July 13, 2023

Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
200 Independence Avenue, SW
Washington, DC 20201

Re: Request to Amend the ARHOME Section 1115 Demonstration Waiver; Project No. 11-W-00365/4

Dear Administrator Brooks-LaSure:

The American Cancer Society Cancer Action Network (ACS CAN) appreciates the opportunity to comment on the request to amend the ARHOME Section 1115 Demonstration Waiver, submitted to the Centers for Medicare and Medicaid Services (CMS) on June 1, 2023. 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 more determined than ever to end cancer as we know it, for everyone.

ACS CAN has grave concerns about Arkansas' proposal to implement the Opportunities for Success Initiative, and strongly urges CMS to deny this part of the waiver request. The previous Medicaid work requirement Arkansas implemented in 2018 resulted in confusion, endless red tape, and coverage terminations for over 18,000 Arkansans – many of whom remained eligible but could not successfully navigate the byzantine system to report their work or prove their exemption.[1] Unfortunately, the new proposal does not fix many of these problems. On top of this, the state has reportedly terminated over 140,000 Arkansans from Medicaid coverage as part of Medicaid unwinding in April and May 2023. According to the Department's own data, 65% of these individuals lost coverage in May for procedural reasons.[2] Thousands of individuals are currently losing Medicaid coverage for the same types of reasons that Medicaid enrollees could fail to meet the new requirements proposed in this initiative. With more terminations likely in coming months as the Department continues to unwind continuous coverage, ACS CAN is very concerned about the ability of people with cancer, cancer survivors, and those in need of cancer screenings to access Medicaid coverage in Arkansas.

While Arkansas' current proposal is different from previously requested 1115 waivers regarding work or engagement requirements, the core problems identified by CMS remain: the proposal still inappropriately

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[1] Sommers, Benjamin, et al. Medicaid Work Requirements in Arkansas: Two-Year Impacts on Coverage, Employment, and Affordability of Care. Health Affairs. 2020 Sep;39(9):1522-1530. doi: 10.1377/hlthaff.2020.00538

[2] Arkansas Department of Human Services. Arkansas Department Of Human Services Releases May Report On Medicaid Unwinding. June 8, 2023. https://humanservices.arkansas.gov/news/arkansas-department-of-human-services-releases-may-report-on-medicaid-unwinding/

conflates work, engagement, and even the vague concept of "success" with vital health care coverage through Medicaid and uses a complex web of bureaucracy and red tape to roll back health care access. For this and the reasons detailed further in the letter we urge CMS to reject the request to implement the Opportunities for Success Initiative.

The goals and programmatic activities of the Initiative are not aligned with each other or the Medicaid program. The objective of the Medicaid program is to provide affordable health care coverage to those limited-income individuals who need it. The Arkansas initiative focuses on goals like improving financial well-being and engaging in the workforce, and an inferred goal of time-limiting Medicaid coverage – goals that are inappropriate, and in some cases, counter-productive, to the purpose of Medicaid. Most adults enrolled in Medicaid already work (61%), or have caregiving responsibilities, school, or serious illness/disabilities that legitimately prevent them from working (30%).[3] It is unclear what purpose requiring these individuals to meet with success coaches would serve, other than to tie them up in bureaucratic requirements or set them up for failure.

The Initiative requirements will interrupt enrollees' continuity of care. The Department proposes that individuals who do not meet the "engagement" requirements under the initiative for three months will be transferred from their Medicaid coverage through a Qualified Health Plan (QHP) to Medicaid fee-for-service (FFS) coverage. While the Department claims that the FFS provider network is "similar" in number to the QHP networks, this does not mean the provider networks will be identical. When an enrollee is moved to FFS coverage, it is quite likely that they will need to change providers.

Being forced to change providers is a serious concern for cancer patients who undergo intense, high-touch treatment with providers who are often specifically chosen for their expertise or capabilities. Changing a cancer patient's provider network mid-treatment could interrupt or delay treatment which can have disastrous consequences for the patient's treatment and health outcomes. Abrupt changes in provider networks could also discourage individuals from seeking out their regular cancer screenings because of disruptions in primary care – leading to later-stage cancer diagnoses.

Arkansas' proposal lacks the details necessary for CMS to fully evaluate the potential impacts of the Initiative. Given the state's history of unnecessarily removing individuals from Medicaid coverage, as well as the legal requirements that 1115 waivers demonstrate new policy approaches that better serve Medicaid populations, CMS must ensure that this proposal is carefully constructed to not repeat losses in coverage and access to care that Arkansan enrollees experienced in 2018-2019. The state has failed to provide crucial details in its proposal and left many questions unanswered, including:

- Table 3.1.1B, item number 9 states that an individual who is "actively participating in one's own healthcare or with one's health plan" will be exempt from the initiative requirements.[4] The statement is followed by three bullets of how an individual demonstrates "active participation", but they are labeled as "examples."
    - It is unclear how an individual will be able to satisfy this requirement. How will the state measure whether an individual meets this exemption? What does 'active participation' entail? Can an individual fulfill this threshold by scheduling or completing a doctor's visit? Which

[3] Kaiser Family Foundation. Understanding the Intersection of Medicaid & Work: A Look at What the Data Say. April 24, 2023. https://www.kff.org/medicaid/issue-brief/understanding-the-intersection-of-medicaid-work-a-look-at-what-the-data-say/.

