COMMUNITY CLINICAL SERVICES INC.
FQHC - Federally Qualified Health Centers
AFFILIATED WITH ST. MARY'S HEALTH SYSTEM

May 23, 2017

Ms. Stefanie Nadeau
Division of Policy/MaineCare Services
242 State St. 11 State House Station
Augusta, Me 04333-0011

Dear Ms. Nadeau:

Community Clinical Services is a federally qualified health center operating in Lewiston, Maine. In calendar year 2016 we provided health, dental and/or behavioral health care to over 15,000 Maine citizens.

We are opposed to the significant changes included in the Department's 1115 waiver application because, if approved and implemented, will lead to such adverse consequences as: a further loss of health coverage for thousands of Mainers in need, greater financial fragility among essential health care providers, such as FQHCs, hospitals, and nursing homes, and no marked reduction of inappropriate Emergency Department utilization, or reductions in bad debt and charity care. It appears to further stigmatize lower income people.
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**Monthly Premium Payments for Continued Coverage:**

For MaineCare members who do not currently pay premiums, the Department is proposing to require monthly premiums of $14 for those with incomes between 0-100% FPL; $43 for those with incomes between 101%-200% FPL and $66 for those with incomes of 201% FPL and above. For many of these individuals, the proposed premiums represent over 2% of their family's income, which is unaffordable, and will virtually guarantee that thousands will be dropped from their coverage through no fault of their own.

It would be helpful to know what factors the Department considered in deciding to proceed with this approach:

- What has the Department's experience been with the collection of other premiums?
- What is the rate of non-payment currently?
- What is the percentage of those that were subject to paying a premium but either could not afford to pay or chose not to?
- How many MaineCare members does the Department expect will be removed for non-compliance?
- The Department is projecting $8million in revenue from premiums and Emergency Department cost-sharing, and notes that it is not included in the cost-neutrality. And, does that represent the total impact (state and federal) or is that just the impact to the state?

If our experiences is any indication as to what would occur if this monthly premium policy was implemented, then most those subject to it, would lose their health insurance coverage through MaineCare very quickly.

**Elimination of Retroactive Medicaid Eligibility**

Maine's FQHCs provide access to all individuals who reside in their service areas, regardless of insurance status or ability to pay. Because the federal and state funding they receive is insufficient to keep their doors open to all, we rely on a patchwork of funding, including reimbursement from private insurers, Medicare and

MaineCare to remain financially sustainable. The bundled reimbursement that FQHCs receive, (otherwise known as the Prospective Payment System (PPS) rate of reimbursement), is the fairest rate of payment they receive for the broader range of services they are required to provide to their patients by law. Eliminating retroactive Medicaid eligibility will adversely impact our FQHCs' ability to receive adequate payment for services rendered, and will further erode the resources they have available to devote to patient care. In some cases, there is a delay between when applicants complete the application, have an appointment, and get approved for their coverage. Health care providers offering medically necessary care to Maine citizens who would otherwise be eligible for care at the time of their application, would both be unfairly penalized or denied payment for services rendered. MaineCare would need to vastly improve its efficiency in approving applications or healthcare providers will have more bad debt, leading to a highly unsustainable business model.

**$20 Charges for "Non-Emergency" Use of the Emergency Department:**

"The Department is proposing to send a bill in the amount of $20 to non-dually eligible MaineCare members for each "non-emergency use of the Emergency Department- (visits that do not require an inpatient admission). The bill will include a breakdown of the costs associated with their visit to provide information to members regarding the cost of their care to the taxpayers of Maine. While we share the Department's goal of reducing non-emergency use of Emergency Departments, we believe this approach is misguided and won't achieve the desired outcome. Maine's FQHCs have made significant strides over the years to inform and educate their patients about the importance of using their Health/Medical Home (primary care setting) as a first option for non-emergent needs.

Most of Maine's Health Centers, like CCS, have weekend, evening hours, and/or walk in care, as well as 24 hour on-call service to answer patient questions when the office is closed. We also provide case management and chronic disease management to follow up on patient visits for such conditions as diabetes, COPD, asthma, and depression, as well as ensure that medications are being take properly to avoid adverse interactions.

Additionally, several Health Centers, including CCS, are using innovative technology, such as HealthInfoNet to monitor ED use among their patients so they can follow up with them to learn about why they went there instead of the Health Center first. If during those conversations, our staff determine that their health issue could have been more suitably addressed in the primary care setting, they will inform and educate the patient as to why they should call them first in the future for similar or related circumstances. Despite all our efforts to address the over-utilization of Emergency Departments for acute and other primary care-related needs, there are circumstances where such visits cannot or should not be avoided.

We welcome the opportunity and stand ready to continue working with the Department on strategies and approaches that will further reduce non-emergency ED utilization. However, given the barriers faced by those who lack transportation in rural areas, chronic diseases such as dementia that can affect a patent's ability to remember to see their primary care provider before going to the ED, and the difficulty low income patients already have in making a copayment of $3 for primary care visits, the notion of charging $20 per ED visit doesn't seem like a viable solution to this problem.

**Allow Providers to Charge MaineCare Recipients for Missed Appointments:**

This technique sounds good but CCS will likely not charge MaineCare patients for missed appointments even if we are permitted to do so. This will add cost, increase bad debt, and be administratively burdensome.

**Additional Questions:**

We, and our Health Center partners, would greatly appreciate the Department's response to the following questions concerning the Community Engagement and Work Requirements sections of the waiver application:

- How many MaineCare members are within each identified "able-bodied" eligibility group? And, what do they each constitute as a percentage of the total MaineCare population?
- How many of those members are not currently meeting the proposed Community Engagement and work requirements? Percent of the total "able-bodied" population?
- What percentage is the Department assuming for non-compliance? In other words, how many MaineCare members are expected to be dropped from MaineCare coverage for non-compliance?
- How is this information currently collected, if at all? If it currently isn't collected, how will it be and by whom?
- The proposal references that MaineCare members will be assessed to determine whether they meet the work requirements. How will those assessments be conducted? And, by whom will those assessments be conducted?
- If health care providers are going to be asked or expected to conduct the assessments, how will those services be reimbursed?

The Department's three main goals of this 1115 Demonstration are:

1. To preserve limited financial resources for the state's most needy individuals and ensure long-term fiscal sustainability;
2. To promote financial independence and transitions to employer-sponsored or other commercial health insurance; and
3. To encourage individual responsibility for one's health and health care costs.

Unfortunately, the changes proposed under its application do nothing to further those objectives. To the contrary, they undermine the intent and purpose of the federal Medicaid Act altogether. The more Mainers dropped from the MaineCare Program, the fewer federal matching dollars our State will be able to draw down to care for our most vulnerable, like children, the elderly and those with a disability. It is also important to note that individuals have a better chance of becoming financially independent when they have health insurance, as well as affordable access to high quality health care services-like those provided at Maine's FQHCs. Many employers in Maine, particularly smaller businesses are finding it increasingly difficult to provide their employees with health benefits……and most private health insurance plans, including those on the Marketplace, are unaffordable for low income earners. The notion that the State would terminate someone's health coverage if they are too poor to afford a monthly premium isn't sound policy nor is it consistent with our values as Mainers.

Maine's FQHCs serve as a model of how integrated, high quality, primary and preventive medical, behavioral health and dental services should be delivered, and we are proud of our work which has earned us that reputation. However, we will only be able to continue serving our communities if we have adequate and sustainable funding to support our staffing, services and operations. For these reasons and those noted above, we urge the Department to withdraw its 1115 waiver application. Thank you.

Sincerely,

Joan Churchill, MS
Chief Executive Officer/CFO
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