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Centers for Medicare & Medicaid Services
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Dear Ms. Mayhew:

Thank you for your continued collaboration with the Commonwealth of Virginia as the Commonwealth implements access to full Medicaid benefits for close to 400,000 eligible Virginians. Accordingly, the enclosed § 1115 Demonstration Waiver Extension application will extend Virginia's § 1115 Medicaid Demonstration (Project Number 11-W-00297/3) and, importantly, seeks to provide a new housing and employment supports benefit for high-need populations.

On June 7, 2018, Governor Ralph Northam signed the 2018 Virginia Acts of Assembly Chapter 2 (2018 Appropriations Act) authorizing the Virginia Department of Medical Assistance Services (DMAS) to amend Virginia's Medicaid State Plan to expand coverage, effective January 1, 2019, to the new adult population. We are appreciative of the cooperative process and subsequent approval of the State Plan Amendments (SPAs) affording the Commonwealth the authority to expand Medicaid coverage to newly eligible Virginians beginning January 1, 2019. We look forward to continuing work and collaboration with CMS to provide additional habilitative services to the new adult group in furtherance of DMAS' multipronged strategy to support the health and long-term stability of this population.

The 2018 Appropriations Act also directs the Department to submit an § 1115 Demonstration Waiver application to seek federal approval for new Medicaid program features for the new adult population. Virginia seeks to extend the Commonwealth's current § 1115 Medicaid Demonstration to build upon Medicaid delivery system reforms already in place, under

Virginia's State Plan and Medicaid managed care program, and to implement the requirements of the 2018 Appropriations Act.

Specifically, this § 1115 Medicaid Demonstration Waiver Extension application, known as the Virginia COMPASS (Creating Opportunities for Medicaid Participants to Achieve Self-Sufficiency) Waiver will:

1. Continue to provide essential substance use disorder (SUD) services to all Medicaid enrollees through the Addiction and Recovery Treatment Services (ARTS) benefit;
2. Maintain authority for coverage of former foster care youth who aged out of foster care in another state;
3. Implement a work and community engagement program for certain adult populations;
4. Effectuate a Health and Wellness program that includes premiums and cost-sharing designed to promote healthy behavior for certain adult populations with incomes between 100 and 138 percent of the federal poverty level; and
5. Create a new housing and employment supports benefit for high-need populations.

The Department is committed to working with CMS to ensure that these requirements help individuals improve their health and well-being. We look forward to further conversations and dialogue in working toward approval of this § 1115 Demonstration Waiver Extension application.

Sincerely,

A solid black rectangular box redacting the signature of Jennifer S. Lee, M.D.

Jennifer S. Lee, M.D.



**VIRGINIA DEPARTMENT OF
MEDICAL ASSISTANCE SERVICES
1115 DEMONSTRATION
EXTENSION APPLICATION**

***Virginia COMPASS
Creating Opportunities for Medicaid Participants to Achieve
Self- Sufficiency***

**VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES 1115 DEMONSTRATION
EXTENSION APPLICATION**

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Section I. Historical Narrative Summary of the Demonstration

Introduction

On September 22, 2017, the Centers for Medicare and Medicaid Services (CMS) approved an amendment to the State's demonstration, "Virginia Governor's Access Plan (GAP) and Addiction and Recovery Treatment Services (ARTS) Delivery System Transformation" (Project No. 11-W-00297/3) to: increase to 100 percent of the federal poverty level (FPL) income eligibility levels for the GAP—a program for childless adults and non-custodial parents ages 21 through 64 who have been diagnosed with a serious mental illness (SMI); offer additional substance use disorder (SUD) services to the GAP benefit package; and provide Medicaid coverage to former foster care youth who receive Medicaid services in a different state. As part of the approved waiver amendment, the Commonwealth continued the ARTS demonstration, which provides an expanded SUD benefit package to all Medicaid recipients.

On June 7, 2018, Governor Northam signed the 2018 Virginia Acts of Assembly Chapter 2, Item 303.SS(4) (2018 Appropriations Act) authorizing the Department of Medical Assistance Services (DMAS) to amend Virginia's Medicaid State Plan to expand coverage to newly eligible non-disabled, non-pregnant adults ages 19 to 64 with income up to 138 percent of the FPL, effective on January 1, 2019. The Commonwealth has received approval for the State Plan Amendments (SPAs) necessary to effectuate its Medicaid expansion on January 1, 2019. Additionally, because it will have an expanded Medicaid program, the Commonwealth no longer requires demonstration authority for the GAP and has begun the process of sunseting the program consistent with Special Terms and Condition (STC) Number 10 in its current GAP/ARTS waiver. The Commonwealth is ensuring a smooth transition for enrollees from the GAP to the new adult group by complying with federal transition requirements outlined in its demonstration.

The 2018 Appropriations Act also directed DMAS to submit a waiver seeking federal approval for new Medicaid program features "designed to empower individuals to improve their health and well-being and gain employer sponsored coverage or other commercial health insurance coverage, while simultaneously ensuring the program's long-term fiscal sustainability."¹ Virginia seeks to extend the Commonwealth's current demonstration to build upon Medicaid delivery system reforms already in place under Virginia's State Plan and Medicaid managed care program and to implement the requirements of the 2018 Appropriations Act. Specifically, this demonstration extension, Virginia COMPASS (Creating Opportunities for Medicaid Participants to Achieve Self-Sufficiency) will:

1. Continue to provide essential SUD services to all Medicaid enrollees through ARTS;
2. Maintain authority for coverage of former foster care youth who aged out of foster care in another state;
3. Implement a work and community engagement program for certain adult populations;
4. Effectuate a Health and Wellness program that includes premiums and cost-sharing designed to promote healthy behavior for certain adult populations between 100 and 138 percent of the federal poverty level; and
5. Create a new housing and employment supports benefit for high-need populations.

In accordance with the 2018 Virginia Acts of Assembly Chapter 2, Item 303.SS(4)(e), the new programs of this waiver (i.e., the work and community engagement program, the health and wellness program, and the new housing and employment supports benefit for high-needs populations) will be discontinued

¹ 2018 Virginia Acts of Assembly Chapter 2. Available at <https://budget.lis.virginia.gov/item/2018/2/HB5002/Chapter/1/303/>.

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in the event the increased federal medical assistance percentages for newly eligible individuals included in 42 U.S.C. Section 1396(d)(y)(1) of the PPACA are modified through federal law or regulation from the methodology in effect on January 1, 2014, resulting in a reduction in federal medical assistance.

Through this demonstration extension, Virginia will have the opportunity to test hypotheses to help refine this demonstration and the development of future programs.

Summary of Virginia's New Demonstration Features

New features in this 1115 Demonstration Extension include:

- The Training, Education, Employment and Opportunity Program (TEEOP)
 - Condition Medicaid coverage for adults with income up to 138 percent of the FPL on compliance with a work and community engagement requirement, with certain enumerated exemptions, to improve Medicaid enrolled adults' health, well-being, and financial stability, and provide those subject to the requirement with assistance in finding and maintaining work and community engagement;
- Health and Wellness Program
 - Require Medicaid enrolled adults with income 100 to 138 percent of the FPL to pay a monthly premium to encourage personal responsibility and prepare Medicaid enrollees for employer-sponsored insurance (ESI) or other commercial coverage;
 - Incentivize healthy behavior and appropriate utilization of healthcare services by requiring adults with income 100 to 138 percent of the FPL to pay a co-payment for non-emergent use of the emergency department (ED) and rewarding individuals who regularly pay their premiums and participate in healthy behaviors through the establishment of a health and wellness account (HWA); and
- Housing and Employment Supports Benefit for High Need Enrollees
 - Provide a housing and employment supports benefit for high-needs Medicaid enrolled adults in order to improve quality of life and health outcomes.

Summary of Current Demonstration Features to be continued Under the 1115 Demonstration Extension

The Commonwealth will extend the waiver authority to provide Medicaid coverage for former foster care youth up to age 26 who aged out of foster care in another state and now reside in Virginia. No changes are being requested for this extension. Youth in foster care face a number of issues when they are released from the custodial care of a state, not the least of which is access to healthcare. This expenditure authority provides former foster care youth with the opportunity to continue receiving Medicaid coverage until age 26, allowing them to transition into managing the responsibilities of living independently.

The Commonwealth will also extend the ARTS benefit package to continue one of the most comprehensive Medicaid SUD benefits in the nation. The ARTS benefit package provides the full continuum of treatment needed to address the substance use crisis and reverse the opioid epidemic in Virginia. The goal of the ARTS benefit package is to transform the SUD treatment delivery system for all Medicaid enrollees with a SUD diagnosis including Opioid Use Disorders (OUD) by increasing access to outpatient and community-based settings while decreasing use of high-cost ED and inpatient hospital services. The ARTS benefit package encompasses the full continuum of evidence-based treatment services utilizing the American Society of Addiction Medicine (ASAM) Criteria.

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ARTS services are carved in to managed care to promote integration and coordination of a comprehensive health benefit including both physical and behavioral health. The goal is to continue to expand provider capacity to meet the needs of members eligible for Medicaid Expansion. The managed care plans are required by contract to employ ARTS Care Coordinators, who are licensed clinical psychologists, licensed clinical social workers, licensed professional counselors, licensed nurse practitioners, or registered nurses with clinical experience in SUD. The ARTS Care Coordinators or licensed physicians make the independent determination of medical necessity, using the multidimensional ASAM assessment, for placement at appropriate levels of care and recommendations for lengths of stay in residential treatment settings.

The ARTS benefit package expanded coverage of inpatient withdrawal and residential treatment to all of Virginia's 1.5 million Medicaid enrollees. In order to receive the ARTS benefit package, an individual must be enrolled in Virginia Medicaid and meet the following medical necessity criteria:

- Must have one diagnosis from the Diagnostic and Statistical Manual of Mental Disorders (DSM) for substance-related and addictive disorders with the exception of tobacco-related disorders and non-substance-related disorders; OR
- Be assessed to have a current SUD, which means a substance-related and addictive disorder (with the exception of tobacco-related disorders and non-substance-related disorders), defined based on a provisional diagnosis from the DSM, and an assessment which identifies treatment needs consistent with ASAM adult medical necessity criteria or for individuals under 21, ASAM adolescent treatment criteria. Nothing in the ARTS demonstration waives or supersedes any Early Periodic Screening Diagnosis and Treatment (EPSDT) requirements; AND
- Must meet the definition of medical necessity for services based on the ASAM Criteria.

The ARTS demonstration increased provider reimbursement rates for addiction treatment in intensive outpatient and partial hospitalization settings, and added a new peer recovery support service. Virginia also implemented an innovative payment model to support Opioid Treatment Programs (OTPs) and Preferred Office-Based Opioid Treatment (OBOT) providers with co-located buprenorphine waived practitioners and behavioral health clinicians. This model created financial incentives for high-quality Medication Assisted Treatment (MAT) that includes medication, counseling, and care coordination.

Since ARTS was implemented on April 1, 2017, an independent evaluation by Virginia Commonwealth University demonstrated substantial increases in the number of practitioners providing addiction treatment services to Medicaid enrollees. During the first year of ARTS, the number of outpatient practitioners billing for ARTS services increased by 173 percent, including 848 providers who prescribed buprenorphine for members with OUDs. In addition, nearly 25,000 Medicaid enrollees used addiction-related treatment services, a 57 percent increase from the year before. The full evaluation is attached as Appendix A to this extension request.

Section II. Changes Requested to the Demonstration

A. Implement Work and Community Engagement Requirements

As directed by State legislation, and consistent with CMS's State Medicaid Director Letter (SMDL) encouraging Medicaid programs to test the interaction of community engagement and health and well-being,² the Commonwealth will implement the TEEOP under this 1115 Demonstration Extension. The

² Centers for Medicare and Medicaid Services State Medicaid Director Letter, "Opportunities to Promote Work and Community Engagement Among Medicaid Beneficiaries," January 11, 2018. Available at: <https://www.medicaid.gov/federal-policy-guidance/downloads/smd18002.pdf>.

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Commonwealth has designed a Virginia-specific initiative to promote work and community engagement with the goal of promoting health, wellness, and greater financial stability and self-sufficiency for Medicaid enrollees who are subject to TEEOP.

The Commonwealth will mitigate the administrative burden and cost of TEEOP through designing streamlined and automated processes for operationalizing program requirements. At the same time, the Commonwealth will ensure continuity of coverage and minimize confusion and complexity for enrollees by providing clear information on TEEOP requirements and an accessible process for demonstrating compliance with the new requirements, including multiple access points. The Commonwealth will design the TEEOP in a way that takes into account the availability of sustainable jobs and the barriers to employment, in many cases profound, faced by those Medicaid enrollees who are currently unemployed. Virginia will provide essential supports to enable enrollees to meet TEEOP requirements and fulfill the objectives of the program.

Populations Subject to TEEOP

Pursuant to the State legislation, the Commonwealth will make participation in TEEOP a condition of eligibility for all Medicaid enrollees between ages 19 and 64 with incomes up to 138 percent of the FPL who do not otherwise qualify for an exemption, as further defined below.

The Commonwealth estimates that roughly 120,000 enrollees will not be exempt and therefore will be subject to TEEOP when the work and community engagement requirements go into effect.³

Qualifying Activities

Qualifying work and community engagement activities include:

- Employment (unsubsidized or subsidized)
- Self-Employment
- Job skills/job readiness training or job search activities
- Participation in a state workforce program offered through Virginia Workforce Centers, One-Stops or other approved Virginia state agency (e.g., local departments of social services, Virginia Department of Social Services, Virginia Employment Commission (VEC), Virginia Department of Labor and Industry, Virginia Department for Aging and Rehabilitative Services (DARS), Virginia's Worker's Compensation Commission)
- Participation in a tribal workforce program
- Participation in Virginia's Agriculture and Foreign Labor or other migrant workforce program
- Education related to:
 - Employment
 - General education, including participation in a program of preparation for the General Education Development (GED) certification examination
 - Participation in chronic disease management classes (diabetes, asthma, etc.) or nutrition education classes
 - Participation in financial literacy, health literacy, or insurance literacy education classes
 - Participation in English as a Second Language (ESL) classes
- Vocational education, training, and apprenticeships

³ DMAS relied on estimates included in the fiscal impact review conducted by the Joint Legislative Audit and Review Commission. This estimate can be found at <http://lis.virginia.gov/cgi-bin/legp604.exe?181+oth+HB338JH1110+PDF>

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- Community work experience programs, community service or public service (excluding political activities) that can reasonably improve work readiness
- Caregiving services for a non-dependent relative or other person with a chronic, disabling health condition
- Any additional qualifying work or community engagement activities the Commonwealth determines will support the health of enrollees and achieve the objectives of the program

It is estimated that almost half (45%) of the estimated 120,000 enrollees subject to the TEEOP requirements are working more than 20 hours per week or enrolled in school and will already be in compliance with the work and community engagement requirements.⁴⁵

Hours Requirement

The work and community engagement hours requirement will begin at 20 hours per month for the first three months during which an enrollee is subject to the TEEOP and will gradually increase from there. After an enrollee is subject to the TEEOP for 12 months, the enrollee will be required to participate in 80 hours per month.

Table 1: TEEOP Required Participation Hours

Number of Months after Enrollment in TEEOP	Required Participation Hours
3 months after enrollment	20 hours per month
6 months after enrollment	40 hours per month
9 months after enrollment	60 hours per month
12 months after enrollment	80 hours per month

Participating in a designated state agency TEEOP education and training program through Virginia Workforce Centers, One-Stops, or other approved state agency programs shall be considered meeting the 80 hours per month requirement.

Standard Exemptions

Individuals who qualify for a standard exemption include enrollees who are:

- Children who are under age 19
- Full time, three-quarter time, and part-time students in post-secondary education, including community college courses leading to industry certifications or a STEM-H related degree or credential
- Individuals age 65 and older
- Individuals dually enrolled in Medicaid and Medicare
- Individuals who have blindness or who have a disability, including individuals who are:
 - Enrolled in a 1915(c) Waiver;
 - Defined under the Americans with Disability Act, Section 504 or Section 1557, who are unable to comply with the requirements due to disability-related reasons;
 - Supplemental Security Income (SSI) recipients;

⁴ DMAS relied on estimates included in the fiscal impact review conducted by the Joint Legislative Audit and Review Commission. This estimate can be found at <http://lis.virginia.gov/cgi-bin/legp604.exe?181+oth+HB338JH1110+PDF>

⁵ Others will likely also already meet the requirements of the TEEOP program but DMAS does not have the appropriate data to estimate these additional enrollees.

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- Social Security Disability Insurance (SSDI) recipients; or
- State-based disability program recipients
- Pregnant women and postpartum women up to six months after delivery
- Former foster care children under age 26
- Primary caregiver for a dependent child under age 19
- Primary caregiver for an adult dependent with a disability or a non-dependent relative with a disability
- Medically frail individuals
 - An individual who is medically frail or has special medical needs. Individuals with medical frailty or special medical needs include but are not limited to: individuals with disabling mental disorders, individuals with chronic SUD, individuals with serious and complex medical conditions, individuals with a physical, intellectual or developmental disability that significantly impairs their ability to perform one or more activities of daily living, individuals with a disability determination based on Social Security Criteria
 - Individuals found to be medically complex and enrolled in a Commonwealth Coordinated Care (CCC) Plus Medicaid managed care plan
 - Individuals participating in a SUD treatment program (receiving ARTS services) or a state-certified drug court program
 - Individuals with a SUD diagnosis
 - Individuals who are physically or mentally unable to work
 - Individuals with HIV/AIDS
 - Individuals who are chronically homeless (residing in a place not meant for human habitation, a shelter for homeless persons, a safe haven, or the streets)
 - Individuals who were incarcerated within the past 12 months
 - Other individuals whom DMAS has determined to be medically frail due to serious and complex medical conditions or special medical needs
 - Individuals receiving long-term services and supports
- Individuals fulfilling Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF) work program requirements
- Individuals with acute medical conditions that a medical professional validates would prevent compliance with work and community engagement requirements
- Individuals residing in institutions
- Individuals with a serious mental illness or disabling mental disorder
- Victims of domestic violence
- Any additional exemptions as the Commonwealth deems necessary to support the health of enrollees and achieve the objectives of the program

The specific length of time for which a standard exemption applies will depend on the exemption. Some standard exemptions may be permanent, including, for example, individuals with a disability. Other standard exemptions will be time-limited. Specific time periods for time-limited exemptions will be guided by and correspond with, where appropriate, industry standard, federal guidance (such as, for example, the Family and Medical Leave Act), and previously approved 1115 Demonstration Special Terms and Conditions.

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Hardship/Good Cause Exemptions

To address life circumstances that affect an individual's ability to engage in work and community engagement, the Commonwealth will exempt the following Medicaid enrollees. The duration of the exemption will be dependent on the individual's circumstances.

- Individuals who experience a hospitalization or serious illness or who reside with an immediate family member who experiences a hospitalization or serious illness
- Individuals who are temporarily incapacitated
- Birth or death of a household member
- Severe inclement weather
- Family emergency
- Change in family living circumstances (e.g., separation, divorce)
- Individuals living in geographic areas with high unemployment rates, as defined by the Commonwealth
- Individuals residing in geographic areas where Commonwealth workforce programs are unavailable or at full capacity
- Provider attestation of inability to engage in work and community engagement on a short-term basis
- Individuals displaced or significantly impacted by a natural or man-made disaster or catastrophic event

Determining Standard and Good Cause/Hardship Exemptions and Compliance with Work and Community Engagement Hours

The Commonwealth will use a variety of methods to identify standard and good cause/hardship exemptions as well as compliance with work and community engagement hours for those who are not exempt, using a multi-pronged process including but not limited to:

- Leveraging the Medicaid eligibility application process by adding voluntary questions as a supplement to the single streamlined application to help identify possible exemptions (e.g., whether the individual is currently enrolled in full or part-time education);
- Using available data (within DMAS and other state agencies) to identify individuals who should be exempt from or are already complying with work hours (e.g., exemption from or compliance with SNAP requirements, employment-based income that equates to required work hours assuming Virginia minimum wage, claims experience indicating medical frailty);
- Utilizing a screening tool to be administered by managed care plans, Commonwealth eligibility workers, and healthcare providers to identify individuals who are medically frail; and
- Accepting enrollee attestation and conducting integrity audits of attested exemptions through a sampling method.

The Commonwealth will implement a "no wrong door" policy, ensuring enrollees have multiple ways to report their compliance and attest to an exemption, including without limitation online, through the call center, by mail, and in person.

Notices

A description of the TEEOP and its work and community engagement requirements will be outlined in supplemental information provided to enrollees in the Medicaid application, redetermination, and change reporting processes. All Medicaid enrollees subject to the TEEOP will receive consumer notices at application and renewal that describe the program, qualifying work and community engagement activities, standard and good cause exemptions, required hours, compliance reporting processes, and

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who they can contact to have their questions answered. This information will also be available at county eligibility offices, online, and through the call center.

Assessment Process

For individuals who have not been identified as exempt or already meeting qualifying activities, the Commonwealth will provide information regarding TEEOP requirements including a notice that the individual must participate in an assessment to assist with meeting the requirements. The assessment, which will not require a face-to-face interview, will include a process to identify enrollees who need employment supports and connect them to needed services.

Penalties for Non-Compliance

Non-exempt enrollees who fail to comply with their work and community engagement requirements for three consecutive or non-consecutive months within a 12-month period will have their coverage suspended. Notices will be sent to enrollees providing information that their coverage will be suspended if they do not demonstrate compliance within 30 days of the date of notice. The notice will also include information on how to “cure” their non-compliance.

Prior to suspending an enrollee’s coverage, the Commonwealth will determine whether the enrollee is eligible for another Medicaid eligibility group or entitled to an exemption. The Commonwealth will notify individuals of their full appeal rights in accordance with 42 CFR Part 431 Subpart E upon suspension. The Commonwealth will maintain eligibility for enrollees who submit an appeal request or report a good cause exemption prior to disenrollment.

Reactivation of Coverage

Enrollees whose coverage is suspended as a result of non-compliance with work and community engagement requirements may have their coverage re-instated upon:

- The end of the 12-month period of an enrollee’s coverage year;
- Demonstrating compliance with work and community engagement requirements for one month;
- Qualifying for another Medicaid eligibility category not subject to work and community engagement requirements;
- Qualifying for a standard or hardship/good cause exemption; or
- Turning age 65.

Employment Supports for TEEOP Participants

Recognizing that Virginia’s Medicaid population faces unique employment, poverty, housing, and other important circumstances that interact with an individual’s health and well-being, the Commonwealth proposes a multi-pronged, comprehensive approach to meaningfully connect TEEOP participants to the supports necessary to be successful in meeting the new program requirements. The Commonwealth will seek to provide such supports to all individuals regardless of exemption, in recognition of TEEOP’s goal to promote stability and independence.

To implement TEEOP, the Commonwealth will seek administrative efficiencies across its successful systems administering employment and community engagement programs as part of SNAP, TANF, and the Workforce Innovation and Opportunity Act. The TEEOP will also build on Virginia’s existing workforce programs and will work with Virginia Workforce Centers and the VEC to extend available employment supports services to TEEOP participants.

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In order to ensure TEEOP enrollees have appropriate access to education, skill-building, and effective workforce services that will help them improve their success in the labor market and earn a living wage, the Commonwealth will submit to CMS for approval a targeted ABP State Plan Amendment (SPA) that will include employment supports to address barriers to meaningful community engagement and employment. Specifically, the Commonwealth will define habilitation benefits to include employment supports.⁶ Such supports will seek to address the needs of the TEEOP population and shall include:

- Education supports (e.g., subsidies for industry certification and licensure)
- Pre-vocational supports (e.g., activities targeted to preparing an individual for work, tickets to public transportation, gas cards for rural activities, and emergency funds for one-time incidences)
- Individual and small group employment supports (e.g., vocation and job training, financial literacy training, interview coaching, resume preparation, and career fairs)

To access these habilitative services, enrollees must complete a case management screening and assessment to determine the type and level of services they require. Individuals subject to work and community engagement requirements will be automatically referred to the screening and assessment process; those who are exempt from work and community engagement requirements will be counseled that they may “opt-in” and self-refer to the screening and assessment process.

These new employment supports will serve to meet the unique needs of the TEEOP population not covered under current state or federal programs due to eligibility, funding, or benefit limitations.

In addition, the Commonwealth will design a targeted case management benefit package for the TEEOP population under its Targeted Case Management State Plan authority. Under this Targeted Case Management State Plan, which is also to be pursued outside this waiver application, the Commonwealth will provide coordination, assessment, and referrals for employment and other supports to address social determinants of health.

B. Implement a Health and Wellness Program

The Commonwealth will implement a Health and Wellness Program to encourage certain newly eligible adults to take greater responsibility for their personal health and well-being while preparing for the financial requirements of ESI or other private health insurance coverage.

Premiums for Individuals with Income 100 to 138 percent of the FPL

The Commonwealth will require individuals, who are not otherwise exempt, to pay monthly premiums. Per the State Legislation, the Commonwealth will establish monthly premiums based on a sliding income scale.

Table 2: Sliding Scale Premium Amount for Enrollees with Incomes at or above 100 percent FPL

Monthly Income	Premium Amount
100-125 percent FPL	\$5 per month
126-138 percent FPL	\$10 per month

⁶ 42 CFR § 440.335; 78 Fed Reg. 42214-42215.

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Virginia will make Medicaid coverage effective on the first day of the month following receipt of the premium payment. Premiums may be paid directly by an enrollee or on behalf of an enrollee by a third party. In recognition of individuals who may be “un-banked,” the Commonwealth will accept payment through a variety of payment mechanisms (e.g., acceptance of a pre-payment option or money order).

Healthy Behavior Incentives

Individuals who are subject to premiums and who complete at least one healthy behavior during the coverage year will have their premiums reduced by 50 percent in the following coverage year. Examples of healthy behaviors may include, but are not limited to: an annual wellness exam (may include immunizations and screening during visit), mammograms, pap smears/cervical cancer screenings, colon cancer screenings, flu vaccinations, nutrition counseling, tobacco cessation counseling or medications, and SUD treatment.

Notices

All Medicaid enrollees with income 100 to 138 percent of the FPL will receive consumer notices at application and renewal that describe the monthly premium requirements, co-payments for non-emergent use of the ED, HWAs, standard and hardship/good cause exemptions, consequences for non-compliance, and who enrollees can contact to have their questions answered. Information will also be available at county eligibility offices, online, and through the call center.

Premium Exemptions

In addition to individuals who are exempt from premiums under federal statute, the same categories of individuals that qualify for a TEEOP exemption will be exempt from a premium obligation. The Commonwealth estimates 42,000 enrollees will not be exempt and will therefore be subject to premium requirements.⁷

Consequences for Unpaid Premiums

Enrollees will have their coverage suspended if they fail to pay their premiums after a three-month grace period. Coverage will be reactivated at any time after making one premium payment, meeting an exemption, or reporting a change in circumstances that reduces family income to less than 100 percent of the FPL. Virginia will make Medicaid coverage effective on the first day of the month following receipt of the premium payment. The waiting period is the time between when an individual’s coverage is suspended and when an individual pays the one premium payment to have their coverage re-instated.

The waiting period could be one or more months.

The Commonwealth will recover owed premium payments through debt set-off collections. Individuals are not required to pay the full amount of premiums owed prior to having their coverage reactivated.

Co-Payments for Non-Emergent Use of the ED

To promote accountability related to the utilization of healthcare services, individuals with income 100 to 138 percent of the FPL will be required to pay a \$5 co-payment for each non-emergent or avoidable ED visit. Because this co-payment amount meets federal statutory requirements, the Commonwealth

⁷ DMAS relied on estimates that 35% of Medicaid expansion enrollees will be between 100 and 138 percent of the federal poverty level as well estimates included in the fiscal impact review conducted by the Joint Legislative Audit and Review Commission. This estimate can be found at <http://lis.virginia.gov/cgi-bin/legp604.exe?181+oth+HB3338JH1110+PDF>.

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does not require demonstration authority. The same categories of individuals who qualify for a TEEOP exemption will be exempt from a co-payment for non-emergent use of the ED.

Co-payments for non-emergent use of the ED will not be charged at the point of service but rather will be deducted from the individual's HWA as described in further detail below.

Premium and Co-Payment Cap

Per federal requirements, individuals shall not be required to pay more than 5 percent of their aggregate household income in premiums and co-payments.

HWAs and Health Rewards

The Commonwealth will develop HWAs, funded through enrollee contributions and State funds, to the extent that the State Legislature appropriates State funds for this purpose, to incentivize healthy behaviors and promote personal responsibility. Enrollees will be required to pay monthly contributions (in the form of premiums) to a HWA. These payments will constitute a fulfillment of the HWA deductible obligation.⁸ Enrollees with incomes between 100 and 125 percent of the FPL are required to meet a \$50 deductible obligation while enrollees with income between 126 and 138 percent of the FPL must meet a \$100 deductible obligation.

Enrollees who meet their deductible obligation *and* engage in at least one healthy behavior (discussed above) will receive a rebate from their HWA. Specifically, enrollees who meet their deductible and healthy behavior obligation will be eligible to withdraw funds from their HWA up to the full balance (i.e. at least \$50 for an enrollee with income between 100 and 125 percent of the FPL or at least \$100 for an enrollee with income between 126 and 138 percent of the FPL based on their respective \$5 and \$10 monthly premiums). The withdrawal will be distributed in the form of a limited-use Health Rewards gift card distributed at the start of the following coverage year. Individuals may use the Health Rewards gift card to pay for non-covered medical or other health-related services (e.g. eyeglasses or vitamins).

Enrollees who meet their deductible obligation but do not engage in a healthy behavior will not be eligible for a Health Reward; however, their HWA accrued funds will roll over to the next coverage year, at which time the enrollee will be eligible for a Health Reward (provided they meet deductible and healthy behavior obligation.)

Enrollees who do not meet their deductible obligation and do not participate in a healthy behavior will forfeit any accrued HWA funds (i.e. they are not eligible for Health Rewards or HWA fund rollover). Individuals are entitled to receive a full rebate of their HWA balance if their income falls below 100 percent FPL or they become ineligible for Medicaid (e.g., income increases above 138 percent FPL, individual moves out of state, or doesn't renew coverage). Co-payments for non-emergent use of the ED will not be charged at the point of service. Instead, any incurred co-payments for non-emergency use of the ED will be deducted from the enrollees' HWA funds.⁹

Individuals will receive quarterly statements regarding their HWA.

⁸ Note: This differs from commercial insurance where deductibles are met through payment of medical costs after payment of the premium.

⁹ The amount of the Health Rewards gift card will reflect a deduction of any incurred co-payments for non-emergent use of the ED based on ICD-10 codes billed for non-emergent conditions that do not require treatment in the ED.

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C. Provide Housing and Employment Supports Benefit for High-Need Enrollees

The Commonwealth will offer a housing and employment supports benefit to a targeted group of high-need Medicaid enrollees. Housing instability often co-occurs with, and increases risk of, complex behavioral and physical health problems. Homeless individuals are less likely than others to have a usual source of care and are more likely to delay needed medical care and use the ED.¹⁰ Unemployment is also linked to poor physical and mental health outcomes.¹¹ As such, the Commonwealth will provide certain eligible, high-need Medicaid enrollees the supports necessary to obtain and maintain employment and stable housing, thereby improving enrollees' quality of life and health outcomes.

To implement the housing supports benefit, the Commonwealth will build on the existing supportive housing programs established by the Virginia Department of Behavioral Health and Developmental Services (DBHDS), the Virginia Department of Housing and Community Development, and the Virginia Housing Development Authority. Similarly, to implement the employment supports benefit, the Commonwealth will build on the existing supportive employment programs established by the Virginia Workforce Centers, the VEC, and the DARS.

The housing and employment supports benefit includes Home and Community-Based Services (HCBS) that would otherwise be allowable under Section 1915(i) SPA authority. Through this 1115 Waiver Extension, the Commonwealth is seeking 1115 Demonstration authority to impose an enrollment cap that will be based on available state funding which has not yet been appropriated¹², limit the benefit geographically by phasing in the benefit by region, restrict the benefit to the managed care delivery system and limit the providers, such as public and non-profit providers, who are authorized to deliver.

The Commonwealth developed needs-based criteria and a set of required risk factors, specified below, to target the housing and employment supports benefit to Medicaid enrollees who are most likely to benefit from these services.

High-Needs Target Criteria for Housing Supports Benefit

Eligibility for housing supports services is available to Medicaid enrollees ages 18 or older who meet the following needs-based criteria and risk factors:

Needs-Based Criteria

Individual meets at least one of the following health needs-based criteria and is expected to benefit from housing supports:

1. Individual has a behavioral health need, which is defined as one or more of the following criteria:
 - a. SMI, as defined by at least one of the following ICD-10 diagnosis codes:
 - i. Schizophrenia (F20)

¹⁰ Schanzer, B., Dominguez, B., Shrout, P. E., & Caton, C. L. M. (2007). Homelessness, Health Status, and Health Care Use. *American Journal of Public Health*, 97(3), 464–469. Available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1805022/>.

¹¹ Olesen, S., Butterworth, P., Leach, L., Kelaher, M., & Prikis, J. (2013) Mental Health Affects Future Employment as Job Loss Affects Mental Health: Findings from a Longitudinal Population Study. *BMC Psychiatry*, 13. Available at <https://bmcp psychiatry.biomedcentral.com/articles/10.1186/1471-244X-13-144>.

¹² While the majority of program costs are likely to be covered by the coverage assessment, appropriation of state funds may be necessary to cover the benefits for the previously-eligible adult population.

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- ii. Delusional Disorder (F22)
 - iii. Brief Psychotic Disorder (F23)
 - iv. Schizoaffective disorders (F28)
 - v. Unspecified psychosis not due to a substance or known physiological condition (F29)
 - vi. Manic episode (F30.1-.4)
 - vii. Bipolar disorder (F31)
 - viii. Major depressive disorder, single episode (F32.0-.5, .9)
 - ix. Major depressive disorder, recurrent (F33.0-.4, .9)
 - x. Agoraphobia with and without panic disorder (F40.01-.02);
 - xi. Panic disorder (F41.0)
 - xii. Obsessive-compulsive disorder (F42.2, .8, .9)
 - xiii. Post-traumatic stress disorder (F43.1)
 - xiv. Eating disorder (F50.0-.02)
- b. SUD, which means a substance-related addictive disorder, as defined in the DSM-V, (with the exception of Tobacco-Related Disorders and Non-Substance-Related Disorders) marked by a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues to use, is seeking treatment for the use of, or is in active recovery from use of alcohol or other drugs despite significant related problems

OR

2. Individual has a serious and complex medical condition

AND

Risk Factors

Individual has at least one or more of the following risk factors:

1. Chronic homelessness (residing in a place not meant for human habitation, a shelter for homeless persons, a safe haven, or the streets)
2. History of frequent or lengthy stays in an institutional setting, institution-like setting, assisted living facility, or residential setting
3. Frequent ED visits or hospitalizations
4. History of involvement with the criminal justice system
5. Frequent turnover or loss of housing as a result of behavioral health symptoms

Housing Supports Services

Housing supports services are determined to be necessary for an individual to obtain and reside in an independent community setting and are tailored to the goal of maintaining an individual's personal health and welfare in a home and community-based setting. Housing supports services may include one or more of the following components:

Individual Housing Transition Services, inclusive of Community Transition Services

1. Conducting a functional needs assessment identifying the individual's preferences related to housing
2. Assisting in budgeting for housing/living expenses
3. Assisting with completion of applications for housing
4. Assisting individuals with finding and applying for housing necessary to support the individual in meeting their medical or behavioral healthcare needs

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5. Developing an individualized community integration plan addressing goals and barriers-and an individualized housing support plan
6. Identifying and establishing short and long-term measurable goal(s), and establishing how goals will be achieved and how barriers will be addressed
7. Providing supports and interventions per the individualized services plan
8. Assisting with identifying resources to secure housing
9. Ensuring the living environment is safe and accessible for move-in
10. Assisting in arranging for and supporting the details and activities of the move-in
11. Providing community transition services for individuals who are transitioning from an institutional or another provider-operated living arrangement to a living arrangement in a private residence where the person is directly responsible for his or her own living expenses; services/expense necessary to establish a basic household

Individual Housing and Tenancy Sustaining Services

1. Coordination with the tenant to review, update and modify their individualized housing support plan on a regular basis to reflect current needs and preferences and address existing or recurring housing retention barriers
2. Support in planning, participating in, and updating the individualized services plan at redetermination and/or revision plan meetings
3. Coordinating with and linking the recipient to services
4. Monitoring and follow-up to ensure that linkages are established and services are addressing community integration needs
5. Entitlement assistance
6. Assistance with securing supports to preserve the most independent living
7. Providing supports to assist the individual in the development of independent living skills
8. Providing supports to assist the individual in communicating with the landlord and/or property manager
9. Education and training on the role, rights, and responsibilities of the tenant and landlord
10. Connecting the individual to training and resources and continued training that will assist the individual in being a good tenant and lease compliant
11. Advocating on behalf of and linking the tenant to community resources to prevent eviction
12. Providing early identification and intervention for actions or behaviors that may jeopardize housing

Services not Included in the Housing Supports Benefit

1. Payment of rent or other room and board costs
2. Capital costs related to the development or modification of housing
3. Expenses for utilities or other regular occurring bills
4. Goods or services intended for leisure or recreation
5. Duplicative services from other state or federal programs
6. Services to individuals in a correctional institution or an Institution of Mental Disease (IMD) (other than services that meet the exception to the IMD exclusion)

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High-Needs Target Criteria for Employment Supports Benefit

Eligibility for employment supports services is available to Medicaid enrollees ages 18 or older who meet the following needs-based criteria and risk factors:

Needs-Based Criteria

DMAS will apply the same needs-based criteria for the employment supports benefit as required for the housing supports benefit, as described above.

AND

Risk Factors

Individual has at least one or more of the following risk factors:

1. Unable to be gainfully employed for at least 90 consecutive days due to a mental or physical impairment
2. An inability to obtain or maintain employment resulting from age, physical/sensory disability, or moderate to severe brain injury
3. More than one instance of inpatient or outpatient SUD in the past two years
4. At risk of deterioration of mental illness and/or SUD, including one or more of the following:
 - a. Persistent or chronic risk factors such as social isolation due to a lack of family or social supports, poverty, criminal justice involvement, or homelessness
 - b. Care for mental illness and/or SUD requires multiple provider types, including behavioral health, primary care, long-term services and supports, and/or other supportive services
 - c. Past psychiatric history, with no significant functional improvement that can be maintained without treatment and/or supports
 - d. Dysfunction in role performance, including one or more of the following:
 - i. Behaviors that disrupt employment or schooling, or put employment at risk of termination or schooling suspension
 - ii. A history of multiple terminations from work or suspensions/expulsions from school
 - iii. Cannot succeed in a structured work or school setting without additional support or accommodations
 - iv. Performance significantly below expectation for cognitive/developmental level

Employment Supports Services

Employment support services are determined to be necessary for an individual to obtain and maintain employment in the community. Employment support services will be individualized and may include one or more of the following components:

Educational Services

1. Subsidies for industry certification
2. Subsidies for industry licensure

Pre-Employment Services

1. Pre-vocational/job-related discovery or assessment
2. Person-centered employment planning
3. Individualized job development and placement
4. Job carving

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5. Benefits education and planning
6. Transportation (only in conjunction with the delivery of an authorized pre-employment supports service)

Employment Sustaining Services

1. Career advancement services
2. Negotiation with employers
3. Job analysis
4. Job coaching
5. Benefits education and planning
6. Transportation (only in conjunction with the delivery of an authorized employment supports service)
7. Asset development
8. Follow-along supports

Services not Included in the Employment Supports Benefit

1. Generalized employer contacts that are not connected to a specific enrolled individual or an authorized service
2. Employment support for individuals in sub-minimum wage, or sheltered workshop settings
3. Facility-based habilitation or personal care services
4. Wage or wage enhancements for individuals
5. Duplicative services from other state or federal programs

Section III. Implementation of Extension

Specific implementation target dates depend on policy negotiations with and waiver approval by CMS. It is the intention of the Commonwealth that implementation of TEEOP and the Health and Wellness Program will begin in demonstration year 1 with enforcement in demonstration year 2 and that implementation of the housing and employment supports program for high-need enrollees will begin in demonstration year 2.

New programs included under this wavier application require large and complex business processes development, infrastructure planning and deployment, and systems acquisitions and builds. The Commonwealth is also concerned with reporting from states with similar requirements that suggests loss of coverage may result from inadequate systems or a lack of information regarding work/community engagement and/or premium requirements rather than a failure to comply. The Commonwealth is committed to meaningfully connect the Medicaid population to the supports necessary to be successful in meeting the new program requirements. As such, the Commonwealth proposes to implement program components as business processes, and systems builds come on line rather than waiting for all components to be ready. Such an implementation approach will promote continuity of coverage, minimize confusion and complexity for enrollees, and ensure the supports necessary to achieve the goals of the Demonstration are in place.

Section IV. Requested Waivers and Expenditure Authorities

A list and programmatic description of the waivers and expenditure authorities that are being requested for the extension period, or a statement that the State is requesting the same waiver and expenditure authorities as those approved in the current demonstration.

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Table 3: Virginia Waiver and Expenditure Authority Requests

Waiver/ Expenditure Authority	Use for Waiver/Expenditure Authority	Currently Approved Waiver Request?
§1902(a)(8) and §1902(a)(10) Provision of Medical Assistance and Eligibility	To suspend eligibility for enrollees who fail to comply with work and community engagement requirements unless the enrollee is exempt; and to limit the state plan group coverage to former foster care youth who were in Medicaid and foster care in a different state	No
§1902(a)(17) Comparability	To apply premiums, require participation in HWAs, pay rewards through the HWA, and apply non-emergent use of the ED co-payments only for individuals with income between 100-138 percent FPL	No
§1902(a)(14) Premiums	To impose monthly premiums on individuals with income 100-138 percent of the FPL	No
§1902(a)(8) Reasonable Promptness	To waive the reasonable promptness requirement and suspend coverage for non-payment of premiums and limit the number of high-needs individuals who receive employment and housing supports	No
§1902(a)(23)(A) Freedom of Choice	To restrict the housing and employment support benefit to the managed care delivery system and to limit the providers who are authorized to deliver the benefits	No
§1902(a)(1) Statewideness	To restrict the provision of housing and employment supports to high-risk enrollees to certain geographic regions	No
Expenditures related to ARTS	Expenditures not otherwise eligible for federal financial participation may be claimed for otherwise covered services furnished to otherwise eligible individuals (eligible under the State Plan or Former Foster Care Youth components of this demonstration), including services for individuals who are short-term residents in facilities that meet the definition of an IMD for the treatment of SUD and withdrawal management	Yes

Section V. Summaries of External Quality Review Organization (EQRO) Reports, Managed Care Organization (MCO) and State Quality Assurance Monitoring

Summaries of External Quality Review Organization (EQRO) reports, managed care organization (MCO) and State quality assurance monitoring, and any other documentation of the quality of and access to care provided under the demonstration, such as the CMS Form 416 EPSDT/CHIP report.

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Please see “The Virginia Governor’s Access Plan (GAP), Addiction, and Recovery Treatment Services (ARTS) and Former Foster Care Youth (FFCY) Delivery System Transformation Section 1115 Annual Report 2017¹³” attached to this application. The EQRO reports for the MCOs are not specific to ARTS.

Section VI. Financial Data

CMS requires that all 1115 Demonstration applications demonstrate budget neutrality. With the exception of an extension of the ARTS delivery system transformation, the Commonwealth is not seeking expenditure authority for this demonstration extension’s new programs.¹⁴

This application presents information on projected expenditures and enrollment as required by CMS.

Table 4: Historical Enrollment and Expenditures for Former Foster Care Youth (FFCY) from Another State

	CY2017	CY2018
Member Months	813	*
Total Expenditures	\$393,551	*
Per Member Per Month (PMPM)	\$484	*

Table 5: Projected Enrollment and Expenditures of FFCY from Another State in the 1115 Demonstration Extension

	DY 1	DY2	DY3	DY4	DY5
Member Months	812	820	828	836	844
Total Expenditures	\$522,222	\$553,738	\$587,093	\$622,404	\$659,778
Per Member Per Month (PMPM)	\$643	\$675	\$709	\$745	\$782

¹³ Virginia Department of Medical Assistance Services, “The Virginia Governor’s Access Plan (GAP), Addiction, and Recovery Treatment Services (ARTS) and Former Foster Care Youth (FFCY) Delivery System Transformation: Section 1115 Annual Report 2017” (2017). Available at <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/va/Governors-Access-Plan-GAP/va-gov-access-plan-annl-rpt-2017.pdf>.

¹⁴ DMAS notes that because the Commonwealth will expand eligibility to the new adult group beginning January 1, 2019, a budget neutrality test is no longer needed for the demonstration authority to provide coverage for former foster care youth who were in foster care under the responsibility of other states and have income higher than 133 percent of the FPL. See: CMCS Informational Bulletin. Available at <https://www.medicaid.gov/federal-policy-guidance/downloads/cib112116.pdf>.

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Table 6: ARTS Program Without Waiver Estimates

Non-Expansion Adults					
	DY 01	DY 02	DY 03	DY 04	DY 05
Member Months	4,246	4,611	5,008	5,439	5,907
Per Member Per Month (PMPM)	\$4,606.35	\$4,836.67	\$5,078.50	\$5,332.43	\$5,599.05
Total Expenditures	\$19,558,562	\$22,301,885	\$25,433,128	\$29,003,087	\$33,073,588
Expansion Adults					
	DY 01	DY 02	DY 03	DY 04	DY 05
Member Months	5,748	6,392	7,108	7,904	8,789
PMPM	\$4,606.35	\$4,836.67	\$5,078.50	\$5,332.43	\$5,599.05
Total Expenditures	\$26,477,300	\$30,915,995	\$36,097,978	\$42,147,527	\$49,210,050

Table 7: ARTS Program With Waiver Estimates

Non-Expansion Adults					
	DY 01	DY 02	DY 03	DY 04	DY 05
Member Months	4,246	4,611	5,008	5,439	5,907
PMPM	\$4,606.35	\$4,836.67	\$5,078.50	\$5,332.43	\$5,599.05
Total Expenditures	\$19,558,562	\$22,301,885	\$25,433,128	\$29,003,087	\$33,073,588
Expansion Adults					
	DY 01	DY 02	DY 03	DY 04	DY 05
Member Months	5,748	6,392	7,108	7,904	8,789
PMPM	\$4,606.35	\$4,836.67	\$5,078.50	\$5,332.43	\$5,599.05
Total Expenditures	\$26,477,300	\$30,915,995	\$36,097,978	\$42,147,527	\$49,210,050

Tables 8 and 9 present Medicaid cost and coverage estimates for non-expansion and expansion adults with and without the new features of the waiver. To do so, DMAS estimated the impact of key features of the waiver for each eligibility group. It is important to note that benefit spending discussed in this waiver (e.g., housing and employment support benefits) are not included in these budget neutrality estimates because this waiver does not seek a waiver of expenditure authority to pursue these benefits.

The Commonwealth notes that these estimates are highly dependent on the assumptions utilized in this analysis for three main reasons. First, as discussed above, the 2018 Appropriations Act authorized DMAS to amend Virginia’s Medicaid State Plan to expand coverage to newly eligible non-disabled, non-pregnant adults ages 19 to 64 with income up to 138 percent of the FPL, effective on January 1, 2019. As such, the Commonwealth does not yet have historical experience with the vast majority of the populations for which the new features of the demonstration will apply. Any estimates of the new demonstration features on the new adult population represent a hypothetical population.¹⁵

Second, DMAS does not have experience with the policies set forth in the Health and Wellness Program or the TEEOP. To produce the projected expenditures and enrollment, DMAS relied on the limited experiences from other states with respect to provisions of the Health and Wellness Program¹⁶ and the

¹⁵ DMAS relied on the budgetary estimates included in HB 5002.

¹⁶ The Indiana Family and Social Services Administration. (2016). Healthy Indiana Plan Demonstration. Section 1115 Quarterly Report. Available at <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By->

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Commonwealth’s budgetary fiscal impact statements with respect to the TEEOP.¹⁷ In both cases, the implementation of this demonstration will differ in important ways that are likely to affect actual experience under this demonstration. Differences between the projections and actual amounts depend on the extent to which future experience conforms to the assumptions made in this analysis.

Third, DMAS is limited in its current access to information regarding some of the eligibility criteria for new programs and exemptions that will be allowed under the demonstration.

The Commonwealth will work with all individuals who are not otherwise determined to be exempt or already meeting the work and community engagement and/or Health and Wellness Program requirements to ensure they have the education, notifications, tools, and supports they need to meet the requirements. We do, however, estimate a decrease in Medicaid coverage for the populations subject to the new requirements. Such coverage loss could occur for a number of reasons including that an individual does not comply with the requirements or gains alternative coverage (e.g., employer coverage or other private coverage).¹⁸

Table 8: New Demonstration Features Without Waiver Estimates

Non-Expansion Adults					
	DY 01	DY 02	DY 03	DY 04	DY 05
Member Months	1,412,075	1,426,196	1,440,458	1,454,863	1,469,412
PMPM	\$672.00	\$705.60	\$740.88	\$777.92	\$816.82
Total Expenditures	\$948,914,400	\$1,006,323,898	\$1,067,206,523	\$1,131,772,844	\$1,200,245,404

Expansion Adults					
	DY 01	DY 02	DY 03	DY 04	DY 05
Member Months	2,588,230	3,628,410	3,654,127	3,672,440	3,690,844
PMPM	\$630.26	\$649.17	\$668.64	\$688.70	\$709.36
Total Expenditures	\$1,631,257,871	\$2,355,447,105	\$2,443,305,983	\$2,529,217,064	\$2,618,148,935

Table 9: New Demonstration Features With Waiver Estimates

Non-Expansion Adults					
	DY 01	DY 02	DY 03	DY 04	DY 05
Member Months	1,412,075	1,412,414	1,426,538	1,440,804	1,455,212
PMPM	\$672.00	\$705.60	\$740.88	\$777.92	\$816.82
Total Expenditures	\$948,914,400	\$996,599,318	\$1,056,839,473	\$1,120,836,011	\$1,188,646,557

[Topics/Waivers/1115/downloads/in/Healthy-Indiana-Plan-2/in-healthy-indiana-plan-support-20-qtrly-rpt-aug-oct-12302016.pdf](https://www.dmas.virginia.gov/Topics/Waivers/1115/downloads/in/Healthy-Indiana-Plan-2/in-healthy-indiana-plan-support-20-qtrly-rpt-aug-oct-12302016.pdf).

¹⁷ Virginia General Assembly. (2018). HB 338 Medicaid; Training, Education, Employment, and Opportunity Program for Able-Bodied Adult Recipients. Available at <http://lis.virginia.gov/cgi-bin/legp604.exe?181+oth+HB338IMP>.

¹⁸ The Commonwealth estimates that roughly 120,000 enrollees will not be exempt and therefore subject to TEEOP when Medicaid eligibility is conditioned upon the fulfillment of work and community engagement requirements. It is estimated that almost half of these 120,000 enrollees are working more than 20 hours per week or enrolled in school and will already be in compliance with the work and community engagement requirements. Roughly 18 percent of individuals subject to TEEOP are estimated to lose Medicaid coverage. Available at <http://lis.virginia.gov/cgi-bin/legp604.exe?181+oth+HB338IMP>.

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Expansion Adults	DY 01	DY 02	DY 03	DY 04	DY 05
Member Months	2,588,230	3,320,412	3,343,946	3,360,704	3,377,546
PMPM	\$630.26	\$649.17	\$668.64	\$688.70	\$709.36
Total Expenditures	\$1,631,257,871	\$2,155,504,386	\$2,235,905,341	\$2,314,523,839	\$2,395,906,706

Section VII. Evaluation

A summary of evaluation activities and findings to date for the GAP and ARTS demonstrations is attached to this application as “The Virginia Governor’s Access Plan (GAP), Addiction, and Recovery Treatment Services (ARTS) and Former Foster Care Youth (FFCY) Delivery System Transformation Section 1115 Annual Report 2017.”¹⁹ The one-year evaluation of the ARTS program conducted by the independent evaluator, Virginia Commonwealth University, is attached to this application as “Addiction and Recovery Treatment Services: Access and Utilization during the First Year (April 2017 – March 2018).”²⁰

The Commonwealth intends to continue all evaluation activities related to the ARTS program consistent with its existing, approved evaluation plan.

Additional evaluation hypotheses for the new demonstration features are included in the table below.

Table 10: Evaluation Hypotheses under Consideration

Hypothesis	Evaluation Approach	Data Sources
Work and Community Engagement		
Members enrolled in the demonstration will secure sustained employment.	Analyze Medicaid employment outcomes	<ul style="list-style-type: none"> • Eligibility and enrollment data • Evaluation survey data • Other Commonwealth administrative data sources (e.g. Virginia Longitudinal Data Set, workforce, wage, and employment)
The demonstration’s work and community engagement requirements will not cause	Analyze coverage outcomes	<ul style="list-style-type: none"> • Eligibility and enrollment data

¹⁹ Virginia Department of Medical Assistance Services, “The Virginia Governor’s Access Plan (GAP), Addiction, and Recovery Treatment Services (ARTS) and Former Foster Care Youth (FFCY) Delivery System Transformation: Section 1115 Annual Report 2017” (2017). Available at <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/va/Governors-Access-Plan-GAP/va-gov-access-plan-annl-rpt-2017.pdf>.

²⁰ Virginia Commonwealth University. (2018). Addiction and Recovery Treatment Services: Access and Utilization during the First Year (April 2017 – March 2018). Available at [http://www.dmas.virginia.gov/files/links/1625/ARTS%20one-year%20report%20\(08.09.2018\).pdf](http://www.dmas.virginia.gov/files/links/1625/ARTS%20one-year%20report%20(08.09.2018).pdf).

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Hypothesis	Evaluation Approach	Data Sources
individuals to lose Medicaid coverage unless the loss is related to obtaining employer sponsored or other commercial health insurance coverage.		<ul style="list-style-type: none"> • State and national survey data
The demonstration’s work and community engagement requirements will not deter eligible individuals from applying for or renewing Medicaid coverage.	Analyze coverage trends pre/post implementation	<ul style="list-style-type: none"> • State and national survey data • Eligibility and enrollment data • Evaluation survey data
Participation in the demonstration’s work and community engagement requirements will improve enrollee health and well-being.	Analyze member utilization, diagnoses, and self-reported health	<ul style="list-style-type: none"> • Utilization and diagnoses data • Evaluation survey data • Health outcomes data
Premiums for Individuals with Income 100-138 Percent of the FPL		
Conditioning coverage on payment of premiums will promote continuous coverage and continuity of care.	Analyze coverage gaps and utilization trends	<ul style="list-style-type: none"> • Eligibility and enrollment data • Evaluation survey data
Premiums will not deter eligible individuals from applying for, enrolling in or renewing Medicaid coverage.	Analyze coverage trends within and inside/outside Medicaid	<ul style="list-style-type: none"> • State and national survey data • Eligibility and enrollment data
Housing and Employment Supports for High-Need Populations		
Participation in housing and employment supports will improve enrollee housing and employment stability and health and well-being	Analyze employment, housing, and health trends in the high-needs populations	<ul style="list-style-type: none"> • Eligibility and enrollment data • Utilization and diagnoses data • Other Commonwealth administrative data sources
Former Foster Care Children		
Provision of coverage to former foster care youth will increase and strengthen overall coverage and improve health outcomes	Analyze enrollment trends and utilization of medical services, including emergency services and treatments for chronic	<ul style="list-style-type: none"> • Eligibility and enrollment data • Utilization and diagnosis data

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Hypothesis	Evaluation Approach	Data Sources
	conditions, such as asthma	
ARTS Program		
The demonstration will improve quality of care and population health outcomes for the Medicaid population with a SUD.	Analyze quality and population health outcomes and utilization and cost trends	<ul style="list-style-type: none"> Utilization and diagnoses data Health outcomes data from MCOs Vital statistics data from Department of Health
Medicaid members' access to and utilization of community-based and outpatient ARTS services including Medication Assisted Treatment (MAT) will increase.	Analyze member utilization	<ul style="list-style-type: none"> Utilization and diagnoses data
Medicaid members with a SUD will experience a decrease in utilization of high-cost ED and hospital services.	Analyze member utilization and costs	<ul style="list-style-type: none"> Utilization and cost data
The demonstration will improve care coordination and care transitions for Medicaid members with a SUD.	Analyze member and provider experience and utilization of care coordination and case management service	<ul style="list-style-type: none"> Qualitative data from interviews with providers Member satisfaction surveys
The demonstration will increase the number and type of healthcare clinicians, including buprenorphine-waivered practitioners providing ARTS services, including MAT, to Medicaid members with a SUD.	Analyze provider networks	<ul style="list-style-type: none"> Provider network data from MCOs Provider billing data
The demonstration will improve outcomes for Medicaid-covered pregnant women with a SUD and Substance-Exposed Infants, including those with Neonatal Abstinence Syndrome.	Analyze member quality outcomes and utilization	<ul style="list-style-type: none"> Utilization and diagnoses data Health outcomes data from MCOs Vital statistics data from Department of Health

Upon approval of this extension, the Commonwealth will work with CMS to develop an evaluation design plan consistent with the STCs and CMS policy.

Section VIII. Compliance with Public Notice Process

Upon completion of the public comment period, the State will submit documentation of the State's compliance with the public notice process set forth in 42 CFR §431.408, including the post-award public input process described in §431.420(c), with a report of the issues raised by the public during the

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comment period and how the State considered the comments when developing the demonstration extension application.

1) Start and end dates of the state's public comment period.

The Commonwealth's comment period was from September 20, 2018 to October 20, 2018.

2) Certification that the state provided public notice of the application, along with a link to the state's web site and a notice in the state's Administrative Record or newspaper of widest circulation 30 days prior to submitting the application to CMS.

The Commonwealth certifies that it provided public notice of the application on the Commonwealth's Medicaid website (<http://www.dmas.virginia.gov/#/1115waiver>) beginning on September 20, 2018. The notice was updated on October 6, 2018 to inform the public of an additional public hearing in Arlington, Virginia; the hearing was added in response to requests from the public for the Commonwealth to hold a Northern Virginia public hearing closer in proximity to the D.C. metro area. The website was updated a second time on October 11, 2018 to provide notice that the Virginia Beach, Virginia public hearing was cancelled due to risk of hazardous weather conditions. The full public notice is included in Section IX of this Demonstration extension request

The Commonwealth also certifies that it provided notice of the application on the Virginia Regulatory Town Hall website (<http://townhall.virginia.gov/L/ViewNotice.cfm?gnid=894>) – the State's Administrative Record – on September 20, 2018. A copy of the notice that appeared on Virginia's Regulatory Town Hall website is included in Appendix B.

3) Certification that the state convened at least 2 public hearings, of which 1 hearing included teleconferencing and/or web capability, 20 days prior to submitting the application to CMS, including dates and a brief description of the hearings conducted.

The Commonwealth certifies that it convened four public hearings at least twenty days prior to submitting the Demonstration application to CMS. Specifically, Virginia held the following hearings:

- *Richmond – September 25, 2018, from 10:00 AM-12:00 PM.* Dr. Jennifer Lee, Virginia's Medicaid Director, provided an overview of the Demonstration extension application during the Board of Medical Assistance Services public meeting. Individuals could also access this public hearing by teleconference and webinar.
- *Roanoke – October 3, 2018, from 3:30-5:00 PM.* Dr. Lee, Virginia's Medicaid Director, provided an overview of the Demonstration extension application.
- *Great Falls – October 9, 2018, from 3:30 -5:00 PM.* Dr. Lee, Virginia's Medicaid Director, provided an overview of the Demonstration extension application.
- *Arlington – October 15, 2018, from 3:30 -5:00 PM.* Dr. Lee, Virginia's Medicaid Director, provided an overview of the Demonstration extension application.

In addition, all public hearings were transcribed.

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4) Certification that the state used an electronic mailing list or similar mechanism to notify the public.

The Commonwealth certifies that it used electronic mailing lists to provide notice of the application to the public. Specifically, the Commonwealth provided notice through a legislative contact email list of key stakeholders and the Virginia Regulatory Town Hall email listserv, which includes payers, providers, and advocates. Emails sent to these mailing lists are included in Appendix B.

5) Comments received by the state during the 30-day public notice period.

The Commonwealth received 1,832 comments during the public notice period. 1,813 public comments were received by mail and email. In addition, 19 people provided comments during Virginia's four public hearings. All comments are included Appendix D.

The overwhelming majority of commenters stated their opposition to the COMPASS Demonstration work and community engagement requirements and the premiums and non-emergent use of the ED co-payments. Commenters expressed their concern about the likelihood of coverage loss and increased uninsured rate due to reporting barriers and non-compliance with these program features. Commenters also expressed concern about the administrative burden on the Commonwealth of implementing the requirements and on enrollees of complying with the requirements.

Commenters expressed concern that the work and community engagement requirements will negatively impact access to care, particularly for those with chronic and complex health conditions. Commenters further stated that loss of coverage and resulting gaps in care for enrollees could lead to barriers to accessing medically-necessary medications and treatments as well as critical preventive care. Commenters additionally raised concerns that the premiums could place significant financial burden on low-income individuals.

Commenters asked a variety of clarifying questions about standard and hardship/good cause exemptions, qualifying activities, and operationalizing program features. Several commenters offered recommendations for how to implement the Health and Wellness Program.

A number of commenters voiced their support for the housing and employment supports for high-needs enrollees and employment supports for the new adult population. Several commenters stated that they are pleased with the Commonwealth's decision to continue to provide essential SUD services to all Medicaid enrollees through ARTS, and one commenter expressed support of GAP.

Out of the 1,832 comments, one commenter expressed their overall support for the COMPASS Demonstration. Two commenters supported the work and community engagement requirements, while another commenter supported the community engagement requirement but disagreed with the work requirement. A few commenters expressed their support of the healthy behavior incentives but their opposition to the rest of the Health and Wellness Program.

6) Summary of the state's responses to submitted comments, and whether or how the state incorporated them into the final application.

A document summarizing and responding to the comments received is attached in Appendix C. All comments are included in Appendix D. In response to commenters, the Commonwealth added the following points of clarification to its application:

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- Added self-employment as a qualifying work and community engagement activity.
- Clarified that the specific length of time for which a standard exemption applies will depend on the exemption. Some standard exemptions may be permanent, including, for example, individuals with a disability. Other standard exemptions will be time-limited.
- Clarified that all Medicaid enrollees with income 100 to 138 percent of the FPL will receive consumer notices at application and renewal that describe the monthly premium requirements, co-payments for non-emergent use of the ED, HWAs, standard and hardship/good cause exemptions, consequences for non-compliance, and who enrollees can contact to have their questions answered. Information will also be available at county eligibility offices, online, and through the call center.
- Clarified that the Commonwealth will implement a “no wrong door” policy to ensure enrollees have multiple ways to report their compliance and attest to an exemption, including online, through the call center, by mail, and in person.
- Clarified that an individual’s coverage can also be reinstated “upon the end of the 12-month period of an enrollee’s coverage year” as required under legislative language.

7) Certification that the state conducted tribal consultation in accordance with the consultation process outlined in the state’s approved Medicaid State Plan, or at least 60 days prior to submitting this Demonstration application if the Demonstration has or would have a direct effect on Indians, tribes, on Indian health programs, or on urban Indian health organizations, including dates and method of consultation .

Virginia is home to seven federally recognized tribal governments. In accordance with 42 CFR 431.408(b), on August 31, 2018, the Commonwealth notified tribes by email and postal mail of its intent to pursue a Section 1115 Demonstration and request for tribal consultation. Please see Appendix B for a copy of the tribal consultation.

Additionally, state staff met with representatives and staff from tribes on August 30, 2018, to foster mutual understanding of the Demonstration and the State’s Medicaid expansion and determine the implications and potential benefits for tribes.

8) Documentation of the State's compliance with the post-award public input process described in 42 CFR §431.420(c).

Following approval of the Virginia Governor’s Access Plan (GAP) and Addiction and Recovery Treatment Services (ARTS) Delivery System Transformation waiver, the Commonwealth reported to the public via statewide Town Halls, statewide trainings, and a recorded presentation posted on the website requesting public comments within six months and annually thereafter, consistent with the requirements outlined in 42 CFR §431.420(c)(3)(i). At least 30 days prior to the date of the planned public forum, the Commonwealth published the public forum announcement on its website via the GAP webpage. The Annual Report has been submitted to CMS for approval. Once approved, the Annual Report will be posted to the DMAS website.

Over the course of the Demonstration, the Commonwealth has continued to update the public regularly via statewide Town Halls, statewide trainings, and a recorded presentation posted on the website requesting public comment. The Commonwealth included a summary of the comments received during the public forums in Virginia’s Quarterly Report and Annual Report; annual forum transparencies and DMAS follow-up actions were additionally noted. Moving forward, Virginia will comply with the post-

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award public input process described in 42 CFR §431.420(c) to provide the public with an opportunity to comment on COMPASS once approved by CMS.

Section IX. Public Notice

Virginia C.O.M.P.A.S.S. Creating Opportunities for Medicaid Participants to Achieve Self- Sufficiency

September 20, 2018

I. Introduction

Pursuant to 42 CFR § 431.408, notice is hereby given that the Virginia Department of Medical Assistance Services (DMAS) is seeking to extend for five years its Medicaid Section 1115 Demonstration Waiver, [“The Virginia Governor’s Access Plan \(GAP\) and Addiction and Recovery Treatment Services \(ARTS\) Delivery System Transformation”](#) (Project #: 11-W-00297/3). Through the five-year extension, the Commonwealth will continue to provide essential substance use disorder (SUD) services to all Medicaid members through ARTS and maintain authority for Medicaid coverage for former foster care youth who were enrolled in Medicaid and aged out of foster care in another state but now live in Virginia. In addition, the Commonwealth will implement provisions of the [2018 Virginia Acts of Assembly Chapter 2](#) (2018 Appropriations Act) to:

- Implement a work and community engagement program in which participation is a condition of Medicaid eligibility for certain adults with income up to 138 percent of the Federal Poverty Level (FPL);
- Effectuate premiums, co-payments for non-emergency use of the ED and health and wellness accounts (HWAs) for certain adults with income between 100 and 138 percent of the FPL; and
- Create a new housing and employment supports benefit for high-need populations.

As described in further detail below, DMAS will provide the public with the opportunity to review and provide input on the Section 1115 Demonstration Extension, which will be called the Virginia COMPASS Demonstration, which will be submitted to the Centers for Medicare and Medicaid Services (CMS).

II. Background on Section 1115 Demonstrations

Section 1115 of the Social Security Act gives the Secretary of Health and Human Services authority to approve experimental, pilot, or demonstration projects that promote the objectives of the Medicaid and Children’s Health Insurance Program (CHIP) programs. Under this authority, the Secretary may waive certain provisions of the Medicaid law to give states additional flexibility to design and improve their programs. To learn more about the Section 1115 Demonstration waivers, please visit the CMS website at: <https://www.medicaid.gov/medicaid/section-1115-demo/index.html>.

III. Summary of Current Demonstration Features to be Continued Under the 1115 Demonstration Extension

Virginia’s current Demonstration, which expires on December 31, 2019, includes: the GAP program, a targeted benefit package of physical and behavioral health care services to childless adults and non-custodial parents ages 21 through 64 with incomes at or below 100 percent of the FPL who have been diagnosed with a serious mental illness (SMI) and are not otherwise eligible for Medicaid, CHIP, or Medicare; the ARTS demonstration, an expanded SUD benefit package available to all Medicaid members who have a SUD diagnosis and meet the medical necessity criteria; and Medicaid coverage authority to former foster care youth who have aged out of foster care in another state but now reside in Virginia.

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On June 7, 2018, Governor Ralph Northam signed the 2018 Appropriations Act authorizing DMAS to amend Virginia's Medicaid State Plan to expand Medicaid coverage to non-disabled, non-pregnant adults ages 19 to 64 with income up to 138 percent of the FPL, effective January 1, 2019. The Commonwealth is in the process of finalizing with CMS the State Plan Amendments (SPAs) necessary to expand Medicaid. As the Commonwealth will have expanded Medicaid, it has begun the process of sunseting the GAP program and preparing to transition most GAP members to the new adult Medicaid eligibility group under State Plan authority, through which they will receive a more comprehensive benefit package.

The Commonwealth will continue the ARTS benefit package in the Virginia COMPASS Demonstration, and there will be no changes to requirements related to benefits, eligibility criteria, or cost sharing in ARTS.

Under the Virginia COMPASS Demonstration, the Commonwealth will also continue to provide Medicaid coverage to former foster care youth who have aged out of foster care in another state but now reside in Virginia and are applying for Medicaid. There will be no changes to requirements related to benefits, eligibility criteria, or cost sharing.

For more information about Virginia's current 1115 Demonstration, which the Commonwealth is seeking to extend, please visit the CMS website at: <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/va/va-gov-access-plan-gap-ca.pdf>.

IV. Summary of New Medicaid Program Features to be Included in the Virginia COMPASS Demonstration

A. Work and Community Engagement Requirements

As directed by State legislation, the Commonwealth will implement the Training, Education, Employment and Opportunity Program (TEEOP) – a Virginia-specific initiative to promote work and community engagement with the goal of improving health and well-being and furthering greater financial stability and self-sufficiency among low-income Virginians. Participation in TEEOP will be a condition of eligibility for all Medicaid members between ages 19 and 64 with incomes up to 138 percent of the FPL who are not exempt. A complete list of standard and good cause/hardship exemptions is included in the [Virginia COMPASS application](#). TEEOP members will be required to participate in a work or community engagement activity, such as employment, volunteer work, job training, or job search activities. A complete list of work and community engagement qualifying activities is included in the [Virginia COMPASS application](#).

The work and community engagement hours requirement will begin at 20 hours per month for the first three months during which a member is subject to the TEEOP and will gradually increase from there. After a member is subject to the TEEOP for 12 months, the member will be required to participate in 80 hours per month.

Non-exempt members who fail to comply with their work and community engagement requirement for any three months within a 12-month period will have their coverage suspended. Members whose coverage is suspended as a result of non-compliance with work and community engagement requirements may have their coverage re-instated upon:

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- Demonstrating compliance with the work and community engagement requirement for one month;
- Qualifying for another Medicaid eligibility category not subject to the work and community engagement requirement;
- Qualifying for a standard or hardship/good cause exemption; or
- Turning age 65.

B. Employment Supports for TEEOP Members

Recognizing that Virginia's Medicaid population faces unique employment, poverty, housing, and other important circumstances that interact with an individual's health and well-being, the Commonwealth proposes a multi-pronged, comprehensive approach to meaningfully connect TEEOP participants to the supports necessary to be successful in meeting the new program requirements.

Building on Virginia's existing workforce programs, Virginia seeks to provide employment supports to TEEOP members to help connect members with training, education, and employment opportunities. The Commonwealth will submit to CMS an Alternative Benefit Plan (ABP) SPA that will provide habilitation benefits that include employment supports, education supports, pre-vocational supports and individual and small group employment supports, to address barriers to meaningful community engagement and employment.²¹ Submission of the ABP SPA may be contingent on the appropriation of additional State funding by the State Legislature to the extent existing coverage assessments do not cover all components of the benefit.

In addition, the Commonwealth will design a targeted case management benefit package for the TEEOP population under its Targeted Case Management State Plan authority. Under this Targeted Case Management SPA, the Commonwealth will provide coordination, assessment and referrals for employment, and other supports to address social determinants of health.

C. Premiums, Co-Payments, and HWAs

The Commonwealth will implement premiums, co-payments, and HWAs to encourage newly Medicaid eligible adults to take greater responsibility for their personal health and well-being while preparing for the financial requirements of employer-sponsored insurance or other private health insurance coverage.

Premiums. Per the State Legislation, the Commonwealth will establish monthly premiums based on a sliding income scale for Medicaid members with incomes between 100-138 percent of the FPL as follows:

- Individuals with income 100-125 percent of the FPL: \$5 per month
- Individuals with income 126-138 percent of the FPL: \$10 per month

Additionally, Virginia will make Medicaid coverage effective on the first day of the month following receipt of the premium payment. The same categories of individuals who qualify for a TEEOP exemption will be exempt from a premium obligation. A complete list of standard and good cause/hardship exemptions is included in the [Virginia COMPASS application](#). Members will have their coverage suspended if they fail to pay their premiums after a three-month grace period. Coverage will be reactivated at any time after an individual makes one premium payment, meets an exemption, or reports a change in circumstances that reduces family income to less than 100 percent of the FPL.

²¹ Specifically, the Commonwealth will define habilitation benefits under Essential Health Benefits (EHB) to encompass Section 1915(c) and (i) authorized supports. 42 CFR § 440.335; 78 Fed Reg. 42214-42215.

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Healthy Behavior Incentives. Individuals who are subject to premiums and complete at least one healthy behavior, such as an annual wellness exam, mammogram, or a flu shot, during the coverage year will have their premiums reduced by 50 percent in the following coverage year.

Co-Payments for Non-Emergent Use of the ED. Individuals with income 100 to 138 percent of the FPL will be required to pay a \$5 co-payment for non-emergent or avoidable ED use. The same categories of individuals who qualify for a TEEOP exemption will be exempt from a co-payment for non-emergent use of the ED. A complete list of standard and good cause/hardship exemptions is included in the [Virginia COMPASS application](#).

HWAs and Health Rewards. The Commonwealth will develop HWAs, funded through member contributions and State funds, to the extent that the State Legislature appropriates State funds for this purpose, to incentivize healthy behaviors and promote personal responsibility. Members will be required to pay monthly contributions (in the form of premiums) to HWAs. These payments will constitute the deductible obligation for the HWA; members with incomes between 100 and 125 percent of the FPL are required to meet a \$50 deductible obligation while members with income between 126 and 138 percent of the FPL must meet a \$100 deductible obligation.

Members who meet their deductible obligation *and* engage in at least one healthy behavior will receive a rebate from their HWA. Specifically, members who meet their deductible and healthy behavior obligation will be eligible to withdraw funds from their HWA up to the full balance (i.e., at least \$50 for a member with income between 100 and 125 percent of the FPL or at least \$100 for a member with income between 126 and 138 percent of the FPL based on their respective \$5 and \$10 monthly premiums). The withdrawal will be distributed in the form of a limited-use Health Rewards gift card distributed at the start of the following coverage year to pay for non-covered medical or other health-related services (e.g., eyeglasses or vitamins).

Members who meet their deductible obligation but do not engage in a healthy behavior will not be eligible for a Health Rewards gift card; however, their HWA accrued funds will roll over to the next coverage year. Members who do not meet their deductible obligation and do not participate in a healthy behavior will forfeit any accrued HWA funds.

D. Housing and Employment Supports Benefit

The Commonwealth will offer a housing and employment supports benefit to a targeted group of high-need Medicaid members. Housing and employment supports services, such as assistance with completing applications for housing or individualized job development and placement, are determined to be necessary for an individual to obtain and reside in an independent community setting as well as obtain and maintain employment. Eligible high-need members must meet needs-based criteria and a set of required risk factors to receive the housing and employment supports benefit.

V. Demonstration Goals and Objectives

Through Virginia COMPASS, Virginia seeks to:

- Address the substance use and opioid crisis in Virginia by continuing to provide essential SUD services to all Medicaid members with a SUD diagnosis through the ARTS program;
- Increase coverage and health and well-being by maintaining authority to enroll former foster care youth who aged out of foster care in another state into Medicaid;

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- Improve health, well-being, and financial stability among Virginians by implementing a work and community engagement program in which participation is a condition of Medicaid eligibility for certain populations;
- Improve continuity of care, promote personal responsibility, and improve health and well-being by implementing premiums, cost-sharing for non-emergent use of the ED, and incentives for healthy behaviors through HWAs for Medicaid expansion adults above 100 percent of the federal poverty level;
- Improve health and well-being by establishing housing and employment supports for high-need populations.

VI. Demonstration Projected Enrollment and Expenditures

CMS requires that all 1115 Demonstration applications demonstrate budget neutrality. With the exception of an extension of the ARTS delivery system transformation, the Commonwealth is not seeking expenditure authority for this demonstration extension’s new programs.²²

This application presents information on projected expenditures and enrollment as required by CMS.

Table 1: Historical Enrollment and Expenditures for Former Foster Care Youth (FFCY) from Another State

	CY2017	CY2018
Member Months	813	*
Total Expenditures	\$393,551	*
Per Member Per Month (PMPM)	\$484	*

Table 2: Projected Enrollment and Expenditures of FFCY from Another State in the 1115 Demonstration Extension

	DY 1	DY2	DY3	DY4	DY5
Member Months	812	820	828	836	844
Total Expenditures	\$522,222	\$553,738	\$587,093	\$622,404	\$659,778
Per Member Per Month (PMPM)	\$643	\$675	\$709	\$745	\$782

Table 3: ARTS Program Without Waiver Estimates

Non-Expansion Adults	DY 01	DY 02	DY 03	DY 04	DY 05
Member Months	4,246	4,611	5,008	5,439	5,907
Per Member Per Month (PMPM)	\$4,606.35	\$4,836.67	\$5,078.50	\$5,332.43	\$5,599.05
Total Expenditures	\$19,558,562	\$22,301,885	\$25,433,128	\$29,003,087	\$33,073,588

²² DMAS notes that because the Commonwealth will expand eligibility to the new adult group beginning January 1, 2019, a budget neutrality test is no longer needed for the demonstration authority to provide coverage for former foster care youth who were in foster care under the responsibility of other states and have income higher than 133 percent of the FPL. See: CMCS Informational Bulletin. Available at <https://www.medicaid.gov/federal-policy-guidance/downloads/cib112116.pdf>.

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Expansion Adults	DY 01	DY 02	DY 03	DY 04	DY 05
Member Months	5,748	6,392	7,108	7,904	8,789
PMPM	\$4,606.35	\$4,836.67	\$5,078.50	\$5,332.43	\$5,599.05
Total Expenditures	\$26,477,300	\$30,915,995	\$36,097,978	\$42,147,527	\$49,210,050

Table 4: ARTS Program With Waiver Estimates

Non-Expansion Adults	DY 01	DY 02	DY 03	DY 04	DY 05
Member Months	4,246	4,611	5,008	5,439	5,907
PMPM	\$4,606.35	\$4,836.67	\$5,078.50	\$5,332.43	\$5,599.05
Total Expenditures	\$19,558,562	\$22,301,885	\$25,433,128	\$29,003,087	\$33,073,588

Expansion Adults	DY 01	DY 02	DY 03	DY 04	DY 05
Member Months	5,748	6,392	7,108	7,904	8,789
PMPM	\$4,606.35	\$4,836.67	\$5,078.50	\$5,332.43	\$5,599.05
Total Expenditures	\$26,477,300	\$30,915,995	\$36,097,978	\$42,147,527	\$49,210,050

Table 5: New Demonstration Features Without Waiver Estimates

Non-Expansion Adults	DY 01	DY 02	DY 03	DY 04	DY 05
Member Months	1,412,075	1,426,196	1,440,458	1,454,863	1,469,412
PMPM	\$672.00	\$705.60	\$740.88	\$777.92	\$816.82
Total Expenditures	\$948,914,400	\$1,006,323,898	\$1,067,206,523	\$1,131,772,844	\$1,200,245,404

Expansion Adults	DY 01	DY 02	DY 03	DY 04	DY 05
Member Months	2,588,230	3,628,410	3,654,127	3,672,440	3,690,844
PMPM	\$630.26	\$649.17	\$668.64	\$688.70	\$709.36
Total Expenditures	\$1,631,257,871	\$2,355,447,105	\$2,443,305,983	\$2,529,217,064	\$2,618,148,935

Table 6: New Demonstration Features With Waiver Estimates

Non-Expansion Adults	DY 01	DY 02	DY 03	DY 04	DY 05
Member Months	1,412,075	1,412,414	1,426,538	1,440,804	1,455,212
PMPM	\$672.00	\$705.60	\$740.88	\$777.92	\$816.82
Total Expenditures	\$948,914,400	\$996,599,318	\$1,056,839,473	\$1,120,836,011	\$1,188,646,557

Expansion Adults	DY 01	DY 02	DY 03	DY 04	DY 05
Member Months	2,588,230	3,320,412	3,343,946	3,360,704	3,377,546
PMPM	\$630.26	\$649.17	\$668.64	\$688.70	\$709.36
Total Expenditures	\$1,631,257,871	\$2,155,504,386	\$2,235,905,341	\$2,314,523,839	\$2,395,906,706

VII. Demonstration Hypotheses and Evaluation Approach

Virginia COMPASS will test the following hypotheses included in Table 7.

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Table 7: Evaluation Hypotheses Under Consideration

Hypothesis	Evaluation Approach	Data Sources
Work and Community Engagement		
Members enrolled in the demonstration will secure sustained employment.	Analyze Medicaid employment outcomes	<ul style="list-style-type: none"> • Eligibility and enrollment data • Evaluation survey data • Other Commonwealth administrative data sources (e.g. Virginia Longitudinal Data Set, workforce, wage, and employment)
The demonstration’s work and community engagement requirements will not cause Medicaid individuals to lose Medicaid coverage unless the loss is related to obtaining employer sponsored or other commercial health insurance coverage.	Analyze coverage outcomes	<ul style="list-style-type: none"> • Eligibility and enrollment data • State and national survey data
The demonstration’s work and community engagement requirements will not deter eligible individuals from applying for or renewing Medicaid coverage.	Analyze coverage trends pre/post implementation	<ul style="list-style-type: none"> • State and national survey data • Eligibility and enrollment data • Evaluation survey data
Participation in the demonstration’s work and community engagement requirements will improve member health and well-being.	Analyze member utilization, diagnoses, and self-reported health	<ul style="list-style-type: none"> • Utilization and diagnoses data • Evaluation survey data • Health outcomes data
Premiums for Individuals with Income 100-138 Percent of the FPL		
Conditioning coverage on payment of premiums will promote continuous coverage and continuity of care.	Analyze coverage gaps and utilization trends	<ul style="list-style-type: none"> • Eligibility and enrollment data • Evaluation survey data
Premiums will not deter eligible individuals from applying for, enrolling in or renewing Medicaid coverage.	Analyze coverage trends within and inside/outside Medicaid	<ul style="list-style-type: none"> • State and national survey data • Eligibility and enrollment data
Housing and Employment Supports for High-Need Populations		
Participation in housing and employment supports will improve member housing and employment stability and health and well-being	Analyze employment, housing, and health trends in the high-needs populations	<ul style="list-style-type: none"> • Eligibility and enrollment data • Utilization and diagnoses data

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Hypothesis	Evaluation Approach	Data Sources
		<ul style="list-style-type: none"> Other Commonwealth administrative data sources
Former Foster Care Children		
Provision of coverage to former foster care youth will increase and strengthen overall coverage and improve health outcomes	Analyze enrollment trends and utilization of medical services, including emergency services and treatments for chronic conditions, such as asthma	<ul style="list-style-type: none"> Eligibility and enrollment data Utilization and diagnosis data
ARTS Program		
The demonstration will improve quality of care and population health outcomes for the Medicaid population with a SUD.	Analyze quality and population health outcomes and utilization and cost trends	<ul style="list-style-type: none"> Utilization and diagnoses data Health outcomes data from MCOs Vital statistics data from Department of Health
Medicaid members' access to and utilization of community-based and outpatient ARTS services including Medication Assisted Treatment will increase.	Analyze member utilization	<ul style="list-style-type: none"> Utilization and diagnoses data
Medicaid members with a SUD will experience a decrease in utilization of high-cost ED and hospital services.	Analyze member utilization and costs	<ul style="list-style-type: none"> Utilization and cost data
The demonstration will improve care coordination and care transitions for Medicaid members with a SUD.	Analyze member and provider experience and utilization of care coordination and case management service	<ul style="list-style-type: none"> Qualitative data from interviews with providers Member satisfaction surveys
The demonstration will increase the number and type of healthcare clinicians, including buprenorphine-waivered practitioners providing ARTS services, including MAT, to Medicaid members with a SUD.	Analyze provider networks	<ul style="list-style-type: none"> Provider network data from MCOs Provider billing data
The demonstration will improve outcomes for Medicaid-covered pregnant women with a SUD and Substance-Exposed Infants, including those with Neonatal Abstinence Syndrome.	Analyze member quality outcomes and utilization	<ul style="list-style-type: none"> Utilization and diagnoses data Health outcomes data from MCOs Vital statistics data from Department of Health

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VIII. Waiver Authorities

The Commonwealth will request the following waivers and expenditure authorities to operate the Demonstration:

Table 8: Waiver and Expenditure Authority Requests

Waiver/ Expenditure Authority	Use for Waiver/Expenditure Authority	Currently Approved Waiver Request?
§1902(a)(8) and §1902(a)(10) Provision of Medical Assistance and Eligibility	To suspend eligibility for members who fail to comply with work and community engagement requirements unless the member is exempt; and to limit the state plan group coverage to former foster care youth who were in Medicaid and foster care in a different state	No
§1902(a)(17) Comparability	To apply premiums, require participation in HWAs, and apply non-emergent use of the ED co-payments only for individuals with income between 100-138 percent FPL	No
§1902(a)(14) Premiums	To impose monthly premiums on individuals with income 100-138 percent of the FPL	No
§1902(a)(8) Reasonable Promptness	To waive the reasonable promptness requirement and suspend coverage for non-payment of premiums and limit the number of high-needs individuals who receive employment and housing supports	No
§1902(a)(23)(A) Freedom of Choice	To restrict the housing and employment support benefit to the managed care delivery system and to limit the providers who are authorized to deliver the benefits	No
§1902(a)(1) Statewideness	To restrict the provision of housing and employment supports to high-risk members to certain geographic regions	No
Expenditures related to ARTS	Expenditures not otherwise eligible for federal financial participation may be claimed for otherwise covered services furnished to otherwise eligible individuals (eligible under the State Plan or Former Foster Care Youth components of this demonstration), including services for individuals who are short-term residents in facilities that meet the definition of an IMD for the treatment of SUD and withdrawal management	Yes

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XIII. Public Hearings

DMAS will host five public hearings during the public notice and comment period at the following times and locations:

Tuesday, September 25, 2018, 10:00 AM-12:00 PM

Medical Assistance Services Board (DMAS Board) Meeting, 600 E. Broad Street, Richmond, VA 23219; If unable to attend in-person, you may:

- Participate online by clicking the link below from a PC, Mac, iPhone or Android device:
<https://webinar.ringcentral.com/j/1495928570>
- Join by phone: (646) 357 3664; Webinar ID: 149 592 8570
- If you require a toll free audio-only option, please dial: (866) 842 5779; when prompted, dial: 3284486931

Wednesday, October 3, 2018, 3:30-5:00 PM

Roanoke Elks Lodge No. 197
1147 Persinger Rd SW
Roanoke, VA 24015

Tuesday, October 9th, 2018, 3:30 -5:00 PM

Great Falls Library
9830 Georgetown Pike
Great Falls VA 22066

Thursday, October 11th, 1:30-3:00 PM

MEO Central Library
4100 Virginia Beach Blvd
Virginia Beach, VA 23452

Monday, October 15th, 2018, 3:30-5:00-PM

Arlington Central Library
1015 N. Quincy St
Arlington, VA 22201

IX. Public Comment

The 30-day public comment period for the Virginia COMPASS application is from September 20, 2018 until October 20, 2018. All comments must be received by midnight (Eastern Time) on Saturday, October 20, 2018.

All information regarding the Virginia COMPASS application can be found on the DMAS website, www.dmas.virginia.gov/#/1115waiver. DMAS will update this website throughout the public comment and application process.

There are several ways to give your comments to DMAS. One way is to attend the five public hearings held at the dates and locations noted above. At the public hearings, you can give verbal or written comments to DMAS. To give verbal comments at the public hearings, individuals will need to sign up in advance on a sign-up sheet available at the public hearing. All verbal public comments shall be limited to two minutes each.

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Another way to provide your comments is by emailing comments to 1115Implementation@dmas.virginia.gov or mailing written comments to the address below. When mailing or emailing please specify the Virginia COMPASS.

Susan Puglisi
Virginia Department of Medical Assistance Services
Attn: Virginia COMPASS
600 E Broad Street
Richmond, VA 23219

Requests for a hard copy of the Virginia COMPASS application should be submitted by mail to the address above. A hard copy of the Virginia COMPASS application can also be picked up at DMAS, which is located at the address above.

DMAS would like to hear your comments about the changes it is proposing. After considering the public's ideas and comments about the proposed changes, DMAS will make final decisions about what changes to make to the Virginia COMPASS Demonstration and then submit a revised application to CMS. The summary of comments will be posted for public viewing on the DMAS website along with the waiver extension application when it is submitted to CMS.

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Appendices

A. The Virginia Governor’s Access Plan (GAP), Addiction, and Recovery Treatment Services (ARTS) and Former Foster Care Youth (FFCY) Evaluation Reports

- a. The Virginia GAP, ARTS and FFCY Delivery System Transformation Section 1115 Annual Report 2017
- b. Addiction and Recovery Treatment Services: Access and Utilization During the First Year (April 2017 – March 2018)

B. Documentation of Compliance with COMPASS Public Notice Process

- a. Department of Medical Assistance Services (DMAS) Website Screen Shots
 - i. Main Page
 - ii. COMPASS Demonstration Page
 - iii. Updated COMPASS Demonstration Page
- b. DMAS Communication to Stakeholders
 - i. Virginia Regulatory Town Hall Email to Stakeholders About Public Hearings
 - ii. Legislative Contact Email to Stakeholders About Public Hearings
 - iii. Tribal Notice About COMPASS
- c. The Commonwealth’s Administrative Record in Accordance with the State’s Administrative Procedure Act
 - i. Abbreviated Public Notice on the Virginia Regulatory Town Hall Website
 - ii. Updated Abbreviated Public Notice on the Virginia Regulatory Town Hall Website

C. DMAS Responses to Public Comments on COMPASS

D. Public Comments on COMPASS

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Appendix A. The Virginia GAP, ARTS and FFCY Evaluation Reports

a. The Virginia GAP, ARTS and FFCY Delivery System Transformation Section 1115 Annual Report 2017

Virginia Department of Medical Assistance Services

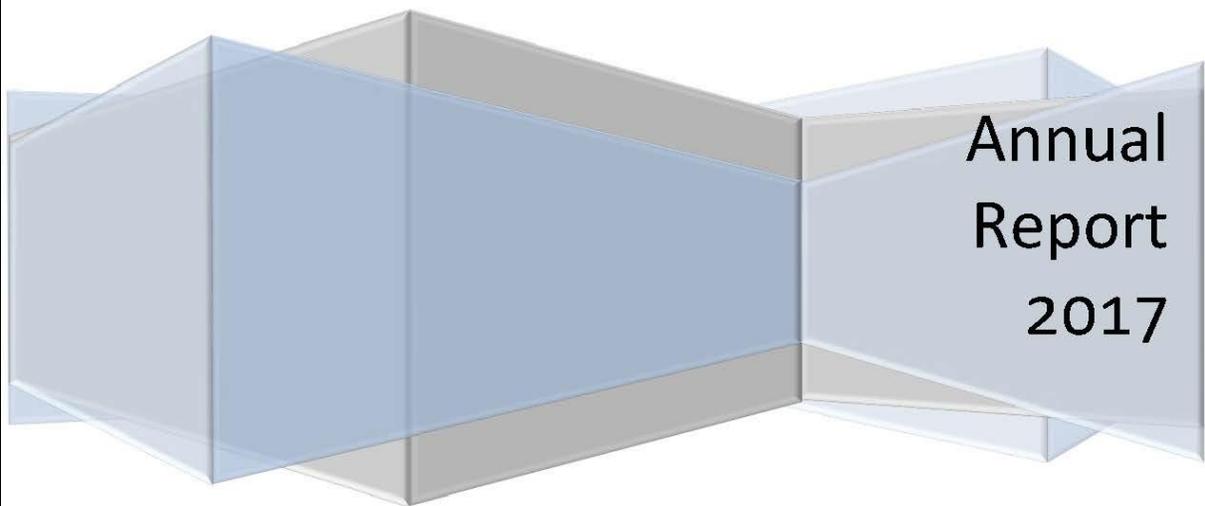
**The Virginia Governor's Access Plan
(GAP), Addiction, and Recovery
Treatment Services (ARTS) and
Former Foster Care Youth (FFCY)
Delivery System Transformation**

Section 1115 Annual Report

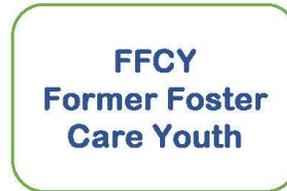
Demonstration Waiver 1115

Project 11 – W-00297/3

Demonstration Year 3 - 2017



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INTRODUCTION

In September 2014, Governor McAuliffe announced a significant step toward providing health insurance to uninsured Virginians when he rolled out his plan, *A Healthy Virginia*. *A Healthy Virginia* was a ten-step plan that expanded access to care, improved care for veterans and for individuals with serious mental illnesses (SMI), and enhanced value and innovation across our health system. The first step in the plan was the establishment of the **Governor's Access Plan (GAP)** for the Seriously Mentally Ill. The GAP launched in 2015 to expand healthcare services in Virginia. GAP is a Medicaid plan that provides limited medical and behavioral health care coverage for low-income individuals with Serious Mental Illness (SMI). The initial GAP Demonstration included mental health and substance use treatment services, medical doctor visits, medications, access to a 24-hour crisis line, recovery navigation (peer support) services, and care coordination.

In September 2014, addressing the prescription drug and heroin overdoses taking the lives of thousands of Virginians, Governor McAuliffe signed Executive Order 29 creating the Governor's Task Force on Prescription Drug and Heroin Abuse. Dovetailing with Virginia's concern, in July 2015, the Centers for Medicare and Medicaid Services (CMS) issued CMS State Medicaid Director letter, #15-003¹ to Medicaid Directors that highlighted new service delivery and funding opportunities for Medicaid members experiencing a SUD. The CMS opportunities significantly aligned with the Governor's Task Force conclusions. In 2016, the Virginia General Assembly and Governor McAuliffe authorized the Department of Medical Assistance Services (DMAS) to make changes to its existing substance use disorder treatment services, **Addiction and Recovery Treatment Services (ARTS)**. Under this authority, DMAS has developed, in collaboration with the Department of Behavioral Health and Developmental Services (DBHDS), Virginia Department of Health (VDH), Department of Health Professions (DHP) and other stakeholders, an enhanced and comprehensive benefit package to cover addiction and recovery treatment services and also received CMS 1115 Demonstration waiver authority to waive the limits for using Medicaid federal dollars to fund individuals seeking treatment in Institution for Mental Diseases (IMDs) and amend the GAP waiver.

In May 2018, DMAS submitted an amendment to the GAP Demonstration Waiver to request approval to provide Medicaid coverage to **former foster care youth (FFCY)** who were

¹ CMS State Medicaid Director letter, #15-003: <https://www.medicaid.gov/federal-policy-guidance/downloads/SMD15003.pdf>

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enrolled in Medicaid and foster care in another state and who are now living in Virginia and are applying for Virginia Medicaid. Approval of the waiver amendment was received on September 22, 2017. Virginia's overall goal for the FFCY benefit is to serve foster care youth with the access to health services they need, with full Medicaid coverage.

This report highlights progress made during Quarters one through four of the third year of the GAP Demonstration. This report is organized to reflect the GAP, ARTS, and FFCY components of the waiver.

GAP

BACKGROUND

Without access to treatment and other supports such as healthcare, care coordination, and Recovery Navigation, individuals with SMI are often unnecessarily hospitalized, may be unable to find and sustain employment, struggle with finding affordable and available housing, become involved with the criminal justice system, and suffer with social and interpersonal isolation. The opportunities provided through the GAP Demonstration are enabling persons with SMI to access both behavioral health and primary health services, enhancing the treatment they can receive, allowing their care to be coordinated among providers, and therefore addressing the severity of their condition. With treatment and support, individuals with SMI and co-occurring or co-morbid conditions are beginning to recover and live, work, parent, learn and participate fully in their community.

The implementation of the GAP Demonstration required the Department of Medical Assistance Services (DMAS) to work with stakeholders and community mental health and healthcare providers, primary health care providers, Magellan of Virginia, the Behavioral Health Services Administrator (BHSA), and the Virginia Department of Behavioral Health and Developmental Services (DBHDS). To date, these partners continue to work together to ensure a successful implementation of the program. Outreach and training efforts ensure that individuals know the program exists and that providers are aware of and able to offer the care GAP members' need.

Magellan administers all behavioral health services for members enrolled in Virginia's Medicaid and FAMIS fee-for-service programs. Specific to the GAP benefit plan, Magellan also offers care coordination, a crisis line, and Recovery Navigator services to assist members with managing their behavioral health and primary healthcare needs.

For primary healthcare needs, DMAS relies on fee-for-service health care providers to serve members. These are primary care physicians, specialists and federally qualified health clinics (FQHCs) already enrolled as Medicaid providers. For services not covered by the GAP benefit plan, members rely on the indigent care providers in the local communities known as our "preferred pathways" providers as we prefer they access these providers in lieu of the emergency rooms of hospitals. We continue to identify and collaborate with these providers.

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GOALS

The three key goals of the GAP Demonstration are to:

1. To improve access to health care for a segment of the uninsured population in Virginia who have significant behavioral and medical needs;
2. To improve health and behavioral health outcomes of Demonstration participants; and,
3. To serve as a bridge to closing the insurance coverage gap for uninsured Virginians.

ELIGIBILITY AND BENEFIT INFORMATION

The Virginia GAP Demonstration Waiver current eligibility guidelines are as follows:

Figure 1, GAP Eligibility Requirements

GAP Eligibility Requirements
Ages 21 through 64
U.S. Citizen or lawfully residing immigrant
Not eligible for any existing entitlement program
Resident of VA
Income below 100% of Federal Poverty Level (FPL) as of 10/1/17
Uninsured
Does not reside in long-term care facility, mental health facility or penal institution
Screened and meet GAP Serious Mental Illness (SMI) criteria

DMAS has continued to see increased enrollment with the Demonstration. Individuals are receiving information about the program and applying through their relationships with local entities. The partnerships DMAS has with the local Community Services Boards (CSBs) and Magellan of Virginia, in addition to a growing relationship with the Federally Qualified Health Centers (FQHCs), are attributable to the continued success.

During Virginia’s 2017 legislative session, members of the House and Senate came together during the budget conference process and agreed upon a proposal to increase the income eligibility limits for GAP from 80% to 100% FPL, effective October 1, 2017. This change was

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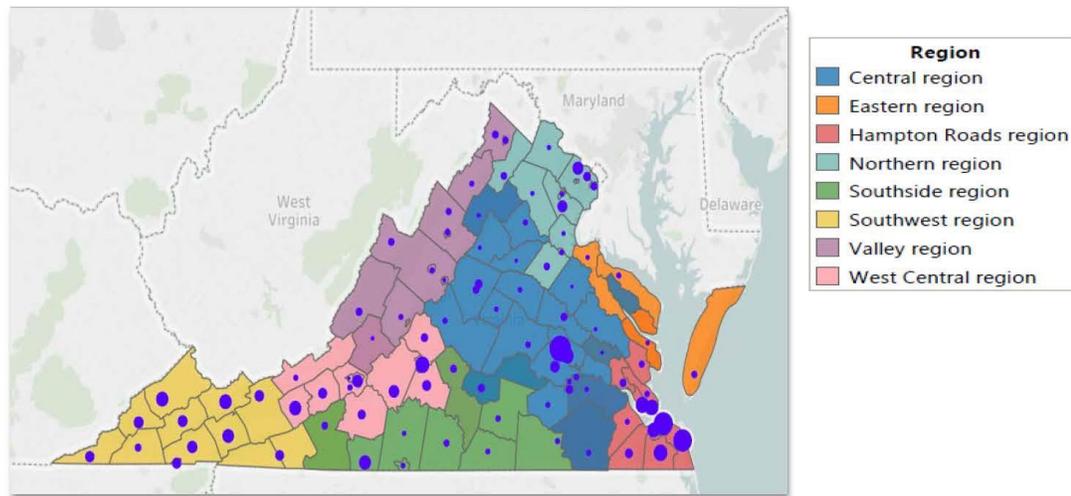
ultimately approved by both chambers of the legislature and the Governor. As an action of the Virginia legislature, this process was public and received both formal and informal participation and monitoring by advocates, stakeholders, and state staff. Many advocates in Virginia voiced their approval of the decision to expand program eligibility requirements. In response to the change in eligibility, DMAS updated documents and informational fliers that highlighted the revised eligibility criteria as well as the benefits included in the GAP demonstration. These documents are used across Virginia by CSBs and other local partners to ensure individuals are hearing about the program and are being supported in their application process.

ENROLLMENT COUNTS FOR YEAR TO DATE

Active GAP Member Population

Department of Medical Assistance Services currently provides coverage to approximately 1,236,518 enrolled in Medicaid. Approximately 1.12% of these beneficiaries are enrolled in GAP. In the following Figures and Tables, the population displayed includes GAP members categorized by location, race/ethnicity, gender, age group and primary diagnosis.

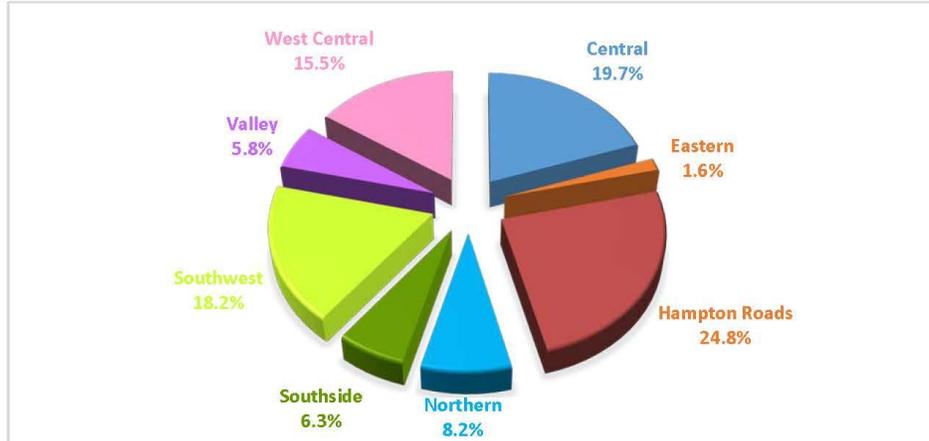
Figure 2: GAP Enrollment, 2017



The GAP Demonstration continues to grow in membership. For the quarter ending on December 31, 2017 there were 13,857 individuals enrolled from 266 unique localities across the Commonwealth. The map shown in Figure 2 shows the location of members enrolled across the state of Virginia.

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Figure 3: GAP Members of the Commonwealth by Regions, 2017



The figure above displays the geographic distribution of the active GAP population by regions. As measured in throughout the year, the Hampton Roads region continues to house the largest population of GAP members at 3,431, followed by the Central and Southwest regions totaling 37.88%.

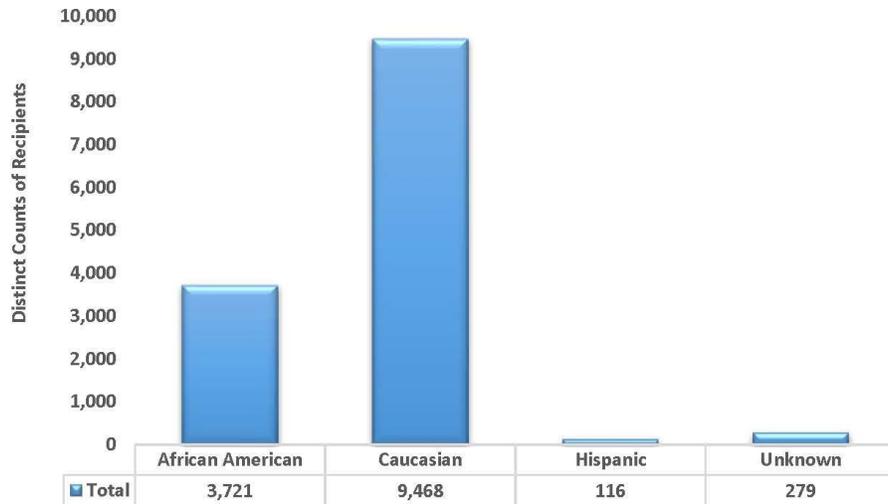
Figure 4: GAP Enrollment, 2017

Demonstration Population	Number of Members 2015	Number of Members 2016	Number of Members 2017	TOTAL Members Enrolled 2015-2017
GAP Members Enrolled	7,999	9,947	13,857	19,259

As shown in Figure 4, there have been 19,259 unique members enrolled since the implementation of the Demonstration. The difference between the TOTAL members' number and the 2017 number is due to individuals dis-enrolling from GAP for any number of reasons (gaining employment, enrolling in full Medicaid, incomplete re-enrollment, etc.).

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Figure 5: GAP Members by Race and Ethnicity, 2017

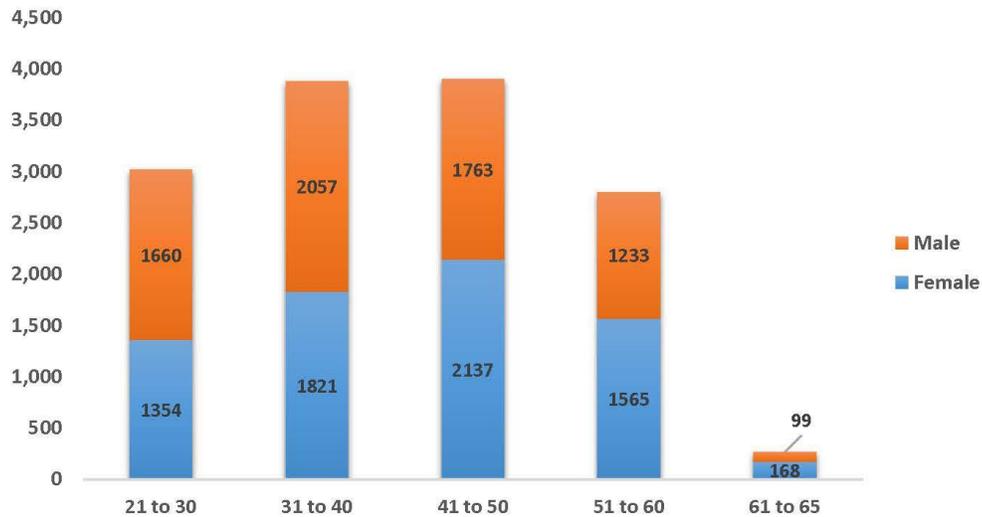


The figure above displays the frequency of the primary four ethnicity groups of the GAP population. The four primary ethnic groups represent 98.0% of the population. Approximately 68.3% of enrollees are Caucasian, 26.8% are African American, 2.0% did not choose to elect an ethnicity and roughly, 1.0% of enrollees are Hispanic. In accordance with the Substance Abuse and Mental Health Services Administration, African Americans and Hispanic Americans each use mental health services at about one-half the rate of Caucasian Americans². Our member breakdown appears in line with this finding.

² Substance Abuse and Mental Health Services Administration, *Racial/Ethnic Differences in Mental Health Service Use among Adults*. HHS Publication No. SMA-15-4906. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015. Retrieved January 17, 2018, from <https://www.samhsa.gov/data/sites/default/files/MHServicesUseAmongAdults/MHServicesUseAmongAdults>

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Figure 6: Male and Female GAP Members by Age Group, 2017



According to the National Institute of Health, more women with SMI (68.8%) received mental health treatment than men with any mental illness (57.4%).³ Figure 6 presents data within the past year by GAP adults 21 or older with serious mental illness (SMI). The prevalence of SMI was higher among women (50.84%) than men (49.16%). Adults aged 31 to 50 years had the highest prevalence of SMI (56.13%) compared to adults aged 21 to 30 years (21.75%), aged 51 and older (22.12%). Our GAP members' gender breakdown appears in line with the National Institute of Health's findings.

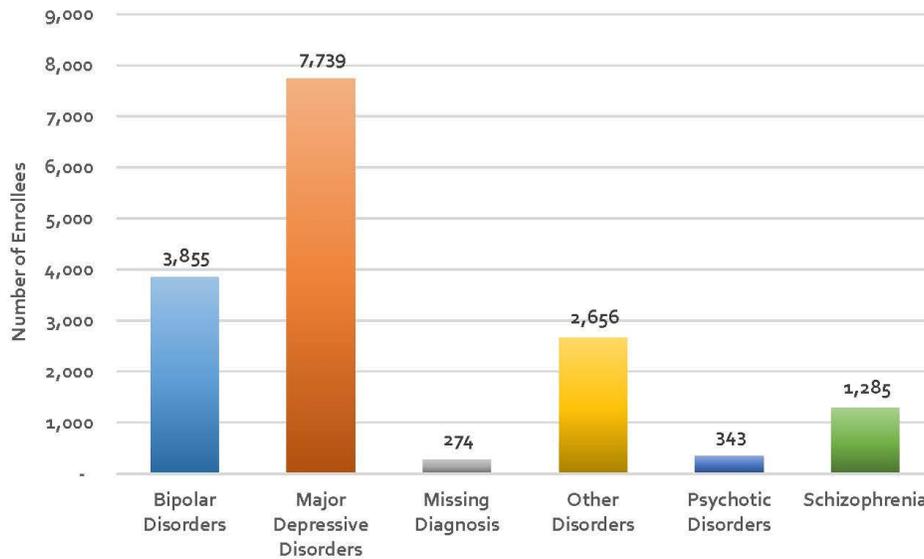
GAP Annual Population

During 2017, the population consisted of anyone that was eligible in the GAP program during the period of January 1, 2017 to December 31, 2017. This includes individuals that were enrolled prior to January 2017 but continued enrollment after January 1, 2017. There were 16,152 that became eligible based on diagnosis, claims data and service authorizations during the analysis period. This section displays the GAP population and the utilization of behavioral health services based on GAP eligibility diagnosis.

