



February 2, 2022

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

Re: Massachusetts 1115 Demonstration Extension Request for the MassHealth Program

Dear Secretary Becerra:

Thank you for the opportunity to submit comments on the Massachusetts 1115 Demonstration Extension Request for the MassHealth 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 make the best use of the recommendations, knowledge and experience our organizations offer here.

Our organizations are committed to ensuring that the Massachusetts Medicaid program, MassHealth, provides quality and affordable healthcare coverage. We applaud the focus that this proposal places on health equity, including the collection of stratified data, which many of our organizations have previously encouraged.¹ We also support the inclusion of 30-day pre-release coverage for targeted groups of incarcerated individuals and the expansions of continuous eligibility. However, our organizations remain concerned with the continued 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 and financial barriers that jeopardize access to healthcare for patients with serious and chronic conditions.

Our organizations offer the following comments on the 1115 Demonstration Extension Request for the MassHealth Program.

Coverage for Targeted Groups of Incarcerated Individuals

The demonstration includes a request to provide Medicaid coverage to qualified justice-involved individuals in the 30-day period prior to release. Eligible individuals would be those with a chronic condition, a mental health condition, or a substance use disorder.

Our organizations find this proposal to be consistent with the goals of Medicaid and to be an important step in improving the continuity of care for individuals with the above conditions. This proposal will help high-risk justice involved populations put critical supports needed to treat physical and behavioral health conditions in place before being released from incarceration. Improved access to care can improve health and other outcomes for justice involved populations. For example, studies in Florida and Washington reported that people with severe mental illness and Medicaid coverage at the time of their release were more likely to access community mental health services, had fewer detentions and stayed out of jail longer than those without coverage.²

Given the important benefits of this policy, our organizations encourage HHS to work with Massachusetts to expand eligibility to all individuals who qualify for Medicaid coverage 30 days prior to release, regardless of whether they have a diagnosis for one of the health conditions listed above. Other individuals may have undiagnosed health conditions and/or still benefit from being connected to a regular source of health coverage than can provide preventive health services, primary care and other services needed to stay healthy.

Continuous Eligibility for Justice-Involved Individuals and Individuals Experiencing Homelessness

The demonstration proposes to provide 12-month continuous eligibility for the justice-involved population upon release, and 24-month continuous eligibility upon release for those with a confirmed status of homelessness.

Our organizations strongly support this proposal, which will help these high-risk populations access critical supports needed to treat physical and behavioral health conditions. Research has shown that individuals with disruptions in coverage during a year are more likely to delay care, receive less preventive care, refill prescriptions less often, and have more emergency department visits.³ This is critically important for individuals with the serious and chronic health conditions. For example, a gap in healthcare coverage could mean that a patient with a serious condition would have to pause treatment or stop taking their medication, leading to an irreversible worsening of their condition. Additionally, continuous eligibility will reduce administrative burdens and promote health equity.

Retroactive Eligibility

Massachusetts has proposed to reintroduce 3-month retroactive eligibility exclusively for pregnant women and children, and to continue to limit retroactive coverage to 10 days prior to application for all other beneficiaries. Our organizations support the reinstatement of retroactive coverage for pregnant women and children, however, the continued elimination of retroactive coverage for the remaining Medicaid beneficiaries does not promote the objectives of the Medicaid program. It is also inconsistent with President Biden's January 28, 2021 executive order directing HHS to re-examine "demonstrations and waivers under Medicaid and the ACA that may reduce coverage or undermine the programs."⁴ 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, providing crucial financial protections to newly enrolled beneficiaries.

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.⁵ Without retroactive eligibility, Medicaid enrollees could then face substantial costs at their doctor's office or pharmacy. This can lead to patients that are newly diagnosed with health conditions delaying their treatment.

While we support the inclusion of 3-month retroactive coverage for pregnant women and children, our organizations urge HHS to reject the state's request to waive retroactive coverage for other populations.

Conclusion

Our organizations applaud MassHealth for seeking to improve access to care by providing continuous eligibility for targeted at-risk adult populations and for including 30-day coverage pre-release for incarcerated individuals. Unfortunately, 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, and we encourage HHS to reject this part of the state's request. Thank you for the opportunity to comment.

Sincerely,

American Heart Association
American Lung Association
Arthritis Foundation
Cancer Support Community
Hemophilia Federation of America
National Alliance on Mental Illness
National Multiple Sclerosis Society
National Patient Advocate Foundation
Pulmonary Hypertension Association
Susan G. Komen
The AIDS Institute
The Leukemia & Lymphoma Society

¹ Health Partner Comments to OMB re: Methods and Leading Practices for Advancing Equity and Support for Underserved Communities Through Government. July 6, 2021. Available at:

[https://www.lung.org/getmedia/7804d1ce-5cd5-4518-8fed-d7a532889fc8/ppc-omb-rfi-comments-\(final\).pdf](https://www.lung.org/getmedia/7804d1ce-5cd5-4518-8fed-d7a532889fc8/ppc-omb-rfi-comments-(final).pdf)

² Joseph Morrissey et al. Medicaid Enrollment and Mental Health Service Use Following Release of Jail Detainees with Severe Mental Illness. *Psychiatric Services* 57, no. 6 (June 2006): 809-815. DOI: 10.1176/ps.2006.57.6.809, and Joseph Morrissey et al. The Role of Medicaid Enrollment and Outpatient Service Use in Jail Recidivism Among Persons with Severe Mental Illness. *Psychiatric Services* 58, no. 6 (June 2007): 794-801. DOI: 10.1176/ps.2007.58.6.794.

³ Sugar, S. et. al., *Medicaid Churning and Continuity of Care: Evidence and Policy Considerations Before and After the COVID-19 Pandemic*, Assistant Secretary for Planning and Evaluation, Office of Health Policy, April 12, 2021. Available at: <https://aspe.hhs.gov/sites/default/files/private/pdf/265366/medicaid-churning-ib.pdf>.

⁴ FACT SHEET: President Biden to Sign Executive Orders Strengthening Americans' Access to Quality, Affordable Health Care, The White House, Statements and Releases, January 28, 2021. Available at: <https://www.whitehouse.gov/briefing-room/statements-releases/2021/01/28/fact-sheet-president-biden-to-sign-executive-orders-strengthening-americans-access-to-quality-affordable-health-care/>

⁵ Healthy Indiana Plan 2.0 CMS Redetermination Letter. July 29, 2016. Available 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>