



October 19, 2021

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

Re: Florida Managed Medical Assistance Program Section 1115 Waiver Amendment Request

Dear Secretary Becerra:

Thank you for the opportunity to submit comments on the Florida 1115 Demonstration Waiver Amendment for the Florida Managed Medical Assistance Program.

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 strongly consider our recommendations based on our vast knowledge and experience.

These undersigned organizations are committed to ensuring that Florida's Medicaid program provides adequate, affordable and accessible healthcare coverage. Florida's request to extend postpartum coverage from 60 days to 12 months will help patients to better manage serious and chronic health conditions and reduce negative maternal outcomes that disproportionately affect women of color. However, our organizations remain concerned with the elimination of retroactive coverage for all non-pregnant adults as this does not meet the objectives of the Medicaid program and will instead continue to create administrative barriers that jeopardize access to healthcare for patients with serious and chronic diseases.

Our organizations offer the following comments on the 1115 Demonstration Waiver Amendment for the Florida Managed Medical Assistance Program.

Extending Postpartum Coverage

Our organizations support Florida's request to extend postpartum coverage from 60 days to 12 months, as this will help patients to better manage serious and chronic health conditions. Florida's waiver will help to prevent gaps in healthcare coverage for low-income women during the postpartum period. According to the state's application, this demonstration would extend healthcare coverage for approximately 140,000 women each year. The need to increase coverage during this period is clear. Approximately 55% of women with coverage through Medicaid or the Children's Health Insurance Program (CHIP) at the time of delivery experienced at least one month without healthcare coverage during the six months after delivery¹. These gaps in coverage are especially problematic for individuals with serious chronic conditions.

Improving postpartum coverage is an important component of reducing maternal mortality in Florida. According to research from the Centers for Disease Control and Prevention (CDC), an estimated three out of five pregnancy-related deaths are preventable.² In 2018, 55% of pregnancy-related deaths in Florida occurred in the postpartum period after hospital discharge.³ Access to a regular source of healthcare is important for conditions to be caught early and negative health outcomes to be avoided if possible. Access to care during the postpartum period is especially important for women with serious and chronic conditions that can impact maternal health outcomes, as well as for women who develop such conditions during their pregnancies.

Extending postpartum coverage is also important to reduce health disparities. Negative maternal outcomes disproportionately affect women of color. Nationally, Medicaid covers 43% of births in the United States, including 60% of births to Hispanic women, 65% of births to African American women, and 67% of births to American Indian or Alaskan Native women.⁴ Extending postpartum coverage is therefore a critical opportunity to improve access to care and reduce pregnancy-related deaths in communities of color.

Extending postpartum coverage should not be used as a substitute to expanding Medicaid in the State of Florida. Even with the extension of postpartum coverage, women are still likely to be uninsured before pregnancy. Coverage prior to pregnancy is vital due to many chronic medical conditions having implications for maternal outcomes. Reviews of more than 600 studies examining the impact of Medicaid expansion have found clear evidence that expansion is linked to increased access to coverage, improvements in many health indicators, and economic benefits for states and providers.⁵ During the state comment period, our organizations strongly encouraged AHCA to pursue full Medicaid expansion in conjunction with this proposal.

Our organizations support HHS approving Florida's request to extend postpartum coverage to 12 months; however, our organizations recommend that AHCA pursue a State Plan Amendment (SPA) to extend postpartum coverage to twelve months. This option is available to states under the American Rescue Plan Act beginning April 1, 2022. If there is a gap between when the State would like to implement this coverage extension and the SPA taking effect, an 1115 waiver request like this one could fill that gap.

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 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. In Indiana, Medicaid recipients were responsible for an average of \$1,561 in medical costs with the elimination of retroactive eligibility.⁶ Without retroactive eligibility, Medicaid enrollees could then face substantial costs at their doctor's office or pharmacy.

Health systems could also end up providing more uncompensated care. For example, 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.⁷ Increased uncompensated care costs are especially concerning as safety net hospitals and other providers continue to deal with the COVID-19 pandemic. Limiting retroactive coverage increases the financial hardships to rural hospitals that absorb uncompensated care costs. Our organizations oppose the limitations on retroactive coverage for the demonstration population. We urge HHS to deny Florida's request and require AHCA to cease implementing this provision of the demonstration.

10-Year Approval

Florida's current application is an amendment to a demonstration approved in January 2021 for 10 years. A 10-year approval of an 1115 demonstration extension is not permissible under the Medicaid statute. The statute limits Section 1115 demonstration extensions to three or five years, depending on the populations covered under the demonstration. Our organizations believe it is important to evaluate the evidence of a waiver's impact on the patients we represent and whether policies should be continued at least that often and value the opportunity to regularly comment on the waiver proposals during the extension process. Due to the complex issues raised in this waiver, it makes sense for the HHS to issue a short-term approval, such as for three years.

Conclusion

While our organizations support certain components of this waiver amendment, including Florida's expansion of postpartum coverage, the continuance of eliminating retroactive eligibility for all non-pregnant adults does not advance the objectives of the state's Medicaid program and will continue to make care unaffordable or inaccessible to Medicaid patients. Our organizations ask HHS to deny this

provision of Florida’s amendment request and require AHCA to reinstate retroactive eligibility coverage for all non-pregnant adults.

Thank you for the opportunity to provide comments.

Sincerely,

American Lung Association
Arthritis Foundation
CancerCare
Epilepsy Foundation
Hemophilia Federation of America
March of Dimes
Mended Little Hearts
National Alliance on Mental Illness
National Multiple Sclerosis Society
National Organization for Rare Disorders
National Patient Advocate Foundation
Pulmonary Hypertension Association
Susan G. Komen
The AIDS Institute

¹ Daw JR, Hatfield LA, Swartz K, Sommers BD. Women in the United States experience high rates of coverage ‘churn’ in months before and after childbirth. *Health Aff (Millwood)*. 2017; 36(4): 598–606. Available at: <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2016.1241>.

² Petersen EE, Davis NL, Goodman D, et al. Vital Signs: Pregnancy-Related Deaths, United States, 2011–2015, and Strategies for Prevention, 13 States, 2013–2017. *MMWR Morb Mortal Wkly Rep* 2019;68:423–429. DOI: <http://dx.doi.org/10.15585/mmwr.mm6818e1>

³ Florida’s Pregnancy-Associated Mortality Review 2018 Update. May 2020. Available at <http://www.floridahealth.gov/statistics-and-data/PAMR/documents/pamr-2018-update.pdf>

⁴ MACPAC. Medicaid’s Role in Financing Maternity Care. January 2020. Available at: <https://www.macpac.gov/wp-content/uploads/2020/01/Medicaid%E2%80%99s-Role-in-Financing-Maternity-Care.pdf>

⁵ Madeline Guth and Meghana Ammula. “Building on the Evidence Base: Studies on the Effects of Medicaid Expansion, February 2020 to March 2021.” May 6, 2021. Available at: <https://www.kff.org/medicaid/report/building-on-the-evidence-base-studies-on-the-effects-of-medicare-expansion-february-2020-to-march-2021/>.

⁶ Healthy Indiana Plan 2.0 CMS Redetermination Letter. July 29, 2016. Available at: <https://www.medicare.gov/Medicare-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/in/Healthy-Indiana-Plan-2/in-healthy-indiana-plan-support-20-lockouts-redetermination-07292016.pdf>

⁷ Virgil Dickson, “Ohio Medicaid waiver could cost hospitals \$2.5 billion”, *Modern Healthcare*, April 22, 2016. (<http://www.modernhealthcare.com/article/20160422/NEWS/160429965>)