrawn. We should not take away anyone's health care!

Furthermore, Kentuckians should not have to earn benefits by working or doing community service. This is completely unfair and is a clear attack on certain groups within our commonwealth. This new proposal does not create a fair system.

*Jamitra Fulleord*

University of Louisville | 2018  
Harlan Scholar  
Woodford R. Porter Scholar  
Martin Luther King, Jr. Scholar  
University Honors Program | University Honors Scholar  
Kentuckians For The Commonwealth | Intern  
AVIATOR | Recruitment Specialist Intern

Discipline | Command | Harmony | Input | Achiever



AJ Jones <kymedicaidchanges@gmail.com>

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## Do not limit any Kentuckian's healthcare

1 message

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**Kathryn Akural** <Kathryn\_Akural@berea.edu>

Fri, Jul 22, 2016 at 7:55 AM

To: "kyhealth@ky.gov" <kyhealth@ky.gov>

Cc: "kymedicaidchanges@gmail.com" <kymedicaidchanges@gmail.com>

Dear Staff,

All Kentuckians deserve access to quality and affordable health care. The governor's HEALTH proposal creates additional barriers and moves Kentucky backward; it should be withdrawn. Governor Beshear's plan seemed to work efficiently and well. We should not take away anyone's health care.

Please act accordingly and in good faith.

Thank you.

Kathryn Akural



AJ Jones <kymedicaidchanges@gmail.com>

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## Don't cancel the Medicaid Expansion for Kentucky.

1 message

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**R Toon** <kyrt@hotmail.com>

Fri, Jul 22, 2016 at 10:28 AM

To: "kyhealth@ky.gov" <kyhealth@ky.gov>

Cc: "kymedicaidchanges@gmail.com" <kymedicaidchanges@gmail.com>

All Kentuckians deserve access to quality and affordable health care. The governor's HEALTH proposal creates more barriers, takes Kentucky backwards and should be withdrawn. We should not take away anyone's health care!

As a physician (MD) who believes in universal health care I do not want to see the poor, disabled and ill lose access to health care. This will result in needless stress, suffering and death.

[kyrt@hotmail.com](mailto:kyrt@hotmail.com) R.D.Toon Kentucky



AJ Jones <kymedicaidchanges@gmail.com>

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## don't dismantle KYNECT

1 message

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**doreen maloney** <doreenmaloney@gmail.com>

Fri, Jul 22, 2016 at 7:31 AM

To: Kyhealth@ky.gov

I believe affordable healthcare is an economic engine that will allow Kentuckians to become more entrepreneurial!!

All Kentuckians deserve access to quality and affordable health care. The governor's HEALTH proposal creates more barriers, takes Kentucky backwards and should be withdrawn. We should not take away anyone's health care!

I also don't trust the math that he purports. This governor has shown that he is partisan, petty and vindictive. We need to protect our citizens and give them affordable health care.

Doreen Maloney  
School of Art and Visual Studies  
Director of Graduate Studies  
Associate Professor of New Media  
University of Kentucky  
[doreenmaloney@gmail.com](mailto:doreenmaloney@gmail.com)  
email hours: M-F 8-6



AJ Jones <kymedicaidchanges@gmail.com>

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## Governor Bevin proposal for expanded Medicaid

1 message

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**Harold Colvin** <hcolvin@foothills.net>  
To: kyhealth@ky.gov, kymedicaidchanges@gmail.com

Fri, Jul 22, 2016 at 11:46 AM

Before Expanded Medicaid, there were hundreds of thousands of Kentuckians that had no health insurance. Since they could not afford the cost of doctor office visits, they would use the hospital emergency room when they or their children got sick. This raised the cost of doing business for the hospital which was passed on to patients with insurance. This system cause the cost of everyone's health insurance to increase.

Expanded Medicaid gave these people health coverage for the first time. They no longer had to wait for hours in the ER waiting room to be seen by a doctor there. They were now able to schedule a office visit with a family doctor. They now address health issues that they were forced to ignore for years. This reduction in the reliance on the hospital emergency room has resulted in a reduction in the cost of doing business for the hospital which should result in a reduction in the hospital rates and health insurance rates for all Kentuckians.

Now, Governor Bevin is proposing a change in health care for those that have gained health care for the first time with Expanded Medicaid. The result of these changes will force hundreds of thousands of those on Expanded Medicaid to go back to the old system of going to the emergency room. Governor Bevin, as a multi millionaire, doesn't realize that a person that is surviving on minimum wage do not have the extra money to pay the fees that he is now asking for them to pay.

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**Governor Bevin's Medicaid waiver**

1 message

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**candace.lamb@louisville.edu** <candace.lamb@louisville.edu>  
To: "kyhealth@ky.gov" <kyhealth@ky.gov>

Thu, Jun 30, 2016 at 2:26 PM

ALL Kentuckians deserve access to high quality, affordable healthcare regardless of their circumstances. Governor Bevin's proposed Medicaid waiver puts Kentucky's successful Medicaid expansion and the coverage of nearly HALF A MILLION Kentuckians at risk. It will mean less coverage and more barriers for low-income workers, families and the most vulnerable Kentuckians. This plan threatens to undermine all of the progress and health gains we've made in the past two years as a result of Medicaid expansion. It would be a giant step backward for Kentucky.

Not only is this plan a step backward for Kentucky, but it is also completely out of line with the values that attracted me to this state in this first place. I moved here from South Carolina six years ago and believe I was moving to a state that believes in treating all of its citizens with compassion and respect. I have met so many amazing people across this state over the past six years. People who believe in fairness, in equity, in respecting each other. I obtained a graduate degree here and put that education back into this state by working with college students.

Governor Bevin is turning Kentucky into a place where many people no longer wish to be. Demoralizing and dehumanizing some of most at risk people, reducing them to a second class citizenship, is unconscionable. Turning this state into an unrecognizable place for one politician's self-serving, power hungry agenda is not worth destroying the good Medicaid system we already have in place.

Medicaid expansion is working for Kentucky. We must take steps that build on our success to move Kentucky's health, economy and quality of life forward.

Thank you,

**Candace Lamb**

Assistant Director, Education, Engineering and Social Work

University of Louisville Career Development Center  
[To schedule an appointment, click here!](#)

(502) 852-6701





AJ Jones <kymedicaidchanges@gmail.com>

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## Health Care for ALL Kentuckians!

1 message

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**jpjane@bellsouth.net** <jpjane@bellsouth.net>  
To: kyhealth@ky.gov

Fri, Jul 22, 2016 at 2:53 PM

### To Whom It May Concern:

I am writing to express my grave misgivings about Gov. Bevin's proposed changes to our health care system in Kentucky. Our Commonwealth has been a national model for the implementation of the Affordable Care Act and should NOT be gutted because of political back-biting.

All Kentuckians deserve access to quality and affordable health care.

The governor's HEALTH proposal creates more barriers, takes Kentucky backwards and should be withdrawn.

Dental and Vision coverage are ESSENTIAL for improved health and well being. A healthy population makes it much easier to grow a workforce that can move our economy forward. We should not take away anyone's health care!

Sincerely,  
Jane S. Brantley  
Danville, KY



AJ Jones <kymedicaidchanges@gmail.com>

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## Health Care in Kentucky

1 message

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**George Brosi** <georgebrosi@gmail.com>

Fri, Jul 22, 2016 at 11:27 AM

To: Kyhealth@ky.gov

Cc: kymedicaidchanges@gmail.com

Dear ladies and gentlemen:

Please fight for universal health care in Kentucky, or at least as close as we possibly can come to that.

Please do not seriously consider eroding any coverage for any Kentuckians.

Please consider the impact upon the economy that decent health care provides. Having health care coverage as broad as possible means that Kentuckians are spending money locally and creating an economic ripple effect. It means that employers are suffering less absenteeism.

Broad health coverage means that our citizens are more healthy. That is good in itself, but it also means that even rich people with good coverage are less likely to get sick from exposure to those who lack it.

My wife recently died of cancer, but she would have died months or even years sooner had it not been for government programs. COBRA was necessary for us when I lost my job. Then when COBRA ran out, we were able to get coverage despite the fact that she was dying of cancer because Obamacare mandated that previous conditions not be an eligibility consideration for health insurance! Government is the only entity that can protect our citizenry from bad health. That is a very legitimate and important function of government.

Thanks for considering these points as you make your decisions.

George Brosi

123 Walnut Street

Berea, Kentucky 40403

[859-248-0191](tel:859-248-0191)



AJ Jones <kymedicaidchanges@gmail.com>

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## health care

1 message

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**Goins, Berlin** <BerlinGoins@kycourts.net>

Wed, Jun 29, 2016 at 2:29 PM

To: "kyhealth@ky.gov" <kyhealth@ky.gov>

Cc: "kymedicaidchanges@gmail.com" <kymedicaidchanges@gmail.com>

Having read the Fact Sheet put out by Keep KY Covered, I feel work, healthy initiatives and other incentives to encourage people to get themselves healthy and prosperous would benefit all Kentuckians. I agree with the Governor's proposal.



