MLRI Summary of 9-8-17 Section 1115 Waiver Request Submitted to CMS Comments to CMS Due by Oct. 20, 2017			
1115 Proposed 7-20-17	**Our Concerns**	**1115 Submitted 9-8-17**	**Remaining Objections**
Disqualify nondisabled adults with access to Employer Sponsored Insurance "ESI Gate"	ESI not affordable	Omits ESI Gate *Will withdraw proposed legislation, Att F. sec 10	No objections
Transition 140,000 adults 21-64 (100,000 parents now in Standard & 40,000 adults in CarePlus) with income over 100% fpl to ConnectorCare; exceptions for Pregnant women, HIV+, BCCTP, & medically frail to stay in MassHealth	General concern that 1115 goal of aligning with commercial insurance does not further objectives of Medicaid or benefit beneficiaries Not clear how & when "medically frail" will be identified; currently only applies to those initially enrolled in CarePlus See below for many other specific concerns	1. Enroll non-disabled adults with income over 100% fpl into Connector subsidized plans *state legislation required, see Att. F sec 27	See below for specific concerns
	Some individuals not eligible for Connector Care: 1. Uninsured with access to ESI costing less than 9.5% FPL for single coverage disqualifies all family members 2. Enrolled in ESI (regardless of cost) 3. Veterans enrolled in VA health system 4. Married person living apart from spouse (w.ltd exceptions)	Adds exception for Veterans with access to VA Health System to remain in MassHealth	No relief for any ineligible group except veterans ; no clarity of process for identifying medically frail parents or new applicants

	Enrollment deadlines: 40% of individuals found eligible for PT 1 & PT2a with0 premium option did not enroll as of July 2017 despite SEP for those initially found eligible for CC outside Open Enrollment	No change	Concerns not addressed
	Only one affordable premium option & no legal requirement to continue offering it; may need to change plans every year to remain in affordable option; 3K who qualified for 0 premium but failed to switch plans terminated for non-payment of premiums in Mar 2017	No change	Concerns not addressed
	Coverage prospective vs. 10 days prior to date of application in MassHealth (but HSN for retro period)	No change	Concern not addressed
	Fewer benefits: dental, NEMT, LTSS; possibly more restrictive scope of coverage	Secretary: Plan to add dental for all in Plan Type 1 No change in in waiver document which still only refers to dental access thru HSN & dental only plan purchase. *Plan for proposed legislation	Representation that dental will be addressed (enhanced benefit for 30K AWSS) but not in waiver & no proposed bill language to date (Oct 5) & other benefit differences not addressed
	Higher copays; no legal requirement for affordable copays	Secretary: Plan to redefine PT 1 as 0-133% or 138% with same copays as MassHealth. No change in 1115 document which still refers to Connector's copay caps for PT2.	Representation that copay addressed (will enhance affordability for AWSS now in PT 2) but not in waiver or law

	No work supports for low income parents: TMA & PA	No change	Concerns not addressed
	All coverage through MCO only; no ACO	No change	Concerns not addressed
Shift 230,000 non-disabled adults over 100% fpl from MH Standard to CarePlus; exc. pregnant, HIV+ BCCTP, medically frail stay in Standard	ABP of CarePlus has fewer benefits: no NEMT, or LTSS & permits more benefit restrictions in future.	2. Shift parents from Standard to CarePlus. No change (clarifies shift not applicable to disabled or medically frail who need LTSS) *Not clear whether EOHHS thinks legislation required, but G.L.c. 118E, s. 53 currently prohibits benefit cut & Att. F, sec 25 amends this statute	Concerns not addressed.
Reduce the premium assistance wrap for benefits covered by Employer Sponsored Insurance & Student Health Insurance Plans (SHP) for ~25K nondisabled adults 21-64	Unfair to provide fewer benefits to Medicaid eligible adults just based on access to ESI/SHP & PA	Omits reduction in benefits	No objections
Expire MassHealth Limited coverage after 90 days for those found eligible for ConnectorCare; added outreach & one-time SEP at time of initial change 150K LP adults up to 133%, only 20K of whom enrolled??	1903(v) cannot be waived. Bad national precedent. With no Ltd ER only source of emergency care; increased bad debt; AWSS added barriers to enroll in CC such as below tax filing threshold & LEP	3. Time-limit MH Limited for CC eligible unenrolled. No change Public comment section says plan for mini-grants to help with outreach in transition year *legislation required Att F, sec 26	Concerns not addressed