³ Merikangas KR, He JP, Burstein M, Swanson SA, Avenevoli S, Cui L, Benjet C, Georgiades K, Swendsen J. Lifetime prevalence of mental disorders in U.S. adolescents: results from the National Comorbidity Survey Replication--Adolescent Supplement (NCS-A). *J Am Acad Child Adolesc Psychiatry*. 2010 Oct;49(10):980-9. PMID: 20855043. Retrieved January 17, 2018, from https://www.nimh.nih.gov/health/statistics/mental-illness.shtml#part_154790

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Figure 7: Eligible GAP Population by Diagnosis Category, 2017



Major depressive disorder is the leading cause of disability in the U.S. for ages 15-44.³ During the evaluation period of 2017, Major Depression disorder continues to be the largest diagnosis population in the GAP program at 47.9%, followed by 23.86% of members diagnosed with Bipolar Disorders. The GAP team Analyst is further exploring the missing diagnosis category. This breakdown of GAP members by diagnoses also reflects Virginia Medicaid's fee for service behavioral health population as having depressive disorders as the most prevalent condition.

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Figure 8: GAP Eligibility Primary Diagnosis Category by Service Authorization Category, 2017

Primary Diagnosis Category by Service Authorization Category	Distinct Count of GAP Recipients
Bipolar Disorders	1,513
ASAM 1 Outpatient Services	199
Clinically Managed Low Intensity Residential Services ASAM Level 3.1	2
Crisis Intervention	425
Crisis Stabilization	62
GAP Case Management	786
High Intensity Residential Service Adult ASAM Level 3.5	6
Intensive Inpatient Services Adult ASAM Level 3.7	4
Partial Hospitalization ASAM Level 2.5	1
Psychosocial Rehab	8
SUDs Intensive Outpatient	20
Major Depressive Disorders	2,553
ASAM 1 Outpatient Services	358
Clinically Managed Low Intensity Residential Services ASAM Level 3.1	5
Crisis Intervention	653
Crisis Stabilization	162
GAP Case Management	1,274
High Intensity Residential Service Adult ASAM Level 3.5	10
Intensive Inpatient Services Adult ASAM Level 3.7	10
Partial Hospitalization ASAM Level 2.5	8
Psychosocial Rehab	21
SUDs Intensive Outpatient	52
Missing Diagnosis	15
Clinically Managed Low Intensity Residential Services ASAM Level 3.1	1
Crisis Intervention	5
GAP Case Management	7
Partial Hospitalization ASAM Level 2.5	1
SUDs Intensive Outpatient	1
Other Disorders	778
ASAM 1 Outpatient Services	119
Clinically Managed Low Intensity Residential Services ASAM Level 3.1	3
Crisis Intervention	203
Crisis Stabilization	42
GAP Case Management	369
High Intensity Residential Service Adult ASAM Level 3.5	1
Intensive Inpatient Services Adult ASAM Level 3.7	2
Partial Hospitalization ASAM Level 2.5	1
Psychosocial Rehab	6
SUDs Intensive Outpatient	32
Psychotic Disorders	161
ASAM 1 Outpatient Services	9
Crisis Intervention	40

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Crisis Stabilization	10
GAP Case Management	99
Psychosocial Rehab	1
SUDs Intensive Outpatient	2
Schizophrenia	640
ASAM 1 Outpatient Services	24
Clinically Managed Low Intensity Residential Services ASAM Level 3.1	1
Crisis Intervention	155
Crisis Stabilization	12
GAP Case Management	431
High Intensity Residential Service Adult ASAM Level 3.5	2
Psychosocial Rehab	12
SUDs Intensive Outpatient	3
Grand Total	5,660

Figure 8 presents data on behavioral health treatment received within the past year by the GAP population with serious mental illness (SMI). Between January 2017 to December 2017, a total of 5,660 (5,660 of the 16,152 in Figure 4) GAP enrollees requested BHSA services. However, pharmacy data reflects that GAP members are also receiving medications typically prescribed for behavioral health conditions are being prescribed by medical care providers. DMAS will explore the medical care data further in the next Demonstration Year. (GAP members identified in the Other Disorders category includes Posttraumatic Stress Disorder, Agoraphobia without history of panic disorder, Obsessive Compulsive Disorder, Panic Disorder with Agoraphobia, and Panic Disorder without Agoraphobia. Please note that there is no longer a service registration or authorization requirement for Psychotherapy after 10/26/2017.)

Effective October 1, 2017, GAP members also have access to additional substance use services per the Addiction and Recovery Treatment Services (ARTS) who have a substance use diagnosis. Governor's Access Plan (GAP) benefit now includes expanded community-based addiction and recovery treatment services including coverage of partial hospitalization and residential substance use disorder treatment.

GAP Annual Population with Temporary Detention Orders

Temporary Detention Orders (TDOs) are issued by a magistrate, only after an in-person evaluation by the local community services board or their designee if it appears from all evidence readily available that a person is:

- a) mentally ill and in need of hospitalization,
- b) the person presents imminent danger to self or others as a result of mental illness, or
- c) is so seriously mentally ill as to be substantially unable to care for self, and
- d) is incapable of volunteering or unwilling to volunteer for treatment.

By evaluating claims data, the frequency of Temporary Detention Orders in the GAP population serves as one way to track and monitor the effectiveness of the GAP waiver. If TDOs decrease subsequent to a member's enrollment, this shows that GAP members have access to the behavioral health, substance abuse, and medical care that they need. TDOs may occur during

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GAP enrollment as a sign that the member requires more attention to their behavioral health needs, and therefore, care coordinators and recovery navigators from the Behavioral Health Administrator (BHAS) serve to track and meet those needs throughout the member's enrollment in GAP.

Figure 9: Demographic Characteristics by Gender, 2013-2017

Demographic Characteristics by Gender			
	Female (N=549)	Male (N=874)	All GAP Recipients (N=1423)
<i>Race/Ethnicity Category (%)</i>			
Caucasian	27.27	38.09	65.35
African American	8.85	18.9	27.76
American Indian/Alaskan Native	0.28	0.28	0.56
Asian	0.42	0.49	0.91
Hispanic	0.14	0.7	0.84
Native Hawaiian or other Pacific Islander	0.14	0.7	0.84
Asian and White	0	0.07	0.07
African American and Caucasian	0.42	0.49	0.91
Unknown	0.98	2.11	3.09
Asian and African American	0	0.07	0.07
Other	0	0.07	0.07
Asian Indian	0	0.07	0.07
Filipino	0	0.07	0.07
Other Asian	0	0.07	0.07
<i>Primary Diagnosis Category (%)</i>			
Bipolar Disorders	11.74	16.16	27.9
Major Depressive Disorders	16.16	21.93	38.09
Missing Diagnosis	0.42	0.63	1.05
Other Disorders	3.87	4.85	8.71
Psychotic Disorders	1.62	4.15	5.76
Schizophrenia	4.78	13.7	18.48
<i>Age Group (%)</i>			
21 to 30	9.42	22.49	31.9
31 to 40	11.88	18.55	30.43
41 to 50	10.19	13.56	23.75
51 to 60	6.18	6.11	12.3
61 to 65	0.91	0.7	1.62
<i>Marital Status (%)</i>			
Divorced	2.67	1.69	4.36
Single	15.6	25.09	40.69
Married	2.32	3.3	5.62
Separated	2.88	2.32	5.2
Unreported	14.27	28.81	43.08

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Widow/Widower	0.84	0.21	1.05
Temporary Detaining Orders (%)			
Before Enrollment	19.4	28.11	47.51
During Enrollment	18.62	32.54	51.16
After Enrollment	0.56	0.77	1.34

Figure 9 provides descriptive demographic statistics for our GAP Recipients with Temporary Detention Orders before, during and after GAP enrollment.

Our analysis sample of 8.81% (1,423 of 16,152) generated a total of 8,219 TDO claims dating back to 2013. When comparing occurrence of TDOs before and during enrollment, a decrease of 10.0% in TDO frequency after transitioning into the GAP Program was noted.

GAP Team Analyst examined whether the mean frequency of TDO encounters decreased because of GAP enrollment. Based on our analysis, there is enough statistical evidence to conclude that the mean in TDO encounter scores significantly improves for the group with TDO claims generated during enrollment period ($p < 0.05$, $t = 30.47$, $df = 668$). Because of enrollment, TDO claims amounts decreased for the recipients that had TDOs during their enrollment period. When examining the change in the average of TDO encounters after GAP disenrollment, we concluded that the mean in TDO encounter scores significantly increase after GAP eligibility has ended ($p < 0.05$, $t = 85.5$). With respect to inpatient hospitalization, we found that GAP individuals who have transitioned into Medicaid are more likely to be hospitalized; DMAS is reviewing this finding. Overall, enrollment into the GAP program has the potential to improve the health for individuals with SMI. Further analysis of Medicaid claims data concluded that 13.75% of the variation among GAP recipients with decreased TDO frequencies after enrollment can be explained by the recipient's amount of eligibility days, followed by the total number of behavioral health services (Crisis Intervention, Crisis Stabilization and GAP Case management) acquired during enrollment ($F = 79.56$, $df = 2$, $p < .001$). From this analysis, DMAS concludes that enrollment in the GAP waiver has helped members to decrease their TDO encounters compared to their TDO encounters prior to enrollment.

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Figure 10: Cover Virginia Renewals in 2017

Of the 10,364 GAP renewals due to Cover Virginia in 2017:	9,233 were approved
	1,123 were cancelled
	89.7% were approved

In November 2015, Cover Virginia began the exparte renewal process, which allowed for electronic systematic verification of information (such as income) to determine eligibility for members approaching their renewal. Figure 9 highlights the number of renewal approvals and cancellations completed in 2017.

The target population seems to be a transient community; therefore, many do not maintain a steady address or phone number. Cover Virginia’s training for their Customer Service Representatives includes heavy emphasis on

how to work with this vulnerable population. DMAS receives a monthly report from Cover Virginia of GAP members who need to submit additional information in order to complete their re-enrollment. Magellan has partnered with DMAS, and makes three attempts to call those members to encourage completion of the paper application/submit verification documentation in order to continue receiving GAP benefits. In 2017, Magellan attempted to contact 715 members who were facing cancellation to ensure they were aware they needed to complete financial renewal paperwork. Cover Virginia reports that these outreach attempts are very helpful in increasing renewal completion.

OPERATIONAL UPDATES

In Demonstration year 3, DMAS was heavily involved in the Commonwealth Coordinated Care Plus (CCC Plus) implementation, a new statewide Medicaid managed long term services and supports program. Implementation of the program was time-intensive and involved the assistance of multiple DMAS Departments. Administratively, DMAS was met with challenges in managing CCC Plus Implementation, and responding to internal (DMAS) and external (BHSA) leadership changes in the midst of operating the demonstration.

DMAS was also met with challenges in limited staffing for the delivery of GAP Care Coordination at the BHSA and turnover in clinical leadership related to GAP; Year 4 of the Demonstration will start off with a “waiver re-set” to re-orient the BHSA staff to the waiver demonstration. DMAS continues to monitor Recovery Navigation triggers for referral and processes for outreach to current members and potential members. DMAS continues to discuss areas of improvement and provide feedback on current processes so that Care Coordination for GAP members is rendered efficiently.

As discussed in the section entitled “GAP Outreach / Innovation Activities to Assure Access,” in an effort to increase GAP members’ renewal application completion process and care coordination with such a transient population, DMAS and Magellan have been working towards ensuring that GAP members have access to receive free cell phone service through the SafeLink program (VA TracFones). Through Magellan of Virginia, GAP members receive

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a free mobile phone, cellular minutes, and messaging services. Efforts to communicate with the transient GAP population regarding the Safelink registration and program benefit for eligible GAP members proves to be challenging. DMAS staff are working on ways to increase enrollment with Safelink by re-examining, with Magellan of Virginia, communication and marketing techniques that may assist with an increase in enrollment.

The 2017 General Assembly passed significant funding measures to strengthen the mental health care system including \$2 million in new funding to expand the GAP household income allowance to 100% of the FPL and to include Addiction, Recovery and Treatment Services' residential and partial hospitalization services in the demonstration waiver. Both items were effective for GAP members beginning October 1, 2017. DMAS GAP staff have been working diligently to ensure that providers and members are aware of the increase in household income limits and updating outreach materials.

During the third quarter of 2017, DMAS staff revised the GAP Administrative Regulations to account for program changes mandated by the 2017 General Assembly. The changes are: increasing the eligibility from 80 – 100% of the Federal Poverty Level; adding partial hospitalization and residential treatment services for substance use disorder, and adding Peer Support Services provided by licensed providers.

In 2017, DMAS staff witnessed a substantial increase in the GAP enrollment population. Increased enrollment can be attributed to increased awareness of the GAP program as well as incentive to become a GAP member. Increased enrollment shows that GAP members have access to behavioral health, substance abuse, and medical care. TDO frequency after enrollment has decreased per evaluation of Medicaid claims data. For members that are no longer GAP eligible, their TDO frequency increased after GAP enrollment. The hope is that the recent eligibility requirement that GAP members' income level be below 100% of the federal poverty limit will help GAP members remain eligible for as long as they need access to GAP benefits.

Opportunities for public comments in Demonstration year 3 of the GAP demonstration were available when regulations were published for the ARTS implementation in April 2017, Peer supports in June 2017, and adding ARTS residential and partial hospitalization to the benefit plan in October 2017. At the time of reporting, there are limited significant operational, systems, or fiscal developmental issues to disclose for 2017. There are no issues to report identified by beneficiaries; lawsuits or legal actions; or unusual or unanticipated trends. Since the launch of the Demonstration, DMAS continues to ensure that all systems are working together for the success of the Demonstration.

PERFORMANCE METRICS

The new reporting requirements, including documenting the impact of the demonstration in providing insurance coverage to beneficiaries and the uninsured population, as well as outcomes of care, quality and cost of care, and access to care, will be addressed in more detail in the next quarterly report.

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OUTREACH/ INNOVATION ACTIVITIES TO ASSURE ACCESS

During 2017, DMAS continued to implement a multi-faceted approach to educate potential members, families, advocates, providers and other stakeholders about GAP. DMAS continued Phase II of the GAP outreach plan focusing on increasing awareness of the Demonstration.

DMAS continued to focus on collaborating with the state prisons as well as local and regional jails to promote the Demonstration and determine how they can be involved in assisting their clients in obtaining GAP eligibility as the inmate is nearing release. It is vital that inmates who are eligible become enrolled upon release to ensure quick access to health care once they return to the community. GAP staff continued to work with Virginia Department of Corrections (VADOC) to develop strategies that would allow VADOC staff to conduct SMI screenings and submit applications for "returning citizens" (VADOC's preferred term for inmates being released from their custody) prior to their release. DMAS collaborated with VADOC and the Department of Health Professions (DHP) regarding credentialing and training for GAP SMI screeners. Most VADOC mental health staff are non-licensed master's level employees but GAP regulations, reflecting guidance from DHP, require licensed mental health providers (LMHPs) to conduct the SMI screenings. DMAS staff identified an exception in the Board of Social Work regulations that allows non-licensed masters level social workers working for the Commonwealth to provide social work services. DHP confirmed that DOC and local/regional jails' masters-level clinicians, supervised by a licensed psychologist would meet the DHP regulation requirements that DMAS relies on for clinicians conducting the GAP SMI screenings. DHP also added that the supervision could also be done remotely via tele/video conferencing. This will allow the non-licensed masters level clinicians at VADOC and in the jails to conduct the SMI screenings. There were multiple conference calls with VADOC regarding how to coordinate screening during Quarter Two. Magellan posted training for DOC officials on their webpage with directions and clarification regarding how to complete and submit a SMI screening in April 2017. This process was postponed during Quarter 2 due to a state legislative House Bill 2183 workgroup that was formed.

DMAS has been involved with House Bill 2183 Workgroup to assist with Department of Corrections / local and regional jails and its efforts to decrease barriers to healthcare for incarcerated individuals at their time of release. The workgroup brainstormed ways to capture data at the time of admission to jail / correctional facility and potentially using Compensation Board as a centralized location for data to be submitted. The workgroup focused on how to coordinate application and potential benefit start date at time of release to decrease time with no access to behavioral health or medical services after release. The workgroup completed a recommendation summary to present to DMAS leadership and to the General Assembly for the funding that is needed to implement the recommendations.

In an effort to increase GAP members' renewal application completion process and care coordination with such a transient population, DMAS and Magellan have been working towards ensuring that GAP members have access to receive free cell phone service through the SafeLink program (VA TracFones). Through Magellan of Virginia, GAP members receive a free mobile phone, cellular minutes, and messaging services. Members also get additional

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access to care and support as well as health and reminder tips. This special version of the program is specifically for members of Virginia's Medicaid behavioral health program. In 2017, there were 1,880 GAP members with access to VA TracFones. DMAS has partnered with Magellan to increase awareness of this program and to implement a Care Messaging platform with welcome messages, health reminders and health tips. This Care Messaging platform will be implemented in 2018.

Last year (2016), Virginia Commonwealth University (VCU) partnered with DMAS to conduct a quality improvement study. This quality improvement study assessed the reasons for lower than projected enrollment rates since the program's implementation in January 2015. To meet study objectives, VCU representatives engaged in data collection through interviews with SMI screeners and administrators from seven different sites who currently conduct SMI screenings for GAP. In Quarter One, VCU submitted the final deliverables for the study which includes a formal write-up of the study as well as a diagram. This study helped DMAS to confirm areas for improvement related to the eligibility and enrollment process. Some recommendations, which are detailed below, fall in line with current GAP outreach initiatives while others are not possible due to budget constraints.

DMAS continues to work on an outreach plan to target homeless shelters, soup kitchens, unemployment agencies, housing agencies, jails, and other mental health treatment facilities as part of the VCU recommendation.

VCU recommendations for improving GAP recruitment are as follows:

VCU Recommendations for GAP Recruitment

Preparation

In order to avoid confusion among the broader healthcare system we suggest conducting a targeted marketing campaign aimed at entities servicing populations that are potentially eligible for GAP enrollment. Some such entities include homeless shelters, soup kitchens, unemployment agencies, housing agencies, jails, and other mental health treatment facilities. By broadening the marketing scope to areas outside of the medical community, this would also increase awareness of the program and help reduce the "missed" individuals who are not caught for potential screening.

Identification and screening

Provide incentive for screening sites to conduct clinical screenings and provide financial application assistance during the same visit. This would take some of the responsibility off of the applicants and allow less time to lapse between clinical screening and financial application, causing fewer applicants to "fall by the wayside."

Expand clinical criteria to allow for any person receiving an SMI diagnosis in the last year to be eligible for GAP. This would cut down on the fluctuation of applicants in and out of eligibility. Also, expand clinical criteria to include diagnoses for SUDs, anxiety disorders, and personality disorders.

Coordination and follow-up

Allow universal access to application enrollment status. Many applicants visit a screening site solely for the clinical screening but because they aren't an established patient, there's no easy way to check whether a person has been enrolled or not without using a backdoor method. By creating an easier way for sites to

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follow-up with a patient, this would allow recruiters to reduce the number of denied applications due to a simple typo or human error. Additionally, providing an easily recognizable reason for denial would allow sites to correct the error and potentially change an applicant's status from ineligible to eligible.

Since January 2015, DMAS and Magellan staff host weekly conference calls to answer questions from the provider network as well as provide GAP updates and announcements as needed. A low number of GAP issues continue to be identified on these weekly calls. GAP questions and responses are monitored weekly by DMAS staff to ensure accurate information is disseminated.

Another avenue for outreach has been the email address for the public to make inquiries about GAP⁴. This email inbox is monitored daily by DMAS GAP staff. Designed to address general information about the GAP plan and its policies, DMAS staff has been successful with supplying providers and members with electronic materials (such as the GAP supplemental manual and Medicaid memos) via email to increase awareness about the benefit plan. During 2017, the majority of the emails received came from providers; most inquires involved questions regarding covered services and procedure codes.

DMAS also maintains a GAP webpage on the DMAS website⁵. The webpage includes sections for individuals, providers and other stakeholders. The webpage has links to Cover Virginia and Magellan as well as other helpful information. During 2017, the GAP webpage was revamped to include a more user-friendly experience for individuals and families and providers.

The GAP webpage received 27,125 page views, of which 21,133 were unique page views between January 1, 2017 and December 31, 2017. DMAS staff receives weekly reports of GAP webpage views and the data from those reports shows that the GAP webpage is averaging approximately 520 views per week, of which 410 were unique page views. The only trend deduced from the GAP webpage statistics is that during the national holidays, such as July 4, 2017, Thanksgiving and Christmas GAP webpage views decreased significantly, which is to be expected. During 2017, DMAS staff updated educational flyers and outreach materials and worked on changing the format of the webpage to increase ease of finding information for members, families, and providers.

Cover Virginia's website⁶ includes a webpage dedicated to GAP and outlines the financial eligibility criteria and application process. Visitors to the website can access a GAP Information Flyer in both English and Spanish, as well as review the GAP Handbook. The webpage also includes a picture of the GAP ID card.

⁴ Email address for the public to make inquiries about GAP: BridgetheGAP@dmass.virginia.gov

⁵ GAP webpage on the DMAS website: http://www.dmass.virginia.gov/Content_pgs/gap.aspx

⁶ Cover Virginia's website: <http://www.coverva.org/gap.cfm>

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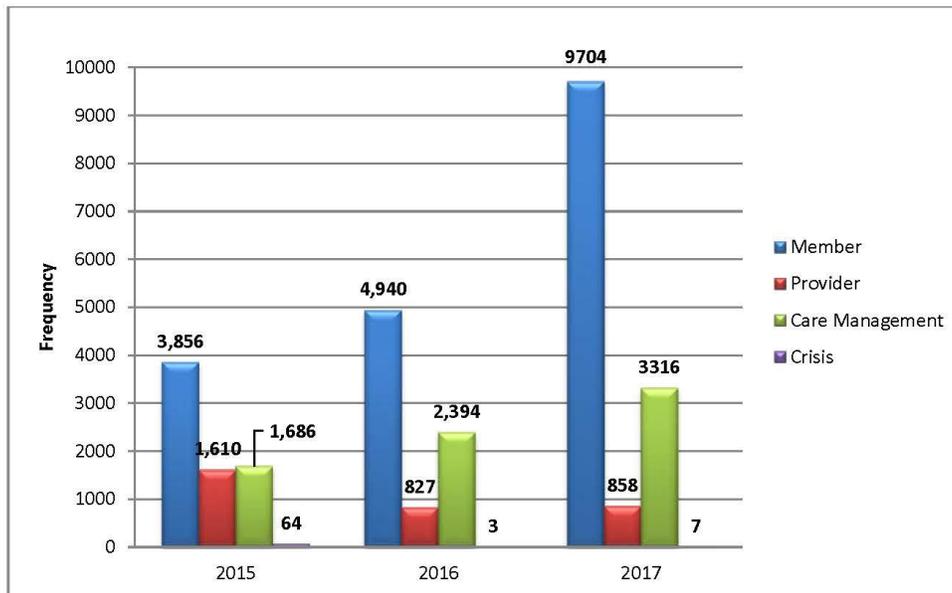
Magellan’s website has a link for provider communication⁷, where it has posted notices to providers about GAP. Magellan has a training page for providers⁸, and developed a GAP specific webpage⁹, for members, their family members and advocates.

COLLECTION AND VERIFICATION OF UTILIZATION AND ENROLLMENT DATA

DMAS collects and reviews data from contractors (Magellan and Cover Virginia) and uses data from its MMIS (Medicaid Management Information system). Weekly and monthly reports from the contractors are reviewed and analyzed and used for program monitoring, contract monitoring, training, outreach and DMAS reporting purposes.

The Magellan Call Center provides monthly data to DMAS about calls received related to GAP. Figure 17 below reflects the types of calls they receive:

Figure 11: Yearly BHSa Call Center Data, 2017



Each year, it is notable that there are significantly more contacts from GAP members than from providers. It does appear that members are becoming more engaged in their treatment and service planning by attempting to access and use their benefits. Members may contact Magellan for physical health care referrals and resources, as well as behavioral health care

⁷ Magellan website link for provider communication: <http://magellanofvirginia.com/for-providers-va/communications.aspx>

⁸ Magellan training page for providers: <http://magellanofvirginia.com/for-providers-va/provider-training.aspx>

⁹ Magellan GAP specific webpage: [http://www.magellanofvirginia.com/for-members/governor's-access-program-\(gap\).aspx](http://www.magellanofvirginia.com/for-members/governor's-access-program-(gap).aspx)

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resources. This reflects the ongoing need for care coordination in order to access services and demonstrates that the integrated model appears to be successful.

BUDGET NEUTRALITY AND FINANCIAL REPORTING

The state provides, as Appendix B of this Report, an updated budget neutrality workbook for the 2017 year that includes established baseline and member month's data that meets all the reporting requirements for monitoring budget neutrality.

CONSUMER ISSUES

DMAS is hearing anecdotally that members are experiencing wait times to access appointments for SMI screenings and barriers to scheduling appointments from providers who are unsure of what GAP coverage is. DMAS is collaborating with Magellan and following up with these allegations so DMAS can investigate this concern further. Magellan continues to assist members with accessing other screening entities to avoid delays in the eligibility application process.

DMAS is already seeing a growing usage of the ARTS residential treatment services benefit and no consumer issues have been reported at this time.

DMAS is aware that the majority of GAP members do not have adequate transportation. As with most individuals that have low social economic status, transportation is basic but a major barrier to health care access.¹⁰ Transportation is an uncovered service for the GAP Program and DMAS has heard from various stakeholders, anecdotally, that this is a much-needed service.

CONTRACTOR REPORTING REQUIREMENTS

DMAS receives reporting from Magellan regarding care coordination, Peer Supports/Recovery Navigator Services, warm line and routine utilization. DMAS receives from Cover VA weekly reports to address the GAP eligibility applications being processed. In 2017, DMAS continued to receive all necessary reports from contractors using the data elements detailed above.

DMAS is exploring using predicative modeling tools to assist in identifying GAP members with the highest level of need. GAP staff were introduced to the Pharmacy Based Risk Adjustment Model Medicaid Rx risk model. The model can be used to capture high and low risk GAP Recipients from pharmacy data (medication management and adherence) based on cost of the medications. Pharmaceutical cost data offers a detailed, longitudinal record of utilization, diagnoses, procedures, and prescriptions across the full range of health care

¹⁰ Syed, Samina T., Ben S. Gerber, and Lisa K. Sharp. "Traveling Towards Disease: Transportation Barriers to Health Care Access." *Journal of community health* 38.5 (2013): 976–993. *PMC*. Web. 1 Feb. 2018

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settings. Results of analyses could potentially give insight to and suggest higher levels of medical vulnerability and need for coordination of health and mental health services in the GAP population. DMAS continues to consider whether this model will relate appropriately to the goals of the waiver.

RECOVERY NAVIGATORS

The Recovery Navigators have continued efforts to deliver outstanding supports to our GAP members. Since inception, DMAS has only received positive feedback regarding their efforts. There are 5 Navigators positions located around the state: Northern Virginia/Central Virginia, Roanoke/Lynchburg, Far Southwest Virginia, and two in Tidewater.

The Recovery Navigators are continuing to provide in person outreach and education at crisis stabilization facilities operated by community services boards (CSBs). GAP members are being automatically referred for Recovery Navigation services at the time of crisis stabilization request. This increases the ability for the Recovery Navigator to initiate support while the member is still in the facility, to assist with the member's transition back into the community, and assist with putting supports in place to make the member's discharge successful.

In 2017, there were an average of 116 members enrolled in Recovery Navigation monthly. There is an average of 25 new enrollees per month to Recovery Navigation. The average number of days in Recovery Navigation is 138. There was an average of 29 calls to the Warmline each month, an evening and weekend support line each month, which is staffed by the Recovery Navigators. Of the supports delivered to GAP members by Recovery Navigation, emotional support, empathy, caring, concern, was primary delivery type followed by informational, providing knowledge and information about skills and training.

DMAS gathers success stories and experiences of these navigators; below is one account narrated by a Recovery Navigator:

A 32-year-old female GAP member presented with diagnosis of Bipolar Disorder and Posttraumatic Stress Disorder. She was experiencing symptoms of depression after the sudden loss of her husband. She was admitted to Crisis Stabilization 5 weeks after his death. She had to move in with her parents due to no financial support.

When the recovery navigator first met the GAP member she was tearful, depressed, unsure of herself and unable to make simple decisions. She was trying to cope with the recent loss and having to move back home.

She created a Wellness Recovery and Action Plan with Recovery Navigation and decided to go back to school. She continued to make improvements and expressed interest in becoming a Peer Recovery Specialist. She was accepted into the Peer Specialist Training program did exceptionally well, even sharing her own story with peers. She has graduated from the training and is looking forward to employment and helping others on their own path to recovery.

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Figure 12, 8 Dimensions of Wellness

8 Dimensions of Wellness:	Emotional —Coping effectively with life and creating satisfying relationships
	Environmental —Good health by occupying pleasant, stimulating environments that support well-being
	Financial —Satisfaction with current and future financial situations
	Intellectual —Recognizing creative abilities and finding ways to expand knowledge and skills
	Occupational —Personal satisfaction and enrichment from one’s work
	Physical —Recognizing the need for physical activity, healthy foods and sleep
	Social —Developing a sense of connection, belonging, and a well-developed support system
	Spiritual —Expanding our sense of purpose and meaning in life

Recovery Navigators offer support framed around the eight dimensions of wellness. Wellness means overall well-being. It includes the mental, emotional, physical, occupational, intellectual, and spiritual aspects of a person’s life. The Eight Dimensions of Wellness, as defined by Substance Abuse, Mental Health Services Administration (SAMHSA) may also help people better manage their condition and experience recovery. Figure 14 describes each dimension.

A major focus of Recovery Navigation transformation efforts is the utilization of Temple University Collaborative Participation Survey results which assist in capturing the promotion of recovery and quality of life. Due to the increasing interest in enhancing community participation as a facilitator of recovery, the baseline and follow-up assessment will examine the community participation of GAP members and the relationship between various types of participation and recovery, quality of life and meaning of life activities. The Temple University Collaborative Participation Survey strives to: a) target obstacles that prevent people with serious mental illness from being full members of their communities; b) develop the supports GAP members need to enhance the prospects for community integration; and develop strategies to avoid future crisis. DMAS will pursue this with Magellan in order to access appropriate data and identify trends.

LESSONS LEARNED

DMAS continues to evaluate how processes and procedures can be refined and strengthened. At this stage of the Demonstration, DMAS believes that significant progress has been made to increase the awareness and outreach of the benefit plan since the implementation of the Demonstration. Working with all stakeholder groups has been critical

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to the success of the program and DMAS believes the unified approach allowed for the program to have continued growth. Since implementation, DMAS has seen a low number of grievances or reconsiderations for the GAP Demonstration. Data from the Demonstration exhibits high utilization of non-mental health medications among members. This shows that members are continuing to access both medical and behavioral health services, which is one of the three GAP Demonstration goals.

In 2017 DMAS implemented the CCC Plus initiative, the ARTS initiative, Peer and Family Support Partner initiative and a large portion of the agency re-organized including the staff responsible for the GAP/ARTS demonstration. Some momentum for the GAP waiver was lost as a Full time position was shifted to another function but a part time data analyst was added to the team. The GAP manager assumed additional duties but with 2018 approaching, it is anticipated that more focus can return to GAP.

EVALUATION ACTIVITIES

DMAS was using an advisory expert panel to advise us about our evaluation and data resource/usages. Additional support was provided by DMAS' sister state agency, the Department of Behavioral Health and Developmental Services (DBHDS) with both data analysis and community mental health services. However, in the state budget reductions that position was eliminated and the employee was laid off.

DMAS has struggled with accessing and understanding how to use the data available for GAP reporting. Due to ongoing issues with data collection and analysis, the evaluation panel did not meet this year. The panel has been on hiatus while staff works on resolving the reporting issues. As a result, DMAS hired a part time analyst to be dedicated to GAP; this analyst has statistical/epidemiological background and is on the fast track to learn the MMIS system and the GAP waiver. A separate evaluation report will be submitted.

CONCLUSION

During 2017, DMAS made great progress with focusing on increasing access to healthcare for the criminal justice system's returning citizens with significant behavioral health and medical needs and is committed to recognizing how access to care impacts recidivism. DMAS has seen increased enrollment and growth in the GAP program, which allows more individuals gain access to health care in Virginia. DMAS is also committed to continued collaboration with its contractors and stakeholders to develop higher confidence in the data process as well as identifying additional opportunities to better serve our members throughout 2018.

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ARTS

BACKGROUND

Virginia implemented the ARTS program in April 1, 2017 to increase access to treatment for Medicaid members with opioid or other substance use disorders. This section of the report highlights progress made during the first year of the ARTS Demonstration (quarters two through four of this demonstration year).

Virginia's 1.3 million members enrolled in Medicaid are disproportionately impacted by the substance use epidemic. In 2016, 1,428 Virginians died from opioid overdoses and by third quarter 2017, the number has the previous year's totals, at 1,515. The number of all fatal overdoses in 2016 compared to 2015 increased by 38.9%. Most alarmingly, the fatal fentanyl and/or heroin overdoses increased by 72.6% in 2016 when compared to 2015¹¹. Nationally, Medicaid beneficiaries have higher rates for being prescribed opiates for pain relief than those with access to other insurances and higher rates of opioid use disorder¹². The financial impact is nearly as great as the human cost. Virginia spent \$44 million on Medicaid members with a primary or secondary diagnosis of SUD who were admitted to hospitals or Emergency Departments in 2014. The Governor's Task Force on Prescription Drug and Heroin Addiction, due to the overwhelming impact of substance use disorders for members enrolled in Medicaid, made a recommendation to increase access to treatment for opioid addiction for Virginia Medicaid members by increasing Medicaid reimbursement rates. Thus, DMAS developed a large stakeholder and provider workgroup to develop the comprehensive benefit for enhancing the Medicaid covered substance use disorder treatment services: **Addiction and Recovery Treatment Services (ARTS)**.

GOALS

Virginia's overall goal for the ARTS benefit is to achieve the Triple Aim of improved quality of care, improved population health, and decreased costs for the Medicaid population with SUD. DMAS' specific objectives for this benefit are outlined below:

¹¹ Data extracted from Kaiser Family Foundation Opioid Overdose Deaths, <http://www.kff.org/other/state-indicator/opioid-overdose-deaths-by-raceethnicity> and the Virginia Department of Health's Office of the Chief Medical Examiner, <http://www.vdh.virginia.gov/medical-examiner/forensic-epidemiology>.

¹² MACPAC June 2017 Report to Congress on Medicaid and CHIP. <https://www.macpac.gov/publication/medicaid-and-the-opioid-epidemic/>

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Figure 1.3: ARTS Benefit Objectives



ELIGIBILITY AND BENEFIT INFORMATION

The ARTS benefit expands access to a comprehensive continuum of addiction treatment services for all enrolled members in Medicaid, FAMIS, FAMIS MOMS and GAP (Note: FAMIS and FAMIS MOMS are programs covered by the Child Health Insurance Program (CHIP) benefit). The ARTS benefit is covered through the fee for service, Medallion 3.0 Managed Care, and Commonwealth Coordinated Care (CCC) Medicare/Medicaid Programs on April 1, 2017. Beginning in the 3rd Quarter of this demonstration year, DMAS implemented a regional roll out of the Commonwealth Coordinated Care Plus (CCC Plus) health plans. CCC Plus is a new statewide Medicaid managed long term services and supports program that will serve approximately 214,000 individuals with complex care needs, through an integrated delivery model, across the full continuum of care, including the full continuum of the ARTS benefit. The members covered by the CCC plans fully transitioned to the CCC Plus plans in December 2017. The following changes are required for SUD coverage in the DMAS contracted health plans as well as the Behavioral Health Services Administrator (BHSA):

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Effective April 1, 2017

- Inpatient Detox
- Residential Treatment
- Partial Hospitalization
- Intensive Outpatient Programs
- Opioid Treatment Program
- Office-Based Opioid Treatment
- Case Management

Effective July 1, 2017

- Peer Recovery Supports

In October 2017, DMAS received an approval from CMS to amend the GAP benefit to expand substance use treatment services. This amendment approval added SUD partial hospitalization (ASAM Level 2.5), and SUD residential/inpatient psychiatric unit services (ASAM Level 3).

ENROLLMENT COUNTS FOR YEAR TO DATE

DMAS provides substance use disorder treatment services and co-occurring substance use and mental health disorder treatment services to over 1.3 million members enrolled in Medicaid, FAMIS, FAMIS MOMS and GAP.

The chart below shows the number of members who were identified with a substance use disorder and the percentage receiving treatment for April 1, 2017 to August 31, 2017.

About one-third of members with a diagnosis for substance use disorders received treatment during the first five months of ARTS, up from 22 percent in the prior year.

More than half (52 percent) of members with a diagnosis of opioid use disorder received treatment during the first five months of ARTS, up from 40 percent in the prior year.

Fewer people with an alcohol use disorder received treatment compared to those with an opioid use disorder, although treatment for alcohol use disorders increased substantially after ARTS implementation.

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Figure 14: Total Members with a Substance Use Disorder Compared to Those Receiving Treatment

	Before ARTS April-August 2016	After ARTS April-August 2017	Percent Change
Total number of members with a substance use disorder (SUD)	26,785	27,595	3%
Member with SUD receiving any SUD treatment	5,815	9,460	63%
Percent receiving treatment	22%	34%	58%
Total number of members with an opioid use disorder (OUD)	8,632	10,107	17%
Members with OUD receiving any OUD treatment	3,439	5,207	51%
Percent receiving OUD treatment	40%	52%	29%
Total number of members with an alcohol use disorder (AUD)	10,996	10,054	-9%
Members with AUD receiving any AUD treatment	1,391	2,770	99%
Percent receiving AUD treatment	13%	28%	118%

Note: Services include those performed in an OBOT or Opioid Treatment Program setting, psychotherapy or counseling, physician evaluation or management, intensive outpatient, partial hospitalization, residential treatment, medically managed intensive inpatient services, and pharmacotherapy. Substance use disorder services and spending are counted using claims paid by plans to providers, (rather than the capitated rates that DMAS paid to health plans). Results are based on claims submitted between April and November, 2017 for services occurring between April 1 and August 31, 2017. As some claims may not have been submitted or paid at the time of analysis, actual utilization and spending may be higher than the estimates shown.

OPERATIONAL UPDATES

This annual report covers the first eight months of ARTS implementation. DMAS monitored activity with the managed care health plans and the BHSA to determine if there were any significant operational, policy, systems, or fiscal developmental issues. There were no issues identified by the health plans or Magellan of Virginia initially after implementation. Through the ARTS weekly technical assistance calls and the ARTS email box, providers indicated some issues with the service authorization process and claim denials for what they determined as covered services. DMAS worked very closely with the managed care health plans and the BHSA to share these concerns and monitored status to resolution. Many of the managed care health plans and the BHSA identified and corrected system issues related to the service authorizations and claim processing. DMAS encouraged the managed care health plans and the BHSA to provide technical assistance as needed to assist providers in correct claim practices. The BHSA developed a training webinar to address the top denial reasons for ARTS and tips on how providers could correct³³. DMAS continues to

³³ <http://www.magellanofvirginia.com/for-providers/arts-information/>

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promote the managed care health plans ARTS Care Coordinators, who are licensed practitioners, to help field clinical concerns and questions. DMAS holds monthly calls with the ARTS Care Coordinators to walk through issues identified and ways to assist providers and members. This included updating the ARTS Service Authorization with specific language from the American Society of Addiction Medicaid (ASAM) Multidimensional Assessment, specifically addressing the six dimensions to support that particular ASAM Level of Care.

DMAS worked with the ARTS Stakeholder Workgroup to create several clarification documents to assist providers. One of those documents notified providers of the required staff to perform the multidimensional assessment, development of the individual service plan and completion of the service authorization form. Another document notified providers of how the managed care health plans and the BHSA respond to service authorization notifications. These are posted online on the ARTS webpage²⁴.

DMAS also received feedback from providers and the health plans that there were discrepancies in consistently determining the ASAM Level of Care. This created frustration especially among residential treatment providers in working with the health plans. The main issue raised from providers was lengths of stay for pregnant women placed in residential treatment due to a court order. Prior to ARTS, Medicaid paid long-term treatment in residential settings for pregnant women. DMAS began working with the judicial system to help educate the judges on evidenced based treatment for pregnant women in the community setting, to lower the rate of court ordered residential treatment. DMAS also facilitated a workgroup with residential treatment providers and health plans ARTS Coordinators to discuss ASAM Criteria and how to best meet the needs of the pregnant members.

Another commonly reported provider concern was the lengths of stay approvals for intensive outpatient and partial hospitalization programs. Prior to ARTS, there were no service authorization requirements for intensive outpatient services. This was a significant change for current providers. DMAS worked with the managed care health plans and the BHSA to develop an average length of stay for initial requests. This is to help with consistency across plans for the initial approvals for these levels of care. DMAS notified providers that the State is required by CMS to have an independent third party review the medical necessity criteria to determine the best ASAM Level of Care and length of stay. This role is performed by the ARTS Care Coordinator who makes this clinical decision based on the information submitted on the provider request and the ASAM multidimensional assessment support that Level of Care.

²⁴ http://www.dmas.virginia.gov/Content_pgs/bh-home.aspx

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ARTS Provider Network

Residential Treatment

DMAS contracted with a vendor to perform site visits with the Residential Treatment providers to determine if the provider meets the requirements as defined by ASAM for the particular Level of Care they are attesting to meet.

DMAS contracted vendor performed 87 site visits to Residential Treatment providers to assess their capacity to provide services as defined in the ASAM Criteria during this reporting period. The chart below shows the outcome of the site visits. The contract ended June 30, 2017 and DMAS secured a contract with a new vendor in December 2017. The vendor for both contracts is Westat, Inc.

Figure 15: Residential Treatment Providers

ASAM Level 3 Category	Completed On-Site Surveys	Full Certifications All Criteria Sufficient	Full Certifications with Approved POC	Total Certifications based on Surveys
3.7	35	30	5	35
3.5	30	27	1	28
3.3	5	3	0	3
3.1	11	9	0	11
Totals: N =	81	59	6	77

Office Based Opioid Treatment

DMAS's physician review panel reviews the provider applications for the Preferred Office Based Opioid Treatment (OBOT) providers to ensure they meet the ASAM Criteria and specific requirements as set forth by DMAS. There were 49 OBOT providers approved during this demonstration year with a total of 162 individual buprenorphine waived practitioners. DMAS notified the managed care health plans and the BHSA of the approved OBOT providers in order to finalize the credentialing process.

The table below summarizes the total number of the ARTS network and percentage increase since the implementation of ARTS.

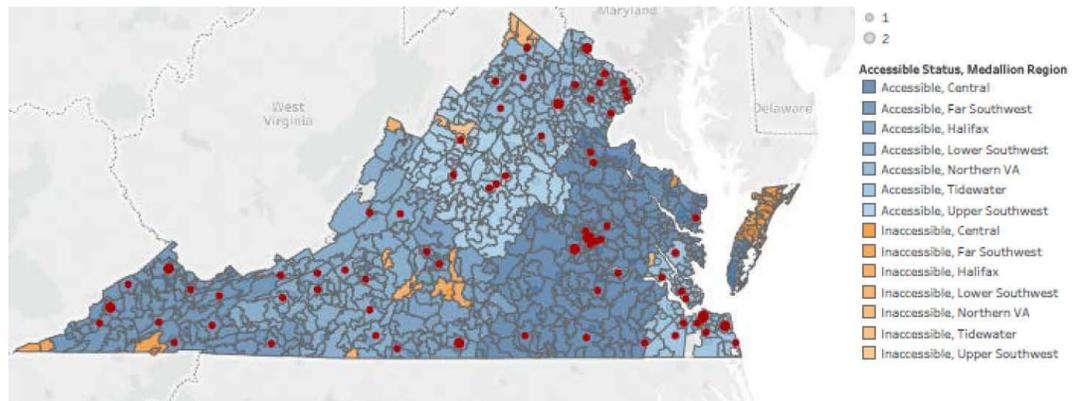
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Figure 16: Office Based Opioid Treatment Providers

Addiction Provider Type	# of Providers before ARTS	# of Providers after ARTS	% Increase in Providers
Inpatient Detox (ASAM 4.0)	Unknown	103	NEW
Residential Treatment (ASAM 3.1, 3.3, 3.5, 3.7)	4	77	↑ 1850%
Partial Hospitalization Program (ASAM 2.5)	0	13	NEW
Intensive Outpatient Program (ASAM 2.1)	49	72	↑ 47%
Opioid Treatment Program	6	29	↑ 383%
Office-Based Opioid Treatment Provider	0	162	NEW

Network Adequacy by ASAM Level of Care³⁵

Figure 17: ASAM Level 4.0 Acute Inpatient



³⁵ Note: Maps provided by the Department of Medical Assistance Services and reflect providers as of November 2017. The map is based on zip codes that have at least two providers within 30 miles driving of an urban area or 60 miles driving of a rural area.

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Figure 18: ASAM Level 3 Residential

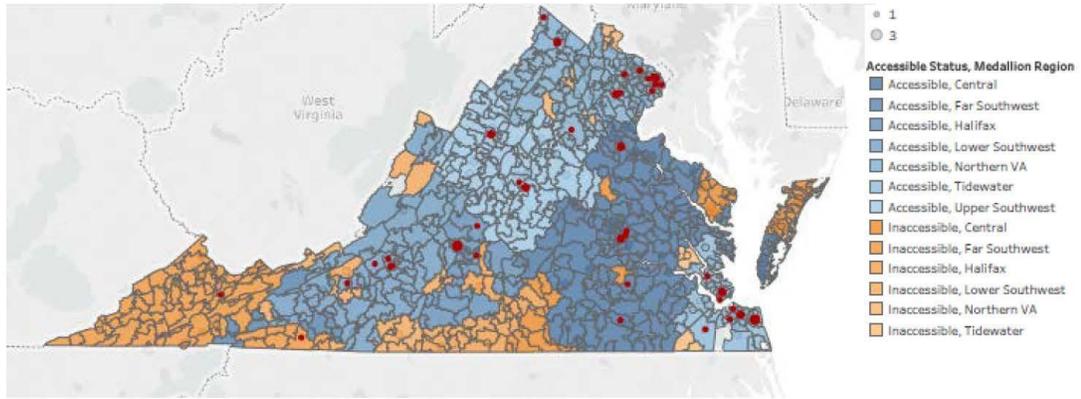


Figure 19: ASAM Level 2.5 Partial Hospitalization

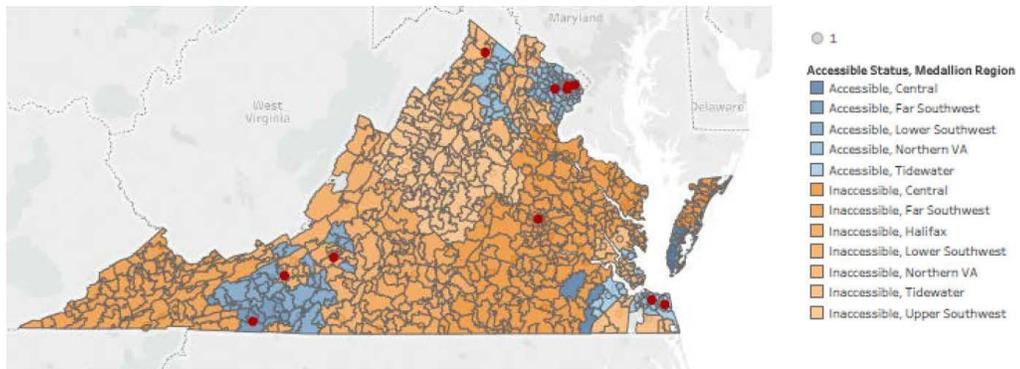
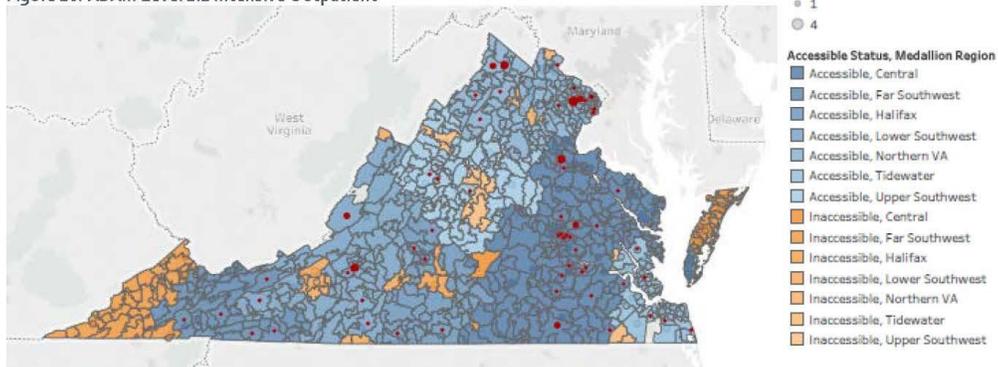


Figure 20: ASAM Level 2.1 Intensive Outpatient



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Figure 21: Office Based Opioid Treatment Programs

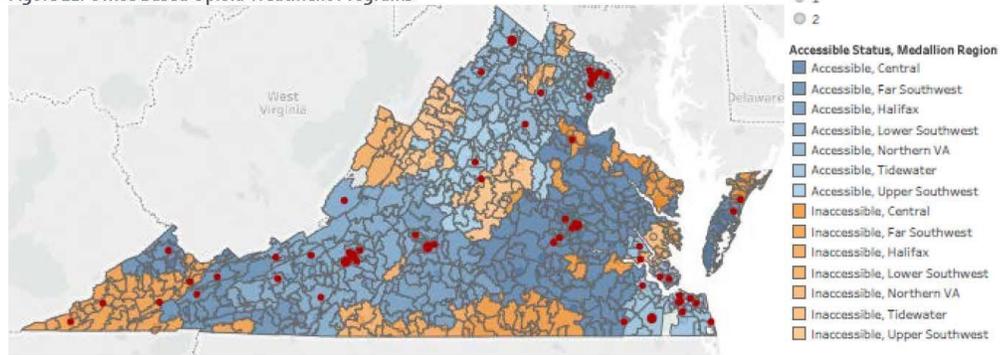


Figure 22: Opioid Treatment Programs

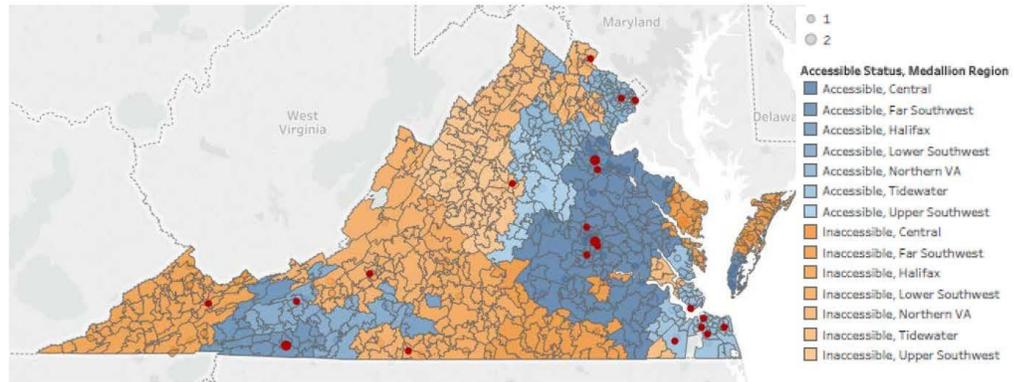
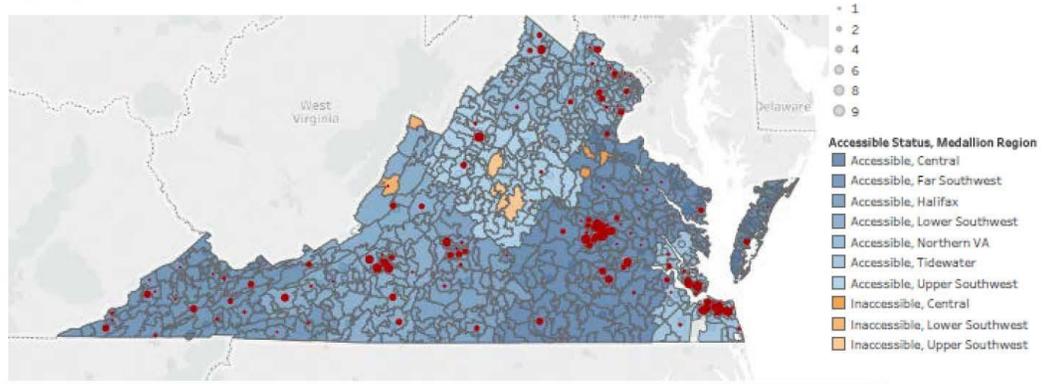


Figure 23: In-Network Buprenorphine Waivered Practitioners



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DMAS completed the final list of network providers for posting on the Virginia Department of Health website using google maps¹⁶. This is a valuable resource for providers in locating network providers for the transition of care.

Figure 24: ARTS In-Network Provider Mapping Tool

Virginia's Medicaid program has an enhanced substance use disorder treatment benefit - Addiction and Recovery Treatment Services (ARTS). The ARTS benefit provides treatment for those with substance use disorders across the state. The ARTS benefit expands access to a comprehensive continuum of addiction treatment services for all enrolled members in Medicaid, FAMIS, FAMIS MOMS and the Governor's Access Plan (GAP), including expanded community-based addiction and recovery treatment services and coverage of inpatient detoxification and residential substance use disorder treatment.



Click on the [map](#) for more information about the ARTS Provider Network. Visit the [website](#) for handouts of Medicaid ARTS Providers in each region.

PERFORMANCE METRICS

Residential Treatment Services

Virginia Medicaid recipients that are short-term residents in an ASAM Level 3 facility will receive all medically necessary services within the CMS required thirty (30) days average length of stay (ALOS). Residential services are provided in a DBHDS-licensed facility that has been issued an ASAM Level of Care certification for Levels 3.1, 3.3, 3.5, and/or 3.7, credentialed and enrolled by an MCO or the BHSA as a network provider. The table below shows the total weighted ALOS by the total number of bed days for all levels of care divided by the total number of admissions. The ALOS meets the CMS requirements for residential treatment services.

¹⁶ <https://www.google.com/maps/d/viewer?mid=1px9XvltmM7rXZ6vrTgXgPGIHTew&hl=en&ll=37.81633144363703%2C-80.57419543505449&z=7>

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Figure 25: Average Length of Stay in Residential Treatment Facilities

ASAM Level	Program	All Medicaid members		
	Service Name	Admissions	Average LOS (day)	Total LOS
3.1	Clinically managed low intensity residential services	73	15.5	1129
3.5	Clinically managed high intensity residential services (Adult); Clinically managed medium intensity residential services (Adolescent)	70	15.1	1057
3.7*	Clinically managed high intensity residential services (Adult); Clinically managed medium intensity residential services (Adolescent)	88	5.4	479
Overall ASAM 3	Residential treatment services	231	11.5	2665

* For 3.1 and 3.5 services, no gaps across claims were allowed for defining a single stay. For 3.7 services, 3-day interval or less was allowed between claim date for a single stay.

ARTS Quality Measures

The following CMS measures for SUD Demonstration Waivers will be reported on the 2nd quarterly report 2019 for the Medallion 3.0 managed care plans. This will allow more time for the claims to adjudicate to be captured in these measures. The CCC Plus health plans will not report on these measures until 2nd Quarter 2020 to have a full year of data.

Figure 26: CMS Measures for SUD Demonstration Waivers

Source	Measure	Collection Mechanism
NQF #0004	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	Claims/encounter data
NQF #1664	SUB-3 Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge and SUB-3a Alcohol and Other Drug Use Disorder Treatment at Discharge	Electronic clinical data/clinical paper chart review
NQF #2605	Follow-up after Discharge from the Emergency Department for Mental Health or Alcohol or Other Drug Dependence	Claims/encounter data
NQF #0648	Timely Transmission of Transition Record	Electronic clinical data/clinical paper chart review
PQA	Use of Opioids at High Dosage in Persons Without Cancer (PQA)	Claims/encounter data
PQA	Use of Opioids from Multiple Providers in Persons Without Cancer (PQA)	Claims/encounter data

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PQA	Use of Opioids at High Dosage and from Multiple Providers in Persons Without Cancer (PQA)	Claims/encounter data
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Monthly Deliverables

DMAS requires the managed care health plans and the BHSA to submit monthly deliverables, including comprehensive quality control procedures. All deliverable submissions must conform to the specifications documented in the DMAS ARTS Technical Manual, including all documented formatting requirements. It is the DMAS contracted health plans' and BHSA's responsibility to comply with these specifications. Any submission that does not comply with these specifications may be rejected by DMAS in total or in part. The MCO and the BHSA are required to correct and re-submit deliverables as necessary to comply with the reporting requirements set forth in the DMAS ARTS Technical Manual.

DMAS worked closely with the managed care health plans and the BHSA during this reporting period. The data submitted was not consistent and DMAS followed up with several clarifications to the DMAS ARTS Technical Manual.

The DMAS ARTS Technical Manual requires the managed care health plans and the BHSA to report on the following measures by the 15th of each month: Patient Utilization Management and Safety Program (PUMS) Members; Appeals and Grievances; ARTS Service Authorizations; Call Center Statistics; ARTS Provider Network; and Provider Network Change Affecting Member Access to Care.

Patient Utilization Management and Safety Program (PUMS)

The managed care health plans are expected to report on their members who are assigned to PUMS within the past 30 days from the reporting month. The table below includes only the Medallion 3.0 managed care health plans as the CCC Plus managed care health plans implemented later in this demonstration year.

The reasons that members are placed into PUMS include:

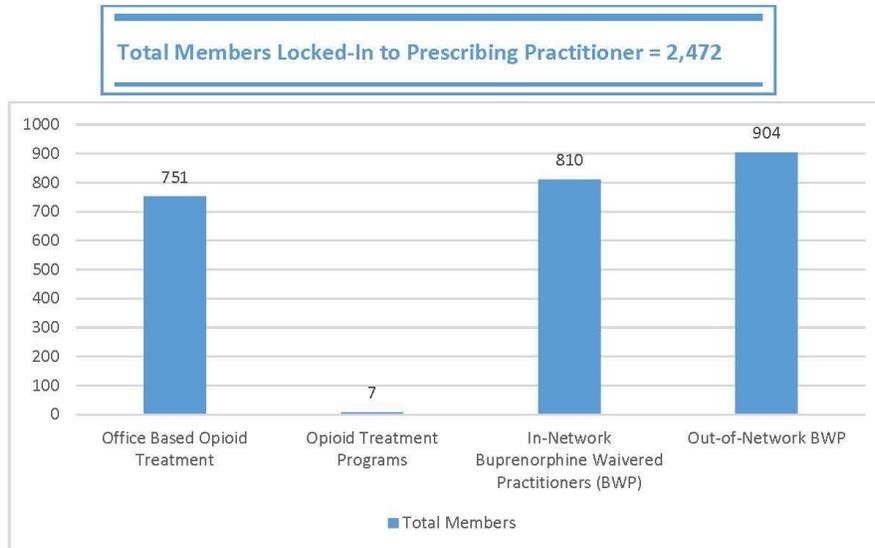
<p>1 = Buprenorphine Containing Product*: Therapy in the past thirty (30) days – AUTOMATIC LOCK-IN *If on monoprodukt (indicating pregnancy), refer to case management. **Exclude members using Butrans and Belbuca only when used for the treatment of pain.</p> <p>2 = High Average Daily Dose: > one hundred and twenty (120) cumulative morphine milligram equivalents (MME) per day over the past ninety (90) days,</p> <p>3 = Opioids and Benzodiazepines concurrent use – at least one (1) Opioid claim and fourteen (14) day supply of Benzo (in any order),</p> <p>4 = Doctor and/or Pharmacy Shopping: > three (3) prescribers OR > three (3) pharmacies writing/filling claims for any controlled substance in the past sixty (60) days,</p> <p>5 = Use of a Controlled Substance with a History of Dependence, Abuse, or Poisoning/Overdose: Any use of a controlled substance in the past sixty (60) days with at least two (2) occurrences of a medical claim for controlled Substance Abuse or Dependence in the past three hundred and sixty-five (365) days,</p>
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6 = History of Substance Use, Abuse or Dependence or Poisoning/Overdose: Any member with a diagnosis of substance use, substance abuse, or substance dependence on any new claim in any setting (e.g., ED, pharmacy, inpatient, outpatient, etc.) within the past sixty (60) days.*

**No prior claims in the previous 2 months or 60-day time frame*

Figure 27: Total Members Locked-In to Prescribing Practitioner



Appeals and Grievances

The managed care health plans and the BHSA are to report the total number of appeals submitted by a provider on behalf of a member as well as appeals submitted by a member. The appeals that are unresolved will show in the Ending Balance and will be reported on the following month.

Figure 28: ARTS Appeals by Provider and Member

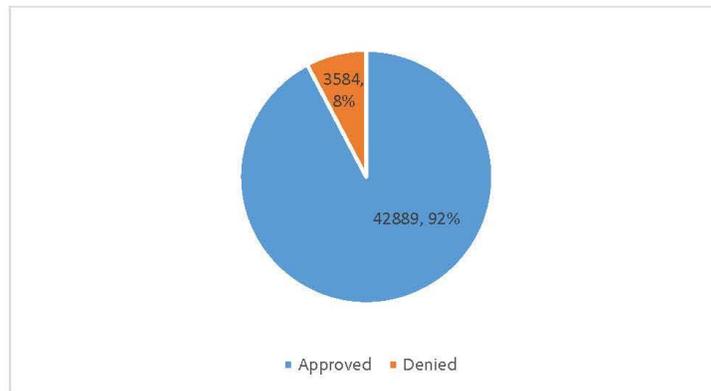
ARTS Appeals by Provider	# Opened	123
	# Closed	90
	Ending Balance	33
ARTS Appeals by Member	# Opened	116
	# Closed	109
	Ending Balance	7

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ARTS Service Authorizations and Registrations

The managed care health plans and the BHSAs are required to report on all ASAM Level Service Authorizations, Registrations (for Substance Use Case Management and Substance Abuse Peer Support only) that were approved / denied / pending during the previous calendar month.

Figure 29: Total Number of Service Authorizations and Registrations



MCO Call Center Statistics

This report includes only calls related to ARTS (any substance use disorder related call). “Calls Abandoned” are the number of calls where the caller disconnects while on hold waiting for an agent.

Figure 30: ARTS Provider and Member Call Totals

ARTS Member Calls	# of Calls		7,099
	# Abandoned		348
	% Abandoned	5% or less	4.9%
ARTS Provider Calls	# of Calls		9,749
	# Abandoned		189
	% Abandoned	5% or less	1.9%
Total Calls	# of Calls		16,848
	# Abandoned		537
	% Abandoned	5% or less	3.2%

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OUTREACH/INNOVATION ACTIVITIES TO ASSURE ACCESS

DMAS implemented a multi-faceted approach to educate members, various stakeholders, advocates, providers, and health plans about ARTS. In preparation for the development of the enhanced substance use disorder benefit, DMAS compiled a workgroup including the DHP, DBHDS, VDH, managed care organizations (MCOs), stakeholders and providers, to design a transformed model for addiction and recovery treatment which is based on the American Society of Addiction Medicine (ASAM) standards.

In addition, DMAS was in regular communication with Virginia's Executive Branch officials, including the Governor's Office, regarding progress and challenges in developing the program. In addition, efforts were made to inform Virginia's Legislative Branch, the General Assembly, via weekly correspondence. With the approval of the waiver in December 2016, DMAS has continued to provide outreach and education, some independently and some with our stakeholders or business partners.

In partnership with DBHDS and VDH, DMAS provided extensive training for providers and stakeholders on the ARTS benefit as well as best practices in working with individuals with substance use disorders. The trainings that have occurred starting in the beginning prior to ARTS implementation and continued post implementation include:

Figure 31: ARTS Training for Providers and Stakeholders

12 DMAS "ARTS 101" in-person sessions across the Commonwealth

- Over **800** providers attended
- An additional **140** providers attended ARTS webinars

VDH Addiction Disease Management trainings

- Over **750** physicians, nurse practitioners, physician assistants, behavioral health clinicians, and practice administrators attended

DBHDS ASAM patient placement criteria training

- Over **500** providers attended

10 "ARTS provider manual trainings"

- Over **800** providers attended

In 2017, DMAS held four Provider Association stakeholder meetings, which included over 40 provider associations to provide feedback on the program development as well as inform members of the ARTS benefit. DMAS presented on the ARTS benefit at numerous provider association conferences, including: Office of Children's Services /Comprehensive Services Act, Medical Society of Virginia, National Association of Social Workers – Virginia Chapter, Virginia Association of Community Services Boards (CSBs), the CSB Mental Health and Substance Abuse Councils, Virginia Association of Family Physicians, Virginia Association of

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Medication Assisted Recovery Programs, Virginia Association of Pharmacy and Virginia and Network of Private Providers. DMAS also participated in several regional behavioral health summit meetings to promote the ARTS program and opportunities for providers to collaborate and expand services.

DMAS held weekly technical assistance conference calls for ARTS providers which started the first week in April 2017. DMAS, the managed care health plan and BHSA representatives held these calls and answered questions from the participants as well as provided updates and announcements as needed. DMAS ceased the ARTS technical assistance calls in the Fall of 2017 due to low participation.

Another avenue for outreach has been the email address for the public to make inquiries about ARTS¹⁷. DMAS staff monitor this email inbox daily. Most inquiries are from providers and the weekly average is 30 emails. DMAS reminds callers at each provider call and presentation conducted that this email address is for providers and members. DMAS has notified the public through public notices to use the email box to make recommendations about the project and to suggest outreach strategies as well.

An additional approach has been the DMAS-established ARTS webpage on the DMAS website¹⁸. The webpage includes specific sections for providers and other stakeholders as well as upcoming trainings, credentialing information, posting of the demonstration waiver and Special Terms and Conditions, as well as other helpful information.

Figure 32: ARTS Website



DMAS staff has also received national recognition of the ARTS program. Below is a summary for this reporting period:

¹⁷ Email address for the public to make inquiries about ARTS: SUD@dmass.virginia.gov

¹⁸ ARTS webpage on the DMAS website: http://www.dmass.virginia.gov/Content_Pgs/bh-home.aspx

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Figure 33: ARTS National Recognition Summary

ARTS in the News:

- Medicaid and CHIP Payment and Access Commission's (MACPAC) July 2017 report to Congress: <https://www.macpac.gov/wp-content/uploads/2017/06/Medicaid-and-the-Opioid-Epidemic.pdf>
- STAT news article "How Virginia dramatically expanded treatment options for addiction (and skirted federal law)": <https://www.statnews.com/2017/05/03/addiction-services-virginia-states/>

National Presentations on ARTS by DMAS:

- January 2018 - American Medical Association (AMA) Legislative Conference (upcoming)
- December 2017 - SAMHSA Regional Medication Assisted Treatment Expansion Summit (upcoming)
- November 2017 - National Association of Medicaid Directors (NAMd)
- October 2017 - National Health Care Payment & Learning Action Network (HCPLAN) Fall Summit
- August 2017 - Plenary at the CMS/SAMHSA/CDC State Opioid Workshop
- May 2017 - Centers for Medicare and Medicaid Services (CMS) Medicaid Innovation Accelerator Program
- April 2017 - Medicaid Medical Directors Network (MMDN) annual meeting
- December 2016 - Centers for Medicare and Medicaid Services (CMS) Quality Forum

In November of 2017, DMAS implemented the Redcap Survey for the Preferred Office Based Opioid Treatment (OBOT). This tool allows OBOT providers real time access to update their clinic's availability information and to add or remove staff from their provider roster. The REDCap tool is in two sections. The first section, Demographics, gathers information such as intake phone numbers, number of open "slots" for new patients, and appointment wait time for new patients. The second section, add/remove providers, gathers information on all Buprenorphine waived and Licensed Behavioral Health Care providers. OBOTs may add new providers to their roster as well as remove those providers no longer associated with the facility.

Once an OBOT completes the Redcap survey, DMAS tabulates the findings and shares with the Medicaid Health Care Plans. The Demographics and Capacity report is for use by Addiction Recovery Treatment Services (ARTS) Care Coordinators with the individual health plans to identify available treatment sites and to facilitate member access to care. The Pharmacy Managers with the individual health plans should use the Provider Data report, with their PBM or claims processor, to manage PUMS lock-in groups. The provider report allows health plans to update information so unnecessary service authorizations are not required of Buprenorphine Waivered Providers practicing in OBOT facilities.

COLLECTION AND VERIFICATION OF UTILIZATION AND ENROLLMENT DATA

DMAS requires the managed care health plans and the BHSa to submit monthly deliverables, including comprehensive quality control procedures. All deliverable submissions must conform to the specifications documented in the DMAS ARTS Technical Manual, including all documented formatting requirements. It is the DMAS contracted health plans' and BHSa's responsibility to comply with these specifications. See Monthly Deliverables Section of this Report.

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BUDGET NEUTRALITY AND FINANCIAL REPORTING

The state provides, as Appendix B of this Report, an updated budget neutrality workbook for the 2017 year that includes established baseline and member months data that meets all the reporting requirements for monitoring budget neutrality.

CONSUMER ISSUES

DMAS implemented the Preferred OBOT model for members to receive evidence-based Medication Assisted Treatment with medication, counseling and psychosocial supports that result with best outcomes in recovery. Despite the efforts of the Preferred OBOTs, which are accepting new patients, hundreds of consumers continued to see out-of-network providers while the managed care health plans paid for the buprenorphine products. Many of the low-income consumers were not receiving the counseling or care coordination and were paying cash for the clinics to see the practitioner. The managed care health plans, in an effort to transition members to higher quality care, began denying coverage of the buprenorphine prescriptions prescribed by out-of-network providers beginning November 2017. This resulted in numerous provider concerns who were out-of-network and several of their patients contacting DMAS and the managed care health plans with concerns of having to transition to an in-network provider. DMAS and the managed care health plans worked with members to get them transitioned to in-network providers. DMAS also worked with the out-of-network providers on steps to become a network provider.

CONTRACTOR REPORTING REQUIREMENTS

DMAS developed revisions of its contract requirements for the managed care health plans and the BHSA, Medicaid state plan, state regulations and DMAS provider manuals, to establish standards of care for ARTS that incorporate industry standard benchmarks from the ASAM Criteria for defining medical necessity criteria, covered services and provider qualifications.

The managed care health plans and the BHSA contracts were modified to incorporate ASAM requirements into provider credentialing and networking, utilization management and service coordination processes to ensure that service provision is reviewed based on the ASAM Criteria and that care coordination structures match the ASAM Criteria. The managed care health plans and the BHSA contracts also added the requirement for dashboard reporting. This reporting period focused on finalizing the credentialing process with ARTS providers licensed within the scope of practice as defined by Virginia state licensure authorities. The managed care health plans and the BHSA continued to utilize, as required by contract, a standardized provider credentialing checklist developed by DMAS for Opiate Treatment Programs (OTPs) and Office Based Opioid Treatment (OBOT) providers, Intensive Outpatient Programs (ASAM Level 2.1), Partial Hospitalization Programs (ASAM Level 2.5) and Residential Treatment Services (ASAM Level 3.1, 3.3, 3.5, and 3.7) that align with the ASAM Criteria. State licensure requirements for Outpatient

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Services (ASAM Level 1.0), OTP, Intensive Outpatient (ASAM Level 2.1), and Partial Hospitalization (ASAM Level 2.5) currently align with ASAM Criteria.

DMAS required that each provider of ARTS residential services be assessed to meet the provider competencies and capacities described in the ASAM Criteria for the requisite level or sublevel of care prior to participating in the Virginia Medicaid program under the ARTS demonstration. The following processes will be implemented to verify that ARTS residential treatment service providers deliver care consistent with the ASAM Criteria:

- All DBHDS-licensed residential treatment services will provide a self-attestation to DMAS as complying with ASAM Level 3.1, 3.3, 3.5 and/or 3.7.
- DMAS will contract with a vendor, who has extensive expertise in the ASAM Criteria to conduct site visits to verify the self-attestation and certify residential treatment providers as ASAM Level 3.1, 3.3, 3.5 and/or 3.7 programs based on site visits.
- Providers received site visit reports from the vendor verifying that their programs meet ASAM criteria for Level 3.1, 3.3, 3.5, and/or 3.7 that in turn was also shared with the health plans and Magellan of Virginia as a requirement to become credentialed as residential treatment providers.

LESSONS LEARNED

DMAS continues to receive positive feedback from providers and the health plans on the transparency, outreach and willingness to engage feedback for a successful implementation and resolution of any concerns. DMAS posted a third update to the provider manual after receiving additional public comments. This update clarified the documentation requirements for ASAM Levels of Care as well as separated the Opioid Treatment Services into a separate supplement. The supplement addressed care coordination for Opioid Use Disorder and the requirements for documentation and reimbursement. The goal is to make the program information as clear as possible for providers. DMAS learned there was some confusion about the types of licenses need by ASAM Level of Care so worked with DBHDS Office of Licensing to create a document with specific licensing numbers to crosswalk to the ASAM Level of Care.

During this reporting period, DMAS received several claims and networking issues reported by providers. One lesson learned is that more work was needed pre-implementation with the managed care health plans and the BHSA for on-site testing and system readiness reviews to ensure most issues are caught prior to implementation. DMAS relied on self-reports that the systems were tested and functioning appropriately.

DMAS held the weekly technical assistance calls as well as the ARTS stakeholder meetings to allow opportunities for providers, stakeholders and health plans to have opportunities to identify issues and strategize for program improvements. DMAS has learned the value in working with all stakeholders, including the Governor's office, in advocating for the program as this has proved to be both challenging, and yet effective.

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EVALUATION ACTIVITIES AND INTERIM FINDINGS

DMAS has contracted with an independent evaluation by academic researchers at Virginia Commonwealth University (VCU) to evaluate if the delivery system transformation is effective in improving health outcomes and decreasing health care costs and utilization. The Executive Summary for the first five months of implementation is listed below. The copy of the full report is located in the Exhibits section of this report.

Executive Summary

Virginia implemented the Addiction and Recovery Treatment Services (ARTS) program in April, 2017 to increase access to treatment for Medicaid members with opioid or other substance use disorders. The Department of Medical Assistance Services contracted with Virginia Commonwealth University School of Medicine to conduct an independent evaluation of the ARTS program.

The objective of this report is to describe changes in substance use disorder treatment utilization, expenditures, and access during the first 5 months of ARTS. The major findings from this report are as follows:

Supply of Treatment Providers

There have been substantial increases in the number of practitioners and facilities providing addiction treatment services to Medicaid members, including residential treatment facilities, opioid treatment programs, and providers authorized to prescribe buprenorphine. The number of outpatient practitioners billing for ARTS services more than doubled.

Gaps in access to some service providers – especially residential facilities and Office-Based Opioid Treatment clinics – remain in some areas of the state, including the Far Southwest and other rural areas.

Increased Spending and Utilization on Addiction Treatment Services

During the first five months of the ARTS program, almost 14,000 Medicaid members used addiction-related services, a 40 percent increase from the year before.

Spending on paid claims for addiction-related services amounted to almost \$10 million during the first five months of ARTS, a 32 percent increase from the prior year.

Treatment rates for members with substance use or opioid use disorders increased by more than 50 percent. Treatment rates are higher for those with an opioid use disorder diagnosis (51 percent) than for those with alcohol use disorders (28 percent).

ARTS added coverage for residential treatment and medically managed intensive inpatient services for substance use disorders, although outpatient treatment is by far the most frequently used service.

The use of buprenorphine to treat opioid use disorders increased substantially during the first five months of ARTS, although many members using buprenorphine do not have any opioid use disorder diagnosis and are not getting other services consistent with professional guidelines.

Decreased Hospital Emergency Department Use Related to Substance Use Disorders

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The number of emergency department visits related to substance use disorders decreased by 31 percent during the first five months of ARTS while the number of members with a visit decreased by 14 percent.

Total spending on emergency department visits related to substance use declined by 14 percent to about \$16 million during the first 5 months of ARTS.

Decreased Prescribing for Opioid Pain Medications

The number of prescriptions for opioid pain medications among Medicaid members decreased by 28 percent during the first five months of ARTS, while the number of prescriptions for non-opioid pain relievers increased by 2 percent.

Regional Variation

Spending on services related to substance use disorder treatment increased the most in the Southside region (77 percent), and increased the least in the Northern region (six percent).

The Far Southwest includes 52 percent of all buprenorphine prescriptions in the state despite having only eight percent of Medicaid members. Yet, buprenorphine users in the Far Southwest are much less likely to be receiving other treatment services compared to buprenorphine users in other parts of the state.

Emergency department visits and opioid prescribing rates are highest in the Far Southwest region, and lowest in the Northern region.

Despite much lower increases in spending on substance use disorder treatment, Northern Virginia had the largest decrease in emergency department visits compared to other Virginia regions.

Workforce Development and New Models of Care Delivery

Addiction disease management training sessions sponsored by the Virginia Department of Health led to increases in the provision of addiction treatment services after six months among those who attended the training, as well as improved prescribing patterns for controlled substances.

New care delivery models through ARTS, especially the Office-Based Opioid Treatment program, seek to improve the quality and effectiveness of addiction treatment services, although utilization of such clinics has been low compared to other outpatient providers.

CONCLUSION

DMAS successfully implemented the ARTS program. During the first eight months of implementation, DMAS continued to work with providers, managed care health plans and the BHSA to work through identified issues and helping to foster the lines of communication between the providers and the health plans. DMAS continues to monitor and review the ARTS Network and working with stakeholders to increase access to areas in need of providers.

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FFCY

BACKGROUND

Youth in foster care face a number of issues when they are released from state custody, not the least of which is access to health care. The Former Foster Care Medicaid eligibility group provides an opportunity for this population to continue receiving full Medicaid coverage until age 26, which gives these youth time to transition into managing the responsibilities of living independently.

On March 23, 2010, the Affordable Care Act (ACA) was signed into law, making a number of changes to Medicaid eligibility effective January 1, 2014. To further the overall goal of expanding health coverage, the ACA included section 2004, which added a new mandatory Medicaid eligibility group at section 1902(a)(10)(A)(i)(IX) of the Act to provide an opportunity for former foster care youth to obtain Medicaid coverage until age 26 from the state responsible for the individual's foster care. DMAS initially received approval from CMS to cover former foster care youth who received their foster care and Medicaid in Virginia as well as youth who received their foster care and Medicaid from another state but who are now living in Virginia.

In November 2016, CMS notified states that they could no longer cover the former foster care youth who received their services from another state but are now living in Virginia under the Medicaid state plan authority. States who wished to continue coverage for this population could do so under a Medicaid Section 1115 Demonstration waiver.

In May 2017, DMAS submitted an amendment to the GAP Demonstration Waiver to request approval to provide Medicaid coverage to former foster care youth who were enrolled in Medicaid and foster care in another state and who are now living in Virginia and are applying for Virginia Medicaid. Approval of the waiver amendment was received on September 22, 2017. DMAS staff are currently identifying next steps to ensure continued enrollment and improved health outcomes for these individuals.

GOALS

Virginia's overall goal for the FFCY benefit is to serve foster care youth with the access to health services they need, through amending the GAP Demonstration Waiver.

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The goals of the former foster care youth demonstrations are twofold:

- Increase and strengthen coverage of former foster care youth who were in Medicaid and foster care in a different state; and
- Improve health outcomes for these youth.

ELIGIBILITY AND BENEFIT INFORMATION

Individuals eligible in this demonstration group are those former foster care youth who: (1) were in the custody of another state or American Indian tribe, (2) were receiving foster care and Medicaid services until discharge from foster care upon turning age 18 or older, (3) are not eligible in a mandatory Medicaid coverage group, and (4) are under the age of 26.

Former Foster Care youth receive the full Medicaid benefit package, including long-term supports and services, if medically necessary.

ENROLLMENT COUNTS FOR YEAR TO DATE

The state provides, as Appendix B of this Report, enrollment counts for FFCY members for the 2017 year. As of December 2017, there were 86 FFCY members.

OPERATIONAL UPDATES

The waiver amendment to add the former foster care youth from out of state was approved in September 2017. Since approval, there have been no policy or administrative difficulties in operation for this piece of the demonstration waiver. There have been no challenges or issues.

PERFORMANCE METRICS

While no evaluation has been completed since the demonstration was approved in September 2017, it is anticipated that providing coverage to this population will lead to better health outcomes and increased access to care. There have been no appeals filed to-date related to this population.

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OUTREACH/INNOVATION ACTIVITIES TO ASSURE ACCESS

No formal outreach activities have been completed to date for this population. Advocacy organizations who work with this population have indicated that they currently stress the importance of enrolling in coverage for both youth who received their foster care and Medicaid from another state as well as those who received their services in Virginia prior to aging out of foster care. CMS has confirmed that DMAS is not required to develop an outreach plan for the FFCY component of the waiver.

COLLECTION AND VERIFICATION OF UTILIZATION AND ENROLLMENT DATA

This waiver amendment was approved in September 2017. Due to the relatively short time between amendment approval and end of this demonstration year, there has been no verification of utilization and enrollment data.

BUDGET NEUTRALITY AND FINANCIAL REPORTING

The state provides, as Appendix B of this Report, an updated budget neutrality workbook for the 2017 year that includes established baseline and member month's data that meets all the reporting requirements for monitoring budget neutrality.

CONSUMER ISSUES

Benefits are provided through the state's fee for service and managed care delivery systems. No complaints or issues have been identified to date.

CONTRACTOR REPORTING REQUIREMENTS

No contracts needed to be amended when the Former Foster Care Youth component was added to this waiver. These youth were previously covered under the Medicaid State Plan; therefore, no changes needed to be made when the waiver was approved.

RECOVERY NAVIGATORS

The Former Foster Care Youth component of this waiver does not utilize Recovery Navigators.

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LESSONS LEARNED

This demonstration was approved in September 2017. There is nothing to report at this time.

EVALUATION ACTIVITIES AND INTERIM FINDINGS

The Evaluation plan is being developed at this time. No evaluation activities have taken place and there are no interim findings.

CONCLUSION

The demonstration was implemented as a measure to continue Medicaid coverage for former foster care youth who received their services in another state but who are now living in Virginia. This group was formerly covered in Virginia under the State Plan. The change in the authority mechanism did not necessitate any changes to how these the application process for these individuals or how they receive Medicaid coverage. Because the approval of the amendment to the demonstration waiver was granted less than six months ago, evaluation activities are still in the development stage. However, it is anticipated that utilization and enrollment data will support that the goals of improved health outcomes and increased access to care are being met for this population.

ENCLOSURES

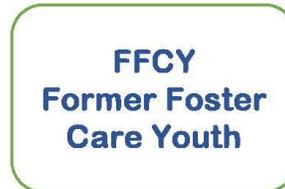
Appendix A – GAP Outreach Chart
Appendix B – GAP, ARTS, and FFCY Budget Neutrality Reports for Demonstration Year 3
ARTS VCU Evaluation First Five Months
Reference Cited

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STATE CONTACT(S)

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Appendix A – GAP Outreach Chart

DATE	EVENT	AUDIENCE	ITEM	FOCUS: GAP	FOCUS: Recovery Navigators	#ATTENDED	COMMENTS	PRESENTER
1/23/2017	Stand Down Event	Low Income Veterans	GAP Flyer	Yes	No	Unknown	Disseminated GAP flyers to the Dept. of Veterans Affairs to share at their Stand Down event in Washington D.C.	DMAS Staff
2/1/2017	Department of Corrections	Department of Corrections staff	GAP Flyer	Yes	Yes	8	Presented regarding GAP, application process, and overall benefit package.	Magellan Staff
2/2/2017	Resource	Library in Roanoke	GAP Flyer	Yes	Yes	Unknown	Posted flyers on a resource bulletin board	Magellan Staff
2/28/2017	Jail Outreach	Returning citizens in re-entry program	GAP Flyer	Yes	Yes	10	Spoke to a group of inmates in a reentry program to offer information about GAP and Recovery Navigation and warm line resources.	Magellan Staff
3/3/2017	NAMI Virginia e-Newsletter	NAMI VA	Announcement	Yes	No	Approx. 4300	Announced the Final 2017 legislative update that included the GAP FPL increase to 100%	NAMI VA Staff
3/7/2017	Email	Virginia Hospital & Healthcare Association	Website link and documents	Yes	No	Unknown	Shared GAP information with the Virginia Hospital and Healthcare Association	DMAS Staff

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3/10/2017	SMI Screener and Application Training	VADOC Officials	Training presentation	Yes	No	90	Trained VADOC Mental Health staff on how to conduct and submit GAP SMI screenings and applications for returning citizens	DMAS, Cover VA, and Magellan Staff
3/15/2017	Meeting with Chesterfield County Sheriff's Office	Chesterfield County Sherriff's Office	GAP information	Yes	Yes	1	Discussed conducting GAP screenings and applications at the Chesterfield County Jail	DMAS and Magellan Staff
3/29/2017	Department of Corrections	Department of Corrections	GAP Flyer	Yes	Yes	7	Provided information about application progress, benefit package, warm line, Recovery Navigation, and support.	Magellan Staff
7/6/2017	Training	MCO Health Plans	Peer Supports	Yes	Yes	50	DMAS presentation for MCO plans regarding peer services. Magellan System of Care Director and Recovery Navigator highlighted the benefit of having peers involved in the GAP program and shared a success story. Magellan Recovery Navigator shared his lived experience, the importance of peer supports, and key aspects of his work as a peer in the field.	DMAS Staff, Magellan Systems of Care Director, Magellan Recovery Navigator
7/19/2017	Training	Magellan Clinical staff	GAP	Yes		30	DMAS Staff, Magellan Systems of Care	Magellan Senior Trainer

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							Director, Magellan Recovery Navigator	
7/26/2017	E blast Communication	DMAS	GAP	Yes		40 CSB's	DMAS drafted a communication to be sent to the entire Virginia Community Services Board Stakeholder Group for dissemination as a reminder about the GAP screening and submission process.	DMAS Staff
7/27/2017	Conference Call	DBHDS	GAP	Yes	No	2	DMAS led a conference call with Department of Behavioral Health and Developmental Services Jail Diversion Program Coordinator and Forensic Mental Health Consultant regarding survey she is leading with Community Service Board, Consumer Driven Agencies, Parole, Jails and Dept. of Corrections. DBHDS staff reviewed sharing the survey results with GAP staff to evaluate barriers, gaps, current discharge processes, and reentry.	DMAS staff, DBHDS staff
8/3/2017	In person presentation	Incarcerated Individuals	GAP	Yes	Yes	10	Spoke to a group of inmates in a re-entry	Magellan Staff

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							program who are about to be released Presented information about applying for GAP and covered Recovery Navigation & Warmline.	
8/17/2017	Conference Presentation	Homeless service providers, nonprofit agencies, community services board, preferred pathway providers	GAP	Yes	Yes	35	DMAS staff presented information regarding GAP overview, covered services, Peer Supports, upcoming changes to FPL increase and the addition of ARTS services for GAP members.	DMAS Staff; Magellan Recovery Navigator
8/22/2017	Governor McAuliffe's Reentry Resource Fair	Individuals newly released from incarceration	GAP	Yes		100	DMAS staff spoke with individuals in the Metro Richmond area who have been released from incarceration and are looking for resources to assist with transition back into the community. Staff discussed GAP overview and provided outreach and educational flyers.	DMAS Staff
8/23/2017	Webinar	Enroll VA eligibility staff	GAP	Yes	Yes	10	DMAS staff presented information regarding GAP overview, covered	DMAS Staff

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							services, Peer Supports, upcoming changes to FPL increase and the addition of ARTS services for GAP members. DMAS staff reviewed application process for GAP.	
9/5/2017	Training	Piedmont Access to Health Services (FOHC)	GAP	Yes		10	DMAS staff provided outreach and educational materials to FOHC staff regarding GAP overview, covered services, application process, and key aspects of the process.	DMAS Staff
9/7/2017	Training	Central Virginia Health Services (FOHC)	GAP	Yes	Yes	6	DMAS Staff met with clinical team at Central Virginia Health Services, which has 15 site locations across Virginia. Reviewed the SMI application process and barriers to timely screenings for their locality.	DMAS Staff
9/12/2017	Meeting	Magellan Clinical Staff	GAP	Yes		4	DMAS staff met with Magellan Clinical Management regarding coordination of care, barriers, and recovery	DMAS Staff

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							navigation and reviewed importance of care coordination.	
9/21/2017	Presentation	Hospitals, Health Care Systems Administrators	GAP/ARTS	Yes	Yes	25	DMAS Staff presented on CCC Plus, GAP, and ARTS updates. DMAS staff focused on GAP overview	DMAS Staff
10/21/2017	NAMI Walk	Providers, members, potential members, community	GAP	Yes		500	Staffed a presentation booth with GAP information regarding eligibility, enrollment, benefits, and resources.	DMAS
10/26/2017	Dept. of Corrections Deep Meadow Facility	Incarcerated members	GAP	Yes		100	Resource Fair for incarcerated members and vendors to provide helpful information to make transition successful. Magellan Recovery Navigator attended and had 35 individuals request follow up information about GAP.	Magellan
10/27/2017	Region 10 Consumer Advocacy Council	Region 10 Members and Case Managers	GAP	Yes	Yes	100	Resource Fair for to provide helpful information to make transition successful. Magellan Recovery Navigator attended and had 35 individuals request	Magellan

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							follow up information about GAP.	
10/30/2017	VCU Psychology Class	Undergraduate students	GAP	Yes	Yes	30	Provided overview of GAP, history, enrollment and current statistics on demographics, diagnosis, and geographic region of members. Discussed covered benefits, Peer Supports, and Recovery Navigation	DMAS
11/1/2017	Horizon Behavioral Health CSB	Crisis Stabilization Unit and Detox Treatment Team	GAP	Yes	Yes	16	Presented to treatment teams to give details about Recovery Navigation to better their understanding of the service and increase collaboration in connecting with GAP member enrolled in their services.	Magellan
11/10/2017	Dept. of Corrections Resource Event	Incarcerated Individuals at Deep Meadow Correctional Facility	GAP	Yes	Yes	50	Recovery Navigators shared information about transition back to the community, GAP application process and benefits, and warm line.	Magellan
11/14/2017	Eleventh Annual Greater Richmond Project Homeless Connect	Homeless Individuals	GAP	Yes	Yes	500	Staffed a presentation booth with GAP information regarding eligibility,	DMAS, Magellan

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							enrollment, benefits, and resources.	
11/15-16/2017	VAPRA Conference	Individuals in recovery and providers	GAP	Yes	Yes	150	Staffed a presentation booth with GAP information regarding eligibility, enrollment, benefits, and resources	DMAS, Magellan
11/15-16/2017	Louisa County Reentry	Individuals	GAP	Yes	Yes	15	Presented GAP information regarding eligibility, enrollment, benefits, and resources.	Magellan
12/5/2017	New Life Church for Celebrate Recovery	Individuals	GAP	Yes	Yes	20	Presented GAP information regarding eligibility, enrollment, benefits, and resources.	Magellan
12/7/2017	Central Virginia Regional Jail resource fair	Incarcerated Individuals at Central Virginia Regional Jail	GAP	Yes	Yes	45	Staffed a presentation booth with GAP information regarding eligibility, enrollment, benefits, and resources	Magellan

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Appendix B – GAP, ARTS, and FFCY Budget Neutrality Reports for Demonstration Year 3

DEMONSTRATION WITHOUT WAIVER (WOW) BUDGET PROJECTION: COVERAGE COSTS FOR POPULATIONS											
ELIGIBILITY GROUP	TREND RATE 1	MONTHS OF AGING	BASE YEAR DY 00 (CY14)	TREND RATE 2	DEMONSTRATION YEARS (DY)					TOTAL WOW	
					DY 01 (CY 15)	DY 02 (CY16)	DY 03 (CY 17)	DY 04 (CY18)	DY 05 (CY19)		
Non-LTC Disabled Adults with SMI											
Pop Type:	Medicaid										
Eligible Member Months	4.9%	6	1,008,513	4.9%	953,344	943,384	1,107,365	1,161,072	1,217,384		
PMPM Cost	4.6%	6	\$1,731.41	4.6%	\$1,969.68	\$2,103.43	\$2,104.05	\$2,200.84	\$2,302.08		
Total Expenditure			\$1,746,150,082		\$ 1,877,781,807	\$ 1,984,339,966	\$ 2,329,955,835	\$ 2,555,334,146	\$ 2,802,515,829	\$ 11,549,927,583	

Without the proposed 1115 Demonstration waiver, individuals who would otherwise be served through the GAP program are assumed to progress further along the mental illness spectrum and obtain a disability determination, thereby qualifying for full-Medicaid benefits under current Virginia eligibility levels.

DEMONSTRATION WITHOUT WAIVER (WOW) BUDGET PROJECTION: COVERAGE COSTS FOR POPULATIONS											
ELIGIBILITY GROUP	TREND RATE 1	MONTHS OF AGING	BASE YEAR DY 00 (CY14)	TREND RATE 2	DEMONSTRATION YEARS (DY)					TOTAL WOW	
					DY 01 (CY 15)	DY 02 (CY16)	DY 03 (CY 17)	DY 04 (CY18)	DY 05 (CY19)		
SUD Waiver Services Recipients											
Pop Type:	Medicaid										
Eligible Member Months					-	-	220	879	922		
PMPM Cost					\$ -	\$ -	\$ 2,529.58	\$ 2,656.06	\$ 2,788.86		
Total Expenditure					\$ -	\$ -	\$ 556,507	\$ 2,334,675	\$ 2,571,330	\$ 5,462,512	
										\$ 11,555,390,095	

The proposed 1115 waiver assumes hypothetical costs equal to the projected costs of the waiver. That is, in the absence of this demonstration, costs equal to the projected PMPM would have been incurred.

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DEMONSTRATION WITH WAIVER (WW) BUDGET PROJECTION: COVERAGE COSTS FOR POPULATIONS								
ELIGIBILITY GROUP	DY 00 (CY 14)	DEMO TREND RATE	DEMONSTRATION YEARS (DY)					TOTAL WW
			DY 01 (CY 15)	DY 02 (CY 16)	DY 03 (CY 17)	DY 04 (CY 18)	DY 05 (CY 19)	
Non-LTC Disabled Adults with SMI								
Pop Type:	Medicaid							
Eligible Member Months	1,008,513	4.9%	916,442	850,698	968,760	971,771	1,008,252	
PMPM Cost	\$ 1,731.41	4.6%	\$ 1,969.68	\$ 2,103.43	\$ 2,104.05	\$ 2,200.84	\$ 2,302.08	
Total Expenditure	\$ 1,746,150,082		\$ 1,805,096,706	\$ 1,789,381,674	\$ 2,038,323,421	\$ 2,138,712,200	\$ 2,321,076,467	\$ 10,092,590,467

With the proposed 1115 Demonstration waiver, individuals served through the GAP program are assumed to be diverted from obtaining a disability determination and thereby qualifying for full-Medicaid benefits under current Virginia eligibility levels.

DEMONSTRATION WITH WAIVER (WW) BUDGET PROJECTION: COVERAGE COSTS FOR POPULATIONS								
ELIGIBILITY GROUP	DY 00 (CY 14)	DEMO TREND RATE	DEMONSTRATION YEARS (DY)					TOTAL WW
			DY 01 (CY 15)	DY 02 (CY 16)	DY 03 (CY 17)	DY 04 (CY 18)	DY 05 (CY 19)	
GAP Population								
Pop Type:	Expansion							
Eligible Member Months	-		36,902	92,686	138,605	189,301	209,132	
PMPM Cost	\$ 650.00	3.70%	\$ 416.05	\$ 430.22	\$ 394.70	\$ 417.82	\$ 433.28	
Total Expenditure	\$ -		\$ 15,353,077	\$ 39,875,371	\$ 54,707,937	\$ 79,094,364	\$ 90,613,270	\$ 279,644,020

The 1115 Demonstration waiver initially provided a limited coverage benefit to individuals with severe mental illness at or below 60% FPL and has been amended to include those at or below 100% FPL. Actual costs of GAP members were used as the DY 01 through DY 03 costs for this population.

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Pop Type:		Former Foster Care Transfers from Out of State						
Expansion								
Eligible Member Months		2.1%	56	91	813	830	847	
PMPM Cost	\$ 261.29	5.00%	\$ 430.34	\$ 462.90	\$ 484.07	\$ 508.28	\$ 533.69	
Total Expenditure	\$ -		\$ 24,099	\$ 42,124	\$ 393,551	\$ 421,869	\$ 452,035	\$ 1,333,678

In Demonstration Year 03 (CY2017) DMAS changed methodology for identifying the Former Foster Care Transfers from Out of State. DMAS includes those in the eligibility aid category for former foster care recipients who had no enrollment as a foster care child or as a Medicaid or CHIP child before their 19th birthday.

Pop Type:		SUD Waiver Services Recipients						
Expansion								
Member Count			-	-	220	879	922	
PMPM Cost	\$ 6,709.50	5.00%	\$ -	\$ -	\$ 2,529.58	\$ 2,656.06	\$ 2,788.86	
Expenditure			\$ -	\$ -	\$ 556,507	\$ 2,334,675	\$ 2,571,330	\$ 5,462,512
								\$ 10,379,030,677 TOTAL WW COSTS

Residential Treatment for Adults with Substance Abuse Disorder provided by facilities with 16+ beds is paid through both fee-for-service and managed care. DMAS calculates the expenditures with actual fee-for-service payments plus an estimated PMPM times the number of member months of recipients in managed care. Because there were only 4 fee-for-service member months in the calendar year, DMAS included another 3 payments made in January of 2018 to get a more accurate estimate of the PMPM to apply to the managed care member months.

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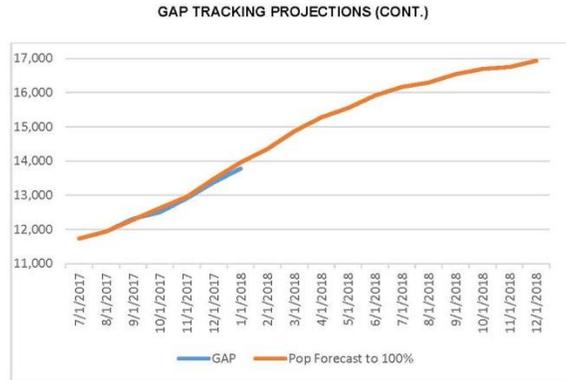
Budget Neutrality Summary						
<u>Without-Waiver Total Expenditures</u>						
	DEMONSTRATION YEARS (DY)					TOTAL
	DY 01 (CY 15)	DY 02 (CY 16)	DY 03 (CY 17)	DY 04 (CY 18)	DY 05 (CY 19)	
Medicaid Populations						
Non-LTC Disabled Adults with SMI	\$ 1,877,781,807	\$ 1,984,339,966	\$ 2,329,955,835	\$ 2,555,334,146	\$ 2,802,515,829	\$ 11,549,927,583
Medicaid Populations						
SUD Waiver Services Recipients	\$ -	\$ -	\$ 556,507	\$ 2,334,675	\$ 2,571,330	\$ 5,462,512
TOTAL	\$ 1,877,781,807	\$ 1,984,339,966	\$ 2,330,512,342	\$ 2,557,668,821	\$ 2,805,087,159	\$ 11,555,390,095
<u>With-Waiver Total Expenditures</u>						
	DEMONSTRATION YEARS (DY)					TOTAL
	DY 01 (CY 15)	DY 02 (CY 16)	DY 03 (CY 17)	DY 04 (CY 18)	DY 05 (CY 19)	
Medicaid Populations						
Non-LTC Disabled Adults with SMI	\$ 1,805,096,706	\$ 1,789,381,674	\$ 2,038,323,421	\$ 2,138,712,200	\$ 2,321,076,467	\$ 10,092,590,467
Expansion Populations						
GAP Population	\$ 15,353,077	\$ 39,875,371	\$ 54,707,937	\$ 79,094,364	\$ 90,613,270	\$ 279,644,020
Expansion Populations						
Former Foster Care Transfers from Out of State	\$ 24,099	\$ 42,124	\$ 393,551	\$ 421,869	\$ 452,035	\$ 1,333,678
Expansion Populations						
SUD Waiver Services Recipients	\$ -	\$ -	\$ 556,507	\$ 2,334,675	\$ 2,571,330	\$ 5,462,512
TOTAL	\$ 1,820,473,882	\$ 1,829,299,168	\$ 2,093,981,416	\$ 2,220,563,108	\$ 2,414,713,102	\$ 10,379,030,677
VARIANCE	\$ 57,307,924	\$ 155,040,798	\$ 236,530,926	\$ 337,105,713	\$ 390,374,057	\$ 1,176,359,418

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GAP TRACKING PROJECTIONS

SortMth	Month	Program			Month Total	POP	Medical	Admin	Total	PMPM	Payment		Weighted PMPM	GAP	Pop Forecast to 100%
		45608	45609	49601							Weeks	Weighted Exp			
7	January 2017	\$922,049	\$2,482,114	\$127,621	\$3,231,784	9,947	\$3,104,162	\$127,621	\$3,231,784	\$324.90	4	\$3,501,059	\$351.98	7/1/2016	7,981
8	February 2017	\$666,260	\$3,039,467	\$331,919	\$3,694,346	10,096	\$3,752,726	\$151,619	\$3,694,346	\$365.12	4	\$4,200,042	\$417.22	8/1/2016	8,265
9	March 2017	\$815,877	\$3,782,935	\$149,804	\$4,748,615	10,467	\$4,598,811	\$149,804	\$4,748,615	\$453.67	5	\$4,115,467	\$393.18	9/1/2016	8,780
	Quarter Total	\$2,104,185	\$9,351,516	\$409,044	\$11,864,745	30,500	\$11,455,701	\$409,044	\$11,864,745	\$389.01	13	\$11,864,745	\$389.01	10/1/2016	9,059
10	April 2017	\$705,889	\$3,021,734	\$145,615	\$3,873,235	10,621	\$3,727,620	\$145,615	\$3,873,235	\$357.94	4	\$4,198,004	\$392.76	11/1/2016	9,362
11	May 2017	\$750,000	\$3,337,168	\$147,153	\$4,234,321	11,077	\$4,087,168	\$147,153	\$4,234,321	\$382.26	4	\$4,987,181	\$444.12	12/1/2016	9,734
12	June 2017	\$802,177	\$3,232,118	\$155,603	\$4,189,898	11,425	\$4,034,294	\$155,603	\$4,189,898	\$366.73	4	\$4,539,056	\$397.29	1/1/2017	9,947
	Quarter Total	\$2,258,063	\$9,591,020	\$448,371	\$12,297,454	33,323	\$11,849,082	\$448,371	\$12,297,454	\$369.04	12	\$13,322,241	\$396.79	2/1/2017	10,089
1	July 2017	\$977,196	\$4,083,100	\$161,545	\$5,121,844	11,734	\$4,960,296	\$161,548	\$5,121,844	\$438.50	5	\$4,438,851	\$378.30	3/1/2017	10,467
2	August 2017	\$740,795	\$3,377,316	\$147,006	\$4,265,117	11,940	\$4,115,111	\$147,006	\$4,265,117	\$357.21	4	\$4,620,543	\$388.98	4/1/2017	10,821
3	September 2017	\$1,244,060	\$4,087,406	\$169,969	\$5,501,436	12,314	\$5,331,466	\$169,969	\$5,501,436	\$446.76	5	\$4,767,911	\$387.19	5/1/2017	11,077
	Quarter Total	\$2,962,052	\$11,547,822	\$478,523	\$14,888,397	35,988	\$14,409,874	\$478,523	\$14,888,397	\$413.70	14	\$13,824,940	\$384.15	6/1/2017	11,425
4	October 2017	\$978,425	\$3,598,479	\$157,733	\$4,622,837	12,505	\$4,464,904	\$157,733	\$4,622,837	\$369.66	4	\$5,007,656	\$400.47	7/1/2017	11,734
5	November 2017	\$822,232	\$3,991,868	\$168,684	\$4,982,785	12,911	\$4,814,101	\$168,684	\$4,982,785	\$385.93	4	\$5,368,017	\$418.09	8/1/2017	11,940
6	December 2017	\$990,620	\$4,868,668	\$192,633	\$6,051,920	13,378	\$5,859,288	\$192,633	\$6,051,920	\$452.38	5	\$5,244,907	\$392.06	9/1/2017	12,314
	Quarter Total	\$2,689,278	\$12,449,015	\$518,049	\$15,657,342	38,794	\$15,138,292	\$518,049	\$15,657,342	\$403.60	13	\$15,657,342	\$403.60	10/1/2017	12,505
														11/1/2017	12,911
														12/1/2017	13,378
														1/1/2018	13,776
														2/1/2018	14,354
														3/1/2018	14,869
														4/1/2018	15,277
														5/1/2018	15,551
														6/1/2018	15,916
														7/1/2018	16,167
														8/1/2018	16,296
														9/1/2018	16,539
														10/1/2018	16,693
														11/1/2018	16,749
														12/1/2018	16,933
														1/1/2019	17,042
														2/1/2019	17,057
														3/1/2019	17,206
														4/1/2019	17,281
														5/1/2019	17,283
														6/1/2019	17,419
														7/1/2019	17,483
														8/1/2019	17,480
														9/1/2019	17,626
														10/1/2019	17,697
														11/1/2019	17,708
														12/1/2019	17,853

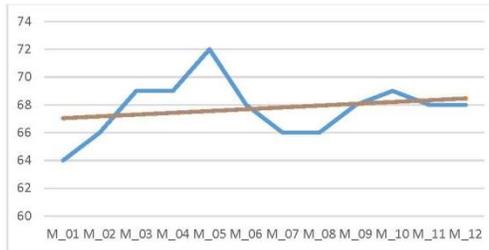
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VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES 1115 DEMONSTRATION EXTENSION APPLICATION

FFCY TRACKING PROJECTIONS

	From GAP Waiver Former Foster Care.sas								
									67.03826
									0.129404
	Member Months	Yearly Total	Month	EXPENDITURES	PMPM	Yearly Total	Yearly PMPM		
M_01	64		2017-01	\$38,663.68	\$604.12				67.03826
M_02	66		2017-02	\$29,734.10	\$450.52				67.16766
M_03	69		2017-03	\$30,984.60	\$449.05				67.29707
M_04	69		2017-04	\$40,600.26	\$588.41				67.42847
M_05	72		2017-05	\$33,853.02	\$470.18				67.55587
M_06	68		2017-06	\$30,781.70	\$452.67				67.68528
M_07	66		2017-07	\$34,725.54	\$526.14				67.81468
M_08	66		2017-08	\$29,155.99	\$441.76				67.94408
M_09	68		2017-09	\$32,405.76	\$476.56				68.07349
M_10	69		2017-10	\$31,691.49	\$459.30				68.20289
M_11	68		2017-11	\$31,074.17	\$456.97				68.33229
M_12	68	813	2017-12	\$29,880.56	\$439.42	\$393,550.87	\$484.07		68.4617
									2.1%



VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES 1115 DEMONSTRATION EXTENSION APPLICATION

HISTORIC DATA

5 YEARS OF HISTORIC DATA						
SPECIFY TIME PERIOD AND ELIGIBILITY GROUP DEPICTED:						
Non-LTC Disabled Adults with SMI	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	5-YEARS
TOTAL EXPENDITURES	\$ 1,152,815,523	\$ 1,327,142,595	\$ 1,323,507,206	\$ 1,507,211,170	\$ 1,667,366,289	\$ 6,978,042,782
ELIGIBLE MEMBER MONTHS	814,944	859,896	874,128	945,144	984,912	
PMPM COST	\$ 1,414.59	\$ 1,543.38	\$ 1,514.09	\$ 1,594.69	\$ 1,692.91	
TREND RATES						5-YEAR
						AVERAGE
						ANNUAL CHANGE
TOTAL EXPENDITURE		15.12%	-0.27%	13.88%	10.63%	9.66%
ELIGIBLE MEMBER MONTHS		5.52%	1.66%	8.12%	4.21%	4.85%
PMPM COST		9.10%	-1.90%	5.32%	6.16%	4.59%
Other Data	HY 1	HY 2	HY 3	HY 4	HY 5	5-YEARS
TOTAL EXPENDITURES	\$ 75,403,373	\$ 105,400,535	\$ 117,311,422	\$ 110,121,194	\$ 108,883,807	\$ 517,120,330
ELIGIBLE MEMBER MONTHS	176,926	207,616	219,846	172,353	167,514	
PMPM COST	\$ 426.18	\$ 507.67	\$ 533.61	\$ 638.93	\$ 650.00	
TREND RATES						5-YEAR
						AVERAGE
						ANNUAL CHANGE
TOTAL EXPENDITURE		39.78%	11.30%	-6.13%	-1.12%	9.62%
ELIGIBLE MEMBER MONTHS		17.35%	5.89%	-21.60%	-2.81%	-1.36%
PMPM COST		19.12%	5.11%	19.74%	1.73%	11.13%
Non-LTC Disabled Adults with SMI						
1. Unduplicated individuals were identified using diagnosis set run against FFS and Encounter claims. Recipients with indicators of LTC were excluded.						
2. All paid claims (FFS, Capitation) were pulled for identified individuals.						
3. In prior years where some claim types were not available, average cost per person for that service was obtained and multiplied by the number of identified identified in the cohort for the year.						