AJ Jones <kymedicaidchanges@gmail.com>

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## Health Care

1 message

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**Terrell Copelin** <tcopelin@hotmail.com>

Fri, Jul 22, 2016 at 7:51 AM

To: "KYHealth@ky.gov" <KYHealth@ky.gov>

Cc: "kymedicaidchanges@gmail.com" <kymedicaidchanges@gmail.com>

*All Kentuckians deserve access to quality and affordable health care. The governor's HEALTH proposal creates more barriers, takes Kentucky backwards and should be withdrawn. We should not take away anyone's health care!*



AJ Jones <kymedicaidchanges@gmail.com>

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## HEALTH Proposal Comment

1 message

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**David Musser** <musserky@mrtc.com>  
To: kymedicaidchanges@gmail.com

Fri, Jul 22, 2016 at 1:58 PM

Following is my comment on Gov. Bevins's Health Proposal.

Medicaid costs are indeed troubling. However, poor people are not the problem. The root of the problem is that profit driven health care, run by corporations that enjoy government supported monopolies is corrupt, shameful, disgraceful, and immoral.

Other countries have embraced the concept that health-care for all their citizens is a fundamental right and not just a privilege for those with the means to play in a fraudulent, corporate game.

What kind of mean-spirited, hard-hearted God do you worship that allows you to put corporate profits over the health of actual people? I suggest you shift your focus from a rigged spread sheet and turn it to The Sermon on the Mount as taught by Jesus to the multitude. We are all God's children, rich or poor. "Ye cannot serve God and mammon."

All Kentuckians deserve access to quality and affordable health care. Governor Bevin's HEALTH proposal is not the solution. It should be withdrawn. We should not take away anyone's health care.

David Musser

1060 Clifty Ridge Road

Campton, KY 41301



AJ Jones <kymedicaidchanges@gmail.com>

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## Healthcare Comments

1 message

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**Beth Howard** <jbeth17@hotmail.com>

Fri, Jul 22, 2016 at 11:05 AM

To: "Kyhealth@ky.gov" <Kyhealth@ky.gov>, "kymedicaidchanges@gmail.com" <kymedicaidchanges@gmail.com>

*To Whom It May Concern,*

*All Kentuckians deserve access to quality and affordable health care. The governor's HEALTH proposal creates more barriers, takes Kentucky backwards and should be withdrawn. We should not take away anyone's health care!*

*Thank you,*

*Beth Howard*

*Lexington, KY*



AJ Jones <kymedicaidchanges@gmail.com>

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## I support quality and affordable health care for all Kentuckians

1 message

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**Kenny Stancil** <stancil.kenny@gmail.com>

Fri, Jul 22, 2016 at 9:18 AM

To: Kyhealth@ky.gov

Cc: kymedicaidchanges@gmail.com

To whom it may concern:

All Kentuckians deserve access to quality and affordable health care. The governor's HEALTH proposal creates more barriers, takes Kentucky backwards, and should be withdrawn. We should not take away anyone's health care!

Sincerely,

Kenny Stancil

University of Kentucky student and employee



AJ Jones <kymedicaidchanges@gmail.com>

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## In Response to Waiver 1115

1 message

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**La Mar, Samantha N** <samantha.lamar@uky.edu>  
To: "kyhealth@ky.gov" <kyhealth@ky.gov>  
Cc: "kymedicaidchanges@gmail.com" <kymedicaidchanges@gmail.com>

Fri, Jul 22, 2016 at 7:52 AM

To Whom It May Concern:

I am reaching out to make my voice heard on the proposed changes to healthcare coverage in the state of Kentucky by Governor Bevin. As a first generation college student, I am on public assistance while I obtain my degree, and my medical condition as a type 1 diabetic makes me reliant on this coverage to stay healthy in my daily life. Some of these changes would impact me directly, and I know would hamper or harm many in my community. We have seen much success from the changes implemented by the ACA over the last year or so, including a drop in uninsured citizens. Healthcare access is a fundamental human right, and I ask you to please consider this issue with compassion and knowledge of the facts as you continue with the decision making process.

Thank you for your time.

Samantha

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Samantha La Mar

Engaging Issues Committee Chair

Student Activities Board

University of Kentucky

[snla225@l.uky.edu](mailto:snla225@l.uky.edu)

[\(859\) 685-5295](tel:(859)685-5295)

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## Kentucky HEALTH waiver proposal

1 message

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**Nick Lutz** <nicholas.j.lutz@gmail.com>

Thu, Jul 21, 2016 at 9:23 PM

To: Kyhealth@ky.gov

Cc: kymedicaidchanges@gmail.com

Commissioner Stephen Miller,

What follows are my own comments to the state on the proposed Medicaid Waiver. They are primarily requests for more information on the current proposal. It is incumbent on the Bevin administration to show that this waiver will not harm insurance coverage and health outcomes; I do not believe that you have done so as of yet.

1) The necessity of this waiver is premised on the idea that the state cannot afford the existing program. However, you do not adequately support this idea. Your own estimates suggest that Medicaid expansion will cost the state government \$1.2 billion over the next five years, however, you've also stated that the proposed plan will only reduce state government costs by roughly \$300 million dollars over that same period. If we accept these numbers, then it's clear that you are radically changing the structure of Medicaid in Kentucky while achieving relatively little cost savings.

However, previous studies have pointed to the positive fiscal impacts of Medicaid expansion. Expansion will be at least 90% federally funded into the future. The waiver rejects the Deloitte study's assertion that expansion will generate \$800 million in economic impact, but you offer no alternative analysis and offer no specific criticisms of the study's methodology. What does your administration believe to be an accurate estimate of the economic impact of billions of dollars of federal funds entering the state economy? Why are revenue increases (perhaps through a cigarette tax increase) less desirable or feasible than ending health care access to hundreds of thousands of Kentuckians?

2) The savings of this waiver appear to primarily stem from reduced enrollment, are these people being shifted to private insurance, or, do you expect uninsured populations to increase?

3) Part of your proposal includes mandatory volunteer services for unemployed recipients who remain on expanded Medicaid. You also mandate that in order to receive dental care, recipients must complete community service (even if they are already working full-time). However, you offer few details on how this program will be administered. What types of service will be sufficient to warrant credit? How much will this verification program add to administrative costs? How many people do you project to participate? How many people will lose dental care coverage under this proposal?

4) You make exceptions to the employment requirement for many populations, such as the disabled and for primary caregivers. However, these groups, along with workers, would appear to represent the vast majority of Medicaid recipients. What are your estimates of the size of the exception population? What is the cost of the verification process? If you're using existing registers of disabled populations, how would this process reduce "undeserving" recipients that you seem to be concerned with? Would this system further encourage people to apply for disability "unnecessarily"?

5) Pg 48: "Actual amounts will differ from projected amounts to the extent that actual experience deviates from expected experience. [...] Results will differ if actual experience is different from the assumptions contained in this analysis."

While I admire the comprehensiveness of this butt covering statement, it also reveals something important that is understated in the proposal. Your analysis offers very specific estimates of what the overall proposal will do to enrollment (lower it) and aggregate costs (lower, because of lowered enrollment not efficiency gains); however, this proposal is predicated on a number of assumptions, and the incremental impacts of each particular assumption is poorly identified and discussed. This prevents stakeholders from properly evaluating the reasonableness of your assumptions and it prevents the public from knowing which ideas are desirable and which may be counterproductive.

Please provide the incremental or proportional impacts of each feature of the proposal. For example:

What are the likely impacts to enrollment and administrative costs of your new premium proposal?

What are the likely impacts and costs of the work and community service requirements?

What are the likely impacts and costs of the lockout periods?

What are the likely impacts to uncompensated hospital care if health coverage is reduced?

This information is critical to the future health of Kentucky's residents, but it is nonetheless entirely omitted from your analysis.

This is necessary information when evaluating policy proposals and communicating the potential impacts of the policies to the general public. This isn't a game where clever obfuscation is to be praised. This isn't an abstract philosophical debate. These numbers represent lives. If you are willing to put ideological notions of "dignity" and "personal responsibility" above the health of Kentuckians, the least you can do is to be clear about your intentions and expected consequences.

Respectfully,

Nick Lutz



AJ Jones <kymedicaidchanges@gmail.com>

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## Kentucky Medicaid Changes

1 message

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**Denise Bates** <tdenise.edwards@gmail.com>

Wed, Jul 6, 2016 at 10:04 AM

To: kyhealth@ky.gov

Cc: kymedicaidchanges@gmail.com

*This plan threatens to undermine all of the progress and health gains we've made in the past two years as a result of Medicaid expansion. It would be a giant step backward for Kentucky!*

*In Eastern Kentucky, it will destroy so many wonderful programs that have been implemented to make our economically-depressed area more healthy. Taking away the vital benefits to people will not only be detrimental to those people, but our healthcare industry here.*

*Please reconsider this plan and do not implement this destructive initiative.*

*Thank you,  
Denise Bates*



AJ Jones <kymedicaidchanges@gmail.com>

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## Ky Medicaid changes opposition

1 message

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**Dolores Clark** <dolores.c1995@gmail.com>

Fri, Jul 22, 2016 at 10:27 AM

To: kyhealth@ky.gov, kymedicaidchanges@gmail.com

To whom it may concern,

All Kentuckians deserve access to quality and affordable health care. The governor's HEALTH proposal creates more barriers, takes Kentucky backwards and should be withdrawn. We should not take away anyone's health care!