Pharmacy: closed formulary; at least 1 drug per class with exception process such as for off label drugs; exclude certain drugs not shown to be effective per MH; applies to all MH members	1927 cannot be waived. Not needed for rebates; will reduce access; exceptions often cumbersome. Not following Pt D guidelines: 2 per class, & all drugs in certain protected classes.	4. Pharmacy closed formulary. Adds examples of exceptions(adverse drug reactions, drug interactions, specific clinical needs) & process such as process for non-preferred drugs or off label drugs *legislation required, Att F, sec 24	Concerns acknowledged but not addressed
Selective Specialty Pharmacy Network	Added barriers for homeless; insecurely housed; mail delivery can disclose DX. Assure brick & mortar remains available	5. Selective specialty pharmacy. Adds that there will be appropriate safeguards for members needing special svs (e.g. hemophilia) & process for homeless & not stably housed *legislation required, Att F, sec 24	Concerns acknowledged but not addressed in sufficient detail
Restrict provider networks in PCC Plan to discourage PCCP enrollment	Will disrupt care if PCP has not joined ACO/MCO & other needed providers excluded from PCCP; disproportionately affect disabled; restrict access; no evidence base for disfavoring PCCP	6. No Change. Public comment section says intent to delay change until 2d year of ACO program (~Mar 2019) *no legislation requested in Att. F	Delay addresses year 1 ACO transition. But not ongoing need for robust PCCP particularly if certain areas of state have only 1 MCO (see below)
Waive federal payment restrictions on IMDs	No concerns raised	7. Institutions for Mental Disease (IMDs)	
Allow a single MCO-ACO choice in certain areas of state	MLRI-insufficient info	8. No change *no legislation requested in Att. F	Concerns not addressed in that no additional info on number of people & parts of state affected
Apply cost sharing limits on annual vs quarterly/monthly for admin convenience	Monthly or quarterly easier to meet than annual	9. No change *no legislation requested in Att. F	Concerns not addressed.

Allow premiums & cost sharing over 5% of income for CommonHealth demonstration population which has no upper income eligibility limit	HLA-clients over 300% fpl can't afford current premiums MLRI-Comment not directly related to waiver request: premiums should be progressive & start well below 3% proposed earlier by EOHHS for those over 150% & cap % annual increase	10. Public comment section says higher premiums as % of income will not exceed Connector affordability standard as represented at Aug 2017 Listening Sessions but limitation not in request. Request clarifies intent to charge similar premiums to current CH premiums that now exceed 5% at higher income levels *no legislation requested in Att. F	HLA concerns not addressed.
Limit SHP & ESI cost sharing wrap to MH providers for non-disabled adults	Student cost sharing wrap is not now limited to MH providers, agency never analyzed overlap of MH & SHP providers as promised when SPA approved to make SHP PA mandatory –if little overlap, effectively increase in cost-sharing	11. Cost share wrap only for MH providers–not limited to non-disabled adults *no legislation requested in Att. F	Concerns not addressed. For students cost share wrap is currently **not** limited to MH providers.
		12. NEW: state-funded veteran annuity paid to disabled vet or Gold Star parents/spouse no longer countable income in MassHealth	Positive change. Will this also apply to 65+?

The narrative portion of 1115 Waiver Proposal submitted to CMS and copies of comments on the July proposed request are posted here:
http://www.mass.gov/eohhs/gov/commissions-and-initiatives/healthcare-reform/masshealth-innovations/1115-waiver.html

The entire 1115 request submitted to CMS is posted here:
https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/ma/ma-masshealth-pa3.pdf

Comments to CMS must be filed by October 20, 2017 and can be submitted here:
https://public.medicaid.gov/connect.ti/public.comments/view?objectId=1892771