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July 12, 2017

The Honorable Tom Price, Secretary
Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, D.C. 20201

Re: BadgerCare Reform Demonstration Project

Dear Secretary Price:

The American Cancer Society Cancer Action Network (ACS CAN) appreciates the opportunity to comment on Wisconsin's proposal to amend the BadgerCare demonstration waiver. ACS CAN, the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society, supports evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem. As the nation's leading advocate for public policies that are helping to defeat cancer, ACS CAN ensures that cancer patients, survivors, and their families have a voice in public policy matters at all levels of government.

ACS CAN supports Wisconsin's decision to preserve low-income childless adults access to health care coverage through its demonstration waiver, but we are concerned with many of the proposed amendments. Nearly 33,000 Wisconsinites are expected to be diagnosed with cancer this year – many of whom are receiving health care coverage through the BadgerCare program.[1] ACS CAN wants to ensure that cancer patients and survivors in Wisconsin will have adequate access and coverage under the BadgerCare program, and that specific requirements do not create barriers to care for low-income cancer patients, survivors, and those who will be diagnosed with cancer. We value the opportunity to provide comments to the Centers for Medicare and Medicaid Services (CMS) as it considers the BadgerCare Reform Demonstration waiver to ensure that low-income Wisconsinites have access to quality, affordable, and comprehensive health care coverage.

The following are our specific comments on Wisconsin's BadgerCare Reform Demonstration application:

Eligibility & Enrollment

Employment & Training Requirements

Wisconsin is seeking approval to make employment, education, or participation in job training programs a condition of eligibility for BadgerCare. We appreciate the State's acknowledgment that not all people are able to work and the inclusion of a list of conditions that would exempt an individual from the work requirement and associated eligibility time limit. However, we continue to be concerned that individuals with serious illnesses, such as cancer, who are often unable to work or require significant work modifications would still be subject to these requirements. Therefore, we urge CMS to require the State to clearly define the process through which an individual could be considered for the exemption

[1] American Cancer Society. *Cancer Facts & Figures 2017*. Atlanta, GA: American Cancer Society; 2017.

categories. We are concerned that cancer patients and recent survivors may not fit into Wisconsin's FoodShare Employment and Training (FSET) program exemptions or the "physically or mentally unable to work" exemption. Specifically, if CMS should approve this requirement, ACS CAN urges CMS to require Wisconsin to use the "medically frail" designation as defined in 42 CFR §440.315(f), which allows certain individuals with serious and complex medical conditions be exempt from specific provisions. With respect to cancer, the definition of medically frail should explicitly include individuals who are currently undergoing active cancer treatment –including chemotherapy, radiation, immunotherapy, and/or related surgical procedures – as well as new cancer survivors who may need additional time following treatment to transition back into the workplace.

Substance Abuse Identification and Treatment

ACS CAN is concerned that requiring individuals to complete drug screening and/or testing as a condition of eligibility may negatively impact cancer patients who may have a medically necessary reason for using controlled substances. We appreciate that the State has included an exemption for those with a valid prescription; however, we are concerned that the requirement of additional procedural steps could act as yet another hurdle to low-income Wisconsinites gaining access to healthcare, which has been shown to deter enrollment.[2,3]

We ask CMS to closely examine any proposals that could create barriers to program eligibility, deter Medicaid enrollment, or lock individuals out of coverage, as these types of proposals could place a substantial financial burden on enrollees and cause significant disruptions in care, particularly for cancer survivors and individuals battling cancer.

Lock-Out Period

We are deeply concerned about the proposed six-month lock-out period for non-payment of premiums. There are many reasons why a lower income individual may miss a premium payment. Subjecting enrollees to a lock-out without exception could cause significant disruptions in cancer treatment care. During the proposed lock-out period, low-income cancer patients or survivors will likely have no access to health care coverage, making it difficult or impossible to continue treatment or pay for their maintenance medication until they can pay all outstanding premiums or the lock-out period expires. For those cancer patients who are mid-treatment, a loss of health care coverage could seriously jeopardize their chance of survival. Being denied access to a cancer care team for six months could be a matter of life or death for a cancer patient and the financial toll that the lock-out would have on individuals and their families could be devastating.

ACS CAN urges CMS to require the State to implement a medical or hardship exemption, that would exclude individuals managing complex medical conditions, like cancer, from any lock-out penalties. Additionally, we ask CMS to require Wisconsin to establish a process through which enrollees and/or

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[2] The Henry J. Kaiser Family Foundation. Medicaid and Children: Overcoming Barriers to Enrollment. Findings from a National Survey. KCMU. Published Jan.2000. Accessed April 2017. https://kaiserfamilyfoundation.files.wordpress.com/2013/01/medicaid-and-children-overcoming-barriers-to-enrollment-report.pdf.

[3] Goldstein, A. Childless Adults: Barriers to Enrollment in Public Health Insurance. Published April 2010. Accessed April 2017. http://nyshealthfoundation.org/uploads/resources/childless-adults-april-2010.pdf.

their health care providers can proactively attest to an enrollee's change in health status, allowing them to qualify for a medical or hardship exemption and preventing any unnecessary gaps in coverage.