Thank you,

Dolores Clark

University Student/Medicaid user



AJ Jones <kymedicaidchanges@gmail.com>

## KY Medicaid Changes Public Comment and Petition Submission

4 messages

Owen Owen <nkyeducators@gmail.com>

Wed, Jul 20, 2016 at 3:09 AM

To: kyhealth@ky.gov

Cc: Owen Owen <nkyeducators@gmail.com>, Cara Stewart <carastewart@kyequaljustice.org>, Heather Mahoney <heather@kftc.org>, Emily Beauregard <emily.beauregard@kyvoicesforhealth.org>, kymedicaidchanges@gmail.com, Daniel Lowry <dlowry@kydemocrat.com>, Steve.Miller@ky.gov, jbailey@kypolicy.org, Joe Gallenstein <joe@kftc.org>, Mary Joyce Moeller <mjoycemoeller@gmail.com>, "K.A. Owens" <firstwave9@juno.com>

Good morning Commissioner Miller,

We pray all is well. Kentucky's Medicaid Expansion has been a blessing for our family and it is working for many other hard working low income families like ours. In fact, 72% of Kentuckians want to keep it without any changes. (*Kaiser Family Foundation Poll, Dec. 2015*)

We want to help create healthier communities and help move Kentucky forward. Kentucky's Medicaid expansion has been a tremendous success and we need to take steps that build on that, rather than going backward. (*KVH, 2016*)

Please see our comment below and our Petition attached asking our Governor Bevin to give Kentuckians a Voice and a Choice in their Healthcare by scheduling more Public Hearings (*especially in areas that will be highly affected by his proposed changes in KY Medicaid*).

Thanks and God Bless you and your family,

Larry Owen, MEd and Serena Owen, MAT

(*US Marine Veteran, Retired Teacher*) (*Educator, Grant Writer, Mentor, Community Advocate, & Youth Ministry Leader*)

*"The King will answer and say to them, 'Truly I say to you, to the extent that you did it to one of these brothers of Mine, you did it to Me.' Matthew 25:40 'Be Encouraged! God will turn your trials into trophies and your tests into testimonies! Favor and Blessings are yours today!'" -Joel Osteen*

### **COMMENT and PETITION**

700 Capitol Avenue  
Suite 100  
Frankfort, KY 40601

Dear Honorable Governor Matt Bevin,

When the KY Waivers that our children w/disabilities qualified for and were receiving were unjustly taken away from them without Due Process after we requested a new Case Mgr. within the same agency, our children were they were left without much needed Healthcare, Mental Health w/Community based services, Pain Mgmt care, and other Medical Services, their workers lost jobs, our family was more stressed, we as parents were left without respite, our children ended up in Emergency Rooms, and our young daughter was admitted into the hospital for suicidal ideation. The Waiver system abandoned and left our children for dead. We were denied a Fair Hearing we requested from the KY Cabinet for Health and Family Services, giving us "No Voice" and no hope to find resolution. When we thought all we had were more health concerns, medical bills, a hopeless case, and a prayer, we turned to KYNECT/Expanded Medicaid for coverage and it saved our children's lives!!!

According to the Kentucky's Cabinet for Health and Family Services Department for Medicaid Services Monthly Membership Counts by County as of March 2016 there are more than 84,000 people who are KY Medicaid Recipients in our current home of Northern Kentucky (Boone, Campbell, Grant, and Kenton Counties), over 64,000 KY Medicaid Recipients in Lexington, KY, over 50,000 collectively in Hopkinsville, Paducah, and Madisonville, KY and most of Eastern KY which is sadly one of the poorest parts of our country, and over 200,000 KY Medicaid Recipients in our family's hometown of Jefferson County Louisville, KY many of whom do not have computers to go online to submit a comment, stamps to mail a comment, or transportation to travel out of town to a Public Hearing they don't have easy access to, but who need a voice and if given the opportunity would attend a local Public Hearing to share their testimony, offer suggestions, give support, or ask questions to get a better understanding of KY Medicaid changes that will affect them.

As Parents, Educators, a US Veteran, Community and State Advocates, and Kentucky Colonels, like you we strive each day to help improve the quality of life of not just our family, but all Kentuckians. In your welcome message to Kentuckians you encourage us to "embody the essence of our nation's pledge to indeed be '...one nation under God, indivisible, with liberty and justice for all.'" Our family didn't have liberty or justice in our Medicaid Waiver situation and KYNECT turned our situation around and saved lives!

We, along with concerned Kentuckians and supporters thank you for holding Public Hearings in Bowling Green, Frankfort, and Hazard, and we ask, will you please give Kentuckians liberty, justice, and help save lives today by scheduling Public Hearings in highly affected areas of Northern Kentucky, Louisville Jefferson Co. KY, Lexington, KY, Eastern KY, Hopkinsville, KY, Madisonville, and Paducah, KY which will give more Kentuckians (especially in areas heavily affected) a voice to share how they feel about changes to KY Medicaid that will affect their health and life? This opportunity will not only help inform and give KY Medicaid recipients a much needed voice, it will help build healthier communities and a healthier democracy.

Thanks for believing in the Golden Rule. Please schedule more KY Public Healthcare Hearings to give our Kentucky families a Voice and Choice in their Healthcare.

Thanks and God Bless you and your family,

Parents/Advocates/KY Colonels Larry & Serena Owen, Concerned Kentuckians, Supporters

[Change.org Online Public Healthcare Hearing Petition to our Governor](#)

[Proposed Medicaid Changes Consumer Survey](#)

<http://www.wkyt.com/content/news/Crowd-turns-out-in-Frankfort-to-discuss-governors-Medicaid-proposal-384902471.html>

Larry Owen, MEd and Serena Owen, MAT

*(US Marine Veteran, Retired Teacher) (Educator, Grant Writer, Mentor, Community Advocate, & Youth Ministry Leader)*

*"The King will answer and say to them, 'Truly I say to you, to the extent that you did it to one of these brothers of Mine, even the least of them, you did it to Me.' Matthew 25:40*

*"Be Encouraged! God will turn your trials into trophies and your tests into testimonies!  
Favor and Blessings are yours today!" -Joel Osteen*

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### 3 attachments



**Jibril MPW Recertification.jpg**  
3937K



**Destiny MPW Recertification.jpg**  
3961K



**Petition asking Gov. Bevin to give Kentuckians a Voice and Choice in their Healthcare.docx**  
13611K

Owen Owen <nkyeducators@gmail.com>

Wed, Jul 20, 2016 at 3:14 AM

To: kyhealth@ky.gov

Cc: Owen Owen <nkyeducators@gmail.com>, Cara Stewart <carastewart@kyequaljustice.org>, Heather Mahoney <heather@kftc.org>, Emily Beauregard <emily.beauregard@kyvoicesforhealth.org>, kymedicaidchanges@gmail.com, Daniel Lowry <dlowry@kydemocrat.com>, Steve.Miller@ky.gov, jbailey@kypolicy.org, Joe Gallenstein <joe@kftc.org>, Mary Joyce Moeller <mjoycemoeller@gmail.com>, "K.A. Owens" <firstwave9@juno.com>, Alicia Hurlle <alicia@kftc.org>

July 20, 2016

[Quoted text hidden]

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Owen Owen <nkyeducators@gmail.com>

Fri, Jul 22, 2016 at 1:51 PM

To: Joni.Jenkins@lrc.ky.gov

Cc: Rep Arnold Simpson <Arnold.Simpson@lrc.ky.gov>, Reginald.Meeks@lrc.ky.gov, Darrell.Owens@lrc.ky.gov, Cara Stewart <carastewart@kyequaljustice.org>, kymedicaidchanges@gmail.com

Dear Representative Jenkins,

We pray this message finds you well. It was a pleasure seeing you present at the Public Hearing in Hazard and thank you for serving on the Health and Welfare Committee and for advocating for Kentuckians.

We are writing to ask if you would support our petition asking our Governor Bevin to give Kentuckians more of a Voice and a Choice in their Healthcare. Our family will be directly affected by KY Medicaid changes and barriers proposed by our Governor. Please see our story in the comment submitted to Commissioner Miller below as well as the Petition to our Governor and Recertification documents showing that our children requalified for the Michelle P. Waiver which they were denied during the recertification period. Losing the Michelle P. Waiver was devastating to our 10yr old daughter who has multiple disabilities, because it left her without Health Insurance and Medical Services, without Intensive Mental Health Services, without Respite, without Community Supports, increased her Anxiety and Depression resulting in more Emergency Room visits and Hospitalizations, increased our medical bills, and our family's stress.

Although I (Serena/mom) am a certified Teacher who serves our community and state as a church Deaconess, as an Advocate in Community and State Advocacy organizations, and as a Citizen Representative on a state Board, I have had to use Kynect as my source of Health Insurance, because I need to be home and care for my daughter who has been Homebound from school due to her disabilities and my to care for my husband who is a US Veteran that had to take an early retirement from Teaching due to his disabilities. I will be the "abled bodied adult" who works hard in a low paying job and who spends most of day caring for my family and serving my community and the state of Kentucky, but will loose dental and vision care and be required to enroll in a training program with students I taught Employment Training to and I'd have to provide additional community service hours when that's what I do already in order to "have more skin in the game" and earn those health services I need.