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OLD PROJECTIONS

	Actual GAP Enrollment	Stay at 80% FPL Forecast	80% to 100% FPL Forecast	Move to 100% FPL Forecast Total	Cumulative Member Months Per Year					
1/1/2015					-					
2/1/2015	112			112	112					
3/1/2015	696			696	808					
4/1/2015	1671			1,671	2,479					
5/1/2015	2464			2,464	4,943					
6/1/2015	3154			3,154	8,097					
7/1/2015	3734			3,734	11,831					
8/1/2015	4225			4,225	16,056					
9/1/2015	4665			4,665	20,721					
10/1/2015	5103			5,103	25,824					
11/1/2015	5428			5,428	31,252					
12/1/2015	5650			5,650	36,902	36,902	92,686	137,517	180,526	201,650
1/1/2016	5951			5,951	5,951					
2/1/2016	5987			5,987	11,938					
3/1/2016	6073			6,073	18,011					
4/1/2016	6687			6,687	24,698					
5/1/2016	7222			7,222	31,920					
6/1/2016	7575			7,575	39,495					
7/1/2016	7991			7,991	47,486					
8/1/2016	8265			8,265	55,751					
9/1/2016	8780			8,780	64,531					
10/1/2016	9059			9,059	73,590					
11/1/2016	9362			9,362	82,952					
12/1/2016	9734			9,734	92,686	92,686				
1/1/2017	9947			9,947	9,947					
2/1/2017	10086			10,086	20,033					
3/1/2017	10467			10,467	30,500					
4/1/2017		10,934		10,934	41,434					
5/1/2017		11,199		11,199	52,633					
6/1/2017		11,436		11,436	64,069					
7/1/2017		11,650		11,650	75,719					
8/1/2017		11,848		11,848	87,567					
9/1/2017		12,035		12,035	99,603					
10/1/2017		12,214	80	12,294	111,896					
11/1/2017		12,386	235	12,621	124,517					
12/1/2017		12,552	448	13,000	137,517	137,517				

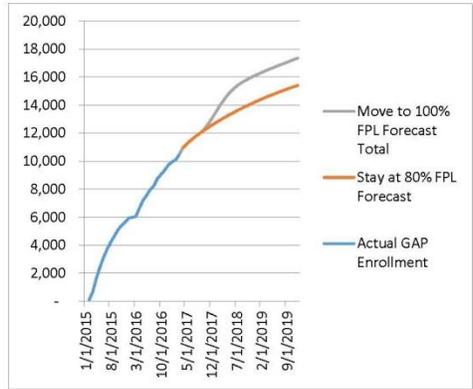
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OLD PROJECTIONS (CONT.)

1/1/2018	12,713	696	13,409	13,409				
2/1/2018	12,869	952	13,821	27,230				
3/1/2018	13,021	1,192	14,213	41,442				
4/1/2018	13,168	1,399	14,567	56,010				
5/1/2018	13,311	1,564	14,875	70,885				
6/1/2018	13,451	1,686	15,137	86,021				
7/1/2018	13,586	1,768	15,354	101,375				
8/1/2018	13,718	1,821	15,539	116,914				
9/1/2018	13,846	1,853	15,699	132,613				
10/1/2018	13,970	1,871	15,841	148,454				
11/1/2018	14,092	1,882	15,974	164,428				
12/1/2018	14,210	1,888	16,098	180,526	180,526			
1/1/2019	14,325	1,893	16,218	16,218				
2/1/2019	14,437	1,896	16,333	32,552				
3/1/2019	14,546	1,899	16,445	48,997				
4/1/2019	14,653	1,902	16,555	65,552				
5/1/2019	14,756	1,904	16,660	82,212				
6/1/2019	14,857	1,906	16,763	98,975				
7/1/2019	14,955	1,908	16,863	115,838				
8/1/2019	15,051	1,908	16,959	132,797				
9/1/2019	15,144	1,919	17,063	149,859				
10/1/2019	15,234	1,931	17,165	167,025				
11/1/2019	15,322	1,942	17,264	184,289				
12/1/2019	15,408	1,953	17,361	201,650	201,650			

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OLD PROJECTIONS (CONT.)



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SUD ESTIMATE EXPLANATION						
	Members	Member Months	PMPM	Total Funds	State Funds	Federal Funds
CY2017	546	628	\$6,709.50	\$4,213,566	\$2,106,783	\$2,106,783
CY2018	764	879	\$7,044.98	\$6,192,533	\$3,096,267	\$3,096,267
CY2019	802	922	\$7,397.22	\$6,820,240	\$3,410,120	\$3,410,120
CY2020	842	968	\$7,767.08	\$7,518,538	\$3,759,269	\$3,759,269
CY2021	884	1,017	\$8,155.44	\$8,294,082	\$4,147,041	\$4,147,041
We expect today we would have 970 adult members per year using Substance Use Treatment Centers if Available through all of CY 2017						
	970					
The Waiver is starting April 1, after the first quarter of the year						
	75%					
Utilization will grow at 5% per year						
	5%					
75% will use 16 bed or greater facilities						
	75%					
	Percent of Waiver Participants	Days Utilization				
Pregnant Women	15%	60	9,000			
Other Adults	85%	30	25,500			
Weighted Average for Member Months per Participant			1.150			
Utilization will be 15% at the higher \$400 per day rate and 85% at \$180 per day for an average of \$213 per day or \$6,390 per month						
	15%					
	\$400.00	\$60.00				
	\$180.00	\$153.00				
		\$213.00 Average Cost per day				
		\$6,390 Average Cost per Month				
And this Cost per day will grow at 5% per year						
	5%					

**VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES 1115 DEMONSTRATION
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SA SERVICES CHANGES

	Estimated Total Expenditures Without SUD Changes	SUD Services Changes	New Estimated Total Expenditures		Member Months
CY17	\$61,351,825	\$604,150	\$61,955,975		
CY18	\$83,520,297	\$1,537,100	\$85,057,398		
CY19	\$96,745,841	\$1,897,407	\$98,643,248		
CY17	\$446.14	\$4.39	\$450.53		137,517
CY18	\$409.31	\$8.51	\$471.16		180,526
CY19	\$433.28	\$9.41	\$489.18		201,650
			0.038234659		

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES 1115 DEMONSTRATION EXTENSION APPLICATION



Treatment for Addiction Disorders Increases During First Three Months of New Medicaid Program

September 2017

Overview

Over 1,100 Virginians died from opioid overdoses in 2016, nearly doubling since 2011.¹ Nationally, Medicaid members are four times more likely than people with private insurance to have ever used heroin or had pain reliever dependence.²

Virginia implemented the Addiction and Recovery Treatment Services (ARTS) program in April, 2017 to increase access to treatment for Medicaid members with opioid or other substance use disorders. ARTS benefits cover a wide range of addiction treatment services which are based on American Society of Addiction Medicine criteria.³ ARTS services include the following: inpatient detoxification, residential treatment, partial hospitalization, intensive outpatient programs, opioid treatment and case management. ARTS services are carved into existing Medicaid managed care plans to support full integration of behavioral and physical health.

ARTS Evaluation

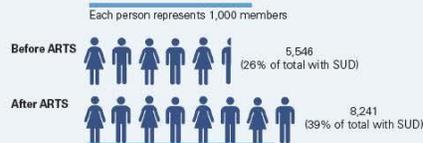
The Department of Medical Assistance Services contracted with Virginia Commonwealth University to conduct an independent evaluation of the ARTS program. This brief highlights developments across the first three months of the evaluation period, from April 1st, 2017 to July 1st, 2017.

Key Findings

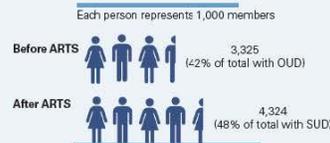
- Treatment rates among Medicaid members with substance use disorders (SUD) increased by 50% in the first 3 months of ARTS compared to a similar time period in 2016.
- Rates of pharmacotherapy for members with an opioid use disorder (OUD) vary by region. The Eastern region experienced the largest improvement with a 79% increase in the number of members treated.
- The number of outpatient practitioners providing OUD services to Medicaid members more than doubled, from 300 practitioners to 691 during the first 3 months of ARTS.

ARTS Narrows the Treatment Gap

Members receiving treatment for any substance use disorder (SUD)



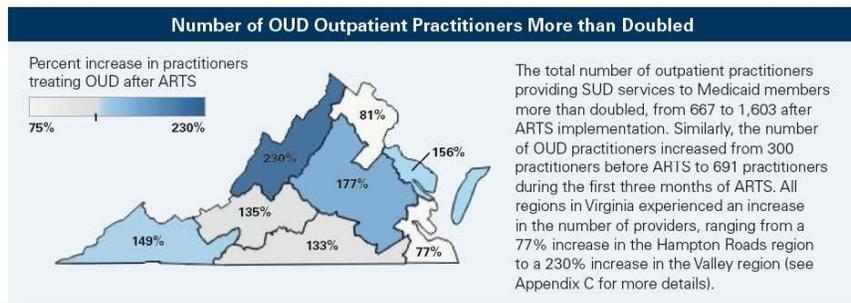
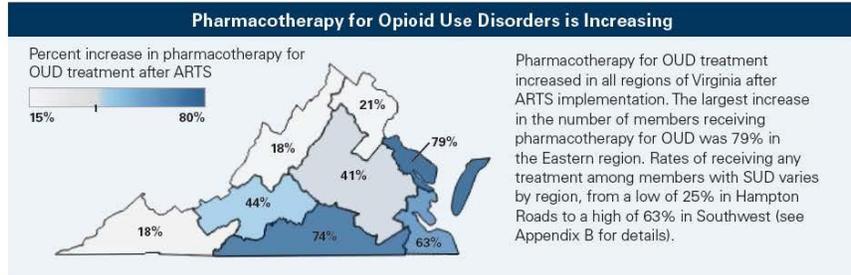
Members receiving pharmacotherapy for opioid use disorder (OUD)



Over 8,000 Medicaid members received some kind of treatment for a substance use disorder (SUD) during April through June, 2017 (the first three months of ARTS).^{*} This means 39% of Medicaid members with a SUD diagnosis were receiving treatment for their addiction after ARTS was implemented, a 50% increase from April through June, 2016. Among Medicaid members with an opioid use disorder (OUD), 48% received pharmacotherapy during the first three months of ARTS (4,324 members), a 30% increase compared to a year earlier. Treatment for alcohol use disorders also increased substantially, more than doubling during the first three months of ARTS (see Appendix A for more details).



VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES 1115 DEMONSTRATION EXTENSION APPLICATION



Conclusions

During the first three months, ARTS has reduced the treatment gap for SUD by increasing the number of practitioners providing services for SUD, and by increasing the number of Medicaid members receiving pharmacotherapy for an OUD. Future reports will examine whether the treatment gap for SUD narrows even further, and provide more detail on the types of services being received.⁵

This report was prepared by the ARTS evaluation team at the Virginia Commonwealth University (VCU) Department of Health Behavior and Policy and the Department of Family Medicine and Population Health. VCU staff include **Peter Cunningham**, Ph.D., **Andrew Bames**, Ph.D., **Heather Saunders**, MSW, **Lauryn Saxe Walker**, RN, MPH, **Yaou Sheng**, MPH, **Sebastian Tong**, M.D. MPH, **E. Marshall Brooks**, Ph.D., and **Rebecca A. Aycock**, Ph.D. The evaluation team would like to thank the Department of Medical Assistance Services for providing their technical expertise on the Medicaid claims data and the ARTS program.

¹Virginia Department of Health. Fatal Drug Overdose Quarterly Report: 1st Quarter 2017; 2017. http://www.vdh.virginia.gov/content/uploads/sites/18/2016/04/Fatal-Drug-Overdoses-Quarterly-Report-Q1-2017_Updated.pdf. ²Medicaid and CHIP Payment and Access Commission (MACPAC). Report to Congress on Medicaid and CHIP June 2017. Chapter 2- Medicaid and the Opioid Epidemic. 2017. ³American Society of Addiction Medicine (ASAM). What is the ASAM Criteria. Resources. <https://www.asam.org/resources/the-asam-criteria/about.2017>

⁴Medicaid members with SUD are defined as having any diagnosis of opioid, alcohol, or other addiction disorder (other than tobacco) for any medical encounter or prescription drug paid for by Medicaid. Estimates reported include members covered by GAP and FAMIS programs, although these members do not receive the full spectrum of ARTS services. Treatment is defined as any level of service as defined by the American Society of Addiction Medicine guidelines, pharmacotherapy, case management and office-based outpatient treatment. ⁵These results are based on claims submitted between April and June, 2017. As some claims may not have been submitted or paid for at the time of analysis, actual utilization may be higher than the estimates shown. The total numbers of Medicaid members with SUD and OUD are likely higher than those reported here. The claims data used in this report relies on providers coding that a member has a SUD including OUD. Providers have not always screened and then coded for SUD diagnoses in the past, especially before ARTS, when treatment was not available. The conclusions in this report are the authors, and no official endorsement by the VCU School of Medicine or Virginia Department of Medical Assistance Services is intended or should be inferred.



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Appendix A1

Change in treatment gap for Medicaid members with substance use disorders

	Before ARTS Apr-June, 2016	First Three Months of ARTS Apr-June, 2017	Percent Change
All Substance Use Disorders (SUD)			
Total Medicaid members with SUD	21,121	21,117	0
Receiving any treatment	5,546	8,241	+49
Receiving pharmacotherapy	3,426	4,433	+29
Percent receiving any treatment	26%	39%	+50
Opioid Use Disorders (OUD)			
Total Medicaid members with OUD	7,883	8,992	+14
Receiving any treatment	4,030	5,539	+37
Receiving pharmacotherapy	3,325	4,324	+30
Percent receiving any treatment	51%	62%	+22
Alcohol Use Disorders (AUD)			
Total Medicaid members with AUD	7,426	6,590	-11
Receiving any treatment	749	1,539	+102
Receiving pharmacotherapy	120	133	+11
Percent receiving treatment	10%	23%	+130

*Members with both OUD and AUD are included in OUD.

Appendix A2

Change in treatment gap for **GAP** members with substance use disorders

	Before ARTS Apr-June, 2016	First Three Months of ARTS Apr-June, 2017	Percent Change
All Substance Use Disorders (SUD)			
Total Medicaid members with SUD	1,120	1,570	+40
Receiving any treatment	490	886	+81
Receiving pharmacotherapy	234	614	+162
Percent receiving any treatment	44%	56%	+29
Opioid Use Disorders (OUD)			
Total Medicaid members with OUD	450	895	+99
Receiving any treatment	261	702	+169
Receiving pharmacotherapy	200	578	+189
Percent receiving any treatment	58%	78%	+34
Alcohol Use Disorders (AUD)			
Total Medicaid members with AUD	433	467	+8
Receiving any treatment	151	142	-6
Receiving pharmacotherapy	37	40	+8
Percent receiving treatment	35%	30%	-13

*GAP refers to the Governor's Access Plan. *Members with both OUD and AUD are included in OUD.



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Appendix A3

Change in treatment gap for **FAMIS** members with substance use disorders

	Before ARTS Apr-June, 2016	First Three Months of ARTS Apr-June, 2017	Percent Change
All Substance Use Disorders (SUD)			
Total Medicaid members with SUD	127	137	+8
Receiving any treatment	24	44	+83
Receiving pharmacotherapy	9	10	+11
Percent receiving any treatment	19%	32%	+68
Opioid Use Disorders (OUD)			
Total Medicaid members with OUD	18	14	-22
Receiving any treatment	9	12	+33
Receiving pharmacotherapy	9	10	+11
Percent receiving any treatment	50%	86%	+72
Alcohol Use Disorders (AUD)			
Total Medicaid members with AUD	22	23	+5
Receiving any treatment	1	2	+100
Receiving pharmacotherapy	0	0	0
Percent receiving treatment	5%	9%	+80

*FAMIS refers to the Family Access to Medical Insurance Security program. *Members with both OUD and AUD are included in OUD.

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Appendix B

Change in treatment gap for Medicaid members by Virginia region

	Members with disorder (n) Apr-June, 2016	Members receiving treatment (n) Apr-June, 2016	Percent receiving treatment (%) Apr-June, 2016	Members with disorder (n) Apr-June, 2017	Members receiving treatment (n) Apr-June, 2017	Percent receiving treatment (%) Apr-June, 2017
Members with SUD who received any type of treatment						
Total for state	21,121	5,546	26	21,117	8,241	39
Central	4,765	1,116	23	4,751	1,638	34
Eastern	343	78	23	361	146	40
Hampton Roads	4,659	601	13	4,069	1,032	25
Northern	2,698	606	22	2,520	823	33
Southside	1,361	249	18	1,537	466	30
Southwest	3,164	1,745	55	3,443	2,164	63
Valley	1,227	325	26	1,254	515	41
West Central	2,887	816	28	3,169	1,445	46
Members with OUD who received any type of treatment						
Total for state	7,883	4,030	51	8,992	5,539	62
Central	1,588	701	44	1,749	925	53
Eastern	112	51	46	145	93	64
Hampton Roads	1,274	296	23	1,211	552	46
Northern	854	409	48	836	520	62
Southside	367	131	36	558	253	45
Southwest	2,137	1,609	75	2,485	1,927	78
Valley	460	214	47	479	287	60
West Central	1,081	610	56	1,517	970	64
Members with OUD who received Pharmacotherapy						
Total for state	7,883	3,325	42	8,992	4,324	48
Central	1,588	409	26	1,749	576	33
Eastern	112	39	35	145	70	48
Hampton Roads	1,274	170	13	1,211	277	23
Northern	854	346	41	836	417	50
Southside	367	102	28	558	177	32
Southwest	2,137	1,539	72	2,485	1,820	73
Valley	460	187	41	479	220	46
West Central	1,081	525	49	1,517	755	50

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Appendix C

Change in number of practitioners by Virginia region

	Before ARTS Apr-June, 2016	First Three Months of ARTS Apr-June, 2017	Percent Change
Outpatient practitioners providing SUD services			
Total for state	667	1,603	+140
Central	137	337	+146
Eastern	19	41	+116
Hampton Roads	142	318	+124
Northern	113	193	+71
Southside	53	155	+193
Southwest	62	172	+177
Valley	57	135	+137
West Central	82	252	+207
Outpatient practitioners providing OUD services			
Total for state	300	691	+130
Central	57	158	+177
Eastern	9	23	+156
Hampton Roads	57	101	+77
Northern	48	87	+81
Southside	24	56	+133
Southwest	35	87	+149
Valley	20	66	+230
West Central	48	113	+135

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1. CMS State Medicaid Director letter, #15-003: <https://www.medicaid.gov/federal-policy-guidance/downloads/SMD15003.pdf>
2. Substance Abuse and Mental Health Services Administration, *Racial/Ethnic Differences in Mental Health Service Use among Adults*. HHS Publication No. SMA-15-4906. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015. Retrieved January 17, 2018, from <https://www.samhsa.gov/data/sites/default/files/MHServicesUseAmongAdults/MHServicesUseAmongAdults>
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4. Email address for the public to make inquiries about
GAP: BridgetheGAP@dmas.virginia.gov
5. GAP webpage on the DMAS
website: http://www.dmas.virginia.gov/Content_pgs/gap.aspx
6. Cover Virginia's website: <http://www.coverva.org/gap.cfm>
7. Magellan website link for provider communication: <http://magellanofvirginia.com/for-providers-va/communications.aspx>
8. Magellan training page for providers: <http://magellanofvirginia.com/for-providers-va/provider-training.aspx>
9. Magellan GAP specific webpage: [http://www.magellanofvirginia.com/for-members/governor's-access-program-\(gap\).aspx](http://www.magellanofvirginia.com/for-members/governor's-access-program-(gap).aspx)
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11. Data extracted from Kaiser Family Foundation Opioid Overdose Deaths, <http://www.kff.org/other/state-indicator/opioid-overdose-deaths-by-raceethnicity> and the Virginia Department of Health's Office of the Chief Medical Examiner, <http://www.vdh.virginia.gov/medical-examiner/forensic-epidemiology>.

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12. MACPAC June 2017 Report to Congress on Medicaid and CHIP.
<https://www.macpac.gov/publication/medicaid-and-the-opioid-epidemic/>
13. ARTS training webinar: <http://www.magellanofvirginia.com/for-providers/arts-information/>
14. ARTS webpage on the DMAS website: http://www.dmas.virginia.gov/Content_Pgs/bh-home.aspx
15. Note: Maps provided by the Department of Medical Assistance Services and reflect providers as of November 2017. The map is based on zip codes that have at least two providers within 30 miles driving of an urban area or 60 miles driving of a rural area.
16. DMAS completed the final list of network providers for posting on the Virginia Department of Health website using google maps:
<https://www.google.com/maps/d/viewer?mid=1pxgXvltN7rXZ6vrTgXgPGIHTew&hl=en&ll=37.81633144363703%2C-80.57419543505449&z=7>
17. Email address for the public to make inquiries about ARTS: SUD@dmas.virginia.gov
18. ARTS webpage on the DMAS website: http://www.dmas.virginia.gov/Content_Pgs/bh-home.aspx

b. ARTS: Access and Utilization During the First Year (April 2017 – March 2018)

**VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES 1115 DEMONSTRATION
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An Evaluation Report Prepared for the Virginia Department of Medical Assistance Services

Addiction and Recovery Treatment Services

Access and Utilization during the First Year (April 2017 – March 2018)

August, 2018



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Acknowledgments

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Executive Summary

Virginia implemented the Addiction and Recovery Treatment Services (ARTS) program in April, 2017 to increase access to treatment for Medicaid members with opioid or other substance use disorders. The Department of Medical Assistance Services contracted with Virginia Commonwealth University School of Medicine to conduct an independent evaluation of the ARTS program.

The objective of this report is to describe changes in substance use disorder treatment utilization and access during the first year of ARTS. The report updates a previous report that described changes in utilization during the first five months of ARTS. The major findings from this report are as follows:

Supply of addiction treatment providers

- There have been substantial increases in the number of practitioners providing addiction treatment services to Medicaid members. During the first year of ARTS, the number of outpatient practitioners billing for ARTS services increased by 173 percent, including 848 providers who prescribed buprenorphine for members with opioid use disorders.

Increased utilization of addiction treatment services

- During the first year of the ARTS program, nearly 25,000 Medicaid members used addiction-related treatment services, a 57 percent increase from the year before.
- Treatment rates for members with substance use disorders increased by 64 percent during the first year of ARTS. Treatment rates are higher for members with an opioid use disorder (63 percent), relative to those with alcohol use disorders (30 percent).
- Pregnant women experienced improved access to treatment for substance use disorders after ARTS implementation, though overall access remains low. Treatment rate for substance use disorders during pregnancy increased from 2 percent before ARTS to 18 percent the year after ARTS was implemented.

Increased use of pharmacotherapy for treatment of opioid use disorders

- During the first year of ARTS, 42 percent of members with an opioid use disorder received pharmacotherapy.
- The number of members who received pharmacotherapy for opioid use disorders increased by 34 percent, including a 22 percent increase in the number of members receiving buprenorphine. The number of members receiving methadone treatment more than tripled.
- Nearly two-thirds (63 percent) of Medicaid members who received buprenorphine pharmacotherapy during the first year of ARTS received outpatient counseling or psychotherapy.

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Decreased emergency department visits related to substance use disorders

- The number of emergency department visits related to substance use disorders decreased by 14 percent during the first 10 months of ARTS, with an even larger decrease (25 percent) for visits related to opioid use disorders. This compares to a 9 percent decrease in all emergency department visits for Virginia Medicaid members.
- The number of members with an emergency department visit related to substance use disorders decreased by 3 percent during the first 10 months of ARTS, while members with an emergency department visit related to opioid use disorders decreased by 10 percent.

Decreased utilization of acute inpatient hospital stays related to substance use disorders

- The number of Medicaid members who had an acute inpatient admission related to substance use disorders decreased by 4 percent during the first 10 months of ARTS, while members with an inpatient admission related to opioid use disorders decreased by 6 percent. This compares to a 1 percent increase in members with any inpatient admission during the first year of ARTS.

Decreased prescribing for opioid pain medications

- The total number of prescriptions for opioid pain medications among Medicaid members decreased by 27 percent during the first year of ARTS, while the number of prescriptions for non-opioid pain relievers remained unchanged.
- The number of opioid pain prescriptions per 10,000 Medicaid members decreased by 28 percent, from 3,811 prescriptions per 10,000 members before ARTS to 2,761 during the first year of ARTS .

Regional variation in the impact of ARTS

- Although treatment rates for opioid use disorders increased across all regions during the first year of ARTS, treatment rates increased the most in the Hampton Roads and Central regions.
- The Northern region experienced the greatest decrease in emergency department visits related to opioid use disorders, while visits increased in the Eastern Region.
- Despite statewide decreases in the prescribing of opioid pain medications after ARTS, the Northern region experienced the greatest decrease, and currently has the lowest prescribing rate in all of Virginia (1,309 prescriptions per 10,000 Medicaid members), whereas the Far Southwest has nearly four times the prescribing rate (4,739 prescriptions per 10,000 Medicaid members).

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Introduction

This report shows changes in substance use disorder treatment services for Medicaid members during the first year of the Addiction and Recovery Treatment Services (ARTS) program. The report updates results from a previous report that described changes in utilization during the first five months of ARTS.¹ ARTS is a major initiative by the Commonwealth of Virginia to expand access to treatment for substance use disorders among Medicaid members.

Over 1,100 Virginians died from opioid overdoses in 2016, nearly doubling since 2011.² Nationally, Medicaid members are four times more likely than people with private insurance to have ever used heroin or been dependent on pain relievers.³

Addiction and Recovery Treatment Services (ARTS)

Virginia implemented ARTS in April, 2017 to increase access to treatment for Medicaid members with opioid use disorders (OUD) and other substance use disorders (SUD), which includes abuse of alcohol and other legal and illegal drugs, but not tobacco. ARTS benefits are based on American Society of Addiction Medicine's criteria and cover a full spectrum of addiction treatment services.⁴ ARTS services include the following: inpatient withdrawal management, residential treatment, partial hospitalization, intensive outpatient programs, opioid treatment, peer recovery, and case management. ARTS services are carved into existing Medicaid managed care plans to support full integration of behavioral and physical health.

ARTS evaluation

The Department of Medical Assistance Services contracted with Virginia Commonwealth University School of Medicine to conduct an independent evaluation of the ARTS program. The evaluation is conducted by faculty and staff from the Department of Health Behavior and Policy and the Department of Family Medicine and Population Health.

How the analysis was conducted

The findings in this report are based on analysis of Medicaid paid claims. For estimates of utilization related to the treatment of substance use disorders, we compare estimates of paid claims during the first 12 months of the ARTS program (April 1, 2017 through March 31, 2018) to the same 12 month period starting April 1, 2016. These estimates exclude claims for services during the study period that had not yet been submitted or paid at the time of the analysis, unpaid claims, and services not covered by Medicaid.

¹ Addiction and Recovery Treatment Services – Access, Utilization, and Spending for the Period of April 1- August 31, 2017. <https://hbp.vcu.edu/media/hbp/policybriefs/pdfs/VCUARTS5monthreport.1.04.18.pdf>

² Data extracted from Kaiser Family Foundation Opioid Overdose Deaths, <http://www.kff.org/other/state-indicator/opioid-overdose-deaths-by-raceethnicity> and the Virginia Department of Health's Office of the Chief Medical Examiner, <http://www.vdh.virginia.gov/medical-examiner/forensic-epidemiology/>.

³ MACPAC June 2017 Report to Congress on Medicaid and CHIP. Chapter 2: Medicaid and the opioid epidemic.

⁴ American Society of Addiction Medicine (ASAM). What is ASAM criteria? <https://www.asam.org/resources/the-asam-criteria/about.2017>

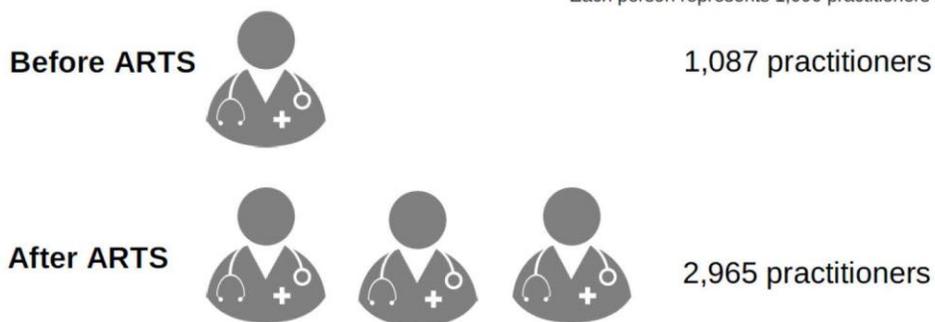
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The Supply of Addiction Treatment Providers Increases After ARTS

- Overall, 848 providers prescribed buprenorphine to Medicaid members during the first year of the ARTS program, a 34 percent increase from the previous year.
- The number of outpatient practitioners billing for addiction treatment services increased by 173% during the first year of ARTS, compared to a similar time period during the previous year. The increases were especially large for physicians and nurse practitioners (see table below).

Number of Substance Use Disorder Practitioners

Each person represents 1,000 practitioners



	Before ARTS Apr, 2016 - Mar, 2017	After ARTS Apr, 2017 - Mar, 2018	Percent Change
Substance use disorder (SUD) outpatient practitioners			
Total	1,087	2,965	173%
Physicians	261	1,571	502%
Nurse practitioners	25	188	652%
Counselors and social workers	300	457	52%
Other	501	749	50%
Opioid use disorder (OUD) outpatient practitioners			
Total	570	1,352	137%
Physicians	128	586	358%
Nurse practitioners	13	66	408%
Counselors and social workers	142	236	66%
Other	287	464	62%

Note: Outpatient practitioners refer to ASAM Level 1 practices, which are defined as outpatient services that consist of less than 9 hours of treatment per week.

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Prevalence of Substance Use and Opioid Use Disorders by Member Characteristics

During the first year of ARTS, more than 20,000 Medicaid members were diagnosed with an opioid use disorder. About 30,000 Medicaid members have other substance use disorders, including those related to the use of alcohol and other legal and illegal drugs (excluding tobacco).

- While men are more likely than women to have a substance use disorder overall (3.6 percent), women are more likely to be diagnosed with an opioid use disorder (1.6 percent of female members compared to 1.1 percent of male members).
- Prevalence of substance use disorders is higher among non-Hispanic white members (4.0 percent) compared to other racial/ethnic groups. Opioid use disorders account for nearly half of the substance use disorders among white members.

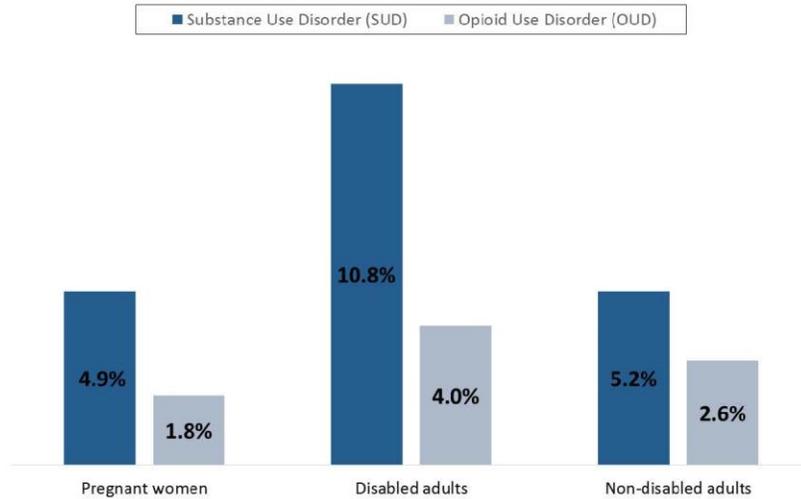
Member Characteristics	Percent of members with a SUD	Percent of members with an OUD
All members	3.5%	1.4%
Gender		
Male	3.6%	1.1%
Female	3.4%	1.6%
Race/Ethnicity		
White	4.0%	2.0%
Black	3.1%	0.8%
Hispanic and others	1.2%	0.3%
Age group		
12-17	1.7%	0.1%
18-44	6.7%	3.2%
45-64	10.4%	3.9%
65 years and higher	2.4%	0.8%
Eligibility group		
Pregnant Women	4.9%	1.8%
Disabled Adults	10.8%	4.0%
Non-Disabled Adults	5.2%	2.6%
Comorbidity		
No Co-morbidities	1.7%	0.6%
Behavioral Health co-morbidities	14.2%	6.5%
Other Co-morbidities	4.7%	2.0%

*Comorbid health conditions are based on the Elixhauser co-morbidity index, which includes 28 mostly chronic conditions, including behavioral health conditions. See Elixhauser A, et al.. Comorbidity measures for use with administrative data. Med Care. 1998;36:8-27

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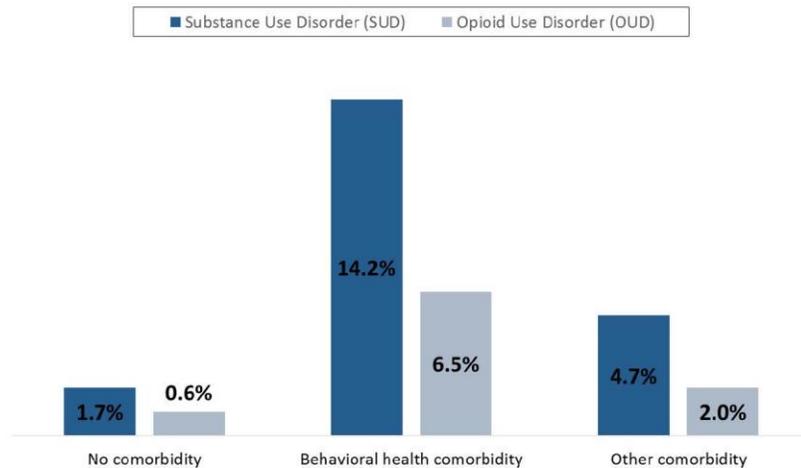
- Substance use disorders are more than twice as common among disabled adults as for pregnant women or non-disabled adults.

Prevalence of SUD and OUD Among Eligibility Groups



- Medicaid members with a behavioral health comorbidity are much more likely to have an opioid use disorder, with 6.5 percent of members with a behavioral health comorbidity having a co-occurring OUD, and 2.0 percent of members with other medical comorbidities having a co-occurring OUD.

Prevalence of SUD and OUD Among Members with Behavioral Health and Physical Health Comorbidities



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Large Increases in Service Utilization Related to Substance Use Disorders after ARTS Implementation

- During the first year of the ARTS program, 24,615 Medicaid members used a substance use disorder-related service – a 57 percent increase from the year before.
- The number of Medicaid members with opioid use disorders using treatment services increased by 48 percent during the first 12 months of the ARTS program.
- The number of Medicaid members with alcohol use disorders using treatment services increased by 81 percent during the first 12 months of the ARTS program.

	Before ARTS Apr, 2016 - Mar, 2017	After ARTS Apr, 2017 - Mar, 2018	Percent Change
All substance use disorders (SUDs)			
Total number of members using SUD-related services	15,703	24,615	57%
Opioid use disorders (OUD)			
Total number of members using OUD-related services	10,092	14,917	48%
Alcohol use disorders (AUD)			
Total number of members using AUD-related services	3,508	6,357	81%

Note: Services include those performed in an OBOT or Opioid Treatment Program setting, Screening, Brief Intervention, and Referral to Treatment (SBIRT), psychotherapy or counseling, physician evaluation or management, care coordination, peer recovery services, intensive outpatient, partial hospitalization, residential treatment, medically managed intensive inpatient services, and pharmacotherapy. Substance use disorder services are counted using claims paid by plans to providers, (rather than the capitated rates that DMAS paid to health plans). As some claims may not have been submitted or paid at the time of analysis, actual utilization may be higher than the estimates shown.

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- Although both males and females experienced gains in opioid use disorder treatment after implementation of ARTS, males saw an increase of 52 percent compared to 30 percent among females. Males had lower rates of treatment than females prior to ARTS implementation.
- While non-Hispanic black Medicaid members saw the greatest increase in treatment rates (64 percent), the treatment rate after ARTS implementation remains at 51 percent, considerably lower than the rate among non-Hispanic white members (66 percent).
- While only 7 percent of members over 65 years old with an opioid use disorder received treatment prior to ARTS, treatment rates more than doubled during the first year of ARTS. However, members aged 18-44 years continue to have the highest treatment rates with nearly three-quarters receiving care.

Vulnerable populations, such as pregnant women and members with behavioral health comorbidities have particularly benefited from ARTS during its first year. While pregnant women experienced a greater than 6-fold increase, members with behavioral health comorbidities saw a 52 percent increase in treatment rates. Despite the large relative increase in treatment for pregnant women, the percent of pregnant women with an OUD remain low (25 percent).

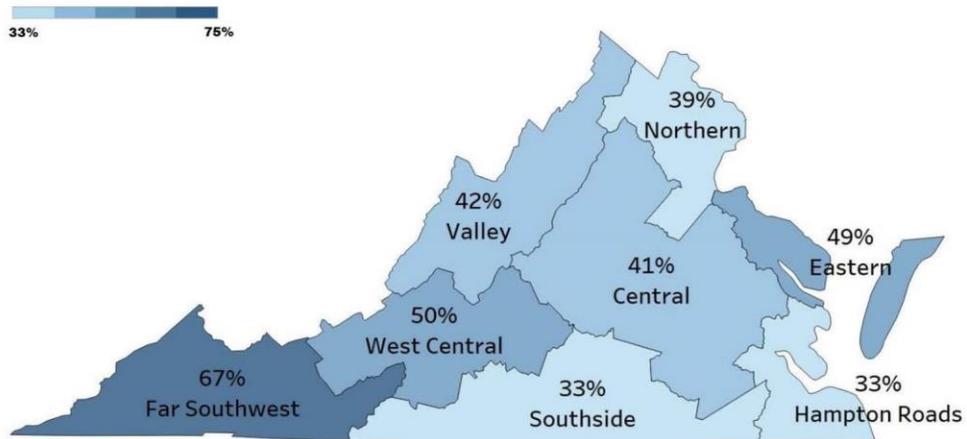
OUD Member Characteristics	Before ARTS	After ARTS	Percent Change
	Apr, 2016 - Mar, 2017	Apr, 2017 - Mar, 2018	
All members	46%	63%	35%
Gender			
Male	40%	61%	52%
Female	49%	64%	30%
Race/Ethnicity			
White	51%	66%	30%
Black	31%	51%	64%
Hispanic and others	40%	60%	53%
Age group			
12-17	79%	61%	-23%
18-44	59%	74%	24%
45-64	30%	49%	65%
65 years and higher	7%	21%	221%
Eligibility group			
Pregnant Women	4%	25%	507%
Disabled Adults	31%	49%	60%
Non-Disabled Adults	44%	75%	71%
Comorbidity			
No Co-morbidities	72%	81%	12%
Behavioral Health co-morbidities	38%	58%	52%
Other Co-morbidities	38%	52%	38%

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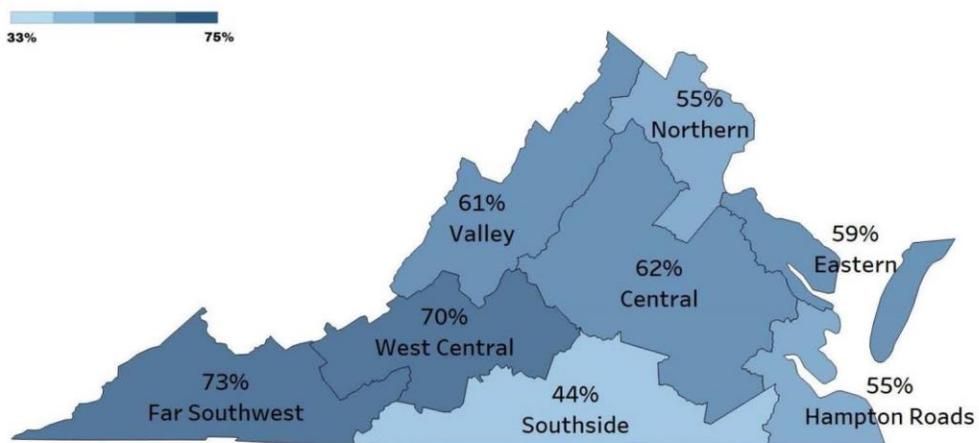
- Before implementation of ARTS, treatment rates for opioid use disorders tended to be higher in the Far Southwest and West Central regions, and lowest in the Southside and Hampton Roads region.

Percent of members with OUD who received any OUD treatment services 1 year BEFORE ARTS



- Treatment rates increased across all regions during the first year of ARTS. Increases in treatment rates were especially large in the Hampton Roads region and Central region.

Percent of members with OUD who received any OUD treatment services 1 year AFTER ARTS



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More Pregnant Women Getting Treatment for Substance Use Disorders after ARTS Implementation

More than 70,000 pregnant women benefit from Virginia Medicaid each year. Opioids are widely prescribed among women at childbearing age and pregnant women are more likely to receive them. Infants born to women using opioids during pregnancy may experience severe adverse health outcomes, including neonatal abstinence syndrome.⁵ Before ARTS, there were limited options for pregnant members to get treatment for substance use disorders. Following the first year of implementation of the ARTS program, treatment rate for substance use disorders increased substantially among Medicaid pregnant women.

- Treatment for substance use disorders among pregnant women increased from 2 percent in the year prior to ARTS to 18 percent after ARTS implementation.
- Nearly 1 in 4 pregnant women with opioid use disorders received treatment in the first year after ARTS, compared to 4 percent in the year before ARTS.
- Among pregnant women with alcohol use disorders, 24 percent received treatment 12 months after ARTS.

	Before ARTS Apr, 2016 - Mar, 2017	After ARTS Apr, 2017 - Mar, 2018	Percent Change
Total number of pregnant members with a substance use disorder (SUD)	2,993	3,188	7%
Pregnant members with SUD receiving any SUD treatment	62	575	827%
Percent receiving treatment	2%	18%	780%
Total number of pregnant members with an opioid use disorder (OUD)	1,028	1,056	3%
Pregnant members with OUD receiving any OUD treatment	42	262	524%
Percent receiving OUD treatment	4%	25%	507%
Total number of pregnant members with an alcohol use disorder (AUD)	245	221	-10%
Pregnant members with AUD receiving any AUD treatment	5	30	500%
Percent receiving AUD treatment	2%	24%	565%

⁵ MACPAC June 2017 Report to Congress on Medicaid and CHIP. Chapter 2: Medicaid and the opioid epidemic.

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Service Utilization by ASAM Levels of Care for Substance Use Disorders

Coverage of substance use disorder services provided by ARTS is based on the American Society of Addiction Medicine (ASAM) National Practice Guidelines, which comprise a continuum of care from screening, brief intervention, and referral to treatment (Level 0.5) to medically managed intensive inpatient services (Level 4).

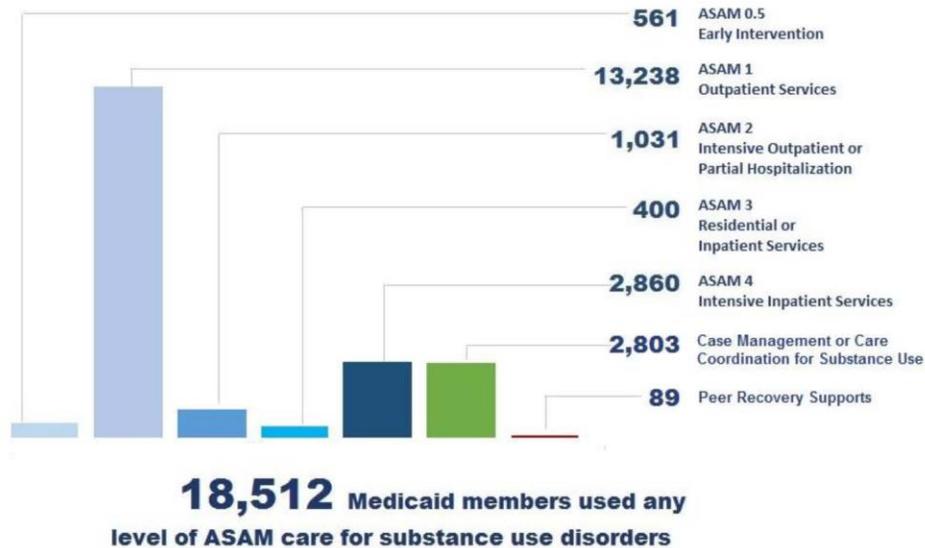
- Screening, Brief Intervention, and Referral to Treatment (ASAM Level 0.5) is used to screen for substance use disorders in any healthcare setting, including primary care settings. During the first year of ARTS, 561 members had screenings for substance use disorders.
- Outpatient services (ASAM Level 1), such as psychotherapy and counseling or physician evaluation, are by far the most frequently used services. During the first year of ARTS, 13,238 members with a primary diagnosis of a substance use disorder had psychotherapy, counseling or a physician evaluation, including 6,935 members with an opioid use disorder.
- ARTS established a new integrated care delivery model – Preferred Office-Based Opioid Treatment. During the first year of ARTS, 622 members obtained care through this model or through an Opioid Treatment Program.
- ASAM Level 2 includes partial hospitalization and intensive outpatient services. During the first year of ARTS, 1,031 members used these services, including 425 members with an opioid use disorder.
- ARTS added coverage of short-term residential treatment services (ASAM Level 3) and medically managed inpatient services (ASAM Level 4). During the first year of ARTS, 2,860 members used medically managed inpatient services for substance use disorders, while 400 members used short-term residential treatment services.
- ARTS also covered new services, including peer recovery supports, case management and care coordination for substance use. During the first year of ARTS, 2,803 members received substance use case management services. Utilization of peer recovery supports remained relatively low. It is important to note that these estimates reflect paid claims and therefore may under-estimate actual use of case management and peer recovery services.

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Members who used treatment services for substance use disorders, April, 2017 – March, 2018

	All substance use disorders	Opioid use disorders	Alcohol use disorders
Members who had any ASAM level of service	18,512	9,691	4,787
ASAM Level 0.5, Early Intervention	561	284	70
Office-Based Opioid Treatment/Outpatient Treatment Providers	622	331	164
ASAM Level 1, Outpatient Services	13,238	6,935	3,388
ASAM Level 2, Intensive Outpatient/Partial Hospitalization	1,031	430	304
ASAM Level 3, Residential/Inpatient Services	400	192	120
ASAM Level 4, Medically Managed Intensive Inpatient Services	2,860	541	1,553
Peer Recovery Supports	89	81	3
Substance Use Case Management	2,803	2,496	101
Substance Use Care Coordination at Preferred OBOTs	76	43	6

Note: Results are based on claims submitted between April, 2016 and June, 2018 for services occurring between April 1, 2016 and Mar 31, 2018.. As some claims may not have been submitted or paid at the time of analysis, actual utilization may be higher than the estimates shown.

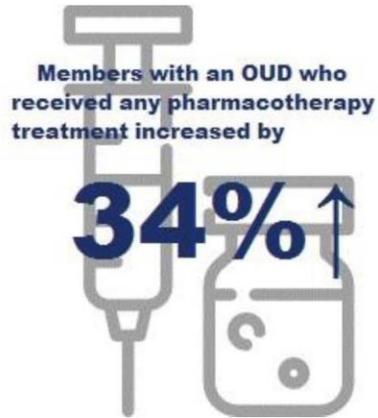


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Pharmacotherapy for Treatment of Opioid Use Disorders Increases

Treatment of opioid use disorders often involves pharmacotherapy, including buprenorphine, methadone, and naltrexone as part of evidence-based care.

- During the first 12 months of ARTS, the number of members receiving pharmacotherapy for an opioid use disorder increased by 34 percent.
- Members receiving buprenorphine pharmacotherapy – the most widely prescribed medication for opioid use disorders – increased by 22 percent.
- Methadone treatment increased substantially, while naltrexone and other pharmacotherapy treatment increased by 40 percent following ARTS implementation.



	Before ARTS Apr, 2016 - Mar, 2017	After ARTS Apr, 2017 - Mar, 2018	Percent Change
Members who received any pharmacotherapy for opioid use disorder	6,444	8,616	34%
Members who received buprenorphine	5,215	6,376	22%
Members who received methadone treatment	517	1,305	152%
Members who received naltrexone or other medication treatment	757	1,063	40%
Percent receiving any OUD pharmacotherapy	36%	42%	16%

Note: As some claims may not have been submitted or paid at the time of analysis, actual utilization may be higher than the estimates shown.

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Most Receiving Buprenorphine Pharmacotherapy Are Receiving Other Services Consistent With Medication-Assisted Treatment

Per the American Society of Addiction Medicine’s National Practice Guidelines, treatment of opioid use disorders is most effective when medication is combined with other treatment services, such as psychotherapy and counseling. The ARTS program was developed on these best practice principles.

- Nearly two-thirds (63 percent) of Medicaid members who received buprenorphine pharmacotherapy during the first year of ARTS received outpatient counseling or psychotherapy or had a physician evaluation.
- Compared to the year before, utilization of urine drug screen and case management services increased substantially after ARTS among buprenorphine users, though case management utilization remains low.

Members who received buprenorphine and other services for opioid use disorders

	Before ARTS Apr, 2016 - Mar, 2017	After ARTS Apr, 2017 - Mar, 2018	Percent Change
Number of members who received buprenorphine pharmacotherapy	5215	6,379	22%
Percent of members who received counseling or psychotherapy	35%	63%	78%
Percent of members who received a urine drug screen	35%	53%	51%
Percent of members who received case management services	4%	18%	338%

Note: Results are based on claims submitted between April, 2016 and June, 2018 for services occurring between April 1, 2016 and Mar 31, 2018. As some claims may not have been submitted or paid at the time of analysis, actual utilization may be higher than the estimates shown. *Treatment services include those performed in an OBOT or Opioid Treatment Program setting, psychotherapy or counseling, physician evaluation or management, intensive outpatient, partial hospitalization, residential treatment, medically managed intensive inpatient services, and pharmacotherapy.

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES 1115 DEMONSTRATION EXTENSION APPLICATION

Decreases in Emergency Department Use Related to Substance Use Disorders

It is expected that improved access to addiction treatment services will decrease emergency department (ED) utilization related to substance use disorders. Although our analysis did not directly examine the causal impact of increased treatment on emergency department utilization, the trends are suggestive of such a pattern.

- During the first 10 months of ARTS, the number of ED visits related to substance use disorders decreased by 14 percent, while the number of ED visits related to opioid use disorders decreased by 25 percent. This was a larger decrease than experienced overall by Medicaid members (9 percent).
- The number of members with an ED visit related to substance use disorders decreased by 3 percent during the first 10 months of ARTS, while the number of members with an ED visit related to opioid use disorders decreased by 10 percent.

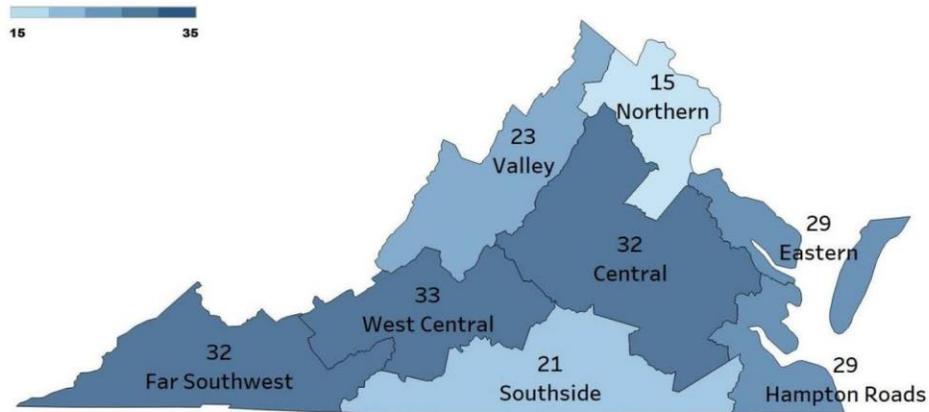
	Before ARTS Apr, 2016 - Jan, 2017	After ARTS Apr, 2017 - Jan, 2018	Percent Change
ED visits for all Medicaid members	786,698	714,743	-9%
ED visits related to substance use disorders (SUD)			
Total number of visits	24,962	21,445	-14%
Number of members with a visit	11,829	11,464	-3%
ED visits related opioid use disorders (OUD)			
Total number of visits	5,016	3,756	-25%
Number of members with a visit	2,776	2,486	-10%
ED visits related to alcohol use disorders (AUD)			
Total number of visits	11,791	9,856	-16%
Number of members with a visit	5,073	4,725	-7%

Note: ED visits with any primary or secondary diagnosis of a substance use disorder are considered to be visits related to substance use disorders. Results are based on claims submitted between April, 2016 and June, 2018 for services occurring between April 1, 2016 and Mar 31, 2018. As some claims may not have been submitted or paid at the time of analysis, actual utilization may be higher than the estimates shown.

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES 1115 DEMONSTRATION EXTENSION APPLICATION

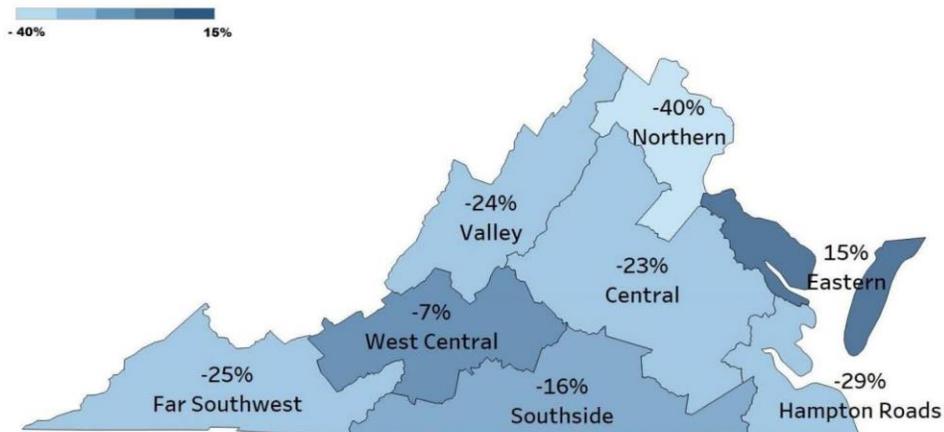
- During the first 10 months of ARTS, emergency department visits related to opioid use disorders were highest in the West Central region (33 visits per 10,000 Medicaid members) and lowest in the Northern region (15 visits per 10,000 members) (see map below).

Number of OUD-related emergency department visits per 10,000 Medicaid members, April 2017 - Jan, 2018



- The percent decrease in emergency department visits related to opioid use disorders during the first 10 months of ARTS was greatest in the Northern region (40 percent decrease), whereas ED visits increased in the Eastern region (15 percent increase) (see map below).

Percent change in OUD-related emergency department visits following 10 months ARTS implementation.



VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES 1115 DEMONSTRATION EXTENSION APPLICATION

Decrease in Acute Hospitalizations Related to Substance Use Disorders

During the first 10 months of ARTS, there was a decrease in the number of members who had an acute inpatient hospital stay related to substance use disorders.

- The number of members with an inpatient admission related to substance use disorders decreased by 4 percent during the first 10 months of ARTS. The number of members with any inpatient admission increased by 1 percent.
- The number of members with an inpatient admission related to opioid use disorders decreased by 6 percent, while the number of members with an inpatient admission related to alcohol use disorders also declined by 8 percent.

	Before ARTS Apr, 2016 - Jan, 2017	After ARTS Apr, 2017 - Jan, 2018	Percent Change
Total number of Medicaid members with an inpatient admission	102,589	103,220	1%
Inpatient hospitalizations related to substance use disorders (SUD)			
Number of members with an inpatient admission	13,182	12,650	-4%
Inpatient hospitalizations related opioid use disorders (OUD)			
Number of members with an inpatient admission	3,520	3,315	-6%
Inpatient hospitalizations related to alcohol use disorders (AUD)			
Number of members with an inpatient admission	5,723	5,255	-8%

Note: Inpatient hospitalizations with any primary or secondary diagnosis of a substance use disorder are considered to be visits related to substance use disorders. Results are based on claims submitted between April, 2016 and June, 2018 for services occurring between April 1, 2016 and Mar 31, 2018. As some claims may not have been submitted or paid at the time of analysis, actual utilization may be higher than the estimates shown.

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES 1115 DEMONSTRATION EXTENSION APPLICATION

Decrease in Prescriptions for Opioid Pain Medications

The Department of Medical Assistance Services has taken a number of actions to limit opioid prescribing for pain management consistent with guidelines issued by the U.S. Centers for Disease Control and Prevention and the Virginia Board of Medicine.^{6,7} These include prior authorization requirements and quantity limits for new opioid prescriptions beginning in December, 2016 in the Medicaid Fee-for-Service program, and implemented across all the Medicaid health plans beginning July 1, 2017. To encourage more substitution of non-opioid pain medications for opioids, non-opioid pain medications that do not require prior authorization have been added to Medicaid formularies.

- During the first year of ARTS, the total number of prescriptions for opioid pain medications decreased by 27 percent compared to the year prior to ARTS.
- The number of members who received opioid pain medication decreased by 17 percent after ARTS, while the number of members who received non-opioid pain medication decreased slightly (1 percent).
- The rate of prescribing opioid pain medications (per 10,000 Medicaid members) decreased by 28 percent, whereas the rate of prescribing non-opioid pain medications remained steady.

	Before ARTS Apr, 2016 - Mar, 2017	After ARTS Apr, 2017 - Mar, 2018	Percent Change
Opioid pain medications			
Total number of prescriptions	549,442	399,678	-27%
Number of members who received prescriptions	137,847	115,096	-17%
Number of prescriptions per 10,000 members	3,811	2,761	-28%
Non-opioid pain medications			
Total number of prescriptions	2,452,616	2,455,190	0%
Number of members who received prescriptions	333,215	331,504	-1%
Number of prescriptions per 10,000 members	17,012	16,954	0%

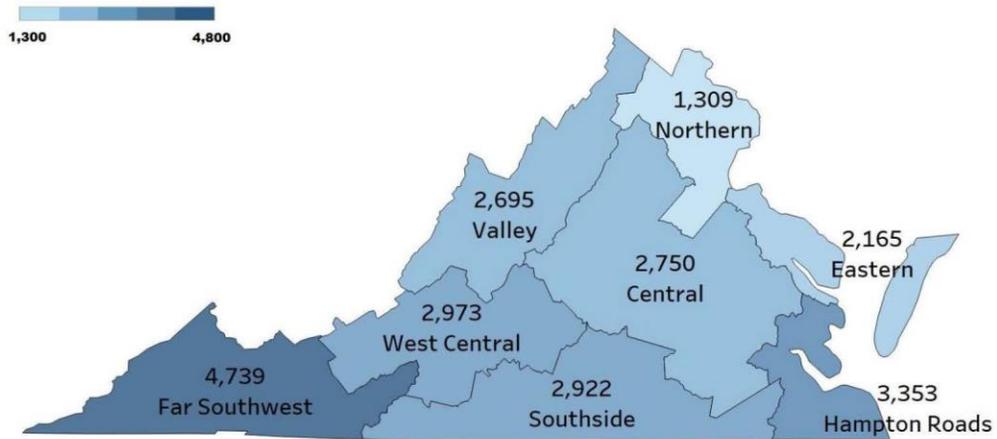
⁶ Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. *MMWR Recomm Reports*. 2016;65(1):1-49. doi:10.15585/mmwr.rr6501e1.

⁷ Medical Society of Virginia. Opioid and Buprenorphine Prescriber Regulations Guide.

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES 1115 DEMONSTRATION EXTENSION APPLICATION

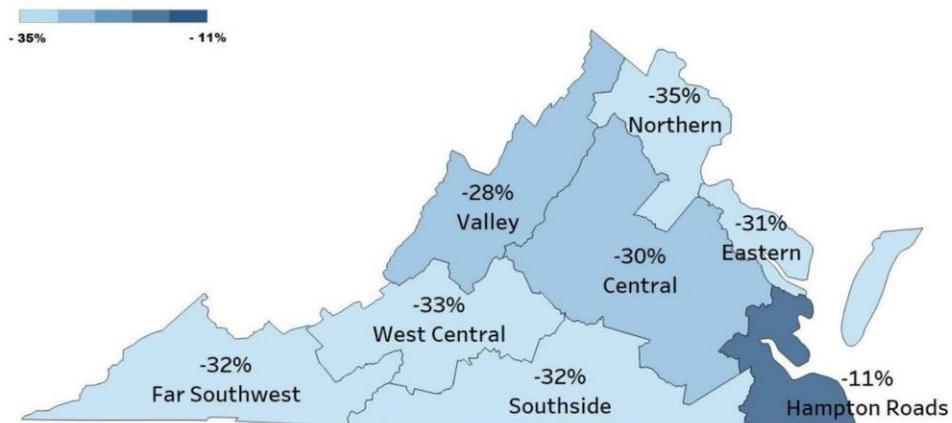
- The rate of opioid prescribing is highest in the Far Southwest region (4,739 prescriptions per 10,000 Medicaid members) and lowest in the Northern region (1,309 prescriptions per 10,000 Medicaid members).

Number of prescriptions for opioid pain medications per 10,000 Medicaid members, Apr, 2017- Mar, 2018



- Opioid prescribing decreased the most in the Northern region (35 percent) and decreased the least in the Hampton Roads region (11 percent).

Percent change in the number of prescriptions for opioid pain medications following 1 year ARTS implementation



VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES 1115 DEMONSTRATION EXTENSION APPLICATION

Conclusion

There have been substantial gains in access to and use of substance disorder services among Medicaid members during the first year of the ARTS program. While the impact of programs that add or expand benefits are often not observed until months or even years after they are implemented, the substantial increase in access and utilization during the first year of ARTS is likely due in part to extensive preparations and outreach by the Department of Medical Assistance Services (DMAS), the Virginia Department of Health (VDH), and Department of Behavioral Health and Developmental Services (DBHDS) prior to the April 1, 2017 implementation. Activities included provider trainings, presentations and briefings to stakeholders by DMAS and VDH staff across the state, and efforts by health plans to recruit providers of substance use disorder services into their networks. Given the low access to services and low supply of providers prior to ARTS, high “pent-up demand” for services likely also contributed to the surge in service utilization for substance use disorders during the first year of the program.

Along with the substantial increase in supply of providers for addiction-related services, utilization and treatment rates for substance use or opioid use disorders also increased significantly after ARTS. Most notably, there was a 34 percent increase in members with opioid use disorders receiving pharmacotherapy. Also, more pregnant women with substance use disorders were receiving treatment services after ARTS than previously, although the rate of treatment among pregnant women with opioid use disorders is still low (25 percent).

Higher rates of treatment for substance use disorders during the first year of ARTS may be related to fewer emergency department visits and inpatient hospitalization for substance use disorders during the same time period. Although the report did not specifically identify ARTS as the causal mechanism for the decrease in emergency department visits and inpatient admissions, it is consistent with the expectation that increased access to treatment should result in fewer overdoses and other addiction-related health emergencies and hospitalization. Future reports will examine in greater detail the impact of ARTS on emergency department visits, inpatient hospitalization and other outcomes, including the rate of opioid prescribing, rate of fatal overdoses and length of stay for acute hospitalization among Medicaid members.

Despite gains in overall access to treatment services during the first year of ARTS, some important challenges remain. Most notably, 60 percent of members with substance use disorders – and nearly 40 percent of members with an opioid use disorder – did not receive any treatment services. Gains in treatment rates vary by member characteristics, with treatment rates notably lower among African-Americans, elderly, adults ages 45-64, pregnant women, disabled adults, and members with physical health problems (but no mental health co-morbidities). Although more members used treatment services for substance disorders after ARTS, utilization of some services remained relatively low, such as SBIRT (Screening, Brief Intervention, and Referral to Treatment) and peer recovery supports. Treatment rates are considerably lower in the Southside and Hampton Roads regions compared to other areas of the state. While treatment rates appear to be high in some regions – such as the Far Southwest – other analyses show that this reflects a large number of members in the Far Southwest receiving buprenorphine treatment without any counseling or psychotherapy.⁸

⁸ Walker LS, et al. Many Buprenorphine Users Receive no Other Services for Addiction Disorders. VCU Department of Health Behavior and Policy, ARTS Evaluation Update (March, 2018). Available at: https://hbp.vcu.edu/media/hbp/policybriefs/pdfs/HBP_ARTSIssue02_030718_website.pdf

**VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES 1115 DEMONSTRATION
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The ARTS evaluation team will continue to monitor trends in access, service utilization, and outcomes related to substance use disorders among Medicaid members in order to determine whether there are further gains in access to care, and to identify new or ongoing challenges in member access and treatment.

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES 1115 DEMONSTRATION
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Appendix B. Documentation of Compliance with COMPASS Public Notice Process

a. DMAS Website Screen Shots

i. Main Page: <http://www.dmas.virginia.gov/#/index>

The screenshot shows the DMAS website main page. At the top, there is a navigation bar with 'Virginia.gov', 'Agencies | Governor', 'Select Language', and 'Search Virginia.Gov'. Below this is the DMAS logo and 'Department of Medical Assistance Services'. A search bar is located in the top right corner. The main content area features a large banner for 'New Adult Eligibility!' with a photo of a woman kissing a child. To the right of the banner is a text box stating 'DMAS administers the Medicaid program in Virginia, providing access to health care for the most vulnerable.' Below the banner are two columns of links: 'New Initiatives' and 'Quick Links'. The '1115 Waiver' link is highlighted with a red box. The footer contains social media icons, 'Web Policy', 'Public Notices - VA Regulatory Town Hall', 'Media Requests', 'Subscribe', 'Contact Us', and 'DMAS Copyright © 2018, All Rights Reserved'.

ii. COMPASS Demonstration Page: <http://www.dmas.virginia.gov/#/1115waiver>

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES 1115 DEMONSTRATION EXTENSION APPLICATION

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Creating Opportunities for Medicaid Participants to Achieve Self-Sufficiency

On June 7, 2018, Governor Northam signed the 2018 Virginia Acts of Assembly Chapter 2 (2018 Appropriations Act) directing the Department of Medical Assistance Services (DMAS) to submit a Medicaid Section 1115 Demonstration Waiver seeking federal approval for new Medicaid program features "designed to empower individuals to improve their health and well-being and gain employer sponsored coverage or other commercial health insurance coverage, while simultaneously ensuring the program's long-term fiscal sustainability."

Pursuant to 42 CFR § 431.408, DMAS is providing notice of intent to submit to the federal Centers for Medicare and Medicaid Services (CMS) a request to extend for five years its Medicaid Section 1115 Demonstration Waiver, "The Virginia Governor's Access Plan (GAP) and Addiction and Recovery Treatment Services (ARTS) Delivery System Transformation."

Virginia's current Demonstration, which expires on December 31, 2019, includes the Governor's Access Plan (GAP) program; the Addiction and Recovery Treatment Services (ARTS) demonstration; and Medicaid coverage authority to former foster care youth who have aged out of foster care in another state but now reside in Virginia. Because the Commonwealth is in the process of expanding Medicaid on January 1, 2019 to non-disabled, non-pregnant adults ages 19 to 64 with income up to 138 percent of the Federal Poverty Level (FPL), the GAP program is being phased out, and GAP enrollees will be transitioned to the new adult Medicaid eligibility group.

Through the five-year extension, which will be called the Virginia "Creating Opportunities for Medicaid Participants to Achieve Self Sufficiency" (COMPASS) Waiver, the Commonwealth will continue to provide essential substance use disorder services to all Medicaid enrollees through ARTS and maintain authority for Medicaid coverage for former foster care youth. In addition, as directed by State legislation, the Commonwealth will: (a) implement a work and community engagement program in which participation is a condition of Medicaid eligibility for certain adults with income up to 138 percent of the FPL; (b) implement premiums and co-payments for non-emergency use of the emergency department and incentivize healthy behaviors through health and wellness accounts for certain adults with income between 100 and 138 percent of the FPL; and (c) create a new housing and employment supports benefit for high-need populations.

To read the COMPASS Waiver's full Public Notice, please follow this [link](#)
To read a copy of the draft Compass Waiver application, please follow this [link](#)

The 30-day public comment period for the Virginia COMPASS application is from September 20, 2018 until October 20, 2018. All comments must be received by midnight (Eastern Time) on Saturday, October 20, 2018. Public comments may be submitted by email to 1115Implementation@dmass.virginia.gov or by regular mail or in person at the address below.

Susan Puglisi
Virginia Department of Medical Assistance Services
Attn: Virginia COMPASS
600 E Broad Street
Richmond, VA 23219

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES 1115 DEMONSTRATION EXTENSION APPLICATION

Public Hearings

DMAS will also host four public hearings at the below times and locations where verbal or written public comments can also be submitted. To give verbal comments at the public hearings, individuals will need to sign up in advance on a sign-up sheet available at the public hearing. All public comments should be limited to two minutes each.

Tuesday, September 25, 2018, 10:00 AM-12:00 PM

Medical Assistance Services Board (DMAS Board) Meeting, 600 E. Broad Street, Richmond, VA 23219; If unable to attend in-person, you may:

- Participate online by clicking the link below from a PC, Mac, iPhone or Android device:
<https://webinar.ringcentral.com/j/1495928570>
- Join by phone: (646) 357 3664; Webinar ID: 149 592 8570
- If you require a toll free audio-only option, please dial: (866) 842 5779; when prompted, dial: 3284486931

Wednesday, October 3, 2018, 3:30-5:00 PM

Roanoke Elks Lodge No. 197
1147 Persinger Rd SW
Roanoke, VA 24015

Tuesday, October 9th, 2018, 3:30 -5:00 PM

Great Falls Library
9830 Georgetown Pike
Great Falls, VA 22066

Thursday, October 11th, 1:30-3:00 PM

MEO Central Library
4100 Virginia Beach Blvd
Virginia Beach, VA 23452

After considering the public's ideas and comments about the proposed changes, DMAS will make final decisions about what changes to make to the Virginia COMPASS Waiver and then submit a revised application to CMS. The summary of comments, as well as copies of all written comments received, will be posted for public viewing on the DMAS website along with the waiver extension application when it is submitted to CMS.

All information regarding the Virginia COMPASS Waiver application can be found on this web page. DMAS will update this website throughout the public comment and application process.

For more information about Virginia's current 1115 Demonstration, which the Commonwealth is seeking to extend, please visit the CMS website at: <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/va/va-gov-access-plan-gap-ca.pdf>.

Section 1115 of the Social Security Act gives the Secretary of Health and Human Services authority to approve experimental, pilot, or demonstration projects that promote the objectives of the Medicaid and Children's Health Insurance Program (CHIP) programs. Under this authority, the Secretary may waive certain provisions of the Medicaid law to give states additional flexibility to design and improve their programs. To learn more about the Section 1115 Demonstration waivers, please visit the CMS website at: <https://www.medicaid.gov/medicaid/section-1115-demo/index.html>.



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iii. Updated COMPASS Demonstration Page: <http://www.dmas.virginia.gov/#/1115waiver>

Note: DMAS updated the COMPASS Demonstration Page to: reflect the cancellation of the Thursday, October 11, 2018 Virginia Beach public hearing due to risk of hazardous weather conditions; and to add an additional public hearing in Arlington to accommodate public requests for a Northern Virginia hearing closer in proximity to the D.C. metro area.

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES 1115 DEMONSTRATION EXTENSION APPLICATION

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Roanoke Elks Lodge No. 197
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Roanoke, VA 24015

Tuesday, October 9th, 2018, 3:30-5:00 PM

Great Falls Library
9830 Georgetown Pike
Great Falls, VA 22066

CANCELLED Due to risk of hazardous weather conditions

Thursday, October 11th, 2018, 1:30-3:00 PM

MEO Central Library
4100 Virginia Beach Blvd
Virginia Beach, VA 23452

Monday, October 15th, 2018, 3:30-5:00 PM

Arlington Central Library
1015 N. Quincy St
Arlington, VA 22201

To view the presentation to be provided at each of the public hearings, please follow this [link](#).

After considering the public's ideas and comments about the proposed changes, DMAS will make final decisions about what changes to make to the Virginia COMPASS Waiver and then submit a revised application to CMS. The summary of comments, as well as copies of all written comments received, will be posted for public viewing on the DMAS website along with the waiver extension application when it is submitted to CMS.

All information regarding the Virginia COMPASS Waiver application can be found on this web page. DMAS will update this website throughout the public comment and application process.

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b. DMAS Communication to Stakeholders

i. Virginia Regulatory Town Hall Email to Stakeholders About Public Hearings

From: <townhall@dpb.virginia.gov>

Date: Thu, Sep 20, 2018 at 8:41 PM

Subject: Virginia Town Hall Meetings and Notices

To: <susie.puglisi@gmail.com>

**VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES 1115 DEMONSTRATION
EXTENSION APPLICATION**



The following general notices have been posted on the Virginia Regulatory Town Hall:

Board of Medical Assistance Services	
Title:	Virginia C.O.M.P.A.S.S. Creating Opportunities for Medicaid Participants to Achieve Self-Sufficiency
Expires:	10/20/18
Notice:	On June 7, 2018, Governor Northam signed the 2018 Virginia Acts of Assembly Chapter 2 (2018 Appropriations Act) directing the Department of Medical Assistance Services (DMAS) to submit a Medicaid Section 1115 Demonstration Waiver seeking federal approval for new Medicaid program features “d....
Contact:	Susan Puglisi / susie.puglisi@dmass.virginia.gov / (804)225-2726
See the full notice at http://TownHall.virginia.gov//ViewNotice.cfm?GNID=894	

New meetings have been posted:

Board of Medical Assistance Services	
Title:	Board of Medical Assistance Services Meeting and Virginia C.O.M.P.A.S.S. Creating Opportunities for Medicaid Participants to Achieve Self-Sufficiency Public Hearing
Time:	9/25/18 10:00 AM
Location:	Department of Medical Assistance Services 600 East Broad Street Conference Room 7A/B Richmond, VA 23219
Contact:	Susan Puglisi / susie.puglisi@dmass.virginia.gov / (804)225-2726

See the meeting on the Town Hall
<http://TownHall.virginia.gov//ViewMeeting.cfm?MeetingID=28210>

Board of Medical Assistance Services	
Title:	Virginia C.O.M.P.A.S.S. Creating Opportunities for Medicaid Participants to Achieve Self-Sufficiency Public Hearing
Time:	10/3/18 03:30 PM
Location:	Roanoke Elks Lodge No. 197 1147 Persinger Rd SW Roanoke, VA 24015
Contact:	Susan Puglisi / susie.puglisi@dmass.virginia.gov / (804)225-2726

See the meeting on the Town Hall
<http://TownHall.virginia.gov//ViewMeeting.cfm?MeetingID=28207>

**VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES 1115 DEMONSTRATION
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Board of Medical Assistance Services	
Title:	Virginia C.O.M.P.A.S.S. Creating Opportunities for Medicaid Participants to Achieve Self-Sufficiency Public Hearing
Time:	10/9/18 03:30 PM
Location:	Great Falls Library 9830 Georgetown Pike Great Falls VA 22066
Contact:	Susan Puglisi / susie.puglisi@dmas.virginia.gov / (804)225-2726
See the meeting on the Town Hall http://TownHall.virginia.gov//l/ViewMeeting.cfm?MeetingID=28208	
Board of Medical Assistance Services	
Title:	Virginia C.O.M.P.A.S.S. Creating Opportunities for Medicaid Participants to Achieve Self-Sufficiency Public Hearing
Time:	10/11/18 01:30 PM
Location:	MEO Central Library 4100 Virginia Beach Blvd Virginia Beach, VA 23452
Contact:	Susan Puglisi / susie.puglisi@dmas.virginia.gov / (804)225-2726
See the meeting on the Town Hall http://TownHall.virginia.gov//l/ViewMeeting.cfm?MeetingID=28209	

You are signed up for the automatic e-mail notification service provided by the Virginia Regulatory Town Hall.

To review and modify your account preferences, click the link below:

<http://TownHall.virginia.gov/l/publicauthentication.cfm?value=%25%2A%5E%2A%2E%40%25p%5Dg%2A%5Ee%5Emg%5E%21%2E%5D%24rm>

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If your email disables links, you may need to copy and paste the link into your browser.

Please address any questions or comments to Melanie.West@dpb.virginia.gov.

--

Susan Puglisi, Esq.

540-845-1556

ii. Legislative Contact Email to Stakeholders about Public Hearings

From: DMAS-MB-DMAS-Info, rr <dmasinfo@dmas.virginia.gov>

Date: Fri, Oct 5, 2018 at 2:30 PM

Subject: Virginia C.O.M.P.A.S.S. Creating Opportunities for Medicaid Participants to Achieve Self- Sufficiency

To: Brooke Barlow <brooke.barlow@dmas.virginia.gov>

Virginia C.O.M.P.A.S.S.

Creating Opportunities for Medicaid Participants to Achieve Self- Sufficiency

September 20, 2018

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES 1115 DEMONSTRATION EXTENSION APPLICATION

On June 7, 2018, Governor Northam signed the 2018 Virginia Acts of Assembly Chapter 2 (2018 Appropriations Act) directing the Department of Medical Assistance Services (DMAS) to submit a Medicaid Section 1115 Demonstration Waiver seeking federal approval for new Medicaid program features “designed to empower individuals to improve their health and well-being and gain employer sponsored coverage or other commercial health insurance coverage, while simultaneously ensuring the program's long-term fiscal sustainability.”

Pursuant to 42 CFR § 431.408, the DMAS is providing notice of intent to submit to the federal Centers for Medicare and Medicaid Services (CMS) a request to extend for five years its Medicaid Section 1115 Demonstration Waiver, “The Virginia Governor’s Access Plan (GAP) and Addiction and Recovery Treatment Services (ARTS) Delivery System Transformation.”

Virginia’s current Demonstration, which expires on December 31, 2019, includes the Governor’s Access Plan (GAP) program; the Addiction and Recovery Treatment Services (ARTS) demonstration; and Medicaid coverage authority to former foster care youth who have aged out of foster care in another state but now reside in Virginia. Because the Commonwealth is in the process of expanding Medicaid on January 1, 2019 to non-disabled, non-pregnant adults ages 19 to 64 with income up to 138 percent of the Federal Poverty Level (FPL), the GAP program is being phased out, and GAP enrollees will be transitioned to the new adult Medicaid eligibility group.

Through the five-year extension, which will be called the Virginia “Creating Opportunities for Medicaid Participants to Achieve Self Sufficiency” (COMPASS) Waiver, the Commonwealth will continue to provide essential substance use disorder services to all Medicaid enrollees through ARTS and maintain authority for Medicaid coverage for former foster care youth. In addition, as directed by State legislation, the Commonwealth will: (a) implement a work and community engagement program in which participation is a condition of Medicaid eligibility for certain adults with income up to 138 percent of the FPL; (b) implement premiums and co-payments for non-emergency use of the emergency department and incentivize healthy behaviors through health and wellness accounts for certain adults with income between 100 and 138 percent of the FPL; and (c) create a new housing and employment supports benefit for high-need populations.

The DMAS website includes a detailed public notice with more information about the extension request as well as the draft waiver application. See: www.dmas.virginia.gov/#/1115waiver. Public comments may be submitted until midnight (Eastern Time) on Saturday, October 20, 2018 by email, to 1115Implementation@dmas.virginia.gov; by regular mail to Virginia DMAS, Attn: Virginia COMPASS, 600 E Broad Street, Richmond, VA 23219; or in person at the public hearings listed below and at Virginia DMAS, 600 E Broad Street, Richmond, VA 23219.

DMAS will host public hearings during the public notice and comment period at the times and locations below.

Tuesday, October 9th, 2018, 3:30 -5:00 PM
Great Falls Library
9830 Georgetown Pike
Great Falls VA 22066

Thursday, October 11th, 1:30-3:00 PM
MEO Central Library
4100 Virginia Beach Blvd
Virginia Beach, VA 23452

Monday, October 15th, 3:30 -5:00 PM
Arlington Central Library
1015 N. Quincy St
Arlington, VA 22201

**VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES 1115 DEMONSTRATION
EXTENSION APPLICATION**

iii. Tribal Notice about COMPASS



COMMONWEALTH of VIRGINIA
Department of Medical Assistance Services

JENNIFER S. LEE, M.D.
DIRECTOR

SUITE 1300
600 EAST BROAD STREET
RICHMOND, VA 23219
804/786-7933
800/343-6634 (TDD)
www.dmas.virginia.gov

August 30, 2018

SUBJECT: 1115 Waiver Extension Application

Dear Tribal Leader,

In accordance with Section 1902(a)(73)(A) of the Social Security Act regarding the solicitation of advice prior to the submission of any Medicaid waiver requests likely to have a direct effect on Indians, Indian Health Programs, or Urban Indian Organizations, the Department of Medical Assistance Services (DMAS) hereby seeks your advice on the following matter.

Purpose

DMAS intends to submit on October 30, 2018 an 1115 Waiver Extension to the Centers for Medicare and Medicaid Services (CMS), the federal agency that oversees the Medicare and Medicaid programs. Through the 1115 Waiver Extension, DMAS proposes to continue to provide essential substance use disorder (SUD) services to all Medicaid enrollees, maintain authority to provide Medicaid coverage to former foster care children who have aged out of foster care in another state but now live in Virginia, and sunset the Governor's Access Program (GAP) as enrollees in the GAP will become newly eligible for Medicaid expansion effective on January 1, 2019. In addition, Virginia will extend the 1115 Waiver to implement requirements in the 2018 Virginia Acts of Assembly Chapter 2 (2018 Appropriations Act) that requires new Medicaid program features, including:

- Conditioning Medicaid coverage on compliance with work and community engagement requirements, with certain exemptions;
- Requiring individuals with income 100 to 138 percent of the Federal Poverty Level (FPL) to pay a monthly premium as well as a co-payment for non-emergent use of the emergency room;
- Rewarding individuals with income 100 to 138 percent of the FPL who regularly pay their premiums and participate in healthy behaviors through the establishment of a health and wellness account;
- Providing a housing and employment supports benefit for high-needs individuals in order to improve quality of life and health outcomes.

To prepare for the 1115 Waiver Extension application, DMAS invites Tribes, Indian Health Programs, and Urban Indian Organizations to submit comments or questions to Susan Puglisi via email at Susie.Puglisi@dmas.virginia.gov or via phone at 804-225-2726 by October 17, 2018.

**VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES 1115 DEMONSTRATION
EXTENSION APPLICATION**

A formal state public notice and comment period will be held from September 17, 2018 to October 17, 2018. During that 30-day period, two public hearings will be held where tribal representatives are encouraged to attend and submit comments. A formal Public Notice and a draft 1115 Waiver Extension application will be available for the public to view on September 17, 2018 at <http://www.dmas.virginia.gov/#/index>.

Please forward this information to any interested party.

Sincerely,



Jennifer Lee, MD

c. The Commonwealth's Administrative Record in Accordance with the State's Administrative Procedure Act

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES 1115 DEMONSTRATION EXTENSION APPLICATION

i. Abbreviated Public Notice on the Virginia Regulatory Town Hall Website:
<http://townhall.virginia.gov/L/ViewNotice.cfm?gnid=894>

Virginia.gov Agencies | Governor



Home > Search the TownHall Search Options

Agency Department of Medical Assistance Services
Board Board of Medical Assistance Services

General Notice

Virginia C.O.M.P.A.S.S. Creating Opportunities for Medicaid Participants to Achieve Self- Sufficiency
Date Posted: 9/20/2018
Expiration Date: 10/20/2018
Submitted to Registrar for publication: YES
No comment forum defined for this notice.

On June 7, 2018, Governor Northam signed the 2018 Virginia Acts of Assembly Chapter 2 (2018 Appropriations Act) directing the Department of Medical Assistance Services (DMAS) to submit a Medicaid Section 1115 Demonstration Waiver seeking federal approval for new Medicaid program features "designed to empower individuals to improve their health and well-being and gain employer sponsored coverage or other commercial health insurance coverage, while simultaneously ensuring the program's long-term fiscal sustainability."

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DMAS will host four public hearings during the public notice and comment period at the times and locations below.

Tuesday, September 25, 2018, 10:00 AM-12:00 PM
Medical Assistance Services Board (DMAS Board) Meeting, 600 E. Broad Street, Richmond, VA 23219; If unable to attend in-person, you may:

- Participate online by clicking the link below from a PC, Mac, iPhone or Android device:
<https://webinar.ringcentral.com/j/1495928570>
- Join by phone: (646) 357 3664; Webinar ID: 149 592 8570
- If you require a toll free audio-only option, please dial: (866) 842 5779; when prompted, dial: 3284486931

**VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES 1115 DEMONSTRATION
EXTENSION APPLICATION**

	<p>Wednesday, October 3, 2018, 3:30-5:00 PM Roanoke Elks Lodge No. 197 1147 Persinger Rd SW Roanoke, VA 24015</p> <p>Tuesday, October 9th, 2018, 3:30 -5:00 PM Great Falls Library 9830 Georgetown Pike Great Falls VA 22066</p> <p>Thursday, October 11th, 1:30-3:00 PM MEO Central Library 4100 Virginia Beach Blvd Virginia Beach, VA 23452</p>
Contact Information	
Name / Title:	Susan Puglisi / <i>Senior Advisor</i>
Address:	600 East Broad Street Richmond, 23219
Email Address:	susie.puglisi@dmas.virginia.gov
Telephone:	(804)225-2726 FAX: (-) TDD: (-)

ii. Updated Abbreviated Public Notice on the Virginia Regulatory Town Hall Website:
<http://townhall.virginia.gov/L/ViewNotice.cfm?gnid=894>

Note: DMAS updated the Virginia Regulatory Town Hall website to add an additional public hearing in Arlington to accommodate public requests for a Northern Virginia meeting closer in proximity to the D.C. metro area.

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES 1115 DEMONSTRATION EXTENSION APPLICATION

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Home > Search the TownHall Search Options

Agency Department of Medical Assistance Services
Board Board of Medical Assistance Services

General Notice

Virginia C.O.M.P.A.S.S. Creating Opportunities for Medicaid Participants to Achieve Self-Sufficiency

Date Posted: 9/20/2018
Expiration Date: 10/20/2018
Submitted to Registrar for publication: YES
No comment forum defined for this notice.

On June 7, 2018, Governor Northam signed the 2018 Virginia Acts of Assembly Chapter 2 (2018 Appropriations Act) directing the Department of Medical Assistance Services (DMAS) to submit a Medicaid Section 1115 Demonstration Waiver seeking federal approval for new Medicaid program features "designed to empower individuals to improve their health and well-being and gain employer sponsored coverage or other commercial health insurance coverage, while simultaneously ensuring the program's long-term fiscal sustainability."

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Medical Assistance Services Board (DMAS Board) Meeting, 600 E. Broad Street, Richmond, VA 23219; If unable to attend in-person, you may:

- Participate online by clicking the link below from a PC, Mac, iPhone or Android device:
 - <https://webinar.ringcentral.com/j/1495928570>
- Join by phone: (646) 357 3664; Webinar ID: 149 592 8570
- If you require a toll free audio-only option, please dial: (866) 842 5779; when prompted, dial: 3284486931

**VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES 1115 DEMONSTRATION
EXTENSION APPLICATION**

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 Roanoke, VA 24015

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 Arlington Central Library
 1015 N. Quincy St
 Arlington, VA 22201

Contact Information

Name / Title:	Susan Puglisi / <i>Senior Advisor</i>
Address:	600 East Broad Street Richmond, 23219
Email Address:	susie.puglisi@dmas.virginia.gov
Telephone:	(804)225-2726 FAX: (-) TDD: (-)

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES 1115 DEMONSTRATION EXTENSION APPLICATION

Appendix C. DMAS Response to Public Comments on COMPASS

The Commonwealth received 1,832 comments during the public notice period. 1,813 public comments were received by mail and email. In addition, 19 people provided comments during Virginia's four public hearings. All comments are included Appendix C. The overwhelming majority of commenters stated their opposition to the COMPASS Demonstration work and community engagement requirements and the premiums and non-emergent use of the ED co-payments. Commenters expressed their concern about the likelihood of coverage loss and increased uninsured rate due to reporting barriers and non-compliance with these program features. A number of commenters voiced their support for the housing and employment supports for high-needs enrollees and employment supports for the new adult population. Several commenters stated that they are pleased with the Commonwealth's decision to continue to provide essential SUD services to all Medicaid enrollees through ARTS, and one commenter expressed support of GAP. Out of the 1,832 comments, one commenter expressed their overall support for the COMPASS Demonstration. Two commenters supported the work and community engagement requirements, while another commenter supported the community engagement requirement but disagreed with the work requirement. A few commenters expressed their support of the healthy behavior incentives but their opposition to the rest of the Health and Wellness Program.

Work/Community Engagement Requirements

***Comment:* One commenter expressed their overall support for the COMPASS Demonstration. Another commenter supported the work and community engagement requirements, while another commenter supported the community engagement requirement but disagreed with the work requirement.**

Response: The Commonwealth thanks the commenters for their support of the COMPASS Demonstration.

***Comment:* Commenters noted that the COMPASS Demonstration's work and community engagement requirements will negatively impact access to care, particularly for those with chronic and complex health conditions. Commenters noted that tens of thousands of Virginians could lose health coverage as a result of their failure to comply with work and community engagement requirements. Commenters further stated that loss of coverage and resulting gaps in care for enrollees could lead to barriers to accessing medically necessary medications and treatments as well as preventive care. Commenters also noted that loss of coverage will lead to more uncompensated care.**

Response: The Commonwealth will exempt Medicaid enrollees with complex health conditions from the COMPASS Demonstration work and community engagement requirements. Per Centers for Medicare and Medicaid Services (CMS) guidance and State legislation²³, individuals who are medically frail will be exempt from participating in work and community engagement as a condition of Medicaid eligibility. The Commonwealth will define individuals who are medically frail to include, but not limited to, those with: disabling mental disorders; serious and complex medical conditions; Substance Use Disorder (SUD) diagnoses; physical, intellectual or developmental disabilities that significantly impair the ability to perform one or more activities of daily living; HIV/AIDS; and those receiving long-term services and supports. Individuals with a serious mental illness (SMI) will also be exempt.

For Medicaid enrollees who do not comply with the work and community engagement requirements, the Commonwealth will implement a process that allows individuals time to come into compliance before they are suspended from coverage. For example, enrollees found to be in non-compliance with the Training, Education, Employment and Opportunity Program (TEEOP) requirements for three consecutive or non-consecutive months will have 30 days to come into compliance before their coverage is suspended. Prior to suspending coverage, the Commonwealth will assess whether the enrollee is eligible for another Medicaid eligibility group or entitled to an

²³ 2018 Virginia Acts of Assembly Chapter 2. Available at <https://budget.lis.virginia.gov/item/2018/2/HB5002/Chapter/1/303/>

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES 1115 DEMONSTRATION EXTENSION APPLICATION

exemption. The Commonwealth will maintain coverage for enrollees who submit an appeal request or report a good cause/hardship exemption prior to disenrollment. Enrollees whose coverage is suspended as a result of non-compliance with work and community engagement requirements may have their coverage re-instated upon demonstrating compliance for one month.

To address concerns about potential coverage loss for non-compliance, the Commonwealth will closely monitor and evaluate the work and community engagement requirements to assess impact on coverage as well as improved access to employment and private commercial health insurance coverage.

***Comment:* One commenter expressed their desire for the work and community engagement requirements to be more stringent to better incentivize and reward enrollees to achieve full-time employment and become independent. The commenter requested that enrollees be required to annually complete a full set of preventive health activities.**

Response: The Commonwealth thanks the commenter for their input.

***Comment:* Commenters expressed their appreciation for the inclusion of standard exemptions, including for individuals who are over the age of 65, disabled, medically frail, victims of domestic violence, and the primary caregiver of an adult dependent with a disability, as well as hardship/good cause exemptions. Commenters also expressed their support for the inclusion of flexibility for the Commonwealth to determine additional exemptions it deems necessary to support the health of enrollees and achieve the objectives of the program. Additionally, commenters expressed their support for a comprehensive list of qualifying work and community engagement activities.**

Response: The Commonwealth thanks the commenters for their support.

***Comment:* Commenters expressed concern that Medicaid enrollees with conditions, such as multiple sclerosis, cystic fibrosis, diabetes, chronic obstructive pulmonary disorder (COPD), cancer, epilepsy, psoriasis, lupus, arthritis, hemophilia, and Crohn's disease, will be unable to comply with the work and community engagement requirements. One commenter noted that TEEOP includes exemptions for medically frail individuals but asked the Commonwealth to specifically include cystic fibrosis in the medically frail definition. Another commenter expressed concern that individuals with low mental acuity will be unable to comply with the TEEOP requirements despite not qualifying for a disability.**

Response: The Commonwealth thanks the commenters for sharing their concerns. The Commonwealth will exempt individuals who are medically frail, which the Commonwealth will define to include, but not limited to, those with: serious and complex medical conditions; physical, intellectual or developmental disabilities that significantly impair their ability to perform one or more activities of daily living; HIV/AIDS; special medical needs; and those who are physical or mentally unable to work. To help determine if an enrollee is medically frail, the Commonwealth will utilize a screening tool, which will be administered by healthcare providers, managed care plans, and eligibility workers. If an individual with multiple sclerosis, cystic fibrosis, diabetes, COPD, cancer, epilepsy, psoriasis, lupus, arthritis, hemophilia, or Crohn's disease meets the Commonwealth's medically frail definition and has functional impairment due to their chronic disease, which prevents them from meeting the work and community engagement requirements, they would be exempt.

Consistent with CMS guidance and State legislation²⁴, the Commonwealth will also ensure that all enrollees with a disability are exempt from work requirements, including Supplemental Security Income (SSI) recipients; Social Security Disability Insurance (SSDI) recipients; State-based disability program recipients; individuals who are enrolled in a 1915(c) Waiver; and individuals defined by the Americans with Disabilities Act (ADA), Section 504 or Section 1557, who are unable to comply with the requirements due to disability-related reasons. Therefore, if an

²⁴ Ibid.

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES 1115 DEMONSTRATION EXTENSION APPLICATION

individual with any of the above conditions qualifies for a disability, they would be exempt from the work and community engagement requirements.

The Commonwealth thanks the commenter for their input regarding individuals with low mental acuity. If an individual with low mental acuity meets the Commonwealth's medically frail definition and has functional impairment from their low mental acuity, which prevents them from meeting the work and community engagement requirements, they would be exempt.

The same categories of individuals who qualify for a TEEOP exemption will also be exempt from the premium obligations and the co-payments for non-emergent use of the emergency department.

***Comment:* Several commenters expressed concern that individuals with cardiovascular disease will not be able to comply with the work and community engagement requirements and consequently will lose critical access to treatment, disease management, and care coordination. Commenters explained that individuals with cardiovascular disease often experience lapses in employment due to their conditions or being directed by a physician to take time away from work as part of their treatment and recovery. Commenters noted that TEEOP includes exemptions for individuals with complex medical conditions and for acute medical conditions that a medical professional validates would prevent compliance with work and community engagement requirements but expressed their concern that these exemptions are vague and may be confusing to enrollees.**

Response: The Commonwealth thanks the commenters for their input. If an individual with cardiovascular disease meets the Commonwealth's medically frail definition and has functional impairment due to their chronic disease, which prevents them from meeting the work and community engagement requirements, they will be exempt. To help determine if an enrollee is medically frail, the Commonwealth will utilize a screening tool, which will be administered by healthcare providers, managed care plans, and eligibility workers.

***Comment:* One commenter requested that the Commonwealth work with physicians and non-physician clinicians to develop the screening tool to determine if an enrollee is medically frail.**

Response: The Commonwealth appreciates the commenter's suggestion and welcomes input from physicians and non-physician clinicians on the medically frail screening tool.

***Comment:* Commenters expressed concern that Medicaid enrollees with mental illnesses, such as schizo-affective disorders, will be unable to comply with the TEEOP requirements.**

Response: The Commonwealth thanks the commenters for their concerns regarding individuals with mental illness and will exempt individuals with a SMI or disabling mental disorder from participating in TEEOP, including those with schizo-affective disorders.

The same categories of individuals who qualify for a TEEOP exemption will also be exempt from the premium obligations and the co-payments for non-emergent use of the emergency department.

***Comment:* Several commenters expressed concern that some Medicaid enrollees face childcare barriers that may preclude them from meeting the work and community engagement requirements. Other commenters expressed concern that work requirements may go against recommendations from some enrollees' doctors, such as when someone gets an injury.**

Response: The Commonwealth understands that an individual's childcare needs may impact his or her ability to comply with certain program requirements. As such, providing caregiving services for a non-dependent relative or other person with a chronic, disabling health condition will be considered a qualifying work activity. The Commonwealth will also exempt parents or caregivers of a dependent child under the age of 19 and postpartum women up to six months after delivery from work and community engagement requirements.

The Commonwealth will grant a standard exemption to individuals with acute medical conditions that a medical professional validates would prevent compliance with work and community engagement requirements.

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES 1115 DEMONSTRATION EXTENSION APPLICATION

Additionally, the Commonwealth will grant a hardship/good cause exemption to individuals whose medical providers attest to their inability to engage in work and community engagement on a short-term basis, such as for an injury.

The same categories of individuals who qualify for a TEEOP exemption will also be exempt from the premium obligations and the co-payments for non-emergent use of the emergency department.

***Comment:* One commenter requested clarification about whether they and their spouse would both qualify for a TEEOP exemption given that they both work less than 80 hours per month to take care of their dependent children. The commenter requested that the Commonwealth clarify this in the COMPASS application. Another commenter asked whether a caregiver for an individual with a rare disease would qualify for a TEEOP exemption.**

Response: The Commonwealth thanks the commenters for their questions. The Commonwealth will exempt primary caregivers of a dependent child under age 19; the Commonwealth is still working to operationalize the evaluation parameters for this exemption, but will take the commenter's input under consideration. The Commonwealth will also exempt primary caregivers for an adult dependent with a disability or a non-dependent relative with a disability.

***Comment:* One commenter expressed their concern about disabled coal miners' family members being unable to comply with the work and community engagement requirements because they are caring for former coal miners who are now suffering from black lung disease.**

Response: The Commonwealth thanks the commenter for their input about disabled coal miners' family members being unable to meet the TEEOP requirements. Because these family members are serving as the primary caregiver for an adult dependent with a disability, they would be exempt from the work and community engagement requirements.

***Comment:* One commenter expressed concern that some Medicaid enrollees with a SUD that are not in an active treatment program will still not be able to comply with the work and community engagement requirements. The commenter also expressed concern that some enrollees with a SUD will have significant privacy concerns about disclosing their disorder to eligibility workers.**

Response: The Commonwealth would like to clarify that medically frail has been defined to include enrollees with chronic SUD, enrollees participating in a SUD treatment program (receiving ARTS services) or a state-certified drug court program, and enrollees with a SUD diagnosis. Individuals who are medically frail will be exempt from participating in work and community engagement requirements.

The Commonwealth understands the privacy concerns related to the disclosure of SUD and other conditions. The Commonwealth ensures commenters that it will continue to abide by federal and State Medicaid confidentiality standards as well as other regulations with respect to privacy for SUD and other conditions.

***Comment:* Commenters raised concerns about unforeseen life circumstances, such as a divorce or a serious illness, that could impede an individual's ability to meet the COMPASS program requirements. Other commenters expressed concern that some Medicaid enrollees face barriers to transportation and reside in geographic areas with high unemployment rates. Another commenter expressed concern that weather conditions may impact some Medicaid enrollees' jobs and result in decreased monthly work hours. One commenter acknowledged the hardship/good cause exemption for individuals who reside in geographic areas with high unemployment rates, but expressed doubt regarding Virginia's ability to adequately effectuate this exemption. Another commenter requested clarification on how the hardship/good cause exemption for individuals who reside in geographic areas with high unemployment rates will be determined to ensure this exemption is not applied in a way that has a discriminatory effect on racial and ethnic minorities.**

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES 1115 DEMONSTRATION EXTENSION APPLICATION

Response: The Commonwealth thanks the commenters for their comments in this area. The Commonwealth will establish hardship/good cause exemptions to address life circumstances that affect an individual's ability to meet the work and community engagement requirements. For example, the Commonwealth will exempt individuals who experience a hospitalization or a change in family living circumstance such as a death in the family or a divorce.

The Commonwealth appreciates commenters' concerns about the need for accessible and affordable transportation to support an individual's ability to comply with program requirements. The Commonwealth is seeking approval from CMS to provide transportation support as part of a suite of employment supports that will be available through an Alternative Benefit Plan State Plan Amendment. The Commonwealth will also be granting a good cause/hardship exemption to individuals who are affected by severe inclement weather. Similarly, the Commonwealth will be granting a good cause/hardship exemption for individuals who reside in geographic areas with high unemployment rates, as defined by the Commonwealth, or where Commonwealth workforce programs are unavailable or at full capacity and will implement the exemption in full compliance with federal and State laws. The same categories of individuals who qualify for a TEEOP exemption will also be exempt from the premium obligations and the co-payments for non-emergent use of the emergency department.

Comment: Several commenters raised concerns that some behavioral and physical illnesses and disabilities are not adequately captured in the list of standard and hardship/good cause exemptions, such as executive functioning problems, anxiety, or depression. Commenters also noted that there are individuals who have not yet been determined disabled or diagnosed with a mental illness but may not be able to meet TEEOP requirements. Commenters noted that conditions such as these still present significant challenges to employment or volunteering and would result in expensive hospitalizations or treatment if coverage is suspended or terminated. One commenter requested clarification about whether an individual whose disability application has been submitted but not yet approved would be exempt from the work and community engagement requirements.

Response: The Commonwealth thanks the commenters for sharing these concerns. If an individual's anxiety or depression is deemed a SMI or disabling mental disorder, he or she will be exempt from work and community engagement requirements. Individuals who have an executive functioning, depression, or anxiety diagnosis that impairs their ability to perform one or more activities of daily living may also be found exempt. Furthermore, to accommodate a condition that may not be explicitly listed, the Commonwealth has the discretion to add any additional exemptions it deems necessary to support the health of enrollees and achieve the objectives of the program.

The Commonwealth thanks the commenter for their question regarding an individual whose disability application has been submitted but not yet approved. If the individual meets the Commonwealth's medically frail definition and has functional impairments, which prevent them from meeting the work and community engagement requirements, they would be exempt.

Comment: Commenters expressed concern that enrollees will likely experience difficulty in applying for standard and hardship/good cause exemptions.

Response: The Commonwealth is committed to making the process for applying for an exemption accessible and user-friendly. Individuals can attest to an exemption at application, mid-coverage year, and renewal. They can do so online, in-person, by telephone, or by mail. The Commonwealth will also endeavor to use all available data sources (e.g., claims data or participation in the Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF) work requirements) to help identify individuals who meet an exemption.

Comment: One commenter requested clarification about how often enrollees will be required to attest to an exemption or report compliance with the work and community engagement requirements.

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Response: The Commonwealth thanks the commenter for their question. The specific length of time for which a standard exemption applies will depend on the exemption. Some standard exemptions may be permanent, including, for example, individuals with a disability. Other standard exemptions will be time-limited. The Commonwealth is still working to operationalize how enrollees will report their compliance with the work and community engagement requirements, and these details will be negotiated with CMS. More broadly, when implementing standard and hardship/good cause exemptions, DMAS will be guided by best practices in Commonwealth programs that current use these exemptions, other states with CMS-approved community engagement programs, and industry standards. The Commonwealth is committed to ensuring individuals have multiple ways to report their compliance and attest to an exemption, including online, through the call center, by mail, and in person. The Commonwealth is also exploring the role managed care organizations will play in assisting enrollees in reporting their compliance and exemptions.

Comment: Commenters expressed their concern that the COMPASS Demonstration would impact the Medicaid enrollment process by adding more paperwork.

Response: The Commonwealth appreciates the commenter's concern. The Commonwealth is committed to ensuring an efficient and streamlined Medicaid enrollment process. To help identify possible exemptions to the work and community engagement requirements (and the premiums and co-payments for non-emergent use of the emergency department), the Commonwealth will leverage the Medicaid eligibility application process by adding voluntary questions as a supplement to the single streamlined eligibility application, such as whether the individual is currently enrolled in full or part-time education. Answering these questions will not be a condition of eligibility.

Comment: Commenters expressed concern about work requirements being harmful to women, especially women of color, and lesbian, gay, bisexual, and transgender (LGBT) individuals as they are disproportionately low-income and eligible for Medicaid and face barriers to employment. Other comments expressed concern about TEEOP requirements negatively impacting young adults, specifically those of color, and minorities of all ages.

Response: The Commonwealth thanks the commenter for their input. State legislation²⁵ requires the Commonwealth to seek an 1115 Demonstration that conditions Medicaid eligibility on compliance with work and community engagement requirements. The Commonwealth will be implementing a list of standard and good cause/hardship exemptions, including, but not limited to, pregnant women and postpartum women up to six months after delivery; individuals who are the primary caregiver for a dependent child under age 19 or an adult dependent with a disability or a non-dependent relative; and a full-time, three-quarter time, and part-time students in post-secondary education, including community college courses leading to industry certifications or a STEM-H related degree or credential. The Commonwealth will be implementing a robust list of qualifying activities for the work and community engagement requirement, including, but not limited to, caregiving services for a non-dependent relative or other person with a chronic, disabling health condition; participation in English as a Second Language (ESL) classes or a General Education Development (GED) program; and vocational education, training, and apprenticeships.

To help Medicaid enrollees meet the work and community engagement requirements, the Commonwealth will seek to provide employment supports through an Alternative Benefit Plan State Plan Amendment. The employment support services are intended to ensure enrollees have appropriate access to education, skill-building, and workforce services.

Comment: Some commenters expressed their concern that the COMPASS Demonstration work and community engagement requirements will place an onerous burden on Medicaid enrollees and result in loss of coverage. Commenters noted that Medicaid enrollees may have individual life circumstances that make it challenging to comply with the TEEOP requirements, such as language barriers and unstable housing.

²⁵ Ibid.

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Response: The Commonwealth appreciates the commenters' concerns and understands that Medicaid enrollees with unstable housing will face challenges in complying with the TEEOP requirements. As such, the Commonwealth will exempt individuals who are chronically homeless.

To help ensure Medicaid enrollees understand the Demonstration's program requirements, all enrollees will receive consumer notices at application and renewal that will be available in multiple languages to accommodate their native language and will describe the program, qualifying work and community engagement activities, standard and hardship/good cause exemptions, required hours, compliance reporting processes, consequences for non-compliance, and who they can contact to have their questions answered. The Commonwealth will establish multiple modalities for individuals to obtain information and have their questions answered regarding the program requirements; information will be available to Medicaid enrollees at county eligibility offices, on the Department of Medical Assistance Service's (DMAS) webpage, through participating Medicaid managed care plans, and through the Medicaid call center.

The Commonwealth will also seek CMS approval to offer employment support services to ensure enrollees who are subject to TEEOP have appropriate access to education, skill-building, and workforce services. These employment support services will include education supports, such as subsidies for industry certification; pre-vocational supports, such as activities targeted to prepare an individual for work; and individual and small group employment supports, such as job training and interview coaching. In addition to the employment support services, the Commonwealth will provide case management to those subject to TEEOP, including coordination, assessment, and referrals for employment and other supports to address social determinants of health.

***Comment:* One commenter requested clarification on whether self-employment will be considered a qualifying activity.**

Response: The Commonwealth thanks the commenter for the question. Self-employment will count as a qualifying activity, and the Commonwealth will clarify this in the COMPASS application.

***Comment:* Commenters noted that individuals, specifically those with disabilities, may require assistance with the administrative steps necessary to report work and community engagement required hours. Commenters expressed concerns that individuals who are in compliance with work and community engagement may still be at risk of coverage suspension due to barriers with reporting compliance. Another commenter noted that the perceived challenge of having to report compliance with TEEOP may discourage individuals from enrolling in the Medicaid program. Several commenters encouraged the Commonwealth to support work without making it a condition of Medicaid eligibility.**

Response: As required in State legislation²⁶ and CMS guidance, individuals who are disabled will be exempt from TEEOP work and community engagement requirements, meaning that they will not have to seek an exemption or report compliance with the program. Should an individual with a disability choose to participate in the TEEOP, the Commonwealth will include reasonable modifications, such as a reduction in the number of hours, and ensure the individual maintains continuity of coverage.

Information on TEEOP reporting requirements will be available through consumer notices and at county eligibility offices, online, and through the call center. The Commonwealth is committed to ensuring individuals have multiple ways to report their compliance, including online, through the call center, by mail, and in person. The Commonwealth is also exploring the role managed-care organizations will play in assisting enrollees in reporting their compliance.

²⁶ Ibid.

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Comment: One commenter requested the Commonwealth adopt a “no wrong door” policy for individuals reporting compliance on the work and community engagement requirements or an exemption so that enrollees do not inappropriately lose coverage. The commenter requested clarification for how enrollees will attest to either meeting the work and community engagement requirements or meeting an exemption.

Response: The Commonwealth thanks the commenter for their question and input. The Commonwealth will implement a “no wrong door” policy for reporting compliance or attesting to an exemption, and will clarify this in the COMPASS application.

Comment: Commenters raised concern that while most Medicaid enrollees already work, they often lack job security and have fluctuating schedules (e.g., in the construction, retail, or restaurant industry). This lack of consistency in work hours could interfere with access to health coverage if an individual is unable to meet the TEEOP required participation hours each month.

Response: The Commonwealth appreciates the commenters’ concerns. To help with the lack of consistency in work hours for certain Medicaid enrollees, Virginia will count a broad range of activities as meeting TEEOP required participation hours (e.g., employment, job skills/job readiness training, community work experience programs/community or public service), in addition to participation in a designated state agency TEEOP education and training program through Virginia Workforce Centers, One-Stops, or other approved State agency programs. Enrollees will also have a three-month grace period before they will be notified that their coverage will be suspended in 30 days if they do not come into compliance. The Commonwealth will seek CMS approval to offer employment support services to ensure those enrollees who are subject to TEEOP work and community engagement requirements have appropriate access to education, skill-building, and workforce services. These employment support services, which are designed to increase an enrollee’s job security and success in the labor market, will include education supports, such as subsidies for industry certification; pre-vocational supports, such as activities targeted to prepare an individual for work; and individual and small group employment supports, such as job training and interview coaching.

Comment: One commenter requested clarification about whether the coverage suspension when an enrollee fails to comply with the work and community engagement requirements will only be for the remainder of the coverage year or indefinitely until the enrollee demonstrates compliance for one month, qualifies for an exemption, turns 65, or qualifies for another Medicaid eligibility category not subject to TEEOP.

