



June 27, 2018

Henry Lipman
Medicaid Director, Office of Medicaid Business and Policy
New Hampshire Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301-6521

Re: Granite Advantage Health Care Program Section 1115(a) Demonstration Waiver

Dear Director Lipman:

On behalf of the 1-in-10 New Hampshire residents with one of the approximately 7,000 known rare diseases, the National Organization for Rare Disorders (NORD) appreciates the opportunity to submit comments on New Hampshire's Granite Advantage Health Care Program Section 1115(a) Demonstration Waiver.

NORD is a unique federation of voluntary health organizations dedicated to helping people with rare "orphan" diseases and assisting the organizations that serve them. We are committed to the identification, treatment, and cure of rare disorders through programs of education, advocacy, research, and patient services.

NORD believes everyone, including Medicaid enrollees, should have access to quality and affordable health coverage. Unfortunately, the waiver as proposed will jeopardize patients' access to quality and affordable health coverage, and, therefore, we urge New Hampshire to withdraw this proposal.

Waiving Retroactive Eligibility

The Section 1115 waiver proposes to have coverage become effective on the day the Medicaid enrollee applied for coverage. This would be a departure from the current three-month retroactive eligibility period in Medicaid.

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 that they are eligible for Medicaid until a medical event or diagnosis occurs. Retroactive eligibility allows patients who have been diagnosed with a rare disease to begin treatment without being burdened by medical debt prior to their official eligibility determination.

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. Without retroactive eligibility, Medicaid enrollees could then face substantial costs at their doctor's office or pharmacy. For example, 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 in uncompensated care as a result of the waiver.¹

Continuation of Burdensome Administrative Requirements

NORD is concerned about the continuation of New Hampshire's requirement for enrollees to work 100 hours per month in order to maintain their health coverage. Continuing this policy will increase the administrative burden on all patients. Individuals will need to either prove that they meet certain exemptions or provide evidence of the number of hours they have worked. Increasing administrative requirements will likely decrease the number of individuals with Medicaid coverage, regardless of whether they are exempt. For example, after Washington state changed its renewal process from every twelve months to every six months and instituted new documentation requirements in 2003, approximately 35,000 fewer children were enrolled in the program by the end of 2004.ⁱⁱ

Failing to navigate these burdensome administrative requirements could have serious – even life or death – consequences for people with rare diseases. People who are in the middle of treatment for a life-threatening disease, rely on regular visits with healthcare providers, or take daily medications to manage their chronic conditions cannot afford a sudden gap in their care.

Citizenship and Residency Documentation Requirement

The waiver proposes that the state require enrollees to present paper forms of identification (two forms of identification to prove citizenship and a state driver's license or a non-driver's photo identification card to prove state residency), rather than use the electronic database that is currently being used when determining coverage. The proposal states that those who are unable to produce the appropriate forms of identification would be denied coverage.ⁱⁱⁱ This proposal puts yet another paperwork burden on Medicaid enrollees that could jeopardize their access to care. The waiver lacks detail on what forms of identification, other than a driver's license and a non-driver's photo identification card, would be acceptable for proving citizenship and residency.

Getting a driver's license or a non-driver's photo identification card can be challenging for the low-income population. Obtaining the underlying documents, like a birth certificate, can be expensive. Conditioning healthcare on the ability to obtain paperwork does not promote the goals of the Medicaid program.

Additionally, the state does not include an evaluation hypothesis to test this proposal as part of its waiver evaluation. The state needs to include a hypothesis and outline how it plans to measure the proposal's impact on access to coverage for individuals eligible for Medicaid as part of its application.

Lack of Information on Impact of Waiver

NORD wishes to highlight that the proposal does not predict the impact of the waiver on enrollment (with or without waiver baseline) or cost savings over five years. Federal regulation pertaining to the state public comment process mandates that a state must include an "estimate of the expected increase or decrease in annual enrollment, and in annual aggregate expenditures...if applicable."^{iv} The intent of this regulation is to allow the public to comment on a Section 1115 proposal with enough information to assess its impact. In order to meet these transparency requirements, New Hampshire must include these projections and their impact on budget neutrality. If New Hampshire intends to move ahead with this proposal, the state should, at a minimum, provide the required information to the public and reopen the comment period for an additional 30 days.

Proposed Timeline

NORD would also like to comment on the proposed timeline New Hampshire has set forth. Public comment is due on June 29, 2018, and, according to the timeline, the proposal will be submitted to CMS for review on June 30, 2018. This timeline suggests that New Hampshire does not intend to incorporate public feedback into the waiver proposal. NORD encourages New Hampshire to delay submitting to CMS in order to allow for time to review all the comments received by the deadline (June 29, 2018 at 5:00 p.m. EST) and revise the waiver accordingly.

NORD strongly believes healthcare should be affordable, accessible, and adequate. New Hampshire's Section 1115 Demonstration Proposal does not meet that standard, and we urge the state to withdraw this proposal. Thank you again for the opportunity to provide comments.

Sincerely,



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

ⁱⁱ Tricia Brooks, "Data Reporting to Assess Enrollment and Retention in Medicaid and SCHIP," Georgetown University Health Policy Institute Center for Children and Families, January 2009.

ⁱⁱⁱ Granite Advantage Health Care Program Section 1115(a) Demonstration Waiver:
<https://www.dhhs.nh.gov/ombp/medicaid/granite.htm>

^{iv} 42 CFR 431.408 (a)(1)(i)(C)