Rep. Simpson shared that you're a great resource and expert on these issues and he asked me to reach out to you for guidance and help with our children's Michelle P. Waiver denial after they were approved (now our daughter's on her 2nd year of being on a waiting list for the MPW program she was in, but didn't get Due Process when services weren't provided and when we requested it).

Please support our Petition to Gov. Bevin and after reading our story respond back with any ways you can assist our family. [Change.org Online Public Healthcare Hearing Petition to our Governor](#)

**P.S. Representative Simpson, Representative Owens, and Representative Meeks will you please support and sign our Petition too? Thanks & God Bless you!**

Thanks again for your advocacy for Kentucky families and God Bless you and your family,

Larry Owen, MEd and Serena Owen, MAT

*(US Marine Veteran, Retired Teacher) (Educator, Grant Writer, Mentor, Community Advocate & Youth Ministry Leader)*

*"The King will answer and say to them, 'Truly I say to you, to the extent that you did it to one of these brothers of Mine, even the least of them, you did it to Me.' Matthew 25:40*

*"Be Encouraged! God will turn your trials into trophies and your tests into testimonies!*

*Favor and Blessings are yours today!" -Joel Osteen*

[Quoted text hidden]

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3 attachments



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3937K



**Destiny MPW Recertification.jpg**  
3961K

 **Petition asking Gov. Bevin to give Kentuckians a Voice and Choice in their Healthcare.docx**  
13611K

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**Owen Owen** <nkyeducators@gmail.com>

Fri, Jul 22, 2016 at 4:51 PM

To: kyhealth@ky.gov

Cc: Owen Owen <nkyeducators@gmail.com>, Cara Stewart <carastewart@kyequaljustice.org>, Heather Mahoney <heather@kftc.org>, Emily Beauregard <emily.beauregard@kyvoicesforhealth.org>, kymedicaidchanges@gmail.com, Daniel Lowry <dlowry@kydemocrat.com>, Steve.Miller@ky.gov, jbailey@kypolicy.org, Joe Gallenstein <joe@kftc.org>, Mary Joyce Moeller <mjoycemoeller@gmail.com>, "K.A. Owens" <firstwave9@juno.com>, Alicia Hurle <alicia@kftc.org>

Good afternoon Commissioner Miller,

I pray this message finds you healthy and well. I'm following up at the last minute to share another thought...

Although I am a certified Teacher who serves our community and state as a church Deaconess, as an Advocate in Community and State Advocacy organizations, and as a Citizen Representative on a state Board, I have had to use Kynect as my source of Health Insurance, because I need to be home and care for my daughter who has been Homebound from school due to her disabilities and to care for my husband who is a US Veteran who had to take an early retirement from Teaching due to his disabilities. I will be the "abled bodied adult" who works hard in a low paying job and who spends most of day caring for my family and serving my community and the state of Kentucky, but will loose dental and vision care and be required to enroll in a training program with students I taught Employment Training to and I'd have to provide additional community service hours when that's what I do already in order to "have more skin in the game" and earn those health services I need.

I'm not sure when notices went out to inform Medicaid recipients of the changes our Governor Bevins is proposing that will affect Ky Expanded Medicaid recipients, but my 10yr old daughter with Autism and I, as Ky Expanded Medicaid recipients did not get a notice in the mail about the changes, the three Public Hearings, or the Comment period. The only reason I knew about it, is because I am a Community and State Advocate myself and I'm connected with Advocacy organizations who are informed. Many Ky Medicaid recipients are not connected with Advocacy organizations and w/o notice from Ky Medicaid, they are left uninformed. They won't know what hit them when their Healthcare benefits are reduced or taken away! If our Governor Bevins takes away much needed Medical, Dental, Vision, Transportation services, and adds barriers to healthcare, will that be promoting healthy communities, healthy living, save lives, or put Kentuckians at risk for losing their/our lives?

Your KY Advocate and Sister Serena Owen

**Larry Owen, MEd and Serena Owen, MAT**

*(US Marine Veteran, Retired Teacher) (Educator, Grant Writer, Mentor, Community Advocate & Youth Ministry Leader)*

*'The King will answer and say to them, 'Truly I say to you, to the extent that you did it to one of these brothers of Mine, even the least of them, you did it to Me.' Matthew 25:40*

*"Be Encouraged! God will turn your trials into trophies and your tests into testimonies!  
Favor and Blessings are yours today!" -Joel Osteen*

[Quoted text hidden]



AJ Jones <kymedicaidchanges@gmail.com>

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## KYNECT

1 message

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**Emily Clark** <emilykatelyn1218@gmail.com>

Sat, Jul 23, 2016 at 4:22 PM

To: kyhealth@ky.gov

Cc: kymedicaidchanges@gmail.com

All Kentuckians deserve access to quality and affordable health care. The governor's HEALTH proposal creates more barriers for people who need it most, takes Kentucky backwards and should be withdrawn. Kentucky has the best Universal Health Care program that has benefitted an incredible percentage of Kentuckians. To withdrawal that comprehensive coverage and charge copays shows the citizens of our commonwealth that their lawmakers and governor care more about money than they do about having a commonwealth of healthy children and families. We should not take away anyone's health care!



AJ Jones <kymedicaidchanges@gmail.com>

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## please do not implement proposed Medicaid changes--plea from a physician

2 messages

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**charles.kodner@louisville.edu** <charles.kodner@louisville.edu>  
To: "kyhealth@ky.gov" <kyhealth@ky.gov>  
Cc: "kymedicaidchanges@gmail.com" <kymedicaidchanges@gmail.com>

Tue, Jul 19, 2016 at 10:42 AM

Dear Commissioner Miller--

I have reviewed the proposed changes to Medicaid in Kentucky from the Bevin administration, and I am writing to implore you to not put these changes forward. I feel they would be incredibly harmful to a large number of people who desperately need Medicaid coverage.

I am a primary care physician with the University of Louisville School of Medicine, where I have practiced for nearly 20 years. I see a large number of Medicaid patients in my practice, and I have seen the remarkable benefits that Kentucky's existing Medicaid plan has provided. While there are some few who complain about having to pay more money under "Obamacare," there are far, far more who have finally been able to gain coverage for doctor visits, medications, diagnostic tests, and other health care services. Many of these people have simply not been able to access these services before.

The philosophy of the proposed changes seems to be a goal to encourage or require Medicaid patients to work and/or contribute a certain amount of money to their own care. While this is a laudable goal--and I work very hard to keep people off disability benefits when possible, and to refer them to Vocational Rehab when appropriate--it simply will not work for a large number of people. For good or ill, there are many individuals who are simply unable to work or to contribute enough financially to their own care. The obvious consequence is that is poor and often under-educated patients lose their Medicaid benefits, they will either go without necessary care, or--more likely--will go the Emergency Room, or will get sicker and require inpatient care, which ultimately will just cost more money than it would have to cover their needs in the first place.

These proposed changes are driven by an underlying social philosophy, and it is one that I happen to disagree with; but aside from philosophical differences, the health and financial impact of these proposed changes will be highly detrimental to the people of Kentucky, and will eventually just cost more money.

As a physician who cares for a significant number of Medicaid patients, I can only implore you in your role as Commissioner for Medicaid Services to not put forward these proposed changes, and to continue working with the many constituencies involved to find fair and responsible solutions for the people of Kentucky.

Many thanks for listening and for your ongoing work in this area.

Charles Kodner MD  
Associate Professor, Department of Family and Geriatric Medicine  
University of Louisville School of Medicine  
Louisville KY  
[charles.kodner@louisville.edu](mailto:charles.kodner@louisville.edu)

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**AJ Jones** <kymedicaidchanges@gmail.com>  
To: emily.beauregard@kyvoicesforhealth.org

Tue, Jul 19, 2016 at 9:02 PM

Forwarding.

[Quoted text hidden]



AJ Jones <kymedicaidchanges@gmail.com>

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## Please don't take away folk's healthcare

1 message

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**Ryan Eller** <rev.ryaneller@gmail.com>

Fri, Jul 22, 2016 at 10:26 AM

To: Kyhealth@ky.gov

Cc: kymedicaidchanges@gmail.com

To Whom It May Concern:

As you know, in the past few years we in Kentucky have reduced our uninsured population more than any other state from 20% in 2013 to 7.5%. The medicaid waiver proposal to the federal government would restrict access to health care and denying people vision and dental care outlined in your plan makes absolutely no sense. Vision and dental care are linked to numerous other health outcomes and removing access would cost not just the taxpayers, but the state and healthcare nonprofits millions in the long-run.

All Kentuckians deserve access to quality and affordable health care. The governor's HEALTH proposal creates more barriers, takes Kentucky backwards and should be withdrawn. We should not take away anyone's health care!

Please re-focus on expanding access to quality, affordable health care for all Kentuckians.