Response: The Commonwealth thanks the commenter for their question. Per State legislation²⁷, enrollees whose coverage is suspended as a result of non-compliance with the work and community engagement requirements may have their coverage re-instated upon the end of the 12-month period of an enrollee’s coverage year, demonstrating compliance with the requirements for one month, qualifying for a standard or hardship/good cause exemption turning age 65, or qualifying for another Medicaid eligibility category not subject to TEEOP.

Comment: One commenter expressed concern that the 30 days enrollees have to come into compliance before their coverage is suspended after failing to comply with the work and community engagement requirements for three consecutive or non-consecutive months within a 12-month period will not provide enough time for some enrollees to come into compliance.

Response: The Commonwealth is committed to helping enrollees subject to the TEEOP requirements secure meaningful employment or community engagement. As such, the Commonwealth is seeking to provide a suite of employment supports intended to ensure enrollees have appropriate access to education, skill-building, and workforce services. These employment support services will include education supports, such as subsidies for industry certification; pre-vocational supports, such as activities targeted to prepare an individual for work; and individual and small group employment supports, such as job training and interview coaching. To help enrollees

²⁷ Ibid.

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subject to TEEOP with their search for employment, including during the 30 days enrollees have to come into compliance before their coverage is suspended, the Commonwealth will provide case management, including coordination, assessment, and referrals for employment.

Comment: Commenters expressed their appreciation for the inclusion of employment supports for TEEOP participants, but raised their concern that Medicaid enrollees may still be unable to meet the work and community engagement requirement. Commenters noted that individuals working minimum wage jobs lack time and resources to further their education. Multiple commenters stated that individuals over the age of 55 spend more time searching for employment and experience longer periods of unemployment as compared to their younger counterparts.

Response: The Commonwealth will seek to provide employment supports through an Alternative Benefit Plan State Plan Amendment to help Medicaid enrollees meet the TEEOP work and community engagement requirements. The employment support services are intended to ensure enrollees have appropriate access to education, skill building, and workforce services. These employment support services will include education supports, such as subsidies for industry certification; pre-vocational supports, such as activities targeted to prepare an individual for work; and individual and small group employment supports, such as job training and interview coaching. To help enrollees, including those over the age of 55, with their search for employment, the Commonwealth will provide case management to those subject to TEEOP, including coordination, assessment, and referrals for employment. To help support enrollees' ability to further their education, hours dedicated to education related to employment, general education, and English as a Second Language, among other activities will count toward meeting the work and community engagement requirement.

Comment: One commenter suggested that the Commonwealth should provide employment support services to Medicaid enrollees without conditioning their Medicaid eligibility on compliance with work and community engagement requirements. The commenter cited Montana as an example of a state that created a workforce promotion program (Health and Economic Livelihood Partnership-Link) that offers employment support services, such as career counseling and on-the-job training, to Medicaid enrollees but does not include work requirements.

Response: The Commonwealth thanks the commenter for their input. State legislation²⁸ requires the Commonwealth to seek an 1115 Demonstration that conditions Medicaid eligibility on compliance with work and community engagement requirements. To help Medicaid enrollees meet the work and community engagement requirements, the Commonwealth will seek to provide employment supports through an Alternative Benefit Plan State Plan Amendment. The employment support services are intended to ensure enrollees have appropriate access to education, skill building, and workforce services. These employment support services will include education supports, such as subsidies for industry certification; pre-vocational supports, such as activities targeted to prepare an individual for work; and individual and small group employment supports, such as job training and interview coaching.

Comment: Commenters expressed concern that because CMS has stated it will not provide states with Medicaid funding to assist enrollees in meeting work and community engagement requirements, Virginia will be solely responsible for funding employment support services.

Response: In order to ensure enrollees subject to TEEOP have appropriate access to education, skill-building, and effective workforce services that will help them improve their success in the labor market and earn a living wage, the Commonwealth will submit to CMS for approval a targeted Alternative Benefit Plan State Plan Amendment that will include employment supports to address barriers to meaningful community engagement and employment. Specifically, the Commonwealth will define habilitation benefits to include employment supports

²⁸ Ibid.

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under its Alternative Benefit Plan State Plan Amendment and will engage in negotiations with CMS to secure approval of this authority and receive federal funding.

Comment: Commenters expressed concern that the State government is already overburdened and that implementing the work and community engagement requirements and monitoring compliance will be administratively complex and costly for Virginia to implement. Many commenters opposed adding more “red tape” to the Medicaid program, pointing to a likely increase in taxpayer dollars and coverage loss for enrollees subject to additional paperwork. Commenters noted that the cost estimates for implementing TEEOP seem unreasonable, given the small number of enrollees who will be subject to the work and community engagement requirement. Instead, commenters proposed that Virginia use the funds for workforce training efforts or to provide better care.

Response: The Commonwealth is committed to making TEEOP as administratively simple and consumer friendly as possible by streamlining the administrative infrastructure and the amount of paperwork that individuals need to provide and that DMAS needs to process. The Commonwealth will leverage the Medicaid eligibility application process by adding voluntary questions as a supplement to the single streamlined application to help identify possible exemptions. Virginia will also leverage available data to identify individuals who should be exempt from already complying with work or communication participation hours. To reduce administrative burden, the Commonwealth will accept enrollee attestation of compliance with work and community engagement requirements and conduct integrity audits of attested exemptions through a sampling method. With respect to program costs, the proposed changes under COMPASS are designed, over time, to assist individuals in transitioning to private commercial health insurance coverage, simultaneously ensuring the Medicaid program’s long-term fiscal sustainability.

Comment: Commenters noted that other states that have implemented or prepared to implement work requirements, such as Kentucky and Arkansas, have faced significant barriers including lawsuits and coverage loss. Commenters also pointed to studies that have found that increasing Medicaid coverage, rather than restricting coverage, helps support employment and productivity. Other studies, commenters noted, have demonstrated that Medicaid enrollees who are physically able to work typically do so but may lack access to coverage through their jobs. Commenters also pointed to evidence that shows that work requirements can make it more difficult for people to find employment. Commenters reflected that work requirements under TANF in Virginia have not been successful in achieving the program’s goals, and administrative errors in SNAP and TANF have led to people losing benefits. Commenters suggested that Virginia take these experiences from other states and related programs into account.

Response: The Commonwealth has been closely reviewing other states’ implementation of work and community engagement requirements. In order to build upon lessons learned in other states, Virginia has created a list of standard and good cause/hardship exemptions and a consumer-friendly reporting process that provides multiple ways for enrollees to report compliance.

Also building on other states’ lessons learned, the Commonwealth will suspend (rather than dis-enroll) individuals who do not comply with program requirements enabling a smoother transition upon compliance. Before suspending an enrollee’s coverage for non-compliance for three consecutive or non-consecutive months, Virginia will be providing the enrollee with 30 days to come into compliance with requirements. Enrollees whose coverage is suspended as a result of non-compliance with work and community engagement requirements may have their coverage re-instated upon demonstrating compliance for one month.

To help Medicaid enrollees subject to the TEEOP work and community engagement requirements find employment, the Commonwealth will seek to provide employment supports through an Alternative Benefit Plan State Plan Amendment. These employment support services will include education supports, pre-vocational supports, and individual and small group employment supports. To help enrollees with their search for employment, the Commonwealth will provide case management to those subject to TEEOP, including coordination, assessment, and referrals for employment.

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The Commonwealth will work across its agencies and incorporate best practices and lessons learned from the SNAP and TANF programs. To address concerns about potential coverage loss for non-compliance, the Commonwealth will closely monitor and evaluate the work and community engagement requirements to assess impact on coverage as well as improved access to employment and private commercial health insurance coverage.

Comment: One commenter requested that Governor Northam defer submission of the COMPASS Demonstration application to CMS until the courts have ruled that the U.S. Department of Health and Human Services (HHS) has power under §1115 to approve demonstrations that impose eligibility restrictions without evidence of offsetting gains to other equally appropriate forms of health insurance. The commenter explained that the Governor would be acting within his legal powers were he to determine, based on the Stewart decision, that until the Commonwealth can prove that the COMPASS Demonstration work and community engagement requirements will produce significant gains in other forms of health insurance, whether through employer-sponsored plans or as a result of income gains that trigger access to Marketplace subsidies, that substantially outweigh the projected Medicaid coverage losses, or until the courts rule otherwise, the federal government has no power to approve COMPASS, and therefore, that he cannot seek permission to move forward. The commenter noted that doing so in the face of such legal uncertainty risks is a considerable waste of State resources that would be necessary to obtain federal approval and implement such a complex program.

Response: The Commonwealth thanks the commenter for their input. State legislation²⁹ requires DMAS to submit Virginia's 1115 Demonstration application to CMS for approval no later than 150 days from the passage of House Bill 5001.

Health and Wellness Program

Comment: Commenters expressed concern that monthly premium contributions may lead to loss of coverage. Especially in the case of enrollees facing chronic illnesses, commenters pointed out that a loss of coverage could lead to poor health outcomes or create new burdens, undermining the purpose of the Medicaid program. One commenter acknowledged that monthly premiums were part of the State legislation authorizing Medicaid expansion, but urged DMAS to work with community stakeholders to develop consumer protections and use whatever programmatic flexibilities are available to ensure premiums do not pose a barrier for necessary care. The commenter also asked DMAS to evaluate the effects of this requirement on continuity of coverage.

Response: The Commonwealth thanks the commenters for their input. State legislation³⁰ requires the Commonwealth to seek an 1115 Demonstration that conditions Medicaid eligibility on paying monthly premiums. To accommodate Medicaid enrollees who may face barriers paying monthly premiums, the Commonwealth is implementing a list of exemptions, which includes exemptions for individuals deemed medically frail. The Commonwealth has defined medically frail to include, but not limited to, those with a disability, a serious and complex medical condition, a disabling mental disorder, HIV/AIDS, and a SUD diagnosis. To address life circumstances that affect an individual's ability to pay monthly premiums, the Commonwealth is also implementing hardship/good cause exemptions for factors such as a hospitalization or serious illness. The same categories of individuals that qualify for a TEEOP exemption will also be exempt from the premium obligation and the co-payment for non-emergent use of the emergency department.

For Medicaid enrollees who are not exempt from premium requirements, the Commonwealth will ensure there is robust education and outreach about the monthly premium requirements and the consequences for non-compliance through consumer notices at application and renewal. Information will also be available at county eligibility offices, online, and through the call center. Premiums may be paid directly by an enrollee or on behalf of an enrollee by a third party.

²⁹ Ibid.

³⁰ Ibid.

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Enrollees who have unpaid premiums will have a three-month grace period before being suspended from coverage. If coverage is then suspended, enrollees will be able to reactivate their coverage at any time by making one premium payment, meeting an exemption, or reporting a change in circumstances that reduces family income to less than 100 percent of the FPL. Prior to suspending an enrollee's coverage, the Commonwealth will determine whether the enrollee is eligible for another Medicaid eligibility group or entitled to an exemption. The Commonwealth will maintain eligibility for enrollees who submit an appeal request or report a good cause/hardship exemption prior to disenrollment.

The Commonwealth thanks the commenter for their request to work with community stakeholders and welcomes input on consumer protections for monthly premiums. To address concerns about potential coverage loss for non-compliance, the Commonwealth will closely monitor and evaluate the monthly premium requirements to assess the impact on coverage.

Comment: One commenter requested clarification about whether notices will be sent to enrollees subject to premiums, the co-payments for non-emergent use of the emergency department, and the Health and Wellness Accounts like they are for enrollees subject to TEEOP. The commenter noted that information should be made available in as many formats as possible, including letters, texts, phone calls, traditional media, and social media, as well as at county eligibility offices, online, and through the call center.

Response: The Commonwealth thanks the commenter for their question and would like to clarify that the Commonwealth will ensure there is robust education and outreach, including consumer notices at application and renewal, for enrollees with incomes between 100 percent and 138 percent of the FPL about the monthly premium requirements, co-payments for non-emergent use of the emergency department, Health and Wellness Accounts, standard and good cause/hardship exemptions, consequences for non-compliance, and who they can contact to have their questions answered. Information will also be available at county eligibility offices, online, and through the call center. The Commonwealth will clarify this in the COMPASS application.

Comment: Commenters expressed concern about Medicaid enrollees who will face monthly premiums and co-payments for non-emergency use of the emergency department. Commenters noted that the proposed premium amounts could place significant financial burden on individuals, which could lead to non-exempt enrollees having to choose between making premium payments or spending money on other necessities such as food and shelter. Several commenters implored that the Commonwealth should keep healthcare affordable for low-income families.

Response: The Commonwealth thanks the commenters' for their input. Individuals below 100 percent of the FPL will not be required to pay a monthly premium or a co-payment for non-emergent use of the emergency department. For individuals with incomes above 100 percent to the FPL, the Commonwealth is implementing a list of exemptions, which includes, but not limited to, individuals with a disability, a serious and complex medical condition, a SMI, and those who are pregnant, students enrolled in post-secondary education, or are parents or primary caregivers for a dependent child under age 19. To address unforeseen life circumstances that may affect an individual's ability to pay monthly premiums, the Commonwealth will implement time-limited hardship/good cause exemptions such as when an individual is hospitalized or experiences a serious illness, family emergency, or death of a household member.

People who are not exempt and have incomes between 100 percent and 125 percent of the FPL will be required to pay \$5 per month. Non-exempt individuals with incomes between 126 percent and 138 percent of the FPL will be required to pay \$10 per month. Enrollees will have an opportunity to reduce their premium obligations by 50 percent if they complete at least one healthy behavior, such as receiving an annual wellness exam, mammogram, or tobacco cessation counseling. Enrollees who pay their monthly premiums on time for 10 months and engage in at least one healthy behavior will also have an opportunity to get back all of the money they spent on premium payments in the form of a limited-use Health Rewards gift card to pay for non-covered medical or other health-related services (e.g., eyeglasses or vitamins).

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For Medicaid enrollees who do not comply with the premium obligations, the Commonwealth will be implementing a three-month grace period before coverage is suspended. If coverage is suspended due to unpaid premiums, enrollees will be able to reactivate their coverage at any time by making one premium payment, meeting an exemption, or reporting a change in circumstances that reduces family income to less than 100 percent of the FPL.

The Commonwealth's proposal to apply a \$5 co-payment for non-emergency use of the emergency department is below the \$8 maximum that is allowable under federal law.

Comment: One commenter requested clarification about whether the sliding scale premium amount will be based on family's monthly or annual income.

Response: The Commonwealth thanks the commenter for their question. The sliding scale monthly premium amounts are based on an individual's or family's monthly household income.

Comment: One commenter expressed concern that Medicaid coverage will be effective on the first day of the month following receipt of the premium payment. The commenter also expressed concern that the COMPASS proposal does not include third-party payment and fast-track payments. The commenter requested clarification about whether an enrollee can pay premiums for previous months to allow for retrospective Medicaid coverage.

Response: The Commonwealth thanks the commenter for their question and input. Per State legislation, Medicaid coverage must begin on the first day of the month following receipt of the premium payment or enrollment due to treatment of an acute illness.³¹ The Commonwealth would like to clarify that premiums may be paid directly by an enrollee or on behalf of an enrollee by a third party. The Commonwealth welcomes the input on fast-track payments and will evaluate options and considerations as part of the Demonstration's implementation planning phase. Under the current COMPASS design, enrollees cannot pay premiums for previous months for retrospective Medicaid coverage, but the Commonwealth will take the commenter's input under advisement during the Demonstration's implementation planning phase.

Comment: Commenters expressed their concern with conditioning Medicaid eligibility to premium payment requirements. The commenters noted that the Commonwealth previously tried implementing monthly premiums into its State Children's Health Insurance Program (CHIP), which led to unpaid premiums and coverage loss, and the Commonwealth then removed the premium requirement from the program.

Response: The Commonwealth thanks the commenter for their input. The State legislation³² requires the Commonwealth to seek an 1115 Demonstration that conditions Medicaid eligibility on participation in monthly premium payment requirements. The Commonwealth will look to lessons learned from the Commonwealth's previous experience with its CHIP in how to best operationalize monthly premium requirements.

Comment: Several commenters conveyed concern that monthly premiums and co-payments for non-emergent use of the emergency department will discourage individuals from using the healthcare system.

Response: Monthly premium obligations for non-exempt enrollees with income between 100 percent and 138 percent of the FPL will not fluctuate based on healthcare utilization. In other words, enrollees will not be required to pay co-payments for routine medical care. Non-exempt enrollees with income between 100 percent and 138 percent of the FPL will only be required to pay a \$5 co-payment if they go to the emergency department for a non-emergent reason. The co-payments for non-emergent use of the emergency department are designed to promote accountability related to the utilization of healthcare services. The Commonwealth will comply with federal statutory and regulatory Medicaid requirements related to the application of emergency department co-payments. DMAS will ensure that hospitals provide a screening at the emergency department as required by the

³¹ Ibid.

³² Ibid.

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federal Emergency Medical Treatment and Labor Act (EMTALA), inform the beneficiary of the amount of the cost sharing obligation, provide the beneficiary with the name and location of an available non-emergency service provider that can provide services in a timely manner, and provide a referral to coordinate treatment by the alternate provider.

Comment: Commenters expressed their concern that the co-payments for non-emergent use of the emergency department are likely to deter patients from seeking emergency care when needed, especially for symptoms of a heart attack or stroke. Commenters noted that if these patients are ultimately diagnosed with a non-emergent medical condition, they should not be penalized for following the instructions of effective and long-standing public health campaigns to seek emergency care immediately when experiencing a warning sign of a heart attack or stroke.

Response: The Commonwealth thanks the commenters for their input. State legislation³³ requires the Commonwealth to seek an 1115 Demonstration that includes cost-sharing designed to “encourage personal responsibility and accountability related to the utilization of healthcare services such as the appropriate use of emergency room services.” Co-payments for non-emergent use of the emergency department will not be charged at the point of service but rather will be deducted from the amount of money an enrollee has paid into their Health and Wellness Account (in the form of premium payments). Individuals with incomes below 100 percent FPL will not be subject to the co-payment for non-emergent use of the emergency department, and the Commonwealth has established a robust list of exemptions from the premium obligation and the co-payment for non-emergent use of the emergency department. To address concerns about patients avoiding seeking emergency care when needed, the Commonwealth will closely monitor and evaluate the effects of the co-payment for non-emergent use of the emergency department.

Comment: One commenter requested clarification on the definition of “non-emergent” and “avoidable” use of the emergency department.

Response: The Commonwealth thanks the commenter for their question. The co-payments for non-emergent use of the emergency department will be based on ICD-10 codes billed for non-emergent conditions that do not require treatment in the emergency department.

Comment: One commenter expressed their concern that the non-emergent use of the emergency department co-payment could potentially result in violations to the federal Emergency Medical Treatment and Labor Act (EMTALA). The commenter noted that if there is any reference to a potential co-payment based on the final diagnosis, it could be interpreted as blocking access to care.

Response: The Commonwealth will comply with federal statutory and regulatory Medicaid requirements related to the application of co-payments imposed by a hospital. DMAS will ensure that hospitals provide a screening at the emergency department as required by EMTALA, inform the beneficiary of the amount of the cost sharing obligation, provide the beneficiary with the name and location of an available non-emergency service provider that can provide services in a timely manner, and provide a referral to coordinate treatment by the alternate provider.

Comment: Commenters expressed their concern that Health and Wellness Accounts are highly complex, and a lack of understanding of how they work will undermine their intended goals. Commenters noted that health savings accounts, which are similar to Virginia’s proposed Health and Wellness Accounts, have been shown to reduce medication adherence, clinical visits, and preventive services, and expressed their concern that enrollees may forego care to cut costs.

³³ Ibid.

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Response: The Commonwealth thanks the commenters for their input. The State legislation³⁴ requires the Commonwealth to develop a “health and wellness account for eligible individuals, comprised of participant contributions and state funds to be used to fund the health insurance premiums and to ensure funds are available for the enrollee to cover out-of-pocket expenses for the deductible, with the ability to roll over the funds from the account into succeeding years if not fully used.” The Commonwealth will ensure there is robust education and outreach about the Health and Wellness Accounts through consumer notices at application and renewal that describe the accounts, healthy behavior incentives, and who they can contact to have their questions answered. Information on Health and Wellness Accounts will also be available at county eligibility offices, online, and through the call center.

Enrollees will have an opportunity to get back all of the money they have contributed to their Health and Wellness Account (in the form of premium payments) if they pay their monthly premiums on time for 10 months and engage in at least one healthy behavior. Enrollees will receive this money in the form of a limited-use Health Rewards gift card to pay for non-covered medical or other health-related services (e.g., eyeglasses or vitamins). Enrollees will not receive more money from their Health and Wellness Account if they forgo care.

***Comment:* One commenter requested clarification about what authority the Commonwealth will use to take a Medicaid enrollee’s Health and Wellness Account funds, which contains enrollee contributions, if the enrollee does not meet their deductible obligation and does not participate in a healthy behavior and therefore forfeits any accrued funds in their Health and Wellness Account. The commenter requested clarification about how this would comport with the Commonwealth’s civil forfeiture laws.**

Response: The Commonwealth thanks the commenter for their question. Federal statute at Social Security Act 1916(c) and 1916A(b)(1)(A) provide the Medicaid legal authority to impose monthly premiums on non-exempt Medicaid beneficiaries. The State will work with CMS to ensure that all provisions related to the HWAs are in full compliance with federal and State laws.

***Comment:* Commenters expressed their support for the healthy behavior incentives included in the COMPASS Demonstration but urged the Commonwealth to ensure it has the necessary infrastructure and resources to operationalize this program feature, including a targeted outreach strategy and enrollee education.**

Response: The Commonwealth thanks the commenter for their support of the healthy behavior incentives and ensures the Commonwealth will secure the necessary infrastructure and resources to educate enrollees about the incentives, promote and track completion of the healthy behaviors, and process earned premium reductions.

***Comment:* One commenter expressed their concern about enrollees with incomes between 100 and 138 percent of the FPL with complex, chronic conditions being required to complete an annual healthy behavior or forfeit any Health and Wellness Account funds.**

Response: The Commonwealth would like to clarify that enrollees who meet the Commonwealth’s medically frail definition will be exempt from the premium requirements and therefore will not have a Health and Wellness Account or be required to complete an annual healthy behavior to access those funds.

***Comment:* Commenters noted that operationalizing the Health and Wellness Program will be administratively complex and costly for Virginia to implement, as well as challenging for enrollees to comprehend. One commenter expressed their concern about the administrative burden that healthy behavior incentives will create for the Commonwealth, healthcare providers, and Medicaid enrollees. Another commenter requested clarification about how enrollees will report their completion of a healthy behavior. Commenters drew from the experiences of other states that have encountered similar issues when implementing premiums and health savings accounts, which are similar to Virginia’s proposed HWAs. Rather than spending State dollars to**

³⁴ Ibid.

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operationalize the Health and Wellness Program, commenters recommended the Commonwealth focus on managing diseases and other conditions to reduce healthcare expenditures.

Response: The Commonwealth is committed to operationalizing the Health and Wellness Program features, which were directed by State legislation³⁵, in the most administratively simple, cost effective, and user-friendly manner possible. When operationalizing the Health and Wellness Program, the Commonwealth intends to look to lessons learned in other states related to systems and processes. The Commonwealth is still working to operationalize how enrollees will report their completion of a healthy behavior, including exploring the role managed care organizations can play in assisting enrollees with reporting their healthy behaviors. Regarding program costs, the proposed changes under COMPASS are designed to, over time, assist individuals in transitioning to private commercial health insurance coverage, while simultaneously ensuring the Medicaid program's long-term fiscal sustainability. The Commonwealth agrees that is imperative to reduce healthcare expenditures through disease management and other efforts, and notes that Virginia's Medicaid program is engaged in numerous disease management efforts related to obesity, asthma, and other chronic conditions for adults.

To mitigate enrollee confusion about the Health and Wellness Program, the Commonwealth is committed to providing robust education and outreach about the program.

Housing and Employment Supports for High-Needs

***Comment:* Several commenters expressed appreciation for the housing supports benefit for high-need enrollees. One commenter expressed their support for the well-defined criteria for identifying enrollees to be most "at risk."**

Response: The Commonwealth thanks the commenters for their input. The Commonwealth believes that the housing supports benefit for high-need enrollees is an essential COMPASS program feature, as it will provide the supports necessary to obtain and maintain stable housing, thereby improving high-needs enrollees' quality of life and health outcomes.

***Comment:* Commenters expressed support of employment supports for the high-need population. One commenter suggested that rather than spend public resources on imposing work and community engagement requirements, the Commonwealth should instead focus on ensuring robust availability of employment support services through competitive reimbursement of these services. The commenter noted that increasing employment among people with mental illness would be a net gain for both individuals and the Commonwealth, as employment is likely to sustain recovery, lead to healthier and happier lives, and contribute to the community's tax base.**

Response: Supportive employment services are particularly important for enrollees with high needs, such as those with serious and persistent mental illnesses, and benefit both the individual as well as the Commonwealth. To ensure supported employment services are adequately reimbursed, Virginia is seeking federal matching dollars to finance this program feature.

***Comment:* One commenter expressed their support for the housing and employment support services for the high-need population, including those with mental illnesses. The commenter noted that safe and stable housing and meaningful employment are especially important for facilitating strong recovery. The commenter pointed to research showing that addressing the social determinants of health for individuals with mental illness, particularly housing and employment, has more effectively supported recovery than clinical mental health care.**

Response: The Commonwealth thanks the commenter for their support of the housing and employment support services for the high-need population and agrees that helping enrollees with behavioral health needs obtain and maintain employment and stable housing will support recovery and improve quality of life and health outcomes.

³⁵ Ibid.

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Comment: Commenters asked for clarification on how the housing and employment support benefit for the high-need population will be operationalized, including more detail about the available services, targeted geographic regions, cost of service delivery, and caps on the number of enrollees to be served, as well as what entities will be providing the support services, how entities become authorized to deliver the support services, and how the funding will be distributed. One commenter requested that security deposits for apartment leases, utilities expenses, transportation, uniforms, tuition for education and vocational training, and child care should be included in the benefit. Another commenter noted that case managers are best positioned to coordinate these supports as they already have trusted relationships in the community.

Response: The Commonwealth appreciates the commenter's input. The Commonwealth is still working to operationalize the housing and employment supports benefit and will be able to provide more details on this benefit during the Demonstration's implementation planning phase. Regarding the commenter's suggested services to be included in the benefit, the Commonwealth is seeking federal funding for a range of services that support individuals in securing and sustaining housing and employment. These services are already authorized under the Medicaid statute and/or are allowable under federal regulation. The Commonwealth will take the suggestion to utilize case managers under advisement.

General

Comment: Commenters expressed their concern that the significant coverage loss and increased uninsured rate that will result from the work and community engagement and premium requirements cannot be justified. Commenters noted that while CMS has said that work will promote health and well-being as a rationale for approving policies that condition coverage to work requirements, this argument does not demonstrate that the COMPASS Demonstration is consistent with the primary objective of the Medicaid program, which is to provide access to health coverage for those eligible and serve as a safety net. The commenters also explained that while they accept that improving health and well-being are objectives of the Medicaid program, improving health and well-being are outcomes of having coverage and not a result of taking coverage away from people who do not work. Commenters requested that Virginia remove program features that could interfere with access to healthcare.

Response: The Commonwealth thanks the commenters for their input. The State legislation³⁶ requires the Commonwealth to seek an 1115 Demonstration that conditions Medicaid eligibility on participation in the TEEOP work and community engagement and the Health and Wellness Program premium payment requirements. To address concerns about potential coverage loss for non-compliance, the Commonwealth will closely monitor and evaluate the work and community engagement requirements and premium requirements to assess the impact on coverage as well as improved access to employment and private commercial health insurance coverage. The Commonwealth is aware of reports from other states with similar requirements that suggests loss of coverage may result from inadequate systems or a lack of information regarding the requirements rather than a failure to comply. As such, the Commonwealth will phase in TEEOP and the Health and Wellness Program beginning in Demonstration Year 1, with compliance consequences being implemented in Demonstration Year 2. This will allow more time for enrollees to be educated on the requirements and for the Commonwealth to ensure a seamless implementation. The Commonwealth has proposed to implement program components as business processes and systems builds come on line rather than waiting for all components to be ready. Such an implementation approach will promote continuity of coverage, minimize confusion and complexity for enrollees, and ensure the supports necessary to achieve the goals of the Demonstration are in place.

To help ensure Medicaid enrollees understand the Demonstration's program requirements, all enrollees will receive consumer notices at application and renewal that describe the program and enrollment requirements in detail. The Commonwealth is also committed to ensuring individuals have multiple ways to report their

³⁶ Ibid.

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES 1115 DEMONSTRATION EXTENSION APPLICATION

compliance, including online, through the call center, by mail, and in person. In addition, the Commonwealth is exploring the role managed-care organizations will play in assisting enrollees in reporting their compliance. The Commonwealth is also committed to meaningfully connect the Medicaid population to the supports necessary to be successful in meeting the new program requirements. The Commonwealth is seeking CMS approval to offer employment support services to ensure enrollees who are subject to TEEOP have appropriate access to education, skill building, and workforce services. These employment support services will include education supports, pre-vocational supports, and individual and small group employment supports. In addition to the employment support services, the Commonwealth will provide case management to those subject to TEEOP, including coordination, assessment, and referrals for employment and other supports to address social determinants of health.

The Commonwealth will also be implementing a process that allows individuals time to come into compliance before they are suspended from coverage. Enrollees found to be in non-compliance with TEEOP requirements for three consecutive or non-consecutive months will have 30 days to come into compliance before their coverage is suspended. Enrollees who have unpaid premiums will have a three-month grace period before being suspended from coverage. Enrollees whose coverage is suspended as a result of non-compliance with work and community engagement requirements may have their coverage re-instated upon demonstrating compliance for one month, while enrollees whose coverage is suspended as a result of unpaid premiums may have their coverage re-instated after making one premium payment.

Comment: Commenters expressed their appreciation that enforcement of TEEOP and the Health and Wellness Program will not begin until Demonstration Year 2. Commenters noted that any faster timeline could fail to give enrollees the necessary time to learn about, plan for, and comply with the new requirements. Another commenter suggested phasing in TEEOP by age.

Response: The Commonwealth appreciates the commenters' support. The Commonwealth is committed to meaningfully connect the Medicaid population to the supports necessary to be successful in meeting the new program requirements. The Commonwealth will take into account the phase-in by age approach during the program implementation phase. Specific implementation target dates are dependent upon policy negotiations with and waiver approval by CMS.

Comment: A number of commenters voiced their support of the State Legislature's decision to enact Medicaid expansion. Some commenters assert that while Medicaid expansion is meant to expand access to health coverage, including preventive care to address health problems before emergency department use is necessary, COMPASS program features will add substantial barriers, making healthcare less accessible to already vulnerable enrollees.

Response: The Commonwealth thanks the commenters and agrees that Virginia's decision to expand Medicaid will have a significant impact on improving access to coverage for low-income adults. The State legislation³⁷ that authorizes Medicaid expansion requires the Commonwealth to submit a Demonstration request seeking federal approval for new Medicaid program features, including the TEEOP and the Health and Wellness Program. Per the State legislation³⁸, these program features are "designed to empower individuals to improve their health and well-being and gain employer sponsored coverage or commercial health insurance coverage."

Comment: Commenters expressed concern that the COMPASS Demonstration will require more focused outreach efforts to Limited English Proficient (LEP) and immigrant households.

Response: The Commonwealth thanks the commenters for their input and is committed to conducting robust outreach and providing education about COMPASS features for LEP and immigrant households. Consumer notices at application and renewal will be available in multiple languages and will contain detailed program information.

³⁷ Ibid.

³⁸ Ibid.

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The Commonwealth will establish multiple modalities for individuals to obtain information and have their questions answered regarding the program requirements; information will be available to Medicaid enrollees at county eligibility offices, on the DMAS webpage, through participating Medicaid managed care plans, and through the Medicaid call center.

Comment: Commenters urged the Commonwealth to utilize and reimburse community health workers for coordinating and providing the housing and employment support benefit for high-need enrollees as well as the employment supports for TEEOP participants. The commenters noted that community health workers can help the Commonwealth improve health outcomes for Medicaid enrollees while achieving cost efficiencies for the Medicaid program by leveraging the trust established with patients in the community.

Response: The Commonwealth thanks the commenters for their input. The Commonwealth is still working to operationalize the housing and employment supports benefit for the high-need population and the employment supports for TEEOP participants but will take the suggestion to utilize community health workers under advisement.

Comment: One commenter urged the Commonwealth to grow its Health Insurance Premium Payment Program (HIPP) by requiring participation for all eligible Medicaid enrollees so long as it is cost effective for the Commonwealth, collecting additional data, and conducting electronic outreach to enrollees to increase enrollment.

Response: The Commonwealth thanks the commenter for their input and will take the commenter's suggestions for increasing HIPP enrollment under advisement.

Comment: Several commenters submitted recommendations pertaining to how the Commonwealth should operationalize COMPASS program features and expressed their interest in assisting the Commonwealth in doing so. Suggestions included proposed partnerships (i.e., with managed care plans or other vendors) and approaches for implementation and administration of TEEOP, the Health and Wellness Program, the housing and employment supports benefit for high-need enrollees, and the employment supports benefit for new adults. Some recommendations were founded in analyses of the State legislation³⁹ requiring the Commonwealth to seek the 1115 Demonstration, while other commenters drew from experiences and lessons learned in other states (e.g., Indiana's HIP 2.0 program). Commenters also emphasized the need for Virginia to operationalize other key processes to ensure effective implementation of COMPASS, including eligibility determinations, identifying exemptions, educating enrollees, engaging stakeholders, sharing information, and integrating data.

Response: The Commonwealth thanks the commenters for their recommendations for operationalizing COMPASS, and agrees that thoughtful implementation and administration are essential to the success of the Demonstration. The Commonwealth is still working to operationalize a number of COMPASS program features, and will take into account these recommendations as Virginia implements the Demonstration. The Commonwealth is committed to ensuring administratively efficient, cost effective, and user-friendly program features and will leverage recommendations that promote the Commonwealth's objectives.

Comment: Some commenters expressed the importance of maintaining enrollees' due process rights and all existing Medicaid protections in the COMPASS Demonstration. One commenter specifically requested assurance that disputes will be fairly and expeditiously resolved; and adequate notice of state agency actions will be provided. Additionally, the commenter requested assurance that unfavorable administrative decisions will be reviewed with reasonable promptness; and coverage will continue while an appeal is pending. Finally, the commenter asked for assurance that Medicaid applicants and enrollees will retain their right to request a fair hearing on eligibility determinations and coverage issues, offers of proof, and to request a new assessment if their situation changes.

³⁹ Ibid.

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Response: The Commonwealth fully intends to ensure and enforce Medicaid enrollee protections in the COMPASS Demonstration. Virginia believes that Medicaid protections are fundamental for enrollees, and that the monitoring of appeals can provide useful insights into program performance and opportunities for improvement. The Commonwealth will operate in accordance with 42 CFR Part 431 Subpart E – Fair Hearings for Applicants and Beneficiaries and abide by all other applicable regulations.

***Comment:* One commenter requested clarification for how the Commonwealth will transmit information on enrollees' compliance with the work and community engagement and premium requirements as well as pending coverage suspensions for non-compliance to managed care organizations. The commenter expressed the desire for managed care organizations to take an active role in helping enrollees meet the requirements to promote continuity of coverage. The commenter also requested clarification on what the managed care organizations' administrative obligations will be to support the Health and Wellness Program premiums, co-payments for non-emergent use of the emergency department, and the Health and Wellness Accounts. The commenter noted that for accountabilities delegated to managed care organizations, rates will need to be adjusted accordingly to reflect actual administrative costs.**

Response: The Commonwealth thanks the commenter for their question and input. The Commonwealth is still working to operationalize how information on enrollees' compliance with the TEEOP and Health and Wellness Program requirements will be transmitted to managed care organizations. More information on the role of managed care organizations in the COMPASS Demonstration will be available during the Demonstration's implementation planning phase. The Commonwealth welcomes input from managed care organizations and looks forward to partnering together to support the goals of the COMPASS Demonstration.

Governor's Access Plan (GAP)

***Comment:* One commenter expressed support of the Governor's Access Program (GAP).**

Response: The Commonwealth thanks the commenter for the support of GAP. In light of Medicaid expansion, most individuals will transition from the GAP to the new adult group and will receive an Alternative Benefit Plan that is aligned with the State Plan benefit package. The Commonwealth intends to end the GAP and will ensure a smooth transition for enrollees from the GAP to the new adult group.

Addiction and Recovery Treatment Services (ARTS)

***Comment:* Commenters stated that they are pleased with the Commonwealth's decision to continue to provide essential SUD services to all Medicaid enrollees through ARTS. Another commenter expressed support of the program for expanding access to care.**

Response: The Commonwealth thanks the commenters for their support. The ARTS benefit package is essential to addressing the substance use crisis and reversing the opioid epidemic in Virginia. ARTS is one of the most comprehensive Medicaid SUD benefits in the nation, and provides the full continuum of treatment to enrollees.

Former Foster Care Youth

***Comment:* Commenters expressed support of the Commonwealth's demonstration approved by CMS on September 22, 2017 that provides Medicaid coverage to former foster care youth up to age 26 who aged out of foster care in another state and now reside in Virginia.**

Response: The Commonwealth thanks the commenters for their support, and confirms that COMPASS intends to maintain authority for former foster care youth up to age 26 who aged out of foster care in another state and now reside in Virginia.

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Appendix D. Public Comments on COMPASS

DMAS received public comments in writing (e.g., emails, letters) and at public meetings (e.g., public hearings) on COMPASS. All comments received are summarized in Appendix C. This Appendix includes copies of all public comments received. Personally identifiable information has been redacted in comments.

From: [REDACTED] <[REDACTED]>
Date: Tue, Sep 25, 2018 at 2:24 PM
Subject: Feedback on Medicaid work requirements
To: <1115Implementation@dmas.virginia.gov>

Hi Susan,

Here's a bit of feedback on the Medicaid work requirements. (Not directed at you personally.)

Imposing work requirements for Medicaid eligibility a sadistic attack on the health and humanity of poor people that could only be conceived by twisted, evil minds. As you undoubtedly know, many people who have income low enough to qualify them for the program are unable to work because they are disabled or caregivers for others, lack transportation or job training, can't afford childcare, or face other very real barriers to work. Denying people healthcare because they are unable to work a certain number of hours ignores the reality of people's lives and is downright cruel. If the General Assembly wants to impose work requirements for Medicaid, I think our representatives should get paid based on how many useful laws they pass, which would substantially reduce their paychecks.

That's all. Hope this input is useful.

Best,

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Sep 26, 2018 at 3:50 PM
Subject: Waiver on Work Requirement.
To: <1115Implementation@dmas.virginia.gov>

I am opposed to the waiver for a work requirement for the Medicaid Expansion. My daughter will be one who will need to enroll in Medicaid Expansion, because she has disabilities and is a part time low earning worker.

However, unless she will always have an advocate who can be with her and take the time to guide her and encourage her to follow the requirements and the proper reporting, she would not be able to follow the administrative requirements. She has not been able to do this in previous job experiences which has had devastating outcomes.

While it may seem easy and encouraging of a person to work and be productive, the opposite is more likely. Failure only mounts and creates more fears, distrust, and paralysis. If my daughter fails to obtain coverage, serious health consequences may result from lack of medications and doctor's guidance. That would make her less able to work and more dependent on an agency of the government, which is no guarantee for her welfare.

Thank you,

[REDACTED]
Sent from my iPhone

[REDACTED]

Volunteer, James River Chapter

Virginia Interfaith Center for Public Policy

Retired, United Methodist clergy

[REDACTED]

[REDACTED]

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Sep 27, 2018 at 10:10 PM
Subject: Oppose Virginia Compass
To: <1115Implementation@dmas.virginia.gov>

Hello,

I am a resident of Virginia and I am against the Virginia COMPASS proposal as it will lead to a loss of health care coverage. The Virginia COMPASS proposal fails to promote health and wellness. The new requirements will reduce the number meet the eligibility requirements. Estimates show that more than 25,000 fewer Virginians will have health coverage through Medicaid due to the new requirements.

Taking away health coverage that saves and protects lives does not create stronger and healthier families and communities. The already vulnerable more vulnerable.

People in our state should not have to choose between health care coverage and feeding their families. Compass would make their lives that much more difficult.

Thank you for your attention to this matter.

[REDACTED]

Chair, Coaliton for Justice

[REDACTED]

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Sep 28, 2018 at 11:14 AM
Subject: COMPASS
To: 1115Implementation@dmas.virginia.gov <1115Implementation@dmas.virginia.gov>

To whom it may concern,

I am concerned that the Virginia COMPASS proposal will lead to a loss of health care coverage

The Virginia COMPASS proposal fails to promote health and wellness.

The new requirements will reduce the number of folks who meet the eligibility requirements. Estimates show that more than 25,000 fewer Virginians will have health coverage through Medicaid due to the new requirements.

Taking away health coverage that saves and protects lives does not create stronger and healthier families and communities. The already vulnerable more vulnerable.

Work requirements are costly and do not support the purpose of Medicaid

It is estimated that starting a work requirement program will cost Virginia more than \$25 million which is money we do not need to spend.

Virginia would incur costs to enforce a requirement that the vast majority of enrollees already comply with or will be exempt from.

Work requirements in other states have failed to increase long-term employment or improve general welfare.

A group in Kentucky recently won a lawsuit challenging the legality of Medicaid work requirements: <https://www.nytimes.com/2018/07/07/opinion/sunday/do-poor-people-have-a-right-to-health-care.html> Why should Virginia go down that path?

The Virginia COMPASS proposal is overly complex and burdensome

The Trump administration argues that imposing work requirements for Medicaid is an incentive that can help lift people out of poverty. But a test program in Arkansas shows how hard it is merely to inform people about new incentives, let alone get them to act:

https://www.nytimes.com/2018/09/24/upshot/one-big-problem-with-medicaid-work-requirement-people-are-unaware-it-exists.html?em_pos=small&emc=edit_up_20180924&nl=upshot&nl_art=1&nlid=65521909emc%3Dedit_up_20180924&ref=headline&te=1.

There are too many complex requirements for many enrollees to contend with, such as monthly premiums and contributions to a health and wellness account.

Enrollees in states with similar requirements found that they are confusing and financially burdensome and can lead to loss of coverage-e.g, Kentucky and Arkansas.

Virginia should not add more red tape to the Medicaid program or force families to pick between taking care of their health care needs and putting food on the table for their families.

Peace,

[REDACTED]

Director for Human Concerns and Pastoral Care

St. Bridget Church, Richmond, VA

[REDACTED]

"The entire material universe speaks of God's love, his boundless affection for us.

Soil, water, mountains: everything is, as it were, a caress of God." - Pope Francis

Please consider the environment before printing this e-mail

From: [REDACTED] <[REDACTED]>
Date: Fri, Sep 28, 2018 at 1:39 PM
Subject: Virginia Compass
To: <1115Implementation@dmas.virginia.gov>

My concern about the Virginia Compass program is this. Our community health center is located in a very rural part of Virginia, population 2200. Highland County is designated as a Frontier County – less than 6 people per square mile. Jobs are scarce, there are no daycares in this county. If you don't have family to watch your children daycare is unaffordable working for minimum wage, if you can find a job. We also live in a food desert. I am concerned that the work requirement will be an issue in this county.

Please do not think I am soft on this. I wish we could have jobs for all and that everyone could learn a skill even if what is learned is being responsible and showing up for work which is a valuable lesson, it is just not that simple where we live and people need access to healthcare and mental healthcare.

[REDACTED]

Executive Director, CEO

Highland Medical Center, Inc.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

"Do all the good you can, by all the means you can, in all the ways you can, in all the places you can, at all the times you can, to all the people you can, as long as you ever can."

John Wesley

Quality Healthcare for All

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From: [REDACTED] <[REDACTED]>
Date: Fri, Sep 28, 2018 at 9:31 PM
Subject: 1115 Waiver
To: <1115Implementation@dmas.virginia.gov>

I was the principal's secretary at an elementary school for 26 years, and I know how terribly difficult it is for the poor in the northern Virginia area to make ends meet. Often the mother and father each work 2 jobs - just to put food on the table. These parents try as hard as they can, but sometimes they come up short. To ask them to pay more, after being found eligible for this program, seems most unfair.

I would urge you to take another look and study all possible alternatives. It seems to me that the state has a moral obligation not to make the poor and vulnerable in our midst, poorer and more vulnerable.

[REDACTED]

[REDACTED]

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Sun, Sep 30, 2018 at 10:30 AM
Subject: Virginia Compass
To: <1115Implementation@dmas.virginia.gov>

Dear Senators and Members of the Legislators:

Do not pass Virginia Compass, which places onerous burdens on people who can least afford it; including work requirements, monthly premiums and other costly provisions. This is a right that people have!

Thank you,

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 1, 2018 at 3:09 AM
Subject:
To: <1115Implementation@dmas.virginia.gov>

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 1, 2018 at 1:45 PM
Subject: Commenting on Virginia Compass
To: <1115Implementation@dmas.virginia.gov>

I oppose the proposed 1115 Medicaid Waiver in Virginia and would like to make a public comment about it. The Medicaid program provides critical access to prevention, treatment, disease management, and care coordination services. It keeps people from becoming seriously ill and not being able to care for themselves or their family.

As people become aware of the waiver and try to understand their intricacies, the challenge of having to prove compliance may cause Virginia residents to not even participate even if they are pursuing work. We should not put this unnecessary burden on folks who need services. I hope you can make improvements to the proposed program. Thank you for considering my comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 1, 2018 at 1:46 PM
Subject: Writing about Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

This comment is concerning the troubling requirements that Virginia proposes for Medicaid. If someone has a disease or long-term health issue they need consistent access to care. It is not very valuable to provide off and on coverage.

Virginia should not add more red tape to our Medicaid program. Requiring individuals to document their work has been shown to reduce enrollment in Medicaid overall. Virginians have waited so long for expansion. The state should do everything in its power to ensure that we have a good enrollment process, but I fear that adding more paperwork will not help us meet that goal. I hope my comments are helpful.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 1, 2018 at 1:47 PM
Subject: Against Proposed VA 1115 Waiver
To: <1115Implementation@dmas.virginia.gov>

Please, please read. I oppose the proposed changes to our Medicaid program. First, loss of health care for failing to work and overly strict cut offs for not paying charges for the program are unjust. What about those who have chronic illnesses? I don't believe people on Medicaid should be charged anything. Secondly, the proposal is a mess because it is so confusing and hard to understand.

My eldest daughter is an adult with brain cancer. It is 100 percent fatal. She has a young child. She suffers from neuroma, depression, debilitating tics, memory loss, strange crawling sensations and severe headaches. She doesn't live in Virginia, but in Tennessee. Because her one reporting doctor thought perhaps she could do some easy job, part time, desk-bound, and intermittent, and which would allow frequent absences, Tennessee cut off her Medicaid and what they call TennCare. Her doctor was shocked and sorry that he had ever given that assessment. I'm not sure he even realized what he was saying about which patient. He doesn't have much time to fill out these forms, and he has many cancer patients. It is impossible for her to work, and even if she could, where would she find such a job? The state restored her coverage after they investigated, but she had to go through an onerous, burdensome and terrifying process to appeal. Although she lives entirely on Social Security, at the poverty level, she has to share costs for her medical coverage. I DO NOT WANT TO SEE VIRGINIANS SUFFER THE WAY SHE IS. Please have more compassion. I appreciate this opportunity to tell our story.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 1, 2018 at 1:48 PM
Subject: My comments on DMAS waiver
To: <1115Implementation@dmas.virginia.gov>

I am commenting on the new Virginia COMPASS medicaid waiver. Even if someone does find a job and meets the requirements for Medicaid, the paperwork and reporting requirements in Virginia could mean losing coverage due to the reporting challenges alone. Complicated systems are not likely to be successful with many in this population of Virginians. I know firsthand that citizens are easily frustrated by red-tape. They will do without health care rather than have to jump through hoops to get it.

Providing health care coverage to people who may be working but make very little money is important. Virginia has finally expanded Medicaid to cover low income Virginians, but if we have monthly premiums, we will not succeed in improving the overall health of Virginians.

The waivers the legislators are proposing seem to be intentionally setting up Virginia for failure with Medicaid Expansion.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 1, 2018 at 1:48 PM
Subject: Proposed Virginia COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

This comment is concerning the troubling requirements that Virginia proposes for Medicaid. While monthly premiums may seem insignificant to some people, to the very poor they can be a real barrier that prevents them from accessing quality healthcare when they need it. That runs counter to the whole purpose of the Medicaid program in Virginia.

Work requirements are a bad move for Virginians. There are many examples for Virginia to learn from. While these requirements sound great to some people, other safety net programs that have these requirements do not succeed in helping people find jobs or make ends meet. Please take this into account and make changes to COMPASS. In addition, there should not be any work requirements to qualify for medical Medicaid benefits, because if a resident is not well enough to work or volunteer, then such a resident will be denied Medicaid benefits, because he or she is not able work nor do volunteer work. There are some medical and mental illnesses, which do not fit neatly into a disabled category, but still these medical and mental problems prevent a resident from being employed in any way for money or not. What the world has come to, and imagine you policy maker have a job, but you get sick, but your employer demands for you to work some number of hours per month in order to for you to keep your private health insurance, and this is an insane idea. This policy to require folks to do any kind of work to get medical benefits called Medicaid is called state fascism.

[REDACTED]

Private Citizen, Voter, And Resident

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 1, 2018 at 1:49 PM
Subject: Virginia COMPASS waiver public comments
To: <1115Implementation@dmas.virginia.gov>

I would like to make a public comment about the proposed 1115 Medicaid waiver. Job requirements have a poor record in meeting their goals. Examples of this from other safety net programs like TANF can be found in Virginia. This proposal would not ensure that people are employed long-term and they can make it harder for some people to find work. We should avoid adding red tape and a new, expensive, complicated program.

If someone has a disease or long-term health issue they need consistent access to care. It is not very valuable to provide off and on coverage. I hope you can make some improvements to the proposed program. Thank you for considering my comments.

[REDACTED]

United Methodist Church

From: [REDACTED] <[REDACTED]>

Date: Mon, Oct 1, 2018 at 1:49 PM

Subject: New Medicaid Waiver Comments

To: <1115Implementation@dmas.virginia.gov>

This letter is in opposition to the burdensome requirements proposed for Virginians with Medicaid in Virginia. I hope you will take my views into account. Adding monthly premiums to Medicaid will cost people too much money. The point of Medicaid is to give people an affordable way to get health insurance. People with very low income are particularly sensitive to any additional cost.

If a low-wage worker has inconsistent hours or an insecure job they may fail to keep up with the requirements and lose healthcare. If that results in an inability to work at all the program will have failed to help the exact situation the expansion was supposed to improve. Thank you for your time.

[REDACTED]

Richmond

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 1, 2018 at 1:49 PM
Subject: Against Proposed VA 1115 Waiver
To: <1115Implementation@dmas.virginia.gov>

I am commenting on the new Virginia COMPASS medicaid waiver. If someone has a disability they may have a harder time complying with some of the qualifications in this proposal. That could end up in their losing access to care.

Virginia should not add more red tape to our Medicaid program. Requiring individuals to document their work has been shown to reduce enrollment in Medicaid overall. Virginians have waited so long for expansion. The state should do everything in its power to ensure that we have a good enrollment process, but I fear that adding more paperwork will not help us meet that goal. Please take my thoughts and concerns into consideration.

[REDACTED]

Temple Emanuel

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 1, 2018 at 1:50 PM
Subject: NO Medicaid Waiver
To: <1115Implementation@dmas.virginia.gov>

This comment is in relation to the recent Medicaid waiver that was proposed. There are several troubling changes proposed that I oppose. Some mental illnesses, especially if they are untreated, make it very difficult for someone to comply with this proposal - resulting in their losing access to care. This could easily spiral into much more expensive treatments and hospitalizations.

Charging monthly premiums and copays will make it harder for people with chronic illness to visit their doctors. Routine visits in order to monitor conditions and receive prescriptions will become too costly which can lead to negative health outcomes.

The idea was to expand Medicaid, not to heavily restrict it. Health care is a right and Virginia needs to do right by its people. Work requirements have been shown not to work and many other parts of this waiver require costly administrative action.

We should keep the part of the waiver that extends coverage to children who have been in foster care to age 26. Medicaid is a critical service to this population, which more than deserves our state's support.

Thank you for taking these concerns into consideration. I hope you will make changes to this waiver proposal.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 1, 2018 at 1:50 PM
Subject: Problems with COMPASS
To: <1115Implementation@dmas.virginia.gov>

I am opposed to the new burdens proposed to be included in the Medicaid program. Even if charging monthly premiums saved Virginia money, it would be a bad idea. But since doing so actually costs more than it saves because of all the staff and systems it would require, it really makes no sense. The purpose of expanding health coverage to the working poor is to help them get and stay healthy. The program needs to stay focused on that main goal.

Programs similar to this proposal have not been proven to increase employment or access to care. I hope you will take these thoughts and comments into consideration moving forward.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 1, 2018 at 1:52 PM
Subject: Comments about Virginia Compass
To: <1115Implementation@dmas.virginia.gov>

The following comments are in regard to the proposed Medicaid waiver application to the federal government. The goal of Medicaid is to give coverage to those who need it. This would stop sick people from receiving the care that they need and keep healthy people from staying healthy.

Access to health coverage is important and it helps support work. We should not threaten to take away health coverage from our citizens because they fail to submit the right paperwork on time, they cannot get the hours they need at work, or have a difficult time finding work altogether. Thank you for considering my thoughts. I believe Virginia can do better than this.

[REDACTED]

Montgomery Co. League Of Women Voters And Just A Plain Citizen Of Montgomery Co.me

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 1, 2018 at 1:52 PM
Subject: Problems with COMPASS
To: <1115Implementation@dmas.virginia.gov>

This comment is in relation to the recent Medicaid waiver that was proposed. There are several troubling changes proposed that I oppose. Many Virginians depend on Medicaid when they are sick and need help. Implementing this proposed waiver would mean taking away health care when people are most vulnerable. If someone has low income and becomes ill and cannot work that is not the time to take away their coverage. Additionally, having ill persons among us puts us all in jeopardy. We must ensure that every member of our society has the preventive care that is needed to keep costs down by decreasing hospitalization and loss of work time.

Virginia should not to go down this path. Looking at what is happening in other states shows little success and high costs. Work requirements simply do not work. Thanks for taking the time to read my comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 1, 2018 at 1:52 PM
Subject: Comments Against Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

This letter is in opposition to the burdensome requirements proposed for Virginians with Medicaid in Virginia. I hope you will take my views into account. Job requirements have a poor record in meeting their goals. Examples of this from other safety net programs like TANF can be found in Virginia. This proposal would not ensure that people are employed long-term and they can make it harder for some people to find work. We should avoid adding red tape and a new, expensive, complicated program.

As a member of Grace and Main Fellowship, a ministry that includes people who are living in poverty, I have friends for whom work requirements would create an obstacle to receiving coverage. I have had friends die from a lack of health care coverage. That's not acceptable.

Work requirements have little to do with the intent of Medicaid and may actually interfere with it by creating new difficulties. Thank you for reading my comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 1, 2018 at 1:53 PM
Subject: Opposition to Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

I am opposed to the new burdens proposed to be included in the Medicaid program. Many adults on Medicaid are working part-time jobs or for places that have an inconsistent workload. That is why it will be very difficult for these deserving people to meet the rules of this proposed work requirement. This requirement does not change the number of hours available to a worker and punishes them for taking whatever work is available to them. I am hopeful that you take my comments into consideration and make the necessary changes.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 1, 2018 at 1:53 PM
Subject: New Medicaid Waiver Comments
To: <1115Implementation@dmas.virginia.gov>

This comment is concerning the troubling requirements that Virginia proposes for Medicaid. Monthly premiums would lead to thousands of people having to choose between health care and groceries for their families. Medicaid is supposed to help the neediest, not create a financial hardship. Taking coverage away from people because they are unable to afford it would defeat the purpose of it.

Workers in many hourly jobs may have more than a full-time load of work one month, but they may fall below the required 80 hours the next month and could be subject to lose their health coverage. The cost of monitoring compliance and diminished value of only having healthcare coverage some of the time makes it unjustifiable. Thanks for taking the time to read my comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 1, 2018 at 1:54 PM
Subject: New Medicaid Waiver Comments
To: <1115Implementation@dmas.virginia.gov>

I am opposed to the new burdens proposed to be included in the Medicaid program. The proposed changes to Medicaid would take away health insurance from sick individuals when they need it most. I do not support this approach. I am particularly concerned about people with mental illness, who may not be able to keep regular schedules or adhere to particular decorum requirements.

Virginians should have easy access to the right care. Thank you for considering my thoughts. Virginia can do better than this.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 1, 2018 at 1:54 PM
Subject: New Medicaid Waiver Comments
To: <1115Implementation@dmas.virginia.gov>

I am opposed to the new burdens proposed to be included in the Medicaid program. The proposed changes to Medicaid would take away health insurance from sick individuals when they need it most. I do not support this approach. I am particularly concerned about people with mental illness, who may not be able to keep regular schedules or adhere to particular decorum requirements.

Virginians should have easy access to the right care. Thank you for considering my thoughts. Virginia can do better than this.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 1, 2018 at 1:54 PM
Subject: Against Proposed VA 1115 Waiver
To: <1115Implementation@dmas.virginia.gov>

I worked hard to help bring Medicaid expansion to Virginia. Decent health care should be available to all.

I would like to make a public comment about the proposed 1115 Medicaid waiver. Losing coverage could create a life-threatening obstacle to care for patients with heart disease as these individuals are unlikely to have access to the necessary treatments and medications.

Other states have tried health savings accounts, similar to the health and wellness accounts Virginia is proposing, and they found that these programs are complex and very confusing. It does not make sense to add more red tape and attempt to stand up a program that other consumers find complicated to navigate. Thank you for considering my thoughts. I believe Virginia can do better than this.

[REDACTED]

VICPP, James River Chapter

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 2, 2018 at 9:47 AM
Subject: Writing about Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

I was so proud of the Commonwealth of Virginia when our State Legislature passed Medicaid Expansion. The current proposed requirements, however, threaten to strip away significant elements of the good work done. The proposed waiver would add new barriers to accessing coverage at the very moment when Expansion is meant to tear down barriers. Charging monthly premiums will make healthcare less accessible to people with chronic illnesses, rather than more accessible, and this will have harmful health consequences for people of our Commonwealth. This is a time for Expansive thinking and acting, for the sake of the most vulnerable among us, and for the sake of the budget of the Commonwealth.

[REDACTED]

Episcopal Diocese Of Virginia

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 2, 2018 at 9:47 AM
Subject: Problems with COMPASS
To: <1115Implementation@dmas.virginia.gov>

Access to health care is very important, that is why I am commenting on this proposed change. Losing coverage could create a life-threatening obstacle to care for patients with heart disease as these individuals are unlikely to have access to the necessary treatments and medications.

A benefit of expanding Medicaid was to make it possible for people to access care and have a relationship with a doctor that allows them to receive treatment for simple health issues before they become more serious and difficult to treat. Adding monthly premiums, removes the opportunity for many people to get this benefit. Given the hard choices families living in poverty have to make, it is likely that premium payments could fall behind. Please do take these concerns into consideration and make changes to this draft.

[REDACTED]

Hopewell United Methodist Church

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 2, 2018 at 9:57 AM
Subject: DMAS – Virginia Compass Waiver
To: <1115Implementation@dmas.virginia.gov>

Please consider the following concerns surrounding the waiver for the VA Medicaid program.

Losing coverage could create a life-threatening obstacle to care for patients with heart disease as these individuals are unlikely to have access to the necessary treatments and medications.

Monthly premiums would lead to a lot of people losing coverage. Medicaid is meant to be an accessible health plan for the people that need it most and provide them with access to care in less expensive ways than an emergency room. Thanks for allowing me to comment on this waiver.

[REDACTED]

Lewinsville Faith In Action

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 2, 2018 at 9:57 AM
Subject: DMAS – Virginia Compass Waiver
To: <1115Implementation@dmas.virginia.gov>

Please consider the following concerns surrounding the waiver for the VA Medicaid program. Losing coverage could create a life-threatening obstacle to care for patients with heart disease as these individuals are unlikely to have access to the necessary treatments and medications.

Monthly premiums would lead to a lot of people losing coverage. Medicaid is meant to be an accessible health plan for the people that need it most and provide them with access to care in less expensive ways than an emergency room. Thanks for allowing me to comment on this waiver.

[REDACTED]

Lewinsville Faith In Action

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 2, 2018 at 10:11 AM
Subject: Arguments against COMPASS
To: <1115Implementation@dmas.virginia.gov>

Access to health care is very important, that is why I am commenting on this proposed change. Some of these proposed new requirements create obstacles to care for all enrollees. In some cases it may be poor health that leads to a poor financial situation which can only make things worse in a situation like that. Please do take these concerns into consideration and make changes to this draft.

Ms. [REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 2, 2018 at 10:17 AM
Subject: My letter on work requirements waiver
To: <1115Implementation@dmas.virginia.gov>

This letter is in opposition to the burdensome requirements proposed for Virginians with Medicaid in Virginia. I hope you will take my views into account. Some of these proposed new requirements create obstacles to care for all enrollees. In some cases it may be poor health that leads to a poor financial situation which can only make things worse in a situation like that.

Charging people to participate defeats the purpose of expanded Medicaid coverage. We must keep Medicaid affordable for lower income families. They depend on affordable health care to keep working and stay healthy. Thank you very much for considering my thoughts on this waiver application.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 2, 2018 at 10:43 AM
Subject: Regarding Virginia COMPASS Application
To: <1115Implementation@dmas.virginia.gov>

I am writing with regard to Virginia's COMPASS program and my opposition to certain components of it. Some of these proposed new requirements create obstacles to care for all enrollees. In some cases it may be poor health that leads to a poor financial situation which can only make things worse in a situation like that.

People who have good healthcare coverage see a doctor regularly. If there are monthly premiums required, people will try to avoid using healthcare. While the cost seems small to some it will be a barrier to getting care for low income people. I am hopeful that you take my comments into consideration and make the necessary changes.

[REDACTED]

Waynesboro Unitarian Fellowship

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 2, 2018 at 10:46 AM
Subject: New Medicaid Waiver Comments
To: <1115Implementation@dmas.virginia.gov>

This letter is in opposition to the burdensome requirements proposed for Virginians with Medicaid in Virginia. I hope you will take my views into account. The Medicaid population often suffers from language barriers, disabilities, mental illness, insecure work, frequent moves, and homelessness. All these factors create significant challenges to successfully navigate growingly complicated government programs. Thanks for taking the time to read my comments.

[REDACTED]

Arlington

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 2, 2018 at 11:02 AM
Subject: Commenting on Virginia Compass
To: <1115Implementation@dmas.virginia.gov>

The following email explains my concerns about the proposed new requirements to receive coverage under Virginia's Medicaid program. Please consider this information in your work. Health insurance and a person's overall health are linked together. We should do everything possible to ensure people have ongoing coverage; otherwise, the ambition to have people become employed and stay employed is not going to be realized. Access is the key to our success with the Medicaid program and it needs to be the first priority for it. I am pleased to offer these comments and hope you will consider them.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 2, 2018 at 11:18 AM
Subject: Arguments against COMPASS
To: <1115Implementation@dmas.virginia.gov>

This comment is directed toward certain aspects of Virginia's Medicaid waiver application. If someone has a disability they may have a harder time complying with some of the qualifications in this proposal. That could end up in their losing access to care.

The cost of implementing the work requirement in this program is unreasonable compared to the small group of people it affects. Virginia needs to spend \$25 million to implement something that is not even part of the goal of Medicaid. That is an unjustifiable amount that could be better spent in a variety of ways. I am pleased to offer these comments and hope you will consider them.

[REDACTED]

Lewinsville Faith In Action

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 2, 2018 at 11:20 AM
Subject: Comments opposing Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

The following comments are in regard to the proposed Medicaid waiver application to CMS. Managing diseases and other health issues is the best and most affordable way to keep people healthy and reduce the cost of healthcare for all Virginians. By requiring monthly premiums to maintain Medicaid coverage, and setting up complicated health and wellness accounts, we are likely to miss the opportunity to reduce costs and keep our population healthy.

Medicaid is a safety net program, but it is not effective if its availability is threatened by the program's design. Economic hard times are often happening at the same time as failing health. We need for people to have consistent access to treatment for this program to work the way it is supposed to. Thank you taking all of my comments under consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 2, 2018 at 11:26 AM
Subject: My comments on DMAS waiver
To: <1115Implementation@dmas.virginia.gov>

This email offers my opinion about changes to Virginia's Medicaid program that I find problematic.

My son has a disability. He needs Medicaid. Having Medicaid will make it possible for him to work someday, maybe in a sheltered work environment. Why make it more difficult for people with disabilities to get the help they need? No one benefits from that.

Healthcare should not be reserved for the wealthy. Work requirements add an extra barrier for people trying to create a decent life for their families. Living on a low income is hard enough, but to do it without health care is even harder. This will not help families succeed.

All the new barriers in this proposal mean that there will be gaps in healthcare coverage that deny people the opportunity to access care when they should. This works against everything the program was supposed to achieve. Please consider my comments on this proposed program.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 2, 2018 at 11:40 AM
Subject: Problems with COMPASS
To: <1115Implementation@dmas.virginia.gov>

Thank you for the opportunity to comment on this important issue. I am writing in opposition to Virginia's 1115 waiver for the COMPASS program. Charging monthly premiums will lead to people not accessing regular routine health care appointments. This would defeat the point of Medicaid which is to keep people healthy and their care affordable.

Losing health coverage for someone with a chronic illness would be devastating. Being locked out of health care due to failure to reporting work activities or being unable to pay monthly premiums could lead to terrible health outcomes for many Virginians. I am hopeful that you take my comments into consideration and make the necessary changes.

Setting up a charging system will increase costs and reduce funds available to actually provide health care to Virginians.

[REDACTED]

Lewinsville Faith In Action

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 2, 2018 at 2:51 PM
Subject: DMAS – Virginia Compass Waiver
To: <1115Implementation@dmas.virginia.gov>

I STRONGLY oppose the proposed 1115 Medicaid Waiver in Virginia and would like to make a public comment about it. PERSONS OF ALL income levels deserve health care.

Those who have minimum wage jobs have them because they have no opportunity to get an education. So these minimum wage workers make about \$7.25 per hour gross. Many of these are seasonal, part-time or temporary workers salaries almost entirely to pay child care.

Other states have tried all three of the proposals listed in the 1115 Waiver and the result is LESS HEALTH care for many, many more people..

This 1115 waiver is purposely designed to remove the poor and disenfranchised off Medicaid roles. Healthcare should not be reserved for the wealthy.

I hope you consider my comments about this proposed waiver.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 2, 2018 at 3:05 PM
Subject: DMAS – Virginia Compass Waiver
To: <1115Implementation@dmas.virginia.gov>

I strongly oppose the proposed 1115 Health Care Waiver.

This waiver is designed ON PURPOSE to remove the poor and disenfranchised from receiving health care at a rate they can afford.

People working for a minimum wage of \$7.25 per hour gross are at that job because they can not afford job training or an education. Most of their salary goes for child care so hardly anything is left for a health care premium.

States who have passed the 1115 Waiver have found they LOST Medicaid recipients because those recipients could hardly pay the current premium, much less a higher one.

ALL deserve health care, just not the rich.

If there are monthly premiums in the program, those people will try to avoid using healthcare. What seems like a small cost can truly be a barrier to getting care for those with a low income.

PLEASE CONSIDER my thoughts and do NOT adopt/pass the 1115 waiver. I hope my comments are helpful.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 2, 2018 at 4:20 PM
Subject: COMPASS objections
To: <1115Implementation@dmas.virginia.gov>

The following comments are in regard to the proposed Medicaid waiver application to CMS. Many employed Virginians do not make enough income to pay for essential needs. That is why adding costs to get Medicaid coverage is a bad idea. Healthcare sometimes seems like something that can be delayed or avoided in order to pay another bill, this will result in many newly eligible Virginians losing coverage or delaying treatment until it is an emergency. This does not improve the circumstances of working families. Thank you for considering these thoughts. Virginia can do better than this.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 2, 2018 at 4:27 PM
Subject: Virginia Compass Plan
To: <1115Implementation@dmas.virginia.gov>

Cc: [REDACTED]
[REDACTED]

Dear Madam/Sir:

I would like to make some comments about the proposed work requirement for the expanded Medicaid services which will be offered for 2019 in Virginia. I have personal knowledge of persons who work in low wage jobs and some of the struggles that they face. One issue, for example, in retail, is that many companies want employees to work part time and to have complete flexibility with their available hours. There is no guarantee that an employee will get 20 hours a week of work consistently, so that one week they may get 10 hours, and another week they might get 15 hours, etc. Also, it is difficult to add a second job of this type since the second employer may also want total flexibility of hours. This is very difficult to arrange. If health insurance coverage (Medicaid) is based on the person's 20 hours a week, this would result in a person who may start out with coverage, possibly losing that coverage for the next month or the next quarter (when records may show less hours than required by the Compass plan). Off and on coverage is not acceptable as health coverage.

Secondly, there is a group of individuals among the low income population that has various disabilities (including psychiatric) who are not eligible for official 'disability' status because their disabilities may not be considered significant enough to get the 'disability' status. Nevertheless, they may have great difficulty getting and keeping jobs because of these disabilities, e.g., executive functioning problems, severe anxiety, or depression. Medicaid would be a great help to these individuals in taking care of any health problems, including mental health concerns, which might lead to improvements so that they might be more successful in the work world in their future. If the work requirement is put into place now, these individuals would not be eligible for the Medicaid services. They would continue to be Virginians with no health insurance coverage.

Thank you for considering these issues during this 'public comment' period. My hope is that the work requirement will be dropped, so that ALL Virginians with low income might be eligible for health coverage.

Sincerely, [REDACTED] Fairfax, VA.

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 2, 2018 at 4:32 PM
Subject: Writing about Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

This comment is concerning the troubling requirements that Virginia proposes for Medicaid. Many Virginians depend on Medicaid when they are sick and need help. Implementing this proposed waiver would mean taking away health care when people are most vulnerable. If someone has low income and becomes ill and cannot work that is not the time to take away their coverage.

Charging monthly premiums to Medicaid families will put more pressure on people struggling to make ends meet. Many people also have difficulty working through complex government processes. The premiums would create both of those issues for people that need access to care. Thank you for taking these concerns into consideration. I hope you will make changes to this proposal.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 2, 2018 at 4:51 PM
Subject: My concerns about the Virginia COMPASS program
To: <1115Implementation@dmas.virginia.gov>

Access to health care is very important, that is why I am commenting on this proposed change. The goal of Medicaid is to give coverage to those who need it. This would stop sick people from receiving the care that they need and keep healthy people from staying healthy.

Virginians with Medicaid coverage who can work are working. However, if a work requirement is implemented, the state would subject these people to more paperwork, more hurdles, and more loopholes to prove they are working and meeting the new proposed rules. The state can support work without adding more administrative burden.

There is no need to create the additional bureaucracy which such provisions would require, at additional cost to the state taxpayers. The purpose is to provide much-needed medical coverage to people who cannot otherwise afford it. Putting unnecessary and wasteful hurdles in front of that is senseless. As a Virginia taxpayer for over 35 years, I am pleased to help provide this service to my fellow Virginians - let it be. I am thankful that the public was given this important opportunity to comment.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 3, 2018 at 9:31 AM
Subject: Problems with COMPASS
To: <1115Implementation@dmas.virginia.gov>

I am writing with regard to Virginia's COMPASS program and my opposition to certain components of it.

In particular, I am concerned that the new qualification/eligibility requirements could result in loss of coverage for persons with disabilities and other people which do not have consistent employment. The inability to obtain employment should not impact a person's ability to obtain necessary medical care. These proposals, if adopted, would be counter-productive to the goal of achieving a healthier Virginia. Moreover, the system to administer these new requirements would likely be costly to taxpayers while failing to contribute to fulfilling the mission of the Medicaid program.

Thanks for taking the time to read my comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 3, 2018 at 9:38 AM
Subject: NO Medicaid Waiver
To: <1115Implementation@dmas.virginia.gov>

The comments below, describe my concerns about and opposition to the proposed changes to Virginia's Medicaid program. If someone has a disease or long-term health issue they need consistent access to care. We know that work schedules, especially for those in retail and food industries are not consistent. It is not very valuable to provide off and on coverage. Thank you for considering my thoughts. I believe Virginia can do better than this.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 3, 2018 at 9:57 AM
Subject: My comments on DMAS waiver
To: <1115Implementation@dmas.virginia.gov>

The comments in this email should be considered in relation to Virginia's Medicaid waiver application. Charging monthly premiums will lead people continuing to delay routine health care appointments. The point of Medicaid is to keep people healthy and their care affordable but premiums work against that objective.

All the new barriers in this proposal mean that there will be gaps in healthcare coverage that deny people the opportunity to access care when they should. This works against everything the program was supposed to achieve. Please consider my comments on this proposed new program.

[REDACTED]

Virginia Tech (retired)

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 3, 2018 at 10:30 AM
Subject: Proposed Virginia COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

The following email explains my concerns about the proposed new requirements to receive coverage under Virginia's Medicaid program. Please consider this information in your work. The cost of monitoring compliance and diminished value of only having healthcare coverage some of the time makes it unjustifiable. That money would be better used in true workforce training efforts and the Medicaid program should focus only on providing access to coverage for those who qualify.

Requirements that have little to do with the intent of Medicaid need to be removed because they interfere with access by creating multiple new barriers. People need easy access that allows them to use the health care they need in a logical way. I hope my comments are helpful.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 3, 2018 at 11:05 AM
Subject: My letter on work requirements waiver
To: <1115Implementation@dmas.virginia.gov>

I am writing to you today regarding Virginia's Medicaid waiver proposal, I oppose the aspects of this program that create new burdens on people who are already struggling. Access to health coverage is important no matter who you are. This proposal would kick people off of Medicaid when they may need it the most. The state should aim to do no harm, but the draft proposal makes it clear that people will lose coverage.

Adding monthly premiums will not save the state money and will discourage people from getting the care they need. While it may seem like a good idea, it does not take into consideration the financial stress that low income people are under and the hard choices they have to make. Please consider my comments on this proposed program.

[REDACTED]

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 3, 2018 at 11:40 AM
Subject: My comments on DMAS waiver
To: <1115Implementation@dmas.virginia.gov>

I would like to make a public comment about the proposed 1115 Medicaid waiver. The Medicaid program is a pro-work program. When folks in our state have access to the care they need, they can take care of their health needs, go to work, and contribute to their communities. However, by kicking people off of the Medicaid rolls, the state will reduce access to care, worsen health outcomes and make it hard for people to find and keep work.

The many barriers in this Medicaid proposal mean that there will likely be gaps in healthcare coverage that deny people the opportunity to access care. This works against what the program was supposed to achieve. Thank you for allowing the public to comment.

[REDACTED]

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 3, 2018 at 2:37 PM
Subject: Problems with COMPASS
To: <1115Implementation@dmas.virginia.gov>

The following comments are in regard to the proposed Medicaid waiver application to CMS. Charging monthly premiums would mean thousands of people having to choose between health care and other needs for their families. Medicaid is supposed to help those in need, not create an additional financial challenge. Taking coverage away from people because they are unable to afford the premium is counterproductive. Please take the public's comments into consideration. Keep the program as it is, or make it even better for more disadvantaged people to use it. I think more thought should be put in to improving Medicaid, rather than imposing requirements that would hamper others to otherwise afford healthcare somewhere else. Be the one to come to when all else fails. Be the leader in healthcare for all people who need it!

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 3, 2018 at 3:27 PM
Subject: Comments Against Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

I would like to make a public comment about the proposed 1115 Medicaid waiver. Losing healthcare would be catastrophic for families. I believe Medicaid should provide coverage for families not take them away.

Implementing work requirements will add new administrative processes and programs, which will require considerable dollars that would be better used to provide care. There is nothing to be gained from a program that is so difficult and expensive to administer. I hope you can make some improvements to the proposed program. Thank you for considering my comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 3, 2018 at 3:37 PM
Subject: Opposition to Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

I oppose the proposed eligibility restrictions for Virginia's Medicaid program. Access to health coverage is important and studies show that increasing Medicaid coverage (NOT restricting coverage) helps support work. We should not threaten to take away health coverage from our citizens because they fail to submit the right paperwork on time, they cannot get the hours they need at work, or they have a difficult time finding work altogether.

Work requirements are an obstacle to care for all enrollees. Studies from other Medicaid expansion states show that most Medicaid enrollees who can work, do. Other enrollees, who are unable to work because of poor health, should not have their coverage put at risk due to administrative hurdles such as reporting requirements.

I appreciate the time you have taken to read my comments. Thank you for your consideration.

[REDACTED]

Arlington, VA

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 3, 2018 at 3:45 PM
Subject: Comments opposing Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

I am writing to you today regarding Virginia's Medicaid waiver proposal, I oppose the aspects of this program that create new burdens on people who are already struggling. While monthly premiums may seem insignificant to some people, to the very poor they can be a real barrier that prevents them from accessing quality healthcare when they need it. That runs counter to the whole purpose of the Medicaid program in Virginia.

As people try to understand the process involved with this new Medicaid program, they realize they may have a challenge in proving compliance. Because of that, many may decide not to enroll even if they have or are pursuing work. Thank you for reading my comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 3, 2018 at 3:45 PM
Subject: My comments on DMAS waiver
To: <1115Implementation@dmas.virginia.gov>

As an advocate for expanded healthcare coverage, I am writing to you regarding my concerns with this waiver application. Please give consideration to my views. People who have relied on Medicaid for years would now be denied coverage if they fail to comply with work reporting. Many of whom are not technologically savvy could be hurt by this waiver.

Monthly premiums proposed to maintain Medicaid cost too much. Medicaid is designed to be affordable. People with very low income truly cannot afford any additional costs. I hope my comments are helpful.

[REDACTED]. [REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 3, 2018 at 3:57 PM
Subject: Virginia Compass
To: <1115Implementation@dmas.virginia.gov>

I do not support the Virginia Compass as written.

I oppose the Virginia Compass that imposes:

Ø Work requirements

- o \$25 million is the estimate for starting a work requirement program
- o Work requirements in other states have failed to increase long-term employment

Ø Monthly premiums

- o Virginians should not have to pick between health care & putting food on the table
- o Enrollees in other states found it leads to loss of coverage

Ø Loss of health care

- o The Virginia compass fails to promote health & wellness
- o 25,000 fewer Virginians will have health coverage based on estimates

[REDACTED]

From: [REDACTED] <[REDACTED]>

Date: Wed, Oct 3, 2018 at 4:08 PM

Subject: COMPASS objections

To: <1115Implementation@dmas.virginia.gov>

This comment is about my concerns with certain aspects that Virginia proposes in its Medicaid waiver application. Charging people to participate defeats the purpose of expanded Medicaid coverage. We must keep Medicaid affordable for lower income families. They depend on affordable health care to keep working and stay healthy.

Taking away people's health care does not make sense. There is research that shows that when people have access to health coverage, they are more likely to take care of their health care needs and are able to be more productive. I appreciate your time. Thank you for reading my comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 3, 2018 at 4:11 PM
Subject: DMAS Public Comment
To: <1115Implementation@dmas.virginia.gov>

As an advocate for expanded healthcare coverage, I am writing to you regarding my concerns with this waiver application. Please give consideration to my views. Virginia's application does not further the goals of the Medicaid program. Instead, it limits access to care for an extremely vulnerable population.

If Virginia's Medicaid program adds monthly premium costs, it will undermine the very reason for the program. People with low income cannot afford to pay for coverage or care. Please keep the best interest of Virginia's working families in mind as you consider my thoughts.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 3, 2018 at 5:02 PM
Subject: New Medicaid Waiver Comments
To: <1115Implementation@dmas.virginia.gov>

This comment is concerning the troubling requirements that Virginia proposes for Medicaid. Programs similar to this proposal have not been proven to increase employment or access to care.

While monthly premiums may seem insignificant to some people, to the very poor they can be a real barrier that prevents them from accessing quality healthcare when they need it. That runs counter to the whole purpose of the Medicaid program in Virginia. The Commonwealth needs to make improvements to this draft. Thank you for taking my comments into consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 3, 2018 at 5:48 PM
Subject: COMPASS objections
To: <1115Implementation@dmas.virginia.gov>

I am writing to you with regard to Virginia's proposed Medicaid waiver which has problems as it is currently written. There are many reasons that a patient might not comply with the many requirements in this proposed program and would result in their losing care. For example, there could be a language barrier or intellectual disability that makes it hard to fully understand the requirements. People in this situation need easy, uncomplicated access. This program does not promise that. Thank you for your time.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 3, 2018 at 10:01 PM
Subject: DMAS Public Comment
To: <1115Implementation@dmas.virginia.gov>

Greetings. The point of Medicaid expansion is to provide health care benefits to people of extremely low incomes, not to offer additional barriers. Why create work requirements when the desire for the requirements are simply to appease those in office who clearly do not pay attention to the data regarding the actual negative impact on enrollment into the program and who I believe that individuals take advantage of programs like Medicaid to avoid working. Nothing could be further from the truth. Medicaid expansion should not be taken away for failure to follow through on red tape and bureaucracy. The working poor not only are short on money they are often short on time because they are working many hours at low-paying jobs to make ends meet. I hope you can make some improvements to the proposed program. Thank you for considering my comments.

[REDACTED]

Rush Homes

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 3, 2018 at 10:02 PM
Subject: New Medicaid Waiver Comments
To: <1115Implementation@dmas.virginia.gov>

This comment is concerning the troubling requirements that Virginia proposes for Medicaid. Medicaid is a safety net program, but it is not effective if its availability is threatened by the program's design. Economic hard times are often happening at the same time as failing health. We need for people to have consistent access to treatment for this program to work the way it is supposed to.

As people become aware of the waiver and try to understand their intricacies, the challenge of having to prove compliance may cause Virginia residents to not even participate even if they are pursuing work. I searched for work that I could do despite my arthritis pains and inability to stand/walk for any extended period of time. I was unable to find work that I was able to do for an extended period of time. If I had not been able to receive Medicaid during this period of time, I would not have been able to receive medical service at all as my monthly Social Security Benefits are so low that they do not adequately sustain me without outside governmental assistance. People who require assistance for survival should be able to get this assistance from a society as wealthy as ours.

Thank you for taking these concerns into consideration. I hope you will make changes to this proposal.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 3, 2018 at 10:12 PM
Subject: I oppose COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

I write to oppose Virginia's 1115 waiver draft that is under consideration. I'm against complex and ineffective government bureaucracy.

These types of requirements, when tried in other states, have not led to more people finding work. They've just led to redundant and confusing reporting requirements. We should trust people in our state, not act like Big Brother.

For more information on these challenges, I'd invite you to read some of Matthew Desmond's latest research (e.g., <https://www.nytimes.com/2018/09/11/magazine/americans-jobs-poverty-homeless.html>)

Best,

[REDACTED]

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 3, 2018 at 11:43 PM
Subject: Responding to waiver proposal
To: <1115Implementation@dmas.virginia.gov>

I offer the following comments concerning the proposed changes to Virginia's Medicaid program. Virginia's Medicaid proposal has significant bureaucracy involved with it. Medicaid work requirements will create major administrative complexity and new costs for Virginia. There is no reason to keep the program from succeeding by placing so many administrative requirements on the people who need the access to healthcare.

Virginia shouldn't add monthly premiums to Medicaid enrollees. Any extra cost would be too much for families to keep up with and coverage would not be consistent. The working poor face too many hard financial challenges already and this should not be another one. Thank you for reading my comments.

[REDACTED]

Virginia Organizing

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 3, 2018 at 11:54 PM
Subject: My comments on DMAS waiver
To: <1115Implementation@dmas.virginia.gov>

This comment is in relation to the recent Medicaid waiver that was proposed. There are several troubling changes proposed that I oppose. Establishing a work requirement uses dollars that could have a greater impact on someone's health and well-being if devoted to other areas of the state's Medicaid program. This requirement is not well formulated and threatens to make the entire effort a failure.

Monthly premiums would lead to thousands of people having to choose between health care and groceries for their families. Medicaid is supposed to help the neediest, not create a financial hardship. Taking coverage away from people because they are unable to afford it would defeat the purpose of it. Thanks for taking the time to read my comments.

[REDACTED]

Virginia Education Association Retired

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 4, 2018 at 9:01 AM
Subject: NAMI Virginia Comment on Virginia COMPASS Waiver
To: 1115Implementation@dmas.virginia.gov <1115Implementation@dmas.virginia.gov>

Dear Dr. Lee:

On behalf of the members of the National Alliance on Mental Illness (NAMI) of Virginia, I write to express our concern about the Virginia COMPASS 1115 waiver application. While we truly appreciate the inclusion of supported employment and housing support services in this waiver, we have grave concerns about the inclusion of the work requirement for Medicaid recipients.

NAMI Virginia supports the goal of employment, and recognizes that people with mental illness are disproportionately unemployed. According to Substance Abuse and Mental Health Services Administration data, only one in five adults with mental health conditions who participate in community mental health services are competitively employed, and the numbers drop to only one in 20 for adults with a diagnosis of schizophrenia. Unfortunately, however, Medicaid work requirements do not advance the goal of employment for many people with mental illness. Studies of work requirements have shown they do not lead to long-term, stable employment, and instead merely increase state administrative costs and complexity. As you know, earlier this year, DMAS estimated a cost of approximately \$25 million in public dollars to implement TEEOP.

Although COMPASS/TEEOP does include waivers of the employment requirement for individuals with disabilities and severe mental illness, there are people with mental illness who have not yet been determined disabled but may not be ready to work, including:

- Young adults with first symptoms of a serious mental illness;
- People whose mental health symptoms are so severe they cannot navigate the disability system; and
- People who have discharged from psychiatric hospitalization but need ongoing treatment.

These people may fall through the cracks of TEEOP and lose their health coverage, which is the thing they most need in order to address their symptoms.

Cutting off Medicaid for people with mental illness will not improve their mental health or help them get or keep a job, as people do not benefit from treatment they do not receive. Rather than spending scarce public resources on imposing work requirements, NAMI Virginia urges the Commonwealth to focus on ensuring the robust availability of supported employment services so that individuals with mental illness, especially those with serious and persistent mental illness, have the services and supports they need to obtain and keep competitive employment. The full availability of supported employment services is more likely if Medicaid-funded supported employment services are reimbursed at competitive rates, thereby providing an incentive to providers to offer these services. Increasing employment among people with mental illness is a net gain for individuals themselves and the Commonwealth as a whole, as those who are employed are more likely to sustain their recovery, lead healthier and happier lives, and contribute to their community's tax base.

Thank you for this opportunity to comment.

[REDACTED] MSW

Executive Director

National Alliance on Mental Illness of Virginia (NAMI Virginia)

PO Box 8260

Richmond, VA 23226

Phone: [REDACTED]

[REDACTED]

[REDACTED]

www.[REDACTED].org

NAMI Virginia is the state office of the National Alliance on Mental Illness (NAMI). NAMI Virginia was created to provide support, education, and advocacy for individuals and families affected by mental illness. Our mission is to promote recovery and improve the quality of life of Virginians with serious mental illness through support, education, and advocacy. We envision a world free of stigma and discrimination where all people impacted by mental illness get the help, hope, and support they need.

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 4, 2018 at 9:45 AM
Subject: Responding to Medicaid waiver idea
To: <1115Implementation@dmas.virginia.gov>

The subject of my letter is the Commonwealth's proposed Medicaid waiver application which includes too many complicated burdens. If someone has a disability they may have a harder time complying with some of the qualifications in this proposal. That could end up in their losing access to care.

Adding monthly premiums to Medicaid will cost people too much money. The point of Medicaid is to give people an affordable way to get health insurance. People with very low income are particularly sensitive to any additional cost. Thank you for considering this perspective.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 4, 2018 at 10:24 AM
Subject: My comments on DMAS waiver
To: <1115Implementation@dmas.virginia.gov>

LIVES ARE AT STAKE!

People are dying from lack of healthcare coverage, poor coverage or lack of access. People's lives are more important than a bunch of bean counters whining about if they are "takers"!

I am writing to you with regard to Virginia's proposed Medicaid waiver which has problems as it is currently written. Programs similar to this proposal have not been proven to increase employment or access to care. Thank you for considering my thoughts. I believe Virginia can do better than this.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 4, 2018 at 3:01 PM
Subject: My letter on work requirements waiver
To: <1115Implementation@dmas.virginia.gov>

The following email explains my concerns about the proposed new requirements to receive coverage under Virginia's Medicaid program. Please consider this information in your work. Affordable health care is important to all Virginians. Requiring low-income families to pay monthly premiums does not make it affordable to them and will not help them maintain coverage. The point is to treat illnesses and avoid more costly care later. We need to encourage enrollment and make maintaining coverage easy.

Work requirements have little to do with the intent of Medicaid and may actually interfere with it by creating new difficulties. I am hopeful that you take my comments into consideration and make the necessary changes.

Please avoid adding barriers to health insurance for low income Virginians

[REDACTED]

--None--Meadowview

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 4, 2018 at 3:08 PM
Subject: Comments about Virginia Compass
To: <1115Implementation@dmas.virginia.gov>

This is regarding my concerns surrounding the waiver draft for the Medicaid program in Virginia. In addition to creating a costly new government program to administer, this will also create restrictions to access. Programs similar to this proposal have not been proven to increase employment, but have been shown to prevent access to care.

Other states have tried health savings accounts, similar to the health and wellness accounts Virginia is proposing, and they found that these programs are complex and very confusing. It does not make sense to add more red tape and attempt to stand up a program that other consumers find complicated to navigate. I am pleased to offer these comments and hope you will consider them.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 4, 2018 at 3:08 PM
Subject: My letter on work requirements waiver
To: <1115Implementation@dmas.virginia.gov>

The following comments are in regard to the proposed Medicaid waiver application to CMS. Virginians insisted on expanding Medicaid so we could help families and individuals when they are going through tough times. It should not be taken away for failure to follow through on red tape and bureaucracy. The working poor not only are short on money they are often short on time because they are working many hours at low-paying jobs to make ends meet. I trust you will take these thoughts and comments into consideration as this process continues.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 4, 2018 at 3:26 PM
Subject: My letter on work requirements waiver
To: <1115Implementation@dmas.virginia.gov>

The following comments are in regard to the proposed Medicaid waiver application to CMS. The proposed changes to Medicaid would take away health insurance from sick individuals when they need it most. I do not support this approach. Virginians should have easy access to the right care.

Low income people make hard financial choices every day. Because of this, charging monthly premiums will likely result in lapses in healthcare coverage. It is a short-term decision that can have long-term health implications. We don't want Virginians to have to sacrifice their health so they can keep a roof over their head. Please do take these concerns into consideration and make changes to this draft.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 4, 2018 at 4:06 PM
Subject: My letter on work requirements waiver
To: <1115Implementation@dmas.virginia.gov>

The subject of my letter is the Commonwealth's proposed Medicaid waiver application which includes too many complicated burdens. Many people with low incomes have to move frequently and might even be homeless. These living conditions make it hard to comply with programs that have demands like this so this group of Virginians would still end up without coverage. I trust you will take these thoughts and comments into consideration as this process continues.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 4, 2018 at 4:06 PM
Subject: Proposed Virginia COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

This comment is in relation to the recent Medicaid waiver that was proposed. There are several troubling changes proposed that I oppose. Virginia must learn from the experiences of other states. In places that have implemented work requirements, their citizens lose health coverage. Virginia should not go down this path, because healthy Virginians are the foundation of our strong economy. I appreciate your consideration of my comments as you make changes to this draft.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 4, 2018 at 4:53 PM
Subject: Virginia COMPASS waiver public comments
To: <1115Implementation@dmas.virginia.gov>

I am writing with regard to Virginia's COMPASS program and my opposition to certain components of it. The goal of Medicaid is to give coverage to those who need it. This would stop sick people from receiving the care that they need and keep healthy people from staying healthy. Thank you for your work on behalf of the Commonwealth and taking my comments into consideration.

I wish my state of NC would follow VA's example. Thanks for hopefully showing our Gen Ass the way.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 4, 2018 at 4:53 PM
Subject: Regarding Virginia COMPASS Application
To: <1115Implementation@dmas.virginia.gov>

The following comments are in regard to the proposed Medicaid waiver application to CMS. Many low-income Virginians work hourly jobs and that makes it challenging to meet the proposed requirement for 80 hours a month consistently. These jobs can be irregular hours, and may not meet the requirement consistently.

Some mental illnesses, especially if they are untreated, make it very difficult for someone to comply with this proposal - resulting in their losing access to care. This could easily spiral into much more expensive treatments and hospitalizations. I hope you will take these thoughts and comments into consideration moving forward.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 4, 2018 at 4:54 PM
Subject: Opposition to Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

It is estimated that 26,000 people may lose access to coverage if Virginia COMPASS is implemented. The purpose of the Medicaid program is to provide needed health coverage and access to eligible low-income individuals. If Virginians are losing coverage as a result of the program, then it does not align with the intended goal of Medicaid.

Most people on Medicaid who can work do so. Nearly 8 in 10 non-disabled adults with Medicaid coverage live in working families and nearly 60 percent are working themselves. These adults may have jobs that do not offer coverage or offer access to coverage that is unaffordable. The National MS Society believes that people with MS should not be penalized if their health condition is preventing them from working, particularly in a manner that revokes health coverage and access to needed treatments and services.

Work requirements come with many unforeseen consequences that could actually impede work and access to needed health care. Documentation for working individuals may be burdensome and ironically, work requirements could keep someone from getting the coverage and services they need to be healthy enough to work. Even if a person with MS is found exempt from the work requirement, they will need to provide documentation of their illness which creates opportunities for administrative error that could jeopardize their coverage.

Administration and oversight of the Virginia COMPASS program will be very costly—diverting resources from Medicaid's primary goal of providing health coverage.

For people with multiple sclerosis, access to needed health care services and early and consistent control of disease activity plays a key role in preventing accumulation of disability and allows people with MS to remain active in their communities. The National MS Society therefore opposes work requirements that penalize people with MS who are unable to work due to their disease or fail to meet burdensome administrative requirements.

The National MS Society believes that premiums for those who are low-income are a barrier to healthcare access. Even small premium amounts may be substantial for a person or family who has little money, potentially making coverage unaffordable for those who need it most.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 4, 2018 at 9:17 PM
Subject: NO Medicaid Waiver
To: <1115Implementation@dmas.virginia.gov>

Thank you for the opportunity to comment on this important issue. I am writing in opposition to Virginia's 1115 waiver for the COMPASS program. The Virginia COMPASS health and wellness accounts are too complex and a lack of understanding of how this program works will undermine the intended goals of the program. Thanks for allowing me to comment on this waiver.

[REDACTED]

VICPP Charlottesville

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 4, 2018 at 9:20 PM
Subject: Regarding Virginia COMPASS Application
To: <1115Implementation@dmas.virginia.gov>

This email is in opposition to some requirements proposed in Virginia's Medicaid waiver. I hope you will take my views under advisement. Implementing work requirements will add new administrative processes and programs, which will require considerable dollars that would be better used to provide care. There is nothing to be gained from a program that is so difficult and expensive to administer.

Adding monthly premiums will not create savings for Virginia; it will only discourage people from getting the care they need. This component of the proposed COMPASS waiver does not take into account that low income people are under serious financial stress already. I am thankful for the opportunity to provide this information.

Ms. [REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 4, 2018 at 10:04 PM
Subject: Regarding Virginia COMPASS Application
To: <1115Implementation@dmas.virginia.gov>

I offer the following comments concerning the proposed changes to Virginia's Medicaid program. Monthly premiums and health and wellness accounts for Medicaid will create an overly complicated process to administer the program. Additionally, it is projected to cost the state more money to run than it actually saves. This does not make financial or administrative sense. I have read that the increased administrative costs associated with monitoring these new barriers to accessing health care coverage will cost Virginians over \$25 million annually. This money should be put into healthcare itself

Among Medicaid enrollees who are not working, many have impediments to employment, including illness, disability or caregiving responsibilities. In places like Lee County, there simply aren't jobs (the population is about 25,000 people--only 7800 have jobs, because there aren't any jobs there).

The number of those who could get a job as a result of the program is very small. I am grateful for the opportunity to offer comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 5, 2018 at 1:57 AM
Subject: New Medicaid waiver comments
To: <1115Implementation@dmas.virginia.gov>

As someone who believes access to health care is critical, I write in opposition to some of the changes to Virginia's Medicaid program proposed in this draft. The cost of monitoring compliance and diminished value of only having healthcare coverage some of the time makes it unjustifiable. That money would be better used in true workforce training efforts and the Medicaid program should focus only on providing access to coverage for those who qualify.

The red tape and bureaucracy surrounding the COMPASS program will throw people off Medicaid. People that are following the rules will suffer due to the complicated system that COMPASS is creating. I hope my comments are helpful.

The red tape and work requirement will cause tens of thousands of Virginians to lose medical coverage and have a major negative impact on the poorest of the poor as well having an overflow effect on the financial stability of local hospitals.

People who are unable to work due to their disease should not be denied health coverage. This denial will be detrimental to them by causing their condition to worsen. The negative impact will be felt by their families and the commonwealth as they deteriorate and become a larger burden to emergency rooms and institutional care. The work requirement and Even small premium amounts may be substantial for a person or family who has little money, potentially making coverage unaffordable for those who need it most.

[REDACTED]

American Heart Association, DIA, MS Society, PCORI

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 5, 2018 at 9:09 AM
Subject: New Medicaid Waiver Comments
To: <1115Implementation@dmas.[REDACTED].gov>

This comment is in relation to the recent Medicaid waiver that was proposed. There are several troubling changes proposed that I oppose. I am very concerned with certain aspects of this proposal, specifically work requirements. This policy choice will cause many low-income people in our state to lose coverage, including people who should be exempt but may not understand how to navigate the administrative hurdles.

Many people with low incomes have to move frequently and might even be homeless. These living conditions make it hard to comply with programs that have demands like this so this group of [REDACTED] would still end up without coverage. People like me who are going through divorce and struggling with grief while adjusting to new financial realities while still meeting the emotional demands of parenting through unforeseen transition find that there are barely enough hours in the day to manage a home after work. I have sat up at a computer late at night, with a headache and the fog that comes with grief, struggling to read and answer questions accurately for applications and taxes and laws as I made decisions through this hardest time of my life. Especially considering the cost to implement these requirements, I hope my representatives will instead consider protecting access for those who qualify and putting funds and brainstorming toward improving the transition off Medicaid. Listen to our needs and help people plan and work toward an end date. Thanks for considering my thoughts on this waiver application.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 5, 2018 at 9:56 AM
Subject: Arguments against COMPASS
To: <1115Implementation@dmas.virginia.gov>

As a Virginian, I do not support the changes outlined in Virginia's 1115 Medicaid waiver draft. Affordable health care is important to all Virginians. Requiring low-income families to pay monthly premiums does not make it affordable to them and will not help them maintain coverage. The point is to treat illnesses and avoid more costly care later. We need to encourage enrollment and make maintaining coverage easy.

Work requirements have little to do with the intent of Medicaid and may actually interfere with it by creating new difficulties. Thank you for taking these concerns into consideration. I hope you will make changes to this proposal.

[REDACTED]

Virginia Organizing

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 5, 2018 at 11:19 AM
Subject: Opposition to Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

The comments in this email should be considered in relation to Virginia's Medicaid waiver application. The cost of monitoring compliance and diminished value of only having healthcare coverage some of the time makes it unjustifiable. That money would be better used in true workforce training efforts and the Medicaid program should focus only on providing access to coverage for those who qualify.

Some mental illnesses, especially if they are untreated, make it very difficult for someone to comply with this proposal - resulting in their losing access to care. This could easily spiral into much more expensive treatments and hospitalizations. Please take my comments and those of others seriously.

[REDACTED]

Virginia Organizing

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 5, 2018 at 11:28 AM
Subject: I oppose COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

This comment is about my concerns with certain aspects that Virginia proposes in its Medicaid waiver application. This application does not advance the Medicaid program in Virginia. It needlessly compromises access to care for a vulnerable population. It also creates a new responsibility in state government that is already struggling to keep up. Thank you very much for considering my thoughts on this waiver application.

Everyone deserves access to effective healthcare. Do not add more barriers. People's lives are at risk.

[REDACTED]

Virginia Organizing

From: [REDACTED] <[REDACTED]>

Date: Fri, Oct 5, 2018 at 11:36 AM

Subject: Opposition to Virginia COMPASS

To: <1115Implementation@dmas.virginia.gov>

The following comments are offered for consideration as public comment on the Medicaid waiver draft. There are several components of it that concern me as a citizen. The cost of implementing the work requirement in this program is unreasonable compared to the small group of people it affects. Virginia needs to spend \$25 million to implement something that is not even part of the goal of Medicaid. That is an unjustifiable amount that could be better spent in a variety of ways.

Those who qualify for Medicaid need it to maintain consistent healthcare. If it were not for Medicaid hundreds of thousands of people would not have any access. We should not have a program that diminishes access. Thanks for taking the time to read my comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 5, 2018 at 12:08 PM
Subject: New Medicaid Waiver Comments
To: <1115Implementation@dmas.virginia.gov>

I am writing with regard to Virginia's COMPASS program and my opposition to certain components of it. While monthly premiums may seem like a reasonable requirement, they can be a barrier that prevents people from accessing healthcare. The underlying purpose of Medicaid in Virginia is to make health care readily accessible to people and premiums are counterproductive.

Many Virginians depend on Medicaid when they are sick and need help. Implementing this proposed waiver would mean taking away health care when people are most vulnerable. If someone has low income and becomes ill and cannot work that is not the time to take away their coverage. Thank you for considering my thoughts. I believe Virginia can do better than this.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 5, 2018 at 12:10 PM
Subject: My comments on DMAS waiver
To: <1115Implementation@dmas.virginia.gov>

This is regarding my concerns surrounding the current 1115 waiver draft for the Medicaid program in Virginia. There are many reasons that a patient might not comply with the many requirements in this proposed program, which would result in their losing care. For example, we know that many applicants will have a language barrier. We also know that many applicants will have an intellectual disability that will make it hard to fully understand the requirements. People in this situation need easy, uncomplicated access. This program neither provides nor promises that.

This program has unnecessary, complicated and burdensome work and reporting requirements which studies and the experience of other states prove increase neither access nor enrollment of new enrollees, but rather decreases both access and new enrollment, in violation of legal and judicially determined requirements for approval of this waiver as it is currently drafted. The result adds to the hardship a family already faces, and will decrease enrollment, in violation of both increased enrollment and equal protection requirements. It will deter people from enrolling in the first place because they are not confident they can keep up with the qualifications. I hope my comments are helpful and urge you to deny this waiver application due to the inclusion of disqualifying work requirements in the current draft. It should be remanded back to the Commonwealth of Virginia for removal of these disqualifications.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 5, 2018 at 12:10 PM
Subject: My concerns about the Virginia COMPASS program
To: <1115Implementation@dmas.virginia.gov>

Basically, I oppose the Virginia's Medicaid waiver because it is counterproductive--it is costly and onerous to the state that must administer it, and it will reduce access to healthcare for many.

Research shows that health and wellness accounts like the one proposed in the Virginia COMPASS application have bad implications. Similar accounts that require enrollees to contribute premiums may cause those people to cut back on needed health services. This will cost the enrollee and the state more money in the future.

Work requirements and other efforts to deny public supports to try to get people to work have poor results wherever they have been tried. People are unemployed for a variety of reasons that can be complicated. This requirement will just deny people healthcare coverage like it has wherever they have been tried. I hope you will take these thoughts and comments into consideration moving forward.

Dr. [REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 5, 2018 at 12:36 PM
Subject: Commenting on Virginia Compass
To: <1115Implementation@dmas.virginia.gov>

I oppose the proposed 1115 Medicaid Waiver in Virginia and would like to make a public comment about it. The goal of Medicaid is to give coverage to those who need it. This would stop sick people from receiving the care that they need and keep healthy people from staying healthy.

Monthly premiums and health and wellness accounts for Medicaid will create an overly complicated process to administer the program. Additionally, it is projected to cost the state more money to run than it actually saves. This does not make financial or administrative sense. Please keep the best interest of Virginia's working families in mind as you consider my thoughts.

The working poor who need this coverage would not be able to afford it leading to their either not getting the coverage or an additional unnecessary burden. This attempt at charging the poor is nothing but putative and serves no purpose but to deprive them of dignity and necessary services.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 5, 2018 at 1:04 PM
Subject: Problems with COMPASS
To: <1115Implementation@dmas.virginia.gov>

This comment is about my concerns with certain aspects that Virginia proposes in its Medicaid waiver application. Many Virginians have real obstacles to employment, including illness, disability or family caregiving responsibilities. The number who could become employed as a result of the Medicaid program is very small.

Work requirements would create a drag on the system and create inefficiencies! We don't need them!

I appreciate your consideration of my comments as you make changes to this draft.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 5, 2018 at 1:13 PM
Subject: My letter on work requirements waiver
To: <1115Implementation@dmas.virginia.gov>

This email is in opposition to some requirements proposed in Virginia's Medicaid waiver. I hope you will take my views under advisement. The red tape and bureaucracy surrounding the COMPASS program will throw people off Medicaid. People that are following the rules will suffer due to the complicated system that COMPASS is creating.

While monthly premiums may seem insignificant to some people, to the very poor they can be a real barrier that prevents them from accessing quality healthcare when they need it. That runs counter to the whole purpose of the Medicaid program in Virginia. I appreciate your time. Thank you for reading my comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 5, 2018 at 1:27 PM
Subject: Proposed Medicaid Waiver Application
To: <1115Implementation@dmas.virginia.gov>

I am writing with regard to Virginia's COMPASS program and my opposition to certain components of it. I am concerned about the burden such a system will place on people living with chronic conditions who are low-income and rely upon Medicaid for health insurance coverage and support. More than 12,000 Virginians live with multiple sclerosis, a progressive disease that causes significant disability. Many of those individuals rely upon Medicaid for access to medical care as they are unable to work.

The proposed Medicaid Waiver has the potential to cause tens of thousands of Virginians to lose health insurance coverage as a result of the harmful proposed provision such as work requirements and premiums. The primary purpose of Medicaid is to provide needed health coverage and medical access to eligible low-income individuals. If Virginians are losing coverage as a result of not meeting work, premium, or other requirements then the proposed Virginia Compass program does not align with the intended goal of Medicaid.

For people with multiple sclerosis, access to needed health care services and early and consistent control of disease activity play key roles in preventing accumulation of disability and allow people with MS to remain active in their communities. Furthermore, some people who live with MS or who are not yet adequately diagnosed, may not meet the requirements needed to be determined disabled or medically frail. Multiple sclerosis is just one chronic disease that places significant financial and social burdens on the individual and family who live with the disease.

Work requirements seem to penalize people with MS who are unable to work due to their disease or fail to meet burdensome administrative requirements. Premiums for those who are low-income create a barrier to healthcare access. Even small premium amounts may be substantial for a person or family who has little money, potentially making coverage unaffordable for those who need it most.

I submit that the Virginia 1115 Medicaid Waiver program creates too many complex barriers and burdens for people living with chronic illnesses who rely upon Medicaid to receive the consistent care that they need to live their best lives.

Therefore, I do not support the proposed COMPASS program.

Thank you.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 5, 2018 at 1:31 PM
Subject: Regarding Virginia COMPASS Application
To: <1115Implementation@dmas.virginia.gov>

I oppose the proposed 1115 Medicaid Waiver in Virginia and would like to make a public comment about it. It has taken more than five years to offer Medicaid to individuals who really need this coverage. In the past few weeks I have been assisting one single woman with cancer who needs this coverage now.

Virginia should not implement health and wellness accounts because there is very little research showing that health and wellness accounts help Medicaid recipients use services more cost-effectively.

Besides helping individuals with serious medical needs, there are many individuals who are without coverage and therefore do not receive medical care for treatable illnesses such as high blood pressure.. The lack of access has serious consequences. We need to offer expansion of Medicaid without additional limits and costs that could limit enrollment..

Thank you for accepting these comments.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 5, 2018 at 1:42 PM
Subject: My comments on DMAS waiver
To: <1115Implementation@dmas.virginia.gov>

This email offers my opinion about changes to Virginia's Medicaid program that I find problematic. Requiring people to work can deter families from signing up for coverage that they qualify for and need. When someone does not have health coverage, they are generally less able to maintain work because of it.

Monthly premiums would cause many people to lose health care coverage. Medicaid is meant to be an accessible health plan for the people that need it most and provide them with access to care. It is also difficult to imagine that the administrative burden is worth the amount of money collected. I am hopeful that you take my comments into consideration and make the necessary changes.

[REDACTED]

GALF



Mid-Atlantic Permanente Medical Group, P.C.
Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc

Susan Puglisi
Virginia Department of Medical Assistance Services
Attn: Virginia COMPASS
600 E Broad Street
Richmond, VA 23219

October 11, 2018

Re: Section 1115 Demonstration Extension Application: Virginia COMPASS (Creating Opportunities for Medicaid Participants to Achieve Self-Sufficiency)

Dear Ms. Puglisi,

Thank you for the opportunity to provide comments on the Section 1115 Demonstration Extension Application: Virginia COMPASS. Kaiser Permanente of the Mid-Atlantic States region provides and coordinates complete health care services for approximately 775,000 members through 30 medical office buildings in Virginia, Maryland, and the District of Columbia. In Virginia, we deliver care to over 300,000 members, including nearly 14,400 Medicaid and CHIP enrollees through our newly established collaboration with Virginia Premier, and previously directly through the Medallion 3.0 contract. Kaiser Permanente is a total health organization composed of Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. and the Mid-Atlantic Permanente Medical Group, P.C., an independent medical group comprising over 1,600 physicians who provide or arrange care for patients throughout the area.