[4] See pg. 12. State of Arkansas Department of Human Services. Ibid.

types of doctor's visits? Would filling a prescription, or using some other service qualify as "active participation?"
  - Even less clear is how an individual is to demonstrate engagement "with one's health plan." Would responding to a contact attempt from a health plan constitute engagement? Maintaining an active account for the plan's online portal? What goals is the state attempting to achieve through active engagement with a health plan?
  - "Receiving recommended preventive services" is given as an example of demonstrating engagement – does this require being current on all recommended services, or only one? What definition of "recommended services" is the state using? Many more details are needed in this section to determine whether the appropriate individuals will be exempted.
- The Initiative relies on "data matching," rather than requiring enrollees to submit information, to certify that individuals have met the program requirements. While it is obvious how the state will identify certain categories of individuals via data matching from the list in Table 3.1.1B,[5] it is unclear how this process will work for other categories. More details are needed on how the state will identify:
  - Parent/caregivers of dependents under the age of six – this information will not necessarily be present in an individual's medical record or information available to the state. How will the state identify these exempt individuals via data matching?
  - Unpaid caregivers of disabled or elderly individuals – this information is unlikely to be in an individual's medical record or information available to the state. How will the state identify these exempt individuals via data matching?
  - Individuals who are receiving preventive services – receipt of preventive services may not appear in the medical record of an individual who accessed the service via a community clinic or other means that are not their Medicaid/QHP-covered provider. How will the state identify these exempt individuals via data matching?
- The proposal states that success coaching is a "new focused care coordination service," and elaborates the goals and activities of these success coaches on pages 15-16 of the proposal.[6] However, many questions remain unanswered about these success coaches, including:
  - Who does the state intend to serve in this role? Will the state repurpose existing Medicaid staff? Are the QHPs supposed to provide this service? If new staff will be hired, does the program have adequate funding for that purpose?
  - What qualifications and expertise will these success coaches be required to have? Will they be nurses, social workers, community health workers, community organizers, or have other qualifications? What training is necessary to provide the services specified in the proposal?
  - What hours will success coaches be available to their assigned enrollees, and will allowances be made for the many Medicaid enrollees who work multiple jobs and second and third shifts thus being unavailable for "coaching" during regular business hours?
  - How will the state ensure that these coaches are not discriminatory towards the enrollees who are required to work with them?
  - The proposal states that "language translation services are available for beneficiaries, as needed."[7] How will the state ensure that the success coaches are truly able to communicate well with individuals for whom English is not their first language? Will any coaches be fluent in other languages?
  - How are success coaches assigned to enrollees? Will the assignments be made with cultural competency as a factor? Is an enrollee able to request a different success coach if they do not

[5] See pg. 12. State of Arkansas Department of Human Services. Ibid.
[6] State of Arkansas Department of Human Services. Ibid.
[7] See pg. 16. State of Arkansas Department of Human Services. Ibid.

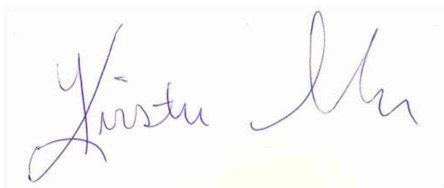
feel their assigned coach is meeting their needs?
    - How will the state ensure that success coaches have viable support and community services to refer individuals to?
- The proposal states that enrollees who "consistently choose not to engage in their healthcare or other program opportunities" will be transitioned to traditional Medicaid fee for service, "which may better serve their needs." The proposal does not elaborate why fee for service coverage would better serve the needs of these individuals than QHPs. Why is fee for service coverage better suited for a supposedly "unengaged" individual?

The Initiative requirements have the potential to deter individuals from enrolling in Medicaid. Under the proposal, after a period of 24 or 36 months all individuals, including workers, will be forced to engage with a success coach. Individuals who do not engage with the coach (a standard that is not defined beyond meeting once per month) could have their insurance status changed. This means that a parent in a family could be working full time, and yet would eventually be out of compliance and have an additional obligation to keep their current coverage. By the end of the 3-year time limit, all workers will be subject to this requirement to "improve themselves" – even if they are already working full-time at the expected salary for their profession. This requirement will likely be seen by many enrollees as onerous, unnecessary and time-consuming. As discussed above, there is also potential for success coaches to be culturally mis-matched with their assigned enrollees, which would further give the Initiative a bad reputation in certain communities. This burdensome requirement could begin to deter individuals from enrolling in Medicaid because they are unwilling or unable to follow the new protocols – thereby limiting or changing that individual's access to care.

Conclusion

The goal of the Medicaid program is to provide health coverage and access to care for people who need it. Out of serious concern for cancer patients and survivors in Arkansas, ACS CAN strongly urges CMS to deny Arkansas their request for an 1115 waiver for the Opportunities for Success Initiative. If you have any questions, please feel free to contact Jennifer Hoque, Associate Policy Principal for Access to Care, at jennifer.hoque@cancer.org.

Sincerely,



Kirsten Sloan
Managing Director, Public Policy
American Cancer Society Cancer Action Network