Best,

Ryan

Ryan M. Eller





AJ Jones <kymedicaidchanges@gmail.com>

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## Proposed changes to Medicaid

1 message

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**Jo Mackby** <jo.mackby@gmail.com>

Fri, Jul 22, 2016 at 10:52 AM

To: kyhealth@ky.gov, kymedicaidchanges@gmail.com

Greetings.

I had to go on Medicaid after finishing grad school at UK, in May. I'd never been on any kind of public assistance, before. I have been so grateful for this program while I am trying to find work. Unfortunately, that work might not come quickly because of the budget cuts to higher education. I am not alone. Many Kentuckians fall through the cracks, or get wedged in them, like me, and deserve access to quality and affordable health care. Governor Bevin's health proposal is a step backward and an obstacle for most, if not all Kentuckians to continue to have this basic human right: health care. Please do your part to preserve the current system, defending free access to health care for Kentuckians like me.

Thank you for your time,

Jo Mackby  
717 Aurora Ave  
Lexington, KY, 40502



AJ Jones <kymedicaidchanges@gmail.com>

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## proposed Medicaid changes will be devastating

1 message

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**Price, Maria** <mariaprice@stjohncenter.org>

Fri, Jul 22, 2016 at 2:44 PM

To: kyhealth@ky.gov

Cc: kymedicaidchanges@gmail.com

Governor Bevin and members of the Waiver Task Force,

I will never forget what it was like for William to receive word that he qualified for Medicaid. He signed up for a plan and when the card arrived in the mail at our homeless shelter, he held it with awe. He thought he had won the lottery.

In some ways he had. William had never, ever had health insurance prior to this moment, and he was 52 years old. He had worked low-wage jobs his entire life, never earning enough to afford private insurance and never working the kind of job that provided benefits.

William went on to list the health issues he wanted to address. From dental care to smoking cessation to unexplained weight loss, he planned to seek out a primary care doctor. In addition to the health benefits of knowing a doctor would help him, the health insurance gave him a tremendous sense of dignity. He said to me, "I'm going to be in a waiting room with regular folks and know that I am covered."

William is one of 200 homeless men we helped enroll in Medicaid within 10 months of the program's roll-out in Kentucky. The men were highly motivated to enroll and address issues they had neglected for years.

The onerous systems proposed in the waiver will make it nearly impossible for far too many of the men we serve to keep their health coverage. They struggle to get through the day, and keeping up with yet another bureaucratic system will be overwhelming and in some cases impossible. They'll simply rack up public expenses at local hospitals, live with debt hanging over their heads, and neglect their health - again.

I urge you to scrap the Waiver 1115 plan and leave the system as it works now.

The Commonwealth is better for it. The Commonwealth is healthier for it. The Commonwealth is more financially secure for it.

Thank you for your consideration of our position.

--

*Help us break down the barriers that stand between homelessness and housing.*

Maria Price  
Executive Director  
St. John Center for Homeless Men  
700 East Muhammad Ali Blvd.  
Louisville, KY 40202-1643  
[www.stjohncenter.org](http://www.stjohncenter.org)  
(502) 568-6758

**St. John Center**



**YEARS OF SERVICE**



AJ Jones <kymedicaidchanges@gmail.com>

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## Proposed Medicaid Changes

1 message

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**donnablue@twc.com** <donnablue@twc.com>

Fri, Jul 22, 2016 at 9:51 AM

To: kyhealth@ky.gov

Cc: kymedicaidchanges@gmail.com

I join with many other Kentuckians in opposing the Governor's proposed Medicaid changes. All Kentuckians deserve access to quality and affordable health care. The governor's HEALTH proposal creates more barriers, takes Kentucky backwards and should be withdrawn. We should not take away anyone's health care!

Donna Blue  
117 N. Hanover Avenue  
Lexington, KY 40502



AJ Jones <[kymedicaidchanges@gmail.com](mailto:kymedicaidchanges@gmail.com)>

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## Proposed Medicaid Waiver Changes

1 message

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**patricia.williams@louisville.edu** <[patricia.williams@louisville.edu](mailto:patricia.williams@louisville.edu)>  
To: "kyhealth@ky.gov" <[kyhealth@ky.gov](mailto:kyhealth@ky.gov)>  
Cc: "kymedicaidchanges@gmail.com" <[kymedicaidchanges@gmail.com](mailto:kymedicaidchanges@gmail.com)>

Thu, Jul 21, 2016 at 8:59 AM

Dear Commissioner Stephen Miller,

I am a developmental behavioral pediatrician who serves many children with developmental disabilities. I am writing to express my concerns about the proposed Medicaid waiver changes. While I realize that children and pregnant women are exempt from the changes, I fear the impact that these proposed changes will have on the families of children in the state of Kentucky. The exclusion of dental and vision services for adults on Medicaid unless earned through a rewards program unfortunately translates into lack of preventive care which will eventually lead to more severe health concerns in the future. While I understand that there is a need for adults to take responsibility for their own health care, the requirements for participation in work or training programs and premium payments may be excessive, particularly for vulnerable members of society with mental illness or intellectual disabilities.

In addition, the complexity of the administrative system needed to implement these changes seems overwhelming, particularly in view of the many difficulties experienced with the rollout of Benefind. It seems critical that any proposed changes should be well thought out and thoroughly discussed in a nonpartisan fashion before implementation. Otherwise the end result will likely be that fewer Kentuckians will have access to health care and that Kentucky's dismal record of poor health will worsen.

I appreciate your consideration of these comments. Our first priority must always be the well being of the children and adults in our state and I sincerely hope we can work together to achieve this.

P. Gail Williams, M.D.

Professor of Pediatrics

University of Louisville School of Medicine

Weisskopf Child Evaluation Center

571 S. Floyd Street

Louisville, KY 40202

Phone: [\(502\) 588-0893](tel:(502)588-0893)

Fax: [\(502\) 588-0854](tel:(502)588-0854)

[Patricia.williams@louisville.edu](mailto:Patricia.williams@louisville.edu)



AJ Jones <kymedicaidchanges@gmail.com>

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## Protect Health Care for Kentuckians!

1 message

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**Nicole A. Zub** <zub.nicole@gmail.com>

Fri, Jul 22, 2016 at 12:44 PM

To: kyhealth@ky.gov

Cc: kymedicaidchanges@gmail.com

All Kentuckians deserve access to quality and affordable health care. The governor's HEALTH proposal creates more barriers, takes Kentucky backwards and should be withdrawn. We should not take away anyone's health care!

As a law student, I will be directly affected by these draconian changes. I currently work two jobs in addition to my academics, and it is difficult enough to meet all of my bills monthly. With Kentucky's progressive health care system, I feel comforted knowing that I have access to affordable care. To tell those of us that we need "skin in the game" to have access to basic health care is not only absurd, but it will burden those of us who need the most help.

From where I stand, lawmakers who attempt to paint those of us on Kentucky's current health coverage system as freeloaders with no job or no interest in being able to afford better healthcare are extremely uninformed and clearly have no idea what is like wondering if you are going to be able to afford a meal on your table that day.

We Kentuckians deserve better from those who are elected to protect us and provide us with assistance when we need it.. Access to quality, affordable health care is the least Kentucky can provide for those of us who work the hardest to make this state one of the best in the country.

Best,

Nicole Zub

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Nicole A. Zub

University of Kentucky College of Law

J.D. Candidate, 2017

Production Editor | *Kentucky Journal of Agriculture, Equine, and Natural Resources Law*

\*(954) 802-4736\*

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**Public comment on Medicaid waiver request**

1 message

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**jeremy m.** <jeremyjoybomb@gmail.com>  
To: kyhealth@ky.gov, kymedicaidchanges@gmail.com

Tue, Jul 5, 2016 at 6:11 PM

Dear Governor Bevin,

Allow me, for a few minutes, to engage you on the battlefield of ideas - a place where political polarization is presently polluted by name-calling and ideological purity. I bring my voice to the current issue of your proposed Medicaid Waiver in the sincere hope we can find a sustainable solution - one that is both conservative (but not for its own sake) and compassionate. I come to you as a current recipient of the Medicaid expansion and as someone whose life has been saved by medical professionals in Lexington, both before and after the Affordable Care Act was implemented.

First, I think I can summarize how some of my friends on the left read your plan. They read it as you wanting to punish poor people just for being poor. A few will dig deeply into the policy and present why they believe this and others won't bother to read your plan, but simply engage in the name-calling. And there are people on the right who will claim that the ACA and Medicaid expansion is an overreach by the Government and a wasteful use of taxpayer dollars. And some view anyone receiving any government benefits as being a lazy, taker. I must re-iterate that I am not speaking for either of these poles, but simply as someone currently being given a leg-up (not a handout) by our Federal and State governments.

Let me quickly share my medical history with you. In my 20's and early 30's I did not get health insurance through my employer and did not buy my own insurance. I was fairly healthy and was able to avoid accruing too much medical debt. Eventually I made enough money (though technically not full time with my employer) to buy my own health insurance. I did that for a few years - the premiums going up more and more and my use of the insurance staying the same (one visit per year to get thyroid meds refilled). Then the economic crash of 2008 happened and my job was eliminated.