Kaiser Permanente supports and celebrates Medicaid expansion in Virginia. More than 400,000 additional Virginians will be eligible for Medicaid under expansion. While we are concerned about requirements that create barriers to coverage or fail to recognize the socio-economic needs of the expansion population, we believe on balance that the benefits of expansion far outweigh potential negative consequences of new components such as the work requirement and cost-sharing. Above all, we hope that within the bounds of the budget language signed into law, new requirements can be implemented in as lenient a manner as possible to minimize disruption of access to care.

We offer the following comments/questions regarding the Section 1115 extension application:

Work and Community Engagement

The Commonwealth seeks authority to implement the Training, Education, Employment and Opportunity Program (TEEOP) – a Virginia-specific initiative to promote work and community engagement with the goal of improving health and well-being and furthering greater financial stability and self-sufficiency among low-income Virginians.

COMMENTS:

- First and foremost, Kaiser Permanente has concerns about the early results coming from states initiating work requirement programs. Our commitment to evidence-based practices in our programs leads us to express these concerns and ask the Commonwealth to consider how this program will be structured to minimize coverage disruptions while also increasing work and work-related activities. In particular, we recommend that the Commonwealth carefully evaluate the findings from the Arkansas program before implementing similar program requirements. This may mean amending and/or delaying implementation in order to ensure the program achieves its objective of increasing employment and coverage rather than reducing coverage, impacting health outcomes with minimal impacts on employment.
- With our chief concern being to minimize disruption of care access, we are pleased that enforcement of the TEEOP will not begin until demonstration year 2; any faster timeline could fail to afford enrollees the time to learn about, plan for, and comply with these complex new requirements. We are also encouraged that the application has a comprehensive set of qualifying work and community engagement activities along with a comprehensive set of exemptions. Moreover, we are pleased to see that the application gives the Commonwealth flexibility in determining other circumstances not listed in the application as reason to exempt a Medicaid enrollee from the work requirements.
- Regarding penalties for non-compliance, the application indicates, “Notices will be sent to enrollees providing information that their coverage will be suspended if they do not demonstrate compliance within 30 days of the date of notice.” HB 5002 states, “enrollees shall be eligible to re-enroll in the program within such 12-month period upon demonstration of compliance with the TEEOP requirements.” Since the law does not mandate compliance within a 30-day period, we encourage consideration of a longer time-period in which to demonstrate compliance.
- The mechanisms for administration of the TEEOP are unclear; for example, how will current information on Medicaid members’ compliance with the requirements be transmitted to MCOs? Additionally, will MCOs receive notice of members for whom coverage suspension is pending (e.g., members who have not worked for two months) so that MCOs can address care coordination/care planning for these members if they are suspended from coverage? It is critical that the reporting requirements be clear, meeting the needs of a diverse Medicaid population (e.g., reading level, be available in multiple languages, access to easy reporting options).
- DMAS should consider providing expedited reinstatement for Medicaid recipients that may have their coverage suspended due to failure to comply with TEEOP requirements. Expediting reinstatement will ensure minimal lapses in continuity of care for those experiencing difficulties meeting compliance with the newly implemented requirements. This is particularly important for those who have complex health care needs and who should not go extended periods of time without access to their doctor.
- We view the employment supports outlined for TEEOP participants as a necessary and very positive component of the program. However, it remains unclear exactly how employment supports for TEEOP participants will be provided or funded.
- Kaiser Permanente is interested in ensuring that MCOs are able to take a proactive role in engaging members in employment/community engagement opportunities to keep members continuously enrolled in coverage. This fits into our broader interest in ensuring that the social determinants of health are addressed, especially for members with high health and

social needs. As DMAS considers the balance of administrative responsibilities it will place on MCOs to support the TEEOP program, rates should be adjusted accordingly to reflect actual administrative costs borne by the health plans.

Premiums, Co-Payments, and Health and Wellness Accounts

The Commonwealth will implement premiums, co-payments, and Health and Wellness Accounts (HWAs) to encourage newly Medicaid eligible adults to take greater responsibility for their personal health and well-being while preparing for the financial requirements of employer-sponsored insurance or other private health insurance coverage.

COMMENTS:

- With our chief concern being to minimize disruption of care access, we are pleased that enforcement of the Health and Wellness Program will not begin until demonstration year 2; any faster timeline could fail to afford enrollees the time to learn about, plan for, and comply with these complex new requirements.
- Understanding that the cost sharing elements are largely mandated by HB 5002, we believe that health care should be affordable for patients and that out-of-pocket expense should not prohibit appropriate care-seeking. Affordability supports prevention and reduces avoidable and more costly interventions when conditions are not treated in a timely manner. We believe that cost-sharing requirements for people living at or slightly above the FPL may hinder health-seeking behavior and ultimately impact the health of the individuals and communities that Medicaid was designed to support. Enrollees should have non-financing ways to demonstrate that they are meeting healthy behavior requirements, but in all cases incentives should be just that – tools to encourage healthy behavior – rather than punitive tools to potentially impact one’s eligibility for health coverage. Further, those with active disease must be encouraged and facilitated to remain in active care to enable a healthier and productive working population in Virginia.
- The policy of collecting co-payments for non-emergent use of the ER is concerning, as it could potentially deter enrollees from seeking needed care. For that matter, how is a Medicaid enrollee to determine what is emergent vs. non-emergent?
- It is unclear whether the Commonwealth is allowing healthy incentives/rewards to cover copay costs similar to the Indiana model with its POWER accounts. If not, enrollees need to be able to have non-financial ways to achieve co-payments.
- The plan for notices to enrollees regarding premiums, co-payments, and HWAs is not outlined as it is for the TEEOP. Just as all Medicaid enrollees subject to the TEEOP will receive consumer notices at application and renewal that describe the program and indicate who they can contact to have their questions answered, the same level of communication needs to be made to enrollees regarding premiums, co-payments, and HWAs. Information should be made available in as many formats as possible, including letters, texts, phone calls, traditional and social media, as well as at county eligibility offices, online, and through the call center (as is the plan for the TEEOP).
- The rules regarding eligibility for a health reward and regarding forfeiture of accrued HWA funds could be confusing to enrollees. It will be critical to develop very clear communications. We are encouraged that enrollees are entitled to receive a full rebate of their HWA balance if their income falls below 100 percent FPL or if they become ineligible for Medicaid.

- Under what authority will DMAS take a Medicaid enrollee's HWA if these accounts will contain Medicaid enrollees' own funds as well as a DMAS contribution? How would an action like this comport with the Commonwealth's civil forfeiture laws?
- DMAS should administer the HWAs and collection of premiums in a manner that is clear, concise, and as consumer friendly and flexible as possible. In addition, the role of the MCOs should be made clear in terms of what their administrative obligations and accountabilities may be under the program for premiums, co-payments, and HWAs. For accountabilities delegated to MCOs, rates will need be adjusted accordingly to reflect actual administrative costs.

Housing and Employment Supports Benefit

The Commonwealth will offer a housing and employment supports benefit to a targeted group of high-need Medicaid members.

COMMENT:

We are very encouraged by inclusion of this benefit. DMAS should consider individuals previously disenrolled for failure to comply with TEEOP as a category of individuals eligible for the enhanced employment supports services that are outlined under this benefit. These components are more robust than what would be received under the TEEOP. If an individual gets reenrolled then he/she should be able to gain access to enhanced, individualized services like those outlined under this benefit.

Evaluation Hypotheses

The Commonwealth is considering additional evaluation hypotheses for the new demonstration features.

COMMENT:

Many of the evaluation hypotheses address continuity of care and improved health outcomes, but there is no standard measure of these dimensions listed in the evaluation plan. At what point will a complete evaluation plan be developed with more details such as design, timing, budget, and accountabilities of MCOs?

Current Features to be Continued Under the 1115 Demonstration Extension

The Commonwealth will continue the ARTS benefit package in the Virginia COMPASS Demonstration and will also continue to provide Medicaid coverage to former foster care youth.

COMMENT:

Kaiser Permanente supports the continuation of ARTS. We support population-based payments to health plans that "carve in" mental health, wellness, prescription drugs, enabling, social, and/or other services that support the overall health and well-being of our members. Further, payments should explicitly account for active coordination of care. Kaiser Permanente also supports providing Medicaid coverage to former foster care youth who have aged out of foster care in another state but now reside in Virginia.

Please feel free to contact me at Wayne.D.WilsonKP.org, or 301-816-5991, if you have any questions or require additional information.

Thank you for your time and consideration.

Sincerely,



Vice President, Government Programs and External Relations
Kaiser Foundation Health Plan of Mid-Atlantic States, Inc.

2101 East Jefferson Street
Rockville, Maryland 20852

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 5, 2018 at 1:50 PM
Subject: Commenting on Virginia Compass
To: <1115Implementation@dmas.virginia.gov>

As a future social worker, I feel passionately that healthcare is a HUMAN RIGHT. Medicaid Expansion is an amazing first step towards acknowledging that every Virginian is deserving of medical care.

Losing health coverage for someone with a chronic illness would be devastating. Being locked out of health care due to failure to reporting work activities or being unable to pay monthly premiums could lead to terrible health outcomes for many Virginians.

Job requirements like this and other efforts to take away public supports to try to encourage people to work have poor track records. The reasons people are unemployed are sometimes too complicated to address in the way this proposal does. This requirement will just deny people healthcare coverage.

Please take my comments and those of others seriously.

[REDACTED]

JMU Social Work Department

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 5, 2018 at 1:51 PM
Subject: Proposed Medicaid Waiver Application
To: <1115Implementation@dmas.virginia.gov>

I am writing to you today regarding Virginia's Medicaid waiver proposal, I oppose the aspects of this program that create new burdens on people who are already struggling. The Medicaid population often suffers from language barriers, disabilities, mental illness, insecure work, frequent moves, and homelessness. All these factors create significant challenges to successfully navigate growingly complicated government programs. Please take my thoughts and concerns into consideration.

[REDACTED]

Virginia Interfaith Center For Public Policy

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 5, 2018 at 1:56 PM
Subject: DMAS Public Comment
To: <1115Implementation@dmas.virginia.gov>

Access to health care is very important, that is why I am commenting on this proposed change. Virginia has an opportunity to offer affordable healthcare to all, but monthly premiums would deny us that opportunity by creating a cost that people might not be able to afford. That would mean the program is a failure. I hope we will not undermine our own program by adding these costs.

If a low-wage worker has inconsistent hours or an insecure job they may fail to keep up with the requirements and lose healthcare. If that results in an inability to work at all the program will have failed to help the exact situation the expansion was supposed to improve. I am thankful for the opportunity to provide this information.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 5, 2018 at 1:59 PM
Subject: My letter on work requirements waiver
To: <1115Implementation@dmas.virginia.gov>

The comments in this email should be considered in relation to Virginia's Medicaid waiver application. When a person does find a job and meet the requirements for Medicaid, the paperwork and reporting requirements could still mean losing coverage due to those challenges. Complicated programs are not likely to be successful with many in this population of Virginians who really just need simple access to care.

Medicaid should help people when they are going through tough times. Health care is a human right and should not be taken away for failure to comply with this type of red tape and bureaucracy. I hope you will take these thoughts and comments into consideration moving forward.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 5, 2018 at 2:09 PM
Subject: New Medicaid Waiver Comments
To: <1115Implementation@dmas.virginia.gov>

I am writing to you today regarding Virginia's Medicaid waiver proposal, I oppose the aspects of this program that create new burdens on people who are already struggling. The proposed waiver is attempting to solve a problem that does not exist, as most working-age adults on Medicaid are employed. We should be focused on making the lives of working low-income people better, not more difficult.

Medicaid is a safety net program, but it is not effective if its availability is threatened by the program's design. Economic hard times are often happening at the same time as failing health. We need for people to have consistent access to treatment for this program to work the way it is supposed to. Thank you for reading my comments.

[REDACTED]

Virginia Organizing

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 5, 2018 at 2:10 PM
Subject: Arguments against COMPASS
To: <1115Implementation@dmas.virginia.gov>

The following comments are offered for consideration as public comment on the Medicaid waiver draft. There are several components of it that concern me as a citizen. Other states have also tried to use work requirements and have shown that they do not succeed in improving health or consistent employment. In many ways, both goals are undermined by linking them to each other. I thank you for the opportunity to offer this information.

[REDACTED]

BEST BUDDIES HOKIE NATION!

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 5, 2018 at 2:12 PM
Subject: COMPASS objections
To: <1115Implementation@dmas.virginia.gov>

It is vital to make access to health care as easy as possible. I don't mind my tax dollars helping other citizens who need help. Some of the new requirements are burdensome and punitive. It is no crime to be poor. This is a commonwealth -- let's make it a good place for everybody who lives here.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 5, 2018 at 2:36 PM
Subject: My concerns about the Virginia COMPASS program
To: <1115Implementation@dmas.virginia.gov>

Thank you for the opportunity to comment on this important issue. I am writing in opposition to Virginia's 1115 waiver for the COMPASS program. The proposed changes to Medicaid would take away health insurance from sick individuals when they need it most. I do not support this approach. Virginians should have easy access to the right care.

Charging people for health insurance defeats the purpose of Medicaid. It is important that Medicaid is affordable for low income families because they depend on affordable health care to keep working and stay healthy. I appreciate your consideration of my comments as you make changes to this draft.

[REDACTED]

Bonhomme Society

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 5, 2018 at 2:37 PM
Subject: Responding to Medicaid waiver idea
To: <1115Implementation@dmas.virginia.gov>

As someone who believes access to health care is critical, I write in opposition to some of the changes to Virginia's Medicaid program proposed in this draft. There are many reasons that a patient might not comply with this waiver and would result in their losing care. For example, there could be a language barrier that makes it hard to understand the requirements.

If Virginia's Medicaid program adds monthly premium costs, it will undermine the very reason for the program. People with low income cannot afford to pay for coverage or care. Please consider my comments on this proposed new program.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 5, 2018 at 3:24 PM
Subject: Comments about Virginia Compass
To: <1115Implementation@dmas.virginia.gov>

This letter is in opposition to the burdensome requirements proposed for Virginians with Medicaid in Virginia. I hope you will take my views into account. The proposed waiver would add new barriers to accessing coverage. These requirements put access to needed care in jeopardy when the point is to take down barriers.

Charging monthly premiums would mean thousands of people having to choose between health care and other needs for their families. Medicaid is supposed to help those in need, not create an additional financial challenge. Taking coverage away from people because they are unable to afford the premium is counterproductive. Thank you for your time.

[REDACTED]

AUUC

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 5, 2018 at 3:25 PM
Subject: My letter on work requirements waiver
To: <1115Implementation@dmas.virginia.gov>

I offer the following comments concerning the proposed changes to Virginia's Medicaid program. Even if charging monthly premiums saved Virginia money, it would be a bad idea. But since doing so actually costs more than it saves because of all the staff and systems it would require, it really makes no sense. The purpose of expanding health coverage to the working poor is to help them get and stay healthy. The program needs to stay focused on that main goal.

Losing coverage could create a life-threatening obstacle to care for patients with heart disease as these individuals are unlikely to have access to the necessary treatments and medications. We have a moral obligation to do what is right by our neighbors, treating them as we would like others to treat us. When we are so close to fulfilling the goal of affordable health care for all Virginians, we should not be putting up mean-spirited barriers.

[REDACTED]

PortsmouthCityWatch.org

From: [REDACTED] <[REDACTED]>

Date: Fri, Oct 5, 2018 at 3:42 PM

Subject: Arguments against COMPASS

To: <1115Implementation@dmas.virginia.gov>

I am commenting on the new Virginia COMPASS medicaid waiver. Work requirements do not reflect the realities workers face in low-wage jobs. Seasonal workers may have periods of time each year when they are not working enough hours to satisfy the requirements and they will be on and off the Medicaid program.

This application does not advance the Medicaid program in Virginia. It needlessly compromises access to care for a vulnerable population. It also creates a new responsibility in state government that is already struggling to keep up. Thank you for the opportunity to share these insights.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Sat, Oct 6, 2018 at 10:04 PM
Subject: Virginia COMPASS Proposal
To: <1115Implementation@dmas.virginia.gov>

To Whom It May Concern: I am writing regarding the Virginia COMPASS proposal that institutes work requirements to access health coverage under the newly expanded Medicaid program. I am strongly opposed to the imposition of these new requirements for many reasons:

about 25,000 fewer Virginians will receive health care coverage, in opposition to the intent of Medicaid

developing a work requirement program will be costly for the state and time consuming

there are lawsuits pending in other states that may render work requirements illegal

adding more confusing red tape to a program designed to assist those who are vulnerable is counter-productive

the vast majority of poor people would prefer to work: let's spend the Commonwealth's resources to find them jobs and provide them child care so that they can work.

Please do not damage our vulnerable citizens with a needlessly bureaucratic program that will not assist them but will in fact disadvantage them further.

And remember, it is always the children who suffer the most.

From: [REDACTED] <[REDACTED]>
Date: Sun, Oct 7, 2018 at 11:26 AM
Subject: DMAS – Virginia Compass Waiver
To: <1115Implementation@dmas.virginia.gov>

As an advocate for expanded healthcare coverage, I am writing to you regarding my concerns with this waiver application. Please give consideration to my views. Medicaid should help people when they are going through tough times. Health care is a human right and should not be taken away for failure to comply with this type of red tape and bureaucracy.

Charging monthly premiums for Medicaid is simply a bad idea particularly considering that doing so actually costs more than it saves. The purpose of expanding health coverage to the working poor is to access care that helps them stay healthy. The program needs to stay focused on that and not be distracted by complicated administrative systems. I am grateful for the opportunity to offer comments.

[REDACTED]

Virginia Organizing

From: [REDACTED] <[REDACTED]>
Date: Sun, Oct 7, 2018 at 11:36 AM
Subject: NO Medicaid Waiver
To: <1115Implementation@dmas.virginia.gov>

As a Virginian, I do not support the changes outlined in Virginia's 1115 Medicaid waiver draft. The Medicaid program provides critical access to prevention, treatment, disease management, and care coordination services. It keeps people from becoming seriously ill and not being able to care for themselves or their family. Thank you taking all of my comments under consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Sun, Oct 7, 2018 at 11:46 AM
Subject: Arguments against COMPASS
To: <1115Implementation@dmas.virginia.gov>

Thank you for the opportunity to comment on this important issue. I am writing in opposition to Virginia's 1115 waiver for the COMPASS program. While monthly premiums may seem insignificant to some people, to the very poor they can be a real barrier that prevents them from accessing quality healthcare when they need it. That runs counter to the whole purpose of the Medicaid program in Virginia.

The proposed changes to Medicaid would take away health insurance from sick individuals when they need it most. I do not support this approach. Virginians should have easy access to the right care. Thank you for your work on behalf of the Commonwealth and taking my comments into consideration.

Work requirements don't work, and they would be costly to administer.

[REDACTED]

VICPP

From: [REDACTED] <[REDACTED]>
Date: Sun, Oct 7, 2018 at 7:23 PM
Subject: Oppose
To: <1115Implementation@dmas.virginia.gov>

Please note that I am writing to oppose Virginia Compass which would add complex work and documentation for those most needing Medicare. I believe healthcare is a fundamental right and our policies should reflect a preferential option for the poor, rather than making access more difficult.

Thank you.

[REDACTED]
[REDACTED]
[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 8, 2018 at 11:33 AM
Subject: My concerns about the Virginia COMPASS program
To: <1115Implementation@dmas.virginia.gov>

I would like to make a public comment about the proposed 1115 Medicaid waiver. There are many reasons that a patient might not comply with this waiver and would result in their losing care. For example, there could be a language barrier that makes it hard to understand the requirements.

Health and wellness accounts require a lot of administrative upkeep and add additional cost for the state Medicaid agency, providers, and contracted managed care plans. We should not spend money to create more bureaucracy. I hope my comments are helpful.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 8, 2018 at 11:38 AM
Subject: My letter on work requirements waiver
To: <115Implementation@dmas.virginia.gov>

As an advocate for expanded healthcare coverage, I am writing to you regarding my concerns with this waiver application. Please give consideration to my views. Adding monthly premiums will likely create an additional barrier for Virginia's Medicaid population. If they cannot afford the premium every month they could end up losing coverage when they need it most.

Medicaid is a safety net program, but it is not effective if its availability is threatened by the program's design. Economic hard times are often happening at the same time as failing health. We need for people to have consistent access to treatment for this program to work the way it is supposed to. Thank you for considering these thoughts. Virginia can do better than this.

[REDACTED]

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 8, 2018 at 11:43 AM
Subject: Writing about Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

As an advocate for expanded healthcare coverage, I am writing to you regarding my concerns with this waiver application. Please give consideration to my views. Losing health coverage for someone with a chronic illness would be devastating. Being locked out of health care due to failure to reporting work activities or being unable to pay monthly premiums could lead to terrible health outcomes for many Virginians.

Access to health coverage is important and it helps support work. We should not threaten to take away health coverage from our citizens because they fail to submit the right paperwork on time, they cannot get the hours they need at work, or have a difficult time finding work altogether. Thank you for allowing me to offer my thoughts on this proposal.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 8, 2018 at 11:53 AM
Subject: Issues with Virginia 1115 Waiver
To: <1115Implementation@dmas.virginia.gov>

I am writing with regard to Virginia's COMPASS program and my opposition to certain components of it. There are many reasons that a patient might not comply with the many requirements in this proposed program and would result in their losing care. For example, there could be a language barrier or intellectual disability that makes it hard to fully understand the requirements. People in this situation need easy, uncomplicated access. This program does not promise that.

Monthly premiums would lead to a lot of people losing coverage. Medicaid is meant to be an accessible health plan for the people that need it most and provide them with access to care in less expensive ways than an emergency room. Thank you for taking these concerns into consideration. I hope you will make changes to this proposal.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 8, 2018 at 12:21 PM
Subject: DMAS – Virginia Compass Waiver
To: <1115Implementation@dmas.virginia.gov>

I am opposed to the new burdens proposed to be included in the Medicaid program. This application does not advance the Medicaid program in Virginia. It needlessly compromises access to care for a vulnerable population. It also creates a new responsibility in state government that is already struggling to keep up. Thanks for reading my thoughts on this program.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 8, 2018 at 12:42 PM
Subject: Medicaid 1115 Waiver Comments by SALT
To: Medicaid 1115waiver <1115Implementation@dmas.virginia.gov>

Regarding the 1115 Medicaid Waiver known as Virginia Compass

Submitted by: [REDACTED] Coordinator, on behalf of 1,300 Social Action Linking Together (SALT) members

[REDACTED]

A major victory was won this year for Virginia families— expanding access to quality and affordable health coverage for nearly 400,000 Virginians. Now, Virginia families need our help to protect these important strides in life-protecting and life-saving health care coverage.

Medicaid expansion under the Affordable Care Act has lowered the uninsured rate by 6.4 percent between 2013 and 2016 and improved our country's health and financial well-being by reducing costly emergency room visits and hospitalizations

The drop in uninsured rates for low-income rural residents is three times larger in Medicaid expansion states. The uninsured rate for low-income adults has decreased in the last several years across America, thanks in large part to the Affordable Care Act. But small towns and rural areas of states that have expanded Medicaid have seen the sharpest decline in uninsured rates. That's one of the findings of a new report

We are concerned that if implemented, Virginia COMPASS would impose work requirements, monthly premiums, and other costly provisions on to Medicaid enrollees. The Virginia COMPASS proposal will be burdensome for all involved—individuals and families as well as the state—and will lead to tens of thousands of Virginians losing health coverage through the Medicaid program.

Work requirements address a problem that doesn't exist. In 2016, 60 percent of adults 19 to 64 on Medicaid who were not on Supplemental Security Income were already working. These people earn low wages or work for small businesses that don't provide insurance.

Those on Medicaid who aren't working can't, for reasons that include attending school, being disabled or taking care of a sick family member.

A test program in Arkansas shows how hard it is merely to inform people about new incentives, let alone get them to act.

Arkansas' adoption of work requirements for Medicaid recipients, resulting in the loss of health coverage for 4,300 people, highlights why other states should abandon plans to use this flawed approach, which flies in the face of common sense and violates Medicaid's core mission.

The Arkansas demonstration project is testing whether a work requirement can help encourage more low-income people to work, volunteer or go to school and improve their financial prospects. The early results suggest that the incentives may not work the way officials had hoped. Arkansas officials, trying to minimize coverage losses, effectively exempted two-thirds of the eligible people from having to

report work hours. Our concern is that evidence from a range of social programs — including Medicaid—demonstrates that administrative hurdles can cause eligible people to lose benefits.

Also, a group in Kentucky recently won a lawsuit challenging the legality of Medicaid work requirements: https://protect-us.mimecast.com/s/V-eGCL95PnTQBA4LIBZa8_?domain=nytimes.com. Why should Virginia go down that path?

Work requirements the state of Kentucky was planning to demand was found to be illegal, running counter to Medicaid's purpose — to ensure that low-income people have access to decent care. The lawsuit also contended that such requirements would imperil the plaintiffs' health by depriving them of the only medical insurance they could afford. The new rules, which would have stripped recipients of their benefits if they failed to meet monthly hours-worked quotas and strict reporting standards, were simply oblivious to the realities of low-wage living in Kentucky, and America in general.

Medicaid must be implemented because health care is a human right not an earned privilege. The argument that work requirements will help contain costs and keep Medicaid afloat seems fair enough. But work requirement programs will not be cheap. Kentucky officials said their work requirement approach would save the state \$2.4 billion in the first five years, but nearly half of that savings would be spent ensuring that the state's million-plus Medicaid recipients comply with the new rules.

Even the basic ideological argument for work requirements — that people should earn their government benefits — does not add up. Kentucky has indicated that a clear majority of Medicaid recipients who can work already *do* work. Of the working-age Medicaid recipients who are not employed, the vast majority have physical limitations or provide full-time care to young or elderly family members; just a fraction of them are able to hold jobs but are currently unemployed, according to recent reports. And most of those are actively looking for work.

We know that punitive work requirements are not effective. During welfare reform under Presidents Ronald Reagan and Bill Clinton, similar edicts disrupted people's benefits without improving their employment prospects. In the Trump era, it has been repeatedly estimated that more working people would be culled from Medicaid's rosters over paperwork violations than nonworking people for failing to find jobs.

"Work First" must be scrapped. Medicaid recipients should be helped to secure decent jobs without threatening their health insurance. In 2015, Montana implemented a bipartisan, state-funded employment initiative that offers Medicaid recipients a range of services, including career counseling, on-the-job training and tuition assistance. The program is voluntary — people can sign up when they enroll in Medicaid — and it's paired with targeted outreach so that those who stand to benefit most from the program are aware of their options. To date, over 22,000 Montanans have participated, and employment among nondisabled Medicaid recipients is up 9 percent in the state.

A state's deepest values are reflected in how it treats its most vulnerable citizens. So, as you consider the future of Medicaid, state officials must ask themselves: Is this how Virginia is going to be?

As previously noted and in summary, all Virginians won a major victory this year for Virginia families—expanding access to good, affordable health care for nearly 400,000 Virginians. Now, we need to protect this victory. In federal law, Medicaid is available to everyone who falls below the income level the state chooses. Virginia's waiver adds other barriers in addition to income. If implemented, Virginia COMPASS would impose work requirements, monthly premiums, and other costly and oppressive provisions on to

Medicaid enrollees.

As noted above and deserving of reiterating, work requirements have the effect of kicking people out of the program, people who really need it. That's why a federal judge in Kentucky struck down their work requirements. Then in Arkansas, work requirements have led to 4,300 people being kicked off Medicaid. Most of those people were eligible for the program. They just weren't able to do the online documentation that is required to keep track of whether people are working.

Creating the red tape for work requirements is expected to cost Virginians \$25 million. Wouldn't it be wiser to put that money into health care itself?

Please stop this wasteful part of the law from going into effect!

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 8, 2018 at 2:21 PM
Subject: Written Testimony regarding 1115 Demonstration Waiver (Virginia Compass).
To: <1115Implementation@dmas.virginia.gov>

Cc: [REDACTED] <[REDACTED]>

Testimony from:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

To whom it may concern:

The Virginia COMPASS proposal will lead to a loss of health care coverage

The Virginia COMPASS proposal fails to promote health and wellness.

The new requirements will reduce the number meet the eligibility requirements. Estimates show that more than 25,000 fewer Virginians will have health coverage through Medicaid due to the new requirements.

Taking away health coverage that saves and protects lives does not create stronger and healthier families and communities. The already vulnerable more vulnerable.

Work requirements are costly and do not support the purpose of Medicaid

It is estimated that starting a work requirement program will cost Virginia more than \$25 million.

Virginia would incur costs to enforce a requirement that the vast majority of enrollees already comply with or will be exempt from.

Work requirements in other states have failed to increase long-term employment or improve general welfare.

A group in Kentucky recently won a lawsuit challenging the legality of Medicaid work requirements: <https://www.nytimes.com/2018/07/07/opinion/sunday/do-poor-people-have-a-right-to-health-care.html>. Why should Virginia go down that path?

The Virginia COMPASS proposal is overly complex and burdensome

The Trump administration argues that imposing work requirements for Medicaid is an incentive that can help lift people out of poverty. But a test program in Arkansas shows how hard it is merely to inform

people about new incentives, let alone get them to
act: https://www.nytimes.com/2018/09/24/upshot/one-big-problem-with-medicaid-work-requirement-people-are-unaware-it-exists.html?em_pos=small&emc=edit_up_20180924&nl=upshot&nl_art=1&nlid=65521909emc%3Dedit_up_20180924&ref=headline&te=1.

There are too many complex requirements for many enrollees to contend with, such as monthly premiums and contributions to a health and wellness account.

Enrollees in states with similar requirements found that they are confusing and financially burdensome and can lead to loss of coverage-e.g, Kentucky and Arkansas.

Virginia should not add more red tape to the Medicaid program or force families to pick between taking care of their health care needs and putting food on the table for their families.

Regards,

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 8, 2018 at 2:48 PM
Subject: RE: Virginia COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

This letter is in opposition to the burdensome requirements proposed for Virginians with Medicaid in Virginia. I hope you will take my views into account. Some mental illnesses, especially if they are untreated, make it very difficult for someone to comply with this proposal - resulting in their losing access to care. This could easily spiral into much more expensive treatments and hospitalizations.

Monthly premiums would cause many people to lose health care coverage. Medicaid is meant to be an accessible health plan for the people that need it most and provide them with access to care. It is also difficult to imagine that the administrative burden is worth the amount of money collected. I sincerely hope that the public comments will be taken into consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 8, 2018 at 10:08 PM
Subject: NO Medicaid Waiver
To: <1115Implementation@dmas.virginia.gov>

I am not interested in yet another bureaucracy to manage the burdensome regulations around having to work in order to get Medicaid. People who are poor should get Medicaid coverage and not have burdensome and expensive work requirements. This is about healthcare, which everyone needs, whether they work or not. I am thankful that the public was given this important opportunity to comment.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 8, 2018 at 10:17 PM
Subject: Comments Against Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

Virginia's proposed changes to the Medicaid program will undermine its effective implementation. Health insurance and a person's overall health are linked together. We should do everything possible to ensure people have ongoing coverage; otherwise, the ambition to have people become employed and stay employed is not going to be realized. Access is the key to our success with the Medicaid program and it needs to be the first priority for it. Please do take these concerns into consideration and make changes to this draft.

[REDACTED]

From: [REDACTED] <[REDACTED]>

Date: Tue, Oct 9, 2018 at 9:38 AM

Subject: My letter on work requirements waiver

To: <1115Implementation@dmas.virginia.gov>

Approval of the 1115 Medicaid waiver by the federal government, sought by the Virginia General Assembly, will impose work requirements, monthly premiums and other provisions on enrollees, and impose intolerable burdens on families and individuals, and will likely lead to many of our vulnerable fellow citizens losing their only health coverage—Medicare.

[REDACTED]

Mr.

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 9, 2018 at 9:50 AM
Subject: DMAS – Virginia Compass Waiver
To: <1115Implementation@dmass.virginia.gov>

This is very simple: Virginia should take care of our residents, regardless of their ability to work. Work requirements are cruel and unnecessary - all Virginians deserve healthcare and should have it, full stop.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 9, 2018 at 11:11 AM
Subject: Opposition to Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

Thank you for considering my views in opposition to onerous and bureaucratic healthcare restrictions and co-pays as Virginia takes the important step of expanding Medicaid access to poor families and individuals. Healthcare should be a right, not a privilege. Healthcare is also an important public policy goal, restricting its access hurts us all by expanding the risk of infectious diseases, raising insurance rates and damaging the economic viability of hospitals required to serve the uninsured.

While we all want Virginians employed to their capability, tying healthcare access to evidence of employment and hours of employment does more to create barriers to care than it does pathways to employment. Furthermore, requiring co-pays even at modest levels for Virginia's poorest residents will do more to discourage needed care than it will to fill the Commonwealth's coffers, a burden that shouldn't be placed on the backs of the poorest. Most of the 400,000 Virginians who will be gaining access to health coverage are already working or waived from doing so.

Let's let DMAS do what it's supposed to - provide access to those in need for vital health services.

Thank you for considering my comments.

[REDACTED]

Ms.

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 9, 2018 at 11:34 AM
Subject: My comments on DMAS waiver
To: <1115Implementation@dmas.virginia.gov>

Virginia's proposed changes to the Medicaid program will undermine its effective implementation. The proposed changes to Medicaid could deny health insurance to sick individuals when they are most in need. I do not support this approach that creates barriers to access. Please take my thoughts and concerns into consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 9, 2018 at 12:12 PM
Subject: Commenting on Virginia Compass
To: <1115Implementation@dmas.virginia.gov>

As a Virginian and health care provider, I do not support the changes outlined in Virginia's 1115 Medicaid waiver draft. Work requirements do not help families with basic needs or improve their health. There is some evidence that shows that work requirements can actually make it harder for people to find work. This is not good policy. Please keep the best interest of Virginia's working families in mind as you consider my thoughts.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 9, 2018 at 12:15 PM
Subject: Virginia COMPASS Waiver Application
To: <1115Implementation@dmas.virginia.gov>

This email is in opposition to some requirements proposed in Virginia's Medicaid waiver. I hope you will take my views under advisement. Adding monthly premiums will not create savings for Virginia; it will only discourage people from getting the care they need. This component of the proposed COMPASS waiver does not take into account that low income people are under serious financial stress already.

If someone has a disease or long-term health issue they need consistent access to care. It is not very valuable to provide off and on coverage. I am hopeful that you take my comments into consideration and make the necessary changes.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 9, 2018 at 12:20 PM
Subject: My letter on work requirements waiver
To: <1115Implementation@dmas.virginia.gov>

The comments in this email should be considered in relation to Virginia's Medicaid waiver application. The red tape and bureaucracy surrounding the COMPASS program will throw people off Medicaid. People that are following the rules will suffer due to the complicated system that COMPASS is creating. Our son is disabled and not employable.

As people try to understand the process involved with this new Medicaid program, they realize they may have a challenge in proving compliance. Because of that, many may decide not to enroll even if they have or are pursuing work. I trust you will take these thoughts and comments into consideration as this process continues.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 9, 2018 at 12:27 PM
Subject: Commenting on Virginia Compass
To: <1115Implementation@dmas.virginia.gov>

This is regarding my concerns surrounding the waiver draft for the Medicaid program in Virginia. Those who qualify for Medicaid need it to maintain consistent healthcare. If it were not for Medicaid hundreds of thousands of people would not have any access. We should not have a program that diminishes access.

The cost of monitoring compliance and diminished value of only having healthcare coverage some of the time makes it unjustifiable. That money would be better used in true workforce training efforts and the Medicaid program should focus only on providing access to coverage for those who qualify. Please keep the best interest of Virginia's working families in mind as you consider my thoughts.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 9, 2018 at 12:59 PM
Subject: Virginia COMPASS Waiver Application
To: <1115Implementation@dmas.virginia.gov>

I oppose the proposed 1115 Medicaid Waiver in Virginia and would like to make a public comment about it. Medicaid's mission is to provide health coverage to low-income people so they can obtain the services and treatments they need. By making access more difficult than necessary this proposal works against the mission.

The cost of monitoring compliance and diminished value of only having healthcare coverage some of the time makes it unjustifiable. That money would be better used in true workforce training efforts and the Medicaid program should focus only on providing access to coverage for those who qualify. I am pleased to offer these comments and hope you will consider them.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 9, 2018 at 1:24 PM
Subject: Commenting on Virginia Compass
To: <1115Implementation@dmas.virginia.gov>

This comment is directed toward certain aspects of Virginia's Medicaid waiver application. The Medicaid population often suffers from language barriers, disabilities, mental illness, insecure work, frequent moves, and homelessness. All these factors create significant challenges to successfully navigate growingly complicated government programs.

While monthly premiums may seem insignificant to some people, to the very poor they can be a real barrier that prevents them from accessing quality healthcare when they need it. That runs counter to the whole purpose of the Medicaid program in Virginia. Please keep the best interest of Virginia's working families in mind as you consider my thoughts.

[REDACTED]

--None--

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 9, 2018 at 1:32 PM
Subject: Virginia COMPASS Waiver Application
To: <1115Implementation@dmas.virginia.gov>

Please consider the following concerns surrounding the waiver for the VA Medicaid program. All the new barriers in this proposal mean that there will be gaps in healthcare coverage that deny people the opportunity to access care when they should. This works against everything the program was supposed to achieve. Thank you for allowing the public to comment.

[REDACTED]

Retired Prince William School System

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 9, 2018 at 1:38 PM
Subject: Proposed Virginia COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

I oppose the proposed 1115 Medicaid Waiver in Virginia and would like to make a public comment about it. Monthly premiums included in the waiver could possibly lead to medical debt that many people on Medicaid can afford. This should not be an outcome for many individuals in the program.

Those who qualify for Medicaid need it to maintain consistent healthcare. If it were not for Medicaid hundreds of thousands of people would not have any access. We should not have a program that diminishes access. Thanks for taking the time to read my comments.

[REDACTED]

Union Mission Ministries

From: [REDACTED] <[REDACTED]>

Date: Tue, Oct 9, 2018 at 2:22 PM

Subject: Comments about Virginia Compass

To: <1115Implementation@dmas.virginia.gov>

The following comments are in regard to the proposed Medicaid waiver application to the federal government. Charging people to participate defeats the purpose of expanded Medicaid coverage. We must keep Medicaid affordable for lower income families. They depend on affordable health care to keep working and stay healthy.

The proposed changes to Medicaid could deny health insurance to sick individuals when they are most in need. I do not support this approach that creates barriers to access. Thank you for your work on behalf of the Commonwealth and taking my comments into consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 9, 2018 at 3:29 PM
Subject: Responding to waiver proposal
To: <1115Implementation@dmas.virginia.gov>

As an advocate for expanded healthcare coverage, I am writing to you regarding my concerns with this waiver application. Please give consideration to my views. Without ongoing coverage, someone that has a treatable illness may still be suffering. As a result, they are denied the opportunity to benefit from treatments for common conditions like high blood pressure. The lack of access has serious consequences.

Among Medicaid enrollees who are not working, many have impediments to employment, including illness, disability or caregiving responsibilities. The number of those who could get a job as a result of the program is very small. Please do take these concerns into consideration and make changes to this draft.

[REDACTED]

Virginia Organizing

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 9, 2018 at 3:44 PM
Subject: Proposed Virginia COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

I certainly hope that most people who are gaining access to healthcare and who can work will work. A great many who need this assistance are working as much as they can already, but the work requirement has proved irrelevant to that goal in other jurisdictions, detrimental, in fact. Access to health care is very important, that is why I am commenting on this proposed change. As people become aware of the waiver and try to understand their intricacies, the challenge of having to prove compliance may cause Virginia residents not to participate even if they are pursuing work. That could even jeopardize the continued participation in the work some are pursuing now if their health needs become overwhelming. Many who don't get the healthcare they need at a basic level now are likely to cost the Commonwealth much more in required services to them and their families if their untreated conditions become much worse. Work requirements are well-intended but seem to defeat their intended purpose.

We all need our neighbors in want of healthcare to be encouraged to get it without having to face discouraging hurdles so that they can be the best people in our communities they can be. Thank you for your work on behalf of the Commonwealth and for taking my comments into consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 9, 2018 at 3:53 PM
Subject: Responding to waiver proposal
To: <1115Implementation@dmas.virginia.gov>

This is regarding my concerns surrounding the waiver draft for the Medicaid program in Virginia. People who have good healthcare coverage see a doctor regularly. If there are monthly premiums required, people will try to avoid using healthcare. While the cost seems small to some it will be a barrier to getting care for low income people. I sincerely hope that the public comments will be taken into consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 9, 2018 at 4:02 PM
Subject: NO Medicaid Waiver
To: <1115Implementation@dmas.virginia.gov>

I am opposed to certain new burdens included in proposed COMPASS Medicaid program. The Medicaid program provides critical access to prevention, treatment, disease management, and care coordination services. It keeps people from becoming seriously ill and not being able to care for themselves or their family.

For a large majority of Medicaid recipients in our state who already work or face serious barriers to employment, Medicaid work requirements will have very little benefit for them. Instead, this proposal will add more roadblocks for Virginians to get and keep the health coverage they need. Thank you for taking these concerns into consideration. I hope you will make changes to this proposal.

[REDACTED]
Virginia Organizing

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 9, 2018 at 4:21 PM
Subject: Regarding Virginia COMPASS Application
To: <1115Implementation@dmas.virginia.gov>

This email is in opposition to some requirements proposed in Virginia's Medicaid waiver. I hope you will take my views under advisement. In states with requirements like the ones in this proposal, the results were that nearly half of the new adults enrolled in Medicaid expansion ended up losing coverage. Virginia needs a program that has a better success rate than that. Removing some of the proposed restrictions would help to improve access. Thank you for the opportunity to share these insights.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 9, 2018 at 4:36 PM
Subject: Against Proposed VA 1115 Waiver
To: <1115Implementation@dmas.virginia.gov>

Medicaid is a critical resource for those who do not have the means to access basic health care. The elements of Virginia's waiver application proposing to impose work requirements and complicated co-pay structures on Medicaid recipients will only serve to undermine the very purpose of the Medicaid program. Numerous studies have shown that work requirements have little impact and are generally imposed solely to garner political points with those who do not believe government has a role in ensuring everyone has access to health care. Similarly, complicated co-payment requirements are often counterproductive. Instead of ensuring people who can work have the healthcare they need to maintain employment, these requirements can result in the termination of the very services needed to keep someone healthy and on the job or caring for their children or elders.

Every Virginia benefits when his or her neighbors has access to healthcare. Please reject these punitive elements of the waiver that will only make all of us more vulnerable. Thanks for taking the time to read my comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 9, 2018 at 4:37 PM
Subject: My comments on DMAS waiver
To: <1115Implementation@dmas.virginia.gov>

My oldest daughter is on Medicaid. She has a schizo-affective disorder and is not able to go outside her home some days. She is in no condition to work. A work or volunteer requirement is unreasonable for the people that need the Medicaid due to chronic illnesses. There is too much of a financial gap between those who can afford health insurance and the people who do not have any access to health insurance in our state. Virginia needs to provide health care to all its residents so that the McDonalds minimum wage workers have a resource for health care when it is needed so that they don't end up jobless + without health care.

The comments in this email should be considered in relation to Virginia's Medicaid waiver application. The cost of implementing the work requirement in this program is unreasonable compared to the small group of people it affects. Virginia needs to spend \$25 million to implement something that is not even part of the goal of Medicaid. That is an unjustifiable amount that could be better spent in a variety of ways. Thank you for your time.

[REDACTED]

NAMI Mid-Tidewater Affiliate

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 9, 2018 at 4:47 PM
Subject: New Medicaid waiver comments
To: <1115Implementation@dmas.virginia.gov>

I am writing with regard to Virginia's COMPASS program and my opposition to certain components of it. Losing healthcare would be catastrophic for families. I believe Medicaid should provide coverage for families not take them away.

Monthly premiums would lead to a lot of people losing coverage. Medicaid is meant to be an accessible health plan for the people that need it most and provide them with access to care in less expensive ways than an emergency room. Please consider my comments on this proposed program.

Those who rely on and covered by Medicaid are already suffering from keeping their health and finance afloat. Government's one of the most important responsibilities is to protect those who are in needs. COMPASS program will be a hurdle for those who need the current MEDICAID coverage.

[REDACTED]

NAMI Virginia Beach

From: [REDACTED] <[REDACTED]>

Date: Tue, Oct 9, 2018 at 4:53 PM

Subject: Issues with Virginia 1115 Waiver

To: <1115Implementation@dmas.virginia.gov>

The comments below, describe my concerns about and opposition to the proposed changes to Virginia's Medicaid program. Medicaid's mission is to provide health coverage to low-income people so they can obtain the services and treatments they need. By making access more difficult than necessary this proposal works against the mission. Thank you taking all of my comments under consideration.

This is important to many people who depend on Medicaid for their health care. Added burdens do not help anyone!!

Thank you for listening to my comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 9, 2018 at 4:54 PM
Subject: New Medicaid waiver comments
To: <1115Implementation@dmas.virginia.gov>

I am opposed to certain new burdens included in proposed COMPASS Medicaid program. The Medicaid population faces multiple challenges. They can face language barriers, disabilities, mental illness, insecure work, and homelessness. All these issues create difficulties when asked to comply with complicated government programs. The result of this can be that access is not improved at all.

The work requirement affects very few people. This means that the state would incur major additional expenses and administrative work to enforce a requirement that the vast majority of people are complying with already or are unable to. Thanks for considering my thoughts on this waiver application.

[REDACTED]

Virginia Interfaith Center For Public Policy

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 9, 2018 at 5:33 PM
Subject: concerns about Virginia COMPASS program
To: 1115Implementation@dmas.virginia.gov <1115Implementation@dmas.virginia.gov>

I have been a Virginia resident since 1988. I was thrilled when Virginia finally voted to expand Medicaid in Virginia. I am lucky - I am retired from a large corporation, and have both a pension and healthcare; healthcare should not be a matter of luck - all should receive healthcare!

However, the Virginia COMPASS proposal will lead to a loss of healthcare coverage by the most vulnerable of our citizens. Work requirements are costly and do not support the purpose of Medicaid. Adding more red tape to this vital program is costly, wasteful, and counterproductive. Let's provide healthcare coverage for as many Virginians as we can!!

Thank you,

[REDACTED]

[REDACTED]

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 10, 2018 at 7:13 AM
Subject: My comments on DMAS waiver
To: <1115Implementation@dmas.virginia.gov>

As someone who believes access to health care is critical, I write in opposition to some of the changes to Virginia's Medicaid program proposed in this draft. Work requirements are a bad move for Virginians. There are many examples for Virginia to learn from. While these requirements sound great to some people, other safety net programs that have these requirements do not succeed in helping people find jobs or make ends meet.

Without ongoing coverage, someone that has a treatable illness may still be suffering. As a result, they are denied the opportunity to benefit from treatments for common conditions like high blood pressure. The lack of access has serious consequences. Please make the right changes to the Medicaid waiver proposal.

[REDACTED]

Baptist General Convention Of Virginia

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 10, 2018 at 7:16 AM
Subject: New Medicaid waiver comments
To: <1115Implementation@dmas.virginia.gov>

Virginia's proposed changes to the Medicaid program will undermine its effective implementation. The many barriers in this Medicaid proposal mean that there will likely be gaps in healthcare coverage that deny people the opportunity to access care. This works against what the program was supposed to achieve.

Virginians should not be penalized if their health condition prevents them from working, particularly in a manner that takes away health coverage and access to treatments and services. This proposed work requirement punishes people with poor health. Please do take these concerns into consideration and make changes to this draft.

[REDACTED]

The Commonwealth Institute For Fiscal Analysis

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 10, 2018 at 7:19 AM
Subject: RE: Virginia COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

It is clear from the experiences of other states that work requirements and premiums tied to Medicaid inevitably lead to loss of coverage, worse health outcomes, and do not lead to self-sufficiency. These results are opposed to the intentions of 1115 waivers. While the theoretical idea exists among some that people who have employer sponsored insurance have better health outcomes and therefore steering Medicaid enrollees towards this type of coverage is advantageous, in practice, work and added cost-requirements lead to people being less able to engage in work. Surveys consistently show having health coverage is a work support. Therefore, taking it away does not help a person secure employment and move onto employee sponsored insurance. Likewise, losing coverage because of paperwork or costs does not support health and workforce preparedness.

The state of Virginia and CMS should acknowledge that this proposed waiver falls far outside the parameters of 1115 waiver guidance, and it's clear to health researchers everywhere that the intentions of this approach is to prevent access to Medicaid coverage for people who are entitled to it.

[REDACTED]

The Commonwealth Institute

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 10, 2018 at 7:19 AM
Subject: COMPASS objections
To: <1115Implementation@dmas.virginia.gov>

I am opposed to the new burdens proposed to be included in the Medicaid program. Many Virginians lose employment because they are sick and do not have access to care. This is a serious problem that this expansion is supposed to address. Instead, we have potential barriers to access that work against hardworking people.

The federal government has stated that it will not provide states with Medicaid funding to finance job related services for individuals. This will put all of the responsibility on Virginia to provide things like job training, child care, transportation, and other programs to help people to meet the proposed requirement. Poor people cannot afford this. Please keep the best interest of Virginia's working families in mind as you consider my thoughts.

[REDACTED]

Region Ten CSB

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 10, 2018 at 7:23 AM
Subject: My letter on work requirements waiver
To: <1115Implementation@dmas.virginia.gov>

I would like to make a public comment about the proposed 1115 Medicaid waiver. Virginia should not to go down this path. Looking at what is happening in other states shows little success and high costs. Work requirements simply do not work. Thank you for the opportunity to share these insights.

[REDACTED]

Virginia Organizing

From: [REDACTED] <[REDACTED]>

Date: Wed, Oct 10, 2018 at 7:23 AM

Subject: Writing about Virginia COMPASS

To: <1115Implementation@dmas.virginia.gov>

These comments are about the Commonwealth's Medicaid waiver application. I appreciate your taking them into consideration. So many factors in this proposed program put access to care at risk. There is no reason for this to be the case. Parts of this plan that call access into question must be removed in order for it to be effective.

Virginia has an opportunity to offer affordable healthcare to all, but monthly premiums would deny us that opportunity by creating a cost that people might not be able to afford. That would mean the program is a failure. I hope we will not undermine our own program by adding these costs. Thank you for your time.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 10, 2018 at 7:27 AM
Subject: My concerns about the Virginia COMPASS program
To: <1115Implementation@dmas.virginia.gov>

This email is in opposition to some requirements proposed in Virginia's Medicaid waiver. I hope you will take my views under advisement. Work requirements have little to do with the intent of Medicaid and may actually interfere with it by creating new difficulties.

The responsibility will be solely on Virginia to provide things like job training, child care, transportation, and other programs to help people to meet the proposed work requirement. Please take the public's comments into consideration.

[REDACTED]

Episcopal Diocese Of Virginia

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 10, 2018 at 7:36 AM
Subject: Issues with Virginia 1115 Waiver
To: <1115Implementation@dmas.virginia.gov>

As a Virginian who cares about expanding healthcare coverage, I am writing to you regarding my concerns with the COMPASS waiver application. Please give consideration to my views. If a low-wage worker has inconsistent hours or an insecure job they may fail to keep up with the requirements and lose healthcare. If that results in an inability to work at all the program will have failed to help the exact situation the expansion was supposed to improve. Thanks for taking the time to read my comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 10, 2018 at 7:41 AM
Subject: Writing about Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

The comments in this email should be considered in relation to Virginia's Medicaid waiver application. Many Virginians lose employment because they are sick and do not have access to care. This is a serious problem that this expansion is supposed to address. Instead, we have potential barriers to access that work against hardworking people.

Many adults on Medicaid are working part-time jobs or for places that have an inconsistent workload. That is why it will be very difficult for these deserving people to meet the rules of this proposed work requirement. This requirement does not change the number of hours available to a worker and punishes them for taking whatever work is available to them. The Commonwealth needs to make improvements to this draft. Thank you for taking my comments into consideration.

For many people, Medicaid is necessary to cover their costs of healthcare, including mental health care services. Some are unable to work due to their re-occurring health conditions. To require these people to work would be either asking the impossible or going against their doctors orders or recommendations. This Medicaid Waiver presumes to take the place of the doctor/medical staff in a doctor-patient relationship, and is highly prejudicial against the poor. If implemented, this waiver will cost Virginians far more than it is worth, and it would not solve the imagined problem that it says exists.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 10, 2018 at 7:50 AM
Subject: Proposed Medicaid Waiver Application
To: <1115Implementation@dmas.virginia.gov>

This comment is in relation to the Medicaid waiver that was proposed by DMAS. There are several new requirements proposed that I oppose. Those who qualify for Medicaid need it to maintain consistent healthcare. If it were not for Medicaid hundreds of thousands of people would not have any access. We should not have a program that diminishes access.

And in the long run we all pay anyway. I want hospitals to be reimbursed for the services they provide - not having to turn people away who have no way to pay, or serving them and going into debt.

Thank you taking all of my comments under consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 10, 2018 at 9:55 AM
Subject: Regarding Virginia COMPASS Application
To: <1115Implementation@dmas.virginia.gov>

This comment is concerning the troubling requirements that Virginia proposes for Medicaid. The proposed changes to Medicaid would take away health insurance from sick individuals when they need it most. I do not support this approach. Virginians should have easy access to the right care.

The work requirement means that the state would incur major additional expenses and administrative work to enforce something that the majority of people are already complying with. Please keep the best interest of Virginia's working families in mind as you consider my thoughts.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 10, 2018 at 9:59 AM
Subject: COMPASS objections
To: <1115Implementation@dmas.virginia.gov>

The subject of my letter is the Commonwealth's proposed Medicaid waiver application which includes too many complicated burdens. The cost of the work requirement in the program is huge compared to the small group of people it addresses. The estimate is that [REDACTED] would have to spend \$25 million to implement something that affects about one percent of the enrollees.

Virginia's application does not further the goals of the Medicaid program. Instead, it limits access to care for an extremely vulnerable population. Thank you for considering my thoughts. I believe Virginia can do better than this.

[REDACTED]

PWC Democratic Immigrant Caucus

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 10, 2018 at 10:15 AM
Subject: My comments on DMAS waiver
To: <1115Implementation@dmas.virginia.gov>

Please consider the following concerns surrounding the waiver for the VA Medicaid program. Monthly premiums would lead to a lot of people losing coverage. Medicaid is meant to be an accessible health plan for the people that need it most and provide them with access to care in less expensive ways than an emergency room.

Many Virginians depend on Medicaid when they are sick and need help. Implementing this proposed waiver would mean taking away health care when people are most vulnerable. If someone has low income and becomes ill and cannot work that is not the time to take away their coverage. Thank you for the opportunity to share these insights.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 10, 2018 at 10:33 AM
Subject: My comments on DMAS waiver
To: <1115Implementation@dmas.virginia.gov>

The comments in this email should be considered in relation to Virginia's Medicaid waiver application. Access to health coverage is important no matter who you are. This proposal would kick people off of Medicaid when they may need it the most. The state should aim to do no harm, but the draft proposal makes it clear that people will lose coverage.

The proposed waiver is attempting to solve a problem that does not exist, as most working-age adults on Medicaid are employed. We should be focused on making the lives of working low-income people better, not more difficult. Thank you for your work on behalf of the Commonwealth and taking my comments into consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 10, 2018 at 10:48 AM
Subject: Comments opposing Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

I would like to make a public comment about the proposed 1115 Medicaid waiver. Many employed Virginians do not make enough income to pay for essential needs. That is why adding costs to get Medicaid coverage is a bad idea. Healthcare sometimes seems like something that can be delayed or avoided in order to pay another bill, this will result in many newly eligible Virginians losing coverage or delaying treatment until it is an emergency. This does not improve the circumstances of working families.

Employment opportunities vary across the Commonwealth. This proposal makes no allowance for the job market in a particular community. Also other difficulties such as language barriers, transportation, and access to childcare are not issues addressed in this proposal. It is unfair to assume that those who are not working simply do not want to. I trust you will take these thoughts and comments into consideration as this process continues.

[REDACTED]

Muhlenberg Lutheran Church

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 10, 2018 at 10:54 AM
Subject: COMPAS work requirements
To: <1115Implementation@dmas.virginia.gov>

- The Virginia COMPASS proposal fails to promote health and wellness.
- The new requirements will reduce the number meet the eligibility requirements. Estimates show that more than 25,000 fewer Virginians will have health coverage through Medicaid due to the new requirements.
- Taking away health coverage that saves and protects lives does not create stronger and healthier families and communities. The already vulnerable more vulnerable.

Work requirements are costly and do not support the purpose of Medicaid

- It is estimated that starting a work requirement program will cost Virginia more than \$25 million.
- Virginia would incur costs to enforce a requirement that the vast majority of enrollees already comply with or will be exempt from.
- Work requirements in other states have failed to increase long-term employment or improve general welfare.
- A group in Kentucky recently won a lawsuit challenging the legality of Medicaid work requirements. Why should Virginia go down that path?

The Virginia COMPASS proposal is overly complex and burdensome

- The Trump administration argues that imposing work requirements for Medicaid is an incentive that can help lift people out of poverty. But a test program in Arkansas shows how hard it is merely to inform people about new incentives, let alone get them to act:
- There are too many complex requirements for many enrollees to contend with, such as monthly premiums and contributions to a health and wellness account.
- Enrollees in states with similar requirements found that they are confusing and financially burdensome and can lead to loss of coverage-e.g, Kentucky and Arkansas.
- Virginia should not add more red tape to the Medicaid program or force families to pick between taking care of their health care needs and putting food
- Thank you for considering these thoughts.
- [REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 10, 2018 at 10:56 AM
Subject: Commenting on Virginia Compass
To: <1115Implementation@dmas.virginia.gov>

I am commenting on the new Virginia COMPASS medicaid waiver. Job requirements have a poor record in meeting their goals. Examples of this from other safety net programs like TANF can be found in Virginia. This proposal would not ensure that people are employed long-term and they can make it harder for some people to find work. We should avoid adding red tape and a new, expensive, complicated program.

The goal of Medicaid is to give coverage to those who need it. Access to care is so important that it is difficult to understand why Virginia's program threatens it needlessly. We want people to get the care that they need. Thank you for allowing me to offer my thoughts on this proposal.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 10, 2018 at 11:19 AM
Subject: New Medicaid waiver comments
To: <1115Implementation@dmas.virginia.gov>

The subject of my letter is the Commonwealth's proposed Medicaid waiver application which includes too many complicated burdens. The goal of Medicaid is to give coverage to those who need it. Access to care is so important that it is difficult to understand why Virginia's program threatens it needlessly. We want people to get the care that they need.

Medicaid is a program to help people in need get care they can afford. The premium required in the waiver would mean Virginia is charging patients a monthly premium they are unlikely to be able to afford. Other states are not doing this and there are good reasons for that. I oppose implementing these changes because it will keep the program from working well. I am grateful for the opportunity to offer comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 10, 2018 at 11:27 AM
Subject: Proposed Virginia COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

I am writing about the Medicaid waiver Virginia is preparing to file that will erect new barriers to getting low-income people access to health insurance coverage and care. The fact is many people with low incomes have housing challenges, have to move frequently, and might even be homeless. Living conditions like these make it hard to comply with programs that have demands like the reporting requirements and other things Virginia is proposing. It is likely that this group of Virginians would still end up without coverage.

Instead, Virginia should learn from the experiences of other states. In places that have implemented work requirements, residents lose health coverage. And, of course, when you don't have access to regular care, it can make it harder to maintain employment. Virginia should not go down this path because healthy Virginians are the foundation of our strong economy.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 10, 2018 at 11:50 AM
Subject: Problems with COMPASS
To: <1115Implementation@dmas.virginia.gov>

This comment is directed toward certain aspects of Virginia's Medicaid waiver application. The purpose of expanding Medicaid is to encourage people to access healthcare on a consistent basis and maintain good health so they can remain working and productive. By adding monthly premiums, we are creating a barrier that will be too high for many people.

All the new barriers in this proposal mean that there will be gaps in healthcare coverage that deny people the opportunity to access care when they should. This works against everything the program was supposed to achieve. I trust you will take these thoughts and comments into consideration as this process continues.

[REDACTED]

Virginia Organizing Harrisonburg

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 10, 2018 at 12:14 PM
Subject: My concerns about the Virginia COMPASS program
To: <1115Implementation@dmas.virginia.gov>

I am writing to you today regarding Virginia's Medicaid waiver proposal, I oppose the aspects of this program that create new burdens on people who are already struggling. Many people with low incomes have to move frequently and might even be homeless. These living conditions make it hard to comply with programs that have demands like this so this group of Virginians would still end up without coverage. Please consider my comments on this proposed new program.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 10, 2018 at 12:35 PM
Subject: Comments Against Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

I offer the following comments concerning the proposed changes to Virginia's Medicaid program. The two most common occupations for adults in Virginia who could qualify for Medicaid under expansion are food services and construction - which can be seasonal and are prone to irregular hours. That could result in someone falling out of compliance even though they remain employed.

If someone has a disease or long-term health issue they need consistent access to care. It is not very valuable to provide off and on coverage. Please take my thoughts and concerns into consideration.

[REDACTED]

People's Caravan For Medicaid Expansion

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 10, 2018 at 3:03 PM
Subject: Writing about Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

I am writing to you today regarding Virginia's Medicaid waiver proposal, I oppose the aspects of this program that create new burdens on people who are already struggling. People who have relied on Medicaid for years would now be denied coverage if they fail to comply with work reporting. Many of whom are not technologically savvy could be hurt by this waiver.

Please take the public's comments into consideration. I respectfully ask that you oppose the Medicaid waiver that could reduce coverage for thousands of Virginians if approved.

[REDACTED]

Mount Olivet UMC

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 10, 2018 at 3:04 PM
Subject: DMAS – Virginia Compass Waiver
To: <1115Implementation@dmas.virginia.gov>

Thank you for the opportunity to comment on this important issue. I am writing in opposition to Virginia's 1115 waiver for the COMPASS program. Work requirements do not reflect the realities workers face in low-wage jobs. Seasonal workers may have periods of time each year when they are not working enough hours to satisfy the requirements and they will be on and off the Medicaid program.

The proposed waiver would add new barriers to accessing coverage. These requirements put access to needed care in jeopardy when the point is to take down barriers. Thank you for considering my thoughts. I believe Virginia can do better than this.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 10, 2018 at 3:07 PM
Subject: I oppose COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

Medicaid waiver draft. Some aspects of this proposal will create too many barriers to access. Work requirements and other efforts to deny public supports to try to get people to work have poor results wherever they have been tried. People are unemployed for a variety of reasons that can be complicated. This requirement will just deny people healthcare coverage like it has wherever they have been tried.

The Medicaid population faces multiple challenges. They can face language barriers, disabilities, mental illness, insecure work, and homelessness. All these issues create difficulties when asked to comply with complicated government programs. The result of this can be that access is not improved at all. Please make the right changes to the Medicaid waiver proposal.

As an Emergency Department physician 27 years across the USA, I can tell you it is crucial both financially and health-wise to secure preventative care for all, especially those who cannot afford it. We must do so to decrease Emergency Department crowding. We must do so to decrease the cost and misery of preventable disease presenting too late and costly in terms of the patients' health and viability. It would be foolish to do otherwise. Prevention is 9/10ths of the cure.

Thank you.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 10, 2018 at 3:10 PM
Subject: Virginia COMPASS waiver public comments
To: <1115Implementation@dmas.virginia.gov>

This comment is concerning the troubling requirements that Virginia proposes for Medicaid. People who qualify for Medicaid need reliable health care access just like everyone does. Access to care is important to maintaining a job and living a productive life. There should not be barriers like this proposal contains. Thank you for the opportunity to share these insights.

I will be pleased with a robust Medicaid system that people can count on.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 10, 2018 at 3:13 PM
Subject: Virginia COMPASS Waiver Application
To: <1115Implementation@dmas.virginia.gov>

The current plan for Medicaid expansion in Virginia that includes a requirement for Medicaid recipients to be gainfully employed could have a negative effect on Virginia citizens who are most in need. Low-income citizens face daily continual challenges to maintaining shelter and sustenance. If they also have no transportation, substandard education or no access to affordable health care they are at a serious disadvantage when seeking and retaining employment. Wouldn't it make more sense to provide affordable health care to these individuals? It seems logical that citizens who do not have to worry about paying for health care would maintain better health and be more likely to be able to retain gainful employment.

The current proposal which requires most recipients to work or volunteer 80 hours or more per month creates a "catch 22" for the very small number of Medicaid recipients who will not meet that requirement. If they miss that hourly target over a three month span due to illness, caring for an ill family member, transportation problems or any other reason, they lose their health coverage. If they miss the hourly target due to the fluctuating work schedules assigned by their employer, they lose their health coverage. If they lose their health coverage and become ill or injured, they certainly are not likely to return to gainful employment.

In other states which have tried this approach, individuals experienced difficulty finding employment, and they and their family members, including children, suffered when Medicaid was denied due to unemployment. This is unnecessarily cruel and wrong-headed.

Virginians need to support Virginians. Those of us who have more can pay higher taxes to help pull those who have less out of poverty and help them get the health care they need. We are better than this, and I hope that the work requirements attached to the expansion of Medicaid are dropped.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 10, 2018 at 3:16 PM
Subject: NO Medicaid Waiver
To: <1115Implementation@dmas.virginia.gov>

As someone who believes access to health care is critical, I write in opposition to some of the changes to Virginia's Medicaid program proposed in this draft. Many Virginians lose employment because they are sick and do not have access to care. This is a serious problem that this expansion is supposed to address. Instead, we have potential barriers to access that work against hardworking people. Please take this into account and make changes to COMPASS.

The COMPASS proposal will add unnecessary bureaucracy and red tape, and will not help anyone. Its burdensome requirements are opposed to the main goal of Medicaid, since this will prevent tens of thousands of Virginians from receiving health coverage. COMPASS will cost the state a lot of money and not help anyone. It's cruel and inefficient to add paid employment requirements to a program whose mission is to provide healthcare for low income people. These requirements will only prevent people from receiving the healthcare they need, which in turn will make it harder for them to work in the future. If Virginia wants more people to work, it should create an entirely separate program for job training and career services, not take low income people's healthcare away. 99% of Medicaid enrollees are either working, disabled, caring for children, studying, retired, or looking for work. The vast majority of Medicaid recipients are either already working or seeking work, or else cannot work. So making low income people jump through additional hoops to get healthcare will only hurt people and will not solve any problems.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 10, 2018 at 3:19 PM
Subject: New Medicaid waiver comments
To: <1115Implementation@dmas.virginia.gov>

I am opposed to certain new burdens included in proposed COMPASS Medicaid program. People who have relied on Medicaid for years would now be denied coverage if they fail to comply with work reporting. Many of whom are not technologically savvy could be hurt by this waiver. I hope you will take these thoughts and comments into consideration moving forward.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 10, 2018 at 3:27 PM
Subject: Virginia COMPASS waiver public comments
To: <1115Implementation@dmas.virginia.gov>

This email offers my opinion about changes to Virginia's Medicaid program that I find problematic. Virginia should not invest significant resources implementing new rules that have proven not to be effective. In general work requirements programs have very short-term effects on employment, fail to increase long-term employment and do not help lift people out of poverty. These added rules are counterproductive and unnecessary.

People who have good healthcare coverage see a doctor regularly. If there are monthly premiums required, people will try to avoid using healthcare. While the cost seems small to some it will be a barrier to getting care for low income people. I am thankful for the opportunity to provide this information.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 10, 2018 at 3:30 PM
Subject: My letter on work requirements waiver
To: <1115Implementation@dmas.virginia.gov>

This email offers my opinion about changes to Virginia's Medicaid program that I find problematic. The Medicaid population faces multiple challenges. They can face language barriers, disabilities, mental illness, insecure work, and homelessness. All these issues create difficulties when asked to comply with complicated government programs. The result of this can be that access is not improved at all.

Work requirements and other efforts to deny public supports to try to get people to work have poor results wherever they have been tried. People are unemployed for a variety of reasons that can be complicated. This requirement will just deny people healthcare coverage like it has wherever they have been tried. Thank you for taking these concerns into consideration. I hope you will make changes to this proposal.

[REDACTED]

Mr

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 10, 2018 at 3:34 PM
Subject: RE: Virginia COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

I am writing this email as a person living with Multiple Sclerosis since 1996. I am in opposition to some requirements proposed in Virginia's Medicaid waiver. I hope you will take my views under advisement. Charging monthly premiums will make it harder for people with chronic illness to visit their doctors. Routine visits in order to monitor conditions and receive prescriptions will become too costly which can lead to negative health outcomes.

The purpose of expanding Medicaid is to encourage people to access healthcare on a consistent basis and maintain good health so they can remain working and productive. By adding monthly premiums, we are creating a barrier that will be too high for many people. Comprehensive medical care is a win-win for all. I would welcome the opportunity to address directly any concerns a member has and to explain the harm these requirements pose for the most vulnerable.

Thank you in advance for considering my perspective.

[REDACTED]

NMSS

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 10, 2018 at 3:46 PM
Subject: Arguments against COMPASS
To: <1115Implementation@dmas.virginia.gov>

As an advocate for expanded healthcare coverage, I am writing to you regarding my concerns with this waiver application. Please give consideration to my views. Access to health coverage is important and it helps support work. We should not threaten to take away health coverage from our citizens because they fail to submit the right paperwork on time, they cannot get the hours they need at work, or have a difficult time finding work altogether.

People who qualify for Medicaid need reliable health care access just like everyone does. Access to care is important to maintaining a job and living a productive life. There should not be barriers like this proposal contains. I hope you will take these thoughts and comments into consideration moving forward.

[REDACTED]

United Methodist Church

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 10, 2018 at 3:50 PM
Subject: RE: Virginia COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

As a Virginian, I do not support the changes outlined in Virginia's 1115 Medicaid waiver draft. Access to health coverage is important no matter who you are. This proposal would kick people off of Medicaid when they may need it the most. The state should aim to do no harm, but the draft proposal makes it clear that people will lose coverage.

The federal government has stated that it will not provide states with Medicaid funding to finance job related services for individuals. This will put all of the responsibility on Virginia to provide things like job training, child care, transportation, and other programs to help people to meet the proposed requirement. Poor people cannot afford this. I thank you for the opportunity to offer this information.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 10, 2018 at 4:15 PM
Subject: My concerns about the Virginia COMPASS program
To: <1115Implementation@dmas.virginia.gov>

I am writing to you today regarding Virginia's Medicaid waiver proposal, I oppose the aspects of this program that create new burdens on people who are already struggling. Programs similar to this proposal have not been proven to increase employment or access to care.

If people are kept out of the Medicaid program because of the work requirement, that does not mean they will not need medical services. In fact, denying them care probably means that it will cost more to provide that care because it will probably be at an emergency room. I hope you can make some improvements to the proposed program. Thank you for considering my comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 10, 2018 at 4:39 PM
Subject: DMAS – Virginia Compass Waiver
To: <1115Implementation@dmas.virginia.gov>

Medicaid waiver draft. Some aspects of this proposal will create too many barriers to access. I disagree with the waiver imposing monthly premiums for Medicaid recipients.

The proposed waiver would add new barriers to accessing coverage. These requirements put access to needed care in jeopardy when the point is to take down barriers. Please keep the best interest of Virginia's working families in mind as you consider my thoughts.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 10, 2018 at 4:50 PM
Subject: My letter on work requirements waiver
To: <1115Implementation@dmas.virginia.gov>

I am writing to you today regarding Virginia's Medicaid waiver proposal, I oppose the aspects of this program that create new burdens on people who are already struggling. There are many reasons that a patient might not comply with this waiver and would result in their losing care. For example, there could be a language barrier that makes it hard to understand the requirements.

Job requirements have a poor record in meeting their goals. Examples of this from other safety net programs like TANF can be found in Virginia. This proposal would not ensure that people are employed long-term and they can make it harder for some people to find work. We should avoid adding red tape and a new, expensive, complicated program. Thank you for your time.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 10, 2018 at 5:20 PM
Subject: Regarding Virginia COMPASS Application
To: <1115Implementation@dmas.virginia.gov>

Virginia's proposed changes to the Medicaid program will undermine its effective implementation. Work requirements are an obstacle to care for all enrollees. In some cases it may be poor health that prevents them from working.

Access to health coverage is important and it helps support work. We should not threaten to take away health coverage from our citizens because they fail to submit the right paperwork on time, they cannot get the hours they need at work, or have a difficult time finding work altogether. I appreciate your time. Thank you for reading my comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 10, 2018 at 5:21 PM
Subject: My concerns about the Virginia COMPASS program
To: <1115Implementation@dmas.virginia.gov>

This comment is in relation to the Medicaid waiver that was proposed by DMAS. There are several new requirements proposed that I oppose. All the new barriers in this proposal mean that there will be gaps in healthcare coverage that deny people the opportunity to access care when they should. This works against everything the program was supposed to achieve. Please take my thoughts and concerns into consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 10, 2018 at 5:22 PM
Subject: Comments Against Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

This letter is in opposition to the burdensome requirements proposed for Virginians with Medicaid in Virginia. I hope you will take my views into account. Losing healthcare would be catastrophic for families. I believe Medicaid should provide coverage for families not take them away.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 10, 2018 at 7:19 PM
Subject: Against Proposed VA 1115 Waiver
To: <1115Implementation@dmas.virginia.gov>

This letter is in opposition to the burdensome requirements proposed for Virginians with Medicaid in Virginia. I hope you will take my views into account. I am afraid that people who benefit from the Medicaid program will lose their coverage simply because they will not know how to navigate the system. The Virginia COMPASS proposal requires people to eventually work and document that they are working at least 80 hours per month. This means they will have to keep track of all of their work documents, potentially from more than one employer. This is a burdensome process, especially when people are working day in and day out just to make ends meet and take care of their families.

The Medicaid population often suffers from language barriers, disabilities, mental illness, insecure work, frequent moves, and homelessness. All these factors create significant challenges to successfully navigate growingly complicated government programs. Thank you for considering these thoughts. Virginia can do better than this.

[REDACTED]
CheckVideo

From: [REDACTED] <[REDACTED]>

Date: Wed, Oct 10, 2018 at 7:22 PM

Subject: Problems with COMPASS

To: <1115Implementation@dmas.virginia.gov>

As a Virginian who cares about expanding healthcare coverage, I am writing to you regarding my concerns with the COMPASS waiver application. Please give consideration to my views. Charging monthly premiums will make it harder for people with chronic illness to visit their doctors. Routine visits in order to monitor conditions and receive prescriptions will become too costly which can lead to negative health outcomes. Thank you very much for considering my thoughts on this waiver application.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 10, 2018 at 7:30 PM
Subject: Comments opposing Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

This comment is in relation to the Medicaid waiver that was proposed by DMAS. There are several new requirements proposed that I oppose. The proposed waiver would add new barriers to accessing coverage, putting access to care in jeopardy when the object is to take down barriers. We should not be heading in this direction because it will not benefit enrollees or the Commonwealth as a whole.

Adding monthly premiums will not create savings for Virginia; it will only discourage people from getting the care they need. This component of the proposed COMPASS waiver does not take into account that low income people are under serious financial stress already. Thank you for allowing me to offer my thoughts on this proposal.

[REDACTED]

October 11, 2018

[REDACTED]

On behalf of the American Heart Association and the American Stroke Association (AHA), we would like to thank you for the opportunity to provide written comments on the Virginia Department of Medical Assistance Services 1115 demonstration extension application, titled Creating Opportunities for Medicaid Participants to Achieve Self-Sufficiency (Virginia COMPASS). Heart disease and stroke are the number two and four causes of death in Virginia. In order to make advances in treating and preventing cardiovascular disease, access to quality and affordable healthcare is critically important. As the nation's oldest and largest organization dedicated to fighting heart disease and stroke, we have concerns about certain provisions of this application and urge you to reconsider their inclusion as you move forward.

The AHA represents millions of patients with cardiovascular diseases (CVD) including many who rely on Medicaid as their primary source of care.¹ In fact, twenty-eight percent of adults with Medicaid coverage have a history of cardiovascular disease.² The Medicaid program provides critical access to prevention, treatment, disease management, and care coordination services for these individuals. Because low-income populations are disproportionately affected by CVD - with these adults reporting higher rates of heart disease, hypertension, and stroke - Medicaid provides the coverage backbone for the healthcare services these individuals need.

The connection between health insurance and health outcomes is clear and well documented. Americans with CVD risk factors who lack health insurance or are underinsured, have higher mortality rates³ and poorer blood pressure control⁴ than their insured counterparts. Further, uninsured stroke patients suffer from greater neurological impairments, longer hospital stays,⁵ and a higher risk of death⁶ than similar patients covered by health insurance.

The intent of the 1115 Demonstration Waiver program is to increase access and test innovative approaches to delivering care. As written, some of the features in Virginia COMPASS do not appear to satisfy either requirement, but instead could significantly harm patients and their families. Our specific concerns about the Training, Education, Employment and Opportunity Program (TEEOP) and the Health

and Wellness Program are addressed below.

Implement Work and Community Engagement Requirements - TEEOP

In order to effectively treat and prevent cardiovascular disease and stroke, it is critically important that everyone in Virginia - regardless of employment status - has access to quality health care. According to the waiver proposal, 55% of the estimated 120,000 individuals that are subject to TEEOP provisions, do not already meet the requirements and will be subject to compliance or possible loss of coverage. Individuals with CVD often experience lapses in employment due to their condition or may have been directed by a physician to take time away from work as part of their treatment and recovery. Therefore, participation in work or work searches as a condition of Medicaid eligibility could create barriers to necessary medical care. The waiver does include exemptions for individuals with complex medical conditions and for periods of acute medical conditions that a medical professional validates would prevent compliance, but this is vague and may be confusing and burdensome for individuals who are required to participate in TEEOP.

The goal of the TEEOP is to promote work and community engagement while encouraging health, wellness, and greater financial stability. While important, these goals should not come at the cost of healthcare coverage and/or the threat of losing benefits with noncompliance. Most people on Medicaid who can work, do so. Nearly 8 in 10 non-disabled adults with Medicaid coverage are members of working families, and nearly 60 percent are working themselves. Of those not working, more than one-third reported that illness or a disability was the primary reason; 28 percent reported that they were taking care of home or family; and 18 percent were in school.⁷

While the AHA understands the dual need to address poverty and control costs, we are concerned that the proposed changes will require substantial state investment in infrastructure that do not align with, and could detract from, the Medicaid program's goal of providing access to care. Implementing work requirements will necessitate new administrative processes and programs, which will require considerable financial resources that would be better used to provide care. The Virginia Joint Legislative Audit and Review Committee (JLARC) estimates the fiscal impact could cost \$6.4 million to \$10.4 million (general funds) in FY19 and \$14.6 million to \$23.1 million (general funds) in FY20.

While we appreciate the Department's efforts to include employment supports for TEEOP participants, we are deeply concerned about the impact of this program on patients and consumers with CVD should it be implemented. The 2017 Federal Budget cut Labor Department funding by 21%, shifting the responsibility to states for certain job placement programs. In addition, CMS has stated that it will not provide states with the authority to use Medicaid funding to finance employment related services for individuals. This will put all the responsibility on the state to provide sufficient job training, child care, transportation, and other supportive programs to enable its affected Medicaid beneficiaries to meet the proposed requirement. Without such supports, we believe that the TEEOP will not in fact result in more able-bodied adults working, nor produce positive health effects. Furthermore, programs similar to this proposal have not been proven to increase employment or access to care.⁸ Investments in the workforce through training, education, and other opportunities should not be at the expense of access to healthcare. We therefore recommend that the Commonwealth refocus its Medicaid resources on improving the health of the patients it serves, rather than imposing additional administrative burdens.

The process of documenting eligibility and compliance is likely to create barriers to accessing or maintaining coverage for patients. Battling administrative red tape to keep coverage should not detract

from a patients' focus on maintaining their or their family's health. For example, the application fails to specify how or how often beneficiaries will need to report their hours worked. Furthermore, programs similar to this proposal, when implemented, have not been proven to increase employment or access to care.⁹ According to the Medicaid and CHIP Payment and Access Commission (MACPAC), any employment gains that followed TANF work requirements tended to be temporary and short-lived, with limited positive effect on income.¹⁰ We therefore oppose this measure and strongly recommend that the state refocus its Medicaid resources on improving the health of the patients it serves, rather than imposing additional and unjustified administrative burdens with little or no proven return on investment.

Implement a Health and Wellness Program

Premiums for Individuals with Income 100 to 138 percent of the FPL

While we support the goal of increased health and wellness throughout the Medicaid program, we are deeply concerned about how the premiums required in this proposal will impact enrollees. We are concerned that the implementation of premiums and cost-sharing could result in a large number of people dropping coverage or not enrolling at all. Research suggests that cost sharing may not result in the intended cost-savings because low-income individuals served by Medicaid are more price sensitive compared to others, more likely to go without needed care, and more likely to experience long-term adverse outcomes. ¹¹ This is of particular concern for heart disease and stroke survivors managing chronic conditions over long periods of time who could experience lapses in needed medication and treatments.

Co-Payments for Non-Emergent Use of the ED

Of significant concern to the AHA, is the requested authority to charge a copayment for emergency department (ED) use. Heart attacks, sudden cardiac arrest, and stroke are serious, life-threatening conditions that require immediate emergency care. This provision is very likely to deter patients from seeking emergency care when needed. The AHA devotes a great deal of resources to educating the public about the warning signs of heart attack and stroke and encouraging them to call 9-1-1 immediately if they or someone nearby is experiencing any of these symptoms. When patients do experience a symptom of a heart attack or stroke, such as acute chest pain, shortness of breath, a sudden, severe headache, or difficulty seeing, they should not try to self-diagnose their condition or worry that they can't afford to seek care. Instead, they must have access to quick diagnosis and treatment in the ED. In some cases, these patients may ultimately be diagnosed with a non-emergency medical condition, but they should not be penalized because they followed the instructions of effective and long-standing public health campaigns and sought emergency treatment.

A study of enrollees in Oregon's Medicaid program demonstrated that implementation of a co-pay on emergency services resulted in decreased utilization of such services, but did not result in the intended cost savings because of subsequent use of more intensive and expensive services. The results of the study suggest this policy may cause inappropriate delays in needed care.¹² Therefore this proposal may fail to meet its intended goal while harming patients at the same time.

HWAs and Health Rewards

We would further like to address the establishment of health and wellness accounts (HWA). Again, we support the desire to promote smart health care consumer decisions and the use of preventive care. However, in addition to the challenges referenced above that enrollees may have paying premiums, the

evidence that similar products promote such behavior is limited. The HWAs appear quite like Health Savings Accounts (HSAs) as seen in the private market and now being introduced in Medicaid. In the private market, HSAs have been shown to reduce medication adherence,¹³ clinical visits,¹⁴ and other uses of medically-necessary care, including fully-covered preventive services.¹⁵ HSAs may therefore work too well in reducing health care spending, to the point at which beneficiaries are foregoing care to cut costs and ultimately increasing their risk for serious illness, including CVD and stroke.

In conclusion, we urge the department to reconsider these provisions. We are concerned with the confusing and burdensome nature of the combination of TEEOP, cost sharing, premiums, HWAs, and compliance. The imposition of these requirements would involve tedious reporting, which means more red tape for beneficiaries. Language barriers, disabilities, mental illness, insecure work opportunities, frequent moves, and temporary or chronic homelessness are more prevalent among the Medicaid population and are significant barriers to fulfilling the kinds of requirements proposed in Virginia COMPASS. Making health care coverage contingent on the ability to find and maintain work and navigate complicated cost sharing structures, penalizes the Medicaid population for their poverty.

Sincerely,



Director, Government Relations

Notes

1 RTI. Projections of Cardiovascular Disease Prevalence and Costs: 2015-2035, Technical Report. http://www.heart.org/idc/groups/heart-public/@wcm/@adv/documents/downloadable/ucm_491513.pdf Accessed June 19, 2017.

2 Kaiser Family Foundation. The Role Of Medicaid For People With Cardiovascular Diseases. 2012. Available at: https://kaiserfamilyfoundation.files.wordpress.com/2013/01/8383_cd.pdf. Accessed August 15, 2016.

3 McWilliams JM, Zaslavsky AM, Meara E, Ayanian JZ. Health insurance coverage and mortality among the near-elderly. *Health Affairs* 2004; 23(4): 223-233.

4 Duru OK, Vargas RB, Kerman D, Pan D, Norris KC. Health Insurance status and hypertension monitoring and control in the United States. *Am J Hypertens* 2007;20:348-353.

5 Rice T, LaVarreda SA, Ponce NA, Brown ER. The impact of private and public health insurance on medication use for adults with chronic diseases. *Med Care Res Rev* 2005; 62(1): 231-249.

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7 Rachel Garfield, Robin Rudowitz, and Anthony Damico, "Understanding the Intersection of Medicaid and Work," Kaiser Family Foundation, February 2017, <http://kff.org/medicaid/issue-brief/understanding-the-intersection-of-medicaid-and-work/>.

8 Garfield, R, Rudowitz, R, Damico, A. Kaiser Family Foundation Issue Brief: Understanding the Intersection of Medicaid and Work. Revised December 2017. Accessed January 5, 2018 at:

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Board of Directors
American Heart Association Richmond

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Implement a Health and Wellness Program

Premiums for Individuals with Income 100 to 138 percent of the FPL

While we support the goal of increased health and wellness throughout the Medicaid program, we are deeply concerned about how the premiums required in this proposal will impact enrollees. We are concerned that the implementation of premiums and cost-sharing could result in a large number of people dropping coverage or not enrolling at all. Research suggests that cost sharing may not result in the intended cost-savings because low-income individuals served by Medicaid are more price sensitive compared to others, more likely to go without needed care, and more likely to experience long-term adverse outcomes.⁹ This is of particular concern for heart disease and stroke survivors managing chronic conditions over long periods of time who could experience lapses in needed medication and treatments.

Co-Payments for Non-Emergent Use of the ED

Of significant concern to the AHA, is the requested authority to charge a copayment for emergency department (ED) use. Heart attacks, sudden cardiac arrest, and stroke are serious, life-threatening conditions that require immediate emergency care. This provision is very likely to deter patients from seeking emergency care when needed. The AHA devotes a great deal of resources to educating the public about the warning signs of heart attack and stroke and encouraging them to call 9-1-1 immediately if they or someone nearby is experiencing any of these symptoms. When patients do experience a symptom of a heart attack or stroke, such as acute chest pain, shortness of breath, a sudden, severe headache, or difficulty seeing, they should not try to self-diagnose their condition or worry that they can't afford to seek care. Instead, they must have access to quick diagnosis and treatment in the ED. In some cases, these patients may ultimately be diagnosed with a non-emergency medical condition, but they should not be penalized because they followed the instructions of effective and long-standing public health campaigns and sought emergency treatment.

A study of enrollees in Oregon's Medicaid program demonstrated that implementation of a co-pay on emergency services resulted in decreased utilization of such services, but did not result in the intended cost savings because of subsequent use of more intensive and expensive services. The results of the study suggest this policy may cause inappropriate delays in needed care.¹⁰ Therefore this proposal may fail to meet its intended goal while harming patients at the same time.

HWAs and Health Rewards

We would further like to address the establishment of health and wellness accounts (HWA). Again, we support the desire to promote smart health care consumer decisions and the use of preventive care. However, in addition to the challenges referenced above that enrollees may have paying premiums, the evidence that similar products promote such behavior is limited. The HWAs appear quite like Health Savings Accounts (HSAs) as seen in the private market and now being introduced in Medicaid. In the private market, HSAs have been shown to reduce medication adherence,¹¹ clinical visits,¹² and other uses of medically-necessary care, including fully-covered preventive services.¹³ HSAs may therefore work too well in reducing health care spending, to the point at which beneficiaries are foregoing care to

cut costs and ultimately increasing their risk for serious illness, including CVD and stroke.

In conclusion, we urge the department to reconsider these provisions. We are concerned with the confusing and burdensome nature of the combination of TEEOP, cost sharing, premiums, HWAs, and compliance. The imposition of these requirements would involve tedious reporting, which means more red tape for beneficiaries. Language barriers, disabilities, mental illness, insecure work opportunities, frequent moves, and temporary or chronic homelessness are more prevalent among the Medicaid population and are significant barriers to fulfilling the kinds of requirements proposed in Virginia COMPASS. Making health care coverage contingent on the ability to find and maintain work and navigate complicated cost sharing structures, penalizes the Medicaid population for their poverty.

Sincerely,



Board of Directors
American Heart Association Richmond

Notes

1 McWilliams JM, Zaslavsky AM, Meara E, Ayanian JZ. Health insurance coverage and mortality among the near-elderly. *Health Affairs* 2004; 23(4): 223-233.

2 Duru OK, Vargas RB, Kerman D, Pan D, Norris KC. Health Insurance status and hypertension monitoring and control in the United States. *Am J Hypertens* 2007;20:348-353.

3 Rice T, LaVarreda SA, Ponce NA, Brown ER. The impact of private and public health insurance on medication use for adults with chronic diseases. *Med Care Res Rev* 2005; 62(1): 231-249.

4 McWilliams JM, Meara E, Zaslavsky AM, Ayanian JZ. Health of previously uninsured adults after acquiring Medicare coverage. *JAMA*. 2007; 298:2886 -2894.

5 Rachel Garfield, Robin Rudowitz, and Anthony Damico, "Understanding the Intersection of Medicaid and Work," Kaiser Family Foundation, February 2017, <http://kff.org/medicaid/issue-brief/understanding-the-intersection-of-medicaid-and-work/>.

6 Garfield, R, Rudowitz, R, Damico, A. Kaiser Family Foundation Issue Brief: Understanding the Intersection of Medicaid and Work. Revised December 2017. Accessed January 5, 2018 at: <http://files.kff.org/attachment/Issue-Brief-Understanding-the-Intersection-of-Medicaid-and-Work>

7 Garfield, R, Rudowitz, R, Damico, A. Kaiser Family Foundation Issue Brief: Understanding the Intersection of Medicaid and Work. Revised December 2017. Accessed January 5, 2018 at: <http://files.kff.org/attachment/Issue-Brief-Understanding-the-Intersection-of-Medicaid-and-Work>

8 Work as a Condition of Medicaid Eligibility: Key Take-Aways from TANF. MACPAC. October 2017. At: <https://www.macpac.gov/wp-content/uploads/2017/10/Work-as-a-Condition-of-Medicaid-Eligibility-Key-Take-Aways-from-TANF.pdf>

9 See for example: Chernew M, Gibson TB, Yu-Isenberg K, Sokol MC, Rosen AB, Fendrick AM. Effects of

increased patient cost sharing on socioeconomic disparities in health care. *J Gen Intern Med.* 2008. Aug; 23(8):1131-6. Ku, L and Wachino, V. "The Effect of Increased Cost-Sharing in Medicaid: A Summary of Research Findings." Center on Budget and Policy Priorities (July 2005), available at <http://www.cbpp.org/5-31-05health2.htm>.

10 Wallace NT, McConnell KJ, et al. How Effective Are Copayments in Reducing Expenditures for Low-Income Adult Medicaid Beneficiaries? Experience from the Oregon Health Plan. *Health Serv Res.* 2008 April; 43(2): 515-530.

11 Fronstin, P., Sepulveda, M.J., and M.C. Roebuck. Medication utilization and adherence in a health savings account-eligible plan. *American Journal of Managed Care.* Dec 2013; 19(12): e400-e407.

12 Charlton M, Levy B, High R, et al. Effects of health savings account-eligible plans on utilization and expenditures. *American Journal of Managed Care.* Nov 2013; 17(1): 79-86.

13 RAND Corporation. Special Feature: Consumer-Directed Plans and Health Care Costs. September 15, 2017.

October 11, 2018

American Heart Association
4217 Park Place Court
Glen Allen, VA 23060

On behalf of the American Heart Association and the American Stroke Association (AHA), we would like to thank you for the opportunity to provide written comments on the Virginia Department of Medical Assistance Services 1115 demonstration extension application, titled Creating Opportunities for Medicaid Participants to Achieve Self-Sufficiency (Virginia COMPASS). Heart disease and stroke are the number two and four causes of death in Virginia. In order to make advances in treating and preventing cardiovascular disease, access to quality and affordable healthcare is critically important. As the nation's oldest and largest organization dedicated to fighting heart disease and stroke, we have concerns about certain provisions of this application and urge you to reconsider their inclusion as you move forward.

The AHA represents millions of patients with cardiovascular diseases (CVD) including many who rely on Medicaid as their primary source of care.¹ In fact, twenty-eight percent of adults with Medicaid coverage have a history of cardiovascular disease.² The Medicaid program provides critical access to prevention, treatment, disease management, and care coordination services for these individuals. Because low-income populations are disproportionately affected by CVD - with these adults reporting higher rates of heart disease, hypertension, and stroke - Medicaid provides the coverage backbone for the healthcare services these individuals need.

The connection between health insurance and health outcomes is clear and well documented. Americans with CVD risk factors who lack health insurance or are underinsured, have higher mortality rates³ and poorer blood pressure control⁴ than their insured counterparts. Further, uninsured stroke patients suffer from greater neurological impairments, longer hospital stays,⁵ and a higher risk of death⁶ than similar patients covered by health insurance.

The intent of the 1115 Demonstration Waiver program is to increase access and test innovative approaches to delivering care. As written, some of the features in Virginia COMPASS do not appear to satisfy either requirement, but instead could significantly harm patients and their families. Our specific

concerns about the Training, Education, Employment and Opportunity Program (TEEOP) and the Health and Wellness Program are addressed below.

Implement Work and Community Engagement Requirements - TEEOP

In order to effectively treat and prevent cardiovascular disease and stroke, it is critically important that everyone in Virginia - regardless of employment status - has access to quality health care. According to the waiver proposal, 55% of the estimated 120,000 individuals that are subject to TEEOP provisions, do not already meet the requirements and will be subject to compliance or possible loss of coverage. Individuals with CVD often experience lapses in employment due to their condition or may have been directed by a physician to take time away from work as part of their treatment and recovery. Therefore, participation in work or work searches as a condition of Medicaid eligibility could create barriers to necessary medical care. The waiver does include exemptions for individuals with complex medical conditions and for periods of acute medical conditions that a medical professional validates would prevent compliance, but this is vague and may be confusing and burdensome for individuals who are required to participate in TEEOP.

The goal of the TEEOP is to promote work and community engagement while encouraging health, wellness, and greater financial stability. While important, these goals should not come at the cost of healthcare coverage and/or the threat of losing benefits with noncompliance. Most people on Medicaid who can work, do so. Nearly 8 in 10 non-disabled adults with Medicaid coverage are members of working families, and nearly 60 percent are working themselves. Of those not working, more than one-third reported that illness or a disability was the primary reason; 28 percent reported that they were taking care of home or family; and 18 percent were in school.⁷

While the AHA understands the dual need to address poverty and control costs, we are concerned that the proposed changes will require substantial state investment in infrastructure that do not align with, and could detract from, the Medicaid program's goal of providing access to care. Implementing work requirements will necessitate new administrative processes and programs, which will require considerable financial resources that would be better used to provide care. The Virginia Joint Legislative Audit and Review Committee (JLARC) estimates the fiscal impact could cost \$6.4 million to \$10.4 million (general funds) in FY19 and \$14.6 million to \$23.1 million (general funds) in FY20.

While we appreciate the Department's efforts to include employment supports for TEEOP participants, we are deeply concerned about the impact of this program on patients and consumers with CVD should it be implemented. The 2017 Federal Budget cut Labor Department funding by 21%, shifting the responsibility to states for certain job placement programs. In addition, CMS has stated that it will not provide states with the authority to use Medicaid funding to finance employment related services for individuals. This will put all the responsibility on the state to provide sufficient job training, child care, transportation, and other supportive programs to enable its affected Medicaid beneficiaries to meet the proposed requirement. Without such supports, we believe that the TEEOP will not in fact result in more able-bodied adults working, nor produce positive health effects. Furthermore, programs similar to this proposal have not been proven to increase employment or access to care.⁸ Investments in the workforce through training, education, and other opportunities should not be at the expense of access to healthcare. We therefore recommend that the Commonwealth refocus its Medicaid resources on improving the health of the patients it serves, rather than imposing additional administrative burdens.

The process of documenting eligibility and compliance is likely to create barriers to accessing or

maintaining coverage for patients. Battling administrative red tape to keep coverage should not detract from a patients' focus on maintaining their or their family's health. For example, the application fails to specify how or how often beneficiaries will need to report their hours worked. Furthermore, programs similar to this proposal, when implemented, have not been proven to increase employment or access to care.⁹ According to the Medicaid and CHIP Payment and Access Commission (MACPAC), any employment gains that followed TANF work requirements tended to be temporary and short-lived, with limited positive effect on income.¹⁰ We therefore oppose this measure and strongly recommend that the state refocus its Medicaid resources on improving the health of the patients it serves, rather than imposing additional and unjustified administrative burdens with little or no proven return on investment.

Implement a Health and Wellness Program

Premiums for Individuals with Income 100 to 138 percent of the FPL

While we support the goal of increased health and wellness throughout the Medicaid program, we are deeply concerned about how the premiums required in this proposal will impact enrollees. We are concerned that the implementation of premiums and cost-sharing could result in a large number of people dropping coverage or not enrolling at all. Research suggests that cost sharing may not result in the intended cost-savings because low-income individuals served by Medicaid are more price sensitive compared to others, more likely to go without needed care, and more likely to experience long-term adverse outcomes. ¹¹ This is of particular concern for heart disease and stroke survivors managing chronic conditions over long periods of time who could experience lapses in needed medication and treatments.

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Of significant concern to the AHA, is the requested authority to charge a copayment for emergency department (ED) use. Heart attacks, sudden cardiac arrest, and stroke are serious, life-threatening conditions that require immediate emergency care. This provision is very likely to deter patients from seeking emergency care when needed. The AHA devotes a great deal of resources to educating the public about the warning signs of heart attack and stroke and encouraging them to call 9-1-1 immediately if they or someone nearby is experiencing any of these symptoms. When patients do experience a symptom of a heart attack or stroke, such as acute chest pain, shortness of breath, a sudden, severe headache, or difficulty seeing, they should not try to self-diagnose their condition or worry that they can't afford to seek care. Instead, they must have access to quick diagnosis and treatment in the ED. In some cases, these patients may ultimately be diagnosed with a non-emergency medical condition, but they should not be penalized because they followed the instructions of effective and long-standing public health campaigns and sought emergency treatment.

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In conclusion, we urge the department to reconsider these provisions. We are concerned with the confusing and burdensome nature of the combination of TEEOP, cost sharing, premiums, HWAs, and compliance. The imposition of these requirements would involve tedious reporting, which means more red tape for beneficiaries. Language barriers, disabilities, mental illness, insecure work opportunities, frequent moves, and temporary or chronic homelessness are more prevalent among the Medicaid population and are significant barriers to fulfilling the kinds of requirements proposed in Virginia COMPASS. Making health care coverage contingent on the ability to find and maintain work and navigate complicated cost sharing structures, penalizes the Medicaid population for their poverty.

Sincerely,



Director, Government Relations

Notes

1 RTI. Projections of Cardiovascular Disease Prevalence and Costs: 2015-2035, Technical Report. http://www.heart.org/idc/groups/heart-public/@wcm/@adv/documents/downloadable/ucm_491513.pdf Accessed June 19, 2017.

2 Kaiser Family Foundation. The Role Of Medicaid For People With Cardiovascular Diseases. 2012. Available at: https://kaiserfamilyfoundation.files.wordpress.com/2013/01/8383_cd.pdf. Accessed August 15, 2016.

3 McWilliams JM, Zaslavsky AM, Meara E, Ayanian JZ. Health insurance coverage and mortality among the near-elderly. *Health Affairs* 2004; 23(4): 223-233.

4 Duru OK, Vargas RB, Kerman D, Pan D, Norris KC. Health Insurance status and hypertension monitoring and control in the United States. *Am J Hypertens* 2007;20:348-353.

5 Rice T, LaVarreda SA, Ponce NA, Brown ER. The impact of private and public health insurance on medication use for adults with chronic diseases. *Med Care Res Rev* 2005; 62(1): 231-249.

6 McWilliams JM, Meara E, Zaslavsky AM, Ayanian JZ. Health of previously uninsured adults after acquiring Medicare coverage. *JAMA*. 2007; 298:2886 -2894.

7 Rachel Garfield, Robin Rudowitz, and Anthony Damico, "Understanding the Intersection of Medicaid and Work," Kaiser Family Foundation, February 2017, <http://kff.org/medicaid/issue-brief/understanding-the-intersection-of-medicaid-and-work/>.

8 Garfield, R, Rudowitz, R, Damico, A. Kaiser Family Foundation Issue Brief: Understanding the

Intersection of Medicaid and Work. Revised December 2017. Accessed January 5, 2018 at: <http://files.kff.org/attachment/Issue-Brief-Understanding-the-Intersection-of-Medicaid-and-Work>

9 Garfield, R, Rudowitz, R, Damico, A. Kaiser Family Foundation Issue Brief: Understanding the Intersection of Medicaid and Work. Revised December 2017. Accessed January 5, 2018 at: <http://files.kff.org/attachment/Issue-Brief-Understanding-the-Intersection-of-Medicaid-and-Work>

10 Work as a Condition of Medicaid Eligibility: Key Take-Aways from TANF. MACPAC. October 2017. At: <https://www.macpac.gov/wp-content/uploads/2017/10/Work-as-a-Condition-of-Medicaid-Eligibility-Key-Take-Aways-from-TANF.pdf>

11 See for example: Chernew M, Gibson TB, Yu-Isenberg K, Sokol MC, Rosen AB, Fendrick AM. Effects of increased patient cost sharing on socioeconomic disparities in health care. *J Gen Intern Med.* 2008. Aug; 23(8):1131-6. Ku, L and Wachino, V. "The Effect of Increased Cost-Sharing in Medicaid: A Summary of Research Findings." Center on Budget and Policy Priorities (July 2005), available at <http://www.cbpp.org/5-31-05health2.htm>.

12 Wallace NT, McConnell KJ, et al. How Effective Are Copayments in Reducing Expenditures for Low-Income Adult Medicaid Beneficiaries? Experience from the Oregon Health Plan. *Health Serv Res.* 2008 April; 43(2): 515-530.

13 Fronstin, P., Sepulveda, M.J., and M.C. Roebuck. Medication utilization and adherence in a health savings account-eligible plan. *American Journal of Managed Care.* Dec 2013; 19(12): e400-e407.

14 Charlton M, Levy B, High R, et al. Effects of health savings account-eligible plans on utilization and expenditures. *American Journal of Managed Care.* Nov 2013; 17(1): 79-86.

15 RAND Corporation. Special Feature: Consumer-Directed Plans and Health Care Costs. September 15, 2017.

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 11, 2018 at 8:34 AM
Subject: My comments on DMAS waiver
To: <1115Implementation@dmas.virginia.gov>

These comments are about the Commonwealth's Medicaid waiver application. I appreciate your taking them into consideration. If a low-wage worker has inconsistent hours or an insecure job they may fail to keep up with the requirements and lose healthcare. If that results in an inability to work at all the program will have failed to help the exact situation the expansion was supposed to improve.

Seasonal jobs and temporary jobs that many Medicaid enrollees have put them at risk for losing coverage frequently. States that have tried this have thousands people losing coverage each month. Thank you for accepting these comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 11, 2018 at 8:39 AM
Subject: I oppose COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

I am commenting on the new Virginia COMPASS medicaid waiver. Some mental illnesses, especially if they are untreated, make it very difficult for someone to comply with this proposal - resulting in their losing access to care. This could easily spiral into much more expensive treatments and hospitalizations.

Having work requirements may deter families from enrolling in the coverage that they qualify for and need. When someone does not have health coverage, they are less able to seek medical care when they are ill or injured and are generally less able to get work because of it. Please make the right changes to the Medicaid waiver proposal.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 11, 2018 at 9:44 AM
Subject: Responding to waiver proposal
To: <1115Implementation@dmas.virginia.gov>

I am commenting on the new Virginia COMPASS medicaid waiver. The work requirement will not help many people find jobs because the most Medicaid enrollees are already working or they are disabled or have some other reason why they cannot work. The requirement is an enormous cost with little benefit. Thank you for your work on behalf of the Commonwealth and taking my comments into consideration.

I also feel that current work requirements would disqualify individuals who were pursuing educational opportunities in lieu of employment which would in turn offer greater opportunities.

[REDACTED]

Warsaw

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 11, 2018 at 9:54 AM
Subject: COMPASS objections
To: <1115Implementation@dmas.virginia.gov>

I am writing to you today regarding Virginia's Medicaid waiver proposal, I oppose the aspects of this program that create new burdens on people who are already struggling. Other states have tried health savings accounts, similar to the health and wellness accounts Virginia is proposing, and they found that these programs are complex and very confusing. It does not make sense to add more red tape and attempt to stand up a program that other consumers find complicated to navigate. Thanks for considering my thoughts on this waiver application.

[REDACTED]

From: [REDACTED] <[REDACTED]>

Date: Thu, Oct 11, 2018 at 10:23 AM

Subject: DMAS Public Comment

To: <1115Implementation@dmas.virginia.gov>

As an advocate for expanded healthcare coverage, I am writing to you regarding my concerns with this waiver application. Please give consideration to my views. Losing healthcare would be catastrophic for families. I believe Medicaid should provide coverage for families not take them away. Please make necessary improvements to the proposed draft.

People will put off their health care needs. We need to make healthcare affordable, accessible, and encourage them to prioritize their health over their time & money.

Thank you for your consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 11, 2018 at 10:58 AM
Subject: New Medicaid waiver comments
To: <1115Implementation@dmas.virginia.gov>

I am opposed to certain new burdens included in proposed COMPASS Medicaid program. The use of work requirements in other states has shown that they fail in improving health or maintaining consistent employment. The record suggests that the two goals are undermined by linking them together. Both issues are important but they need to be addressed separately. Please take the public's comments into consideration.

[REDACTED]

Former Member, State Board Of Social Services

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 11, 2018 at 11:03 AM
Subject: My letter on work requirements waiver
To: <1115Implementation@dmas.virginia.gov>

I am writing with regard to Virginia's COMPASS program and my opposition to certain components of it. Charging monthly premiums will make it harder for people with chronic illness to visit their doctors. Routine visits in order to monitor conditions and receive prescriptions will become too costly which can lead to negative health outcomes.

Work requirements and other efforts to deny public supports to try to get people to work have poor results wherever they have been tried. People are unemployed for a variety of reasons that can be complicated. This requirement will just deny people healthcare coverage like it has wherever they have been tried. Please make necessary improvements to the proposed draft. Thank you for your consideration.

[REDACTED]

Ms.

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 11, 2018 at 11:17 AM
Subject: COMPASS objections
To: <1115Implementation@dmas.virginia.gov>

This letter is in opposition to the burdensome requirements proposed for Virginians with Medicaid in Virginia. I hope you will take my views into account. In addition to creating a costly new government program to administer, this will also create restrictions to access. Programs similar to this proposal have not been proven to increase employment, but have been shown to prevent access to care.

Making low-income families pay costly monthly premiums will not have the intended outcome. Other states that have tried similar proposals saw the use of health care services decline, leading to more costly services later down the road. Thank you for your work on behalf of the Commonwealth and taking my comments into consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 11, 2018 at 11:28 AM
Subject: My letter on work requirements waiver
To: <1115Implementation@dmas.virginia.gov>

The comments below, describe my concerns about and opposition to the proposed changes to Virginia's Medicaid program. Losing health coverage for someone with a chronic illness would be devastating. Being locked out of health care due to failure to reporting work activities or being unable to pay monthly premiums could lead to terrible health outcomes for many Virginians. Please consider my comments on this proposed program.

Too many people would suffer because of this. Everyone deserves health care.

[REDACTED]

Unitarian Fellowship Of Waynesboro

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 11, 2018 at 11:38 AM
Subject: COMPASS objections
To: <1115Implementation@dmas.virginia.gov>

This letter is in opposition to the burdensome requirements proposed for Virginians with Medicaid in Virginia. I hope you will take my views into account. Failure to comply with the reporting requirements could result in being locked out of coverage. Losing access to care can have dire consequences that are not consistent with the effort to expand access so people can lead healthier lives. I appreciate the time you have taken to read my comments. I hope they result in improvements to the program.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 11, 2018 at 12:28 PM
Subject: Problems with COMPASS
To: <1115Implementation@dmas.virginia.gov>

All Virginians deserve health coverage!

The subject of my letter is the Commonwealth's proposed Medicaid waiver application which includes too many complicated burdens. Virginia must learn from the experiences of other states. In places that have implemented work requirements, their citizens lose health coverage. Virginia should not go down this path, because healthy Virginians are the foundation of our strong economy.

Losing health coverage for someone with a chronic illness would be devastating. Being locked out of health care due to failure to reporting work activities or being unable to pay monthly premiums could lead to terrible health outcomes for many Virginians. Thank you taking all of my comments under consideration.

[REDACTED]

Education For Ministry

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 11, 2018 at 1:09 PM
Subject: Writing about Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

Access to health care is very important, that is why I am commenting on this proposed change.

I speak as a volunteer who has helped resettle a family from Syria to Alexandria, VA (Fairfax County). The biggest hurdle my church and many other faith based sponsors faced with navigating Medicaid eligibility and health care for refugees. The rules were bizarre, the loss of coverage (which happened twice to our family because of a clerical error) is incredibly stressful and having English as a second language is also a barrier. **DO NOT MAKE ACCESS MORE DIFFICULT. IT IS CRUEL and HAS NO BENEFIT TO VIRGINIANS.**

A benefit of expanding Medicaid was to make it possible for people to access care and have a relationship with a doctor that allows them to receive treatment for simple health issues before they become more serious and difficult to treat. Adding monthly premiums, removes the opportunity for many people to get this benefit. Given the hard choices families living in poverty have to make, it is likely that premium payments could fall behind. Thank you for considering my thoughts. I believe Virginia can do better than this.