Time Limit on Medicaid Eligibility (48-months)

Establishing time limits on Medicaid eligibility, similar to lock-out periods, could place a significant financial burden on enrollees and cause life-threatening disruptions in care, particularly for individuals battling cancer. Many Medicaid enrollees are working men and women whose employers do not offer health insurance and who cannot afford to purchase private coverage. Limiting their access to affordable health care could be financially devastating and seriously jeopardize a cancer patient or survivors chance to defeat the disease. Applying a 48-month eligibility time limit on childless adults disregards the future health care needs of individuals managing complex conditions like cancer. Should a cancer survivor face a recurrence of the disease, they would likely only be able to gain access to coverage after their condition has advanced and they qualify for coverage as a disabled individual. As such, we encourage CMS to reject the 48-month time limit. Individuals with complex medical conditions, such as cancer patients and recent survivors could find that they are not able to access healthcare and cancer treatment services, simply because they have exceeded this arbitrary limit.

Cost Sharing

Monthly Premiums

ACS CAN appreciates that Wisconsin restructured its proposed premium requirements, exempting individuals with incomes between 0 and 50 percent of the Federal Poverty Level (FPL). However, we remain concerned that the cost sharing and related penalties for individuals between 51 and 100 percent of the FPL could deter enrollment, increase disenrollment, and cause significant disruptions in care, especially for cancer survivors and those newly diagnosed. Studies have shown that imposing premiums or cost sharing on low-income individuals is likely to deter enrollment in the Medicaid program.[4,5,6] Additionally, imposing copayments on low-income populations has been shown to decrease the likelihood that they will seek health care services, including preventive screenings.[7,8,9] Cancers that are found at an early stage through screening are less expensive to treat and lead to greater survival.[10] Uninsured and underinsured individuals already have lower screening rates resulting in a greater risk of being diagnosed at a later, more advanced stage of disease.[11] Proposals that place

[4] Hendryx M, Onizuka R, Wilson V, Ahern M. Effects of a Cost-Sharing Policy on Disenrollment from a State Health Insurance Program. *Soc Work Public Health*. 2012; 27(7): 671-86.

[5] Wright BJ, Carlson MJ, Allen H, Holmgren AL, Rustvold DL. Raising Premiums and Other Costs for Oregon Health Plan Enrollees Drove Many to Drop Out. *Health Affairs*. 2010; 29(12):2311-16.

[6] Office of the Assistant Secretary for Planning and Evaluation. Financial Condition and Health Care Burdens of People in Deep Poverty. Published July 16, 2015. Accessed April 21, 2016. http://aspe.hhs.gov/basic-report/financial-condition-and-health-care-burdens-people-deep-poverty.

[7] Solanki G, Schauffler HH, Miller LS. The direct and indirect effects of cost-sharing on the use of preventive services. *Health Services Research.* 2000; 34: 1331-50.

[8] Wharam JF, Graves AJ, Landon BE, Zhang F, Soumerai SB, Ross-Degnan D. Two-year trends in colorectal cancer screening after switch to a high-deductible health plan. *Med Care.* 2011; 49: 865-71.

[9] Trivedi AN, Rakowsi W, Ayanian JA. Effect of cost sharing on screening mammography in Medicare health plans. *N Eng J Med.* 2008; 358: 375-83.

[10] American Cancer Society. *Cancer Prevention & Early Detection Facts & Figures 2016-2017*. Atlanta: American Cancer Society; 2017.

[11] Ibid.

greater financial burden on the lowest income residents, especially those under 100 percent of the FPL, create barriers to care and could negatively impact BadgerCare enrollees – particularly those individuals who are high service utilizers with complex medical conditions.

We urge CMS to reject the proposal to mandate contributions for enrollees below 100 percent FPL. This will ensure BadgerCare enrollees below 100 percent FPL will not be denied access to services for an inability to pay their monthly premiums. Should the monthly premiums be approved, we urge CMS to closely monitor the number of individuals that fail to meet their monthly premium requirements to determine if a disproportionate number of lower income BadgerCare enrollees are penalized due to an inability to meet the cost sharing responsibilities.

Copayments for Non-Emergent Emergency Department Use

We are concerned about Wisconsin's request to gain approval for copayments for any use of the emergency department (ED). Cancer patients undergoing chemotherapy and/or radiation often have adverse drug reactions or other related health problems that require immediate care during evenings or weekends. If primary care settings and other facilities are not available, these patients – by necessity – are often directed to the ED. Requiring copayments for use of the ED in these situations could become a significant financial hardship on individuals who frequent the ED while managing complex conditions like cancer.

We ask CMS to consider approving the copayment only in instances when the ED visit is deemed "inappropriate" or "non-emergent," providing the State with a clear definition of these terms. Additionally, we urge CMS to closely evaluate the impact that the ED copayment has on patients with complex chronic conditions, such as cancer, not just evaluate the financial impact of this type of requirement.