Because of the many years and hours I had put in, I was able to receive unemployment benefits. This was a very tough time in my life emotionally. Since I was 16 years old I had always had some type of job (minus a few years during college). But I still had my health and for that I was grateful. But when my premiums had gone up to \$80/month for basically useless insurance, I decided to cancel. I kept working to improve my job skills and eventually landed another part-time job. Things were going well and I hoped the job would become full-time and therefore earn good health insurance, but my attempts were fruitless.

After nearly a year at my new job I literally turned yellow. My skin. My eyes. Everything. I spent 10 days at St. Joseph Hospital in Lexington before they determined I had autoimmune hepatitis. A biopsy of my liver showed I had stage-3 cirrhosis. The cause remains a mystery. If not for the generosity of St. Joseph's forgiving most of my costs, I would have accrued over \$20,000 in medical debt instead of the few thousand I did. It was a fortunate turn for which I will remain grateful the rest of my life.

By the time the ACA went into effect I had started securing extra money by doing freelance video editing projects. Because of the extra money, I qualified for a subsidy on the Kynect exchange but made too much money to qualify for the Medicaid expansion. Another year goes by and I wasn't as fortunate in getting freelance jobs and when it comes time to sign up for Health insurance I discovered I qualified for the Medicaid

expansion. Because of my health problems, I was now saving around \$5,000 a year by being able to see specialists, get endoscopies, biopsies, ultrasounds, and medications, as well as not having to pay premiums.

Some conservative people in my life, and perhaps you, would say I am gaming the system. But if I were to work a second job for minimum wage to pay for a weak, Bronze plan private health insurance, with high premiums and a high deductible I would be in worse shape financially and likely have to forgo the important tests and labs I currently receive. Since getting Passport I have been diagnosed and treated for diabetes, high cholesterol, sleep apnea in addition to being treated for my previous diagnoses of hypothyroid and autoimmune hepatitis. Perhaps there are folks who have received this level of care since the Medicaid expansion who are ungrateful or don't understand the tremendous gift they have been given, but I doubt there are many.

For every organization I have worked, I have put forth a good faith effort and stated my desire to work full-time. A full-time job (doing something for which I am trained) is the only sensible option for someone who needs as much care as I do. And this is why I am open to and willing to go take courses or volunteer to earn this level of care. For my health, I can not afford to work another part-time job, but if I can do some sort of volunteer work and earn enough money to pay for even a couple of trips to the dentist, I am willing. Or if I could be given a full-time job for which I am qualified I would welcome this change.

My appeal is not to ask you to make any specific changes to your waiver or to not submit a waiver at all, but rather for you to reach out and hear more stories of the people this expansion has helped. I trust that the faith you profess is sincere, and so I ask you to seek the wisdom of the compassionate people working hard to maintain the expansion for people like me. I am sure you can understand how many of us fear that if you submit a waiver request which includes elements you know will not be approved by the CMS it could easily be seen as a way of intentionally removing completely this life-changing benefit to the least among us. Deep down I believe you will choose to make wise choices for all Kentuckians and avoid driving an ideological wedge between us.

And though I face some tough medical problems, I would still consider myself one of the lucky ones. I will likely find a way to survive without the expansion. But there are others who will simply fall through the cracks. Perhaps if it is a huge priority to you to help get people off of Medicaid and on to private health insurance, you could come up with a jobs initiative that is not tied in with health care at all?

Finally, as someone who really benefits from the expansion I would be glad to try all of the things in your waiver request, but please consider the overwhelming public sentiment on this issue and measure it against the Christian value of charity. We want jobs. We want to work for our health insurance. But I hope, for the sake of those who were just starting to get their footing in this disrupted economy, you can transcend this moment and take the following quote from Abraham Lincoln to heart. "Public sentiment is everything. With public sentiment, nothing can fail; without it nothing can succeed."

Sincerely,  
Jeremy Midkiff  
Lexington, KY



AJ Jones <kymedicaidchanges@gmail.com>

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## Re Medicaid Changes in Kentucky

1 message

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**Laura Mariko Cheifetz** <lmcheifetz@gmail.com>

Thu, Jun 30, 2016 at 11:07 AM

To: kyhealth@ky.gov

Cc: kymedicaidchanges@gmail.com

Greetings. I am the Rev. Laura M. Cheifetz. I am a relatively new resident of Kentucky, as I moved here in 2014 to work at the Presbyterian Center in Louisville.

I have what my boss calls the "Golden Ticket" medical plan. The employees where I work have great medical coverage and good dental and vision, because our employer looks out for us. But because we are the church, we know that it's important to be aware of how the most vulnerable in our society are being treated (it's in the Bible - you know the widows, strangers, and orphans bit?).

Kentucky, for all its religiosity, and its high concentration of poverty, appears to me to be one of the worst states for the most vulnerable, the ones Jesus' ministry and the Old Testament prophets focused on. The current changes in Medicaid appear to be in an effort to undo the Medicaid expansion that has sought to end health disparities between people like me, and people who do not have generous employer-provided plans.

I understand that Republican-dominated governments are no fans of the Affordable Care Act, despite that fact that it's based on a Republican plan that pretty much enriches insurance companies instead of completely changing how healthcare is delivered. I get that. But taking something that works, even imperfectly, and changing it so drastically so that it won't work for the people who need it the most, and forcing the current presidential administration to deny the proposed plan because the plan itself isn't viable, is playing politics with people's lives. These Medicaid changes are messing with the most vulnerable who need our help while they find themselves in their current situations.

It's callous and inhumane to kick people when they're down. This proposed plan isn't governance. It's cruelty. I'm embarrassed I live here. Please rethink the plan, for the sake of a state that has so much potential.

Sincerely,  
The Rev. Laura M. Cheifetz  
Louisville, KY



AJ Jones <kymedicaidchanges@gmail.com>

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## Save Kentucky Healthcare

1 message

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**Linda Nesbitt** <lnesbitt@twc.com>

Fri, Jul 1, 2016 at 1:01 PM

To: kyhealth@ky.gov

Cc: kymedicaidchanges@gmail.com

I believe that all Kentuckians deserve access to quality health care, whether they are top wage earners, working in low-wage jobs, unemployed, disabled, or simply down-on-their-luck.

Governor Bevin's proposed Medicaid waiver creates burdensome barriers to coverage for the state's most vulnerable residents, risking their health and financial well-being, and the state's long-term potential for economic success. The proposal jeopardizes all the progress we have made in the last two years under the Medicaid expansion.

We need programs that will make Kentucky healthier, not poorer and sicker. Governor Bevin's proposal is bad policy.

**Linda J. Nesbitt**

lnesbitt@twc.com

859.750.4439



AJ Jones <kymedicaidchanges@gmail.com>

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## The system works

1 message

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**Erica Dominguez** <ericahdominguez@gmail.com>

Fri, Jul 22, 2016 at 9:42 AM

To: kyhealth@ky.gov, kymedicaidchanges@gmail.com

*"All Kentuckians deserve access to quality and affordable health care. The governor's HEALTH proposal creates more barriers, takes Kentucky backwards and should be withdrawn. We should not take away anyone's health care!"*

Our current system Kynect, helped me and countless others find and have affordable insurance. I don't receive any discount but still used Kynect, because it was simple showed me all my options. I know many people who it has helped sign up for insurance/medicaid for themselves and their children. Why would you make the process more complicated to cause harm to Kentuckians?! Why is the governor paying more attention to what businesses want then what is best for Kentuckians.

Erica

--

Erica Dominguez, MSW



AJ Jones <kymedicaidchanges@gmail.com>

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## Universal Health care

1 message

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**macaudill@tvscable.com** <macaudill@tvscable.com>

Fri, Jul 22, 2016 at 7:50 AM

Reply-To: macaudill@tvscable.com

Cc: kymedicaidchanges@gmail.com

At the very minimum, Kentucky citizens should have a health care plan equal to that provided to their elected legislators and governor. These elected officials are the employees of the citizens, and I know of no industry where the employee health plan is better than the employer's. If health care for Kentucky citizens is reduced, then health care for the elected officials mentioned above should be reduced to be equivalent to the health care plan of the least-protected citizen.

Everything above should also apply to the retirement systems.



AJ Jones <kymedicaidchanges@gmail.com>

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## My comments on the Medicaid proposal

1 message

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**Susan Bentley** <sbentley2038@gmail.com>

Fri, Jul 22, 2016 at 5:17 AM

To: kymedicaidchanges@gmail.com

*All Kentuckians deserve access to quality and affordable health care. The governor's HEALTH proposal creates more barriers, takes Kentucky backwards and should be withdrawn. We should not take away anyone's health care! As a physician and a psychiatrist I am appalled at the politics of reprisal and revenge, actions that damage people who are disadvantaged.*

*Susan M. Bentley, MD*



AJ Jones <kymedicaidchanges@gmail.com>

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## My comments on the Medicaid proposal

1 message

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**Amy Shir** <amy@theshirs.com>  
To: kymedicaidchanges@gmail.com

Fri, Jul 22, 2016 at 7:46 AM

"All Kentuckians deserve access to quality and affordable health care. The governor's HEALTH proposal creates more barriers, takes Kentucky backwards and should be withdrawn. We should not take away anyone's health care!"

