



April 22, 2021

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

Re: Oklahoma SoonerCare 1115 Demonstration Amendment

Dear Secretary Becerra:

Thank you for the opportunity to submit comments on the proposed Oklahoma SoonerCare 1115 Demonstration Amendment.

The undersigned organizations represent millions of individuals facing serious, acute and chronic health conditions across the country. Our organizations have a unique perspective on what individuals need to prevent disease, cure illness and manage chronic health conditions. The diversity of our groups and the patients and consumers we represent enables us to draw upon a wealth of knowledge and expertise and serve as an invaluable resource regarding any decisions affecting the Medicaid program and the people that it serves. We urge the Department of Health and Human Services (HHS) to make the best use of the recommendations, knowledge and experience our organizations offer here.

The purpose of the Medicaid program is to provide healthcare coverage for low-income individuals and families, and our organizations are committed to ensuring that SoonerCare provides quality and affordable healthcare coverage. We strongly support the expansion of Oklahoma’s Medicaid program to individuals making less than 138% of the federal poverty level (\$2,525/month for a family of three) beginning July 1, 2021. Medicaid expansion will extend coverage to thousands of patients with or at risk

of serious and chronic health conditions, helping them to access preventive care, prescription medications to manage their conditions, and emergency care.

Unfortunately, Oklahoma's proposal to eliminate retroactive coverage for all non-pregnant adults does not meet the objective to provide healthcare for low-income individuals. Instead, the proposed policy will create administrative barriers that jeopardize access to healthcare for patients with serious and chronic diseases. Our organizations urge you not to approve the elimination of retroactive coverage in this waiver amendment.

Waiving Retroactive Eligibility

Retroactive eligibility in Medicaid prevents gaps in coverage by covering individuals for up to 90 days prior to the month of application, assuming the individual is eligible for Medicaid coverage during that time frame. It is common that individuals are unaware they are eligible for Medicaid until a medical event or diagnosis occurs. Retroactive eligibility allows patients who have been diagnosed with a serious illness or have a major health emergency to begin treatment without being burdened by medical debt prior to their official eligibility determination.

Medicaid paperwork can be burdensome and often confusing. A Medicaid enrollee may not have understood or received a notice of Medicaid renewal and only discovered the coverage lapse when picking up a prescription or going to see their doctor. Without retroactive eligibility, Medicaid enrollees could then face substantial costs at their doctor's office or pharmacy.

Additionally, both the state and health systems could end up providing more uncompensated care without retroactive coverage. For example, Indiana found that state paid, on average, \$1,561 for medical costs incurred by low-income parents in the three months prior to Medicaid enrollment.¹ When Ohio was considering a similar provision in 2016, a consulting firm advised the state that hospitals could accrue as much as \$2.5 billion more in uncompensated care as a result of the waiver.²

Retroactive coverage is especially important during the COVID-19 pandemic, helping to ensure that all individuals can access the care they need without worrying about the cost. For example, retroactive coverage could help pay for the costs of COVID-19 treatment if a person did not realize they were eligible for Medicaid when they got sick.³ And by reducing uncompensated care costs, retroactive coverage can ease the burden on Medicaid providers who have faced significant financial strain during the pandemic.⁴ Our organizations ask that CMS not approve this proposed provision on retroactive coverage.

Public Comment Period

A robust public comment process is an essential component on any Section 1115 demonstration proposal. Unfortunately, Oklahoma's public comment process did not include hearings for the public to share their feedback on the proposed waiver. While holding an in-person hearing during a the COVID-19 pandemic is not advisable, Oklahoma was able to hold virtual hearings via Zoom in April for a previous waiver amendment. The lack of hearings made meaningful comment difficult for many critical stakeholders.

The core objective of the Medicaid program is to furnish healthcare to low-income populations. This waiver amendment's proposed policy of eliminating retroactive eligibility for the adult expansion population does not further that goal and our organizations oppose the proposal. We urge you not to

approve the elimination of retroactive coverage in this waiver amendment. Thank you for the opportunity to submit comments.

Sincerely,

American Diabetes Association
American Heart Association
American Lung Association
Cancer Support Community
CancerCare
Cystic Fibrosis Foundation
Epilepsy Foundation
Hemophilia Federation of America
The Leukemia & Lymphoma Society
March of Dimes
Mended Hearts & Mended Little Hearts
National Hemophilia Foundation
National Multiple Sclerosis Society
National Organization for Rare Disorders
National Patient Advocate Foundation
Pulmonary Hypertension Association
Susan G. Komen
The AIDS Institute
United Way Worldwide

¹Wachino, Vicki. Letter to Tyler Ann McGuffee. July 29, 2016. Accessed at: <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/in/Healthy-Indiana-Plan-2/in-healthy-indiana-plan-support-20-lockouts-redetermination-07292016.pdf/>

² Virgil Dickson, "Ohio Medicaid waiver could cost hospitals \$2.5 billion", Modern Healthcare, April 22, 2016. (<http://www.modernhealthcare.com/article/20160422/NEWS/160429965>)

³ "Medicaid Retroactive Eligibility Waivers Will Leave Thousands Responsible For Coronavirus Treatment Costs," Health Affairs Blog, May 8, 2020. DOI: 10.1377/hblog20200506.111318 <https://www.healthaffairs.org/doi/10.1377/hblog20200506.111318/full/>

⁴ Cindy Mann, Gaye E Mauser. "COVID-19 Relief Needed to Keep Medicaid Community Based Providers Afloat." October 5, 2020. The Commonwealth Fund. <https://www.commonwealthfund.org/blog/2020/covid-19-relief-needed-keep-medicaid-community-based-providers-afloat>