February 3, 2023

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

Re: Rhode Island 1115 Demonstration Extension

Dear Secretary Becerra:

Thank you for the opportunity to provide feedback on the Rhode Island 1115 Demonstration Extension.

The undersigned organizations represent millions of individuals facing serious, acute and chronic health conditions. We have a unique perspective on what individuals and families need to prevent disease, cure illness and manage chronic health conditions. The diversity of our organizations and the populations we serve enable us to draw upon a wealth of knowledge and expertise that is an invaluable resource regarding any decisions affecting the Medicaid program and the people that it serves. We urge the Centers for Medicare and Medicaid Services (CMS) to make the best use of the recommendations, knowledge and experience our organizations offer here.

Our organizations are committed to ensuring that Rhode Island's Medicaid program provides quality and affordable healthcare coverage. Our organizations appreciate the emphasis on health equity in this waiver and supports the inclusion of pre-release coverage for justice-involved populations and extended postpartum coverage. However, we remain concerned that the state continues to waive retroactive

coverage for the general Medicaid population. Our organizations offer the following comments on the Rhode Island 1115 Demonstration.

Pre-Release Services for Justice-Involved Populations

Our organizations support the proposed coverage for incarcerated individuals up to 30 days prior to release. This is consistent with the goals of Medicaid and will be an important step in improving the continuity of care for individuals. This proposal will help these high-risk populations access critical supports needed to treat physical and behavioral health conditions. For example, studies in Washington and Florida 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 and had fewer detentions and stayed out of jail longer than those without coverage.[1] Research has also shown that cancer mortality is higher among those who are incarcerated or in the first year after incarceration,[2] further highlighting the necessity of transition services for this population. Our organizations urge you to approve this request.

Expanded Postpartum Coverage

Our organizations support Rhode Island's proposal to expand postpartum coverage from 60 days to twelve months for most individuals through a state plan amendment, with additional coverage extended to individuals with incomes between 185 and 250 percent of the Federal Poverty Limit provided through this waiver. Rhode Island's proposal will help to prevent gaps in healthcare coverage for low-income people during the postpartum period, helping patients to better manage serious and chronic health conditions. 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 delivery.[3]

Improving postpartum coverage is an important component of reducing maternal mortality in Rhode Island. According to research from the Centers for Disease Control and Prevention (CDC), an estimated three out of five pregnancy-related deaths are preventable.[4] 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 people with serious and chronic conditions that can impact maternal health outcomes, as well as for people who develop such conditions during their pregnancies.

Extending postpartum coverage is also important to reduce health disparities. Negative maternal outcomes disproportionately affect people of color.[5] 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.[6] Extending postpartum coverage is therefore a critical opportunity to improve access to care and reduce pregnancy-related deaths in communities of color. Our organizations urge CMS to approve the requested expansion of postpartum coverage.

Waiver of Retroactive Coverage

Our organizations are opposed to the ongoing waiver of three months of retroactive eligibility. While Rhode Island's extension request does not explicitly mention this waiver, the state's intent to maintain existing waiver authorities includes the waiver of retroactive coverage. 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.[7] Without retroactive eligibility, Medicaid enrollees could 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.

Patients with underlying health conditions who are unable to access regular care are often forced to go to emergency rooms and hospitals if their conditions worsen, leading health systems to provide more uncompensated care. The Iowa Hospital Association has stated that the absence of retroactive eligibility harms both trauma centers that administer services before Medicaid applications can be completed and rural hospitals that are forced to absorb costs of uncompensated care.[8] Additionally 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.[9]

Waiving retroactive coverage is especially problematic as Rhode Island and other states prepare to unwind the COVID-19 continuous coverage requirements. A recent study from the Kaiser Family Foundation found that 65% of individuals who lost Medicaid or Children's Health Insurance Program (CHIP) coverage had a period of uninsurance in the following year.[10] It also found that more than 40% of individuals re-enrolled in Medicaid or CHIP within a year. During this unprecedented enrollment event, Rhode Island should be pursuing policies that reduce churn and its administrative burden on the Medicaid program, not policies that contribute to gaps in coverage.

The waiver authority in the currently approved special terms and conditions that the state seeks to continue is not clear about which populations would maintain retroactive coverage, making meaningful public comment on this provision difficult. Given the crucial impact of retroactive coverage on patients, our organizations urge CMS to reinstate retroactive eligibility for the general Medicaid population. Reinstating retroactive coverage would contribute to the state's goals for health equity and relieve some of the burden patients may face during the redetermination process at the end of the COVID-19 continuous coverage requirements.

Conclusion

Our organizations support Rhode Island's efforts to expand access to quality, affordable coverage, and we urge you to approve the state's requests to establish pre-release coverage for justice-involved populations and to expand postpartum coverage from 60 days to twelve months for additional populations. We urge CMS to deny Rhode Island's request to continue to waive retroactive eligibility.

Thank you for the opportunity to provide comments.

Sincerely,

American Cancer Society Cancer Action Network
American Heart Association
American Kidney Fund
American Lung Association
Arthritis Foundation
Asthma and Allergy Foundation of America
Cancer Support Community
Cancer*Care*
Hemophilia Federation of America
Lupus Foundation of America
Lutheran Services in America
National Multiple Sclerosis Society
National Organization for Rare Disorders
National Patient Advocate Foundation
National Psoriasis Foundation
Pulmonary Hypertension Association
Susan G. Komen
The AIDS Institute
The Leukemia & Lymphoma Society

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[1] 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.

[2] Article Source: Incarceration status and cancer mortality: A population-based study
Oladeru OT, Aminawung JA, Lin HJ, Gonsalves L, Puglisi L, et al. (2022) Incarceration status and cancer mortality: A population-based study. PLOS ONE 17(9): e0274703. https://doi.org/10.1371/journal.pone.0274703

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[4] 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

[5] Hoyert DL. Maternal mortality rates in the United States, 2020. NCHS Health E-Stats. 2022. DOI: https://dx.doi.org/10.15620/cdc:113967.

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

[10] Kaiser Family Foundation. What Happens After People Lose Medicaid Coverage. January 2023. Available at: https://www.kff.org/medicaid/issue-brief/what-happens-after-people-lose-medicaid-coverage/.