Sincerely,

[REDACTED]
[REDACTED]
[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 11, 2018 at 1:23 PM
Subject: I oppose COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

Thank you for the opportunity to comment on this important issue. I am writing in opposition to Virginia's 1115 waiver for the COMPASS program. Work requirements have little to do with the intent of Medicaid and may actually interfere with it by creating new difficulties.

Work requirements and other efforts to deny public supports to try to get people to work have poor results wherever they have been tried. People are unemployed for a variety of reasons that can be complicated. This requirement will just deny people healthcare coverage like it has wherever they have been tried. Please make necessary improvements to the proposed draft. Thank you for your consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 11, 2018 at 1:23 PM
Subject: Writing about Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

The comments in this email should be considered in relation to Virginia's Medicaid waiver application. There are many reasons that a patient might not comply with the many requirements in this proposed program and would result in their losing care. There are many factors that make it difficult for someone to fully understand and meet the requirements, such as language barrier, intellectual disability, and mental illness. People in this situation need easy, uncomplicated access. This program does not promise that.

I disagree with the waiver imposing monthly premiums for Medicaid recipients. Please consider my comments on this proposed program.

[REDACTED]

Westmoreland Counseling

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 11, 2018 at 1:30 PM
Subject: Comments about Virginia Compass
To: <1115Implementation@dmas.virginia.gov>

As a Virginian who cares about expanding healthcare coverage, I am writing to you regarding my concerns with the COMPASS waiver application. Please give consideration to my views. Work requirements attempt solve a problem that does not exist since most working-age adults on Medicaid are currently employed. We should be focused on making the health of working low-income people better by providing easy, affordable access to care.

The Medicaid population often suffers from language barriers, disabilities, mental illness, insecure work, frequent moves, and homelessness. All these factors create significant challenges to successfully navigate growingly complicated government programs. Please consider my comments on this proposed new program.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 11, 2018 at 2:05 PM
Subject: Comments about Virginia Compass
To: <1115Implementation@dmas.virginia.gov>

This comment is in relation to the Medicaid waiver that was proposed by DMAS. There are several new requirements proposed that I oppose. Many employed Virginians do not make enough income to pay for essential needs. That is why adding costs to get Medicaid coverage is a bad idea. Healthcare sometimes seems like something that can be delayed or avoided in order to pay another bill, this will result in many newly eligible Virginians losing coverage or delaying treatment until it is an emergency. This does not improve the circumstances of working families.

In states with requirements like the ones in this proposal, the results were that nearly half of the new adults enrolled in Medicaid expansion ended up losing coverage. Virginia needs a program that has a better success rate than that. Removing some of the proposed restrictions would help to improve access. Thank you for accepting these comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 11, 2018 at 2:06 PM
Subject: Public Comment: 1115 Virginia COMPASS Waiver
To: <1115Implementation@dmas.virginia.gov>

To Whom it May Concern:

I would like to share my thoughts regarding the 1115 Virginia COMPASS Waiver, particularly regarding the proposed housing and employment supports that are being included. I am a social worker and I work at a mid-size non-profit organization providing support to low-income families in Northern Virginia attempting to bridge the gap to self-sufficiency. Although I have concerns about implementing monthly premiums, copays, and work requirements, I am excited at the possibility of additional funding for housing and employment support. There is a great need in our communities for additional housing and employment support. Between 2000 and 2016, the average rent in Virginia grew by 78% while the median household income only increased by 46%. For every 100 families at the extremely low income level, only 36 homes are available and affordable. The Compass Waiver proposes providing comprehensive supports to a targeted group of high-need Medicaid members, who must meet needs-based criteria and a set of required risk factors. In the Commonwealth and throughout our nation, there is a great need for support and not nearly enough frontline staff to provide adequate support. Case managers are over-burdened with extremely large and complex caseloads and are paid salaries that minimally constitute a living wage. If the 1115 Waiver is approved and Virginia receives funding for additional support, how is it all going to work? Who will be providing support? How will the funding be distributed? Will support be provided by current organizations already doing this work? If so, will the funding be adequate to implement additional programming and hire the staff needed to implement the programs? Who is this targeted group of high-need Medicaid members and what criteria must they meet? What about all the families who desperately need support but won't make the cut?

Individuals and families in Virginia need help finding and maintaining affordable housing and meaningful employment paying a living wage. Those who are best positioned to provide this support are case managers working in communities who have trusted relationships with those they serve. There are not nearly enough case managers to meet the existing need, and the case managers who are doing this work don't have the resources they need nor are they paid the salaries they deserve. If we are to make a difference with any funding allocated for housing and employment support, it needs to pay for more case managers who can not only intervene when individuals and families are in crisis, but can continue following up and working with families as they continue on their journey to stability and ultimately self-sufficiency. We need staff working in communities who have the capacity to build trust and provide meaningful support to those in need. This staff needs to be paid a decent wage that reflects that the important work that they do is valued. And we need to try to serve as many families as possible, not just those who are lucky enough to make the cut.

I appreciate the work that you do and I look forward to your response.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 11, 2018 at 2:23 PM
Subject: My letter on work requirements waiver
To: <1115Implementation@dmas.virginia.gov>

I am writing to oppose adding restrictions to Virginia's Medicaid program. This defeats the purpose of having Medicaid in the first place. Why must it be made more painful for those in need?

This comment is directed toward certain aspects of Virginia's Medicaid waiver application. Adding monthly premiums will likely create an additional barrier for Virginia's Medicaid population. If they cannot afford the premium every month they could end up losing coverage when they need it most.

The many barriers in this Medicaid proposal mean that there will likely be gaps in healthcare coverage that deny people the opportunity to access care. This works against what the program was supposed to achieve. I am hopeful that you change the proposed waiver.

[REDACTED]

Individual Consumer

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 11, 2018 at 2:38 PM
Subject: Issues with Virginia 1115 Waiver
To: <1115Implementation@dmas.virginia.gov>

The following comments are in regard to the proposed Medicaid waiver application to the federal government. If people are kept out of the Medicaid program, these individuals will still seek medical services, and the state will end up with some of that expense without the benefit of the federal money available to assist with those costs.

The goal of Medicaid is to give coverage to those who need it. This would stop sick people from receiving the care that they need and keep healthy people from staying healthy. I trust you will take these thoughts and comments into consideration as this process continues.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 11, 2018 at 3:38 PM
Subject: Regarding Virginia COMPASS Application
To: <1115Implementation@dmas.virginia.gov>

This comment is concerning the troubling requirements that Virginia proposes for Medicaid. If someone has a disability they may have a harder time complying with some of the qualifications in this proposal. That could end up in their losing access to care. I am hopeful that you change the proposed waiver.

This serves to marginalize even further people's access to needed services. A person cannot be a productive citizen without access to healthcare.

Access to health care is a means to becoming a full member of a society. Access to health care for all members of our society is also a moral issue.

The right to a healthy life should not be dependent on one's ability to pay. The divide between the rich and the poor in the United States is shameful. As a member of a global world we must be better providers for those less able.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 11, 2018 at 3:39 PM
Subject: COMPASS objections
To: <1115Implementation@dmas.virginia.gov>

I would not like to make a public comment about the proposed 1115 Medicaid waiver. The Medicaid population often suffers from language barriers, disabilities, mental illness, insecure work, frequent moves, and homelessness. All these factors create significant challenges to successfully navigate growingly complicated government programs.

Work requirements do not reflect the realities workers face in low-wage jobs. Seasonal workers may have periods of time each year when they are not working enough hours to satisfy the requirements and they will be on and off the Medicaid program. I am thankful that the public was given this important opportunity to comment.

[REDACTED]

United Christian Parish Of Reston

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 11, 2018 at 3:49 PM
Subject: Issues with Virginia 1115 Waiver
To: <1115Implementation@dmas.virginia.gov>

I offer the following comments concerning the proposed changes to Virginia's Medicaid program. Work requirements attempt solve a problem that does not exist since most working-age adults on Medicaid are currently employed. I know from experience that mandates to work are humiliating to the people they are imposed on and mostly serve political purposes -- the vast majority of Americans, INCLUDING LOW-INCOME AMERICANS, want to do their fair share to the degree they are able. If you are concerned about single mothers (I was one) unable to find steady work, perhaps a harder look at affordable, good-quality daycare is in order.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 11, 2018 at 3:51 PM
Subject: Proposed Medicaid Waiver Application
To: <1115Implementation@dmas.virginia.gov>

As a parent of a young adult with special needs who is on Medicaid (she is on SSI Disability), I know firsthand the insurmountable barrier that will result of having the troubling requirements that Virginia proposes for Medicaid. It is hard enough for many people to take care of their daily obligations without having to navigate through a longer task list that includes work requirements. This policy choice will undoubtedly cause many low-income people in our state to lose coverage (like it did in Arkansas), including people who should be exempt but may not understand how to navigate the administrative hurdles.

And people who are eligible for Medicaid expansion are having a hard enough time making ends meet — they don't need to have to deal with co-pays or monthly premiums. We really need to avoid medical debt for these individuals. Instead of trying to get more money from those who will benefit from Medicaid expansion, we should consider serious tax reform and have wealthy Virginians pay more: they can afford it!

Finally, one of the things I learned long ago when I attended the University of Chicago's School of Service Administration is that work requirements, co-pays, and other similar bureaucratic elements cost more to administer than is worth. To put it simply, the basic theories around social service delivery systems tell us these are not good things.

Let's try to figure out ways to make it easier for people to get the health care they need, not harder.

Thanks for the opportunity to shares these thoughts with you.

[REDACTED]

Virginia Organizing

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 11, 2018 at 4:21 PM
Subject: VBCF Comments on COMPASS proposal
To: <1115Implementation@dmas.virginia.gov>

Cc: [REDACTED]

VBCF Comments on COMPASS proposal (Creating Opportunities for Medicaid Participants to Achieve Self-Sufficiency)

We at the Virginia Breast Cancer Foundation (VBCF) were strong advocates for the passage of Medicaid expansion in Virginia. That is because we know that access to quality health care results in more preventative services such as breast cancer screenings and mammograms. Timely screenings can lead to earlier breast cancer detection and improved treatment options. Medicaid expansion in Virginia will help low-income women gain access to the cancer screenings they need. But not if the VA Compass proposal is implemented.

The most effective tool to combat breast cancer is early detection. And research shows that expanding Medicaid coverage helps more low-income women gain access to cancer screening. A 2015 study presented at the annual meeting of the Radiological Society of North America revealed that in states that were among the first to adopt Medicaid expansion, low-income women were 25 percent more likely to be screened for breast cancer than those in non-expansion states. Routine screenings lead to earlier diagnosis, improving treatment options and outcomes, thus reducing the cost of care compared to later diagnosis. Yet, VA's Compass proposal would result in fewer women with health insurance. This is unacceptable.

The Department of Medical Assistance Services (DMAS) estimates show that more than 25,000 Virginians would lose health coverage through Medicaid with these new requirements. The Compass proposal is complex and confusing for enrollees with requirements such as monthly premiums and contributions to a health and wellness account. Enrollees in other states with similar requirements, found that they are confusing and financially burdensome and can lead to loss of coverage. Virginians without access to health insurance may be unable to afford cancer screenings, leaving them vulnerable to delayed diagnosis and treatment.

VBCF believes the Compass proposal is moving Virginia in the wrong direction. Creating barriers to health care coverage for low-income Virginians does not create stronger and healthier communities. It does just the opposite. We believe all women and men in Virginia should have affordable health insurance so that they can access the cancer screenings they need. We strongly oppose the burdensome requirements of the Compass proposal.

Thank you,

[REDACTED]

Executive Director

2821 Emerywood Parkway, Suite 203

Richmond, VA 23294



www.vbcf.org



Executive Director

2821 Emerywood Parkway, Suite 203

Richmond, VA 23294



www.vbcf.org

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 11, 2018 at 5:42 PM
Subject: NO Medicaid Waiver
To: <1115Implementation@dmas.virginia.gov>

The following comments are in regard to the proposed Medicaid waiver application to CMS. Virginians insisted on expanding Medicaid so we could help families and individuals when they are going through tough times. It should not be taken away for failure to follow through on red tape and bureaucracy. The working poor not only are short on money, they are often short on time because they are working many hours at low-paying jobs to make ends meet.

Monthly premiums would lead to thousands of people having to choose between health care and groceries for their families. Medicaid is supposed to help the neediest, not create a financial hardship. Taking coverage away from people because they are unable to afford it would defeat the purpose of it.

There are also those who need to catch up on crucial health screenings, both physical and mental, and long-delayed care who cannot currently meet the proposed hours of monthly work requirements until they regain their health. I find it cruel to leave our most vulnerable Virginians further behind when they are the ones most in need.

Medicaid expansion is the hand-up that will reap exponential benefits in building a healthy, vibrant Commonwealth. It is meant to be a caring investment in people's health and well-being, not a punitive judgment by imposing unnecessary work requirements in order to receive coverage. Our power is in our people, their whole, vital selves.

Thank you for allowing the public to comment.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 11, 2018 at 6:47 PM
Subject: Oppose new Medicaid work rules
To: <1115Implementation@dmas.virginia.gov>

I oppose the proposed work rules for Medicaid called Virginia Compass, which include complex work and documentation requirements, monthly premiums and other costly provisions to Medicaid expansion. Creating and running this program will cost an estimated \$25 million per year, do little to incentivize work, leave some people still without healthcare, and discourage others from even applying because the requirements seem too complex. I am a member of the Catholic Church, and we believe that healthcare is a fundamental human right and that our policies and actions should reflect a preferential option for the poor.

Thank you,

[REDACTED]

Arlington VA

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 11, 2018 at 8:04 PM
Subject: Opposition to Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

As an advocate for expanded healthcare coverage, I am writing to you regarding my concerns with this waiver application. Please give consideration to my views. People who qualify for Medicaid need reliable health care access just like everyone does. Access to care is important to maintaining a job and living a productive life. There should not be barriers like this proposal contains. I trust you will take these thoughts and comments into consideration as this process continues.

[REDACTED]

Virginia Organizing

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 11, 2018 at 8:13 PM
Subject: Responding to waiver proposal
To: <1115Implementation@dmas.virginia.gov>

As an advocate for expanded healthcare coverage, I am writing to you regarding my concerns with this waiver application. Please give consideration to my views. Monthly premiums of any amount would be too expensive for many families to pay regularly. These are already very poor families who struggle to afford basics like food and rent. If they qualify for Medicaid, they are unlikely to have the extra money to pay a premium.

Failure to comply with the reporting requirements could result in being locked out of coverage. Losing access to care can have dire consequences that are not consistent with the effort to expand access so people can lead healthier lives. Please make the right changes to the Medicaid waiver proposal.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 11, 2018 at 8:22 PM
Subject: Comments about Virginia Compass
To: <1115Implementation@dmas.virginia.gov>

The comments below, describe my concerns about and opposition to the proposed changes to Virginia's Medicaid program. While monthly premiums may seem like a reasonable requirement, they can be a barrier that prevents people from accessing healthcare. The underlying purpose of Medicaid in Virginia is to make health care readily accessible to people and premiums are counterproductive.

The Medicaid population often suffers from language barriers, disabilities, mental illness, insecure work, frequent moves, and homelessness. All these factors create significant challenges to successfully navigate growingly complicated government programs. I am grateful for the opportunity to offer comments.

[REDACTED]

Virginia Organizing

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 11, 2018 at 9:33 PM
Subject: My concerns about the Virginia COMPASS program
To: <1115Implementation@dmas.virginia.gov>

The subject of my letter is the Commonwealth's proposed Medicaid waiver application which includes too many complicated burdens. Requirements that have little to do with the intent of Medicaid need to be removed because they interfere with access by creating multiple new barriers. People need easy access that allows them to use the health care they need in a logical way.

Charging people to participate defeats the purpose of expanded Medicaid coverage. We must keep Medicaid affordable for lower income families. They depend on affordable health care to keep working and stay healthy. I hope you consider my comments about this proposed waiver.

[REDACTED]

Mr.

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 12, 2018 at 10:28 AM
Subject: Medicaid Expansion
To: <1115implementation@dmas.virginia.gov>

Cc: [REDACTED]

To Whom it May Concern,

We would like to register our opposition to Virginia Compass. The restrictions and requirements required for people to qualify for Medicaid expansion would be onerous, restrictive, discouraging and defeat the whole purpose for expanding Medicaid. We believe everyone has a basic, fundamental right to quality, affordable health care. The process to qualify for this expansion should be simple, quick and affordable. There is a critical need to expand affordable, easy access to health care coverage for the benefit of not only the poorest among us but for all Virginians. Following the principals of common sense, decency and simply doing the right thing for everyone that needs health care coverage is a simple idea and path that should be implemented.

Thank you for your time and consideration. We look forward to seeing the successful expansion of Medicare coverage for everyone.

Sincerely,

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 12, 2018 at 10:48 AM
Subject: Proposed Virginia COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

I am opposed to certain new burdens included in proposed COMPASS Medicaid program. Access to health coverage is important and it helps support work. We should not threaten to take away health coverage from our citizens because they fail to submit the right paperwork on time, they cannot get the hours they need at work, or have a difficult time finding work altogether.

If someone has a disability they may have a harder time complying with some of the qualifications in this proposal. That could end up in their losing access to care. Please keep the best interest of Virginia's working families in mind as you consider my thoughts.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 12, 2018 at 10:51 AM
Subject: Proposed Medicaid Waiver Application
To: <1115Implementation@dmas.virginia.gov>

I am writing to you with regard to Virginia's proposed Medicaid waiver which has problems as it is currently written. The goal of Medicaid is to give coverage to those who need it. This would stop sick people from receiving the care that they need and keep healthy people from staying healthy.

Job requirements like this and other efforts to take away public supports to try to encourage people to work have poor track records. The reasons people are unemployed are sometimes too complicated to address in the way this proposal does. This requirement will just deny people healthcare coverage. Thank you very much for considering my thoughts on this waiver application.

[REDACTED]

Virginia Organizing Harrisonburg

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 12, 2018 at 11:03 AM
Subject: NO Medicaid Waiver
To: <1115Implementation@dmas.virginia.gov>

As someone who believes access to health care is critical, I write in opposition to some of the changes to Virginia's Medicaid program proposed in this draft. Work requirements do not work. These poor policy choices proposed will reduce access to care to people that need it most. A healthy person is better able to contribute to the workforce, and this program is supposed to focus on health.

Virginians insisted on expanding Medicaid so we could help families and individuals when they are going through tough times. It should not be taken away for failure to follow through on red tape and bureaucracy. The working poor not only are short on money they are often short on time because they are working many hours at low-paying jobs to make ends meet. Please take this into account and make changes to COMPASS.

[REDACTED]

Planned Parenthood Advocates Of Virginia

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 12, 2018 at 11:24 AM
Subject: Arguments against COMPASS
To: <1115Implementation@dmas.virginia.gov>

As an advocate for expanded healthcare coverage, I am writing to you regarding my concerns with this waiver application. Please give consideration to my views. Individuals with complicated health issues often experience lapses in employment due to their condition or may have been told by a doctor to take time away from work as part of their treatment and recovery. This proposal does not consider this situation and requires the sick person to prove they were sick. I am hopeful that you change the proposed waiver.

In addition, poor people have fewer choices of jobs, and many jobs have irregular work hours. Some jobs may have low hours for a month or two due to weather, for example. The work requirements would kick them off of health care and make it harder for them to work in the future, because their prescriptions would go unfilled and they would stop going to doctors. One study estimated that work requirements of 20 hours per week would result in 20% of CURRENTLY WORKING medicaid recipients being kicked off the roles.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 12, 2018 at 12:01 PM
Subject: 1115 implementation
To: <1115Implementation@dmas.virginia.gov>

It is neither feasible nor moral to require certain populations to work in order to obtain health insurance through Medicaid. Disabled individuals and those that take care of them, parents with small children, individuals with no access to transportation, public or private, cannot be expected to work at a job outside their home. In some cases, flexible employment may be a possibility, if the individual is available (ie not taking care of disabled adults or small children) and has access to a computer in their home, and has access to the internet. These are not universal in Virginia. Until the Commonwealth of Virginia addresses these very real hurdles, which Virginia has historically not addressed, the work requirement for most people under Medicaid expansion is just not feasible. If you insist on implementing a blanket work requirement in order to obtain Medicaid, you are issuing a false promise. Too many of those in need of the Medicaid expansion are in positions where the work requirement will eliminate their options. Thank you very much.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 12, 2018 at 12:41 PM
Subject: Comments Against Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

As someone who believes access to health care is critical, I write in opposition to some of the changes to Virginia's Medicaid program proposed in this draft. There are many reasons that a patient might not comply with the many requirements in this proposed program and would result in their losing care. For example, there could be a language barrier or intellectual disability that makes it hard to fully understand the requirements. People in this situation need easy, uncomplicated access. This program does not promise that.

Workers in many hourly jobs may have more than a full-time load of work one month, but they may fall below the required 80 hours the next month and could be subject to lose their health coverage. The cost of monitoring compliance and diminished value of only having healthcare coverage some of the time makes it unjustifiable. Thank you very much for considering my thoughts on this waiver application.

[REDACTED]

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 12, 2018 at 12:51 PM
Subject: Commenting on Virginia Compass
To: <1115Implementation@dmas.virginia.gov>

The following email explains my concerns about the proposed new requirements to receive coverage under Virginia's Medicaid program. Please consider this information in your work. Losing healthcare would be catastrophic for families. I believe Medicaid should provide coverage for families not take them away.

Even if charging monthly premiums saved Virginia money, it would be a bad idea. But since doing so actually costs more than it saves because of all the staff and systems it would require, it really makes no sense. The purpose of expanding health coverage to the working poor is to help them get and stay healthy. The program needs to stay focused on that main goal. Please take the public's comments into consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 12, 2018 at 1:20 PM
Subject: Comments about Virginia Compass
To: <1115Implementation@dmas.virginia.gov>

I am opposed to the new burdens proposed to be included in the Medicaid program. Implementing the job requirement will not help many people get jobs because the majority of Medicaid enrollees are already working, disabled, ill, caretakers, pregnant women, students, retired, or looking for work. The requirement is a big cost with little possible result. Many people have children or are caretakers and cannot leave home without extra help. Without a steady income, this is impossible. Please make necessary improvements to the proposed draft. Thank you for your consideration.

[REDACTED]

None

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 12, 2018 at 1:25 PM
Subject: Regarding Virginia COMPASS Application
To: <1115Implementation@dmas.virginia.gov>

The following comments are in regard to the proposed Medicaid waiver application to CMS. Taking away people's health care does not make sense. There is research that shows that when people have access to health coverage, they are more likely to take care of their health care needs and are able to be more productive. I am hopeful that you take my comments into consideration and make the necessary changes.

[REDACTED]

Virginia Interfaith Center & Our Lady Queen Of Peace Catholic Church (Arlington, VA)

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 12, 2018 at 1:40 PM
Subject: COMPASS objections
To: <1115Implementation@dmas.virginia.gov>

As an advocate for expanded healthcare coverage, I am writing to you regarding my concerns with this waiver application. Please give consideration to my views. The nature of the jobs that many low-income Virginians have makes it challenging to meet the proposed requirement for 80 hours a month. These jobs can have irregular hours and may not meet the requirement from one month to the next. Please take this into account and make changes to COMPASS.

[REDACTED]

Virginia Organizing

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 12, 2018 at 1:48 PM
Subject: Comments opposing Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

I am writing with regard to Virginia's COMPASS program and my opposition to certain components of it. Taking away people's health care does not make sense. There is research that shows that when people have access to health coverage, they are more likely to take care of their health care needs and are able to be more productive.

Monthly premiums of any amount would be too expensive for many families to pay regularly. These are already very poor families who struggle to afford basics like food and rent. If they qualify for Medicaid, they are unlikely to have the extra money to pay a premium. Please keep the best interest of Virginia's working families in mind as you consider my thoughts.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 12, 2018 at 2:16 PM
Subject: Issues with Virginia 1115 Waiver
To: <1115Implementation@dmas.virginia.gov>

I am writing to you today regarding Virginia's Medicaid waiver proposal, I oppose the aspects of this program that create new burdens on people who are already struggling. Workers in many hourly jobs may have more than a full-time load of work one month, but they may fall below the required 80 hours the next month and could be subject to lose their health coverage. The cost of monitoring compliance and diminished value of only having healthcare coverage some of the time makes it unjustifiable.

Many Virginians depend on Medicaid when they are sick and need help. Implementing this proposed waiver would mean taking away health care when people are most vulnerable. If someone has low income and becomes ill and cannot work that is not the time to take away their coverage. Please take my comments and those of others seriously.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 12, 2018 at 2:24 PM
Subject: DMAS – Virginia Compass Waiver
To: <1115Implementation@dmas.virginia.gov>

The following comments are offered for consideration as public comment on the Medicaid waiver draft. There are several components of it that concern me as a citizen. Low income people make hard financial choices every day. Because of this, charging monthly premiums will likely result in lapses in healthcare coverage. It is a short-term decision that can have long-term health implications. We don't want Virginians to have to sacrifice their health so they can keep a roof over their head. I am hopeful that you take my comments into consideration and make the necessary changes.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 12, 2018 at 2:36 PM
Subject: Virginia COMPASS Waiver Comments - Exempt People with Cystic Fibrosis from the TEEOP Requirements
To: Virginia C.O.M.P.A.S.S. <1115Implementation@dmas.virginia.gov>

Dear Ms. Puglisi,

As a Virginia resident and someone personally affected by cystic fibrosis (CF), I'm writing to ask you to automatically exempt people with CF from the work and community engagement requirements and premiums in Virginia's Creating Opportunities for Medicaid Participants to Achieve Self Sufficiency (COMPASS) Waiver. Furthermore, I ask that the commonwealth use its own data to identify people with CF for exemption to minimize the risk of inappropriate disenrollment and administrative burden on recipients.

CF is a life-threatening genetic disease that causes persistent lung infections and progressively limits the ability to breathe, often leading to respiratory failure. Over 720 Virginians live with CF. As a complex, multi-system condition, CF requires targeted, highly specialized treatment and medications. There is no known cure.

Nearly 150 adults in Virginia rely on Medicaid to receive the high quality, specialized care and they need—and many more may gain Medicaid coverage if the state's expansion is approved. While many Medicaid recipients living with CF are employed, others are unable to work due to health status or the amount of time they need to spend on their treatments. To stay healthy, people with CF must endure hours of treatment every day – including receiving chest physiotherapy, taking inhaled treatments, potentially administering IV antibiotics, and other activities. In addition, people with CF commonly deal with pulmonary exacerbations (episodes where the symptoms of CF get worse and often lead to hospitalization), infections, and other events that cause their health to decline rapidly, potentially taking them out of the workforce for significant periods of time.

I also have concerns about the premium requirements outlined in the proposed waiver and the impact on access to care for people with CF. Not only are nominal premiums often unaffordable for low income beneficiaries, but the process of making a premium payment can create barriers to care for a population that may not have bank accounts or credit cards. In fact, studies have shown that the addition of premiums leads to a reduction in Medicaid enrollment.

While I appreciate that the state plans to exempt many individuals, including those designated as medically frail or with a special medical need, I ask the state to specifically include people with CF in the definition of those who are automatically exempt.

Consistent care is a critical component of CF treatment, and any loss or gaps in health coverage, because of failure to comply with these requirements, may put the health of people with CF at risk.

Again, I urge you to specifically and automatically exempt people with CF from the work requirement. Your attention to this matter will help people with CF continue to have access to the highly specialized care they need to live full and healthy lives.

Sincerely,

[REDACTED]

[REDACTED]

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 12, 2018 at 2:37 PM
Subject: Virginia COMPASS Waiver Comments - Exempt People with Cystic Fibrosis from the TEEOP Requirements
To: Virginia C.O.M.P.A.S.S. <1115Implementation@dmas.virginia.gov>

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While I appreciate that the state plans to exempt many individuals, including those designated as medically frail or with a special medical need, I ask the state to specifically include people with CF in the definition of those who are automatically exempt.

Consistent care is a critical component of CF treatment, and any loss or gaps in health coverage, because of failure to comply with these requirements, may put the health of people with CF at risk.

Again, I urge you to specifically and automatically exempt people with CF from the work requirement. Your attention to this matter will help people with CF continue to have access to the highly specialized care they need to live full and healthy lives.

Sincerely,

[REDACTED]

[REDACTED]

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 12, 2018 at 2:37 PM
Subject: Virginia COMPASS Waiver Comments - Exempt People with Cystic Fibrosis from the TEEOP Requirements
To: Virginia C.O.M.P.A.S.S. <1115Implementation@dmas.virginia.gov>

Dear Ms. Puglisi,

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I also have concerns about the premium requirements outlined in the proposed waiver and the impact on access to care for people with CF. Not only are nominal premiums often unaffordable for low income beneficiaries, but the process of making a premium payment can create barriers to care for a population that may not have bank accounts or credit cards. In fact, studies have shown that the addition of premiums leads to a reduction in Medicaid enrollment.

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Sincerely,

[REDACTED]

[REDACTED]

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 12, 2018 at 2:39 PM
Subject: Virginia COMPASS Waiver Comments - Exempt People with Cystic Fibrosis from the TEEOP Requirements
To: Virginia C.O.M.P.A.S.S. <1115Implementation@dmas.virginia.gov>

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Sincerely,

[REDACTED]

[REDACTED]

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 12, 2018 at 2:45 PM
Subject: Virginia COMPASS Waiver Comments - Exempt People with Cystic Fibrosis from the TEEOP Requirements
To: Virginia C.O.M.P.A.S.S. <1115Implementation@dmas.virginia.gov>

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Sincerely,

[REDACTED]

[REDACTED]

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 12, 2018 at 2:46 PM
Subject: Virginia COMPASS Waiver Comments - Exempt People with Cystic Fibrosis from the TEEOP Requirements
To: Virginia C.O.M.P.A.S.S. <1115Implementation@dmas.virginia.gov>

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[REDACTED]

[REDACTED]

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 12, 2018 at 2:53 PM
Subject: Virginia COMPASS Waiver Comments - Exempt People with Cystic Fibrosis from the TEEOP Requirements
To: Virginia C.O.M.P.A.S.S. <1115Implementation@dmas.virginia.gov>

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[REDACTED]

[REDACTED]

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 12, 2018 at 2:53 PM
Subject: Virginia COMPASS Waiver Comments - Exempt People with Cystic Fibrosis from the TEEOP Requirements
To: Virginia C.O.M.P.A.S.S. <1115Implementation@dmas.virginia.gov>

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Sincerely,

[REDACTED]

[REDACTED]

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 12, 2018 at 3:03 PM
Subject: I oppose COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

This comment is directed toward certain aspects of Virginia's Medicaid waiver application. Virginia should not add more red tape to our Medicaid program. Requiring individuals to document their work has been shown to reduce enrollment in Medicaid overall. Virginians have waited so long for expansion. The state should do everything in its power to ensure that we have a good enrollment process, but I fear that adding more paperwork will not help us meet that goal.

Some mental illnesses, especially if they are untreated, make it very difficult for someone to comply with this proposal - resulting in their losing access to care. This could easily spiral into much more expensive treatments and hospitalizations. Thanks for considering my thoughts on this waiver application.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 12, 2018 at 3:27 PM
Subject: [REDACTED] COMPASS Waiver Comments - Exempt People with Cystic Fibrosis from the TEEOP Requirements
To: Virginia C.O.M.P.A.S.S. <1115Implementation@dmas.virginia.gov>

Dear Ms. Puglisi,

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Sincerely,

[REDACTED]

[REDACTED]

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 12, 2018 at 3:46 PM
Subject: Comments about Virginia Compass
To: <1115Implementation@dmas.virginia.gov>

This email is in opposition to some requirements proposed in Virginia's Medicaid waiver. I hope you will take my views under advisement. Charging monthly premiums will make it harder for people with chronic illness to visit their doctors. Routine visits in order to monitor conditions and receive prescriptions will become too costly which can lead to negative health outcomes.

The proposed changes to Medicaid could deny health insurance to sick individuals when they are most in need. I do not support this approach that creates barriers to access. Thank you for reading my comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 12, 2018 at 3:48 PM
Subject: Virginia COMPASS Waiver Comments - Exempt People with Cystic Fibrosis from the TEEOP Requirements
To: Virginia C.O.M.P.A.S.S. <1115Implementation@dmas.virginia.gov>

Dear Ms. Puglisi,

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Sincerely,

[REDACTED]

[REDACTED]

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 12, 2018 at 3:50 PM
Subject: Virginia COMPASS Waiver Comments - Exempt People with Cystic Fibrosis from the TEEOP Requirements
To: Virginia C.O.M.P.A.S.S. <1115Implementation@dmas.virginia.gov>

Dear Ms. Puglisi,

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Sincerely,

[REDACTED]

[REDACTED]

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 12, 2018 at 7:02 PM
Subject: Virginia COMPASS Waiver Comments - Exempt People with Cystic Fibrosis from the TEEOP Requirements
To: Virginia C.O.M.P.A.S.S. <1115Implementation@dmas.virginia.gov>

Dear Ms. Puglisi,

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Sincerely,

[REDACTED]

[REDACTED]

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 12, 2018 at 7:05 PM
Subject: Virginia COMPASS Waiver Comments - Exempt People with Cystic Fibrosis from the TEEOP Requirements
To: Virginia C.O.M.P.A.S.S. <1115Implementation@dmas.virginia.gov>

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Sincerely,

[REDACTED]

[REDACTED]

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 12, 2018 at 7:12 PM
Subject: Virginia COMPASS Waiver Comments - Exempt People with Cystic Fibrosis from the TEEOP Requirements
To: Virginia C.O.M.P.A.S.S. <1115Implementation@dmas.virginia.gov>

Dear Ms. Puglisi,

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Nearly 150 adults in Virginia rely on Medicaid to receive the high quality, specialized care and they need—and many more may gain Medicaid coverage if the state's expansion is approved. While many Medicaid recipients living with CF are employed, others are unable to work due to health status or the amount of time they need to spend on their treatments. To stay healthy, people with CF must endure hours of treatment every day – including receiving chest physiotherapy, taking inhaled treatments, potentially administering IV antibiotics, and other activities. In addition, people with CF commonly deal with pulmonary exacerbations (episodes where the symptoms of CF get worse and often lead to hospitalization), infections, and other events that cause their health to decline rapidly, potentially taking them out of the workforce for significant periods of time.

I also have concerns about the premium requirements outlined in the proposed waiver and the impact on access to care for people with CF. Not only are nominal premiums often unaffordable for low income beneficiaries, but the process of making a premium payment can create barriers to care for a population that may not have bank accounts or credit cards. In fact, studies have shown that the addition of premiums leads to a reduction in Medicaid enrollment.

While I appreciate that the state plans to exempt many individuals, including those designated as medically frail or with a special medical need, I ask the state to specifically include people with CF in the definition of those who are automatically exempt.

Consistent care is a critical component of CF treatment, and any loss or gaps in health coverage, because of failure to comply with these requirements, may put the health of people with CF at risk.

Again, I urge you to specifically and automatically exempt people with CF from the work requirement. Your attention to this matter will help people with CF continue to have access to the highly specialized care they need to live full and healthy lives.

Sincerely,

[REDACTED]

[REDACTED]

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 12, 2018 at 10:00 PM
Subject: Virginia COMPASS Waiver Comments - Exempt People with Cystic Fibrosis from the TEEOP Requirements
To: Virginia C.O.M.P.A.S.S. <1115Implementation@dmas.virginia.gov>

Dear Ms. Puglisi,

As a Virginia resident and someone personally affected by cystic fibrosis (CF), I'm writing to ask you to automatically exempt people with CF from the work and community engagement requirements and premiums in Virginia's Creating Opportunities for Medicaid Participants to Achieve Self Sufficiency (COMPASS) Waiver. Furthermore, I ask that the commonwealth use its own data to identify people with CF for exemption to minimize the risk of inappropriate disenrollment and administrative burden on recipients.

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Sincerely,

[REDACTED]

[REDACTED]

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 12, 2018 at 10:44 PM
Subject: Virginia COMPASS Waiver Comments - Exempt People with Cystic Fibrosis from the TEEOP Requirements
To: Virginia C.O.M.P.A.S.S. <1115Implementation@dmas.virginia.gov>

Dear Ms. Puglisi,

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Sincerely,

[REDACTED]

[REDACTED]

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 12, 2018 at 2:07 PM
Subject: Writing about Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

The comments below, describe my concerns about and opposition to the proposed changes to Virginia's Medicaid program. The proposed changes to Medicaid would take away health insurance from sick individuals when they need it most. I do not support this approach. Virginians should have easy access to the right care.

Work requirements do not work. These poor policy choices proposed will reduce access to care to people that need it most. A healthy person is better able to contribute to the workforce, and this program is supposed to focus on health. Please consider my comments on this proposed program.

[REDACTED]

Unitarian Universalist Fellowship

From: [REDACTED] <[REDACTED]>
Date: Sat, Oct 13, 2018 at 7:05 AM
Subject: Virginia COMPASS Waiver Comments - Exempt People with Cystic Fibrosis from the TEEOP Requirements
To: Virginia C.O.M.P.A.S.S. <1115Implementation@dmas.virginia.gov>

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Sincerely,

[REDACTED]

[REDACTED]

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Sun, Oct 14, 2018 at 9:32 AM
Subject: COMPASS objections
To: <1115Implementation@dmas.virginia.gov>

This comment is in relation to the recent Medicaid waiver that was proposed. There are several troubling changes proposed that I oppose. Virginia should not implement health and wellness accounts because there is very little research showing that health and wellness accounts help Medicaid recipients use services more cost-effectively.

The red tape and bureaucracy surrounding the COMPASS program will throw people off Medicaid. People that are following the rules will suffer due to the complicated system that COMPASS is creating. Thank you for the opportunity to share these insights.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Sun, Oct 14, 2018 at 1:10 PM
Subject: DMAS Public Comment
To: <1115Implementation@dmas.virginia.gov>

I would like to make a public comment about the proposed 1115 Medicaid waiver. Losing health coverage for someone with a chronic illness would be devastating. Being locked out of health care due to failure to reporting work activities or being unable to pay monthly premiums could lead to terrible health outcomes for many Virginians. Thanks for allowing me to comment on this waiver.

Many low income adults do not have access to the internet and may not know how to use the internet, which clearly will prevent them from working in today's work force and comply with the rules. Some do not have higher education, which also inhibits them from getting jobs. Others have physical limitations that prevent them from working in certain jobs or at all.

My guess is many people that need the medical assistance are all ready working. Those that have low wage jobs can't afford to pay the high medical costs of this country.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Sun, Oct 14, 2018 at 1:45 PM
Subject: Issues with Virginia 1115 Waiver
To: <1115Implementation@dmas.virginia.gov>

The following comments are in regard to the proposed Medicaid waiver application to CMS. In addition to creating a costly new government program to administer, this will also create restrictions to access. Programs similar to this proposal have not been proven to increase employment, but have been shown to prevent access to care.

In addition, as a social work student, I have worked directly with several Virginians attempting to apply or reapply for Medicaid, CHIP, and other services currently processed through the county Department of Social Services offices. As it is currently, these processes are already very difficult to navigate, paperwork is often misplaced or filed incorrectly, and the complexity of the proposed work requirements only adds to the already hefty workload of DSS staff while creating another hoop for recipients to jump through.

Work requirements in this program do not help families afford to put food on the table or improve their health. There is some evidence that shows that work requirements can actually make it harder for people to find work. This is not good policy. Thanks for allowing me to comment on this waiver.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Sun, Oct 14, 2018 at 2:05 PM
Subject: Comments on 1115 waiver
To: <1115Implementation@dmas.virginia.gov>

Thank you for your consideration of the attached comments on Virginia's proposed 1115 Medicaid waiver.

Regards

[REDACTED]

ATTACH

October 14, 2018

Virginia Department of Medical Assistance Services
Attn: Virginia COMPASS
600 E Broad Street
Richmond, VA 23219

Re: Virginia's COMPASS 1115 Demonstration Extension Application

Dear Susan Puglisi,

I am writing to express my strong opposition to Virginia's proposal to take away health coverage from parents who do not meet new work requirements, as well as the proposal to require premium payments. I write as a Virginia resident and a mother, and draw on my professional expertise regarding programs for low-income individuals.

My focus is on the harmful impact the proposed Training, Education, Employment, and Opportunity Program (TEEOP), which is a proposal to deny health coverage under Medicaid to recipients are unable to comply with a work requirement for beneficiaries unless they qualify for an exemption. In total, Virginia estimates that approximately 120,000 enrollees would not qualify for an exemption and, therefore, be subject to the work requirement. This would undermine the gains of Virginia's upcoming expansion of Medicaid coverage.

Medicaid plays a critical role in supporting the health and well-being of low-income adults and children. Health insurance allows people to get routine physicals and vaccines, to receive treatment for chronic conditions, and to respond to medical emergencies without incurring crushing debt. Let me use my own story as an example. A few years ago, my family went camping in Prince William Forest. While collecting wood for our campfire, my son disturbed a copperhead snake and was bitten in the hand. The bills for his treatment totalled nearly \$150,000. This was a frightening incident, but thanks to prompt medical treatment, he only has a small scar on his hand. And thanks to insurance, it was not a devastating economic event for my family.

Medicaid work requirements are grounded in a myth that recipients need to be forced to work. In fact, many Medicaid enrollees work in low-wage jobs where employer-sponsored health care is not offered or is prohibitively expensive. Others may have health concerns that threaten employment stability, and without Medicaid, would be denied access to the medical supports they need to hold a job, such as access to critical medications. This provision would also increase administrative costs of the Medicaid program and reduce the use of preventive and early treatment services, ultimately driving up the costs of care while also leading to worse health outcomes. People who miss work due to personal or family illness could lose their insurance at the same time.

The Medicaid statute is clear that the purpose of the program is to furnish medical assistance to individuals whose incomes are not enough to meet the costs of necessary medical care and furnish such assistance and services to help these individuals attain or retain the capacity for

independence and self-care. States are allowed in limited circumstances to request to “waive” provisions of the rule but the Secretary of Health and Human Services (HHS) may only approve a project which is “likely to assist in promoting the objectives” of the Medicaid Act.¹ A waiver that does not promote the provision of affordable health care would not be permissible.

This waiver proposal’s attempt to transform Medicaid and reverse its core function will result in parents losing needed coverage, poor health outcomes, and higher administrative costs. There is extensive and strong literature that shows, as a recent New England Journal of Medicine review concludes, “Insurance coverage increases access to care and improves a wide range of health outcomes.”² Moreover, losing health coverage will also make achieving work and education goals significantly more difficult for beneficiaries. This waiver is therefore inconsistent with the Medicaid purpose of providing medical assistance and should be withdrawn. It is also inconsistent with improving health and increasing employment.

The complexity of the processes and the ensuing churn will also impose administrative costs on social service offices and health care providers. Many people will likely call or visit their local DSS offices, health care providers, and nonprofit organizations with questions or needing help with their paperwork. People who lose benefits will later reapply, which consumes more staff time. People losing coverage will have to cancel and reschedule medical appointments

I also oppose the waiver proposal to require individuals with income between 100 to 138 of the federal poverty line to pay a monthly premium or risk losing coverage. Medicaid has strong affordability protections to ensure that beneficiaries have access to a comprehensive service package and are protected from out-of-pocket costs, particularly those due to an illness.³

Studies of the Healthy Indiana waiver, which required Medicaid recipients with incomes between 100 and 138 percent of FPL to pay a premium⁴ or face disenrollment or lockout,⁵ have found that it deters enrollment. About one-third of individuals who applied and were found eligible were not enrolled because they did not pay the premium.⁶ Moreover, simply the burden of understanding the premium requirements and submitting payments on a regular basis may be a challenge to people struggling with an overload of demands on their time. In a survey of Indiana enrollees who failed to pay the required premium, more than half reported confusion of either the payment process or the plan as the primary reason, and another 13 percent indicated that they forgot.⁷

Thank you for your consideration

[Redacted signature block]

[Redacted signature block]

All sources accessed October 2018.

¹ Jane Perkins, “Section 1115 Demonstration Authority: Medicaid Act Provisions That Prohibit a Waiver,” National Health Law Program, 2017, <http://www.healthlaw.org/issues/medicaid/waivers/sec-1115-demonstration-authority-medicaid-provisions-that-prohibit-waiver#.WhRIBFWnHIU>.

² Benjamin D. Sommers, M.D., Ph.D., Atul A. Gawande, M.D., M.P.H., and Katherine Baicker, Ph.D., Health Insurance Coverage and Health — What the Recent Evidence Tells Us, *New England Journal of Medicine*, July 21, 2017. <http://www.nejm.org/doi/full/10.1056/NEJMs1706645>.

³ Commonwealth Fund, “Does Medicaid Make a Difference,” 2014, <http://www.commonwealthfund.org/publications/issue-briefs/2015/jun/does-medicaid-make-a-difference>.

⁴ MaryBeth Musumeci, Robin Rudowitz, Petry Ubri, and Elizabeth Hinton, “An Early Look at Medicaid Expansion Waiver Implementation in Michigan and Indiana,” Kaiser Family Foundation, January 2017, <http://files.kff.org/attachment/Issue-Brief-An-Early-Look-at-Medicaid-Expansion-Waiver-Implementation-in-Michigan-and-Indiana>. Lower-income recipients could opt to pay a premium in order to receive an enhanced package of benefits.

⁵ Dee Mahan, “Indiana’s Medicaid Expansion Waiver: Arguments to Counter Problematic Elements,” FamiliesUSA, February 2015, <http://familiesusa.org/product/indiana-medicaid-expansion-waiver-arguments-counter-problematic-elements>.

⁶ Judith Solomon, “Indiana Medicaid Waiver Evaluation Shows Why Kentucky’s Medicaid Proposal Shouldn’t Be Approved,” Center on Budget and Policy Priorities, August 2016, <http://www.cbpp.org/research/health/indiana-medicaid-waiver-evaluation-shows-why-kentuckys-medicaid-proposal-shouldnt-be>.

⁷ The Lewin Group, Inc., *Indiana Healthy Indiana Plan 2.0: Interim Evaluation Report*, July 2016, <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/in/Healthy-Indiana-Plan-2/in-healthy-indiana-plan-support-20-interim-evl-rpt-07062016.pdf>.

From: [REDACTED] <[REDACTED]>
Date: Sun, Oct 14, 2018 at 3:52 PM
Subject: Problems with COMPASS
To: <1115Implementation@dmas.virginia.gov>

These comments are about the Commonwealth's Medicaid waiver application. I appreciate your taking them into consideration. Charging people to participate defeats the purpose of expanded Medicaid coverage. We must keep Medicaid affordable for lower income families. They depend on affordable health care to keep working and stay healthy.

Medicaid provides critical access to the prevention and treatment of illnesses but if that access is denied the opportunity to keep people healthy is lost. We need a program that ensures consistent access. I hope you consider my comments about this proposed waiver.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Sun, Oct 14, 2018 at 4:10 PM
Subject: COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

Hello,

It would be helpful if the waiver included requiring DMAS to inform Medicaid enrollees about alternatives to government health insurance such as Association Health Plans, Direct Primary Care, Health Sharing groups and philanthropic organizations.

Regards,

[REDACTED]

Clifton, VA

From: [REDACTED] <[REDACTED]>
Date: Sun, Oct 14, 2018 at 7:06 PM
Subject: Virginia COMPASS Waiver Comments - Exempt People with Cystic Fibrosis from the TEEOP Requirements
To: Virginia C.O.M.P.A.S.S. <1115Implementation@dmas.virginia.gov>

Dear Ms. Puglisi,

As a Virginia resident and someone personally affected by cystic fibrosis (CF), I'm writing to ask you to automatically exempt people with CF from the work and community engagement requirements and premiums in Virginia's Creating Opportunities for Medicaid Participants to Achieve Self Sufficiency (COMPASS) Waiver. Furthermore, I ask that the commonwealth use its own data to identify people with CF for exemption to minimize the risk of inappropriate disenrollment and administrative burden on recipients.

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Nearly 150 adults in Virginia rely on Medicaid to receive the high quality, specialized care and they need—and many more may gain Medicaid coverage if the state's expansion is approved. While many Medicaid recipients living with CF are employed, others are unable to work due to health status or the amount of time they need to spend on their treatments. To stay healthy, people with CF must endure hours of treatment every day – including receiving chest physiotherapy, taking inhaled treatments, potentially administering IV antibiotics, and other activities. In addition, people with CF commonly deal with pulmonary exacerbations (episodes where the symptoms of CF get worse and often lead to hospitalization), infections, and other events that cause their health to decline rapidly, potentially taking them out of the workforce for significant periods of time.

I also have concerns about the premium requirements outlined in the proposed waiver and the impact on access to care for people with CF. Not only are nominal premiums often unaffordable for low income beneficiaries, but the process of making a premium payment can create barriers to care for a population that may not have bank accounts or credit cards. In fact, studies have shown that the addition of premiums leads to a reduction in Medicaid enrollment.

While I appreciate that the state plans to exempt many individuals, including those designated as medically frail or with a special medical need, I ask the state to specifically include people with CF in the definition of those who are automatically exempt.

Consistent care is a critical component of CF treatment, and any loss or gaps in health coverage, because of failure to comply with these requirements, may put the health of people with CF at risk.

Again, I urge you to specifically and automatically exempt people with CF from the work requirement. Your attention to this matter will help people with CF continue to have access to the highly specialized care they need to live full and healthy lives.

Sincerely,

[REDACTED]

[REDACTED]

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Sun, Oct 14, 2018 at 7:22 PM
Subject: Responding to waiver proposal
To: <1115Implementation@dmas.virginia.gov>

I am writing to you with regard to Virginia's proposed Medicaid waiver which has problems as it is currently written. Many low-income Virginians work hourly jobs and that makes it challenging to meet the proposed requirement for 80 hours a month consistently. These jobs can be irregular hours, and may not meet the requirement consistently. I am pleased to offer these comments and hope you will consider them.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Sun, Oct 14, 2018 at 7:28 PM
Subject: Against Proposed VA 1115 Waiver
To: <1115Implementation@dmas.virginia.gov>

This comment is directed toward certain aspects of Virginia's Medicaid waiver application. Access to health coverage is important no matter who you are. This proposal would kick people off of Medicaid when they may need it the most. The state should aim to do no harm, but the draft proposal makes it clear that people will lose coverage.

Monthly premiums would lead to a lot of people losing coverage. Medicaid is meant to be an accessible health plan for the people that need it most and provide them with access to care in less expensive ways than an emergency room. I hope you can make some improvements to the proposed program. Thank you for considering my comments.

[REDACTED]

NAMI

From: [REDACTED] <[REDACTED]>
Date: Sun, Oct 14, 2018 at 7:52 PM
Subject: Responding to waiver proposal
To: <1115Implementation@dmas.virginia.gov>

I oppose the proposed 1115 Medicaid Waiver in Virginia and would like to make a public comment about it. Medicaid should help people when they are going through tough times. Health care is a human right and should not be taken away for failure to comply with this type of red tape and bureaucracy. Please consider my comments on this proposed new program.

[REDACTED]

University Of Richmond

From: [REDACTED] <[REDACTED]>
Date: Sun, Oct 14, 2018 at 7:55 PM
Subject: Comments Against Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

These comments are about the Commonwealth's Medicaid waiver application. I appreciate your taking them into consideration. Many Virginians depend on Medicaid when they are sick and need help. Implementing this proposed waiver would mean taking away health care when people are most vulnerable. If someone has low income and becomes ill and cannot work that is not the time to take away their coverage.

Medicaid is a program to help people in need get care they can afford. The premium required in the waiver would mean Virginia is charging patients a monthly premium they are unlikely to be able to afford. Other states are not doing this and there are good reasons for that. I oppose implementing these changes because it will keep the program from working well. I sincerely hope that the public comments will be taken into consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Sun, Oct 14, 2018 at 8:32 PM
Subject: My letter on work requirements waiver
To: <1115Implementation@dmas.virginia.gov>

As a Virginian who cares about expanding healthcare coverage, I am writing to you regarding my concerns with the COMPASS waiver application. Please give consideration to my views. Many employed Virginians do not make enough income to pay for essential needs. That is why adding costs to get Medicaid coverage is a bad idea. Healthcare sometimes seems like something that can be delayed or avoided in order to pay another bill, this will result in many newly eligible Virginians losing coverage or delaying treatment until it is an emergency. This does not improve the circumstances of working families.

The proposed waiver would add new barriers to accessing coverage. These requirements put access to needed care in jeopardy when the point is to take down barriers. I hope my comments are helpful.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Sun, Oct 14, 2018 at 10:01 PM
Subject: Virginia COMPASS Waiver Comments - Exempt People with Cystic Fibrosis from the TEEOP Requirements
To: Virginia C.O.M.P.A.S.S. <1115Implementation@dmas.virginia.gov>

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Again, I urge you to specifically and automatically exempt people with CF from the work requirement. Your attention to this matter will help people with CF continue to have access to the highly specialized care they need to live full and healthy lives.

Sincerely,

[REDACTED]

[REDACTED]

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 10:18 AM
Subject: Virginia COMPASS Waiver Comments - Exempt People with Cystic Fibrosis from the TEEOP Requirements
To: Virginia C.O.M.P.A.S.S. <1115Implementation@dmas.virginia.gov>

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As a Virginia resident and someone personally affected by cystic fibrosis (CF), I'm writing to ask you to automatically exempt people with CF from the work and community engagement requirements and premiums in Virginia's Creating Opportunities for Medicaid Participants to Achieve Self Sufficiency (COMPASS) Waiver. Furthermore, I ask that the commonwealth use its own data to identify people with CF for exemption to minimize the risk of inappropriate disenrollment and administrative burden on recipients.

CF is a life-threatening genetic disease that causes persistent lung infections and progressively limits the ability to breathe, often leading to respiratory failure. Over 720 Virginians live with CF. As a complex, multi-system condition, CF requires targeted, highly specialized treatment and medications. There is no known cure.

Nearly 150 adults in Virginia rely on Medicaid to receive the high quality, specialized care and they need—and many more may gain Medicaid coverage if the state's expansion is approved. While many Medicaid recipients living with CF are employed, others are unable to work due to health status or the amount of time they need to spend on their treatments. To stay healthy, people with CF must endure hours of treatment every day – including receiving chest physiotherapy, taking inhaled treatments, potentially administering IV antibiotics, and other activities. In addition, people with CF commonly deal with pulmonary exacerbations (episodes where the symptoms of CF get worse and often lead to hospitalization), infections, and other events that cause their health to decline rapidly, potentially taking them out of the workforce for significant periods of time.

I also have concerns about the premium requirements outlined in the proposed waiver and the impact on access to care for people with CF. Not only are nominal premiums often unaffordable for low income beneficiaries, but the process of making a premium payment can create barriers to care for a population that may not have bank accounts or credit cards. In fact, studies have shown that the addition of premiums leads to a reduction in Medicaid enrollment.

While I appreciate that the state plans to exempt many individuals, including those designated as medically frail or with a special medical need, I ask the state to specifically include people with CF in the definition of those who are automatically exempt.

Consistent care is a critical component of CF treatment, and any loss or gaps in health coverage, because of failure to comply with these requirements, may put the health of people with CF at risk.

Again, I urge you to specifically and automatically exempt people with CF from the work requirement. Your attention to this matter will help people with CF continue to have access to the highly specialized care they need to live full and healthy lives.

Sincerely,

[REDACTED]

[REDACTED]

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 10:52 AM
Subject: Virginia COMPASS waiver public comments
To: <1115Implementation@dmas.virginia.gov>

I offer the following comments concerning the proposed changes to Virginia's Medicaid program. Many Virginians lose employment because they are sick and do not have access to care. This is a serious problem that this expansion is supposed to address. Instead, we have potential barriers to access that work against hardworking people.

Many people who stand to benefit by Medicaid Expansion are already working 2 jobs and STILL unable to qualify for Medicaid coverage exactly because they make too much--yet not enough to purchase their own coverage thru the marketplace.

It is cruel and incorrect to conclude that because you don't have a job, you are somehow "scamming the system." This may happen occasionally, but the vast majority of people WANT to work and provide for themselves and their families. People find dignity in work. To suggest otherwise is to belittle people who have fallen on rough times. Must you put more obstacles in their way? More hoops to jump through?

Healthy workers are more productive workers. Doesn't that make sense to you?

It is particularly rich that the General Assembly has made sure that they (and dependents) receive premium healthcare coverage PAID FOR BY US TAXPAYERS! But Virginians who are struggling are presented with more obstacles to overcome and must prove themselves "worthy" of healthcare coverage. Shame on you!

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 10:55 AM
Subject: Comments opposing Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

I am writing in opposition to Virginia's COMPASS program. The very idea of imposing work requirements on Medicaid recipients is cruel, as poor health is in itself a significant barrier to employability. In my work with low-income and homeless people in my community I have seen first-hand how chronic health conditions prevent people from working or cause them to miss work. I have seen low-wage workers lose jobs because they went to the doctor because their employer did not provide sick leave. For this reason, a work requirement would force people back to the status quo of having to choose between their job or their health. If we want more Virginians to gain and sustain employment, we must make it easier for them to get healthy first.

We have already seen in other places that work requirements cause people to lose coverage. The onerous reporting requirements are also time-consuming and prohibitive for many: it is hard to work if you spend hours each month navigating red tape, and it is definitely hard to do so when juggling other life responsibilities.

If your goal and intention is genuinely to give more people access to health care while helping Medicaid recipients gain more stability through gainful employment, COMPASS is not the way to go. If your goal is to penalize and stigmatize people for using public assistance, then COMPASS does just that. The first goal is admirable, and is accomplished by expanding Medicaid without work requirements. The second is simple cruelty. Either way, you will be held accountable accordingly at the polls.

[REDACTED]

Virginia Organizing, Harrisonburg Chapter

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 11:14 AM
Subject: My letter on work requirements waiver
To: <1115Implementation@dmas.virginia.gov>

I am opposed to the new burdens proposed to be included in the Medicaid program. Adding monthly premiums will not create savings for Virginia; it will only discourage people from getting the care they need. This component of the proposed COMPASS waiver does not take into account that low income people are under serious financial stress already.

This application does not advance the Medicaid program in Virginia. It needlessly compromises access to care for a vulnerable population. It also creates a new responsibility in state government that is already struggling to keep up. Thank you taking all of my comments under consideration.

[REDACTED]

[REDACTED]

Harrisonburg Chapter Of Virginia Organizing

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 12:15 PM
Subject: Virginia COMPASS Waiver Comments - Exempt People with Cystic Fibrosis from the TEEOP Requirements
To: Virginia C.O.M.P.A.S.S. <1115Implementation@dmas.virginia.gov>

Dear Ms. Puglisi,

As a Virginia resident and someone personally affected by cystic fibrosis (CF), I'm writing to ask you to automatically exempt people with CF from the work and community engagement requirements and premiums in Virginia's Creating Opportunities for Medicaid Participants to Achieve Self Sufficiency (COMPASS) Waiver. Furthermore, I ask that the commonwealth use its own data to identify people with CF for exemption to minimize the risk of inappropriate disenrollment and administrative burden on recipients.

CF is a life-threatening genetic disease that causes persistent lung infections and progressively limits the ability to breathe, often leading to respiratory failure. Over 720 Virginians live with CF. As a complex, multi-system condition, CF requires targeted, highly specialized treatment and medications. There is no known cure.

Nearly 150 adults in Virginia rely on Medicaid to receive the high quality, specialized care and they need—and many more may gain Medicaid coverage if the state's expansion is approved. While many Medicaid recipients living with CF are employed, others are unable to work due to health status or the amount of time they need to spend on their treatments. To stay healthy, people with CF must endure hours of treatment every day – including receiving chest physiotherapy, taking inhaled treatments, potentially administering IV antibiotics, and other activities. In addition, people with CF commonly deal with pulmonary exacerbations (episodes where the symptoms of CF get worse and often lead to hospitalization), infections, and other events that cause their health to decline rapidly, potentially taking them out of the workforce for significant periods of time.

I also have concerns about the premium requirements outlined in the proposed waiver and the impact on access to care for people with CF. Not only are nominal premiums often unaffordable for low income beneficiaries, but the process of making a premium payment can create barriers to care for a population that may not have bank accounts or credit cards. In fact, studies have shown that the addition of premiums leads to a reduction in Medicaid enrollment.

While I appreciate that the state plans to exempt many individuals, including those designated as medically frail or with a special medical need, I ask the state to specifically include people with CF in the definition of those who are automatically exempt.

Consistent care is a critical component of CF treatment, and any loss or gaps in health coverage, because of failure to comply with these requirements, may put the health of people with CF at risk.

Again, I urge you to specifically and automatically exempt people with CF from the work requirement. Your attention to this matter will help people with CF continue to have access to the highly specialized care they need to live full and healthy lives.

Sincerely,

[REDACTED]

[REDACTED]

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 12:30 PM
Subject: Commenting on Virginia Compass
To: <1115Implementation@dmas.virginia.gov>

The following email explains my concerns about the proposed new requirements to receive coverage under Virginia's Medicaid program. Please consider this information in your work. Many people with low incomes have to move frequently and might even be homeless. These living conditions make it hard to comply with programs that have demands like this so this group of Virginians would still end up without coverage. Thank you for considering this perspective.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 12:32 PM
Subject: Proposed Medicaid Waiver Application
To: <1115Implementation@dmas.virginia.gov>

This comment is about my concerns with certain aspects that Virginia proposes in its Medicaid waiver application. The cost of monitoring compliance and diminished value of only having healthcare coverage some of the time makes it unjustifiable. That money would be better used in true workforce training efforts and the Medicaid program should focus only on providing access to coverage for those who qualify.

Many Virginians lose employment because they are sick and do not have access to care. This is a serious problem that this expansion is supposed to address. Instead, we have potential barriers to access that work against hardworking people. Thank you for the opportunity to share these insights.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 12:32 PM
Subject: New Medicaid Waiver Comments
To: <1115Implementation@dmas.virginia.gov>

This is regarding my concerns surrounding the waiver draft for the Medicaid program in Virginia. As people become aware of the waiver and try to understand their intricacies, the challenge of having to prove compliance may cause Virginia residents to not even participate even if they are pursuing work.

The Medicaid program provides critical access to prevention, treatment, disease management, and care coordination services. It keeps people from becoming seriously ill and not being able to care for themselves or their family. Thank you for accepting these comments.

In addition, if my coverage ends, it not only endangers my health, but more importantly, the health of my 5-yr old son, as well as my elderly parents.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 12:33 PM
Subject: Comments about Virginia Compass
To: <1115Implementation@dmas.virginia.gov>

The following comments are in regard to the proposed Medicaid waiver application to the federal government. Research shows that health and wellness accounts like the one proposed in the Virginia COMPASS application have bad implications. Similar accounts that require enrollees to contribute premiums may cause those people to cut back on needed health services. This will cost the enrollee and the state more money in the future.

The red tape and bureaucracy surrounding the COMPASS program will throw people off Medicaid. People that are following the rules will suffer due to the complicated system that COMPASS is creating. I thank you for the opportunity to offer this information.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 12:35 PM
Subject: COMPASS objections
To: <1115Implementation@dmas.virginia.gov>

Without funding for adequate work support or sufficient exemptions for those unable to work, the current work requirement language is leading the state down a path that will not improve employment, will kick people off their coverage, and will ultimately cost the state more money. It's not too late for Virginia to change course by focusing on not removing people from their health coverage and using the savings and other funds to invest in support that actually leads to long-term employment.

States that have imposed similar premium and co-pay cost requirements for people who enroll in Medicaid have seen reductions in enrollment, increased financial hardship for enrollees, reduced use of preventative services, increased use of expensive hospital services, and worse health outcomes.

[REDACTED]

VA Poor People's Campaign - Hampton Roads

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 12:36 PM
Subject: DMAS – Virginia Compass Waiver
To: <1115Implementation@dmas.virginia.gov>

The following comments are in regard to the proposed Medicaid waiver application to CMS. People who qualify for Medicaid need reliable health care access just like everyone does. Access to care is important to maintaining a job and living a productive life. There should not be barriers like this proposal contains.

Virginia has an opportunity to offer affordable healthcare to all, but monthly premiums would deny us that opportunity by creating a cost that people might not be able to afford. That would mean the program is a failure. I hope we will not undermine our own program by adding these costs.

Monthly premiums would lead to a lot of people losing coverage. Medicaid is meant to be an accessible health plan for the people that need it most and provide them with access to care in less expensive ways than an emergency room.

Finally, as a human being I believe that all citizens of our great country should have the right to affordable healthcare like the other developed countries in the world and in fact we should be leading them by being role models. Additionally, as a Christian, I believe that we should support affordable healthcare because Jesus Christ said that our second most important commandment next to loving God is to love our neighbors as ourselves and there is no better way of showing our love than caring about whether our neighbors live or die. I believe being pro-life means caring about ALL life.

Thank you so much for considering my thoughts on this waiver application.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 12:37 PM
Subject: New Medicaid Waiver Comments
To: <1115Implementation@dmas.virginia.gov>

As someone who believes access to health care is critical, I write in opposition to some of the changes to Virginia's Medicaid program proposed in this draft. Work requirements are an obstacle to care for all enrollees. In some cases it may be poor health that prevents them from working. I appreciate the time you have taken to read my comments. I hope they result in improvements to the program.

I believe the work requirement may actually impede the ability of people to gain and retain work as those with unmanaged or undiagnosed health and/or mental health problems lose access to services. It will benefit all of those in our communities to assure ready access to health and mental health services through Medicaid.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 12:37 PM
Subject: New Medicaid waiver comments
To: <1115Implementation@dmas.virginia.gov>

I am opposed to certain new burdens included in proposed COMPASS Medicaid program. The goal of Medicaid is to give coverage to those who need it. Access to care is so important that it is difficult to understand why Virginia's program threatens it needlessly. We want people to get the care that they need.

Virginia should not add more red tape to our Medicaid program. Requiring individuals to document their work has been shown to reduce enrollment in Medicaid overall. Virginians have waited so long for expansion. The state should do everything in its power to ensure that we have a good enrollment process, but I fear that adding more paperwork will not help us meet that goal. Thanks for reading my thoughts on this program.

[REDACTED]
Lewinsville Faith In Action

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 12:37 PM
Subject: Proposed Virginia COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

I am commenting on the new Virginia COMPASS medicaid waiver. The goal of Medicaid is to give coverage to those who need it. The COMPASS medicaid waiver, as it stands, will set up barriers to care-- it will stop sick people from receiving the care that they need and keep healthy people from staying healthy.

Managing health on an ongoing basis is the way to keep people healthy and reduce the overall cost of healthcare. By requiring monthly premiums for Medicaid patients and setting up confusing health and wellness accounts, we will miss the opportunity to keep costs down and our population healthy. I provide mental health care to low-income Virginians (children, adults, and families) in the counties of Rockingham, Shenandoah, and Page: I know and love the people that this waiver will negatively affect. Please take the public's comments into consideration.

[REDACTED]

Listen Play Counseling PLLC

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 12:38 PM
Subject: New Medicaid waiver comments
To: <1115Implementation@dmas.virginia.gov>

As a Virginian who cares about expanding healthcare coverage, I am writing to you regarding my concerns with the COMPASS waiver application. Please give consideration to my views. The many barriers in this Medicaid proposal mean that there will likely be gaps in healthcare coverage that deny people the opportunity to access care. This works against what the program was supposed to achieve. I appreciate your consideration of my comments as you make changes to this draft.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 12:38 PM
Subject: I oppose COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

As an advocate for expanded healthcare coverage, I am writing to you regarding my concerns with this waiver application. Please give consideration to my views. The use of work requirements in other states has shown that they fail in improving health or maintaining consistent employment. Most of the people we want to help are already doing all they can. If we help them in the right ways we will get most of those who are able to the point where they can be self-sufficient. Making it harder for them with premiums and work requirements is more likely to cause them to fail than bring about the intended results and simply hurt the dependents of those who are not able to meet the requirements. Thank you taking all of my comments under consideration.

[REDACTED]

Virginia Organizing Harrisonburg

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 12:39 PM
Subject: Commenting on Virginia Compass
To: <1115Implementation@dmas.virginia.gov>

As someone who believes access to health care is critical, I write in opposition to some of the changes to Virginia's Medicaid program proposed in this draft. Low income people make hard financial choices every day. Because of this, charging monthly premiums will likely result in lapses in healthcare coverage. It is a short-term decision that can have long-term health implications. We don't want Virginians to have to sacrifice their health so they can keep a roof over their head.

So many factors in this proposed program put access to care at risk. There is no reason for this to be the case. Parts of this plan that call access into question must be removed in order for it to be effective. Thank you for taking these concerns into consideration. I hope you will make changes to this proposal.

The vast majority of Virginians do NOT want this waiver. We vote.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 12:42 PM
Subject: Comments Against Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

The comments below, describe my concerns about and opposition to the proposed changes to Virginia's Medicaid program.

The two most common occupations for adults in Virginia who could qualify for Medicaid under expansion are food services and construction - which can be seasonal and are prone to irregular hours. That could result in someone falling out of compliance even though they remain employed.

Also, when you consider the number of freelancers and self-employed folks whose work fluctuates regularly as well, having an insurance situation that is untenable is unjust and a burden on society. When our society is in debt, our society has a huge burden.

Thanks for reading my thoughts on this program.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 12:42 PM
Subject: Opposition to Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

This comment is in relation to the Medicaid waiver that was proposed by DMAS. There are several new requirements proposed that I oppose. Work requirements do not reflect the realities workers face in low-wage jobs. Seasonal workers may have periods of time each year when they are not working enough hours to satisfy the requirements and they will be on and off the Medicaid program.

People who qualify for Medicaid need reliable health care access just like everyone does. Access to care is important to maintaining a job and living a productive life. There should not be barriers like this proposal contains. Thanks for allowing me to comment on this waiver.

Keep in mind the old wives' saying, "don't throw the baby out with the waste water"

[REDACTED]

Mr.

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 12:43 PM
Subject: Issues with Virginia 1115 Waiver
To: <1115Implementation@dmas.virginia.gov>

Medicaid waiver draft. Some aspects of this proposal will create too many barriers to access. State investments in infrastructure and staff that do not have anything to do with the Medicaid program's primary goal of providing access to care are not good investments. The program should provide simple, uncomplicated access to care. Thank you for allowing the public to comment.

[REDACTED]

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 12:43 PM
Subject: Problems with COMPASS
To: <1115Implementation@dmas.virginia.gov>

I would like to make a public comment about the proposed 1115 Medicaid waiver. The Medicaid population faces multiple challenges. They can face language barriers, disabilities, mental illness, insecure work, and homelessness. All these issues create difficulties when asked to comply with complicated government programs. The result of this can be that access is not improved at all.

If people are kept out of the Medicaid program because of the work requirement, that does not mean they will not need medical services. In fact, denying them care probably means that it will cost more to provide that care because it will probably be at an emergency room. I hope you consider my comments about this proposed waiver.

[REDACTED]

Centreville Immigration Forum

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 12:44 PM
Subject: Proposed Medicaid Waiver Application
To: <1115Implementation@dmas.virginia.gov>

The following comments are in regard to the proposed Medicaid waiver application to the federal government. Individuals with complicated health issues often experience lapses in employment due to their condition or may have been told by a doctor to take time away from work as part of their treatment and recovery. This proposal does not consider this situation and requires the sick person to prove they were sick.

Charging monthly premiums will make it harder for people with chronic illness to visit their doctors. Routine visits in order to monitor conditions and receive prescriptions will become too costly which can lead to negative health outcomes. Please consider my comments on this proposed program.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 12:44 PM
Subject: Against Proposed VA 1115 Waiver
To: <1115Implementation@dmas.virginia.gov>

I would like to make a public comment about the proposed 1115 Medicaid waiver. The Medicaid program provides critical access to prevention, treatment, disease management, and care coordination services. It keeps people from becoming seriously ill and not being able to care for themselves or their family.

To create a major administrative cost to implement and monitor a requirement that the most people are complying with already is a poor use of taxpayer dollars. There is no benefit from this expenditure for the Commonwealth or the people the Medicaid program serves. Thanks for considering my thoughts on this waiver application.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 12:44 PM
Subject: DMAS Public Comment
To: <1115Implementation@dmas.virginia.gov>

This comment is in relation to the recent Medicaid waiver that was proposed. There are several troubling changes proposed that I oppose. Virginia must learn from the experiences of other states. In places that have implemented work requirements, their citizens lose health coverage. Virginia should not go down this path, because healthy Virginians are the foundation of our strong economy. Thank you for the opportunity to share these insights.

[REDACTED]

VA Organizing (Harrisonburg)

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 12:45 PM
Subject: Responding to waiver proposal
To: <1115Implementation@dmas.virginia.gov>

This comment is concerning the troubling requirements that Virginia proposes for Medicaid. Health insurance and a person's overall health are linked together. We should do everything possible to ensure people have ongoing coverage; otherwise, the ambition to have people become employed and stay employed is not going to be realized. Access is the key to our success with the Medicaid program and it needs to be the first priority for it.

Affordable health care is important to all Virginians, but adding expensive monthly premiums for Virginians that make very little does not make sense. The goal of the Medicaid program is to provide access to health care, but these changes will do the opposite. Thanks for reading my thoughts on this program.

I believe in health care for everyone!

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 12:48 PM
Subject: Proposed Virginia COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

These comments are about the Commonwealth's Medicaid waiver application. I appreciate your taking them into consideration. If someone has a disability they may have a harder time complying with some of the qualifications in this proposal. That could end up in their losing access to care. Please consider my comments on this proposed program.

I am a recently retired psychiatrist who worked for 28 years in a CSB in Virginia. During that time I watched individuals striving to return to work and only a limited number were successful. Work requirements would have been destructive to these patients stability, resulted in many of them losing their Medicaid services and therefore having very little access to medical care, resulting in increased hospital admissions, often at state facilities, and significantly increased cost for the state.

Virginia benefits from its citizens having access to medical care and the state government should be doing everything it can to make this possible.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 12:48 PM
Subject: COMPASS objections
To: <1115Implementation@dmas.virginia.gov>

The following email explains my concerns about the proposed new requirements to receive coverage under Virginia's Medicaid program. Please consider this information in your work. In some states, proposals similar to this resulted in nearly half of the new adults enrolled in Medicaid expansion losing coverage. This proposal creates a program that is likely to create the same problems with access. I hope my comments are helpful. Access to healthcare is a basic human right. It is abhorrent that anyone should be denied the care he or she needs simply because of money or politics.

[REDACTED]

Salutation

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 12:48 PM
Subject: DMAS – Virginia Compass Waiver
To: <1115Implementation@dmas.virginia.gov>

This email offers my opinion about changes to Virginia's Medicaid program that I find problematic. Many Virginians fall into the category of having multiple family and disability barriers that might prohibit them from receiving Medicaid coverage, The role of Medicaid should be to include as many people and families as possible, not to exclude them. That coverage should not only be based on a condition of employment. Illness and disease have no rules. The goal of Medicaid is to give coverage to those who need it - period! We want people to get the care that they need. I thank you for the opportunity to offer this information.

[REDACTED]

Virginia Organizing Harrisonburg

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 12:49 PM
Subject: Proposed Medicaid Waiver Application
To: <1115Implementation@dmas.virginia.gov>

I am opposed to the new burdens proposed to be included in the Medicaid program. Providing health care coverage to people who may be working but make very little money is important. Virginia has finally expanded Medicaid to cover low income Virginians, but if we have monthly premiums, we will not succeed in improving the overall health of Virginians. No one should have to make choices between paying for health care and providing food and shelter for their family. I appreciate your consideration of my comments as you make changes to this draft.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 12:49 PM
Subject: Commenting on Virginia Compass
To: <1115Implementation@dmas.virginia.gov>

I write to oppose Virginia's 1115 waiver draft that is under consideration. Some aspects of the draft will undermine its purpose. The responsibility will be solely on Virginia to provide things like job training, child care, transportation, and other programs to help people to meet the proposed work requirement.

Charging monthly premiums will lead to people not accessing regular routine health care appointments. This would defeat the point of Medicaid which is to keep people healthy and their care affordable. Thanks for taking the time to read my comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 12:49 PM
Subject: Comments Against Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

I am writing with regard to Virginia's COMPASS program and my opposition to certain components of it. Virginia's Medicaid proposal has significant bureaucracy involved with it. Medicaid work requirements will create major administrative complexity and new costs for Virginia. There is no reason to keep the program from succeeding by placing so many administrative requirements on the people who need the access to healthcare.

The red tape and bureaucracy surrounding the COMPASS program will throw people off Medicaid. People that are following the rules will suffer due to the complicated system that COMPASS is creating. I trust you will take these thoughts and comments into consideration as this process continues.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 12:50 PM
Subject: Virginia COMPASS Waiver Application
To: <1115Implementation@dmas.virginia.gov>

I am opposed to certain new burdens included in the proposed COMPASS Medicaid program. Employment opportunities vary across the Commonwealth, especially here in Charlottesville where unemployment is at an all time low. I am blessed to be fully employed with health coverage, but many of my neighbors are not. That doesn't mean they don't deserve equal access to health care. It doesn't make sense for Virginia to require work for health coverage. It creates additional burdens for families that are already facing steep challenges. Also other difficulties such as language barriers, transportation, and access to childcare are not addressed in this proposal either. I have neighbors caring for elderly parents and small children who cannot afford to work outside the home because the cost of elderly and childcare is too high. It is unfair to assume that those who are not working simply do not want to. Please make necessary improvements to the proposed draft. Thank you for your consideration.

[REDACTED]

Citizen

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 12:50 PM
Subject: COMPASS objections
To: <1115Implementation@dmas.virginia.gov>

I am opposed to the new burdens proposed to be included in the Medicaid program. Work requirements have little to do with the intent of Medicaid and may actually interfere with it by creating new difficulties.

The nature of the jobs that many low-income Virginians have makes it challenging to meet the proposed requirement for 80 hours a month. These jobs can have irregular hours and may not meet the requirement from one month to the next. I thank you for the opportunity to offer this information.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 12:50 PM
Subject: NO Medicaid Waiver
To: <1115Implementation@dmas.virginia.gov>

Access to health care is very important, that is why I am commenting on this proposed change. The red tape and bureaucracy surrounding the COMPASS program will throw people off Medicaid. People that are following the rules will suffer due to the complicated system that COMPASS is creating.

Part-time and temporary jobs that many Medicaid eligible people work in put them at risk for losing coverage frequently because they do not have consistent pay. States that have tried to use work requirements like this have thousands people losing coverage each month. It puts a burden on the state and threatens the health of this group of people. Thanks for considering my thoughts on this waiver application.

[REDACTED]

The Haven

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 12:51 PM
Subject: Against Proposed VA 1115 Waiver
To: <1115Implementation@dmas.virginia.gov>

This email is in opposition to some requirements proposed in Virginia's Medicaid waiver. I hope you will take my views under advisement. Charging people for health insurance defeats the purpose of Medicaid. It is important that Medicaid is affordable for low income families because they need to have their healthcare need affordable health care options in order to be able to maintain employment and stay healthy.

So many factors in this proposed program put access to care at risk for people who qualify for Medicaid coverage. There is no reason to put access to care at risk for people who truly cannot afford the out-of-pocket expenses included in this proposal. Parts of this plan that call access into question must be removed in order for it to be effective. I hope my comments are helpful.

[REDACTED]

Patient Advocate Foundation

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 12:53 PM
Subject: Virginia COMPASS waiver public comments
To: <1115Implementation@dmas.virginia.gov>

The following comments are in regard to the proposed Medicaid waiver application to the federal government. If people are kept out of the Medicaid program because of the work requirement, that does not mean they will not need medical services. In fact, denying them care probably means that it will cost more to provide that care because it will probably be at an emergency room.

In some states, proposals similar to this resulted in nearly half of the new adults enrolled in Medicaid expansion losing coverage. This proposal creates a program that is likely to create the same problems with access. Thank you for considering these thoughts. Virginia can do better than this.

Thank you.

[REDACTED]

Ms.

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 12:54 PM
Subject: I oppose COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

Access to health care is vital to all residents, which is why I am commenting on this proposed change. Without ongoing coverage, someone who has a treatable illness may suffer. As a result, they may be denied the opportunity to benefit from treatments for common conditions. The lack of access to healthcare can have serious consequences, such as from untreated high blood pressure. Therefore, implementation of a work requirement and premium, albeit based on a sliding scale, would be counterproductive.

The proposed requirements mitigate the value of Medicaid Expansion. While the creation of community engagement opportunities in order for residents to grow skills could create value, the work requirement would mitigate that value by creating a barrier to those residents' good health. Moreover, failing to meet basic human needs, e.g., health-related ones, can create stress in the individual that negatively impacts those around him or her, including exceptionally vulnerable citizens such as children in the household. The work requirement would also require additional costly state resources to mitigate fraudulent behavior, unnecessary spending because it fails to foster the mission of Medicaid Expansion. The purpose of Medicaid Expansion is to produce significantly positive health outcomes among all qualified Virginia residents.

Respectively, a benefit of expanding Medicaid was to make it possible for people to access care and have a relationship with a doctor that allows them to receive treatment for simple health issues before they become more serious and difficult to treat. Adding monthly premiums removes the opportunity for many individuals to access this benefit.

Thank you in advance for taking my comments into consideration. And, thank you for all of your tireless work on behalf of the Commonwealth's residents.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 12:55 PM
Subject: COMPASS objections
To: <1115Implementation@dmas.virginia.gov>

I am writing to oppose work requirements in the new Medicaid waiver proposal.

This is a backdoor attempt to undermine the purpose of Medicaid. Most people who qualify for expansion are already working. This is just another smokescreen to keep people from getting coverage. A lot of the people who qualify who aren't working simply can't do so--they are seniors, disabled, or taking care of family. It's just another attempt to throw a hand grenade into the works.

We should give health care access to all people who qualify, not put more barriers in their way.

I do not have an email address to include with my name.

[REDACTED]

Virginia Organizing

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 12:56 PM
Subject: Proposed Medicaid Waiver Application
To: <1115Implementation@dmas.virginia.gov>

This comment is about my concerns with certain aspects that Virginia proposes in its Medicaid waiver application. While monthly premiums may seem like a reasonable requirement, they can be a barrier that prevents people from accessing healthcare. The underlying purpose of Medicaid in Virginia is to make health care readily accessible to people and premiums are counterproductive.

Virginia must learn from the experiences of other states. In places that have implemented work requirements, their citizens lose health coverage. Virginia should not go down this path, because healthy Virginians are the foundation of our strong economy. Please take my comments and those of others seriously.

Most people who would be required to work already do, and the logistics and paperwork would be costly and unnecessary. It would create a burden and a barrier that is completely avoidable.

I work in the healthcare industry, and I see the devastating effects chronic illness can have on a family both emotionally and financially. We owe it to our citizens to give them access to affordable healthcare so that they can continue to work and provide for their families.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 12:56 PM
Subject: Arguments against COMPASS
To: <1115Implementation@dmas.virginia.gov>

Medicaid waiver draft. Some aspects of this proposal will create too many barriers to access. The proposed changes to Medicaid would take away health insurance from sick individuals when they need it most. I do not support this approach. Virginians should have easy access to the right care. Thank you for your time.

[REDACTED]

VA Cooperative Extension, FCS Family Focus Program

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 12:56 PM
Subject: Commenting on Virginia Compass
To: <1115Implementation@dmas.virginia.gov>

Please consider the following concerns surrounding the waiver for the VA Medicaid program. Virginia should not implement health and wellness accounts for Medicaid recipients. Indiana has one of the longest standing health savings account programs in the nation, yet many of their recipients do not know how to use it. We should not go down this path and create more cost for the state.

In addition to creating a costly new government program to administer, this will also create restrictions to access. Programs similar to this proposal have not been proven to increase employment, but have been shown to prevent access to care. Thank you for considering my thoughts. I believe Virginia can do better than this.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 12:56 PM
Subject: Writing about Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

I write to oppose the work requirements proposed in Virginia's Medicaid waiver. The reasons for unemployment and under-employment are often complex. Work requirements such as those proposed in the waiver are poorly suited to address such employment issues. Rather than fostering employment, the requirements will reinforce barriers. The lack of healthcare coverage often results in worsening health conditions that can interfere with job searches and job performance.

Imposing a monthly premium and co-payments on very low-income individuals is also counter-productive. Those who have good coverage are able to access care on a regular basis, with less disruption to their work. Studies from other states have shown that such policies result in low-income residents avoiding healthcare services they need. Those living in poverty, even while working, focus the spending of their limited incomes on current essential needs such as housing and food, skimping on other important needs.

Mr. [REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 12:57 PM
Subject: I oppose COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

I am writing to you today regarding Virginia's Medicaid waiver proposal, I oppose the aspects of this program that create new burdens on people who are already struggling. People on Medicaid should not be charged monthly premiums. This practice costs too much and could potentially kick deserving individuals out of the Medicaid program. Please make necessary improvements to the proposed draft. Thank you for your consideration.

[REDACTED]

VA Cooperative Extension, FCS Family Focus Program

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 12:57 PM
Subject: Comments about Virginia Compass
To: <1115Implementation@dmas.virginia.gov>

This email is in opposition to some requirements proposed in Virginia's Medicaid waiver. I hope you will take my views under advisement. Virginia's application does not further the goals of the Medicaid program. Instead, it limits access to care for an extremely vulnerable population.

Virginia would have a major administrative cost to add and monitor something that most people are complying with already. There is nothing for the state or its citizens to gain from this work proposal. Thank you for the opportunity to share these insights.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 12:59 PM
Subject: Responding to waiver proposal
To: <1115Implementation@dmas.virginia.gov>

I oppose the proposed 1115 Medicaid Waiver in Virginia and would like to make a public comment about it. The Medicaid program provides critical access to prevention, treatment, disease management, and care coordination services. It keeps people from becoming seriously ill and not being able to care for themselves or their family.

Adding monthly premiums to Medicaid will cost people too much money. The point of Medicaid is to give people an affordable way to get health insurance. People with very low income are particularly sensitive to any additional cost. Thank you for accepting these comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 1:00 PM
Subject: Comments Against Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

I am writing with regard to Virginia's COMPASS program and my opposition to certain components of it. Taking away people's health care does not make sense. There is research that shows that when people have access to health coverage, they are more likely to take care of their health care needs and are able to be more productive.

To create a major administrative cost to implement and monitor a requirement that the most people are complying with already is a poor use of taxpayer dollars. There is no benefit from this expenditure for the Commonwealth or the people the Medicaid program serves. Thank you for taking these concerns into consideration. I hope you will make changes to this proposal.

[REDACTED]

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 1:00 PM
Subject: RE: Virginia COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

The following comments are offered for consideration as public comment on the Medicaid waiver draft. There are several components of it that concern me as a citizen. If people are kept out of the Medicaid program, these individuals will still seek medical services, and the state will end up with some of that expense without the benefit of the federal money available to assist with those costs. I sincerely hope that the public comments will be taken into consideration.

Work requirement will eliminate the most in need individuals. This aspect needs eliminated.

Thank you,

[REDACTED]

[REDACTED]

Unitarian Universalist Fellowship

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 1:01 PM
Subject: Responding to Medicaid waiver idea
To: <1115Implementation@dmas.virginia.gov>

Medicaid waiver draft. Some aspects of this proposal will create too many barriers to access. In some states, proposals similar to this resulted in nearly half of the new adults enrolled in Medicaid expansion losing coverage. This proposal creates a program that is likely to create the same problems with access. I appreciate your time. Thank you for reading my comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 1:02 PM
Subject: Issues with Virginia 1115 Waiver
To: <1115Implementation@dmas.virginia.gov>

This letter is in opposition to the burdensome requirements proposed for Virginians with Medicaid in Virginia. I hope you will take my views into account. State investments in infrastructure and staff that do not have anything to do with the Medicaid program's primary goal of providing access to care are not good investments. The program should provide simple, uncomplicated access to care. Thank you for reading my comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 1:02 PM
Subject: Opposition to Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

I offer the following comments concerning the proposed changes to Virginia's Medicaid program. Charging monthly premiums will make it harder for people with chronic illness to visit their doctors. Routine visits in order to monitor conditions and receive prescriptions will become too costly which can lead to negative health outcomes. When you're on a restricted income any amount of extra travel and energy to jump through hoops for benefits ends up penalizing people who already have many things working against them as it is. I am pleased to offer these comments and hope you will consider them.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 1:02 PM
Subject: Opposition to Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

I am writing with regard to Virginia's COMPASS program and my opposition to certain components of it. Among Medicaid enrollees who are not working, many have impediments to employment, including illness, disability or caregiving responsibilities. The number of those who could get a job as a result of the program is very small.

Without ongoing coverage, someone that has a treatable illness may still be suffering. As a result, they are denied the opportunity to benefit from treatments for common conditions like high blood pressure. The lack of access has serious consequences.

I have a job and healthcare coverage. I also have several ongoing complex medical conditions (HBP and COPD) I can only imagine what might happen if I were to lose my job and not be able to find another one right away. If I had to wait until I found a job to get my prescriptions refilled or go to the Dr. or hospital I would suffer greatly, both financially and physically. I also would be less able to look for a job due to my untreated conditions.

I hope whomever came up with this stipulation will seriously reconsider the negative impact it would have on thousands of Virginians.

Sincerely, [REDACTED]
[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 1:03 PM
Subject: Comments Against Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

Please consider the following concerns surrounding the waiver for the VA Medicaid program. There are many reasons that a patient might not comply with this waiver and would result in their losing care. For example, there could be a language barrier that makes it hard to understand the requirements. I hope you consider my comments about this proposed waiver.

To institute work requirements would defeat the purpose of expanding Medicaid; it makes no sense. Most Medicaid recipients cannot work. Civilized countries provide health care for all . What is wrong with the U.S.?

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 1:03 PM
Subject: Writing about Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

The following comments are in regard to the proposed Medicaid waiver application to the federal government. Indiana has used health and wellness accounts and the results have not been great because people do not know how to use them or that they even have an account. Virginia should learn from the experience of other states and not add these barriers to access health care. Please take the public's comments into consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 1:04 PM
Subject: Regarding Virginia COMPASS Application
To: <1115Implementation@dmas.virginia.gov>

I oppose the proposed 1115 Medicaid Waiver in Virginia and would like to make a public comment about it. Many Medicaid recipients work in industries where their work hours are unpredictable and may find it difficult to meet the 80 hour per month qualification. When Kentucky implemented a similar rule, nearly half of the adults that were subjected to this rule failed to meet it at some point during the year.

Taking away people's health care does not make sense. There is research that shows that when people have access to health coverage, they are more likely to take care of their health care needs and are able to be more productive. Thanks for allowing me to comment on this waiver.

[REDACTED]

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 1:05 PM
Subject: My letter on work requirements waiver
To: <1115Implementation@dmas.virginia.gov>

This comment is concerning the troubling requirements that Virginia proposes for Medicaid. Work requirements and other efforts to deny public supports to try to get people to work have poor results wherever they have been tried. People are unemployed for a variety of reasons that can be complicated. This requirement will just deny people healthcare coverage like it has wherever they have been tried. I am hopeful that you change the proposed waiver.

I can tell you that as someone who has helped deliver free medical, dental, and vision services in various rural parts of Virginia, that the vast majority of people coming to get these services are a) most likely medicaid eligible under the expansion rules and b) almost certainly unable to work. most are visibly disabled (that is, simple observation confirms that they probably cannot work because of mental or physical limitations.)

Putting an elaborate screening process in place to filter out the few who might actually be able to work is simply a waste of time and money. Moreover, most of those able to work are seeking work - they want the money. The problem is a lack of employment opportunities. in Lee county, for example, approximately 45% of the population aged 16-64 is working, vs a US average of about 68%. The reason so few people work is that there are no jobs in Lee county. It's not like northern Virginia where the economy is growing.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 1:05 PM
Subject: Opposition to Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

My main concern with t Virginia's proposed Medicaid waiver as it is currently written is that it will cause more problems than it will solve. If families are living in poverty, it does not make sense to charge them monthly premiums as it is unlikely that they will be able to consistently pay them. This reality will result in limiting the number of low-income Virginians who will gain coverage. I sincerely hope that the public comments will be taken into consideration.

Beside the loss of care for those in need, I believe that the expense of administering the proposed system will cost more than any income it may generate.

Sincerely,

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 1:05 PM
Subject: I oppose COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

Medicaid waiver draft. Some aspects of this proposal will create too many barriers to access. Virginia must learn from the experiences of other states. In places that have implemented work requirements, their citizens lose health coverage. Virginia should not go down this path, because healthy Virginians are the foundation of our strong economy. Please consider my comments on this proposed program.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 1:05 PM
Subject: Responding to Medicaid waiver idea
To: <1115Implementation@dmas.virginia.gov>

This email is in opposition to some requirements proposed in Virginia's Medicaid waiver. I hope you will take my views under advisement. Medicaid provides critical access to the prevention and treatment of illnesses but if that access is denied the opportunity to keep people healthy is lost. We need a program that ensures consistent access.

The nature of the jobs that many low-income Virginians have makes it challenging to meet the proposed requirement for 80 hours a month. These jobs can have irregular hours and may not meet the requirement from one month to the next. Thank you for considering these thoughts. Virginia can do better than this.

[REDACTED]

From: [REDACTED] <[REDACTED]>

Date: Mon, Oct 15, 2018 at 1:05 PM

Subject: Responding to waiver proposal

To: <1115Implementation@dmas.virginia.gov>

This email offers my opinion about changes to Virginia's Medicaid program that I find problematic. People on Medicaid should not be charged monthly premiums. This practice costs too much and could potentially kick deserving individuals out of the Medicaid program.

Charging monthly premiums will make it harder for people with chronic illness to visit their doctors. Routine visits in order to monitor conditions and receive prescriptions will become too costly which can lead to negative health outcomes. Thank you for reading my comments.

[REDACTED]

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 1:06 PM
Subject: Issues with Virginia 1115 Waiver
To: <1115Implementation@dmas.virginia.gov>

Thank you for the opportunity to comment on this important issue. I am writing in opposition to Virginia's 1115 waiver for the COMPASS program. If people are kept out of the Medicaid program, these individuals will still seek medical services, and the state will end up with some of that expense without the benefit of the federal money available to assist with those costs.

People who have good coverage are able to access care on a regular basis. If there are monthly premiums in the program, those people will try to avoid using healthcare. What seems like a small cost can truly be a barrier to getting care for those with a low income. I am thankful for the opportunity to provide this information.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 1:06 PM
Subject: My comments on DMAS waiver
To: <1115Implementation@dmas.virginia.gov>

The subject of my letter is the Commonwealth's proposed Medicaid waiver application which includes too many complicated burdens. Virginia shouldn't add monthly premiums to Medicaid enrollees. Any extra cost would be too much for families to keep up with and coverage would not be consistent. The working poor face too many hard financial challenges already and this should not be another one.

Medicaid is a safety net program, but it is not effective if its availability is threatened by the program's design. Economic hard times are often happening at the same time as failing health. We need for people to have consistent access to treatment for this program to work the way it is supposed to. Thank you for considering these thoughts. Virginia can do better than this.

[REDACTED]

From: [REDACTED] <[REDACTED]>

Date: Mon, Oct 15, 2018 at 1:07 PM

Subject: Responding to Medicaid waiver idea

To: <1115Implementation@dmas.virginia.gov>

As an advocate for expanded healthcare coverage, I am writing to you regarding my concerns with this waiver application. Please give consideration to my views. Affordable health care is important to all Virginians. Requiring low-income families to pay monthly premiums does not make it affordable to them and will not help them maintain coverage. The point is to treat illnesses and avoid more costly care later. We need to encourage enrollment and make maintaining coverage easy. Please take my thoughts and concerns into consideration.

[REDACTED]

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 1:07 PM
Subject: Problems with COMPASS
To: <1115Implementation@dmas.virginia.gov>

Work requirements for Medicaid are unnecessary and costly. They are unnecessary because in fact most people on Medicaid, especially those who did not qualify before because their incomes were too high, already work. Those who would now qualify but don't work are either between jobs anyway or are too ill to work. Given how hard it is to get the Social Security Department to declare a person disabled (usually requires hiring a lawyer and waiting a year or more), people may well be unable to work but not officially disabled by SS records. So, basically, with unemployment as low as it is right now and wages as low as they are, and given the so-called "gig" economy, virtually everybody who really can work is working. Why set up a complicated bureaucracy that will cost taxpayers millions in order to monitor something that is already taking care of itself? It's just a ruse to punish poor people for being poor, just another way that rich people can stick it to poor people, which seems to be a popular thing for the VA General Assembly to do.

The best thing for taxpayers, employers, and the state as a whole, as well as the people who need Medicaid, is to keep people as healthy as possible for as long as possible so that they can work and contribute. Regular medical check ups and medications will do that for many people, and that will cost all of us a lot less--in money and in heartache--than more government bureaucracy in the form of work requirements.

[REDACTED]

Virginia Organizing

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 1:07 PM
Subject: RE: Virginia COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

As an advocate for expanded healthcare coverage, I am writing to you regarding my concerns with this waiver application. Please give consideration to my views. Access to health coverage is important and it helps support work. We should not threaten to take away health coverage from our citizens because they fail to submit the right paperwork on time, they cannot get the hours they need at work, or have a difficult time finding work altogether.

The Medicaid population faces multiple challenges. They can face language barriers, disabilities, mental illness, insecure work, and homelessness. All these issues create difficulties when asked to comply with complicated government programs. The result of this can be that access is not improved at all. Thank you for allowing the public to comment.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 1:13 PM
Subject: New Medicaid waiver comments
To: <1115Implementation@dmas.virginia.gov>

The following email explains my concerns about the proposed new requirements to receive coverage under Virginia's Medicaid program. Please consider this information in your work. Having work requirements may deter families from enrolling in the coverage that they qualify for and need. When someone does not have health coverage, they are less able to seek medical care when they are ill or injured and are generally less able to get work because of it. Thank you for considering this perspective.

[REDACTED]

Virginia Organizing

From: [REDACTED] <[REDACTED]>

Date: Mon, Oct 15, 2018 at 1:14 PM

Subject: DMAS Public Comment

To: <1115Implementation@dmas.virginia.gov>

I am writing with regard to Virginia's COMPASS program and my opposition to certain components of it. Individuals with complicated health issues often experience lapses in employment due to their condition or may have been told by a doctor to take time away from work as part of their treatment and recovery. This proposal does not consider this situation and requires the sick person to prove they were sick.

All the new barriers in this proposal mean that there will be gaps in healthcare coverage that deny people the opportunity to access care when they should. This works against everything the program was supposed to achieve. Thanks for allowing me to comment on this waiver.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 1:14 PM
Subject: Comments Against Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

I offer the following comments concerning the proposed changes to Virginia's Medicaid program. Medicaid work requirements may cause Virginians to lose or see an interruption in their coverage because their hours at work fluctuate so often, especially in industries such as food services and construction. We should not penalize Virginians for things that are out of their control. My own line of work, and my husband's, is highly variable and seasonal. Fortunately, I am protected but many of my fellow Virginians are not so lucky.

It is unconscionable to throw up so many roadblocks to what should be a fundamental right of the citizenry: access to affordable healthcare.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 1:14 PM
Subject: Proposed Virginia COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

The following comments are offered for consideration as public comment on the Medicaid waiver draft. There are several components of it that concern me as a citizen. I am very concerned with certain aspects of this proposal, specifically work requirements. This policy choice will cause many low-income people in our state to lose coverage, including people who should be exempt but may not understand how to navigate the administrative hurdles.

In some states, proposals similar to this resulted in nearly half of the new adults enrolled in Medicaid expansion losing coverage. This proposal creates a program that is likely to create the same problems with access. I hope my comments are helpful.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 1:19 PM
Subject: My concerns about the Virginia COMPASS program
To: <1115Implementation@dmas.virginia.gov>

I offer the following comments concerning the proposed changes to Virginia's Medicaid program. Losing coverage could create a life-threatening barrier to care for patients with long-term illnesses as these patients are unlikely to have access to ongoing treatments, medications and maintenance programs. Access to care is vital to the success of the Medicaid program.

Job requirements have a poor record in meeting their goals. Examples of this from other safety net programs like TANF can be found in Virginia. This proposal would not ensure that people are employed long-term and they can make it harder for some people to find work. We should avoid adding red tape and a new, expensive, complicated program. Thank you for taking these concerns into consideration. I hope you will make changes to this proposal.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 1:20 PM
Subject: New Medicaid Waiver Comments
To: <1115Implementation@dmas.virginia.gov>

Think about the veterans who have served for this great nation and returned home with PTSD. Those individuals can not hold a decent job due to the traumatic experiences that they have experience being sent by our own government. Now we are here saying that for them to get health coverage, they should volunteer, work, etc? I am opposed to the new burdens proposed to be included in the Medicaid program. Virginia would have a major administrative cost to add and monitor something that most people are complying with already. There is nothing for the state or its citizens to gain from this work proposal. Please take the public's comments into consideration.

[REDACTED]

Virginia Organizing Harrisonburg

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 1:20 PM
Subject: My letter on work requirements waiver
To: <1115Implementation@dmas.virginia.gov>

This email offers my opinion about changes to Virginia's Medicaid program that I find problematic. The cost of the work requirement in the program is huge compared to the small group of people it addresses. The estimate is that Virginia would have to spend \$25 million to implement something that affects about one percent of the enrollees.

Many Virginians depend on Medicaid when they are sick and need help. Implementing this proposed waiver would mean taking away health care when people are most vulnerable. If someone has low income and becomes ill and cannot work that is not the time to take away their coverage. Thank you for reading my comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 1:22 PM
Subject: Responding to Medicaid waiver idea
To: <1115Implementation@dmas.virginia.gov>

I am writing with regard to Virginia's COMPASS program and my opposition to certain components of it. Adding monthly premiums to Medicaid will cost people too much money. The point of Medicaid is to give people an affordable way to get health insurance. People with very low income are particularly sensitive to any additional cost.

Taking away people's health care does not make sense. There is research that shows that when people have access to health coverage, they are more likely to take care of their health care needs and are able to be more productive. I appreciate the time you have taken to read my comments. I hope they result in improvements to the program.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 1:25 PM
Subject: Issues with Virginia 1115 Waiver
To: <1115Implementation@dmas.virginia.gov>

As a Virginian who cares about expanding healthcare coverage, I am writing to you regarding my concerns with the COMPASS waiver application. Please give consideration to my views. The two most common occupations for adults in Virginia who could qualify for Medicaid under expansion are food services and construction - which can be seasonal and are prone to irregular hours. That could result in someone falling out of compliance even though they remain employed.

Some of these proposed new requirements create obstacles to care for all enrollees. In some cases it may be poor health that leads to a poor financial situation which can only make things worse in a situation like that. Please make necessary improvements to the proposed draft. Thank you for your consideration.

[REDACTED]

United Methodist Women

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 1:25 PM
Subject: Virginia COMPASS Waiver Application
To: <1115Implementation@dmas.virginia.gov>

I am opposed to certain new burdens included in proposed COMPASS Medicaid program. Losing coverage could create a life-threatening obstacle to care for patients with heart disease as these individuals are unlikely to have access to the necessary treatments and medications. I sincerely hope that the public comments will be taken into consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 1:26 PM
Subject: Virginia COMPASS waiver public comments
To: <1115Implementation@dmas.virginia.gov>

As a Virginian, I do not support the changes outlined in Virginia's 1115 Medicaid waiver draft. Virginia should not add more red tape to our Medicaid program. Requiring individuals to document their work has been shown to reduce enrollment in Medicaid overall. Virginians have waited so long for expansion. The state should do everything in its power to ensure that we have a good enrollment process, but I fear that adding more paperwork will not help us meet that goal.

State investments in infrastructure and staff that do not have anything to do with the Medicaid program's primary goal of providing access to care are not good investments. The program should provide simple, uncomplicated access to care. Please keep the best interest of Virginia's working families in mind as you consider my thoughts.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 1:26 PM
Subject: Arguments against COMPASS
To: <1115Implementation@dmas.virginia.gov>

The following comments are offered for consideration as public comment on the Medicaid waiver draft. There are several components of it that concern me as a citizen. The work requirement means that the state would incur major additional expenses and administrative work to enforce something that the majority of people are already complying with.

If families are living in poverty, it does not make sense to charge them monthly premiums as it is unlikely that they will be able to consistently pay them. This reality will result in limiting the number of low-income Virginians who will gain coverage. Thank you for accepting these comments.

[REDACTED]

United Methodist Women

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 1:27 PM
Subject: Against Proposed VA 1115 Waiver
To: <1115Implementation@dmas.virginia.gov>

This email is in opposition to some requirements proposed in Virginia's Medicaid waiver. I hope you will take my views under advisement. Implementing Medicaid job requirements does not make sense. The reality is that the majority of Virginians with Medicaid already work and are likely to be older Virginians, very ill, living with a disability, or caregivers. Trying to startup such a program in our state would be costly and there are more important things we can invest in that would better benefit taxpayers.

Some of these proposed new requirements create obstacles to care for all enrollees. In some cases it may be poor health that leads to a poor financial situation which can only make things worse in a situation like that. Thank you for your time.

[REDACTED]

Richmond

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 1:29 PM
Subject: Regarding Virginia COMPASS Application
To: <1115Implementation@dmas.virginia.gov>

I am opposed to the new burdens proposed to be included in the Medicaid program. So many factors in this proposed program put access to care at risk. There is no reason for this to be the case. Parts of this plan that call access into question must be removed in order for it to be effective.

As people try to understand the process involved with this new Medicaid program, they realize they may have a challenge in proving compliance. Because of that, many may decide not to enroll even if they have or are pursuing work. Thank you for considering this perspective.

[REDACTED]

Virginia Organizing

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 1:29 PM
Subject: RE: Virginia COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

The following email explains my concerns about the proposed new requirements to receive coverage under Virginia's Medicaid program. Please consider this information in your work. Losing coverage could create a life-threatening barrier to care for patients with long-term illnesses as these patients are unlikely to have access to ongoing treatments, medications and maintenance programs. Access to care is vital to the success of the Medicaid program.

As people become aware of the waiver and try to understand their intricacies, the challenge of having to prove compliance may cause Virginia residents to not even participate even if they are pursuing work. Thank you for considering this perspective.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 1:41 PM
Subject: Virginia COMPASS Waiver Application
To: <1115Implementation@dmas.virginia.gov>

Medicaid waiver draft. Some aspects of this proposal will create too many barriers to access. Complicated requirements like the work requirement proposed here, result in new hardship for families already facing many. It can also keep people from enrolling because they are not confident they can keep up with the requirements.

The Medicaid population often suffers from language barriers, disabilities, mental illness, insecure work, frequent moves, and homelessness. All these factors create significant challenges to successfully navigate growingly complicated government programs. Thank you for your work on behalf of the Commonwealth and taking my comments into consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 1:41 PM
Subject: RE: Virginia COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

This is regarding my concerns surrounding the waiver draft for the Medicaid program in Virginia. Charging monthly premiums for Medicaid is simply a bad idea particularly considering that doing so actually costs more than it saves. The purpose of expanding health coverage to the working poor is to access care that helps them stay healthy. The program needs to stay focused on that and not be distracted by complicated administrative systems.

As written, the proposed changes are also too complex for staff to administer and for recipients to understand and adhere to and understand. The proposed changes will be a nightmare for all involved.

In states with requirements like the ones in this proposal, the results were that nearly half of the new adults enrolled in Medicaid expansion ended up losing coverage. Virginia needs a program that has a better success rate than that. Removing some of the proposed restrictions would help to improve access. Thank you for considering this perspective.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 1:53 PM
Subject: Problems with COMPASS
To: <1115Implementation@dmas.virginia.gov>

Please consider the following concerns surrounding the waiver for the VA Medicaid program. Requirements that have little to do with the intent of Medicaid need to be removed because they interfere with access by creating multiple new barriers. People need easy access that allows them to use the health care they need in a logical way.

The two most common occupations for adults in Virginia who could qualify for Medicaid under expansion are food services and construction - which can be seasonal and are prone to irregular hours. That could result in someone falling out of compliance even though they remain employed. Thank you very much for considering my thoughts on this waiver application.

[REDACTED]

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 1:54 PM
Subject: My letter on work requirements waiver
To: <1115Implementation@dmas.virginia.gov>

As a Virginian who cares about expanding healthcare coverage, I am writing to you regarding my concerns with the COMPASS waiver application. Please give consideration to my views. I am very concerned with certain aspects of this proposal, specifically work requirements. This policy choice will cause many low-income people in our state to lose coverage, including people who should be exempt but may not understand how to navigate the administrative hurdles. Thank you for your time.

[REDACTED]

From: [REDACTED] <[REDACTED]@gmail.com>

Date: Mon, Oct 15, 2018 at 1:54 PM

Subject: Writing about Virginia COMPASS

To: <1115Implementation@dmas.virginia.gov>

This comment is directed toward certain aspects of Virginia's Medicaid waiver application. As people become aware of the waiver and try to understand their intricacies, the challenge of having to prove compliance may cause Virginia residents to not even participate even if they are pursuing work. Thank you for considering this perspective.

[REDACTED]

From: [REDACTED] <[REDACTED]@gmail.com>
Date: Mon, Oct 15, 2018 at 1:58 PM
Subject: Writing about Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

I am writing with regard to Virginia's COMPASS program and my opposition to certain components of it. For a large majority of Medicaid recipients in our state who already work or face serious barriers to employment, Medicaid work requirements will have very little benefit for them. Instead, this proposal will add more roadblocks for Virginians to get and keep the health coverage they need.

Losing health coverage for someone with a chronic illness would be devastating. Being locked out of health care due to failure to reporting work activities or being unable to pay monthly premiums could lead to terrible health outcomes for many Virginians. People should not be stuffed into a one sized fits all box when it comes to medical benefits. Illness affects people differently and their ability to work or volunteer can be reduced significantly! I thank you for the opportunity to offer this information and to hear my opinion.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 1:59 PM
Subject: Proposed Medicaid Waiver Application
To: <1115Implementation@dmas.virginia.gov>

As a Virginian, I do not support the changes outlined in Virginia's 1115 Medicaid waiver draft. Virginia must learn from the experiences of other states. In places that have implemented work requirements, their citizens lose health coverage. Virginia should not go down this path, because healthy Virginians are the foundation of our strong economy. Thank you for considering these thoughts. Virginia can do better than this.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 1:59 PM
Subject: Issues with Virginia 1115 Waiver
To: <1115Implementation@dmas.virginia.gov>

This comment is directed toward certain aspects of Virginia's Medicaid waiver application. The proposed changes to Medicaid could deny health insurance to sick individuals when they are most in need. I do not support this approach that creates barriers to access.