Wellness & Healthy Behaviors

Healthy Behavior Incentive Model

We support the goal of promoting and incentivizing healthier lifestyles, but in our State comments, we ask the Department of Health Services to use an evidence-based incentive or participatory wellness program rather than an outcomes-based incentive program. Penalizing enrollees for non-compliance or failing to attest to actively managing their risk behaviors identified through a health risk assessment (HRA) will not likely generate cost savings or improve the health of low-income Wisconsinites. Instead, a comprehensive, evidence-based participatory wellness program based on incentives that provides adequate and comprehensive coverage of preventive services (including tobacco cessation, weight loss, and cancer screenings) and that emphasizes evidence-based interventions to educate, promote, and encourage patients to participate in prevention, early detection, and wellness programs would better serve Wisconsinites. We noted that evidence shows that unhealthy behaviors can be changed or modified by modest incentives, as long as they are combined with adequate medical services and health promotion programs.[12]

[12] Consensus statement of the Health Enhancement Research Organization, American College of Occupational and Environmental Medicine, American Cancer Society and American Cancer Society Cancer Action network, American Diabetes Association, and American Heart Association. Guidance for a reasonably designed, employer-sponsored wellness program using outcomes-based incentives. *JOEM.* 2012; 54(7): 889-96.

Outcomes-based programs – like the one proposed to reduce premiums only for those who are "actively managing their behavior" – would not improve the health of low-income Wisconsinites. Nationally, significant disparities exist in the prevalence of healthy behaviors by income. For example, adults living below the poverty level are more than one and a half times as likely to smoke cigarettes as those with higher incomes[13] and individuals with incomes less than 100 percent of poverty are 30 percent more likely to be obese than people with much higher incomes (above 400 percent of poverty).[14] These individuals often face multiple structural barriers to addressing health behaviors, including lack of access to evidence-based tobacco cessation support, few safe places for physical activity in their neighborhoods, lack of access to affordable healthy foods, and lower health literacy.[15] Incentivizing these individuals could lead to a change in behavior whereas penalties do little to improve health, and could reduce access to necessary health care services, including preventive care.

We urge CMS to consider the impact of Wisconsin's proposed healthy behavior incentive model, because it could unfairly penalize individuals managing complex, chronic diseases, like cancer. We ask CMS to seek clarification from the State regarding the criteria they intend to use when determining thresholds for behaviors considered to increase health risk. Greater specification would be helpful in assessing the possible effects this type of threshold-based measurement will have on BadgerCare enrollees, particularly how it may affect eligibility and enrollment.

Finally, educating, encouraging, and raising BadgerCare members' awareness of the benefits, services, and incentive programs could significantly contribute to the program goal of empowering members to "become active consumers of health care services to help improve their health outcomes." We encourage CMS to require the State to provide explicit detail about the education and outreach efforts that it will implement to educate enrollees about the Healthy Behavior Incentive Model. As we have seen in Indiana, there was an overwhelming lack of knowledge and awareness about the State's wellness incentive program, which resulted in very low utilization.[16] Should Wisconsin's model be approved, there should be a robust education and outreach strategy to promote the benefits and services offered to encourage appropriate utilization of health benefits, specifically primary and preventive care services.

Conclusion

We appreciate the opportunity to provide comments on Wisconsin's BadgerCare Reform Demonstration Project waiver. The preservation of eligibility and coverage through BadgerCare remains critically important for many low-income Wisconsinites who depend on the program for cancer prevention, early

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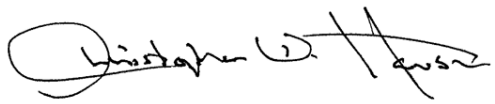
[13] Centers for Disease Control and Prevention. Cigarette smoking and tobacco use among people of low socioeconomic status. Updated February 3, 2017. Accessed May 2017. https://www.cdc.gov/tobacco/ disparities/low-ses/index.htm.
[14] National Center for Health Statistics. *Health, United States, 2015: with special feature on racial and ethnic health disparities*. Hyattsville, MD. 2016. https://www.cdc.gov/nchs/data/hus/hus15.pdf.
[15] Centers for Disease Control and Prevention – Division of Community Health. *A Practitioner's Guide for Advancing Health Equity: Community Strategies for Preventing Chronic Disease*. Atlanta, GA: US Department of Health and Human Services; 2013.
[16] The Lewin Group, Inc. *Indiana health Indiana plan 2.0: interim evaluation report*. Published July 6, 2016. Accessed January 2017. http://www.in.gov/fssa/hip/files/Lewin_IN%20HIP%202%200%20Interim%20 Evaluation%20Report_FINAL.pdf.

detection, diagnostic, and treatment services. Upon further consideration of the policies that will be included in the final waiver application, we ask CMS to weigh the impact such policies may have on access to lifesaving health care coverage, particularly for those individuals with cancer, cancer survivors, and those who will be diagnosed with cancer during their lifetime.

Maintaining access to quality, affordable, accessible, and comprehensive health care coverage and services is a matter of life and survivorship for thousands of low-income cancer patients and survivors, and we look forward to working with the Administration to ensure that all Americans are positioned to win the fight against cancer. If you have any questions, please feel free to contact me or have your staff contact Michelle DelFavero of our policy team at Michelle.DelFavero@cancer.org or 202-585-3266.

Sincerely,



Christopher W. Hansen
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