Thanks,  
Amy

(Sent from my iPhone)

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## My comments on the Medicaid proposal

1 message

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**Donna Alexander** <dcpalex@windstream.net>  
To: kymedicaidchanges@gmail.com

Fri, Jul 22, 2016 at 7:56 AM

Emailed last week:

I am writing to submit comments on Gov. Bevin's proposal for Medicaid Transformation. I am very saddened by the proposal and the effects it will have on our children, families, and our low and middle income families. I am very fortunate to have good health insurance, but I have many friends and neighbors who did not until KY Connect was put into place. The health program has been a God send to many people. Gov. Bevin's proposal will take us backwards and will harm so many people who were finally getting the help they needed. Please listen to our health care experts who are sounding the alarms.

Additionally, I am very disappointed in the proposal because it is going to cost taxpayers and our Commonwealth more money. Why would we do this? Many of the things in the proposal have been shown in other states to drive people into deeper poverty. This will be a terrible blow to our people, our economy, and our community health.

Please take the public's feedback into account.

Sincerely,

Donna Alexander



Virus-free. [www.avast.com](http://www.avast.com)



AJ Jones <kymedicaidchanges@gmail.com>

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## My comments on the Medicaid proposal

1 message

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**Janine** <arts@mrtc.com>  
Reply-To: arts@mrtc.com  
To: kymedicaidchanges@gmail.com

Fri, Jul 22, 2016 at 12:45 PM

Governor Bevin,

It is vital to the health of all Kentuckians that you keep in place the Affordable Care Act, especially the Medicaid expansion program. In the long run it is less expensive for the state to keep people healthy than it is to step in when they are very sick because they could not afford insurance or their insurance would not cover preventative care or pay for care after a certain limit – which was common practice with insurance companies before the Affordable Care Act.

More important, if you profess to be a Christian it is not enough to just say the name of Jesus when it helps you win an election. You must do what Jesus did. You must do what Jesus commanded us to do including taking care of the sick and poor.

God bless you to live the life you profess to believe. God is watching.

Sincerely,

Janine Musser



AJ Jones <kymedicaidchanges@gmail.com>

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## My comments on the Medicaid proposal

1 message

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**marylou steckler** <mlsteckl@hotmail.com>

Fri, Jul 22, 2016 at 8:31 AM

To: "kymedicaidchanges@gmail.com" <kymedicaidchanges@gmail.com>

What would Jesus do, Governor Bevin?

Sent from my iPhone



AJ Jones <kymedicaidchanges@gmail.com>

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## My comments on the Medicaid proposal

1 message

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**Cathy** <cl-schwab@hotmail.com>

Fri, Jul 22, 2016 at 4:22 PM

To: "kymedicaidchanges@gmail.com" <kymedicaidchanges@gmail.com>

I am against Gov Blevins proposal to change our current health care plan.

Sent from my iPhone



AJ Jones <kymedicaidchanges@gmail.com>

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## My comments on the Medicaid proposal

1 message

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**Blair White** <bebopperblair@gmail.com>

Fri, Jul 22, 2016 at 9:51 AM

To: kymedicaidchanges@gmail.com

All Kentuckians deserve access to quality and affordable health care. The governor's HEALTH proposal creates more barriers, takes Kentucky backwards and should be withdrawn. We should not take away anyone's health care!

**This is a crime and an abomination. Shame on you, Matt Bevin. I don't understand how you can call yourself a Christian and at the same time refuse to take care of our state's less fortunate. You are bad for Kentucky!**

Sent from my iPhone

Sent from my iPhone



AJ Jones <kymedicaidchanges@gmail.com>

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**(no subject)**

1 message

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**paulereynolds** <paulereynolds@yahoo.com>

Wed, Jul 6, 2016 at 5:19 PM

To: kymedicaidchanges@gmail.com

I hope they keep it like it is you see I am poor and don't have the money to buyto health insurance. With kynect I have been able to insurance so that I can go to doctor and get all my medication so if we lose it me and many more poor people want be able to get the help we need so please don't take it from us

sign Paul Reynold

Sent from my Kyocera Hydro AIR, an AT&T 4G LTE smartphone



AJ Jones <kymedicaidchanges@gmail.com>

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**(no subject)**

1 message

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**ksmn@roadrunner.com** <ksmn@roadrunner.com>

Fri, Jul 22, 2016 at 10:36 AM

To: Kyhealth@ky.gov

Cc: kymedicaidchanges@gmail.com

As a Kentuckian concerned for the well being of all Kentuckians including children, I oppose the governor's proposal to change the Medicaid plan that has successfully improved the health of Kentuckians.

Changing the current KY Medicaid program by adding requirements and restrictions such as lockout periods & work requirements that do not create efficiency gains makes no sense.

All Kentuckians deserve quality, affordable health care. We should be making access to healthcare, dental care, & vision care easier so that Kentucky's future is better for all Kentuckians.



AJ Jones <kymedicaidchanges@gmail.com>

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**(no subject)**

1 message

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**eli.pendleton@louisville.edu** <eli.pendleton@louisville.edu>  
To: "kyhealth@ky.gov" <kyhealth@ky.gov>  
Cc: "kymedicaidchanges@gmail.com" <kymedicaidchanges@gmail.com>

Fri, Jul 22, 2016 at 2:22 PM

Hello, my name is Dr. Eli Pendleton. I have the honor of being a family physician caring for impoverished adult and pediatric patients in Louisville, and I am deeply troubled and dismayed by Governor Bevin's proposed Medicaid waiver.

The adoption of the Affordable Care Act and Medicaid expansion in our state had an immediate and lasting effect on the health of almost half a million Kentuckians.

In Jefferson County alone, over 67,000 people have obtained insurance coverage. I had people come to me with tears in their eyes, overjoyed that they were finally able to take charge of their health problems.

I had people quit smoking, get their blood pressure and diabetes under control, get much needed glasses, and finally address long-standing dental issues. Many of these patients were then able to rejoin the work force, often enthusiastically, and once again contribute to the state economy and their own well-being.

I had caregivers finally taking care of themselves, rather than just their children, parents, or dependents. I felt the palpable relief that came with the ability to address long-standing medical problems that affected the entire family. And I saw the downstream benefits in the same children, parents, and dependents.

I worry that Governor Bevin's plan will erase all of this progress and more.

We know that premiums tend to decrease overall coverage. We know that co-pays decrease frequency of visits and discourage people from seeking needed care. Lockouts compromise the management of complex chronic disease and increase downstream costs, both to the patient and to the system as a whole. And impoverished patients, many who live in a state of chaos and toxic stress, are not helped by complex requirements for extended coverage.

I trust the spirit in which these changes are proposed is well-intentioned and their aim patient-centered, however the results, I fear, will be the opposite.

The expansion of Medicaid coverage has been an amazing step forward in the overall health of our state. I have been congratulated by out-of-state colleagues at regional and national conferences who are envious of our state's healthcare environment. We should be focused on building upon the victories of the recent past, and continuing to encourage the health of this state. Let us please not take a step backwards.

Regards,

M. Eli Pendleton, MD  
Associate Director, Family Medicine Residency  
Medical Director, ULP Newburg Clinic  
Assistant Professor of Family Medicine  
University of Louisville School of Medicine  
[www.UofLphysicians.com](http://www.UofLphysicians.com)



AJ Jones <kymedicaidchanges@gmail.com>

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**(no subject)**

1 message

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**Cynthia Coomes** <cynthiacoomeshmr@gmail.com>  
To: kymedicaidchanges@gmail.com

Fri, Jul 22, 2016 at 12:37 PM

*ALL Kentuckians deserve access to high quality, affordable healthcare regardless of their circumstances. Governor Bevin's proposed Medicaid waiver puts Kentucky's successful Medicaid expansion and the coverage of nearly HALF A MILLION Kentuckians at risk. It will mean less coverage and more barriers for low-income workers, families and the most vulnerable Kentuckians. This plan threatens to undermine all of the progress and health gains we've made in the past two years as a result of Medicaid expansion. It would be a giant step backward for Kentucky.*

*Don't take away expansion!*

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Thanks,

Cynthia H. Coomes, CSW  
Executive Director  
[502-899-3205](tel:502-899-3205) x224  
Fax: [502-899-1403](tel:502-899-1403)

| ~When you doubt your powers, you give power to your doubts.~

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AJ Jones <kymedicaidchanges@gmail.com>

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## Changes in Medicaid

1 message

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**prmcdaniel007@yahoo.com** <prmcdaniel007@yahoo.com>

Wed, Jul 20, 2016 at 11:13 AM

To: "kyhealth@ky.gov" <kyhealth@ky.gov>

Cc: "kymedicaidchanges@gmail.com" <kymedicaidchanges@gmail.com>

As a parent of a severly medically fragil son, I am shocked, hurt, and angry that such changes are even being considered in Kentucky.

Making such changes imply that Kentucky doesn't care about the qulity of life for individuals with disabilities who are medically fragil.

Commissioner Miller, keep Kentucky covered!