Virginia should not implement health and wellness accounts for Medicaid recipients. Indiana has one of the longest standing health savings account programs in the nation, yet many of their recipients do not know how to use it. We should not go down this path and create more cost for the state. The Commonwealth needs to make improvements to this draft. Thank you for taking my comments into consideration.

[REDACTED]

United Methodist Women

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 2:00 PM
Subject: NO Medicaid Waiver
To: <1115Implementation@dmas.virginia.gov>

This email offers my opinion about changes to Virginia's Medicaid program that I find problematic. Those who qualify for Medicaid need it to maintain consistent healthcare. If it were not for Medicaid hundreds of thousands of people would not have any access. We should not have a program that diminishes access.

Seasonal jobs and temporary jobs that many Medicaid enrollees have put them at risk for losing coverage frequently. States that have tried this have thousands people losing coverage each month. I hope my comments are helpful.

[REDACTED]

Diocese Of Southwestern VA

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 2:10 PM
Subject: DMAS Public Comment
To: <1115Implementation@dmas.virginia.gov>

This letter is in opposition to the burdensome requirements proposed for Virginians with Medicaid in Virginia. I hope you will take my views into account. Work requirements are a bad move for Virginians. There are many examples for Virginia to learn from. While these requirements sound great to some people, other safety net programs that have these requirements do not succeed in helping people find jobs or make ends meet. Please make necessary improvements to the proposed draft. Thank you for your consideration.

Leave it to Republicans to kick a poor person when they are down. What a mean and heartless bunch!

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 2:14 PM
Subject: My comments on DMAS waiver
To: <1115Implementation@dmas.virginia.gov>

As a Virginian who cares about expanding healthcare coverage, I am writing to you regarding my concerns with the COMPASS waiver application. Please give consideration to my views. Without ongoing coverage, someone that has a treatable illness may still be suffering. As a result, they are denied the opportunity to benefit from treatments for common conditions like high blood pressure. The lack of access has serious consequences.

Implementing work requirements will add new administrative processes and programs, which will require considerable dollars that would be better used to provide care. There is nothing to be gained from a program that is so difficult and expensive to administer. I am hopeful that you change the proposed waiver.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 2:14 PM
Subject: Arguments against COMPASS
To: <1115Implementation@dmas.virginia.gov>

This comment is directed toward certain aspects of Virginia's Medicaid waiver application. Losing health coverage for someone with a chronic illness would be devastating. Being locked out of health care due to failure to reporting work activities or being unable to pay monthly premiums could lead to terrible health outcomes for many Virginians.

Providing health care coverage to people who are probably already working, but earn too little money is important. Virginia has finally expanded Medicaid to cover low income Virginians, but if the program charges monthly premiums, we will not improve the health of Virginians. Please make necessary improvements to the proposed draft. Thank you for your consideration.

[REDACTED]

Vicpp

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 2:17 PM
Subject: Regarding Virginia COMPASS Application
To: <1115Implementation@dmas.virginia.gov>

As an advocate for expanded healthcare coverage, I am writing to you regarding my concerns with this waiver application. Please give consideration to my views. The use of work requirements in other states has shown that they fail in improving health or maintaining consistent employment. The record suggests that the two goals are undermined by linking them together. Both issues are important but they need to be addressed separately.

Virginia should not implement health and wellness accounts for Medicaid recipients. Indiana has one of the longest standing health savings account programs in the nation, yet many of their recipients do not know how to use it. We should not go down this path and create more cost for the state. Thank you for reading my comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>

Date: Mon, Oct 15, 2018 at 2:18 PM

Subject: Writing about Virginia COMPASS

To: <1115Implementation@dmas.virginia.gov>

The subject of my letter is the Commonwealth of Virginia's proposed Medicaid waiver application which includes too many complicated burdens. Charging people for health insurance defeats the purpose of Medicaid. It is important that Medicaid is affordable for low income families because they depend on affordable health care to keep working and stay healthy.

Losing coverage could create a life-threatening obstacle to care for patients with heart disease as these individuals are unlikely to have access to the necessary treatments and medications. I thank you for the opportunity to offer this information.

[REDACTED]

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 2:19 PM
Subject: I oppose COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

I offer the following comments concerning the proposed changes to Virginia's Medicaid program. If Virginia's Medicaid program adds monthly premium costs, it will undermine the very reason for the program. People with low income cannot afford to pay for coverage or care. I hope you will take these thoughts and comments into consideration moving forward.

The work requirements are for strictly political reasons and do not really serve any purpose. People who can work are largely working already. It would be better to provide training to those who aren't and most importantly provide free birth control, that is really the longterm solution.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 2:19 PM
Subject: My comments on DMAS waiver
To: <1115Implementation@dmas.virginia.gov>

I oppose the proposed 1115 Medicaid Waiver in Virginia and would like to make a public comment about it. We cannot institute cruel and ineffective policies in Virginia.

Seasonal workers would be especially threatened. The two most common occupations for adults in Virginia who could qualify for Medicaid under expansion are food services and construction - which can be seasonal and are prone to irregular hours. That will result in someone falling out of compliance even though they remain employed. We will see citizens who are doing everything right lose access to health care. This is just plain CRUEL.

Program design should never be allowed to erode the safety net provided by Medicaid. Economic hard times often coincide with failing health. People need consistent access to treatment for this program to work the way it is supposed to.

Thanks for reading my thoughts on this program.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 2:19 PM
Subject: Regarding Virginia COMPASS Application
To: <1115Implementation@dmas.virginia.gov>

I am writing with regard to Virginia's COMPASS program and my opposition to certain components of it. People who have relied on Medicaid for years would now be denied coverage if they fail to comply with work reporting. Many of whom are not technologically savvy could be hurt by this waiver.

Implementing the job requirement will not help many people get jobs because the majority of Medicaid enrollees are already working, disabled, ill, caretakers, pregnant women, students, retired, or looking for work. The requirement is a big cost with little possible result. I appreciate the time you have taken to read my comments. I hope they result in improvements to the program.

[REDACTED]

Virginia Organizing

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 2:20 PM
Subject: I oppose COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

This email is in opposition to some requirements proposed in Virginia's Medicaid waiver. I hope you will take my views under advisement. Charging monthly premiums would mean thousands of people having to choose between health care and other needs for their families. Medicaid is supposed to help those in need, not create an additional financial challenge. Taking coverage away from people because they are unable to afford the premium is counterproductive.

The cost of the work requirement in the program is huge compared to the small group of people it addresses. The estimate is that Virginia would have to spend \$25 million to implement something that affects about one percent of the enrollees. I am thankful that the public was given this important opportunity to comment.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 2:20 PM
Subject: Proposed Medicaid Waiver Application
To: <1115Implementation@dmas.virginia.gov>

I am writing with regard to Virginia's COMPASS program and my opposition to certain components of it. Many Virginians depend on Medicaid when they are sick and need help. Implementing this proposed waiver would mean taking away health care when people are most vulnerable. If someone has low income and becomes ill and cannot work that is not the time to take away their coverage.

The cost of the work requirement in the program is huge compared to the small group of people it addresses. The estimate is that Virginia would have to spend \$25 million to implement something that affects about one percent of the enrollees. Thanks for reading my thoughts on this program.

[REDACTED]

Ms.

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 2:24 PM
Subject: New Medicaid Waiver Comments
To: <1115Implementation@dmas.virginia.gov>

I am opposed to the new burdens proposed to be included in the Medicaid program. People losing their coverage because they do not have consistent employment does not help achieve a healthier Virginia. The system that would have to be in place would be costly and also not contribute to the main goal of the Medicaid program. There is no benefit to people who need healthcare coverage or taxpayers. I hope you consider my comments about this proposed waiver.

Monitoring such a requirement would demand a new bureaucracy that we cannot afford. WE should focus on our goal of providing medical care to the poor.

[REDACTED]

Partnership For Community Resources

From: [REDACTED] <[REDACTED]>

Date: Mon, Oct 15, 2018 at 2:25 PM

Subject: Comments about Virginia Compass

To: <1115Implementation@dmas.virginia.gov>

This is regarding my concerns surrounding the waiver draft for the Medicaid program in Virginia. If programs have complicated requirements like the work reporting, the result adds to the hardship a family already faces. It can also deter people from enrolling in the first place because they are not confident they can keep up with the qualifications.

The Medicaid program provides critical access to prevention, treatment, disease management, and care coordination services. It keeps people from becoming seriously ill and not being able to care for themselves or their family. I hope you can make some improvements to the proposed program. Thank you for considering my comments.

[REDACTED]

Community Mental Health And Wellness Coalition

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 2:26 PM
Subject: Responding to waiver proposal
To: <1115Implementation@dmas.virginia.gov>

I strongly disagree with the work and cost sharing requirements that Virginia proposes for Medicaid. Adding monthly premiums will likely create an additional barrier for Virginia's Medicaid population. If they cannot afford the premium every month they could end up losing coverage when they need it most. This is the most vulnerable population in Virginia, and I do not think it makes sense to further penalize a low-income person by setting up barriers, especially financial ones, between them and their health.

The cost of implementing the work requirement in this program is unreasonable compared to the small group of people it affects. Virginia needs to spend \$25 million to implement something that is not even part of the goal of Medicaid. That is an unjustifiable amount that could be better spent in a variety of ways. I work with impoverished people every day. They work already. They work hard, sometimes at two or three jobs, and still don't make ends meet. I don't want Virginia to set up a costly work requirement bureaucracy that won't make anyone any healthier. Isn't Medicaid supposed to be about getting people healthy? Please consider my comments on this proposed program.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 2:26 PM
Subject: NO Medicaid Waiver
To: <1115Implementation@dmas.virginia.gov>

I am writing to you with regard to Virginia's proposed Medicaid waiver which has problems as it is currently written. Many people with low incomes have to move frequently and might even be homeless. These living conditions make it hard to comply with programs that have demands like this so this group of Virginians would still end up without coverage.

Virginia should not implement health and wellness accounts for Medicaid recipients. Indiana has one of the longest standing health savings account programs in the nation, yet many of their recipients do not know how to use it. We should not go down this path and create more cost for the state. Please take my comments and those of others seriously.

[REDACTED]

1957

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 2:27 PM
Subject: Comments about Virginia Compass
To: <1115Implementation@dmas.virginia.gov>

I have read that most medicaid recipients already work, albeit in low-paying jobs that do not provide health insurance.. Others are disabled, elderly, or have some other impediment that makes it impossible for them to work. For all of these people, the burden of having to document their efforts to comply with the work requirement may result in the loss of coverage by the people who need it most. The point of the expanding medicaid is to provide health insurance to Virginians who need coverage--not to create a bureaucratic hurdle to receiving that coverage.

[REDACTED]

Ms.

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 2:35 PM
Subject: I oppose COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

As a Virginian who cares about expanding healthcare coverage, I am writing to you regarding my concerns with the COMPASS waiver application. Please give consideration to my views. So many factors in this proposed program put access to care at risk. There is no reason for this to be the case. Parts of this plan that call access into question must be removed in order for it to be effective. Thanks for considering my thoughts on this waiver application.

[REDACTED]

Virginia Organizing Harrisonburg

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 2:35 PM
Subject: NO Medicaid Waiver
To: <1115Implementation@dmas.virginia.gov>

we need to learn from the experience of Arkansas. Work requirements there have been a disaster, simply booting people off of Medicaid regardless of whether they are working or not. https://www.kff.org/medicaid/issue-brief/an-early-look-at-implementation-of-medicaid-work-requirements-in-arkansas/?utm_source=feedburner&utm_medium=feed&utm_campaign=Feed%3A+kff%2Fmedicaid+%28Medicaid+reports%2C+fact+sheets+and+explainers+from+the+Kaiser+Family+Foundation%29 the paperwork is simply too complicated and results in people being thrown off of the rolls.

It is ironic that a federal government dedicated to reducing paperwork for America's businesses is so determined to impose crippling paperwork burdens on the Americans least capable of dealing with it.

Unless Virginia can design a system where Medicaid administrators bear the entire burden of establishing whether or not someone is working, we should not move forward with work requirements (or other nuisance requirements like premiums or "wellness accounts." But setting up a system would likely cost far more than it saved, and be a waste of taxpayer's money.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 2:36 PM
Subject: Commenting on Virginia Compass
To: <1115Implementation@dmas.virginia.gov>

This is regarding my concerns surrounding the waiver draft for the Medicaid program in Virginia. If a low-wage worker has inconsistent hours or an insecure job they may fail to keep up with the requirements and lose healthcare. If that results in an inability to work at all the program will have failed to help the exact situation the expansion was supposed to improve. Thank you for considering this perspective.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 2:36 PM
Subject: Writing about Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

The following comments are in regard to the proposed Medicaid waiver application to the federal government. Virginia should not add more red tape to our Medicaid program. Requiring individuals to document their work has been shown to reduce enrollment in Medicaid overall. Virginians have waited so long for expansion. The state should do everything in its power to ensure that we have a good enrollment process, but I fear that adding more paperwork will not help us meet that goal. Thank you for your work on behalf of the Commonwealth and taking my comments into consideration.

[REDACTED]

Virginia Organizing Harrisonburg

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 2:36 PM
Subject: Virginia COMPASS Waiver Application
To: <1115Implementation@dmas.virginia.gov>

I oppose the proposed 1115 Medicaid Waiver in Virginia and would like to make a public comment about it. Medicaid is a safety net program, but it is not effective if its availability is threatened by the program's design. Economic hard times are often happening at the same time as failing health. We need for people to have consistent access to treatment for this program to work the way it is supposed to.

Part-time and temporary jobs that many Medicaid eligible people work in put them at risk for losing coverage frequently because they do not have consistent pay. States that have tried to use work requirements like this have thousands people losing coverage each month. It puts a burden on the state and threatens the health of this group of people. Thank you for reading my comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 2:36 PM
Subject: Virginia COMPASS waiver public comments
To: <1115Implementation@dmas.virginia.gov>

The bureaucracy that will have to be created to implement the work requirements will cost more than the savings.

If someone has a disability he or she may have a harder time complying with some of the qualifications in this proposal. That could end up in their losing access to care. Not fair and not how it works in other states.

The whole work requirement thing seems punitive. Let us support, not punish, those in need.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 2:37 PM
Subject: NO Medicaid Waiver
To: <1115Implementation@dmas.virginia.gov>

I oppose the proposed 1115 Medicaid Waiver in Virginia and would like to make a public comment about it. The purpose of expanding Medicaid is to encourage people to access healthcare on a consistent basis and maintain good health so they can remain working and productive. By adding monthly premiums, we are creating a barrier that will be too high for many people.

The Medicaid program provides critical access to prevention, treatment, disease management, and care coordination services. It keeps people from becoming seriously ill and not being able to care for themselves or their family. I am pleased to offer these comments and hope you will consider them.

[REDACTED]

Enroll Virginia

From: [REDACTED] <[REDACTED]>

Date: Mon, Oct 15, 2018 at 2:37 PM

Subject: Opposition to Virginia COMPASS

To: <1115Implementation@dmas.virginia.gov>

I offer the following comments concerning the proposed changes to Virginia's Medicaid program. In some states, proposals similar to this resulted in nearly half of the new adults enrolled in Medicaid expansion losing coverage. This proposal creates a program that is likely to create the same problems with access. Thank you for allowing me to offer my thoughts on this proposal.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 2:42 PM
Subject: Responding to Medicaid waiver idea
To: <1115Implementation@dmas.virginia.gov>

I am opposed to the new burdens proposed to be included in the Medicaid program. Without ongoing coverage, someone that has a treatable illness may still be suffering. As a result, they are denied the opportunity to benefit from treatments for common conditions like high blood pressure. The lack of access has serious consequences.

I am afraid that people who benefit from the Medicaid program will lose their coverage simply because they will not know how to navigate the system. The Virginia COMPASS proposal requires people to eventually work and document that they are working at least 80 hours per month. This means they will have to keep track of all of their work documents, potentially from more than one employer. This is a burdensome process, especially when people are working day in and day out just to make ends meet and take care of their families. I sincerely hope that the public comments will be taken into consideration.

As I have worked with people who would benefit from Medicaid expansion, I have seen that they often lack the cognitive ability to document their work or volunteer time and would therefore lose the coverage they need.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 2:43 PM
Subject: Responding to Medicaid waiver idea
To: <1115Implementation@dmas.virginia.gov>

By mandating that people work to maintain coverage under Medicaid, Virginia could effectively cut off the access of many people who need healthcare the most - people who are disabled, have substance abuse disorders, or are chronically unemployed or underemployed. Do not make work a requirement. Healthcare should be a right for all Americans, regardless of their ability to work or to find work.

[REDACTED]

Virginia Organizing Harrisonburg

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 2:44 PM
Subject: New Medicaid Waiver Comments
To: <1115Implementation@dmas.virginia.gov>

Access to health care is very important, that is why I am commenting on this proposed change. When a person does find a job and meet the requirements for Medicaid, the paperwork and reporting requirements could still mean losing coverage due to those challenges. Complicated programs are not likely to be successful with many in this population of Virginians who really just need simple access to care. I appreciate the time you have taken to read my comments. I hope they result in improvements to the program.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 2:44 PM
Subject: Comments Against Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

Regarding my concerns surrounding the waiver draft for the Medicaid program in Virginia:

Health and wellness accounts require a lot of administrative upkeep and add additional cost for the state Medicaid agency, providers, and contracted managed care plans. Today, we experience very low unemployment. Why add complex requirements and oversight to “prove” individuals are working “their fair share?”

Instead of spending money and creating more bureaucracy to manage a work requirement, we should develop a better health care system with state and Medicaid Expansion funds. Please don't waste valuable resources that don't directly improve general well-being of all Virginia citizens.

No one is immune from needing health care at some time in one's life. Likely, most young and healthy persons have the lowest need for expensive care, so their premium rates could be adjusted accordingly and to provide for catastrophic care. Then, resources for those who need care most would be more available. A well-managed system will instill confidence that health care will be there for young people, as they move on through their lives. (Perhaps, premiums could be adjusted for older folks, as well, to provide the resources needed for those who need it, no matter what age.)

What is often overlooked though, is the "wellness" part of a health "care" system. Behaviors we can change need to be addressed much before chronic illness impacts our lives. Proactive and interactive means can improve and maintain both physical and mental health. A STRONG health educational component CAN promote good health practices. Let's use our resources to stem smoking; control blood pressure; prevent obesity; improve diet and exercise; and encourage good mental health.

Money talks! By creating persuasive incentives, such as adjusting health care premiums, would motivate many to take positive steps toward improving their health. (The cost of smoking has certainly contributed to the decrease in the number of people who smoke.)

In time, we can turn around our very imperfect health habits. Taking strong, positive steps in the Medicaid system “is the best medicine.”

Thank you for considering these comments in the best way they are intended.

[REDACTED]

VICPP, Charlottesville Chapter

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 2:45 PM
Subject: Comments about Virginia Compass
To: <1115Implementation@dmas.virginia.gov>

I oppose the proposed 1115 Medicaid Waiver in Virginia and would like to make a public comment about it. Requirements that have little to do with the intent of Medicaid need to be removed because they interfere with access by creating multiple new barriers. People need easy access that allows them to use the health care they need in a logical way.

As people become aware of the waiver and try to understand their intricacies, the challenge of having to prove compliance may cause Virginia residents to not even participate even if they are pursuing work. Please keep the best interest of Virginia's working families in mind as you consider my thoughts.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 2:45 PM
Subject: DMAS Public Comment
To: <1115Implementation@dmas.virginia.gov>

Like many of my peers (baby boomers) I am extremely concerned about health care -- for myself and others less fortunate. I ask you to please consider the following concerns surrounding the waiver for the VA Medicaid program. Losing coverage could create a life-threatening obstacle to care for patients with heart disease as these individuals are unlikely to have access to the necessary treatments and medications.

The use of work requirements in other states has shown that they fail in improving health or maintaining consistent employment. The record suggests that the two goals are undermined by linking them together. Both issues are important but they need to be addressed separately. The Commonwealth needs to make improvements to this draft.

Thank you for taking my comments into consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 2:45 PM
Subject: DMAS – Virginia Compass Waiver
To: <1115Implementation@dmas.virginia.gov>

The comments below, describe my concerns about and opposition to the proposed changes to Virginia's Medicaid program. If Virginia's Medicaid program adds monthly premium costs, it will undermine the very reason for the program. People with low income cannot afford to pay for coverage or care.

The Medicaid program is a pro-work program. When folks in our state have access to the care they need, they can take care of their health needs, go to work, and contribute to their communities. However, by kicking people off of the Medicaid rolls, the state will reduce access to care, worsen health outcomes and make it hard for people to find and keep work. I am hopeful that you change the proposed waiver.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 2:46 PM
Subject: Proposed Virginia COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

I oppose the proposed 1115 Medicaid Waiver in Virginia and would like to make a public comment about it. So many factors in this proposed program put access to care at risk. There is no reason for this to be the case. Parts of this plan that call access into question must be removed in order for it to be effective.

Work requirements in this program do not help families afford to put food on the table or improve their health. This is not good policy, as it hurts those who are most in need.

I am proud that Virginia has expanded Medicaid and hope my comments are taken into consideration and the necessary changes made.

[REDACTED]

Virginia Organizing

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 2:46 PM
Subject: COMPASS objections
To: <1115Implementation@dmas.virginia.gov>

The comments in this email should be considered in relation to Virginia's Medicaid waiver application. The federal government has stated that it will not provide states with Medicaid funding to finance job related services for individuals. This will put all of the responsibility on Virginia to provide things like job training, child care, transportation, and other programs to help people to meet the proposed requirement. Poor people cannot afford this.

in Arkansas, work requirements have led to 4,300 people being kicked off Medicaid. Most of those people were eligible for the program. They just weren't able to do the online documentation that is required to keep track of whether people are working.

Creating the red tape for work requirements is expected to cost Virginians \$25 million. Wouldn't it be wiser to put that money into health care itself?

[REDACTED]

Social Action Linking Together (SALT)

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 2:46 PM
Subject: COMPASS objections
To: <1115Implementation@dmas.virginia.gov>

These comments are about the Commonwealth's Medicaid waiver application. I appreciate your taking them into consideration. Monthly premiums of any amount would be too expensive for many families to pay regularly. These are already very poor families who struggle to afford basics like food and rent. If they qualify for Medicaid, they are unlikely to have the extra money to pay a premium.

In states with requirements like the ones in this proposal, the results were that nearly half of the new adults enrolled in Medicaid expansion ended up losing coverage. Virginia needs a program that has a better success rate than that. Removing some of the proposed restrictions would help to improve access. Please do take these concerns into consideration and make changes to this draft.

My comments are informed by my experiences with the affected populations while serving as a legal aid attorney for 40 years and as an ACA Navigator for 5 years.

[REDACTED]

LUCHA Ministries

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 2:47 PM
Subject: Commenting on Virginia Compass
To: <1115Implementation@dmas.virginia.gov>

I am opposed to certain new burdens included in the proposed COMPASS Medicaid program. Virginians with Medicaid coverage are encouraged to access a doctor on a regular basis to maintain good health so they can remain working and productive. Not only will thousands of Virginians be kicked off the Medicaid rolls because they cannot meet the work requirement but monthly premiums for coverage will be too high for many people and they will not have the opportunity to stay healthy. The program is too complex and there will certainly be administrative hurdles that will result in loss of coverage. It is also too expensive to implement - money spent on these unnecessary provisions should instead go to providing care.

Medicaid's mission is to provide health coverage to low-income people so they can obtain the services and treatments they need. By making access more difficult than necessary this proposal works against the mission. Virginia should not move forward with this proposal.

Thank you for your work on behalf of the Commonwealth and for taking my comments into consideration.

Sincerely,

[REDACTED]



**National
Multiple Sclerosis
Society**

October 15, 2018

Dr. Jennifer Lee, Director
Virginia Department of Medical Assistance Services
Suite 1300, 600 East Broad St.
Richmond, VA 23219
via: 1115Implementation@dmas.virginia.gov

Dear Dr. Lee,

The National Multiple Sclerosis Society (Society) appreciates the opportunity to submit comments outlining our concerns with the proposed Virginia Creating Opportunities for Medicaid Participants to Achieve Self- Sufficiency (COMPASS) program and the state's 1115 Demonstration Waiver Extension Application. The Society is committed to ensuring that each state's Medicaid program provides adequate, affordable and accessible health care coverage. If implemented, the proposed changes to Virginia's Medicaid program would further jeopardize access to care and could have harmful implications for individuals with serious, acute and chronic diseases such as multiple sclerosis. The purpose of the Medicaid program is to provide needed health coverage and access to eligible low-income individuals. If Virginians could lose coverage as a result of not meeting work, premium or other requirements then the proposed Virginia COMPASS program does not align with the intended goal of Medicaid.

Multiple sclerosis (MS) is an unpredictable disease of the central nervous system, with symptoms ranging from numbness and tingling to blindness and paralysis. For people with MS, access to needed health care services and early and consistent control of disease activity plays a key role in preventing accumulation of disability and allows people with MS to remain active in their communities. The Society is pleased that after many years, Virginia has elected to expand its Medicaid program. Nearly 400,000 Virginians who are currently uninsured will soon be eligible for comprehensive medical coverage. Yet, the proposed waiver contradicts efforts to expand coverage, by adding barriers and complicated administrative processes that will result in Virginians losing and not gaining health care.

According to the proposal, individuals between the ages of 19 and 64 who have incomes up to 138% of the Federal Poverty Level would be required to either demonstrate that they work a certain number of hours depending on length of time enrolled in the program or that they qualify for an exemption. These complicated new requirements will put access to needed care, such as seeing specialists, receiving vital testing like magnetic resonance imaging and access to medications in jeopardy.

Most people on Medicaid who can work are already employed. A recent study, published in JAMA Internal Medicine, looked at the employment status and characteristics of Michigan's Medicaid enrollees. The study found only about a quarter were unemployed (27.6 percent). Of this 27.6 percent of enrollees, two thirds reported having a chronic physical condition and a quarter reported having a

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mental or physical condition that interfered with their ability to work. Most people with MS are diagnosed between the ages of 20 and 50 - prime working years. Some people with MS will need to transition to part-time, flexible employment to accommodate their disease and its symptoms. Others whose MS has progressed greatly are unable to work at all. Fewer than half of all individuals with MS are in the workforce ten years after their diagnosis. People with MS should not be penalized if their health condition prevents them from working, particularly in a manner that revokes health coverage and access to costly treatments and services. The Society believes work requirements will jeopardize patients' access to care and harm individuals with serious, acute and chronic diseases such as MS.

Furthermore, people with MS may experience significant MS symptoms or exacerbations that temporarily interfere with their ability to work, but they may not qualify for an SSDI exemption or may not be considered "medically frail." Of high concern is the fact that the waiver application does not lay out a plan for how an enrollee will be certified as having a "seriously complex medical condition" or be identified as "medically frail." Having to endure an administrative process in order to be deemed sick enough to qualify for an exemption may be lengthy, time consuming and mentally exhausting for people with MS. There will undoubtedly be deliberation about whether or not certain persons with MS qualify for an exemption and this could result in a gap in coverage.

Reporting either hours worked or an exemption from the work requirement will be burdensome. According to recent data from the state of Arkansas, as of October 1, 8,462 people have lost Medicaid coverage after just four months of implementing new work requirements in the program. These people are likely now uninsured and locked out of Medicaid coverage until January 2019. An additional 12,589 individuals had one or two months of noncompliance and are at risk for losing coverage in the coming months.ⁱ The Kaiser Family Foundation reports that despite numerous and various outreach attempts, Arkansas Medicaid enrollees remain largely unaware of program changes and reporting requirements.ⁱⁱ Battling administrative red tape to keep coverage should not interfere with a person's ability to maintain their health. Ironically, work requirements could keep someone from getting the health care services they need to be healthy enough to work.

Virginia's waiver extension application also seeks to impose monthly premiums on Medicaid enrollees as a condition for coverage. The Society believes that premiums are a barrier to healthcare access, particularly for individuals with pre-existing conditions such as MS. Even small premium amounts may be substantial for a low-income person or family, potentially making coverage unaffordable for those who need it most. A broad array of studies have demonstrated that imposing premiums on low-income individuals creates a barrier to care and fails to improve health outcomes. A recent report from the Kaiser Family Foundation looked at findings from 65 research papers published between 2000 and March 2017 on the effects of premiums and cost sharing on low-income people enrolled in Medicaid and the Children's Health Insurance Program (CHIP).ⁱⁱⁱ The authors found that premiums are a barrier to obtaining Medicaid and CHIP coverage. The research also shows that while some individuals who lose Medicaid or CHIP coverage move to other coverage, many become uninsured. Those with lower incomes are most

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likely to become uninsured, and as a result, face increased barriers to accessing care. When Wisconsin implemented premiums for adults with incomes between 133 and 150 percent of the poverty level in its Medicaid program, the state faced a 24 percent reduction in enrollment due to nonpayment of premiums.^{iv}

Additionally, there is an administrative cost associated with collecting premiums, tracking payments, sending notices, and administering disenrollment penalties. It is estimated that implementing the Virginia COMPASS program will cost the Commonwealth more than \$25 million. In addition to cost, intertwining premiums with “healthy behavior incentives” could confuse enrollees and will be difficult for both the state and enrollees to monitor and report.

The application also includes a proposal to charge certain enrollees a five-dollar copayment for non-emergent use of the emergency department. People should not be financially penalized for seeking lifesaving care. This policy could deter people from seeking necessary care during an emergency. Delays in care could have harmful impacts on the short- and long-term health of individuals with serious, acute and chronic diseases. Furthermore, evidence suggests cost-sharing may not result in the intended cost savings.^v Research demonstrates that low-income individuals served by Medicaid are more price sensitive compared to others, more likely to go without needed care, and more likely to experience long-term adverse outcomes. A study of enrollees in Oregon’s Medicaid program demonstrated that implementation of a copay on emergency services resulted in decreased utilization of such services but did not result in cost savings because of subsequent use of more intensive and expensive services.^{vi} This provides further evidence that copays may lead to inappropriate delays in needed care. The Society opposes the punitive cost-sharing for non-emergent use of the emergency department.

Access to affordable, high quality healthcare is essential for people with MS and consistent and reliable health insurance coverage allows people to get the care and treatments they need. Instituting burdensome and complex requirements such as premiums, copays, healthy behavior incentives and work requirements will keep people from receiving care. We ask you to remain committed to allowing those who live with chronic illnesses to receive the care that they need to live their best lives.

Sincerely,



National MS Society

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ⁱ Arkansas Department of Health and Human Services, Arkansas Works Program, August 2018. Accessed at: https://ccf.georgetown.edu/wp-content/uploads/2018/09/091218_AWReport_Final.pdf;
Arkansas Department of Health and Human Services, Arkansas Works Program, September 2018

ⁱⁱ The Implementation of Work Requirements in Arkansas Has Been Complex and Many Medicaid Enrollees Are Not Aware of New Rules or Face Obstacles in Complying. October 9, 2018. Accessed at: <https://www.kff.org/medicaid/press-release/the-implementation-of-work-requirements-in-arkansas-has-been-complex-and-many-medicaid-enrollees-are-not-aware-of-new-rules-or-face-obstacles-in-complying/>

ⁱⁱⁱ Samantha Artiga, Petry Ubri, and Julia Zur, “The Effects of Premiums and Cost Sharing on Low-Income Populations: Updated Review of Research Findings,” Kaiser Family Foundation, June 2017, <https://www.kff.org/medicaid/issue-brief/the-effects-of-premiums-and-cost-sharing-on-low-income-populations-updated-review-of-research-findings/view/print/>

^{iv} Laura Dague, “The effect of Medicaid premiums on enrollment: a regression discontinuity approach,” Journal of Health Economics, September 2014, <https://www.ncbi.nlm.nih.gov/pubmed/24879608>

^v See for example: Chernew M, Gibson TB, Yu-Isenberg K, Sokol MC, Rosen AB, Fendrick AM. Effects of increased patient cost sharing on socioeconomic disparities in health care. J Gen Intern Med. 2008. Aug; 23(8):1131-6. Ku, L and Wachino, V. “The Effect of Increased Cost-Sharing in Medicaid: A Summary of Research Findings.” Center on Budget and Policy Priorities (July 2005), available at <http://www.cbpp.org/5-31-05health2.htm>.

^{vi} Wallace NT, McConnell KJ, et al. How Effective Are Copayments in Reducing Expenditures for Low-Income Adult Medicaid Beneficiaries? Experience from the Oregon Health Plan. Health Serv Res. 2008 April; 43(2): 515–530.

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From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 2:50 PM
Subject: Virginia COMPASS Waiver Comments - Exempt People with Cystic Fibrosis from the TEEOP Requirements
To: Virginia C.O.M.P.A.S.S. <1115Implementation@dmas.virginia.gov>

Dear Ms. Puglisi,

As a Virginia resident and an advocate for people with cystic fibrosis (CF), I'm writing to ask you to automatically exempt people with CF from the work and community engagement requirements and premiums in Virginia's Creating Opportunities for Medicaid Participants to Achieve Self Sufficiency (COMPASS) Waiver. Furthermore, I ask that the commonwealth use its own data to identify people with CF for exemption to minimize the risk of inappropriate disenrollment and administrative burden on recipients.

CF is a life-threatening genetic disease that causes persistent lung infections and progressively limits the ability to breathe, often leading to respiratory failure. Over 720 Virginians live with CF. As a complex, multi-system condition, CF requires targeted, highly specialized treatment and medications. There is no known cure.

Nearly 150 adults in Virginia rely on Medicaid to receive the high quality, specialized care and they need—and many more may gain Medicaid coverage if the state's expansion is approved. While many Medicaid recipients living with CF are employed, others are unable to work due to health status or the amount of time they need to spend on their treatments. To stay healthy, people with CF must endure hours of treatment every day – including receiving chest physiotherapy, taking inhaled treatments, potentially administering IV antibiotics, and other activities. In addition, people with CF commonly deal with pulmonary exacerbations (episodes where the symptoms of CF get worse and often lead to hospitalization), infections, and other events that cause their health to decline rapidly, potentially taking them out of the workforce for significant periods of time.

I also have concerns about the premium requirements outlined in the proposed waiver and the impact on access to care for people with CF. Not only are nominal premiums often unaffordable for low income beneficiaries, but the process of making a premium payment can create barriers to care for a population that may not have bank accounts or credit cards. In fact, studies have shown that the addition of premiums leads to a reduction in Medicaid enrollment.

While I appreciate that the state plans to exempt many individuals, including those designated as medically frail or with a special medical need, I ask the state to specifically include people with CF in the definition of those who are automatically exempt.

Consistent care is a critical component of CF treatment, and any loss or gaps in health coverage, because of failure to comply with these requirements, may put the health of people with CF at risk.

Again, I urge you to specifically and automatically exempt people with CF from the work requirement. Your attention to this matter will help people with CF continue to have access to the highly specialized care they need to live full and healthy lives.

Sincerely,

[REDACTED]

[REDACTED]

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 2:57 PM
Subject: COMPASS objections
To: <1115Implementation@dmas.virginia.gov>

I am writing with regard to Virginia's COMPASS program and my opposition to certain components of it. Access to health coverage is important no matter who you are. This proposal would kick people off of Medicaid when they may need it the most. The state should aim to do no harm, but the draft proposal makes it clear that people will lose coverage. Thank you for considering this perspective.

All people should have access to quality healthcare, irregardless of their work status. This will, in the long run, save money for Virginia by reducing the burden of untreated illness.

[REDACTED]

Ms.

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 2:57 PM
Subject: New Medicaid waiver comments
To: <1115Implementation@dmas.virginia.gov>

As a Virginian who cares about expanding healthcare coverage, I am writing to you regarding my concerns with the COMPASS waiver application. Please give consideration to my views. Work requirements are a bad move for Virginians. There are many examples for Virginia to learn from. While these requirements sound great to some people, other safety net programs that have these requirements do not succeed in helping people find jobs or make ends meet.

Many people with low incomes have to move frequently and might even be homeless. These living conditions make it hard to comply with programs that have demands like this so this group of Virginians would still end up without coverage. Thanks for taking the time to read my comments.

[REDACTED]

Trinity Presbyterian Church

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 3:01 PM
Subject: Issues with Virginia 1115 Waiver
To: <1115Implementation@dmas.virginia.gov>

The following comments are in regard to the proposed Medicaid waiver application to the federal government. So many factors in this proposed program put access to care at risk. Parts of this plan that call access into question must be removed in order for it to be effective. I appreciate the time you have taken to read my comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 3:12 PM
Subject: Regarding Virginia COMPASS Application
To: <1115Implementation@dmas.virginia.gov>

The following comments are offered for consideration as public comment on the Medicaid waiver draft. There are several components of it that concern me as a citizen. Job requirements like this and other efforts to take away public supports to try to encourage people to work have poor track records. The reasons people are unemployed are sometimes too complicated to address in the way this proposal does. This requirement will just deny people healthcare coverage. Please do take these concerns into consideration and make changes to this draft.

The vote to expand Medicaid was one for hope. We must remember those who died waiting for this expansion, because they paid a price for the time it took to get here.

We have also failed at this juncture to remove work requirements from Medicaid, which will continue to exclude those, who cannot work, but do not qualify for other assistance. Work requirements only continue to stigmatize disabled Virginians as lazy, morally corrupt, and ignorant. This is unacceptable.

This Medicaid Expansion is certainly worthy of celebration. But it is imperfect. It is the culmination of more than a decade of hard work by Virginia Organizing and other tireless advocates throughout the Commonwealth. It is a concrete action undertaken to end systemic inequality and offer “everyone born” a seat at the table with fresh water and bread.

As a state, we have finally looked each other in the eye and declared that we are all worthy of access to health care—that we are worthy of our basic human rights. We have closed part of a gap that allowed so many to fall into, however, our next action would be to do away with the work requirement!

[REDACTED]

Virginia Organizing

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 3:13 PM
Subject: DMAS Public Comment
To: <1115Implementation@dmas.virginia.gov>

The comments below, describe my concerns about and opposition to the proposed changes to Virginia's Medicaid program. In addition to creating a costly new government program to administer, this will also create restrictions to access. Programs similar to this proposal have not been proven to increase employment, but have been shown to prevent access to care.

Many Virginians have real obstacles to employment, including illness, disability or family caregiving responsibilities. The number who could become employed as a result of the Medicaid program is very small. Thank you for allowing me to offer my thoughts on this proposal.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 3:26 PM
Subject: Exemption Question
To: <1115Implementation@dmas.virginia.gov>

Hi,

We have three-year old twin boys. I and my wife both are working part-time (less than 80 hours per month) while taking care of them.

The exemption in the list says "Primary caregiver for a dependent child under age 19".

As we have two dependent children, does it mean both me and my wife are qualified for the exemption?

If this is true, can you clarify the specific situation in the COMPASS application?

Thanks,

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 4:25 PM
Subject: Arguments against COMPASS
To: <1115Implementation@dmas.virginia.gov>

Some aspects of this proposal will create too many barriers to access. Many low-income Virginians work hourly jobs where the demand varies seasonally, such as in the construction industry and retail industry, and that makes it challenging to meet the proposed work requirement for 80 hours a month consistently.

The many barriers in this Medicaid proposal mean that there will likely be gaps in healthcare coverage that deny people the opportunity to access care. This works against what the program was supposed to achieve. Please consider my comments on this proposed new program.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 4:26 PM
Subject: Comments about Virginia Compass
To: <1115Implementation@dmas.virginia.gov>

I am opposed to the new burdens proposed to be included in the Medicaid program. The proposed changes to Medicaid could deny health insurance to sick individuals when they are most in need. I do not support this approach that creates barriers to access.

People who have good healthcare coverage see a doctor regularly. If there are monthly premiums required, people will try to avoid using healthcare. While the cost seems small to some it will be a barrier to getting care for low income people. Thank you for considering my thoughts. I believe Virginia can do better than this.

Even with insurance it's very hard and bureaucratic. At least with Medicaid expansion, there's a chance to get help.

[REDACTED]

Harrisonburg VA Organizing

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 4:27 PM
Subject: Opposition to Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

As a Virginian who cares about expanding healthcare coverage, I am writing to you regarding my concerns with the COMPASS waiver application. I ask that you please give consideration to my views. Losing coverage could create a life-threatening barrier to care for patients with long-term illnesses as these patients are unlikely to have access to ongoing treatments, medications and maintenance programs. Access to care without disruptions from compliance requirements is vital to the success of the Medicaid program. I trust you will take these thoughts and comments into consideration as this process continues.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 4:27 PM
Subject: Comments about Virginia Compass
To: <1115Implementation@dmas.virginia.gov>

I write to oppose Virginia's 1115 waiver draft that is under consideration. Some aspects of the draft will undermine its purpose. Among Medicaid enrollees who are not working, many have impediments to employment, including illness, disability or caregiving responsibilities. The number of those who could get a job as a result of the program is very small.

If families are living in poverty, it does not make sense to charge them monthly premiums as it is unlikely that they will be able to consistently pay them. This reality will result in limiting the number of low-income Virginians who will gain coverage. I appreciate your consideration of my comments as you make changes to this draft.

[REDACTED]

From: [REDACTED] <[REDACTED]>

Date: Mon, Oct 15, 2018 at 4:28 PM

Subject: My letter on work requirements waiver

To: <1115Implementation@dmas.virginia.gov>

This comment is directed toward certain aspects of Virginia's Medicaid waiver application. Adding monthly premiums will not create savings for Virginia; it will only discourage people from getting the care they need. This component of the proposed COMPASS waiver does not take into account that low income people are under serious financial stress already.

In states with requirements like the ones in this proposal, the results were that nearly half of the new adults enrolled in Medicaid expansion ended up losing coverage. Virginia needs a program that has a better success rate than that. Removing some of the proposed restrictions would help to improve access. Thank you for allowing me to offer my thoughts on this proposal.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 4:30 PM
Subject: Writing about Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

This email is in opposition to some requirements proposed in Virginia's Medicaid waiver. I hope you will take my views under advisement. Charging monthly premiums will make it harder for people with chronic illness to visit their doctors. Routine visits in order to monitor conditions and receive prescriptions will become too costly which can lead to negative health outcomes.

Virginians should not be penalized if their health condition prevents them from working, particularly in a manner that takes away health coverage and access to treatments and services. This proposed work requirement punishes people with poor health. Thank you for considering this perspective.

[REDACTED]

Loudoun Free Clinic

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 4:30 PM
Subject: Virginia COMPASS waiver public comments
To: <1115Implementation@dmas.virginia.gov>

I am opposed to the new burdens proposed to be included in the Medicaid program. If programs have complicated requirements like the work reporting, the result adds to the hardship a family already faces. It can also deter people from enrolling in the first place because they are not confident they can keep up with the qualifications.

Some mental illnesses, especially if they are untreated, make it very difficult for someone to comply with this proposal - resulting in their losing access to care. This could easily spiral into much more expensive treatments and hospitalizations. Thank you for considering my thoughts. I believe Virginia can do better than this.

[REDACTED]

1977

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 4:31 PM
Subject: Comments Against Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

As a Virginian who cares about expanding healthcare coverage, I am writing to you regarding my concerns with the COMPASS waiver application. Please give consideration to my views. The federal government has stated that it will not provide states with Medicaid funding to finance job related services for individuals. This will put all of the responsibility on Virginia to provide things like job training, child care, transportation, and other programs to help people to meet the proposed requirement. Poor people cannot afford this.

There are many reasons that a patient might not comply with the many requirements in this proposed program and would result in their losing care. For example, there could be a language barrier or intellectual disability that makes it hard to fully understand the requirements. People in this situation need easy, uncomplicated access. This program does not promise that. Thank you for considering this perspective.

[REDACTED]

Ms.

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 4:32 PM
Subject: Responding to Medicaid waiver idea
To: <1115Implementation@dmas.virginia.gov>

I am writing to you today regarding Virginia's Medicaid waiver proposal, I oppose the aspects of this program that create new burdens on people who are already struggling. Losing health coverage for someone with a chronic illness would be devastating. Being locked out of health care due to failure to reporting work activities or being unable to pay monthly premiums could lead to terrible health outcomes for many Virginians.

Providing health care coverage to people who are probably already working, but earn too little money is important. Virginia has finally expanded Medicaid to cover low income Virginians, but if the program charges monthly premiums, we will not improve the health of Virginians. Please take the public's comments into consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 4:34 PM
Subject: Virginia COMPASS waiver public comments
To: <1115Implementation@dmas.virginia.gov>

Virginia's proposed changes to the Medicaid program will undermine its effective implementation. If people are kept out of the Medicaid program, these individuals will still seek medical services, and the state will end up with some of that expense without the benefit of the federal money available to assist with those costs.

If a low-wage worker has inconsistent hours or an insecure job they may fail to keep up with the requirements and lose healthcare. If that results in an inability to work at all the program will have failed to help the exact situation the expansion was supposed to improve. Thank you for considering my thoughts. I believe Virginia can do better than this.

[REDACTED]
Secular Franciscan Order, APA, ACA, AMHCA

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 4:41 PM
Subject: Against Proposed VA 1115 Waiver
To: <1115Implementation@dmas.virginia.gov>

As a Virginian, I do not support the changes outlined in Virginia's 1115 Medicaid waiver draft. If someone has a disease or long-term health issue they need consistent access to care. It is not very valuable to provide off and on coverage. Thank you for considering these thoughts. Virginia can do better than this.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 4:42 PM
Subject: Comments opposing Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

I am writing to you today regarding Virginia's Medicaid waiver proposal, I oppose the aspects of this program that create new burdens on people who are already struggling. Work requirements in this program do not help families afford to put food on the table or improve their health. There is some evidence that shows that work requirements can actually make it harder for people to find work. This is not good policy. Please take the public's comments into consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 4:43 PM
Subject: Regarding Virginia COMPASS Application
To: <1115Implementation@dmas.virginia.gov>

This comment is directed toward certain aspects of Virginia's Medicaid waiver application. The Medicaid program provides critical access to prevention, treatment, disease management, and care coordination services. It keeps people from becoming seriously ill and not being able to care for themselves or their family.

Virginia has an opportunity to offer affordable healthcare to all, but monthly premiums would deny us that opportunity by creating a cost that people might not be able to afford. That would mean the program is a failure. I hope we will not undermine our own program by adding these costs. I sincerely hope that the public comments will be taken into consideration.

[REDACTED]

Mrs.

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 4:44 PM
Subject: DMAS – Virginia Compass Waiver
To: <1115Implementation@dmas.virginia.gov>

This comment is directed toward certain aspects of Virginia’s Medicaid waiver application. Requiring people to work can deter families from signing up for coverage that they qualify for and need. When someone does not have health coverage, they are generally less able to maintain work because of it. I am grateful for the opportunity to offer comments. My mother is disabled so this requirement is a hindrance to what she really needs in order to be taking care of and get her necessary supplies. Besides that what does having good healthcare have to do with a job? This is just a tactic to suppress the disabled, elderly, and poor. Shameful!

[REDACTED]

Ms.

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 4:44 PM
Subject: Regarding Virginia COMPASS Application
To: <1115Implementation@dmas.virginia.gov>

Please consider the following concerns surrounding the waiver for the VA Medicaid program. Employment opportunities vary across the Commonwealth. This proposal makes no allowance for the job market in a particular community. Also other difficulties such as language barriers, transportation, and access to childcare are not issues addressed in this proposal. It is unfair to assume that those who are not working simply do not want to.

Losing health coverage for someone with a chronic illness would be devastating. Being locked out of health care due to failure to reporting work activities or being unable to pay monthly premiums could lead to terrible health outcomes for many Virginians. Please make the right changes to the Medicaid waiver proposal.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 4:48 PM
Subject: New Medicaid waiver comments
To: <1115Implementation@dmas.virginia.gov>

I am writing to you today regarding Virginia's Medicaid waiver proposal, I oppose the aspects of this program that create new burdens on people who are already struggling. People who qualify for Medicaid need reliable health care access. There should not be any barriers because they should be encouraged to maintain their health. Our communities will benefit as a whole when the least among us are mentally and physically healthier and any negative impacts will reduce our collective state of well-being.

If a person or family has very low income, it does not make sense to charge them monthly premiums. Thank you for your time.

[REDACTED]

League Of Women Voters-Williamsburg Area, VA Nurses Association, VA Interfaith Center For Public Policy,

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 4:48 PM
Subject: RE: Virginia COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

The comments below, describe my concerns about and opposition to the proposed changes to Virginia's Medicaid program. The red tape and bureaucracy surrounding the COMPASS program will throw people off Medicaid. People that are following the rules will suffer due to the complicated system that COMPASS is creating.

To create a major administrative cost to implement and monitor a requirement that most people are complying with already is a poor use of taxpayer dollars. There is no benefit from this expenditure for the Commonwealth or the people the Medicaid program serves. I hope you will take these thoughts and comments into consideration moving forward.

Providing health care coverage for more people is good policy, and doing so helps to reduce health care costs for everyone.

[REDACTED]

St. Paul United Methodist Women

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 4:49 PM
Subject: NO Medicaid Waiver
To: <1115Implementation@dmas.virginia.gov>

This comment is in relation to the Medicaid waiver that was proposed by DMAS. There are several new requirements proposed that I oppose. If people are kept out of the Medicaid program because of the work requirement, that does not mean they will not need medical services. In fact, denying them care probably means that it will cost more to provide that care because it will probably be at an emergency room.

This legislation shouldn't further victimize people who are already in desperate straits. dHealthcare is a right and not a privilege for the few who are rich.

Monthly premiums included in the waiver could possibly lead to medical debt that many people on Medicaid can afford. This should not be an outcome for many individuals in the program. Thanks for considering my thoughts on this waiver application.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 4:49 PM
Subject: Regarding Virginia COMPASS Application
To: <1115Implementation@dmas.virginia.gov>

This is regarding my concerns surrounding the waiver draft for the Medicaid program in Virginia. The cost of implementing the work requirement in this program is unreasonable compared to the small group of people it affects. Virginia needs to spend \$25 million to implement something that is not even part of the goal of Medicaid. That is an unjustifiable amount that could be better spent in a variety of ways.

Virginians insisted on expanding Medicaid so we could help families and individuals when they are going through tough times. It should not be taken away for failure to follow through on red tape and bureaucracy. The working poor not only are short on money they are often short on time because they are working many hours at low-paying jobs to make ends meet. I hope you will take these thoughts and comments into consideration moving forward.

[REDACTED]

From: [REDACTED] <[REDACTED]>

Date: Mon, Oct 15, 2018 at 4:49 PM

Subject: Comments about Virginia Compass

To: <1115Implementation@dmas.virginia.gov>

The following comments are in regard to the proposed Medicaid waiver application to the federal government. Charging monthly premiums will lead to people not accessing regular routine health care appointments. This would defeat the point of Medicaid which is to keep people healthy and their care affordable.

The Medicaid population often suffers from language barriers, disabilities, mental illness, insecure work, frequent moves, and homelessness. All these factors create significant challenges to successfully navigate growingly complicated government programs. Thank you for your time.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 4:49 PM
Subject: My comments on DMAS waiver
To: <1115Implementation@dmas.virginia.gov>

I write to oppose Virginia's 1115 waiver draft that is under consideration. Some aspects of the draft will undermine its purpose. Many Medicaid recipients work in industries where their work hours are unpredictable and may find it difficult to meet the 80 hour per month qualification. When Kentucky implemented a similar rule, nearly half of the adults that were subjected to this rule failed to meet it at some point during the year.

There are many reasons that a patient might not comply with this waiver and would result in their losing care. For example, there could be a language barrier that makes it hard to understand the requirements. Please take this into account and make changes to COMPASS.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 4:49 PM
Subject: My concerns about the Virginia COMPASS program
To: <1115Implementation@dmas.virginia.gov>

These comments are about the Commonwealth's Medicaid waiver application. I appreciate your taking them into consideration. While monthly premiums may seem like a reasonable requirement, they can be a barrier that prevents people from accessing healthcare. The underlying purpose of Medicaid in Virginia is to make health care readily accessible to people and premiums are counterproductive.

Health insurance and a person's overall health are linked together. We should do everything possible to ensure people have ongoing coverage; otherwise, the ambition to have people become employed and stay employed is not going to be realized. Access is the key to our success with the Medicaid program and it needs to be the first priority for it. I am pleased to offer these comments and hope you will consider them.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 4:49 PM
Subject: My letter on work requirements waiver
To: <1115Implementation@dmas.virginia.gov>

I am writing to you with regard to Virginia's proposed Medicaid waiver which has problems as it is currently written. Part-time and temporary jobs that many Medicaid eligible people work in put them at risk for losing coverage frequently because they do not have consistent pay. States that have tried to use work requirements like this have thousands people losing coverage each month. It puts a burden on the state and threatens the health of this group of people.

Some of these proposed new requirements create obstacles to care for all enrollees. In some cases it may be poor health that leads to a poor financial situation which can only make things worse in a situation like that. Thanks for taking the time to read my comments.

Having had 12 years experience with being stuck in that in between place, not enough income to buy my own insurance and too much to qualify for Medicaid, I sincerely hope we will not make it any more difficult for people in need to qualify for and keep Medicaid coverage. Be assured when I was without insurance I worked as hard as I could and as much as I could. With my preexisting condition of diabetes the cost health insurance was far beyond my ability to pay for it and still support myself.

[REDACTED]

Virginia Organizing Harrisonburg

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 4:50 PM
Subject: Commenting on Virginia Compass
To: <1115Implementation@dmas.virginia.gov>

Please consider the following concerns surrounding the waiver for the VA Medicaid program. Evidence of similar actions on other policy initiatives have proven ineffective. This further concerns the dwindling health of people who have for so long not had access to health care. To work would be a hardship for many resulting in possible additional healthcare dollars being spent in the long run for much more severe health outcomes. Research indicates that work requirements do not encourage work or reduce poverty, and a growing body of evidence shows that such policies could result in reduced access to care, adverse health outcomes and increased health disparities. Thank you very much for considering my thoughts on this waiver application.

[REDACTED]

Virginia Organizing

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 4:50 PM
Subject: Arguments against COMPASS
To: <1115Implementation@dmas.virginia.gov>

Medicaid waiver draft. Some aspects of this proposal will create too many barriers to access. Without ongoing coverage, someone that has a treatable illness may still be suffering. As a result, they are denied the opportunity to benefit from treatments for common conditions like high blood pressure. The lack of access has serious consequences.

Adding monthly premiums to Medicaid will cost people too much money. The point of Medicaid is to give people an affordable way to get health insurance. People with very low income are particularly sensitive to any additional cost. I appreciate your time. Thank you for reading my comments.

[REDACTED]

Virginia Interfaith Center For Public Policy

From: [REDACTED] <[REDACTED]>

Date: Mon, Oct 15, 2018 at 4:50 PM

Subject: RE: Virginia COMPASS waiver

To: <1115Implementation@dmas.virginia.gov>

As a social worker, I am highly concerned about the requirement for people to work in order to receive Medicaid benefits. There is no evidence that this kind of requirement helps people move beyond their situation and need for Medicaid. Often times people receive those benefits because of very dire situations that prevent them from being engaged in work or volunteer activities. If people are on Medicaid because they are low income, the solution has to do with increasing minimum wage so that they can earn enough money to meet their basic needs and not punishing them with demeaning work that also takes away from jobs in our economy.

[REDACTED]

Virginia Organizing

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 4:50 PM
Subject: Virginia COMPASS Waiver Application
To: <1115Implementation@dmas.virginia.gov>

I oppose the proposed 1115 Medicaid Waiver in Virginia and would like to make a public comment about it. Work requirements in this program do not help families afford to put food on the table or improve their health. There is some evidence that shows that work requirements can actually make it harder for people to find work. This is not good policy.

Work requirements penalize the sick and disabled who cannot qualify for Social Security Disability Insurance. It reinforces the stereotype of the sick as lazy and a burden to society, which is simply not true. It paints illness as a moral failing for which the sick, and the sick alone, are responsible for, when very rarely, if ever, is illness the fault of the sick. We owe each other the dignity and security of access to healthcare. Doing so can actually improve the health, economy, and well-being of the state.

In February of this year I wrote:

“I’m so tired. I’m tired because I live with a chronic incurable condition. I’m tired because I require powerful drugs like chemotherapy and immune-suppression to keep the various forces of my body in check, yes. But that exhaustion, fatigue, malaise cannot hold a candle to the bone-crushing tiredness of living as a second-class citizen.”

I live with an incurable condition known as systemic lupus erythematosus, an autoimmune disease that has damaged my heart, lungs, and kidneys, and causes widespread pain. I take twelve prescription medications a day, plus monthly modified chemo to slow the spread of lupus throughout my body. I can readily report that today, eight months on from February, it’s still exhausting. I struggle daily with the realities of my body, but added to that immeasurable stress is the injustice of the American healthcare system. I have a body that keeps me alive, but also inhibits my ability to work. A body that a court has said is “too well” for Social Security Disability Insurance, but that struggles to work in even the most low-impact of situations.

I am not an anomaly. There are hundreds of thousands of people in Virginia who fall into these loopholes or get trapped in bureaucratic labyrinths. I cost my family \$13,000 a year to keep alive—money that gets siphoned from my father’s pension and retirement. I have more than \$9000 in unpaid medical debt from this past year alone, and without help, I would be facing insurmountable debt—the kind that could cripple me financially for the rest of my life. But I am one of the lucky ones: I have a safety net. I have parents with the means to back me up, but for the Virginians for whom work requirements exclude them from coverage, they are not so lucky.

I wrote back in February that passing the expansion bill was a moral imperative. That to vote to expand was to vote for the dignity of all Virginians. It was an investment in the potential shackled to current conditions where access to care was a luxury and not a human right. That to vote yes was an affirmation of the humanity of poor, disabled, and marginalized Virginians who have languished without adequate medical care for far too long. Now, so many look towards the new year with a radical new vision. Instead of escalating premiums, parents might consider investing in fixing the heating in their home or the leak in the roof. Low-income young people can consider signing up to begin their associates, bachelor’s, or technical certification instead of shelling out \$300-700 a month just to cover their premiums. Disabled Virginians who fall in the same gap I do can think about investing in a lift for their apartment, healthier

foods in their pantries, or in assistive technology that will improve their lives. But then there are those who are deliberately excluded from this hope. To deny them this possibility for a better life because they are unable to work is cruel. We all deserve the dignity of access to healthcare and the possibility of a future without medical debt.

Many Virginians lose employment because they are sick and do not have access to care. This is a serious problem that this expansion is supposed to address. Instead, we have potential barriers to access that work against hardworking people. Thank you for taking these concerns into consideration. I hope you will make changes to this proposal.

██████████

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 4:50 PM
Subject: Commenting on Virginia Compass
To: <1115Implementation@dmas.virginia.gov>

I am opposed to the new burdens proposed to be included in the Medicaid program. Virginia must learn from the experiences of other states. In places that have implemented work requirements, their citizens lose health coverage. Virginia should not go down this path, because healthy Virginians are the foundation of our strong economy. Thank you for your time.

[REDACTED]

Mr.

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 4:50 PM
Subject: New Medicaid waiver comments
To: <1115Implementation@dmas.virginia.gov>

Working with individuals with developmental disabilities over the past 20+ years, we have seen it get harder and harder for folks to have access to quality, affordable care. Most of these individuals are unable to work or are unable to find work that accommodates their extensive needs. They are at risk for many health issues and rely on Medicaid funding not only for their healthcare needs but for their basic living needs. All of these individuals rely on us to assist with their everyday needs and are not able to determine which plan is best, how to pay co-pays, how to manage their social security funds to pay for non-covered expenses. Caregivers are being given more and more responsibility to help folks with little to no increase in pay and there is a devastating shortage of care giving staff in the commonwealth. Complicating the system more is not the way to go. Decision makers need to get out and talk to caregivers and see where the needs are and where changes can be made! Please get to know your constituents and learn about their needs and challenges. We would be more than welcoming!

[REDACTED]

Key Support Services, LLC

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 4:51 PM
Subject: Responding to Medicaid waiver idea
To: <1115Implementation@dmas.virginia.gov>

Virginia's proposed changes to the Medicaid program will undermine its effective implementation. If a low-wage worker has inconsistent hours or an insecure job they may fail to keep up with the requirements and lose healthcare. If that results in an inability to work at all the program will have failed to help the exact situation the expansion was supposed to improve.

As people become aware of the waiver and try to understand their intricacies, the challenge of having to prove compliance may cause Virginia residents to not even participate even if they are pursuing work. Thank you for your time.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 4:51 PM
Subject: New Medicaid waiver comments
To: <1115Implementation@dmas.virginia.gov>

Virginia's proposed changes to the Medicaid program will undermine its effective implementation. While monthly premiums may seem insignificant to some people, to the very poor they can be a real barrier that prevents them from accessing quality healthcare when they need it. That runs counter to the whole purpose of the Medicaid program in [REDACTED]

Work requirements in this program do not help families afford to put food on the table or improve their health. There is some evidence that shows that work requirements can actually make it harder for people to find work. Many people currently on Medicaid already work. Others want work but have not found jobs. Taking away health coverage from eligible Virginians is not good policy. Thank you for the opportunity to share these insights.

[REDACTED]

Lewinsville Faith In Action

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 4:51 PM
Subject: New Medicaid waiver comments
To: <1115Implementation@dmas.virginia.gov>

As a Virginian who cares about expanding healthcare coverage, I am writing to you regarding my concerns with the COMPASS waiver application. Please give consideration to my views. Adding monthly premiums will likely create an additional barrier for Virginia's Medicaid population. If they cannot afford the premium every month they could end up losing coverage when they need it most.

Virginia's application does not further the goals of the Medicaid program. Instead, it limits access to care for an extremely vulnerable population. I thank you for the opportunity to offer this information.

[REDACTED]

Daughters Of Wisdom

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 4:51 PM
Subject: New Medicaid Waiver Comments
To: <1115Implementation@dmas.virginia.gov>

I write to oppose Virginia's 1115 waiver draft that is under consideration. Some aspects of the draft will undermine its purpose. Many adults on Medicaid are working part-time jobs or for places that have an inconsistent workload. That is why it will be very difficult for these deserving people to meet the rules of this proposed work requirement. This requirement does not change the number of hours available to a worker and punishes them for taking whatever work is available to them. Please take my comments and those of others seriously.

[REDACTED]

Mrs

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 4:52 PM
Subject: COMPASS objections
To: <1115Implementation@dmas.virginia.gov>

As someone who believes access to health care is critical, I write in opposition to some of the changes to Virginia's Medicaid program proposed in this draft. If programs have complicated requirements like the work reporting, the result adds to the hardship a family already faces. It can also deter people from enrolling in the first place because they are not confident they can keep up with the qualifications.

Medicaid's mission is to provide health coverage to low-income people so they can obtain the services and treatments they need. By making access more difficult than necessary this proposal works against the mission. I am pleased to offer these comments and hope you will consider them.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 4:52 PM
Subject: Issues with Virginia 1115 Waiver
To: <1115Implementation@dmas.virginia.gov>

I find changes to Virginia's Medicaid program problematic. So many factors in this proposed program put access to care at risk. There is no reason for this to be the case. So many people need healthcare today and preventing them or making it more difficult for them is adding a burden to people who are already stretched thin. Shouldn't government programs and policies be ones that support citizens, that make their lives easier in some way? It is a simple choice to allow people the security of knowing that if they have a health emergency or if they are currently experiencing a health problem, they have insurance to help cover those costs. Parts of this plan that call access into question must be removed in order for it to be effective. Thanks for allowing me to comment on this waiver.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 4:52 PM
Subject: Regarding Virginia COMPASS Application
To: <1115Implementation@dmas.virginia.gov>

This comment is directed toward certain aspects of Virginia's Medicaid waiver application. Adding monthly premiums will not save the state money and will discourage people from getting the care they need. While it may seem like a good idea, it does not take into consideration the financial stress that low income people are under and the hard choices they have to make.

The Medicaid population faces multiple challenges. They can face language barriers, disabilities, mental illness, insecure work, and homelessness. All these issues create difficulties when asked to comply with complicated government programs. The result of this can be that access is not improved at all. I am thankful that the public was given this important opportunity to comment.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 4:53 PM
Subject: Writing about Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

The subject of my letter is the Commonwealth's proposed Medicaid waiver application which includes too many complicated burdens. Medicaid is a program to help people in need get care they can afford. The premium required in the waiver would mean Virginia is charging patients a monthly premium they are unlikely to be able to afford. Other states are not doing this and there are good reasons for that. I oppose implementing these changes because it will keep the program from working well.

Taking away people's health care does not make sense. There is research that shows that when people have access to health coverage, they are more likely to take care of their health care needs and are able to be more productive. I hope you will take these thoughts and comments into consideration moving forward.

[REDACTED]

City Of Manassas Democrats

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 4:53 PM
Subject: Writing about Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

Virginians have fought hard to expand Medicaid access and now nearly 400,000 Virginians will have access to affordable healthcare. I am concerned about the waiver draft for the Medicaid program in Virginia. Failure to comply with the reporting requirements could result in being locked out of coverage. Losing access to care can have dire consequences that are not consistent with the effort to expand access so people can lead healthier lives. Health care is a right, not a privilege.

Please take my thoughts and concerns into consideration.

[REDACTED]

Virginia Organizing

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 4:53 PM
Subject: Comments opposing Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

As a Virginian who cares about expanding healthcare coverage, I am writing to you regarding my concerns with the COMPASS waiver application. Please give consideration to my views. Virginia should not invest significant resources implementing new rules that have proven not to be effective. In general work requirements programs have very short-term effects on employment, fail to increase long-term employment and do not help lift people out of poverty. These added rules are counterproductive and unnecessary.

Furthermore, Virginians insisted on expanding Medicaid so we could help families and individuals when they are going through tough times. It should not be taken away for failure to follow through on red tape and bureaucracy. The working poor not only are short on money they are often short on time because they are working many hours at low-paying jobs to make ends meet. Thank you for considering these thoughts. Virginia can do better than this.

[REDACTED]

Arlington Action Group

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 4:54 PM
Subject: NO Medicaid Waiver
To: <1115Implementation@dmas.virginia.gov>

The subject of my letter is the Commonwealth's proposed Medicaid waiver application which includes too many complicated burdens. The goal of Medicaid is to give coverage to those who need it. Access to care is so important that it is difficult to understand why Virginia's program threatens it needlessly. We want people to get the care that they need.

For a large majority of Medicaid recipients in our state who already work or face serious barriers to employment, Medicaid work requirements will have very little benefit for them. Instead, this proposal will add more roadblocks for Virginians to get and keep the health coverage they need. I am thankful for the opportunity to provide this information.

Working as a licensed professional counselor, I have seen the devastation that occurs when folks lose access to their health insurance, whether it is private or public. We rely heavily on our benefits, not matter the supplier, for either required or heavily suggested medical and mental health care, and to force those who are already down and out additional requirements that don't speak to their need for having the insurance in the first place is unnecessary, and can keep people out of providers offices that greatly need the care.

Please reconsider these stringent requirements that have already been shown to be ineffective, and not human-focused.

[REDACTED]

Serenity Counseling LLC

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 4:54 PM
Subject: New Medicaid waiver comments
To: <1115Implementation@dmas.virginia.gov>

As a Virginian, I do not support the changes outlined in Virginia's 1115 Medicaid waiver draft. The proposed changes to Medicaid would take away health insurance from sick individuals when they need it most. I do not support this approach. Virginians should have easy access to the right care.

I worry that those proposing this have no idea how serious the medical gap is in this country and in the state of Virginia. I am constantly finding people, as well as myself, who delay medical procedures and testing due to cost or other criteria and a sicker state is not where you want to be.

Not treating those that are sick, for whatever reason, does not lead to a productive country.

I am thankful that the public was given this important opportunity to comment.

[REDACTED]

Virginia Organizing

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 4:55 PM
Subject: Comments opposing Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

I am writing with regard to Virginia's COMPASS program and my opposition to certain components of it. Many Virginians lose employment because they are sick and do not have access to care. This is a serious problem that this expansion is supposed to address. Instead, we have potential barriers to access that work against hardworking people.

Virginia should not have demands for work in order to get Medicaid. Studies have shown that state errors in administering programs like SNAP and TANF are common and individuals with disabilities, serious illnesses, and substance use disorders may be disproportionately likely to lose benefits, even when they should be exempt. I am hopeful that you change the proposed waiver.

Many of those eligible are already working and those who are not often have disabilities or other conditions that prevent work. This provision adds needless administrative complications to the Medicaid program that will be costly to administer and unlikely to increase employment.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 4:55 PM
Subject: COMPASS objections
To: <1115Implementation@dmas.virginia.gov>

Thank you for the opportunity to comment on this important issue. I am writing in opposition to Virginia's 1115 waiver for the COMPASS program. State investments in infrastructure and staff that do not have anything to do with the Medicaid program's primary goal of providing access to care are not good investments. The program should provide simple, uncomplicated access to care.

Part-time and temporary jobs that many Medicaid eligible people work in put them at risk for losing coverage frequently because they do not have consistent pay. States that have tried to use work requirements like this have thousands people losing coverage each month. It puts a burden on the state and threatens the health of this group of people. I hope my comments are helpful.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 4:55 PM
Subject: Virginia COMPASS Waiver Application
To: <1115Implementation@dmas.virginia.gov>

Medicaid waiver draft. Some aspects of this proposal will create too many barriers to access. Workers in many hourly jobs may have more than a full-time load of work one month, but they may fall below the required 80 hours the next month and could be subject to lose their health coverage. The cost of monitoring compliance and diminished value of only having healthcare coverage some of the time makes it unjustifiable.

Access to health coverage is important no matter who you are. This proposal would kick people off of Medicaid when they may need it the most. When healthcare is tied to employment, individuals who are ill lose coverage and employment, costing the system and these individuals thousands of dollars. Allowing more individuals to have insurance coverage for preventative care and treatment of acute and chronic illnesses may allow more individuals to be gainfully employed but requiring work before access to care will do the opposite. I am thankful for the opportunity to provide this information.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 4:55 PM
Subject: Comments about Virginia Compass
To: <1115Implementation@dmas.virginia.gov>

I am opposed to certain new burdens included in proposed COMPASS Medicaid program. Complicated requirements like the work requirement proposed here, result in new hardship for families already facing many. It can also keep people from enrolling because they are not confident they can keep up with the requirements.

This application does not advance the Medicaid program in Virginia. It needlessly compromises access to care for a vulnerable population. It also creates a new responsibility in state government that is already struggling to keep up. Please take my thoughts and concerns into consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 4:55 PM
Subject: Commenting on Virginia Compass
To: <1115Implementation@dmas.virginia.gov>

Please consider the following concerns surrounding the waiver for the VA Medicaid program. Medicaid's mission is to provide health coverage to low-income people so they can obtain the services and treatments they need. By making access more difficult than necessary this proposal works against the mission.

Managing health on an ongoing basis is the way to keep people healthy and reduce the overall cost of healthcare. By requiring monthly premiums for Medicaid patients and setting up confusing health and wellness accounts, we are likely to miss the opportunity to keep costs down and our population healthy. I appreciate the time you have taken to read my comments. I hope they result in improvements to the program.

[REDACTED]

Dr.

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 4:56 PM
Subject: Opposition to Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

I am opposed to the new burdens proposed to be included in the Medicaid program. Many low-income Virginians work hourly jobs and that makes it challenging to meet the proposed requirement for 80 hours a month consistently.

It is difficult for low income earners to earn more than 29 hours a week per job due to employers now wanting to provide health insurance to these same earners who would now qualify for Medicaid under expansion. If an individual works more than 29 hours a week, an employer has to provide them medical insurance. Just to be sure that the employer does not meet that threshold, often they restrict working hours to no more than 15 hours a week. If a low income earner is fortunate to find a second minimum wage job, they simply cannot logistically work more than an additional 16 hours a week, assuming they can find transportation to get to their second job on the weekend, when most public transportation options are limited on Sundays.

I challenge any legislator in Virginia to walk in the shoes of a minimum wage earner for just one week - without the benefit of their title, their notoriety, their access to reliable transportation, or even their support network, and live for one week - seven lousy days - surviving what a low income earner survives and continues to experience beyond those seven days every day of their life.

Then add children, and a spouse to that list...and medical care, and property taxes, and discrimination.

Walk in their shoes and then look them straight in the eye and tell them you are keeping their "best interest" in mind as you consider their struggles.

Sincerely,

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 4:56 PM
Subject: My letter on work requirements waiver
To: <1115Implementation@dmas.virginia.gov>

I would like to make a public comment about the proposed 1115 Medicaid waiver. If families are living in poverty, it does not make sense to charge them monthly premiums as it is unlikely that they will be able to consistently pay them. This reality will result in limiting the number of low-income Virginians who will gain coverage.

Work requirements are an obstacle to care for all enrollees. In some cases it may be poor health that prevents them from working. I hope you will take these thoughts and comments into consideration moving forward.

All Virginians need health care. Please continue Medicaid for all families in need.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 4:56 PM
Subject: COMPASS objections
To: <1115Implementation@dmas.virginia.gov>

The comments in this email should be considered in relation to Virginia's Medicaid waiver application. If someone has a disability they may have a harder time complying with some of the qualifications in this proposal. That could end up in their losing access to care.

Research indicates that work requirements do not encourage work or reduce poverty, and a growing body of evidence shows that such policies could result in reduced access to care, adverse health outcomes and increased health disparities. Please take my thoughts and concerns into consideration.

[REDACTED]

United Methodist Church

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 5:02 PM
Subject: Virginia COMPASS waiver public comments
To: <1115Implementation@dmas.virginia.gov>

The comments below, describe my concerns about and opposition to the proposed changes to Virginia's Medicaid program. In states with requirements like the ones in this proposal, the results were that nearly half of the new adults enrolled in Medicaid expansion ended up losing coverage. Virginia needs a program that has a better success rate than that. Removing some of the proposed restrictions would help to improve access.

The work requirement means that the state would incur major additional expenses and administrative work to enforce something that the majority of people are already complying with. I hope you consider my comments about this proposed waiver.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 5:07 PM
Subject: Comments opposing Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

I write to oppose Virginia's 1115 waiver draft that is under consideration. Some aspects of the draft will undermine its purpose. The Medicaid population faces multiple challenges. They can face language barriers, disabilities, mental illness, insecure work, and homelessness. All these issues create difficulties when asked to comply with complicated government programs. The result of this can be that access is not improved at all. I am hopeful that you change the proposed waiver.

[REDACTED]

Virginia Organizing

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 5:07 PM
Subject: My letter on work requirements waiver
To: <1115Implementation@dmas.virginia.gov>

The following comments are in regard to the proposed Medicaid waiver application to the federal government. The proposed changes to Medicaid could deny health insurance to sick individuals when they are most in need. I do not support this approach that creates barriers to access.

I am very concerned with certain aspects of this proposal, specifically work requirements. This policy choice will cause many low-income people in our state to lose coverage, including people who should be exempt but may not understand how to navigate the administrative hurdles. I appreciate the time you have taken to read my comments. I hope they result in improvements to the program.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 5:08 PM
Subject: Writing about Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

The comments below, describe my concerns about and opposition to the proposed changes to Virginia's Medicaid program. Taking away people's health care does not make sense. There is research that shows that when people have access to health coverage, they are more likely to take care of their health care needs and are able to be more productive.

Individuals with complicated health issues often experience lapses in employment due to their condition or may have been told by a doctor to take time away from work as part of their treatment and recovery. This proposal does not consider this situation and requires the sick person to prove they were sick. I hope you consider my comments about this proposed waiver.

[REDACTED]

Mr.

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 5:09 PM
Subject: My concerns about the Virginia COMPASS program
To: <1115Implementation@dmas.virginia.gov>

Virginia's proposed changes to the Medicaid program will undermine its effective implementation. Work requirements are a bad move for Virginians. There are many examples for Virginia to learn from. While these requirements sound great to some people, other safety net programs that have these requirements do not succeed in helping people find jobs or make ends meet.

Many Virginians depend on Medicaid when they are sick and need help. Implementing this proposed waiver would mean taking away health care when people are most vulnerable. If someone has low income and becomes ill and cannot work that is not the time to take away their coverage. Thank you for considering these thoughts. Virginia can do better than this.

I am a Medicaid recipient. I'm a student who is also pregnant and I highly depend upon this access to medical care. The work requirements would literally be impossible for me to meet, as my fiancé and I share a car. He is a full time student as well, who works TWO jobs. We still cannot make ends meet. If I were to have to work I wouldn't be able to afford childcare once my baby is born. Do NOT make this bad decision for Virginians. Our character as a state is reflected by how we treat the poor!

Thank you.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 5:10 PM
Subject: Proposed Virginia COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

Medicaid waiver draft. Some aspects of this proposal will create too many barriers to access. Access to health coverage is important and it helps support work. We should not threaten to take away health coverage from our citizens because they fail to submit the right paperwork on time, they cannot get the hours they need at work, or have a difficult time finding work altogether. The Commonwealth needs to make improvements to this draft. Thank you for taking my comments into consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 5:10 PM
Subject: I oppose COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

I do not approve of placing a coercive burden on the poor and infirm. That would be a thinly veiled assault on impoverished and disadvantaged citizens. What would work better is the creation of economic opportunity through jobs and effective social programs to lead the needy into a condition of self-sufficiency and better health. Jobs are not created out of thin air. If the government wants to respond to their constituents needs, they should ensure that jobs are available before they require recipients to obtain jobs as a pretext to deny them support.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 5:10 PM
Subject: Writing about Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

I am writing with regard to Virginia's COMPASS program and my opposition to certain components of it. Implementing work requirements will add new administrative processes and programs, which will require considerable dollars that would be better used to provide care. There is nothing to be gained from a program that is so difficult and expensive to administer.

Losing healthcare would be catastrophic for families. I believe Medicaid should provide coverage for families not take them away. Thank you for allowing the public to comment.

[REDACTED]

Northern Piedmont Chapter Of The VICPP

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 5:10 PM
Subject: Virginia COMPASS waiver public comments
To: <1115Implementation@dmas.virginia.gov>

Thank you for the opportunity to comment on this important issue. I am writing in opposition to Virginia's 1115 waiver for the COMPASS program. Among Medicaid enrollees who are not working, many have impediments to employment, including illness, disability or caregiving responsibilities. The number of those who could get a job as a result of the program is very small. Thank you for taking these concerns into consideration. I hope you will make changes to this proposal.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 5:11 PM
Subject: RE: Virginia COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

This email offers my opinion about changes to Virginia's Medicaid program that I find problematic. The two most common occupations for adults in Virginia who could qualify for Medicaid under expansion are food services and construction - which can be seasonal and are prone to irregular hours. That could result in someone falling out of compliance even though they remain employed. Please make necessary improvements to the proposed draft. Thank you for your consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 5:11 PM
Subject: New Medicaid waiver comments
To: <1115Implementation@dmas.virginia.gov>

The following comments are in regard to the proposed Medicaid waiver application to the federal government. I disagree with the waiver imposing monthly premiums for Medicaid recipients. I thank you for the opportunity to offer this information.

These restrictions will be costly to administer and be confusing and deadly to many.

[REDACTED]

Mr.

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 5:11 PM
Subject: I oppose COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

Beware of establishing an administrative bureaucracy. This makes costs sky rocket with little to show. While a work requirement seems fair to all, administering it will be a night mare especially among a group of people who face transitory employment. There will be constant expensive investigations and people who need health care will not be served. This is just to make politicians look strict.

As a Virginian, I do not support the changes outlined in Virginia's 1115 Medicaid waiver draft. Implementing work requirements will add new administrative processes and programs, which will require considerable dollars that would be better used to provide care. There is nothing to be gained from a program that is so difficult and expensive to administer.

People who have good coverage are able to access care on a regular basis. If there are monthly premiums in the program, those people will try to avoid using healthcare. What seems like a small cost can truly be a barrier to getting care for those with a low income. I am hopeful that you change the proposed waiver.

This is not a time to limit coverage to a group that has been ignored for so long.

All Virginians will benefit from a healthier population..

Please stretch the funds available for medical care.

[REDACTED]

Mrs.

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 5:12 PM
Subject: My letter on work requirements waiver
To: <1115Implementation@dmas.virginia.gov>

As someone who believes access to health care is critical, I write in opposition to some of the changes to Virginia's Medicaid program proposed in this draft. I am very concerned with certain aspects of this proposal, specifically work requirements. This policy choice will cause many low-income people in our state to lose coverage, including people who should be exempt but may not understand how to navigate the administrative hurdles.

People who have good coverage are able to access care on a regular basis. If there are monthly premiums in the program, those people will try to avoid using healthcare. What seems like a small cost can truly be a barrier to getting care for those with a low income. Thank you for considering my thoughts. I believe Virginia can do better than this.

With the prices of prescription drugs rising it gets harder for patients to attain services and the required drugs.

[REDACTED]

American Cancer Society Cancer Action Network

From: [REDACTED] <[REDACTED]>

Date: Mon, Oct 15, 2018 at 5:12 PM

Subject: NO Medicaid Waiver

To: <1115Implementation@dmas.virginia.gov>

This comment is in relation to the Medicaid waiver that was proposed by DMAS. There are several new requirements proposed that I oppose. Medicaid's mission is to provide health coverage to low-income people so they can obtain the services and treatments they need. By making access more difficult than necessary this proposal works against the mission.

Work requirements do not work. These poor policy choices proposed will reduce access to care to people that need it most. A healthy person is better able to contribute to the workforce, and this program is supposed to focus on health. Please take the public's comments into consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 5:12 PM
Subject: Against Proposed VA 1115 Waiver
To: <1115Implementation@dmas.virginia.gov>

I am writing with regard to Virginia's COMPASS program and my opposition to certain components of it. Many low-income Virginians work hourly jobs and that makes it challenging to meet the proposed requirement for 80 hours a month consistently. These jobs can be irregular hours, and may not meet the requirement consistently.

Many Virginians lose employment because they are sick and do not have access to care. This is a serious problem that this expansion is supposed to address. Instead, we have potential barriers to access that work against hardworking people. Please take my thoughts and concerns into consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 5:12 PM
Subject: My letter on work requirements waiver
To: <1115Implementation@dmas.virginia.gov>

Thank you for the opportunity to comment on this important issue. I am writing in opposition to Virginia's 1115 waiver for the COMPASS program. In states with requirements like the ones in this proposal, the results were that nearly half of the new adults enrolled in Medicaid expansion ended up losing coverage. Virginia needs a program that has a better success rate than that. Removing some of the proposed restrictions would help to improve access. I am thankful for the opportunity to provide this information.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 5:13 PM
Subject: Virginia COMPASS Waiver Application
To: <1115Implementation@dmas.virginia.gov>

Please consider the following concerns surrounding the waiver for the VA Medicaid program. Losing coverage could create a life-threatening obstacle to care for patients with heart disease as these individuals are unlikely to have access to the necessary treatments and medications.

Many employed Virginians do not make enough income to pay for essential needs. That is why adding costs to get Medicaid coverage is a bad idea. Healthcare sometimes seems like something that can be delayed or avoided in order to pay another bill, this will result in many newly eligible Virginians losing coverage or delaying treatment until it is an emergency. This does not improve the circumstances of working families. I hope my comments are helpful.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 5:13 PM
Subject: Against Proposed VA 1115 Waiver
To: <1115Implementation@dmas.virginia.gov>

As an advocate for expanded healthcare coverage, I am writing to you regarding my concerns with this waiver application. Please give consideration to my views. Requirements that have little to do with the intent of Medicaid need to be removed because they interfere with access by creating multiple new barriers. People need easy access that allows them to use the health care they need in a logical way. Please keep the best interest of Virginia's working families in mind as you consider my thoughts.

[REDACTED]

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 5:14 PM
Subject: Comments Against Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

The following comments are in regard to the proposed Medicaid waiver application to CMS. Research shows that health and wellness accounts like the one proposed in the Virginia COMPASS application have bad implications. Similar accounts that require enrollees to contribute premiums may cause those people to cut back on needed health services. This will cost the enrollee and the state more money in the future.

Programs similar to this proposal have not been proven to increase employment or access to care. Please take my comments and those of others seriously.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 5:14 PM
Subject: My comments on DMAS waiver
To: <1115Implementation@dmas.virginia.gov>

As a Virginian, I do not support the changes outlined in Virginia's 1115 Medicaid waiver draft. Even if charging monthly premiums saved Virginia money, it would be a bad idea. But since doing so actually costs more than it saves because of all the staff and systems it would require, it really makes no sense. The purpose of expanding health coverage to the working poor is to help them get and stay healthy. The program needs to stay focused on that main goal.

Research indicates that work requirements do not encourage work or reduce poverty, and a growing body of evidence shows that such policies could result in reduced access to care, adverse health outcomes and increased health disparities. Please take my comments and those of others seriously.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 5:14 PM
Subject: Opposition to Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

The subject of my letter is the Commonwealth's proposed Medicaid waiver application which includes too many complicated burdens. Many Virginians lose employment because they are sick and do not have access to care. This is a serious problem that this expansion is supposed to address. Instead, we have potential barriers to access that work against hardworking people. I am thankful that the public was given this important opportunity to comment.

[REDACTED]

Ms.

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 5:17 PM
Subject: Opposition to Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

I am writing with regard to Virginia's COMPASS program and my opposition to certain components of it. Work requirements attempt to solve a problem that does not exist since most working-age adults on Medicaid are currently employed. We should be focused on making the health of working low-income people better by providing easy, affordable access to care.

The Medicaid program provides critical access to prevention, treatment, disease management, and care coordination services. It keeps people from becoming seriously ill and not being able to care for themselves or their family. I am hopeful that you change the proposed waiver.

[REDACTED]

Christian Church In Virginia

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 5:17 PM
Subject: Comment on C.O.M.P.A.S.S.
To: 1115Implementation@dmas.virginia.gov <1115Implementation@dmas.virginia.gov>

While the Creating Opportunities for Medicaid Participants to Achieve Self Sufficiency Waiver sounds like a way to support and expand Medicaid coverage to those “non-disabled, non-pregnant adults 19-64”, I am not clear how the following would be addressed and could impact CSBs providing services. In particular:

- We have had individuals qualify for Medicaid before their disability has been established. Would they be covered, without the work requirement if a disability application is being submitted? And if so, for how long?
- Even if tracking of work, volunteer or school hours, were the responsibility of another entity, our staff have often assisted those we serve in maintaining their eligibility for entitlements, and I see this possibly being necessary in this instance as well. This would increase the responsibility of our staff to assist in tracking and ensuring that the individual maintained their documentation to prove they continue to meet eligibility. It could also impact anticipated revenue for services, should coverage be cancelled for not meeting requirements. Given the fact that CSBs are experiencing cuts that are hoped to be replaced through revenue, there is concern as to how the requirements may impact the anticipated revenue.

Thank you.

[REDACTED]

Executive Director

Prince William County Community Services Board

8033 Ashton Avenue, Suite 103

Manassas VA 20109-2892

[REDACTED]

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From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 5:17 PM
Subject: DMAS – Virginia Compass Waiver
To: <1115Implementation@dmas.virginia.gov>

I write to oppose Virginia's 1115 waiver draft that is under consideration. Some aspects of the draft will undermine its purpose. The proposed waiver would add new barriers to accessing coverage, putting access to care in jeopardy when the object is to take down barriers.

I am especially concerned about what seems to be a plan for co-payments from children and adults with disabilities and the year and often longer wait to be recognized as disabled while not being able to work. I am also concerned with the large number of illiterate adults in Virginia who often graduated from high school, but can not read, and have potentially even more confusing hoops to jump through. While I have only had an opportunity to scan the proposal myself, my understanding is that it will require employment or volunteer hours. The adults awaiting disability are already losing their homes, healthcare, and are progressively getting worse, creating a greater burden on the healthcare system when they are eventually treated.

We should not be heading in this direction because unless it benefits enrollees or the Commonwealth as a whole. I am thankful for the opportunity to provide this information and appreciate your consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 8:31 PM
Subject: Against Proposed VA 1115 Waiver
To: <1115Implementation@dmas.virginia.gov>

The comments below, describe my concerns about and opposition to the proposed changes to Virginia's Medicaid program. In some states, proposals similar to this resulted in nearly half of the new adults enrolled in Medicaid expansion losing coverage. This proposal creates a program that is likely to create the same problems with access. Thank you for taking these concerns into consideration. I hope you will make changes to this proposal.

I am against any proposal that will reduce access or coverage.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 8:31 PM
Subject: Writing about Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

Medicaid waiver draft. Some aspects of this proposal will create too many barriers to access. Some of these proposed new requirements create obstacles to care for all enrollees. In some cases it may be poor health that leads to a poor financial situation which can only make things worse in a situation like that. I trust you will take these thoughts and comments into consideration as this process continues.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 8:32 PM
Subject: My comments on DMAS waiver
To: <1115Implementation@dmas.virginia.gov>

This comment is directed toward certain aspects of Virginia's Medicaid waiver application. Establishing a work requirement uses dollars that could have a greater impact on someone's health and well-being if devoted to other areas of the state's Medicaid program. This requirement is not well formulated and threatens to make the entire effort a failure.

Charging monthly premiums for Medicaid is simply a bad idea particularly considering that doing so actually costs more than it saves. The purpose of expanding health coverage to the working poor is to access care that helps them stay healthy. The program needs to stay focused on that and not be distracted by complicated administrative systems. Please keep the best interest of Virginia's working families in mind as you consider my thoughts.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 8:45 PM
Subject: Problems with COMPASS
To: <1115Implementation@dmas.virginia.gov>

The following comments are in regard to the proposed Medicaid waiver application to the federal government. Complicated requirements like the work requirement proposed here, result in new hardship for families already facing many. It can also keep people from enrolling because they are not confident they can keep up with the requirements. I am hopeful that you change the proposed waiver.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 8:49 PM
Subject: Arguments against COMPASS
To: <1115Implementation@dmas.virginia.gov>

The following comments are in regard to the proposed Medicaid waiver application to CMS. A major benefit of Medicaid is to make it possible for people to access preventative care and get treatment for things before they get worse and more serious. By adding the burden of monthly premiums, we take away the opportunity for people to do that. The reality is that people with this level of income have to make very hard choices. Thanks for allowing me to comment on this waiver.

I submitted my comment regarding the importance of keeping Medicaid expansion effective

by avoiding the addition of well-intentioned work requirements that overlook the situations of those who would be affected (most of them working already as much as they can) and the unintended detrimental consequences of laying these requirements on them and their families. It is probable that the requirements would do nothing to increase the commitment to work on the part of those we want to help but simply deny help to many who need it most.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 8:51 PM
Subject: Comments Against Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

I oppose the proposed 1115 Medicaid Waiver in Virginia and would like to make a public comment about it. People on Medicaid should not be charged monthly premiums. This practice costs too much and could potentially kick deserving individuals out of the Medicaid program.

If a low-wage worker has inconsistent hours or an insecure job they may fail to keep up with the requirements and lose healthcare. If that results in an inability to work at all the program will have failed to help the exact situation the expansion was supposed to improve. Please take this into account and make changes to COMPASS.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 8:52 PM
Subject: Responding to Medicaid waiver idea
To: <1115Implementation@dmas.virginia.gov>

Virginia's proposed changes to the Medicaid program will undermine its effective implementation. Virginia's application does not further the goals of the Medicaid program. Instead, it limits access to care for an extremely vulnerable population. Please keep the best interest of Virginia's working families in mind as you consider my thoughts.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 9:12 PM
Subject: Proposed Virginia COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

I am writing to you today regarding Virginia's Medicaid waiver proposal, I oppose the aspects of this program that create new burdens on people who are already struggling. The Medicaid program provides critical access to prevention, treatment, disease management, and care coordination services. It keeps people from becoming seriously ill and not being able to care for themselves or their family.

When a person does find a job and meet the requirements for Medicaid, the paperwork and reporting requirements could still mean losing coverage due to those challenges. Complicated programs are not likely to be successful with many in this population of Virginians who really just need simple access to care. I appreciate your consideration of my comments as you make changes to this draft.

[REDACTED]

Virginia Organizing

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 9:14 PM
Subject: RE: Virginia COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

These comments are about the Commonwealth's Medicaid waiver application. I appreciate your taking them into consideration. Medicaid work requirements may cause Virginians to lose or see an interruption in their coverage because their hours at work fluctuate so often, especially in industries such as food services and construction. We should not penalize Virginians for things that are out of their control. Please take the public's comments into consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>

Date: Mon, Oct 15, 2018 at 9:15 PM

Subject: NO Medicaid Waiver

To: <1115Implementation@dmas.virginia.gov>

I am opposed to certain new burdens included in proposed COMPASS Medicaid program. Medicaid should help people when they are going through tough times. Health care is a human right and should not be taken away for failure to comply with this type of red tape and bureaucracy. Thank you for considering this perspective.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 9:26 PM
Subject: RE: Virginia COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

I am writing to you today regarding Virginia's Medicaid waiver proposal, I oppose the aspects of this program that create new burdens on people who are already struggling. Implementing Medicaid job requirements does not make sense. The reality is that the majority of Virginians with Medicaid already work and are likely to be older Virginians, very ill, living with a disability, or caregivers. Trying to startup such a program in our state would be costly and there are more important things we can invest in that would better benefit taxpayers.

The goal of Medicaid is to give coverage to those who need it. Access to care is so important that it is difficult to understand why Virginia's program threatens it needlessly. We want people to get the care that they need. I hope you will take these thoughts and comments into consideration moving forward.

Healthcare is a human right. I work in a safety net hospital, and I see the effects of decades of poor healthcare access burdening our system, and no end in sight for poor outcomes.

The United States should move towards a Universal Healthcare system, not increase barriers to pursuing LIFE, liberty, and happiness.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 9:28 PM
Subject: My concerns about the Virginia COMPASS program
To: <1115Implementation@dmas.virginia.gov>

I am writing to strongly oppose provisions in Virginia's proposed Section 1115 Medicaid waiver (COMPASS), that would (a) make work and/or "community engagement" a condition of Medicaid eligibility and (b) require premiums and co-payments for certain medical services. If approved, this could result in a reduction in health care coverage for thousands of Virginians.

Medicaid is meant to help the nation's poorest citizens access health coverage by serving as a safety net insurer. A waiver that requires Virginians to work before they are eligible for health coverage is a backward approach. Virginia Medicaid enrollees need health coverage first, so that they are healthy enough to seek work and stay gainfully employed.

The proposed Section 1115 waiver seems to be addressing a problem that does not exist. According to a June 12 Kaiser Family Foundation study, more than 90 percent of able-bodied adults on Medicaid are already working at least part time. But because they work in low-wage jobs, they are not offered health benefits through their employer or can't afford them. Why make it more difficult for the vast majority of these Medicaid beneficiaries to stay enrolled in the program? Adding another layer of paperwork and complexity to a health insurance bureaucracy that is already difficult to navigate puts an undue burden on enrollees. Healthy people seeking preventative care are likely to drop out, thus missing cancer screenings and diagnoses of chronic conditions.

Furthermore, the Kaiser Foundation analysis shows that among that small percentage of Medicaid enrollees who don't work, most are sick or disabled (but do not meet the rigid definitions of disability outlined by the Social Security Administration) or they are taking care of a sick child or elderly family member. These people have legitimate reasons for not working. Work requirements that make them ineligible for Medicaid will likely worsen their health and the health of those they are caring for.

Virginians want to work. They don't need it to be a precondition for receiving health insurance.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 9:40 PM
Subject: Issues with Virginia 1115 Waiver
To: <1115Implementation@dmas.virginia.gov>

As a clergy woman, mother, former pastor and social worker, I oppose several new requirements proposed by DMAS.

Medicaid provides critical access to prevention, treatment, disease management, and care coordination services. It keeps people from becoming seriously ill and not being able to care for themselves or their family. Not only have I had parishioners rely on Medicaid for themselves and their children in critical moments, I also have seen first hand mental health challenges and even borderline IQ individuals who have difficulty holding down a consistent job or work hours. They need health care too, and if we don't pay on the front end (in terms of prevention and annual check-ups), then we will pay more on the back end at the Emergency Department.

Please do not put these immoral requirements into place. They don't work, they limit access, and they cost Virginians more in the long term.

Thank you for your time.

[REDACTED]

United Church Of Christ

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 9:40 PM
Subject: Virginia COMPASS Waiver Application
To: <1115Implementation@dmas.virginia.gov>

This comment is in relation to the Medicaid waiver that was proposed by DMAS. There are several new requirements proposed that I oppose. The cost of implementing the work requirement in this program is unreasonable compared to the small group of people it affects. Virginia needs to spend \$25 million to implement something that is not even part of the goal of Medicaid. That is an unjustifiable amount that could be better spent in a variety of ways.

I disagree with the waiver imposing monthly premiums for Medicaid recipients. Thank you for accepting these comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 9:40 PM
Subject: Comments Against Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

I would like to make a public comment about the proposed 1115 Medicaid waiver. The proposed waiver would add new barriers to accessing coverage, putting access to care in jeopardy when the object is to take down barriers. We should not be heading in this direction because it will not benefit enrollees or the Commonwealth as a whole.

Among Medicaid enrollees who are not working, many have impediments to employment, including illness, disability or caregiving responsibilities. The number of those who could get a job as a result of the program is very small. Thank you for allowing me to offer my thoughts on this proposal.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 9:41 PM
Subject: RE: Virginia COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

Access to health care is very important, that is why I am commenting on this proposed change. Establishing a work requirement uses dollars that could have a greater impact on someone's health and well-being if devoted to other areas of the state's Medicaid program. This requirement is not well formulated and threatens to make the entire effort a failure. I hope you consider my comments about this proposed waiver.

[REDACTED]

Harrisonburg-Rockingham Interfaith Association

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 9:48 PM
Subject: Regarding Virginia COMPASS Application
To: <1115Implementation@dmas.virginia.gov>

I offer the following comments concerning the proposed changes to Virginia's Medicaid program. If people are kept out of the Medicaid program, these individuals will still seek medical services, and the state will end up with some of that expense without the benefit of the federal money available to assist with those costs.

The red tape and bureaucracy surrounding the COMPASS program will throw people off Medicaid. People that are following the rules will suffer due to the complicated system that COMPASS is creating. I am thankful that the public was given this important opportunity to comment.

[REDACTED]

Our Lady Queen Of Peace

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 9:50 PM
Subject: Proposed Medicaid Waiver Application
To: <1115Implementation@dmas.virginia.gov>

Medicaid waiver draft. Some aspects of this proposal will create too many barriers to access. Virginia shouldn't add monthly premiums to Medicaid enrollees. Any extra cost would be too much for families to keep up with and coverage would not be consistent. The working poor face too many hard financial challenges already and this should not be another one. The Commonwealth needs to make improvements to this draft. Thank you for taking my comments into consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 10:08 PM
Subject: My letter on work requirements waiver
To: <1115Implementation@dmas.virginia.gov>

Thank you for the opportunity to comment on this important issue. I am writing in opposition to Virginia's 1115 waiver for the COMPASS program. Working requirements make it harder for the state to enroll people. The result of that is that people without coverage will still use expensive emergency room treatment for health problems that are not emergencies. This will mean that the cost savings to the state and the entire system will not be what it should be.

Failure to comply with the reporting requirements could result in being locked out of coverage. Losing access to care can have dire consequences that are not consistent with the effort to expand access so people can lead healthier lives. Please consider my comments on this proposed program.

Furthermore, we are not isolated frontiersmen. We live in dense communities where the health of each affects the health of all.

[REDACTED]

From: [REDACTED] <[REDACTED]>

Date: Mon, Oct 15, 2018 at 10:33 PM

Subject: Comments opposing Virginia COMPASS

To: <1115Implementation@dmas.virginia.gov>

This letter is in opposition to the burdensome requirements proposed for Virginians with Medicaid in Virginia. I hope you will take my views into account. If a low-wage worker has inconsistent hours, mental illness, or an insecure job they may fail to keep up with the requirements and lose healthcare. If that results in an inability to work at all the program will have failed to help the exact situation the expansion was supposed to improve. This is only common sense. Why create burdens for people who by the very nature of their situation are having a very difficult life?

Thanks for reading my thoughts on this program.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 10:33 PM
Subject: Arguments against COMPASS
To: <1115Implementation@dmas.virginia.gov>

I write to oppose Virginia's 1115 waiver draft that is under consideration. Some aspects of the draft will undermine its purpose. Virginia's application does not further the goals of the Medicaid program. Instead, it limits access to care for an extremely vulnerable population.

Charging monthly premiums would mean thousands of people having to choose between health care and other needs for their families. Medicaid is supposed to help those in need, not create an additional financial challenge. Taking coverage away from people because they are unable to afford the premium is counterproductive. The Commonwealth needs to make improvements to this draft. Thank you for taking my comments into consideration.

[REDACTED]

Willisburg U U

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 10:33 PM
Subject: DMAS Public Comment
To: <1115Implementation@dmas.virginia.gov>

The following comments are offered for consideration as public comment on the Medicaid waiver draft. There are several components of it that concern me as a citizen. Providing health care coverage to people who may be working but make very little money is important. Virginia has finally expanded Medicaid to cover low income Virginians, but if we have monthly premiums, we will not succeed in improving the overall health of Virginians.

This application does not advance the Medicaid program in Virginia. It needlessly compromises access to care for a vulnerable population. It also creates a new responsibility in state government that is already struggling to keep up. Please make necessary improvements to the proposed draft. Thank you for your consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 10:34 PM
Subject: Virginia COMPASS waiver public comments
To: <1115Implementation@dmas.virginia.gov>

The following comments are in regard to the proposed Medicaid waiver application to CMS.

Having just returned from Cuba (2d poorest country in our hemisphere), I learned that health care is offered to everyone. Having lived in Europe in 1978 with a family of 4, we received health care at no cost to us, like all European countries have.

As a retired financial adviser, it concerns me that the people at the top of our medical chain continue to do very well financially--hospitals, as they become more and more privatized; physicians; etc.....while our people should not have to suffer financially because of medical bills.

The Medicaid population faces multiple challenges. They can face language barriers, disabilities, mental illness, insecure work, and homelessness. All these issues create difficulties when asked to comply with complicated government programs. The result of this can be that access is not improved at all.

Adding monthly premiums to Medicaid will cost people too much money. The point of Medicaid is to give people an affordable way to get health insurance. People with very low income are particularly sensitive to any additional cost. I thank you for the opportunity to offer this information.

[REDACTED]

Ms.

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 10:47 PM
Subject: My comments on DMAS waiver
To: <1115Implementation@dmas.virginia.gov>

I am writing to you with regard to Virginia's proposed Medicaid waiver which has problems as it is currently written. Work requirements have little to do with the intent of Medicaid and may actually interfere with it by creating new difficulties.

Access to health coverage is important and it helps support work. We should not threaten to take away health coverage from our citizens because they fail to submit the right paperwork on time, they cannot get the hours they need at work, or have a difficult time finding work altogether. Thank you for considering this perspective.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 10:47 PM
Subject: Virginia COMPASS Waiver Application
To: <1115Implementation@dmas.virginia.gov>

I am opposed to the new burdens proposed to be included in the Medicaid program. Virginia's application does not further the goals of the Medicaid program. Instead, it limits access to care for an extremely vulnerable population.

Work requirements failed to improve employment when they have been tried. In most of the cases, people want to work, but there are many reasons why they are not successful. This proposal does not recognize what many people have to overcome to find and keep a job. Thank you for taking these concerns into consideration. I hope you will make changes to this proposal.

I oppose this requirement in the name of my brother. Since the death of both of our parents, my brother's health has continue to deteriorate. It is becoming more difficult for him to even be able to perform the daily tasks of getting up and continuing his life as normal. He recently was denied Medicare and he is in despair straits. Not only does he not have the money to pay the mounting hospital and doctor bills, but he doesn't have the money to provide for his daily needs like housing and food. I have been helping him financially for a couple of years but it is also draining my resources. Recently, he has decided to apply for Medicaid. I feel confident he will qualify but I fear that he will lose the coverage if he gets it because he is unable to work. Please consider the effects this proposal will have on people like my brother. Blessings.

[REDACTED]

Virginia Organizing

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 10:47 PM
Subject: RE: Virginia COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

This comment is directed toward certain aspects of Virginia's Medicaid waiver application. Adding monthly premiums will not save the state money and will discourage people from getting the care they need. While it may seem like a good idea, it does not take into consideration the financial stress that low income people are under and the hard choices they have to make.

Charging monthly premiums will make it harder for people with chronic illness to visit their doctors. Routine visits in order to monitor conditions and receive prescriptions will become too costly which can lead to negative health outcomes. Please take my thoughts and concerns into consideration.

[REDACTED]

Muhlenberg Lutheran Church

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 10:47 PM
Subject: Responding to waiver proposal
To: <1115Implementation@dmas.virginia.gov>

I oppose the proposed 1115 Medicaid Waiver in Virginia and would like to make a public comment about it. If someone has a disability they may have a harder time complying with some of the qualifications in this proposal. That could end up in their losing access to care.

Virginians with Medicaid coverage who can work are working. However, if a work requirement is implemented, the state would subject these people to more paperwork, more hurdles, and more loopholes to prove they are working and meeting the new proposed rules. The state can support work without adding more administrative burden. Thank you for considering this perspective.

Why would lawmakers be so cruel as to create impediments to healthcare for the poorest and most vulnerable? Healthcare in this country is broken precisely because access is linked to a citizen's work. One should have nothing to do with the other.

[REDACTED]

Charlottesville

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 10:48 PM
Subject: RE: Virginia COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

I am a single mom of a 4 year old son who is too young to go to school. I left my husband because of infidelity. Because the state of Virginia requires people to live in separate domiciles for a year before they can divorce, my son and I now live in section 8 and are medicaid recipients - in order that I may get a divorce. If this passes, I will be further dependent on the state - not self-sufficient. Any income I make in this forced job - lets be honest, it's going to be minimum wage - will go to everywhere but to my household (child care, increase in section 8 rent, reduction of SNAP/Medicaid benefits), keeping me stuck in the poverty cycle. The worst part, the absolute worst - I'll be separated from my son who is being assessed for autism and already has severe separation issues (perhaps in part due to being required to move out of my house to initiate a divorce).

Please think carefully with what you're doing. Forcing sick people to work will only make them sicker and entrench them further into dependence on the state. The jobs and childcare out there for DSS recipients are already known as especially crappy.

[REDACTED]

From: [REDACTED] <[REDACTED]@[REDACTED].com>
Date: Mon, Oct 15, 2018 at 11:01 PM
Subject: Virginia COMPASS Waiver Application
To: <1115Implementation@dmas.virginia.gov>

We need policies that provide health care benefits to more and more people without, at the same time, making those benefits more difficult to access. Virginia's proposed changes to the Medicaid program will undermine its effective implementation. People who qualify for Medicaid need reliable health care access just like everyone does. Access to care is important to maintaining a job and living a productive life. Thank you for taking these concerns into consideration. I hope you will make changes to the proposal.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 11:03 PM
Subject: I oppose COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

These comments are about the Commonwealth's Medicaid waiver application. I appreciate your taking them into consideration. Work requirements make it harder for the state to enroll people. This will mean that the cost savings to the state and the entire system will not be what it should be. This proposal will harm our effort to get people healthy because it ties it to unrelated goals. Thank you for the opportunity to share these insights.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 11:03 PM
Subject: DMAS Public Comment
To: <1115Implementation@dmas.virginia.gov>

Virginia's proposed changes to the Medicaid program will undermine its effective implementation. The many barriers in this Medicaid proposal mean that there will likely be gaps in healthcare coverage that deny people the opportunity to access care. This works against what the program was supposed to achieve. I am thankful that the public was given this important opportunity to comment.

[REDACTED]

Virginia Organizing

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 11:05 PM
Subject: Virginia COMPASS waiver public comments
To: <1115Implementation@dmas.virginia.gov>

The comments in this email should be considered in relation to Virginia's Medicaid waiver application. Virginia should not to go down this path. Looking at what is happening in other states shows little success and high costs. Work requirements simply do not work.

If a low-wage worker has inconsistent hours or an insecure job they may fail to keep up with the requirements and lose healthcare. If that results in an inability to work at all the program will have failed to help the exact situation the expansion was supposed to improve. Thank you for reading my comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 11:05 PM
Subject: Virginia COMPASS waiver public comments
To: <1115Implementation@dmas.virginia.gov>

I am writing with regard to Virginia's COMPASS program and my opposition to certain components of it. Work requirements make it harder for the state to enroll people. This will mean that the cost savings to the state and the entire system will not be what it should be. This proposal will harm our effort to get people healthy because it ties it to unrelated goals.

Monthly premiums would cause many people to lose health care coverage. Medicaid is meant to be an accessible health plan for the people that need it most and provide them with access to care. It is also difficult to imagine that the administrative burden is worth the amount of money collected. Thank you for considering this perspective.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Mon, Oct 15, 2018 at 11:07 PM
Subject: Opposition to Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

The following email explains my concerns about the proposed new requirements to receive coverage under Virginia's Medicaid program. Please consider this information in your work. If programs have complicated requirements like the work reporting, the result adds to the hardship a family already faces. It can also deter people from enrolling in the first place because they are not confident they can keep up with the qualifications.

People who qualify for Medicaid need reliable health care access just like everyone does. Access to care is important to maintaining a job and living a productive life. There should not be barriers like this proposal contains. I hope you can make some improvements to the proposed program. Thank you for considering my comments.

It is especially cruel to kick a person when they are down. That's what taking away healthcare is, when you just lose a job.

I am so old (67) that it will never affect me. I just think it is unnecessary, and cruel to our fellow man, to take away healthcare coverage, just because a job can't be secured.

[REDACTED]

Mr.

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 3:43 AM
Subject: Public Comments re: DMAS' Revised 1115 Waiver Proposal
To: 1115Implementation@dmas.virginia.gov <1115Implementation@dmas.virginia.gov>

Cc: [REDACTED]

Attached please find public comments concerning Virginia's revised 1115 Waiver proposal. Thank you for your consideration of these comments.

