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August 21, 2017

Daniel Tsai
Assistant Secretary for MassHealth
Executive Office of Health and Human Services
One Ashburton Place, 11th Floor
Boston, MA 02108

Submitted by email to kaela.konefal@state.ma.us

Re: Comments for Demonstration Amendment

Dear Assistant Secretary Tsai,

The undersigned concur in the comments submitted by Health Care For All and Massachusetts Law Reform Institute. We submit these additional comments to further highlight the issues for people with disabilities raised by the proposed amendments.

Transferring "Non-Disabled" Adults Ages 21-64 to Connector Care

The waiver proposes to transfer the adult "non-disabled" population between 100% and 133% FPL from MassHealth to Connector Care. In limiting this transfer to the "non-disabled" population, MassHealth is correctly recognizing that people with disabilities have a particular need for reliable access to affordable health care. However, MassHealth is apparently overlooking the fact that there will be many people with disabilities in the non-disabled category because they have not yet been determined disabled by the Social Security Administration (SSA) or by the Disability Evaluation Service (DES) for a variety of reasons. We are concerned that they may be unable to get the coverage they need to live and work in the community through ConnectorCare, either because of coverage limitations, e.g., formulary limits, limits on behavioral health care, no LTSS coverage, the added costs involved with ConnectorCare for this very low income group (100-133% FPL), or because the requirement of affirmatively enrolling in a health plan may leave them without coverage. You have indicated that you will

The Protection and Advocacy System for Massachusetts



provide opportunities for people to self-identify as people with disabilities and go through some process. We need more information on what this process will be and how effectively you will reach people about it to ensure that people with disabilities will not be harmed by this proposal.

We are also concerned about access to coverage for people newly applying for subsidized health care. A cancer or other diagnosis or a catastrophic injury can lead to an application for subsidized health coverage before an official determination of disability has been made. How will new applicants who allege disability be treated? Will someone between 100% and 133% FPL be directed to ConnectorCare, leaving them with a future start date for coverage with possible consequences such as the inability to access prescription medication?

In addition, there will likely be people with disabilities who will not be found disabled by either SSA or DES. Some will not be found disabled due to findings that drug abuse or alcoholism are "material" to their disability-related functional limitations. Others will not be found disabled because they receive affordable treatment that is effective for them and that ameliorates their disability related functional limitations. These individuals will be at risk of losing access to care and experiencing exacerbations and costly health crises. And, the design of the Social Security disability standard makes it more difficult to meet for people under age 50, putting younger people at risk of non-disability status that may prevent them getting or keeping the care they need.

We also believe that this proposal is likely to increase the volume of cases referred to DES for evaluation, creating potential delays and the need to increase DES staffing.

We ask that you reconsider shifting "non-disabled" adults with income over 100% FPL from MassHealth to ConnectorCare. If you go forward with this change, members should retain MassHealth coverage pending disability evaluations and applicants alleging disability should be given some form of presumptive eligibility for MassHealth.

ESi "Gate"

MassHealth is proposing to implement an eligibility "gate" that would prevent "non-disabled adults" with access to affordable employer-sponsored insurance (ESI) from enrolling in Medicaid. The concerns raised above about individuals with disabilities who do not have a disability determination apply equally here. Moreover, the consequences of denying access to MassHealth due to so-called affordable ESI are even more dire, as most commercial insurance has high copays and does not have coverage for many services needed by people with disabilities.

More details about this proposal are needed. Will an individual who has turned down ESI and cannot access it for another 11 months be denied MassHealth coverage? While Premium Assistance enables individuals to enroll in ESI outside of normal open enrollment periods, denial of MassHealth coverage does not appear to have the same

effect. The result of this proposal is not increased use of commercial insurance, but rather an increase in the number of uninsured.

Closed Drug Formulary and Selective Specialty Pharmacy network

We are all for your having the ability to negotiate for better prescription drug prices. However, we are very concerned about the potential effect of the proposed limits on access to prescription drugs for people with disabilities. Many people with disabilities rely on carefully balanced combinations of medications that have taken time to achieve. Great care must be taken so that the balance and continuity of care are not disrupted due to rote adherence to new rules. Many also take medications for a combination of physical and mental health conditions, which may make it more difficult to successfully adapt to a new medication regimen. A streamlined and effective exceptions process, as well as outreach about the changes and exceptions process to consumers, medical practitioners, and pharmacists will be critical to avoid health crises for people with disabilities and higher care costs for MassHealth.

Narrower Primary Care Clinician Plan Networks

The PCC option has been important for people with severe, complex disabilities to be able to see the type of medical provider they need, including those with whom they have worked for years and who have come to understand their health care needs. They should not have to lose access to coverage to make this choice.

CommonHealth Premiums and Cost-Sharing

We need more information on this cost sharing proposal. 300% FPL, or even 400% FPL, is not a lot of money for people with disabilities to be self-supporting, given the local cost of living and especially with the cost of maintaining private health insurance when working.

Thank you for this opportunity to comment.

Respectfully submitted,



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