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August 2, 2019

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

Re: Centennial Care 2.0 1115 Demonstration Amendment Request

Dear Secretary Azar:

The American Cancer Society Cancer Action Network (ACS CAN) appreciates the opportunity to comment on New Mexico's Centennial Care 2.0 demonstration amendment request. ACS CAN is making cancer a top priority for public officials and candidates at the federal, state, and local levels. ACS CAN empowers advocates across the country to make their voices heard and influence evidence-based public policy change, as well as legislative and regulatory solutions that will reduce the cancer burden. As the American Cancer Society's nonprofit, nonpartisan advocacy affiliate, ACS CAN is critical to the fight for a world without cancer.

Nearly 9,500 New Mexico residents are expected to be diagnosed with cancer this year[1] and there are over 111,600 cancer survivors in the State – many of whom are receiving health care coverage through Centennial Care, the State's Medicaid managed care program. It is imperative that low-income New Mexico residents continue to have access to comprehensive health care coverage under the Centennial Care program.

ACS CAN supports New Mexico's proposed amendment requests to remove the copayment requirement for non-emergency use of the emergency department (ED) and non-preferred prescription drugs; the removal of premiums for the Adult Expansion Group with household income above 100 percent of the federal poverty level (FPL), and reinstatement of retroactive eligibility; as these amendments will help to ensure access to timely, appropriate, and affordable care for low-income New Mexicans, including cancer patients and survivors.

We agree with New Mexico that cost sharing requirements and waiving retroactive eligibility are ineffective strategies in driving changes in provider or beneficiary behavior; could deter enrollment or result in a high number of disenrollment; could significantly impact continuity of care for low-income New Mexicans, especially for cancer survivors and those newly diagnosed with cancer; and

[1] American Cancer Society. *Cancer Facts & Figures 2019*. Atlanta, GA: American Cancer Society; 2019.

would ultimately result in higher uncompensated care costs in the State. Therefore, we strongly urge the Centers for Medicare and Medicaid Services ("CMS" or "the Department") to accept New Mexico's 1115 waiver amendment request to remove these provisions from the current accepted waiver.

Monthly Premiums and Cost Sharing

We strongly support the State's request to remove the copayment and premium requirements for New Mexico Medicaid beneficiaries. Cost sharing and related penalties for non-payment have been shown to create administrative burdens for enrollees,[2] deter enrollment or result in a high number of disenrollment,[3] and could potentially cause significant disruptions in care, especially for cancer survivors and those newly diagnosed. Studies have shown that imposing even modest premiums on low-income individuals is likely to deter enrollment in the Medicaid program.[4,5,6] 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 greater financial burden on low-income residents create barriers to care and could negatively impact Centennial Care enrollees – particularly those individuals who are high service utilizers with complex medical conditions.

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[2] The Lewin Group. *Health Indiana Plan 2.0: POWER Account Contribution Assessment*. Published March 31, 2017. Accessed August 2019. https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/in/Healthy-Indiana-Plan-2/in-healthy-indiana-plan-support-20-POWER-acct-cont-assesmnt-03312017.pdf

[3] Artiga S, Ubri P, Zur J. *The effects of premiums and cost sharing on low-income populations: Updated review of research findings*. Kaiser Family Foundation. Published June 1, 2017. Accessed August 2019. https://www.kff.org/medicaid/issue-brief/the-effects-of-premiums-and-cost-sharing-on-low-income-populations-updated-review-of-research-findings/.

[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 2019-2020.* Atlanta: American Cancer Society; 2019.

[11] Ibid.

Retroactive Eligibility

ACS CAN is opposed to policies that would reduce or eliminate retroactive eligibility; therefore, we are pleased to see that the state is requesting to reinstate retroactive eligibility for New Mexican residents. These policies could place a substantial financial burden on enrollees and cause significant disruptions in care, particularly for individuals battling cancer. As a safety net program, Medicaid allows enrollees to receive coverage retroactively if they did not realize they were eligible for coverage under the program or while they prepare the proper documentation and application to become enrolled in the program. Many uninsured or underinsured individuals who are newly diagnosed with a chronic condition do not receive recommended services and follow-up care because of cost.[12] In 2017, one in five uninsured adults went without care because of cost.[13] Waiving retroactive eligibility could mean even more people are unable to afford care and forgo necessary care due to cost.

We support the State's request to reinstate retroactive eligibility and urge the Department to accept the request. Safety net hospitals and providers also rely on retroactive eligibility for reimbursement of provided services, allowing these facilities to keep the doors open. For example, the Emergency Medical Treatment and Labor Act (EMTALA) requires hospitals to stabilize and treat individuals in their emergency room, regardless of their insurance status or ability to pay.[14] Retroactive eligibility allows hospitals to be reimbursed if the individual treated is eligible for Medicaid coverage. Likewise, Federally Qualified Health Centers (FQHCs) offer services to all persons, regardless of that person's ability to pay or insurance status.[15] Community health centers also play a large role in ensuring low-income individuals receive cancer screenings, helping to save the state of New Mexico from the high costs of later stage cancer diagnosis and treatment.

Conclusion

We appreciate the opportunity to provide comments on the Centennial Care 2.0 amendment request. The preservation of eligibility and coverage through Centennial Care remains critically important for many low-income New Mexico residents who depend on the program for cancer prevention, early detection, diagnostic, and treatment services. We ask CMS to accept New Mexico's amendment request to ensure individuals with cancer, cancer survivors, and those who will be diagnosed with cancer during their lifetime have access to lifesaving health care coverage.

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

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[12] Hadley J. Insurance coverage, medical care use, and short-term health changes following an unintentional injury or the onset of a chronic condition. *JAMA*. 2007; 297(10): 1073-84.
[13] The Henry J. Kaiser Family Foundation. Key facts about the uninsured population. Published December 7, 2018. Accessed July 2019. https://www.kff.org/uninsured/fact-sheet/key-facts-about-the-uninsured-population/.
[14] Centers for Medicare & Medicaid Services. Emergency medical treatment & labor act (EMTALA). Updated March 2012. Accessed July 2019. https://www.cms.gov/regulations-and-guidance/legislation/emtala/.
[15] National Association of Community Health Centers. Community health center chartbook: January 2019. Published January 2019. Accessed July 2019. http://www.nachc.org/wp-content/uploads/2019/01/Community-Health-Center-Chartbook-FINAL-1.28.19.pdf.

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,

Lisa A. Lacasse, MBA
President