



American Cancer Society
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August 23, 2017

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

Re: Request to Amend Massachusetts' Section 1115 Demonstration: MassHealth

Dear Secretary Price:

The American Cancer Society Cancer Action Network (ACS CAN) appreciates the opportunity to comment on Massachusetts' proposal to amend the MassHealth 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 values the transparent process the Centers for Medicare and Medicaid Services (CMS) utilizes at both the state and federal level to seek input on 1115 demonstration waiver proposals. An open, consistent, and transparent process provides organizations like ACS CAN an opportunity to share our views on how waiver proposals could impact people with chronic conditions like cancer.

ACS CAN supports Massachusetts' goal to provide near-universal coverage to low-income Massachusetts residents through the MassHealth program. However, we are concerned that the proposed waiver amendments would adversely impact the ability of low-income Massachusetts residents - including many cancer patients and survivors - to access timely, appropriate, and affordable care.

Over 37,000 Massachusetts residents are expected to be diagnosed with cancer this year¹ – many of whom are currently receiving health care coverage through the MassHealth program. It is imperative that low-income Massachusetts residents continue to have access to comprehensive health care coverage under the MassHealth program. We are concerned that without access to provisional eligibility and non-emergency medical transportation (NEMT)

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

services many eligible adults may be more likely to forgo needed care. We urge CMS to consider our comments as it weighs Massachusetts' proposed waiver modifications to ensure that low-income Massachusetts residents have uninterrupted access to quality, affordable, and comprehensive health insurance.

The following are our specific recommendations on the MassHealth demonstration amendment request:

Discontinuing Provisional Eligibility

Massachusetts proposes eliminating provisional eligibility for adults aged 21 and older. Provisional eligibility allows MassHealth to enroll individuals for a 90-day period if MassHealth is unable to verify eligibility through federal and state data hubs or if information provided by the applicant is not reasonably compatible with the information available through the data hubs. Discontinuation of this provision could jeopardize access to stable coverage and critical care for Massachusetts residents, particularly for individuals battling cancer. Provisional eligibility allows enrollees to receive coverage under the program while they are preparing the proper documentation and applications.

We appreciate that the Massachusetts Executive Office of Health and Human Services (EOHHS) exclude individuals in the Breast and Cervical Cancer Treatment Program from this proposal; however, the proposal could still negatively impact access to care for thousands of MassHealth enrollees with cancer. In 2015, one in five uninsured adults went without care because of cost.² Waiving provisional eligibility, which helps minimize out-of-pocket costs for the patient, could delay necessary care in low-income populations and negatively impact patients with complex medical conditions that require frequent follow-up and maintenance visits to help control their disease process. Disruptions in primary cancer treatment care, as well as longer-term adjuvant therapy, such as hormone therapy, can result in negative health outcomes, which goes against Massachusetts' goal of promoting "integrated, coordinated care."

Provisional eligibility is also more cost effective. Many low-income, uninsured, or underinsured individuals – including cancer patients and survivors^{3,4} – go to the emergency department for their care because they cannot access other practitioners.⁵ Allowing MassHealth providers to temporarily enroll individuals in Medicaid ensures that patients get the proper treatment in the

² The Henry J. Kaiser Family Foundation. Key facts about the uninsured population. Published September 29, 2016. Accessed May 2017. <http://kff.org/uninsured/fact-sheet/key-facts-about-the-uninsured-population/>.

³ Sadik M, Ozlem K, Huseyin M, AliAyberk, Ahmet S, Ozgur O. Attributes of cancer patients admitted to the emergency department in one year. *World J Emerg Med.* 2014; 5(2):85-90.

⁴ Zhou Y, Abel GA, Hamilton W, Pritchard-Jones K, Gross CP, Walter MF, et al. Diagnosis of cancer as an emergency: a critical review of current evidence. *Nature Reviews Clinical Oncology.* 2016; 14:45-56. doi:10.1038/nrclinonc.2016.155.

⁵ 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/abus/abus15.pdf>.

most appropriate – and often less costly – setting. It also ensures that hospitals and practitioners will be reimbursed for services provided, helping Massachusetts meet their goal of “sustainably supporting safety net providers to ensure continued access to care for Medicaid and low-income uninsured individuals.” Waiving provisional eligibility could negatively impact safety net hospitals that rely on provisional eligibility determinations to be reimbursed for their services and rely less on charity care.⁶ Therefore, we urge CMS to reject Massachusetts’ request to eliminate provisional eligibility.

Non-Emergency Medical Transportation Waiver Request

ACS CAN is concerned about the proposal to waive non-emergency medical transportation services. Approximately 320,000 low-income Massachusetts residents are enrolled in MassHealth CarePlus, many of whom rely on NEMT to get to and from essential medical appointments. Waiving NEMT will create barriers to CarePlus members accessing primary care and preventive services, such as cancer screenings and diagnostic testing services.

Community health centers and beneficiary advocates indicate that a lack of access to transportation through the Medicaid program results in patients missing critical appointments. For cancer patients, NEMT is particularly important for accessing preventive services, diagnostic testing, cancer treatment services, and survivorship care. Early detection of cancer through preventive services generally results in less expensive treatments and better health outcomes.⁷ For example, colorectal and cervical cancer screenings can prevent cancer by detecting and removing pre-cancerous lesions. Cancers that are found at an early stage through screening are less expensive to treat and lead to greater survival.⁸ 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, with poorer outcomes.⁹

We strongly urge CMS to deny Massachusetts’ request to waive NEMT to MassHealth CarePlus enrollees, so that Massachusetts residents can continue accessing critical preventive and early detection services, as well as diagnostic and treatment care for those individuals diagnosed with the disease.

Conclusion

We appreciate the opportunity to provide comments on the MassHealth amendment request. The preservation of eligibility, coverage, and access to MassHealth remains critically important for many low-income Massachusetts residents who depend on the program for cancer

⁶ Brooks T. Health policy brief: hospital presumptive eligibility. *Health Affairs*. January 9, 2014. http://healthaffairs.org/healthpolicybriefs/brief_pdfs/healthpolicybrief_106.pdf.

⁷ American Cancer Society. *Cancer Prevention & Early Detection Facts & Figures 2016-2017*. Atlanta: American Cancer Society; 2017.

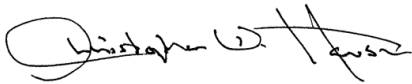
⁸ Ibid.

⁹ Ibid.

prevention, early detection, diagnostic, and treatment services that help improve outcomes and save lives. We ask CMS to weigh the impact these policy proposals 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 DeFavero of our policy team at Michelle.DeFavero@cancer.org or 202-585-3266.

Sincerely,

A handwritten signature in black ink, appearing to read "Christopher W. Hansen". The signature is fluid and cursive, with a large initial "C" and a long horizontal stroke extending to the right.

Christopher W. Hansen
President
American Cancer Society Cancer Action Network