*Dr. Pamela R. McDaniel*



AJ Jones <[kymedicaidchanges@gmail.com](mailto:kymedicaidchanges@gmail.com)>

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## changes to medicaid

1 message

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**Lisa Powell** <[LPowell@homeoftheinnocents.org](mailto:LPowell@homeoftheinnocents.org)>  
To: "[kyhealth@ky.gov](mailto:kyhealth@ky.gov)" <[kyhealth@ky.gov](mailto:kyhealth@ky.gov)>

Tue, Jun 28, 2016 at 11:25 AM

Commissioner Stephen Miller,

I am writing to express my grave concerns about the proposed changes to Medicaid in Kentucky. While it would seem that a provider of childrens' services like myself would be relieved that children are "protected" from losing coverage, the impact of these changes on childrens' parents is just as alarming. Children do not live and grow and function alone. They rely on the health and capability of their parents, and childrens' well being is directly impacted and also impaired by their parents functioning. Everyday, we interface with parents who bring their children to us who are already struggling with the impact of poverty, stress, limited resources and medical, behavioral health and substance abuse issues. The proposed changes will put an incredible amount of hardship on parents and therefore on their children. I fear that we will force more children into the foster care system when their parents are further burdened. It is totally unrealistic to think these parents will be able to maintain coverage by securing childcare to work, sending a monthly premium, managing their "my rewards" account etc. If the proposed changes are approved we will see hugely negative impact on the behavioral and physical health of adults and by default on their children. I urge you to reconsider the proposed changes to Medicaid.

[Lisa S. Powell, Ph.D.](#)

[Licensed Psychologist](#)

[Director of Integrated Care](#)

[Home of the Innocents](#)

[1100 E. Market Street](#)

[Louisville, KY 40206](#)

[502.596.1079 Office Phone](#)

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AJ Jones <kymedicaidchanges@gmail.com>

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## Comment on KY Health Medicaid Waiver Proposal

1 message

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**Tamara Hurst** <tammyhurst6@gmail.com>

Fri, Jul 22, 2016 at 4:45 PM

To: kyhealth@ky.gov

Cc: kymedicaidchanges@gmail.com

Commissioner Miller,

Good afternoon. Please find input below for the Medicaid waiver proposal from a fellow counselor. I completely agree with her on this problem and recommended solution. I also am a Licensed Professional Clinical Counselor in Kentucky.

Thank you for your consideration and allowing the peoples' voices to be heard.

Respectfully,

Tamara M Hurst, LTC(R), MS, LPCC, NCC

Therapist, Kentucky Counseling Center

Doctoral Student, University of the Cumberlands

President, Kentucky Counseling Association

1. Problem- Currently under KY Medicaid regulations Mid-Level Professionals like LPCC and other master level professionals cannot bill medicaid for services provided via video telecommunication (face to face) format unless they are directly employed under a psychiatrist or are employed by a CMHC (Community Mental Health Center).

2. This is a hindrance to mid-level professionals attempting to relieve populations in rural settings of their treatment gaps, to the state by overworking the few medicaid reimbursable therapist that are available, and increases costs for taxpayers, clients, and clinicians.

3. I recommend KY not limit mid-level professionals in providing services via telehealth by creating guidelines that empower the clinician to provide services to areas lacking services, clients who lack transportation, and clients who have other barriers with getting treatment. Although, telehealth is new and research is limited tele-mental health services could be very efficient and effective in providing solutions for several major issues facing our residents today.

Anna Marie Bunch, LPCA, M.Ed Case Manager/ Social Service Worker at Hope Center Recovery Program for Men and Founder of Amadea Institute Incorporated.

Feel free to contact me at [859-553-9030](tel:859-553-9030) or by email at [annamarie@amadeainstitute.org](mailto:annamarie@amadeainstitute.org)

Thank you for working towards a better future.

Anna Bunch



AJ Jones <kymedicaidchanges@gmail.com>

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## Comments on KY HEALTH waiver proposal

1 message

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**Mary Joyce Moeller** <mjoycemoeller@gmail.com>

Fri, Jul 22, 2016 at 1:05 AM

To: kyhealth@ky.gov

Cc: kymedicaidchanges@gmail.com

To: Commissioner Stephen Miller, Department for Medicaid Services

275 E. Main Street, Frankfort, KY 40621

From: Sr. Mary Joyce Moeller

115 W. Vernon Ln., Apt. 2, Ft. Thomas, KY 41075

**RE: Comments on the Kentucky HEALTH waiver**

Date: July 21, 2016

As a Catholic Sister, I want to make the following comments on the KY HEALTH waiver proposal based on my experience working for many years among poor and low-income people in Appalachia and other parts of Kentucky.

The proposed changes in the Medicaid Expansion program will cause many to lose their coverage and go back to seeking emergency room care and indigent care in hospitals, reversing the gains recently made in the health situation of thousands of our citizens and in costs to hospitals and to the state.

Why?

The work and community service requirements the proposal would impose are mostly unrealistic and unworkable. Studies have shown that most non-disabled adult Kentuckians on the Medicaid expansion program are already working, mostly in low-paying jobs, and that the majority of those not working are caregivers or students. I know that many Medicaid recipients do not have a reliable means of transportation nor the necessary education and skills for the work available in their communities, and in very many places there are very few, if any, jobs to be found. And some are barred from work and volunteer positions because of a criminal record. So a huge percentage of people in the Medicaid Expansion program simply could not fulfill these requirements, which also means they could not earn dental, vision and other benefits for their MyRewards account that the waiver proposes.

Many could not keep up with the premiums and would get locked out of the system altogether or have to go through long periods without any insurance at all. With limited education, communication, and technical skills, many could not handle all the complexities of the multiple regulations, nor keep track of all the required accounts, deductibles, enrollment dates, and other necessary details.. The loss of retroactive coverage, of dental, vision, hearing exams and hearing aid benefits, and the loss of transportation for non-

emergency medical care are also serious barriers to getting proper health care for this population. Figures from the State CHFS show that it not really possible to accumulate enough benefits to even get adequate basic dental and vision care. And, without regular medical care, how productive can one's work be, and how long would one even be able to work?

Requiring Medicaid recipients, and their children, after a year in the program, to get on their employer insurance plan is also very unrealistic. There has been a sharp decline in employer-based health coverage over recent decades and few low-paying jobs offer it. The employee plans that are offered are usually too expensive and have limited coverage. The proposed Medicaid plan allegedly would help pay for the premiums and cover some benefits the employer plan would not provide. This would be cumbersome and costly for the state Medicaid offices to keep track of and implement. Also, what about the employer insurance co-pays and deductibles? How could a person with a low wage pay for these?

I know part of the purpose of this new proposal is to make people more accountable for their own healthcare and to make them "work" for what they get. But the current Medicaid expansion program is already achieving this judging by the increased numbers of those who have applied for this insurance, by the 92-111% increase in the use of preventive services (according to Kentucky Voices for Health statistics), and by the 4.6% job growth in the health care and social assistance sectors between 2014 and 2016. Since most recipients are already in paid jobs or are students or caregivers, they are already working for what they are getting through Medicaid.

Another purpose of the new proposal, I believe, is to save state funds. The Kentucky Center for Economic Policy, in a 2016-2018 budget analysis using CHFS figures, points out a net saving of \$53.6 million to the state in FY 2017 and 2018 with the current Medicaid Expansion program due to some previous General Fund costs for indigent care, public health, mental health, substance abuse and other services being covered primarily by this program. A Deloitte report states that Kentucky has demonstrated state budget savings and revenue gains sufficient to offset state costs attributable to the current expansion at least through 2021. So budget-wise, it doesn't appear necessary to change what we have now.

I believe the 1115 Medicaid waiver is unwarranted, would be very difficult to administer effectively, and would incur heavy costs that are not now even being considered. Moreover, judging not only from what I have seen and experienced in low-income communities, but also from what has happened in other states that have imposed premiums, deductibles, and other burdensome requirements on Medicaid recipients, I again assert that a significant number in Kentucky will lose their health insurance if this Medicaid proposal goes into effect. This would be unwise and morally unjust, and would take Kentucky backwards. Let us keep what we have and build upon it in ways that do not require a waiver.



AJ Jones <kymedicaidchanges@gmail.com>

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## copy of comments sent to kyhealth@ky.gov

2 messages

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**ella hunter** <ellafayhunter@yahoo.com>  
To: kymedicaidchanges@gmail.com

Tue, Jul 19, 2016 at 2:56 PM

Thank you for this opportunity to comment on the proposal for Medicaid waivers in your Kentucky HEALTH Proposal. We all want an efficient health care system but not at the expense of providing coverage to the most vulnerable populations. Having worked with person's with mental illnesses in Kentucky for thirty years, it has only been in the last few years I have seen them receive almost decent health care. I have seen this health coverage help them to begin to work part time jobs and live better lives. The waiver proposal takes all of this away. Many persons with mental illness are working. It is, however, difficult for them to find jobs and this waiver would not improve that problem. Health care is foundational to be able to improve one's functioning in the community. Please do not take this away from these citizens who are doing the best they can and are improving under the current system.

Thanks

Ella Hunter, R.N., PH.D

Sincerely,

[ellafayhunter@yahoo.com](mailto:ellafayhunter@yahoo.com)

home 859 223 8729

cell 859 338 2517

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**AJ Jones** <kymedicaidchanges@gmail.com>  
To: emily.beauregard@kyvoicesforhealth.org

Tue, Jul 19, 2016 at 9:04 PM

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