



February 22, 2018

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

Re: Mississippi Medicaid Workforce Training Initiative 1115 Demonstration Waiver Application

Dear Secretary Azar:

Thank you for the opportunity to submit comments on Mississippi's Medicaid Workforce Training Initiative 1115 Demonstration Renewal Application.

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 serious and chronic health conditions. The diversity of our groups and of those 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 patients and organizations offer here.

Our organizations are committed to ensuring that Medicaid provides adequate, affordable and accessible health care coverage. We write to express our deep concern with this waiver application. The Mississippi proposal would limit access to health care coverage for parents and caregivers making less than 27 percent of the federal poverty level (approximately \$5,513 per year for a family of three) and individuals receiving Transitional Medical Assistance if they do not work at least 20 hours per week, unless they qualify for certain exemptions which are poorly defined. This policy would jeopardize access to care and could have harmful implications for individuals with serious, acute and chronic diseases. Our organizations therefore ask HHS to reject this proposal.

A major consequence of these requirements will be to increase the paperwork burden on all patients. Increasing administrative requirements will likely decrease the number of individuals with Medicaid coverage, regardless of whether they are exempt or not. For example, after Washington state changed its renewal process from every twelve months to every six months and instituted new documentation requirements in 2003, approximately 35,000 fewer children were enrolled in the program by the end of 2004.ⁱ In Mississippi, the process of having to document exemptions from or compliance with the new requirements is similarly likely to create substantial administrative barriers to accessing or maintaining coverage. Battling administrative red tape in order to keep coverage should not take away from patients' or caregivers' focus on maintaining their or their family's health.

Failing to navigate these burdensome administrative requirements could have serious – even life or death – consequences for people with serious, acute and chronic diseases. If the state finds that individuals have failed to comply with the new requirements, their health coverage will be terminated on the first day of the following month. People who are in the middle of treatment for a life-threatening disease, rely on regular visits with health care providers or must take daily medications to manage their chronic conditions cannot afford a sudden gap in their care.

Since Mississippi's application does not provide much detail on who will qualify for exemptions or how they will be identified, our organizations are concerned that the current exemption criteria may not capture all individuals with, or at risk of, serious and chronic health conditions that prevent them from working. Regardless, even exempt enrollees will have to provide documentation of their illness during the application and reassessment process, creating opportunities for administrative error that could jeopardize their coverage. No exemption criteria can circumvent this problem and the serious risk to the health of the people we represent.

Mississippi has also requested an enhanced federal match rate of 90 percent to finance the employment training activities proposed under this application. This proposal would divert federal resources from Medicaid's core goal – providing health coverage to those without access to care.

Ultimately, the requirements outlined by Mississippi do not further the goals of the Medicaid program or help low-income families improve their circumstances without needlessly compromising their access to care. Most people on Medicaid who can work already do so.ⁱⁱ A recent study, published in *JAMA Internal Medicine*, looked at the employment status and characteristics of Michigan's Medicaid enrollees.ⁱⁱⁱ The study found only about a quarter were unemployed (27.6 percent). Of this 27.6 percent of enrollees, two thirds reported having a chronic physical condition and a quarter reported having a mental or physical condition that interfered with their ability to work.

We urge HHS to reject this application and instead focus on solutions that can promote adequate, affordable and accessible coverage in Mississippi's Medicaid program. Thank you for reviewing our comments.

Sincerely,

American Diabetes Association
American Heart Association
American Lung Association
Arthritis Foundation
Crohn's & Colitis Foundation

Cystic Fibrosis Foundation
The Leukemia & Lymphoma Society
Lutheran Services in America
National Multiple Sclerosis Society
National Organization for Rare Disorders

CC: The Honorable Seema Verma, Administrator,
The Centers for Medicare and Medicaid Services

ⁱ Tricia Brooks, “Data Reporting to Assess Enrollment and Retention in Medicaid and SCHIP,” Georgetown University Health Policy Institute Center for Children and Families, January 2009.

ⁱⁱ Rachel Garfield, Robin Rudowitz, and Anthony Damico, “Understanding the Intersection of Medicaid and Work,” Kaiser Family Foundation, February 2017, <http://kff.org/medicaid/issue-brief/understanding-the-intersection-of-medicaid-and-work/>.

ⁱⁱⁱ Renuka Tipirneni, Susan D. Goold, John Z. Ayanian. Employment Status and Health Characteristics of Adults With Expanded Medicaid Coverage in Michigan. *JAMA Intern Med*. Published online December 11, 2017. doi:10.1001/jamainternmed.2017.7055