Sincerely,

[REDACTED]

Director, State Government Affairs Southeast

Vertex Pharmaceuticals

[REDACTED]

[REDACTED]

This email message and any attachments are confidential and intended for use by the addressee(s) only. If you are not the intended recipient, please notify me immediately by replying to this message, and destroy all copies of this message and any attachments. Thank you.



Vertex Pharmaceuticals Incorporated
50 Northern Ave
Boston, MA 02210
www.vrtx.com

October 10, 2018

Jennifer Lee, M.D.
Director
Virginia Department of Medical Assistance Services
600 East Broad Street
Richmond, Virginia 23219

Re: Exempting Medically Complex Patients from Proposed Section 1115 Demonstration

Dear Dr. Lee:

Vertex Pharmaceuticals (Vertex) appreciates the state's efforts to ensure appropriate safeguards for "medically frail" patients in its revised Proposed State 1115 Demonstration Request (the "Demonstration"). We believe the revised language proposed by the state related to exempted populations takes a critical step toward recognizing and defining medically complex patients; however, we remain concerned that certain patients may be inappropriately included in the program without a more specific definition in place. As such, we respectfully are resubmitting comments related to the definition of "medically frail" patients.

Vertex discovered and developed the first and only medicines to treat the underlying cause of cystic fibrosis (CF), a rare and medically complex disease. Today, Vertex has three FDA-approved products for the treatment of CF in certain patients: SYMDEKO® (tezacaftor/ivacaftor and ivacaftor), KALYDECO® (ivacaftor), and ORKAMBI® (lumacaftor/ivacaftor). CF is one of many medically complex diseases that require individualized treatment plans supervised by specialists and a team of health care professionals trained in addressing the disease. Management of CF may require a combination of several therapy options (for example, airway clearance techniques, inhaled medicines to open the airways, pancreatic enzyme supplement capsules to improve absorption of vital nutrients, and potentially one of Vertex's therapies if indicated for the patient). For medically complex patients with severe, chronic diseases like CF, avoiding disruptions in the treatment regimen is critically important to preserving and promoting patients' health and well-being. We are concerned that including these vulnerable patients in the Demonstration could make it more difficult for them to follow their plan of care consistently, particularly as navigating the health care system already poses challenges in many cases.

Federal Medicaid regulations define "medically frail" and that definition includes "individuals with serious and complex medical conditions."¹ We strongly support exempting medically frail patients – and especially medically complex patients – from any work requirement provisions within the Demonstration. We are concerned that including these patients in the Demonstration Virginia now proposes could inadvertently threaten their consistent access to critically necessary care.

¹ 42 C.F.R. § 440.315(f).

Dr. Lee
October 10, 2018
Page 2

We urge you to include in the final waiver request a provision that exempts “medically complex patients” from the Demonstration and defines that term. For this purpose, we encourage DMAS to consider the following definition of medically complex patients:

“Medically complex” patients are defined as having a physical or developmental condition that: (1) is life threatening, chronic, and present at birth, affects multiple systems, and requires multidisciplinary specialized care and related coordination to avoid hospitalizations or emergency department visits; or (2) meets the criteria for medical complexity using risk adjustment methodologies (such as Clinic Risk Groups) agreed upon by a national panel of pediatric experts.

We believe that this exemption can help ensure that the Demonstration is implemented in a way that advances Medicaid’s core objective: to serve the health and wellness needs of the state’s most vulnerable individuals and families. In addition to ensuring that the Demonstration does not inadvertently create hardship and health risks for patients with complex diseases, this exemption will promote Virginia’s goals of improving quality, accessibility and health outcomes in the most cost-effective manner. Continuity in the plan of care for patients with complex health conditions can help them to regain their health and employment and contribute to their communities.

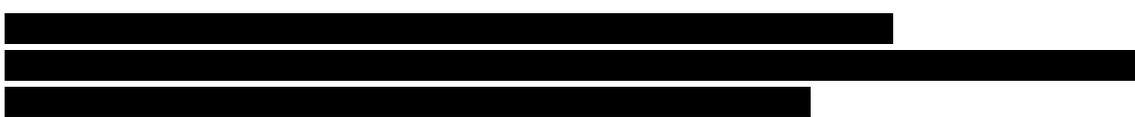
* * *

Vertex appreciates the opportunity to comment on Virginia’s revised Demonstration. We hope this letter will be useful to you as the Department moves forward. Please do not hesitate to contact myself or our government affairs team in Virginia (W. Scott Johnson/Tyler Cox) with any questions you may have.

Sincerely,



Vice President
Government Affairs and Public Policy
Vertex Pharmaceuticals Incorporated

CC: 
 P.C.

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 7:28 AM
Subject: Comments about Virginia Compass
To: <1115Implementation@dmas.virginia.gov>

Medicaid waiver draft. Some aspects of this proposal will create too many barriers to access. In some states, proposals similar to this resulted in nearly half of the new adults enrolled in Medicaid expansion losing coverage. This proposal creates a program that is likely to create the same problems with access.

People losing their coverage because they do not have consistent employment does not help achieve a healthier Virginia. The system that would have to be in place would be costly and also not contribute to the main goal of the Medicaid program. There is no benefit to people who need healthcare coverage or taxpayers. Thanks for considering my thoughts on this waiver application.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 7:28 AM
Subject: Comments opposing Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

Thank you for the opportunity to comment on this important issue. I am writing in opposition to Virginia's 1115 waiver for the COMPASS program. Medicaid is a safety net program, but it is not effective if its availability is threatened by the program's design. Economic hard times are often happening at the same time as failing health. We need for people to have consistent access to treatment for this program to work the way it is supposed to.

Work requirements failed to improve employment when they have been tried. In most of the cases, people want to work, but there are many reasons why they are not successful. This proposal does not recognize what many people have to overcome to find and keep a job. Please keep the best interest of Virginia's working families in mind as you consider my thoughts.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 7:28 AM
Subject: My comments on DMAS waiver
To: <1115Implementation@dmas.virginia.gov>

I am writing to you with regard to Virginia's proposed Medicaid waiver which has problems as it is currently written. Medicaid's mission is to provide health coverage to low-income people so they can obtain the services and treatments they need. By making access more difficult than necessary this proposal works against the mission.

Research indicates that work requirements do not encourage work or reduce poverty, and a growing body of evidence shows that such policies could result in reduced access to care, adverse health outcomes and increased health disparities. Please take this into account and make changes to COMPASS.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 7:34 AM
Subject: Issues with Virginia 1115 Waiver
To: <1115Implementation@dmas.virginia.gov>

I am writing to you today regarding Virginia's Medicaid waiver proposal, I oppose the aspects of this program that create new burdens on people who are already struggling. The proposed changes to Medicaid could deny health insurance to sick individuals when they are most in need. I do not support this approach that creates barriers to access.

Job requirements have a poor record in meeting their goals. Examples of this from other safety net programs like TANF can be found in Virginia. This proposal would not ensure that people are employed long-term and they can make it harder for some people to find work. We should avoid adding red tape and a new, expensive, complicated program. Please take this into account and make changes to COMPASS.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 7:35 AM
Subject: Comments about Virginia Compass
To: <1115Implementation@dmas.virginia.gov>

This letter is in opposition to the burdensome requirements proposed for Virginians with Medicaid in Virginia by the COMPASS waiver proposal. I believe firmly in health care for everyone. In the wealthiest nation on earth it is simply a crime that any of our fellow Americans, or Virginians, would suffer without adequate health care, without shelter, and without food and clean water. In the future mankind will recognize these as inalienable rights just as surely as we have progressed to abolish slavery and to extend equal right to women in the last two centuries. Why not lead the way, for the betterment of all?

Establishing a work requirement uses dollars that could have a greater impact on someone's health and well-being if devoted to other areas of the state's Medicaid program. The simple fact that often those who are most sick cannot work makes a work requirement to receive health care an oxymoron - a pointless and cruel exercise in bait and switch. Let's be smarter and kinder than that.

Those who qualify for Medicaid need it to maintain consistent healthcare. The pursuit of happiness is simply not possible if you suffer from untreated diseases, injuries, syndromes, ailments, or other medical conditions. This seems plainly evident to me, and I am astonished that other are so selfish as to deny another healthcare because of the cost. Especially in a climate where we're coddling large drug manufacturers by paying for the basic research through state and federal grants, then turning around and paying the highest prices for medicines in the world. There are far better ways to save money in health care than denying it to our least wealthy and most vulnerable fellow Virginians and Americans.

If it were not for Medicaid hundreds of thousands of people would not have any access to adequate healthcare. We should not have a program that is intended to provide access actually establish rules that diminishes access. Another oxymoron. Again, we can and must be smarter and more kind than that.

Thank you very much for considering my thoughts on this waiver application.

[REDACTED]

Mr

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 7:36 AM
Subject: My letter on work requirements waiver
To: <1115Implementation@dmas.virginia.gov>

The subject of my letter is the Commonwealth's proposed Medicaid waiver application which includes too many complicated burdens on those seeking help. Implementing Medicaid job requirements does not make sense.

The experience of a friend of mine in SW Virginia well illustrates why work requirements are harmful. My friend had an injured leg, and before Medicaid expansion, he took a series of jobs but lost each one because his injury made him miss work. None of the jobs carried healthcare for the first 6 months, and without proper healthcare, his leg kept flaring up, causing him to miss work and lose job after job. Medicaid expansion would prevent that vicious cycle, but not if work requirements create barriers to care.

The reality is that the majority of Virginians with Medicaid already work and are likely to be older Virginians, very ill, living with a disability, or caregivers. Trying to startup such a program in our state would be costly and there are more important things we can invest in that would better benefit taxpayers.

This application does not advance the Medicaid program in Virginia. It needlessly compromises access to care for a vulnerable population. It also creates a new responsibility in state government that is already struggling to keep up.

I am pleased to offer these comments and hope you will consider them.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 7:36 AM
Subject: NO Medicaid Waiver
To: <1115Implementation@dmas.virginia.gov>

I am an advocate for expanded healthcare coverage but I am concerned with the work requirement clause they are trying to tag onto it.

I am in southwest Virginia with a spinal cord injury. There are many others with disabilities who live out in these rural areas who struggle daily without access to internet NOR transportation.

It is wrong to assume that those who are not working simply do not want to. The disgruntled do not see the struggle of a majority of the people on Medicaid and I invite them to try to live in our shoes for just 1 day before passing such haughty judgement and things like "work requirements."

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 7:37 AM
Subject: Responding to Medicaid waiver idea
To: <1115Implementation@dmas.virginia.gov>

The comments below, describe my concerns about and opposition to the proposed changes to Virginia's Medicaid program. The cost of implementing the work requirement in this program is unreasonable compared to the small group of people it affects. Virginia needs to spend \$25 million to implement something that is not even part of the goal of Medicaid. That is an unjustifiable amount that could be better spent in a variety of ways.

Medicaid is a safety net program, but it is not effective if its availability is threatened by the program's design. Economic hard times are often happening at the same time as failing health. We need for people to have consistent access to treatment for this program to work the way it is supposed to.

Creating increased difficulties for people who need healthcare and are unable to find jobs due to their health or scheduling problems is totally inhumane. I had to withdraw my very low Social Security Benefits early due to my inability to find work that I was able to do. Due to my hyper-exotropia I am unable to focus my eyes when they become at all tired. They become painful and I get double-vision when they have been used for any length of time for reading, driving, or on the computer. I also have arthritis and have difficulty standing or walking for any length of time. Thank Goodness I now have Medicaid so that I can receive medical care when it is needed.

When I lived in Denmark for a number of years quite a while ago I was unable to work due to health difficulties but able to get extended health and hospital care at no cost to me as well as sufficient living-expenses since I had very little or no income. Why are some people trying to make life even MORE difficult for those who already have financial and healthcare problems? Finding a job appropriate to a person's ability to work may be almost impossible, and people on Medicaid cannot AFFORD co-payment.

Please stop Virginia from adding work requirements and co-pays to Medicaid. Thank you for considering my thoughts on this waiver application.

[REDACTED]
Virginia Organizing

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 7:40 AM
Subject: Commenting on Virginia Compass
To: <1115Implementation@dmas.virginia.gov>

As someone who believes access to health care is critical, I write in opposition to some of the changes to Virginia's Medicaid program proposed in this draft. Monthly premiums would lead to thousands of people having to choose between health care and groceries for their families. Medicaid is supposed to help the neediest, not create a financial hardship. Taking coverage away from people because they are unable to afford it would defeat the purpose of it. I hope you can make some improvements to the proposed program. Thank you for considering my comments.

Creating the red tape for work requirements is expected to cost Virginians \$25 million. Can't we come up with a way to put that money into health care itself?

[REDACTED]

Virginia Organizing Harrisonburg

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 7:41 AM
Subject: Proposed Medicaid Waiver Application
To: <1115Implementation@dmas.virginia.gov>

I am writing to you today regarding Virginia's Medicaid waiver proposal, I oppose the aspects of this program that create new burdens on people who are already struggling. Taking away people's health care does not make sense. There is research that shows that when people have access to health coverage, they are more likely to take care of their health care needs and are able to be more productive.

Adding monthly premiums to Medicaid will cost people too much money. The point of Medicaid is to give people an affordable way to get health insurance. People with very low income are particularly sensitive to any additional cost. I hope you will take these thoughts and comments into consideration moving forward.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 7:41 AM
Subject: My letter on work requirements waiver
To: <1115Implementation@dmas.virginia.gov>

Access to health care is very important, that is why I am commenting on this proposed change. Part-time and temporary jobs that many Medicaid eligible people work in put them at risk for losing coverage frequently because they do not have consistent pay. States that have tried to use work requirements like this have thousands people losing coverage each month. It puts a burden on the state and threatens the health of this group of people.

Requirements that have little to do with the intent of Medicaid need to be removed because they interfere with access by creating multiple new barriers. People need easy access that allows them to use the health care they need in a logical way. Thanks for allowing me to comment on this waiver.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 8:10 AM
Subject: New Medicaid Waiver Comments
To: <1115Implementation@dmas.virginia.gov>

I oppose the proposed 1115 Medicaid Waiver in Virginia and would like to make a public comment about it. The nature of the jobs that many low-income Virginians have makes it challenging to meet the proposed requirement for 80 hours a month. These jobs can have irregular hours and may not meet the requirement from one month to the next. In addition, many may not be able to work simply because they are disabled, blind, deaf, elderly, or physically unable to perform tasks. I hope my comments are helpful for your decision.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 8:10 AM
Subject: My comments on DMAS waiver
To: <1115Implementation@dmas.virginia.gov>

The comments in this email should be considered in relation to Virginia's Medicaid waiver application. The red tape and bureaucracy surrounding the COMPASS program will throw people off Medicaid. People that are following the rules will suffer due to the complicated system that COMPASS is creating.

Evidence across the country is that access to medicaid helps prevent low level offenses and reduces recidivism. This helps people become productive members of society and reduces public costs.

Virginia has an opportunity to offer affordable healthcare to all, but monthly premiums would deny us that opportunity by creating a cost that people might not be able to afford. That would mean the program is a failure. I hope we will not undermine our own program by adding these costs. Thank you for reading my comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 8:11 AM
Subject: My letter on work requirements waiver
To: <1115Implementation@dmas.virginia.gov>

As someone who believes access to health care is critical, I write in opposition to some of the changes to Virginia's Medicaid program proposed in this draft. The proposed waiver would add new barriers to accessing coverage, putting access to care in jeopardy when the object is to take down barriers. We should not be heading in this direction because it will not benefit enrollees or the Commonwealth as a whole.

If a person or family has very low income, it does not make sense to charge them monthly premiums. I am thankful that the public was given this important opportunity to comment.

if you are on social security and that is all, you need to leave health care alone

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 8:49 AM
Subject: NO Medicaid Waiver
To: <1115Implementation@dmas.virginia.gov>

As a Virginian, I do not support the changes outlined in Virginia's 1115 Medicaid waiver draft. The nature of the jobs that many low-income Virginians have makes it challenging to meet the proposed requirement for 80 hours a month. These jobs can have irregular hours and may not meet the requirement from one month to the next.

People who qualify for Medicaid need reliable health care access just like everyone does. Access to care is important to maintaining a job and living a productive life. There should not be barriers like this proposal contains. I hope you consider my comments about this proposed waiver.

[REDACTED]

Virginia Organizing Harrisonburg

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 8:53 AM
Subject: RE: Virginia COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

This email is in opposition to some requirements proposed in Virginia's Medicaid waiver. I hope you will take my views under advisement. Requirements that have little to do with the intent of Medicaid need to be removed because they interfere with access by creating multiple new barriers. People need easy access that allows them to use the health care they need in a logical way.

People on Medicaid should not be charged monthly premiums. This practice costs too much and could potentially kick deserving individuals out of the Medicaid program. Thank you for considering these thoughts. Virginia can do better than this.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 8:53 AM
Subject: My concerns about the Virginia COMPASS program
To: <1115Implementation@dmas.virginia.gov>

Please consider the following concerns surrounding the waiver for the VA Medicaid program. The red tape and bureaucracy surrounding the COMPASS program will throw people off Medicaid. People that are following the rules will suffer due to the complicated system that COMPASS is creating.

The cost of the work requirement in the program is huge compared to the small group of people it addresses. The estimate is that Virginia would have to spend \$25 million to implement something that affects about one percent of the enrollees. Please take this into account and make changes to COMPASS.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 8:54 AM
Subject: Comments opposing Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

I offer the following comments concerning the proposed changes to Virginia's Medicaid program. Failure to comply with the reporting requirements could result in being locked out of coverage. Losing access to care can have dire consequences that are not consistent with the effort to expand access so people can lead healthier lives.

Implementing the job requirement will not help many people get jobs because the majority of Medicaid enrollees are already working, disabled, ill, caretakers, pregnant women, students, retired, or looking for work. The requirement is a big cost with little possible result. The Commonwealth needs to make improvements to this draft. Thank you for taking my comments into consideration.

[REDACTED]

Virginia Organizing Harrisonburg

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 8:54 AM
Subject: My letter on work requirements waiver
To: <1115Implementation@dmas.virginia.gov>

I am opposed to the new burdens proposed to be included in the Medicaid program. Adding monthly premiums to Medicaid will cost people too much money. The point of Medicaid is to give people an affordable way to get health insurance. People with very low income are particularly sensitive to any additional cost. Thank you for considering these thoughts. Virginia can do better than this.

[REDACTED]

VICPP

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 9:31 AM
Subject: Opposition to Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

This comment is about my concerns with certain aspects that Virginia proposes in its Medicaid waiver application. Health insurance and a person's overall health are linked together. We should do everything possible to ensure people have ongoing coverage; otherwise, the ambition to have people become employed and stay employed is not going to be realized. Access is the key to our success with the Medicaid program and it needs to be the first priority for it.

Monthly premiums would lead to thousands of people having to choose between health care and groceries for their families. Medicaid is supposed to help the neediest, not create a financial hardship. Taking coverage away from people because they are unable to afford it would defeat the purpose of it. I am grateful for the opportunity to offer comments.

[REDACTED]

Dr.

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 9:35 AM
Subject: My concerns about the Virginia COMPASS program
To: <1115Implementation@dmas.virginia.gov>

This comment is concerning the troubling requirements that Virginia proposes for Medicaid. People who have relied on Medicaid for years would now be denied coverage if they fail to comply with work reporting. I'm also concerned this would hurt people who have medical issues which prevent them from working. Many of whom are not technologically savvy could be hurt by this waiver. Thank you for your time.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 9:38 AM
Subject: My concerns about the Virginia COMPASS program
To: <1115Implementation@dmas.virginia.gov>

This email offers my opinion about changes to Virginia's Medicaid program that I find problematic. As people try to understand the process involved with this new Medicaid program, they realize they may have a challenge in proving compliance. Because of that, many may decide not to enroll even if they have or are pursuing work.

Losing health coverage for someone with a chronic illness would be devastating. Being locked out of health care due to failure to reporting work activities or being unable to pay monthly premiums could lead to terrible health outcomes for many Virginians. Thank you for allowing the public to comment.

[REDACTED]

1953

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 9:49 AM
Subject: Virginia Compass
To: <1115implementation@dmas.virginia.gov>

Good morning,

I am writing to express my support for VA COMPASS and its inclusion of supported employment services, housing support services, and ARTS. Thanks for your time and consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 9:51 AM
Subject: Responding to Medicaid waiver idea
To: <1115Implementation@dmas.virginia.gov>

The following comments are offered for consideration as public comment on the Medicaid waiver draft. There are several components of it that concern me as a citizen. Medicaid provides critical access to the prevention and treatment of illnesses but if that access is denied the opportunity to keep people healthy is lost. We need a program that ensures consistent access.

I disagree with the waiver imposing monthly premiums for Medicaid recipients. I hope you consider my comments about this proposed waiver.

[REDACTED]

GEORGE MASON UNIVERSITY

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 9:58 AM
Subject:
To: <1115implementation@dmas.virginia.gov>

Please allow expansion for addiction and foster care.

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 10:03 AM
Subject: COMPASS objections
To: <1115Implementation@dmas.virginia.gov>

I oppose the proposed 1115 Medicaid Waiver in Virginia and would like to make a public comment about it. Establishing a work requirement uses dollars that could have a greater impact on someone's health and well-being if devoted to other areas of the state's Medicaid program. This requirement is not well formulated and threatens to make the entire effort a failure. I am thankful that the public was given this important opportunity to comment.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 10:07 AM
Subject: DMAS – Virginia Compass Waiver
To: <1115Implementation@dmas.virginia.gov>

This letter is in opposition to the burdensome requirements proposed for Virginians with Medicaid in Virginia. I hope you will take my views into account. Among Medicaid enrollees who are not working, many have impediments to employment, including illness, disability or caregiving responsibilities. The number of those who could get a job as a result of the program is very small. Thank you for your time.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 10:07 AM
Subject: Medicaid Waiver
To: <1115implementation@dmas.virginia.gov>

Please consider continuing to support the ARTS program, assisted employment, and housing. These programs provide the needed assistance to many Virginians who may not otherwise be able to receive help. With the addition of ARTS, many people are now able to receive the help they have longed to receive. These programs impacts our state in a positive way. Without these programs, we perpetuate the cycle of addiction, homelessness and unemployment. Thank you very much!

[REDACTED]

Sent from my iPhone

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 10:09 AM
Subject: My concerns about the Virginia COMPASS program
To: <1115Implementation@dmas.virginia.gov>

I am opposed to certain new burdens included in proposed COMPASS Medicaid program. If someone has a disability they may have a harder time complying with some of the qualifications in this proposal. That could end up in their losing access to care.

Charging monthly premiums will lead people continuing to delay routine health care appointments. The point of Medicaid is to keep people healthy and their care affordable but premiums work against that objective. I am pleased to offer these comments and hope you will consider them.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 10:09 AM
Subject: My comments on DMAS waiver
To: <1115Implementation@dmas.virginia.gov>

The following comments are in regard to the proposed Medicaid waiver application to CMS. The proposed waiver would add new barriers to accessing coverage, putting access to care in jeopardy when the object is to take down barriers. We should not be heading in this direction because it will not benefit enrollees or the Commonwealth as a whole.

Virginia should not to go down this path. Looking at what is happening in other states shows little success and high costs. Work requirements simply do not work. Thank you taking all of my comments under consideration.

[REDACTED]

VICPP

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 10:18 AM
Subject: Comments opposing Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

The subject of my letter is the Commonwealth's proposed Medicaid waiver application which includes too many complicated burdens. If people are kept out of the Medicaid program, these individuals will still seek medical services, and the state will end up with some of that expense without the benefit of the federal money available to assist with those costs. Thanks for allowing me to comment on this waiver.

I have been practicing for over 50 years as an Internist in

[REDACTED]

It is my experience that adding additional Administrative barriers such as work requirements is detrimental to the health of the entire community.

Individuals with serious medical conditions such as hypertension, heart and kidney disease and diabetes cannot be

productive until they are physically and mentally healthy.

Adding co- pays results in the inability to access care often resulting in costly and frequent hospitalizations.

Unconditional, easy to access basic care will reduce the cost of care in Virginia .

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 10:18 AM
Subject: Problems with COMPASS
To: <1115Implementation@dmas.virginia.gov>

I am writing to you today regarding Virginia's Medicaid waiver proposal, I oppose the creation of work requirements on people who are already struggling. Losing coverage could create a life-threatening barrier to care for patients with long-term illnesses as these patients are unlikely to have access to ongoing treatments, medications and maintenance programs. Access to care is vital to the success of the Medicaid program.

The use of work requirements in other states has shown that they fail in improving health or maintaining consistent employment. The record suggests that the two goals are undermined by linking them together. Both issues are important but they need to be addressed separately. I appreciate your time. Thank you for reading my comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 10:18 AM
Subject: New Medicaid Waiver Comments
To: <1115Implementation@dmas.virginia.gov>

As a Virginian who cares about expanding healthcare coverage, I am writing to you regarding my concerns with the COMPASS waiver application. Please give consideration to my views. In addition to creating a costly new government program to administer, this will also create restrictions to access. Programs similar to this proposal have not been proven to increase employment, but have been shown to prevent access to care. Thank you very much for considering my thoughts on this waiver application.

As a person of faith representing over 50 Franciscan institutions including Franciscans based in Virginia we find it imperative that all Virginians especially the most vulnerable have access to healthcare without adding extra restrictions.

[REDACTED]

Franciscan Action Network

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 10:18 AM
Subject: Virginia COMPASS waiver public comments
To: <1115Implementation@dmas.virginia.gov>

I am writing to you today regarding Virginia's Medicaid waiver proposal, I oppose the aspects of this program that create new burdens on people who are already struggling. The cost of monitoring compliance and diminished value of only having healthcare coverage some of the time makes it unjustifiable. That money would be better used in true workforce training efforts and the Medicaid program should focus only on providing access to coverage for those who qualify.

In some states, proposals similar to this resulted in nearly half of the new adults enrolled in Medicaid expansion losing coverage. This proposal creates a program that is likely to create the same problems with access. I am hopeful that you change the proposed waiver.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 10:18 AM
Subject: DMAS Public Comment
To: <1115Implementation@dmas.virginia.gov>

We all want to promote individual responsibility, get as many people working who can, and reduce unneeded dependency. But the Virginia 1115 Medicaid Waiver is a counter-productive, complicated and costly requirement imposed by high income people with little understanding of the realities faced by low income people who face medical needs. As a pastor who has served the rich and poor for multiple decades, I have seen how the poor struggle with a system that is already too complex and unproductive. The poor I know want to work but are physically, emotionally, or intellectually challenged in their ability to find sufficient stable work. Please do not put more obstacles and frustrations in their way, and do not add yet another burden to getting basic healthcare.

Managing health on an ongoing basis is the way to keep people healthy and reduce the overall cost of healthcare. By requiring monthly premiums for Medicaid patients and setting up confusing health and wellness accounts, we are likely to miss the opportunity to keep costs down and our population healthy.

Become friends with a couple of poor families. Get to know their real struggles and situation. Then create legislation. Thank you for considering these comments.

[REDACTED]

First Mennonite Church Of Richmond

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 10:22 AM
Subject: Support for Virginia COMPASS
To: <1115implementation@dmas.virginia.gov>

I would like to add my voice to those supporting the Virginia COMPASS proposal. Supported employment and housing are the two most critical needs for those with serious mental illness. This proposal has been carefully studied by NAMI, and although I am not active in that group, I know that they are highly respected and knowledgeable about what good legislation should look like.

Mainly, I know that employment is critical, and that mental illness does not stop a skilled, useful individual if there is some support.

Without employment, a valuable individual is relegated to the shadows.

In my own family, we have struggled to help our skilled speech therapist daughter remain employed and we know that support enables her to contribute to the lives of many others, but without it, she would require others to be her own caregivers.

[REDACTED]

[REDACTED]

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 10:34 AM
Subject: Proposed Medicaid Waiver Application
To: <1115Implementation@dmas.virginia.gov>

Virginia's proposed changes to the Medicaid program will undermine its effective implementation. Providing health care coverage to people who are probably already working, but earn too little money is important. Virginia has finally expanded Medicaid to cover low income Virginians, but if the program charges monthly premiums, we will not improve the health of Virginians. I am hopeful that you take my comments into consideration and make the necessary changes.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 10:35 AM
Subject: Comments about Virginia Compass
To: <1115Implementation@dmas.virginia.gov>

I am opposed to certain new burdens included in proposed COMPASS Medicaid program. Other states have also tried to use work requirements and have shown that they do not succeed in improving health or consistent employment. In many ways, both goals are undermined by linking them to each other.

Medicaid should help people when they are going through tough times. Health care is a human right and should not be taken away for failure to comply with this type of red tape and bureaucracy. Thanks for considering my thoughts on this waiver application.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 10:38 AM
Subject: Virginia COMPASS waiver public comments
To: <1115Implementation@dmas.virginia.gov>

I oppose the proposed 1115 Medicaid Waiver in Virginia and would like to make a public comment about it. If someone has a disease or long-term health issue they need consistent access to care. It is not very valuable to provide off and on coverage. I thank you for the opportunity to offer this information.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 10:38 AM
Subject: New Medicaid waiver comments
To: <1115Implementation@dmas.virginia.gov>

The comments in this email should be considered in relation to Virginia's Medicaid waiver application. In some states, proposals similar to this resulted in nearly half of the new adults enrolled in Medicaid expansion losing coverage. This proposal creates a program that is likely to create the same problems with access.

I see no good reason to force parents to choose between medical coverage and food or between medical coverage and housing assistance. The requirements currently in place are sufficient. These new ones are needlessly harsh and cruel.

Thanks for allowing me to comment on this waiver.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 10:39 AM
Subject: Commenting on Virginia Compass
To: <1115Implementation@dmas.virginia.gov>

This email offers my opinion about changes to Virginia's Medicaid program that I find problematic. To create a major administrative cost to implement and monitor a requirement that the most people are complying with already is a poor use of taxpayer dollars. There is no benefit from this expenditure for the Commonwealth or the people the Medicaid program serves.

Work requirements have little to do with the intent of Medicaid and may actually interfere with it by creating new difficulties. Thank you taking all of my comments under consideration.

[REDACTED]

United Methodist Church

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 10:40 AM
Subject: Comments about Virginia Compass
To: <1115Implementation@dmas.virginia.gov>

As an advocate for expanded healthcare coverage, I am writing to you regarding my concerns with this waiver application. Please give consideration to my views. Affordable health care is important to all Virginians, but adding expensive monthly premiums for Virginians that make very little does not make sense. The goal of the Medicaid program is to provide access to health care, but these changes will do the opposite.

Medicaid provides critical access to the prevention and treatment of illnesses but if that access is denied the opportunity to keep people healthy is lost. We need a program that ensures consistent access. I hope you consider my comments about this proposed waiver.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 10:44 AM
Subject: My comments on DMAS waiver
To: <1115Implementation@dmas.virginia.gov>

This email offers my opinion about changes to Virginia's Medicaid program that I find problematic. This application does not advance the Medicaid program in Virginia. It needlessly compromises access to care for a vulnerable population. It also creates a new responsibility in state government that is already struggling to keep up.

Virginia would have a major administrative cost to add and monitor something that most people are complying with already. There is nothing for the state or its citizens to gain from this work proposal. Please keep the best interest of Virginia's working families in mind as you consider my thoughts.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 10:44 AM
Subject: Issues with Virginia 1115 Waiver
To: <1115Implementation@dmas.virginia.gov>

I would like to make a public comment about the proposed 1115 Medicaid waiver. The goal of Medicaid is to give coverage to those who need it. This would stop sick people from receiving the care that they need and keep healthy people from staying healthy.

The Medicaid program is a pro-work program. When folks in our state have access to the care they need, they can take care of their health needs, go to work, and contribute to their communities. However, by kicking people off of the Medicaid rolls, the state will reduce access to care, worsen health outcomes and make it hard for people to find and keep work. Thank you for considering this perspective.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 10:46 AM
Subject: Positive parts of the Medicaid Waiver
To: <1115implementation@dmas.virginia.gov>

Department of Medical Assistance Services

Ladies and Gentlemen:

We would like to draw your attention to two parts of the Medicaid Expansion Waiver that I believe could prove very helpful.

Supported Employment Services: This might have been very helpful to our daughter. She dreamed a lot of being able to work again, and she had experienced several short stints of employment when she was just out of high school. She needed a lot of support and guidance then and probably more than was available. We have seen a glimpse of what extra help can mean for employees of Friendship Industries in Harrisonburg and can imagine what the proposed supported employment services could mean to others who want to do something more significant with their lives while they have to contend with mental illness.

Housing Support Services: This is another critical need of adults with serious mental illnesses. Our daughter received some help of this sort through the county service boards, but it will take a lot more help of this sort to see that those who need this kind of help can get it when they need it. At times many young adults are at the long end of a waiting list for supportive housing. With the right kind of help we can do a lot better.

These services can be helpful as long as they do not reduce the income of the population served in a misguided attempt to save money while their successes are marginal.

Yours truly,

[REDACTED]
[REDACTED]
[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 10:53 AM
Subject: Proposed Virginia COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

Thank you for the opportunity to comment on this important issue. I am writing in opposition to Virginia's 1115 waiver for the COMPASS program. The many barriers in this Medicaid proposal mean that there will likely be gaps in healthcare coverage that deny people the opportunity to access care. This works against what the program was supposed to achieve.

Charging monthly premiums would mean thousands of people having to choose between health care and other needs for their families. Medicaid is supposed to help those in need, not create an additional financial challenge. Taking coverage away from people because they are unable to afford the premium is counterproductive. I trust you will take these thoughts and comments into consideration as this process continues.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 10:58 AM
Subject: Proposed Virginia COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

Thank you for the opportunity to comment on this important issue. I am writing in opposition to Virginia's 1115 waiver for the COMPASS program. Many Virginians lose employment because they are sick and do not have access to care. This is a serious problem that this expansion is supposed to address. Instead, we have potential barriers to access that work against hardworking people.

Managing diseases and other health issues is the best and most affordable way to keep people healthy and reduce the cost of healthcare for all Virginians. By requiring monthly premiums to maintain Medicaid coverage, and setting up complicated health and wellness accounts, we are likely to miss the opportunity to reduce costs and keep our population healthy. Thank you for considering this perspective.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 11:00 AM
Subject: Proposed Medicaid Waiver Application
To: <1115Implementation@dmas.virginia.gov>

The subject of my letter is the Commonwealth's proposed Medicaid waiver application which includes too many complicated burdens. Even if charging monthly premiums saved Virginia money, it would be a bad idea. But since doing so actually costs more than it saves because of all the staff and systems it would require, it really makes no sense. The purpose of expanding health coverage to the working poor is to help them get and stay healthy. The program needs to stay focused on that main goal.

The goal of Medicaid is to give coverage to those who need it. This would stop sick people from receiving the care that they need and keep healthy people from staying healthy. I hope you will take these thoughts and comments into consideration moving forward.

[REDACTED]

From: [REDACTED] <[REDACTED]>

Date: Tue, Oct 16, 2018 at 11:07 AM

Subject:

To: <1115implementation@dmas.virginia.gov>

I fully support the employment, medical and housing, and addiction services proposed by advocates of Medicaid waiver.

[REDACTED]

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 11:11 AM
Subject: DMAS – Virginia Compass Waiver
To: <1115Implementation@dmas.virginia.gov>

Please consider the following concerns surrounding the waiver for the VA Medicaid program. Virginia has an opportunity to offer affordable healthcare to all, but monthly premiums would deny us that opportunity by creating a cost that people might not be able to afford. That would mean the program is a failure. I hope we will not undermine our own program by adding these costs.

Failure to comply with the reporting requirements could result in being locked out of coverage. Losing access to care can have dire consequences that are not consistent with the effort to expand access so people can lead healthier lives. I appreciate the time you have taken to read my comments. I hope they result in improvements to the program.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 11:13 AM
Subject: New Medicaid waiver comments
To: <1115Implementation@dmas.virginia.gov>

This email offers my opinion about changes to Virginia's Medicaid program that I find problematic. Making low-income families pay costly monthly premiums will not have the intended outcome. Other states that have tried similar proposals saw the use of health care services decline, leading to more costly services later down the road.

Work requirements do not work. These poor policy choices proposed will reduce access to care to people that need it most. A healthy person is better able to contribute to the workforce, and this program is supposed to focus on health. Thank you for considering my thoughts. I believe Virginia can do better than this.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 11:24 AM
Subject: Medicaid Expansion
To: 1115implementation@dmas.virginia.gov <1115implementation@dmas.virginia.gov>

I implore you to support mental health services in the upcoming Medicaid Expansion. 1 in 5 people have a mental health diagnosis and have regularly been ignored and shorted in receiving services. The majority of people with serious mental illness rely heavily on Medicaid and need to receive the best treatment they can. Thank you.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 11:40 AM
Subject: Support for Virginia COMPASS
To: <1115implementation@dmas.virginia.gov>

Dear Leaders of the Virginia Department of Medical Assistance Services,

I am writing to express my strong support for including Supported Employment Services and Housing Support Services as part of Virginia COMPASS. I speak from personal experience that these supports are so vital to the ability of people with mental illness, especially those with serious mental illnesses, to lead productive, safe, and fulfilling lives in our communities. My brother struggles with schizophrenia. He has doctors that make sure he has the medication he needs to treat his symptoms, and he faithfully follows their advice. He is a bright, capable and compassionate person, but he is unable to find work and hold a job without support, and such services are far too scarce. How many others out there are like him? Similarly, stable housing is an essential human need. For my brother, only the ability of our family to help him prevents him from homelessness, but how many others lack this type of support? I can't stress enough how important it is that Virginia COMPASS address these human needs and consider them part of what it means to provide adequate care for people who have illnesses.

I applaud what Virginia COMPASS seeks to achieve. Please ensure that this effort includes support for housing and employment.

Sincerely,

[REDACTED]

From: [REDACTED] <[REDACTED]>

Date: Tue, Oct 16, 2018 at 12:10 PM

Subject: Against Proposed VA 1115 Waiver

To: <1115Implementation@dmas.virginia.gov>

This comment is directed toward certain aspects of Virginia's Medicaid waiver application. Many adults on Medicaid are working part-time jobs or for places that have an inconsistent workload. That is why it will be very difficult for these deserving people to meet the rules of this proposed work requirement. This requirement does not change the number of hours available to a worker and punishes them for taking whatever work is available to them.

In states with requirements like the ones in this proposal, the results were that nearly half of the new adults enrolled in Medicaid expansion ended up losing coverage. Virginia needs a program that has a better success rate than that. Removing some of the proposed restrictions would help to improve access. I hope you will take these thoughts and comments into consideration moving forward.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 12:12 PM
Subject: Against Proposed VA 1115 Waiver
To: <1115Implementation@dmas.virginia.gov>

As an advocate for expanded healthcare coverage, I am writing to you regarding my concerns with this waiver application. Please give consideration to my views. If a low-wage worker has inconsistent hours or an insecure job they may fail to keep up with the requirements and lose healthcare. If that results in an inability to work at all the program will have failed to help the exact situation the expansion was supposed to improve. I thank you for the opportunity to offer this information.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 12:13 PM
Subject: Virginia COMPASS waiver public comments
To: <1115Implementation@dmas.virginia.gov>

I am opposed to the new burdens proposed to be included in the Medicaid program. Providing health care coverage to people who may be working but make very little money is important. Virginia has finally expanded Medicaid to cover low income Virginians, but if we have monthly premiums, we will not succeed in improving the overall health of Virginians.

The proposed changes to Medicaid could deny health insurance to sick individuals when they are most in need. I do not support this approach that creates barriers to access. Thank you for allowing me to offer my thoughts on this proposal.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 12:13 PM
Subject: My letter on work requirements waiver
To: <1115Implementation@dmas.virginia.gov>

As a Virginian, I do not support the changes outlined in Virginia's 1115 Medicaid waiver draft. The Medicaid program is a pro-work program. When folks in our state have access to the care they need, they can take care of their health needs, go to work, and contribute to their communities. However, by kicking people off of the Medicaid rolls, the state will reduce access to care, worsen health outcomes and make it hard for people to find and keep work.

Medicaid provides critical access to the prevention and treatment of illnesses but if that access is denied the opportunity to keep people healthy is lost. We need a program that ensures consistent access. I sincerely hope that the public comments will be taken into consideration.

Remember, WE are the voters and we are stronger than ever. Our population of elderly people is growing and WE WILL VOTE.

Do YOU REALLY WANT TO BE PART OF THE SO CALLED DEATH PANELS THE REPUBLICANS WERE TALKING ABOUT?

We maybe older but our memories are not going to go away when we go bankrupt having to pay for medical bills if work cannot be found.

[REDACTED]

From: [REDACTED] <[REDACTED]>

Date: Tue, Oct 16, 2018 at 12:14 PM

Subject: Issues with Virginia 1115 Waiver

To: <1115Implementation@dmas.virginia.gov>

I am opposed to the new burdens proposed to be included in the Medicaid program. Affordable health care is important to all Virginians, but adding expensive monthly premiums for Virginians that make very little does not make sense. The goal of the Medicaid program is to provide access to health care, but these changes will do the opposite.

Taking away people's health care does not make sense. There is research that shows that when people have access to health coverage, they are more likely to take care of their health care needs and are able to be more productive. Please take this into account and make changes to COMPASS.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 12:21 PM
Subject: My comments on DMAS waiver
To: <1115Implementation@dmas.virginia.gov>

Thank you for the opportunity to comment on this important issue. I am writing in opposition to Virginia's 1115 waiver for the COMPASS program. The two most common occupations for adults in Virginia who could qualify for Medicaid under expansion are food services and construction - which can be seasonal and are prone to irregular hours. That could result in someone falling out of compliance even though they remain employed.

Many Virginians lose employment because they are sick and do not have access to care. This is a serious problem that this expansion is supposed to address. Instead, we have potential barriers to access that work against hardworking people. Thank you for your work on behalf of the Commonwealth and taking my comments into consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 12:21 PM
Subject: Responding to Medicaid waiver idea
To: <1115Implementation@dmas.virginia.gov>

I am writing to you with regard to Virginia's proposed Medicaid waiver which has problems as it is currently written. Monthly premiums included in the waiver could possibly lead to medical debt that many people on Medicaid can afford. This should not be an outcome for many individuals in the program.

Medicaid's mission is to provide health coverage to low-income people so they can obtain the services and treatments they need. By making access more difficult than necessary this proposal works against the mission. I hope you will take these thoughts and comments into consideration moving forward.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 12:21 PM
Subject: My letter on work requirements waiver
To: <1115Implementation@dmas.virginia.gov>

As a Virginian who knows that healthy people are not only happier people but also can better contribute to our Commonwealth's progress, I write to oppose Virginia's 1115 waiver draft that is under consideration. Some aspects of the draft will undermine its purpose. Many Virginians lose employment because they are sick and do not have access to care. This is a serious problem that this expansion is supposed to address. Instead, we have potential barriers to access that work against hardworking people. I am thankful for the opportunity to provide this information.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 12:22 PM
Subject: New Medicaid Waiver Comments
To: <1115Implementation@dmas.virginia.gov>

I write to oppose Virginia's 1115 waiver draft that is under consideration. Some aspects of the draft will undermine its purpose. Access to health coverage is important no matter who you are. This proposal would kick people off of Medicaid when they may need it the most. The state should aim to do no harm, but the draft proposal makes it clear that people will lose coverage.

The work requirement will not help many people find jobs because most Medicaid enrollees are already working or they are disabled or have some other reason why they cannot work. The requirement is an enormous cost with little benefit. Please take this into account and make changes to COMPASS. The administrative costs of such a change will also waste taxpayer money and divert funds from enrollees who need them.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 12:22 PM
Subject: Regarding Virginia COMPASS Application
To: <1115Implementation@dmas.virginia.gov>

I am commenting on the new Virginia COMPASS medicaid waiver. Virginia must not add more red tape to our Medicaid program. Requiring individuals to document their work has been shown to reduce enrollment in Medicaid overall. Virginians have waited so long for expansion. The state should do everything in its power to ensure that we have a good enrollment process, but I fear that adding more paperwork will not help us meet that goal. Thank you for your work on behalf of the Commonwealth and taking my comments into consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 12:23 PM
Subject: Proposed Virginia COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

I am writing to you today regarding Virginia's Medicaid waiver proposal, I oppose the aspects of this program that create new burdens on people who are already struggling. Requirements that have little to do with the intent of Medicaid need to be removed because they interfere with access by creating multiple new barriers. People need easy access that allows them to use the health care they need in a logical way. Please make necessary improvements to the proposed draft. Thank you for your consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 12:23 PM
Subject: My letter on work requirements waiver
To: <1115Implementation@dmas.virginia.gov>

I am writing to you today regarding Virginia's Medicaid waiver proposal, I oppose the aspects of this program that create new burdens on people who are already struggling. Virginia's Medicaid proposal has significant bureaucracy involved with it. Medicaid work requirements will create major administrative complexity and new costs for Virginia. There is no reason to keep the program from succeeding by placing so many administrative requirements on the people who need the access to healthcare.

So many factors in this proposed program put access to care at risk. There is no reason for this to be the case. Parts of this plan that call access into question must be removed in order for it to be effective. Thank you for considering my thoughts. I believe Virginia can do better than this.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 12:26 PM
Subject: DMAS – Virginia Compass Waiver
To: <1115Implementation@dmas.virginia.gov>

This comment is directed toward certain aspects of Virginia’s Medicaid waiver application. Charging monthly premiums would mean thousands of people having to choose between health care and other needs for their families. Medicaid is supposed to help those in need, not create an additional financial challenge. Taking coverage away from people because they are unable to afford the premium is counterproductive.

Some of these proposed new requirements create obstacles to care for all enrollees. In some cases it may be poor health that leads to a poor financial situation which can only make things worse in a situation like that. Thanks for allowing me to comment on this waiver.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 12:26 PM
Subject: Issues with Virginia 1115 Waiver
To: <1115Implementation@dmas.virginia.gov>

I am opposed to certain new burdens included in proposed COMPASS Medicaid program. Taking away people's health care does not make sense. There is research that shows that when people have access to health coverage, they are more likely to take care of their health care needs and are able to be more productive. I am grateful for the opportunity to offer comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 12:26 PM
Subject: DMAS Public Comment
To: <1115Implementation@dmas.virginia.gov>

Medicaid waiver draft. Some aspects of this proposal will create too many barriers to access. A benefit of expanding Medicaid was to make it possible for people to access care and have a relationship with a doctor that allows them to receive treatment for simple health issues before they become more serious and difficult to treat. Adding monthly premiums, removes the opportunity for many people to get this benefit. Given the hard choices families living in poverty have to make, it is likely that premium payments could fall behind. Please do take these concerns into consideration and make changes to this draft.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 12:27 PM
Subject: Problems with COMPASS
To: <1115Implementation@dmas.virginia.gov>

I offer the following comments concerning the proposed changes to Virginia's Medicaid program. The cost of monitoring compliance and diminished value of only having healthcare coverage some of the time makes it unjustifiable. That money would be better used in true workforce training efforts and the Medicaid program should focus only on providing access to coverage for those who qualify. Thank you for your work on behalf of the Commonwealth and taking my comments into consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 12:28 PM
Subject: Commenting on Virginia Compass
To: <1115Implementation@dmas.virginia.gov>

I am opposed to certain new burdens included in proposed COMPASS Medicaid program. Taking away people's health care does not make sense. There is research that shows that when people have access to health coverage, they are more likely to take care of their health care needs and are able to be more productive. I appreciate your consideration of my comments as you make changes to this draft.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 12:28 PM
Subject: Comments opposing Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

As a Virginian who cares about expanding healthcare coverage, I am writing to you regarding my concerns with the COMPASS waiver application. Please give consideration to my views. The proposed changes to Medicaid could deny health insurance to sick individuals when they are most in need. I do not support this approach that creates barriers to access. Let us not imitate other states that made choices that were detrimental.

To create a major administrative cost to implement and monitor a requirement that the most people are complying with already is a poor use of taxpayer dollars. There is no benefit from this expenditure for the Commonwealth or the people the Medicaid program serves. Thank you for considering my thoughts. I believe Virginia can do better than this.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 12:28 PM
Subject: Comments Against Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

Medicaid waiver draft. Some aspects of this proposal will create too many barriers to access. Implementing Medicaid job requirements does not make sense. The reality is that the majority of Virginians with Medicaid already work and are likely to be older Virginians, very ill, living with a disability, or caregivers. Trying to startup such a program in our state would be costly and there are more important things we can invest in that would better benefit taxpayers.

Work requirements have little to do with the intent of Medicaid and may actually interfere with it by creating new difficulties. I appreciate your consideration of my comments as you make changes to this draft.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 12:29 PM
Subject: Responding to waiver proposal
To: <1115Implementation@dmas.virginia.gov>

Please consider the following concerns surrounding the waiver for the VA Medicaid program. The proposed changes to Medicaid could deny health insurance to sick individuals when they are most in need. I do not support this approach that creates barriers to access.

Many Medicaid recipients work in industries where their work hours are unpredictable and may find it difficult to meet the 80 hour per month qualification. When Kentucky implemented a similar rule, nearly half of the adults that were subjected to this rule failed to meet it at some point during the year. I hope you consider my comments about this proposed waiver.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 12:30 PM
Subject: My comments on DMAS waiver
To: <1115Implementation@dmas.virginia.gov>

The following comments are offered for consideration as public comment on the Medicaid waiver draft. There are several components of it that concern me as a citizen. In addition to creating a costly new government program to administer, this will also create restrictions to access. Programs similar to this proposal have not been proven to increase employment, but have been shown to prevent access to care.

Having work requirements may deter families from enrolling in the coverage that they qualify for and need. When someone does not have health coverage, they are less able to seek medical care when they are ill or injured and are generally less able to get work because of it. Please keep the best interest of Virginia's working families in mind as you consider my thoughts.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 12:30 PM
Subject: I oppose COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

Please consider the following:

I am a family doctor working in a neighborhood in Charlottesville with 145 section 8 apts, I see many of these people and many are on Medicaid now. Additionally I have a sliding fee scale and many of those will probably qualify for Medicaid come January 1, 2019. Some of these people are unemployable due to mental illness or poor mental acuity (low IQ's) but they don't qualify for disability. Please consider may exceptions to this work requirement. And thank you for doing what I have been trying to do for four or five years, Medicaid expansion!!!!

[REDACTED]

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 12:31 PM
Subject: Proposed Virginia COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

I am very concerned about the proposed changes to Virginia's Medicaid program. Health care should be considered a right, not a privilege. Health insurance and a person's overall health are linked together. We should do everything possible to ensure people have ongoing coverage. Stability for many people is only possible when their health care needs are taken care of. So many employers don't offer health insurance or it's not affordable. Simple and uncomplicated access is the key to our success with the Medicaid program and ought to be our first priority.

Virginia will be a better place for everyone if everyone has access to basic health care. Adding work requirements will not, I believe, be a successful endeavor. The experience in other states shows little success and high costs. Work requirements simply do not work. They are punitive and small-minded. I am hopeful that you will drop this provision from the proposed waiver.

Thank you,

[REDACTED]

Richmond Hill

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 12:31 PM
Subject: Issues with Virginia 1115 Waiver
To: <1115Implementation@dmas.virginia.gov>

Rx Partnership is opposed to the new burdens proposed to be included in the Medicaid program. Many Virginians lose employment because they are sick and do not have access to care. This is a serious problem that this expansion is supposed to address. Instead, we have potential barriers to access that work against hardworking people.

Monthly premiums would lead to a lot of people losing coverage. Medicaid is meant to be an accessible health plan for the people that need it most and provide them with access to care in less expensive ways than an emergency room. Please keep the best interest of Virginia's working families in mind as you consider my thoughts.

[REDACTED]

Rx Partnership

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 12:32 PM
Subject: Virginia COMPASS waiver public comments
To: <1115Implementation@dmas.virginia.gov>

Most of this discussion, on both sides, strikes me as sheer subterfuge. The truth is, health care costs should not be as high as they are in the USA. They are certainly not nearly as high in other modern industrial countries. But we have plenty of congressmen who are unwilling to forgo big "donations" (and yes, the quote marks are intended) from the health care lobbies and pharmaceutical companies.

This system will never be reformed until we get the big money out of politics. As is, even our own two U.S. Democratic senators are beholden to big money (which explains their vote for the dumbing down and currently toothless state of Dodd-Frank), and at this point they are spoiled to it.

This corruption exists on both sides of the aisle.

As is, you are pushing Virginians to relieve a symptom. We'll never get anywhere until we stop treating symptoms and start treating the disease.

When politicians at the national level stop accepting money from health care lobbies and pharmaceutical lobbies, and when our state politicians stop following their lead and actually SEE their constituents' needs, health care will become accessible for all of us. In the meantime, a Band-Aid is not going to work any better than it does a RAM patient who shows up once a year in Wise with Stage 4 cancer.

In other words, I agree that you are right on the nonsensical character of the work-for-Medicaid program, but I sincerely wish you'd attack the causes of our health care system's brokenness.

So I agree. But I do wish you were using your energies elsewhere.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 12:32 PM
Subject: Comments about Virginia Compass
To: <1115Implementation@dmas.virginia.gov>

This comment is about my concerns with certain aspects that Virginia proposes in its Medicaid waiver application. The proposed waiver is attempting to solve a problem that does not exist, as most working-age adults on Medicaid are employed. We should be focused on making the lives of working low-income people better, not more difficult.

Many Virginians lose employment because they are sick and do not have access to care. This is a serious problem that this expansion is supposed to address. Instead, we have potential barriers to access that work against hardworking people.

I had extensive High Tech industry experiences, and was one of the engineers that built the computer in the 1990s, as well pioneer in many of the computer fields. If I work, I would be making hundreds thousand\$\$ if not million\$\$ per year. If I am a male, I would've been one of the billionaires in the Silicon Valley. But as a woman engineer, we were systematically targeted, ousted, coerced to have sex or threatened with termination and make into public enemy #1. In my case, 2 failed beheadings on me ~5 miles away from the White House. Main suspects are my ex-coworkers from the Patent and Trademark Office who wrongfully terminated me in a haste of 2 days, indicative of malfeasance; while I had outstanding accomplishments and was one of the few people in the world uniquely qualified for the job as a pioneer in the field.

I had worked 3 jobs every summer since High School to put myself through schools. I volunteered to register voters, and was turned away. This is also the case with many of my volunteering.

Thanks for considering my thoughts on this waiver application.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 12:33 PM
Subject: Issues with Virginia 1115 Waiver
To: <1115Implementation@dmas.virginia.gov>

Please consider the following concerns surrounding the waiver for the VA Medicaid program. Medicaid's mission is to provide health coverage to low-income people so they can obtain the services and treatments they need. By making access more difficult than necessary this proposal works against the mission. I hope you will take these thoughts and comments into consideration moving forward.

[REDACTED]

N/a

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 12:33 PM
Subject: My concerns about the Virginia COMPASS program
To: <1115Implementation@dmas.virginia.gov>

I am commenting on the new Virginia COMPASS medicaid waiver. The cost of monitoring compliance and diminished value of only having healthcare coverage some of the time makes it unjustifiable. That money would be better used in true workforce training efforts and the Medicaid program should focus only on providing access to coverage for those who qualify.

Even if charging monthly premiums saved Virginia money, it would be a bad idea. But since doing so actually costs more than it saves because of all the staff and systems it would require, it really makes no sense. The purpose of expanding health coverage to the working poor is to help them get and stay healthy. The program needs to stay focused on that main goal. Thank you for reading my comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 12:34 PM
Subject: NO Medicaid Waiver
To: <1115Implementation@dmas.virginia.gov>

The following comments are in regard to the proposed Medicaid waiver application to CMS. Charging monthly premiums will make it harder for people with chronic illness to visit their doctors. Routine visits in order to monitor conditions and receive prescriptions will become too costly which can lead to negative health outcomes.

The many barriers in this Medicaid proposal mean that there will likely be gaps in healthcare coverage that deny people the opportunity to access care. This works against what the program was supposed to achieve. Please consider my comments on this proposed program.

[REDACTED]

Mr

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 12:35 PM
Subject: Problems with COMPASS
To: <1115Implementation@dmas.virginia.gov>

Thank you for the opportunity to comment on this important issue. The details of this Medicaid Waiver request are quite interesting and may actually be beneficial to certain individuals if they take advantage of the full scope of services and support that is supposed to be available. However we've seen significant logistical issues with the implementation of these large scale, multi-faceted initiatives in the past so my greatest concern lies with appropriate coordination and ease of access for these beneficiaries. If the state can actually deliver on health and wellness education/incentives, job readiness training, adult education offerings, sustained substance abuse treatment, etc. then well individuals who are currently impoverished could have universally improved lives....but this is a very heavy lift. I urge you to carefully evaluate the volume of support needs that will be generated by this waiver project against the available resources and infrastructure and scale back the requirements if beneficiary support needs will likely outpace the resources.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 12:35 PM
Subject: My letter on work requirements waiver
To: <1115Implementation@dmas.virginia.gov>

The following email explains my concerns about the proposed new requirements to receive coverage under Virginia's Medicaid program. Please consider this information in your work. The goal of Medicaid is to give coverage to those who need it. This would stop sick people from receiving the care that they need and keep healthy people from staying healthy.

Making low-income families pay costly monthly premiums will not have the intended outcome. Other states that have tried similar proposals saw the use of health care services decline, leading to more costly services later down the road. I am thankful that the public was given this important opportunity to comment.

Through the grace of God, I do not qualify for the program. However, based on my day to day experiences, I can certainly identify with many of the difficulties faced by those who would.

Here on the Eastern Shore, most are self-employed or work for a small business. Salaries are not high and periods of work are irregular. Many of the folks I deal with are not insured and would qualify for Medicaid Expansion. Few have internet access, limiting access to information and making reporting very difficult.

As a part time caregiver for my 94 year old mother, time I have available to care for myself is minimal. Caregiver requires unpredictable and irregular expenditure of time and money. With this, keeping many types of jobs would be difficult. There is little time for routine reporting, etc.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 12:36 PM
Subject: Comments about Virginia Compass
To: <1115Implementation@dmas.virginia.gov>

I am writing to you with regard to Virginia's proposed Medicaid waiver which has problems as it is currently written. There are many reasons that a patient might not comply with this waiver and would result in their losing care. For example, there could be a language barrier that makes it hard to understand the requirements.

The two most common occupations for adults in Virginia who could qualify for Medicaid under expansion are food services and construction - which can be seasonal and are prone to irregular hours. That could result in someone falling out of compliance even though they remain employed. Thanks for taking the time to read my comments.

Not everyone is able to work and they should not lose coverage. They may be the very ones who need coverage. Individual consideration is necessary.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 12:40 PM
Subject: Writing about Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

I write to oppose Virginia's 1115 waiver draft that is under consideration. Some aspects of the draft will undermine its purpose. Workers in many hourly jobs may have more than a full-time load of work one month, but they may fall below the required 80 hours the next month and could be subject to lose their health coverage. The cost of monitoring compliance and diminished value of only having healthcare coverage some of the time makes it unjustifiable.

In states with requirements like the ones in this proposal, the results were that nearly half of the new adults enrolled in Medicaid expansion ended up losing coverage. Virginia needs a program that has a better success rate than that. Removing some of the proposed restrictions would help to improve access. Thanks for allowing me to comment on this waiver.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 12:40 PM
Subject: Commenting on Virginia Compass
To: <1115Implementation@dmas.virginia.gov>

This letter is in opposition to the burdensome requirements proposed for Virginians with Medicaid in Virginia. I hope you will take my views into account. Work requirements do not work. These poor policy choices proposed will reduce access to care to people that need it most. A healthy person is better able to contribute to the workforce, and this program is supposed to focus on health.

Losing health coverage for someone with a chronic illness would be devastating. Being locked out of health care due to failure to reporting work activities or being unable to pay monthly premiums could lead to terrible health outcomes for many Virginians. I hope my comments are helpful.

[REDACTED]

AARP

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 12:40 PM
Subject: Comments opposing Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

As a Virginian, I do not support the changes outlined in Virginia's 1115 Medicaid waiver draft. The proposed changes to Medicaid could deny health insurance to sick individuals when they are most in need. I do not support this approach that creates barriers to access. Please take this into account and make changes to COMPASS.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 12:41 PM
Subject: Responding to waiver proposal
To: <1115Implementation@dmas.virginia.gov>

This comment is in relation to the Medicaid waiver that was proposed by DMAS. There are several new requirements proposed that I oppose. Many low-income Virginians work hourly jobs and that makes it challenging to meet the proposed requirement for 80 hours a month consistently. These jobs can be irregular hours, and may not meet the requirement consistently.

Losing healthcare would be catastrophic for families. I believe Medicaid should provide coverage for families not take them away. Please keep the best interest of Virginia's working families in mind as you consider my thoughts.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 12:41 PM
Subject: My letter on work requirements waiver
To: <1115Implementation@dmas.virginia.gov>

I am opposed to the new burdens proposed to be included in the Medicaid program. People who have relied on Medicaid for years would now be denied coverage if they fail to comply with work reporting. Many of whom are not technologically savvy could be hurt by this waiver.

Job requirements like this and other efforts to take away public supports to try to encourage people to work have poor track records. The reasons people are unemployed are sometimes too complicated to address in the way this proposal does. This requirement will just deny people healthcare coverage. Please consider my comments on this proposed program.

[REDACTED]

First Christian Church (Disciples), Falls Church

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 12:41 PM
Subject: Virginia Compass
To: <1115implementation@dmas.virginia.gov>

Thank you for your hard work on developing these additional supports through the Virginia Compass Medicaid Waiver. Please know that all of us at Nami Central Virginia are in support of these changes and will applaud the State for making this happen. Please include supported Employment and Housing Supports in this Medicaid Waiver.

On a personal note I do have loved ones who live with mental health challenges requiring medication.

Best,

[REDACTED]

1st Vice President

NAMI Central [REDACTED]

PO Box 18086

Richmond VA 23226

[REDACTED]

www.[REDACTED].ORG

“We are constituted so that simple acts of kindness, such as giving to charity or expressing gratitude, have a positive effect on our long-term moods. The key to the happy life, it seems, is the good life: a life with sustained relationships, challenging work, and connections to community. _ Paul Bloom

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 12:42 PM
Subject: Comments Against Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

This comment is concerning the troubling requirements that Virginia proposes for Medicaid. Managing diseases and other health issues is the best and most affordable way to keep people healthy and reduce the cost of healthcare for all Virginians. By requiring monthly premiums to maintain Medicaid coverage, and setting up complicated health and wellness accounts, we are likely to miss the opportunity to reduce costs and keep our population healthy.

Failure to comply with the reporting requirements could result in being locked out of coverage. Losing access to care can have dire consequences that are not consistent with the effort to expand access so people can lead healthier lives. Thank you very much for considering my thoughts on this waiver application.

[REDACTED]

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 12:42 PM
Subject: Commenting on Virginia Compass
To: <1115Implementation@dmas.virginia.gov>

The following comments are offered for consideration as public comment on the Medicaid waiver draft. There are several components of it that concern me as a citizen. The red tape and bureaucracy surrounding the COMPASS program will throw people off Medicaid. People that are following the rules will suffer due to the complicated system that COMPASS is creating.

Research indicates that work requirements do not encourage work or reduce poverty, and a growing body of evidence shows that such policies could result in reduced access to care, adverse health outcomes and increased health disparities. Please do take these concerns into consideration and make changes to this draft.

[REDACTED]

AARP

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 12:43 PM
Subject: Arguments against COMPASS
To: <1115Implementation@dmas.virginia.gov>

With regards to the Virginia COMPASS, this medicaid waiver has problems as it is currently written. Instead of creating a program to help citizens of VA, this waiver proposal limits access to care for an extremely vulnerable population.

Charging people to participate defeats the purpose of expanded Medicaid coverage. We must keep Medicaid affordable for lower income families. They depend on affordable health care to keep working and stay healthy. I am grateful for the opportunity to offer comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 12:44 PM
Subject: Regarding Virginia COMPASS Application
To: <1115Implementation@dmas.virginia.gov>

The following email explains my concerns about the proposed new requirements to receive coverage under Virginia's Medicaid program. Please consider this information in your work.

Poverty levels are already severe in many parts of Virginia. A broad work requirement discriminates most against those facing the greatest difficulties - because of their own disabilities, and or their need to care for young children or elderly parents. Many studies suggest the value of better child care and care for the elderly is far higher than the return on such a work requirement. Any work program needs to clearly and explicitly account for these tradeoffs.

Thanks for your consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 12:44 PM
Subject: Comments about Virginia Compass
To: <1115Implementation@dmas.virginia.gov>

I am writing to you today regarding Virginia's Medicaid waiver proposal, I oppose the aspects of this program that create new burdens on people who are already struggling. The work requirement affects very few people. This means that the state would incur major additional expenses and administrative work to enforce a requirement that the vast majority of people are complying with already or are unable to.

It has already taken the state too long to extend medical aid to many Virginians. Why must you now restrict or punish people who clearly need help? We have a moral responsibility to help one another, a tradition most Americans still think is relevant. Please do not harm citizens who are currently in need.

Health insurance and a person's overall health are linked together. We should do everything possible to ensure people have ongoing coverage; otherwise, the ambition to have people become employed and stay employed is not going to be realized. Access is the key to our success with the Medicaid program and it needs to be the first priority for it. Thank you for considering this perspective.

[REDACTED]

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 12:45 PM
Subject: Opposition to Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

I am writing to you today regarding Virginia's Medicaid waiver proposal, I oppose the aspects of this program that create new burdens on people who are already struggling. People who have good healthcare coverage see a doctor regularly. If there are monthly premiums required, people will try to avoid using healthcare. While the cost seems small to some it will be a barrier to getting care for low income people.

Programs similar to this proposal have not been proven to increase employment or access to care. I am thankful that the public was given this important opportunity to comment.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 12:45 PM
Subject: Proposed Virginia COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

The comments below, describe my concerns about and opposition to the proposed changes to Virginia's Medicaid program. Job requirements like this and other efforts to take away public supports to try to encourage people to work have poor track records. The reasons people are unemployed are sometimes too complicated to address in the way this proposal does. This requirement will just deny people healthcare coverage. Thank you for your time.

It is time to start helping Virginians by doing what government is supposed to do. Do you want a work requirement to receive help after a natural disaster? Of course not! Do you want a work requirement to receive a farm subsidy? Of course not! Let's start working together to help Virginians to be the best they can be.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 12:46 PM
Subject: Regarding Virginia COMPASS Application
To: <1115Implementation@dmas.virginia.gov>

This comment is about my concerns with certain aspects that Virginia proposes in its Medicaid waiver application. Work requirements in this program do not help families afford to put food on the table or improve their health. There is some evidence that shows that work requirements can actually make it harder for people to find work. This is not good policy. I am thankful that the public was given this important opportunity to comment.

Work program is good when have restrictions because of work injury and can't find any employment opportunities because of the restrictions ,when you have worked for than 19yrs you are doomed like myself for example.

Thank you

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 12:46 PM
Subject: Comments opposing Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

The comments in this email should be considered in relation to Virginia's Medicaid waiver application. Implementing Medicaid job requirements does not make sense. The reality is that the majority of Virginians with Medicaid already work and are likely to be older Virginians, very ill, living with a disability, or caregivers. Trying to startup such a program in our state would be costly and there are more important things we can invest in that would better benefit taxpayers.

Monthly premiums would cause many people to lose health care coverage. Medicaid is meant to be an accessible health plan for the people that need it most and provide them with access to care. It is also difficult to imagine that the administrative burden is worth the amount of money collected. Please take the public's comments into consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 12:46 PM
Subject: Writing about Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

This letter is in opposition to the burdensome requirements proposed for Virginians with Medicaid in Virginia. I hope you will take my views into account. I disagree with the waiver imposing monthly premiums for Medicaid recipients.

The goal of Medicaid is to give coverage to those who need it. This would stop sick people from receiving the care that they need and keep healthy people from staying healthy. Thank you for accepting these comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 12:56 PM
Subject: Compass services for those with mental health issues.
To: <1115implementation@dmas.virginia.gov>

THANK YOU

[REDACTED]

Learning Specialist

[REDACTED]

The Langley School | www.langleyschool.org

[REDACTED]

Where vital academics meet a deep respect for childhood

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 12:59 PM
Subject: Comments about Virginia Compass
To: <1115Implementation@dmas.virginia.gov>

This email is in opposition to some requirements proposed in Virginia's Medicaid waiver. I hope you will take my views under advisement. Work requirements attempt solve a problem that does not exist since most working-age adults on Medicaid are currently employed. We should be focused on making the health of working low-income people better by providing easy, affordable access to care. I hope you consider my comments about this proposed waiver.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 1:00 PM
Subject: COMPASS objections
To: <1115Implementation@dmas.virginia.gov>

This comment is in relation to the recent Medicaid waiver that was proposed. There are several troubling changes proposed that I oppose. Work requirements do not reflect the realities workers face in low-wage jobs. Seasonal workers may have periods of time each year when they are not working enough hours to satisfy the requirements and they will be on and off the Medicaid program.

Some of these proposed new requirements create obstacles to care for all enrollees. In some cases it may be poor health that leads to a poor financial situation which can only make things worse in a situation like that. Thanks for considering my thoughts on this waiver application.

[REDACTED]

Virginia Organizing

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 1:00 PM
Subject: Writing about Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

I am commenting on the new Virginia COMPASS medicaid waiver. While monthly premiums may seem like a reasonable requirement, they can be a barrier that prevents people from accessing healthcare. The underlying purpose of Medicaid in Virginia is to make health care readily accessible to people and premiums are counterproductive.

Work requirements are a bad move for Virginians. There are many examples for Virginia to learn from. While these requirements sound great to some people, other safety net programs that have these requirements do not succeed in helping people find jobs or make ends meet. Please do take these concerns into consideration and make changes to this draft.

[REDACTED]

N/A

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 1:01 PM
Subject: DMAS – Virginia Compass Waiver
To: <1115Implementation@dmas.virginia.gov>

This is regarding my concerns surrounding the waiver draft for the Medicaid program in Virginia. The federal government has stated that it will not provide states with Medicaid funding to finance job related services for individuals. This will put all of the responsibility on Virginia to provide things like job training, child care, transportation, and other programs to help people to meet the proposed requirement. Poor people cannot afford this.

Failure to comply with the reporting requirements could result in being locked out of coverage. Losing access to care can have dire consequences that are not consistent with the effort to expand access so people can lead healthier lives. Please make necessary improvements to the proposed draft. Thank you for your consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 1:01 PM
Subject: New Medicaid Waiver Comments
To: <1115Implementation@dmas.virginia.gov>

As an advocate for expanded healthcare coverage, I am writing to you regarding my concerns with this waiver application. Please give consideration to my views. Health insurance and a person's overall health are linked together. We should do everything possible to ensure people have ongoing coverage; otherwise, the ambition to have people become employed and stay employed is not going to be realized. Access is the key to our success with the Medicaid program and it needs to be the first priority for it.

Charging monthly premiums to Medicaid families will put more pressure on people struggling to make ends meet. Many people also have difficulty working through complex government processes. The premiums would create both of those issues for people that need access to care. Thank you very much for considering my thoughts on this waiver application.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 1:01 PM
Subject: My comments on DMAS waiver
To: <1115Implementation@dmas.virginia.gov>

This comment is in relation to the recent Medicaid waiver that was proposed. There are several troubling changes proposed that I oppose. In addition to creating a costly new government program to administer, this will also create restrictions to access. Programs similar to this proposal have not been proven to increase employment, but have been shown to prevent access to care. Please do take these concerns into consideration and make changes to this draft.

[REDACTED]

Mr. And Mrs.

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 1:01 PM
Subject: Responding to Medicaid waiver idea
To: <1115Implementation@dmas.virginia.gov>

I am opposed to the work requirement proposed to be included in the Medicaid program. It is based on the mistaken and easily refuted notion that there are many able-bodied participants in the Medicaid program who are freeloading off the rest of the taxpaying public. This is simply not true, and the number is insignificant. The truth is that many Medicaid recipients are unable to work because of illness, disability, or caregiving responsibilities. Additionally the complex and cumbersome documentation requirements could very well end up negating any cost savings that may be achieved.

The program provides critical access to prevention, treatment, disease management, and care coordination services for those most in need. It keeps people from becoming seriously ill and not being able to care for themselves or their family. More important, the lack of access to such services inevitably results in greater costs when those denied access develop more advanced or acute health care problems that often must be treated on an emergency basis. These higher costs do then get passed on to the state and the paying public.

While I strongly support a fiscally responsible approach, such penny wise-pound foolish attempts at reform do nothing to address the real problems of our health care system. I appreciate your consideration of my comments as you make changes to this draft.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 1:01 PM
Subject: Against Proposed VA 1115 Waiver
To: <1115Implementation@dmas.virginia.gov>

I am writing to you today regarding Virginia's Medicaid waiver proposal, I oppose the aspects of this program that create new burdens on people who are already struggling. The health and wellness accounts seem very complex and confusing and the Virginia COMPASS proposal does not explain how Medicaid recipients will be educated about the program and how to use it. This issue needs to be addressed. I also am concerned that many people will end up uninsured due to the complexity, thus defeating the purpose of expanding Medicaid.

Additionally, it seems that the waiver proposal will be costly in its administration versus a straight up expansion. Why should we bear the cost for a waiver when all it achieves is more administrative costs and less people covered? It doesn't make sense.

Thank you for taking the time to listen.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 1:02 PM
Subject: Comments about Virginia Compass
To: <1115Implementation@dmas.virginia.gov>

This comment is directed toward certain aspects of Virginia's Medicaid waiver application. If someone has a disability they may have a harder time complying with some of the qualifications in this proposal. That could end up in their losing access to care.

Virginians should not be penalized if their health condition prevents them from working, particularly in a manner that takes away health coverage and access to treatments and services. This proposed work requirement punishes people with poor health. Thanks for reading my thoughts on this program.

[REDACTED]

St. Cyprian's Episcopal Church

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 1:03 PM
Subject: NO Medicaid Waiver
To: <1115Implementation@dmas.virginia.gov>

The comments in this email should be considered in relation to Virginia's Medicaid waiver application. The proposed changes to Medicaid would take away health insurance from sick individuals when they need it most. I do not support this approach. Virginians should have easy access to the right care.

Many Medicaid recipients work in industries where their work hours are unpredictable and may find it difficult to meet the 80 hour per month qualification. When Kentucky implemented a similar rule, nearly half of the adults that were subjected to this rule failed to meet it at some point during the year. Please make the right changes to the Medicaid waiver proposal.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 1:03 PM
Subject: New Medicaid Waiver Comments
To: <1115Implementation@dmas.virginia.gov>

This email is in opposition to some requirements proposed in Virginia's Medicaid waiver. I hope you will take my views under advisement. In addition to creating a costly new government program to administer, this will also create restrictions to access. Programs similar to this proposal have not been proven to increase employment, but have been shown to prevent access to care. Please consider my comments on this proposed program.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 1:03 PM
Subject: Proposed Medicaid Waiver Application
To: <1115Implementation@dmas.virginia.gov>

As a lifelong Virginian, I believe that having access to healthcare is crucial for all. I am worried about the COMPASS waiver application and how it may limit access and create more hurdles for those most in need. Navigating hospitals, insurance companies, medical professional offices, etc. is confusing and time consuming enough. Adding any additional challenges is not in the best interests of anyone.

Thank you for your time. I appreciate your willingness to take feedback from residents.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 1:04 PM
Subject: DMAS Public Comment
To: <1115Implementation@dmas.virginia.gov>

I write to oppose Virginia's 1115 waiver draft that is under consideration. Some aspects of the draft will undermine its purpose. State investments in infrastructure and staff that do not have anything to do with the Medicaid program's primary goal of providing access to care are not good investments. The program should provide simple, uncomplicated access to care. The Commonwealth needs to make improvements to this draft. Thank you for taking my comments into consideration.

Keep it simple and easy; design it to be inclusive, not exclusive.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 1:04 PM
Subject: Comments opposing Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

As a Virginian who cares about expanding healthcare coverage, I am writing to you regarding my concerns with the COMPASS waiver application. Please give consideration to my views. The proposed waiver would add new barriers to accessing coverage, putting access to care in jeopardy when the object is to take down barriers. We should not be heading in this direction because it will not benefit enrollees or the Commonwealth as a whole.

Implementing the job requirement will not help many people get jobs because the majority of Medicaid enrollees are already working, disabled, ill, caretakers, pregnant women, students, retired, or looking for work. The requirement is a big cost with little possible result. The Commonwealth needs to make improvements to this draft. Thank you for taking my comments into consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 1:05 PM
Subject: New Medicaid Waiver Comments
To: <1115Implementation@dmas.virginia.gov>

This is regarding my concerns surrounding the waiver draft for the Medicaid program in Virginia. Taking away people's health care does not make sense. There is research that shows that when people have access to health coverage, they are more likely to take care of their health care needs and are able to be more productive.

Charging monthly premiums will make it harder for people with chronic illness to visit their doctors. Routine visits in order to monitor conditions and receive prescriptions will become too costly which can lead to negative health outcomes. I appreciate the time you have taken to read my comments. I hope they result in improvements to the program.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 1:06 PM
Subject: DMAS Public Comment
To: <1115Implementation@dmas.virginia.gov>

This letter is in opposition to the burdensome requirements proposed for Virginians with Medicaid in Virginia. I hope you will take my views into account. Managing health on an ongoing basis is the way to keep people healthy and reduce the overall cost of healthcare. By requiring monthly premiums for Medicaid patients and setting up confusing health and wellness accounts, we are likely to miss the opportunity to keep costs down and our population healthy.

The goal of Medicaid is to give coverage to those who need it. This would stop sick people from receiving the care that they need and keep healthy people from staying healthy. Thank you for considering my thoughts. I believe Virginia can do better than this.

[REDACTED]

Mrs

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 1:07 PM
Subject: Comments Against Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

As an advocate for expanded healthcare coverage, I am writing to you regarding my concerns with this waiver application. Please give consideration to my views. Many Medicaid recipients work in industries where their work hours are unpredictable and may find it difficult to meet the 80 hour per month qualification. When Kentucky implemented a similar rule, nearly half of the adults that were subjected to this rule failed to meet it at some point during the year.

The many barriers in this Medicaid proposal mean that there will likely be gaps in healthcare coverage that deny people the opportunity to access care. This works against what the program was supposed to achieve. I appreciate your time. Thank you for reading my comments.

[REDACTED]

Retired

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 1:08 PM
Subject: Comments Against Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

Please consider the following concerns surrounding the waiver for the VA Medicaid program. All the new barriers in this proposal mean that there will be gaps in healthcare coverage that deny people the opportunity to access care when they should. This works against everything the program was supposed to achieve.

Older workers may lose coverage because it takes them longer to find jobs. Individuals with complicated health issues often experience lapses in employment due to their condition or may have been told by a doctor to take time away from work as part of their treatment and recovery. This proposal does not consider these situations and requires the sick person to prove they were sick. Thank you for taking these concerns into consideration. I hope you will make changes to this proposal.

[REDACTED]

Mr.

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 1:08 PM
Subject: Comments about Virginia Compass
To: <1115Implementation@dmas.virginia.gov>

I am opposed to certain new burdens included in proposed COMPASS Medicaid program. The red tape and bureaucracy surrounding the COMPASS program will throw people off Medicaid. People that are following the rules will suffer due to the complicated system that COMPASS is creating.

Work requirements are a bad move for Virginians. There are many examples for Virginia to learn from. While these requirements sound great to some people, other safety net programs that have these requirements do not succeed in helping people find jobs or make ends meet. I hope you will take these thoughts and comments into consideration moving forward.

[REDACTED]

From: [REDACTED] <[REDACTED]>

Date: Tue, Oct 16, 2018 at 1:09 PM

Subject: Comments about Virginia Compass

To: <1115Implementation@dmas.virginia.gov>

My son is Disabled due to Mental Illness and and is not able to hold a job due to these issues. He needs help for insurance as he spends more on medical/mental health than he is awarded under Disability Insurance. I cover the difference (73 and retired). He will not be able to take care of himself when my wife and I are gone.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 1:09 PM
Subject: Proposed Virginia COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

I am writing to you today regarding Virginia's Medicaid waiver proposal, I oppose the aspects of this program that create new burdens on people who are already struggling. The goal of Medicaid is to give coverage to those who need it. This would stop sick people from receiving the care that they need and keep healthy people from staying healthy. I trust you will take these thoughts and comments into consideration as this process continues.

[REDACTED]

From: [REDACTED] <[REDACTED]>

Date: Tue, Oct 16, 2018 at 1:09 PM

Subject: Problems with COMPASS

To: <1115Implementation@dmas.virginia.gov>

This comment is directed toward certain aspects of Virginia's Medicaid waiver application. Virginia's application does not further the goals of the Medicaid program. Instead, it limits access to care for an extremely vulnerable population. Please take the public's comments into consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 1:10 PM
Subject: COMPASS objections
To: <1115Implementation@dmas.virginia.gov>

As an advocate for expanded healthcare coverage, I am writing to you regarding my concerns with this waiver application. Please give consideration to my views. If someone has a disease or long-term health issue they need consistent access to care. It is not very valuable to provide off and on coverage. Thank you taking all of my comments under consideration.

I am a strong supporter of providing access to health care for all in VA through Medicaid. With The GA approval of Medicaid, let's make this happen. Don't jeopardize the great access people will have. Health insurance is desperately needed for all and the expansion of Medicaid is the way to go. Let it be implemented without any add ons on January 1, 2019.

Thank you!

[REDACTED]

Ms.

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 1:10 PM
Subject: New Medicaid waiver comments
To: <1115Implementation@dmas.virginia.gov>

As a Virginian, I do not support the changes outlined in Virginia's 1115 Medicaid waiver draft. If someone has a disability they may have a harder time complying with some of the qualifications in this proposal. That could end up in their losing access to care.

Access to health coverage is important and it helps support work. We should not threaten to take away health coverage from our citizens because they fail to submit the right paperwork on time, they cannot get the hours they need at work, or have a difficult time finding work altogether. I am hopeful that you take my comments into consideration and make the necessary changes.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 1:10 PM
Subject: Problems with COMPASS
To: <1115Implementation@dmas.virginia.gov>

This comment is in relation to the recent Medicaid waiver that was proposed. There are several troubling changes proposed that I oppose. Some of these proposed new requirements create obstacles to care for all enrollees. In some cases it may be poor health that leads to a poor financial situation which can only make things worse in a situation like that.

Monthly premiums proposed to maintain Medicaid cost too much. Medicaid is designed to be affordable. People with very low income truly cannot afford any additional costs. I am grateful for the opportunity to offer comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>

Date: Tue, Oct 16, 2018 at 1:10 PM

Subject: New Medicaid Waiver Comments

To: <1115Implementation@dmas.virginia.gov>

This email is in opposition to some requirements proposed in Virginia's Medicaid waiver. I hope you will take my views under advisement. Implementing the job requirement will not help many people get jobs because the majority of Medicaid enrollees are already working, disabled, ill, caretakers, pregnant women, students, retired, or looking for work. The requirement is a big cost with little possible result.

Health insurance and a person's overall health are linked together. We should do everything possible to ensure people have ongoing coverage; otherwise, the ambition to have people become employed and stay employed is not going to be realized. Access is the key to our success with the Medicaid program and it needs to be the first priority for it. Thank you for reading my comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 1:11 PM
Subject: Comments Against Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

I live in Virginia. I offer the following comments concerning the proposed changes to Virginia's Medicaid program. Monthly premiums would cause many people to lose health care coverage. Medicaid is meant to be an accessible health plan for the people that need it most and provide them with access to care. It is also difficult to imagine that the administrative burden is worth the amount of money collected.

Work requirements have little to do with the intent of Medicaid and may actually interfere with it by creating new difficulties. Health conditions prevent many people from being able to work. Under this program, if they lose their job, sick people lose their Medicaid. Then they will probably go to the ER for health care and create a huge bill which they can't pay. So then it becomes a problem for the hospital. Please consider my comments on this proposed new program.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 1:11 PM
Subject: NO Medicaid Waiver
To: <1115Implementation@dmas.virginia.gov>

The following email explains my concerns about the proposed new requirements to receive coverage under Virginia's Medicaid program. Please consider this information in your work. If someone has a disability they may have a harder time complying with some of the qualifications in this proposal. That could end up in their losing access to care.

Charging monthly premiums will lead people continuing to delay routine health care appointments. The point of Medicaid is to keep people healthy and their care affordable but premiums work against that objective. Please take my thoughts and concerns into consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>

Date: Tue, Oct 16, 2018 at 1:11 PM

Subject: New Medicaid Waiver Comments

To: <1115Implementation@dmas.virginia.gov>

These comments are about the Commonwealth's Medicaid waiver application. I appreciate your taking them into consideration. State investments in infrastructure and staff that do not have anything to do with the Medicaid program's primary goal of providing access to care are not good investments. The program should provide simple, uncomplicated access to care. I hope you will take these thoughts and comments into consideration moving forward.

[REDACTED]

1953

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 1:17 PM
Subject: COMPASS objections
To: <1115Implementation@dmas.virginia.gov>

The comments in this email should be considered in relation to Virginia's Medicaid waiver application. Medicaid should help people when they are going through tough times. Health care is a human right and should not be taken away for failure to comply with this type of red tape and bureaucracy. Thank you for considering these thoughts. Virginia can do better than this.

[REDACTED]

Mr.

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 1:18 PM
Subject: RE: Virginia COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

I am opposed to the new burdens proposed to be included in the Medicaid program. The goal of Medicaid is to give coverage to those who need it. This would stop sick people from receiving the care that they need and keep healthy people from staying healthy. Please make necessary improvements to the proposed draft. Thank you for your consideration.

[REDACTED]

N/A

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 1:19 PM
Subject: DMAS – Virginia Compass Waiver
To: <1115Implementation@dmas.virginia.gov>

I am fully against Medicaid expansion in Virginia. There are other ways patients can get good medical treatment other than an expansion of Medicaid that would no doubt lead to tax increases.

[REDACTED]

Mr.

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 1:20 PM
Subject: I oppose COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

The comments below, describe my concerns about and opposition to the proposed changes to Virginia's Medicaid program. Working requirements make it harder for the state to enroll people. The result of that is that people without coverage will still use expensive emergency room treatment for health problems that are not emergencies. The work requirement program and other red tape will threaten access to health coverage for tens of thousands of people, especially 95,000 Virginians between the ages of 50-64 who could get health insurance through the expansion of Medicaid. This will mean that the cost savings to the state and the entire system will not be what it should be.

Managing diseases and other health issues is the best and most affordable way to keep people healthy and reduce the cost of healthcare for all Virginians. By requiring monthly premiums to maintain Medicaid coverage, and setting up complicated health and wellness accounts, we are likely to miss the opportunity to reduce costs and keep our population healthy.

Expanding Medicaid coverage to more Virginians helps build stronger, healthier communities. Blocking coverage through burdensome bureaucracy would do the opposite.

Thank you for considering my thoughts. I believe Virginia can do better than this.

[REDACTED]

GetWellNetwork Center Of Excel

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 1:20 PM
Subject: Virginia COMPASS waiver public comments
To: <1115Implementation@dmas.virginia.gov>

Virginia's proposed changes to the Medicaid program will undermine its effective implementation. Failure to comply with the reporting requirements could result in being locked out of coverage. Losing access to care can have dire consequences that are not consistent with the effort to expand access so people can lead healthier lives.

The work requirement program and other red tape will threaten access to health coverage for tens of thousands of people, especially 95,000 Virginians between the ages of 50-64 who could get health insurance through the expansion of Medicaid.

Expanding Medicaid coverage to more Virginians helps build stronger, healthier communities. Blocking coverage through burdensome bureaucracy would do the opposite.

Please take my thoughts and concerns into consideration.

[REDACTED]

GetWellNetwork Center Of Excel

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 1:20 PM
Subject: RE: Virginia COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

The following comments are in regard to the proposed Medicaid waiver application to CMS. Virginians should not be penalized if their health condition prevents them from working, particularly in a manner that takes away health coverage and access to treatments and services. This proposed work requirement punishes people with poor health.

The many barriers in this Medicaid proposal mean that there will likely be gaps in healthcare coverage that deny people the opportunity to access care. This works against what the program was supposed to achieve. Please take my comments and those of others seriously.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 1:21 PM
Subject: COMPASS objections
To: <1115Implementation@dmas.virginia.gov>

I write to oppose Virginia's 1115 waiver draft that is under consideration. Some aspects of the draft will undermine its purpose. People losing their coverage because they do not have consistent employment does not help achieve a healthier Virginia. The system that would have to be in place would be costly and also not contribute to the main goal of the Medicaid program. There is no benefit to people who need healthcare coverage or taxpayers.

If a low-wage worker has inconsistent hours or an insecure job they may fail to keep up with the requirements and lose healthcare. If that results in an inability to work at all the program will have failed to help the exact situation the expansion was supposed to improve. Thank you for considering this perspective.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 1:21 PM
Subject: DMAS Public Comment
To: <1115Implementation@dmas.virginia.gov>

In agreement with the healthcare policy experts I know, I write to oppose Virginia's 1115 waiver draft.

The draft misses opportunities to make health care more accessible.

Additionally, the work requirements are problematic.

We should avoid adding red tape and a new, expensive, complicated program.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 1:25 PM
Subject: Virginia Compass
To: 1115implementation@dmas.virginia.gov <1115implementation@dmas.virginia.gov>

Dear Department of Medical Assistant Services,

I would like to express my support will help individuals with mental illness maintain employment which is essential to long term recovery.

Housing Support Services help individuals with mental illness break the cycle of homelessness , by giving a stable environment in which they can thrive possibly for the first time in their lives.

Also because addiction also impacts those with mental illness, I would also like to voice my support of the Addiction Recovery Treatment Services. This will become a full circle of treatment needed to address drug abuse and can have a positive effect on many individuals seeking help.

As a NAMI volunteer and supporter ,I applaud the Commonwealth's inclusion of these services in the Virginia Compass.

Thanks for all you do,

[REDACTED]

Sent from Mail for Windows 10

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 2:01 PM
Subject: Comments about Virginia Compass
To: <1115Implementation@dmas.virginia.gov>

I oppose the proposed 1115 Medicaid Waiver in Virginia and would like to make a public comment about it. Virginians insisted on expanding Medicaid so we could help families and individuals when they are going through tough times. It should not be taken away for failure to follow through on red tape and bureaucracy. The working poor not only are short on money they are often short on time because they are working many hours at low-paying jobs to make ends meet.

Providing health care coverage to people who are probably already working, but earn too little money is important. Virginia has finally expanded Medicaid to cover low income Virginians, but if the program charges monthly premiums, we will not improve the health of Virginians. I sincerely hope that the public comments will be taken into consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 2:02 PM
Subject: RE: Virginia COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

October 16, 2018

Susan Puglisi
Division of Policy and Research
600 E. Broad St., Suite 1300
Richmond, 23219
Re: dLCV Comment on 1115 Medicaid waiver

Dear Ms. Puglisi,

The disAbility Law Center of Virginia (dLCV), the Commonwealth's designated protection and advocacy system for people with disabilities offers the following comment regarding the recommendations of the 1115 Medicaid Waiver application.

dLCV has serious concerns about the work requirement, as proposed. We know that many people with disabilities prefer to work. We believe that meaningful work should be available to all people with disabilities who seek it. Research has shown that work correlates to good health and to better community integration. While work has positive impacts on health, it is also true that healthy people may be more likely to work. Therefore, in some cases, having adequate healthcare may be a pre-requisite to being able to work. The proposed work requirement inverts that truth -- making work the pre-requisite to health care, with an especially cruel impact on people with disabilities.

In particular, dLCV is concerned that the work requirement in the Virginia COMPASS proposal is costly, burdensome and will likely lead to a loss of health coverage for Virginians with disabilities. The work requirement will cost Virginia more than 25 million dollars, but will only apply to a small portion of Medicaid recipients. Based on national statistics, it seems that the work requirement will apply to roughly 7 percent of the expansion population. The work requirement will therefore have a cost that is far disproportionate to the benefit.

Moreover, people with disabilities who qualify for exemptions may lose coverage due to the complex documentation required to maintain those exemptions. We note that, if a person with a disability who would otherwise qualify for an exemption loses their access to healthcare from Medicaid, they would also lose access to medical professionals who can provide the necessary documentation for the exemption.

Please understand that many people with disabilities want to work. However, even among those who are actively seeking employment, people with disabilities have much higher rates of unemployment than people without disabilities. More than 25 years after the passage of the ADA, a law passed to protect the rights of people with disabilities in employment, employment discrimination continues to be a major problem. Many of the jobs available to low income people who qualify for Medicaid coverage are physically inaccessible to people with disabilities. People with disabilities should not lose health insurance for factors outside their control which limit their access to employment.

In addition, people with disabilities who are working are more likely than people without disabilities to

have contingent or temporary employment. The consequences of these non-standard work arrangements is that people with disabilities may be able to fulfill the work requirement in some months but come up short in other months leading to a loss of coverage. Therefore, working people with disabilities are disproportionately more likely than people without disabilities to lose Medicaid coverage under the proposed work requirements.

Thank you for your consideration and commitment to equal employment opportunities and improved health care access for all Virginians with disabilities.

Sincerely,

A solid black rectangular box used to redact the signature of the Executive Director.

Executive Director

DisAbility Law Center Of Virginia

DisAbility Law Center Of Virginia

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 2:10 PM
Subject: Writing about Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

As an advocate for expanded healthcare coverage, I am writing to you regarding my concerns with this waiver application. Please give consideration to my views. Medicaid is a program to help people in need get care they can afford. The premium required in the waiver would mean Virginia is charging patients a monthly premium they are unlikely to be able to afford. Other states are not doing this and there are good reasons for that. I oppose implementing these changes because it will keep the program from working well.

Losing health coverage for someone with a chronic illness would be devastating. Being locked out of health care due to failure to reporting work activities or being unable to pay monthly premiums could lead to terrible health outcomes for many Virginians. Thank you for allowing me to offer my thoughts on this proposal.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 2:14 PM
Subject: Arguments against COMPASS
To: <1115Implementation@dmas.virginia.gov>

This comment is in relation to the recent Medicaid waiver that was proposed. There are several troubling changes proposed that I oppose. Medicaid's mission is to provide health coverage to low-income people so they can obtain the services and treatments they need. By making access more difficult than necessary this proposal works against the mission.

Monthly premiums would lead to a lot of people losing coverage. Medicaid is meant to be an accessible health plan for the people that need it most and provide them with access to care in less expensive ways than an emergency room. Please make necessary improvements to the proposed draft. Thank you for your consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 2:14 PM
Subject: Comments opposing Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

I write to voice my concerns surrounding the waiver draft for the Medicaid program in Virginia. The goal of Medicaid is to give coverage to those who need it. Access to care is so important that it is difficult to understand why Virginia's program threatens it needlessly. We want people to get the care that they need.

The work requirement program and other red tape will threaten access to health coverage for tens of thousands of people, especially 95,000 Virginians between the ages of 50-64 who could get health insurance through the expansion of Medicaid.

Expanding Medicaid coverage to more Virginians helps build stronger, healthier communities. Blocking coverage through burdensome bureaucracy would do the opposite.

Thank you for considering my views.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 2:15 PM
Subject: Writing about Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

I am opposed to certain new burdens included in proposed COMPASS Medicaid program. The nature of the jobs that many low-income Virginians have makes it challenging to meet the proposed requirement for 80 hours a month. These jobs can have irregular hours and may not meet the requirement from one month to the next. I am hopeful that you change the proposed waiver.

I am the care giver of a 46 year old former foster "child" that obviously aged out of the foster care program. She has Down Syndrome and has worked as much as she can. Other states , like Pennsylvania, do a much more inclusive job of including mentally challenged individuals in independent living programs as well as work situations./ programs.

She has lived with me since she was 17 and passing her on to the state through a group home that will cost the state money that they currently are not spending on her housing, food, clothing, & other care. When she came to me from a group home. Social Services was paying over \$900.00 a month for her upkeep. NOW THEY NOTHING!

You do the math!

She volunteers at the church with me and other projects that I do. She is a contributing member of this community as well as demonstrating abilities of mentally challenged adults.

We don't need more senseless requirements for medical assistance programs.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 2:38 PM
Subject: Comments about Virginia Compass
To: <1115Implementation@dmas.virginia.gov>

I am opposed to the new burdens proposed to be included in the Medicaid program. Charging monthly premiums will lead to people not accessing regular routine health care appointments. This would defeat the point of Medicaid which is to keep people healthy and their care affordable.

Virginia should not move to go down this path. Looking at what is happening in other states shows little success and high costs. Work requirements simply do not work.

As a small business owner I see the ramifications of ill health for workers. Affordable, reliable health care needs to be part of our society with coverage that is sustainable and easy. Imposing requirements to reduce costs rather than requirements to ensure fairness and efficiency is the wrong approach. Thank you for accepting these comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 2:39 PM
Subject: I oppose COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

This is regarding my concerns surrounding the waiver draft for the Medicaid program in Virginia. In some states, proposals similar to this resulted in nearly half of the new adults enrolled in Medicaid expansion losing coverage. This is especially applicable to older citizens (50-65) who are not eligible for Medicare but whose age and medical conditions often make it difficult to find appropriate work. I am certain that able body Medicaid recipients who can work will indeed find employment without this requirement. What health insurance coverage does IS help a citizen be well enough to live a full and active life, including gainful employment. In those cases where a chronic condition precludes employment, Medicaid is a lifeline to maintain the semblance of a dignified life style. Please consider these comments in your deliberations.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 2:39 PM
Subject: I oppose COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

As a Virginian, I do not support the changes outlined in Virginia's 1115 Medicaid waiver draft. Work requirements are a bad move for Virginians. There are many examples for Virginia to learn from. While these requirements sound great to some people, other safety net programs that have these requirements do not succeed in helping people find jobs or make ends meet. Please keep the best interest of Virginia's working families in mind as you consider my thoughts.

[REDACTED]

Mrs.

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 2:40 PM
Subject: NO Medicaid Waiver
To: <1115Implementation@dmas.virginia.gov>

The following comments are offered for consideration as public comment on the Medicaid waiver draft. There are several components of it that concern me as a citizen. Virginia's application does not further the goals of the Medicaid program. Instead, it limits access to care for an extremely vulnerable population. I hope you consider my comments about this proposed waiver. Please, do not penalize and further jeopardize the health of citizens who are already struggling just to get by.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 2:41 PM
Subject: RE: Virginia COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

Access to health care is very important, that is why I am commenting on this proposed change. When a person does find a job and meet the requirements for Medicaid, the paperwork and reporting requirements could still mean losing coverage due to those challenges. Complicated programs are not likely to be successful with many in this population of Virginians who really just need simple access to care. I am hopeful that you change the proposed waiver.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 2:48 PM
Subject: DMAS Public Comment
To: <1115Implementation@dmas.virginia.gov>

Medicaid waiver draft. Some aspects of this proposal will create too many barriers to access. Virginia should not have demands for work in order to get Medicaid. Studies have shown that state errors in administering programs like SNAP and TANF are common and individuals with disabilities, serious illnesses, and substance use disorders may be disproportionately likely to lose benefits, even when they should be exempt. Please make necessary improvements to the proposed draft. Thank you for your consideration.

Every Virginian having healthcare will make our state stronger. Don't create barriers to access.

[REDACTED]

From: [REDACTED] <[REDACTED]>

Date: Tue, Oct 16, 2018 at 2:48 PM

Subject: DMAS Public Comment

To: <1115Implementation@dmas.virginia.gov>

I would like to make a public comment about the proposed 1115 Medicaid waiver. Losing coverage could create a life-threatening barrier to care for patients with long-term illnesses as these patients are unlikely to have access to ongoing treatments, medications and maintenance programs. Access to care is vital to the success of the Medicaid program. Please take the public's comments into consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 2:48 PM
Subject: Comments Against Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

As a Virginian, I do not support the changes outlined in Virginia's 1115 Medicaid waiver draft.

A work requirement program and other red tape will threaten access to health coverage for tens of thousands of people, especially 95,000 Virginians between the ages of 50-64 who could get health insurance through the expansion of Medicaid.

Expanding Medicaid coverage to more Virginians helps build stronger, healthier communities. Blocking coverage through burdensome bureaucracy would do the opposite.

[REDACTED]

Ms.

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 2:48 PM
Subject: Comments Against Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

Please consider the following concerns surrounding the waiver for the VA Medicaid program. Virginia should not to go down this path. Looking at what is happening in other states shows little success and high costs. Work requirements simply do not work.

So many factors in this proposed program put access to care at risk. There is no reason for this to be the case. Parts of this plan that call access into question must be removed in order for it to be effective. Thanks for taking the time to read my comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 2:48 PM
Subject: New Medicaid Waiver Comments
To: <1115Implementation@dmas.virginia.gov>

Access to health care is very important, that is why I am commenting on this proposed change. Work requirements do not work. These poor policy choices proposed will reduce access to care to people that need it most. A healthy person is better able to contribute to the workforce, and this program is supposed to focus on health.

Medicaid provides critical access to the prevention and treatment of illnesses but if that access is denied the opportunity to keep people healthy is lost. We need a program that ensures consistent access. I hope you will take these thoughts and comments into consideration moving forward.

[REDACTED]

Virginia Organizing

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 2:48 PM
Subject: Against Proposed VA 1115 Waiver
To: <1115Implementation@dmas.virginia.gov>

I oppose the proposed 1115 Medicaid Waiver in Virginia and would like to make a public comment about it. Some mental illnesses, especially if they are untreated, make it very difficult for someone to comply with this proposal - resulting in their losing access to care. This could easily spiral into much more expensive treatments and hospitalizations. I hope you consider my comments about this proposed waiver.

[REDACTED]

Virginia Organizing

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 2:49 PM
Subject: My letter on work requirements waiver
To: <1115Implementation@dmas.virginia.gov>

This comment is concerning the troubling requirements that Virginia proposes for Medicaid. Managing diseases and other health issues is the best and most affordable way to keep people healthy and reduce the cost of healthcare for all Virginians. By requiring monthly premiums to maintain Medicaid coverage, and setting up complicated health and wellness accounts, we are likely to miss the opportunity to reduce costs and keep our population healthy.

Some mental illnesses, especially if they are untreated, make it very difficult for someone to comply with this proposal - resulting in their losing access to care. This could easily spiral into much more expensive treatments and hospitalizations.

Other states (for example KY) that have implemented these requirements have increased expenses and decreased access to those most in need of aid. The additional resources and agencies that are required to put these additional requirements into place are costly and decrease efficiency.

Thank you for considering these thoughts. Virginia can do better than this.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 2:49 PM
Subject: Arguments against COMPASS
To: <1115Implementation@dmas.virginia.gov>

These comments are about the Commonwealth's Medicaid waiver application. I appreciate your taking them into consideration. The goal of Medicaid is to give coverage to those who need it. Access to care is so important that it is difficult to understand why Virginia's program threatens it needlessly. We want people to get the care that they need.

The proposed waiver is attempting to solve a problem that does not exist, as most working-age adults on Medicaid are employed. We should be focused on making the lives of working low-income people better, not more difficult. Thanks for allowing me to comment on this waiver.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 2:49 PM
Subject: New Medicaid waiver comments
To: <1115Implementation@dmas.virginia.gov>

I am commenting on the new Virginia COMPASS medicaid waiver. Medicaid is a safety net program, but it is not effective if its availability is threatened by the program's design. Economic hard times are often happening at the same time as failing health. We need for people to have consistent access to treatment for this program to work the way it is supposed to.

Implementing the job requirement will not help many people get jobs because the majority of Medicaid enrollees are already working, disabled, ill, caretakers, pregnant women, students, retired, or looking for work. The requirement is a big cost with little possible result. Please take the public's comments into consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 2:49 PM
Subject: DMAS Public Comment
To: <1115Implementation@dmas.virginia.gov>

Having a work requirement to receive Medicaid is not feasible for many. We must remember that many people do not work outside of their home. They are caregivers. Caregivers to small children, elderly family members, and disabled loved ones. Do we mandate that these people are neglected because in order to have healthcare, their caregiver must go get a job. Caregiving is a job! By requiring people to work, you are in essence requiring people to choose between the care of their child, grandparent, spouse, brother or sister to fulfill a requirement so that the caregiver can have healthcare? Think about that for a minute, making those requirements is not cost effective, if not helpful to anyone. When you mandate that the caregiver gets a job, they then have to take that income and pay for a caregiver to take care of their loved one and no one wins! Please take the work requirement off the table and keep caregivers and their loved ones together.

[REDACTED]

Virginia Organizing

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 2:49 PM
Subject: NO Medicaid Waiver
To: <1115Implementation@dmas.virginia.gov>

This email is in opposition to some requirements proposed in Virginia's Medicaid waiver. I hope you will take my views under advisement. Losing health coverage for someone with a chronic illness would be devastating. Being locked out of health care due to failure to reporting work activities or being unable to pay monthly premiums could lead to terrible health outcomes for many Virginians.

As people try to understand the process involved with this new Medicaid program, they realize they may have a challenge in proving compliance. Because of that, many may decide not to enroll even if they have or are pursuing work. Thank you for the opportunity to share these insights.

In the past history of not just this country but the world, people who were considered savages respected and looked after their elderly. Today it seems we are the real savages who care for no one. Just more.

More wealth and power.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 2:49 PM
Subject: Issues with Virginia 1115 Waiver
To: <1115Implementation@dmas.virginia.gov>

This comment is about my concerns with certain aspects that Virginia proposes in its Medicaid waiver application. Many Virginians lose employment because they are sick and do not have access to care. This is a serious problem that this expansion is supposed to address. Instead, we have potential barriers to access that work against hardworking people. I appreciate your time. Thank you for reading my comments.

[REDACTED]

SMART

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 2:50 PM
Subject: My comments on DMAS waiver
To: <1115Implementation@dmas.virginia.gov>

I am writing with regard to Virginia's COMPASS program and my opposition to certain components of it. If someone has a disease or long-term health issue they need consistent access to care. It is not very valuable to provide off and on coverage.

Research indicates that work requirements do not encourage work or reduce poverty, and a growing body of evidence shows that such policies could result in reduced access to care, adverse health outcomes and increased health disparities. Thank you for allowing the public to comment.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 2:50 PM
Subject: Commenting on Virginia Compass
To: <1115Implementation@dmas.virginia.gov>

The following comments are offered for consideration as public comment on the Medicaid waiver draft. There are several components of it that concern me as a citizen. Making low-income families pay costly monthly premiums will not have the intended outcome. Other states that have tried similar proposals saw the use of health care services decline, leading to more costly services later down the road.

The Medicaid population often suffers from language barriers, disabilities, mental illness, insecure work, frequent moves, and homelessness. All these factors create significant challenges to successfully navigate growingly complicated government programs. Thanks for considering my thoughts on this waiver application.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 2:50 PM
Subject: Comments opposing Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

The following comments are in regard to the proposed Medicaid waiver application to the federal government. Access to basic health care is a human right. If basic healthcare is predicated on "earning" it or "deserving" it, then we treat healthcare as a privilege to be withheld from those we deem unworthy. When we make the paperwork and reporting requirements of the program to access basic healthcare so complicated that even those who qualify may struggle to meet the requirements, we are intentionally making it harder for people to receive their basic rights. This waiver application does both of these - make basic healthcare a privilege to be denied to those we deem unworthy and makes it intentionally harder to get basic healthcare even for those we deem worthy. We deny and make it harder to access the human right of basic healthcare in the name of saving a little money (which it is not even clear that this waiver will). When exchange the human rights of others for money, we are acting immorally and to the detriment of our communities. As a person of faith, I must stand against this waiver. Thank you for receiving my comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 2:50 PM
Subject: Proposed Medicaid Waiver Application
To: <1115Implementation@dmas.virginia.gov>

This comment is directed toward certain aspects of Virginia's Medicaid waiver application. Workers in many hourly jobs may have more than a full-time load of work one month, but they may fall below the required 80 hours the next month and could be subject to lose their health coverage. The cost of monitoring compliance and diminished value of only having healthcare coverage some of the time makes it unjustifiable.

The goal of Medicaid is to give coverage to those who need it. This would stop sick people from receiving the care that they need and keep healthy people from staying healthy. I thank you for the opportunity to offer this information.

[REDACTED]

Virginia Hemophilia Foundation

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 2:50 PM
Subject: COMPASS objections
To: <1115Implementation@dmas.virginia.gov>

I am commenting on the new Virginia COMPASS medicaid waiver. Managing diseases and other health issues is the best and most affordable way to keep people healthy and reduce the cost of healthcare for all Virginians. By requiring monthly premiums to maintain Medicaid coverage, and setting up complicated health and wellness accounts, we are likely to miss the opportunity to reduce costs and keep our population healthy.

Charging monthly premiums will make it harder for people with chronic illness to visit their doctors. Routine visits in order to monitor conditions and receive prescriptions will become too costly which can lead to negative health outcomes. Thanks for taking the time to read my comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 2:50 PM
Subject: I oppose COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

As a Virginian, I do not support the changes outlined in Virginia's 1115 Medicaid waiver draft. Work requirements do not reflect the realities workers face in low-wage jobs. Seasonal workers may have periods of time each year when they are not working enough hours to satisfy the requirements and they will be on and off the Medicaid program. I trust you will take these thoughts and comments into consideration as this process continues. It also does not help with those that of age who may not be able to work anymore.

[REDACTED]

Va Organizing

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 2:50 PM
Subject: DMAS – Virginia Compass Waiver
To: <1115Implementation@dmas.virginia.gov>

Access to health care is very important, that is why I am commenting on this proposed change. Losing coverage could create a life-threatening barrier to care for patients with long-term illnesses as these patients are unlikely to have access to ongoing treatments, medications and maintenance programs. Access to care is vital to the success of the Medicaid program. Thank you for your work on behalf of the Commonwealth and taking my comments into consideration.

In addition, let me add that I don't wish to see Virginia become one of the states who are sued over this issue. Kentucky lost a lawsuit earlier this year over the work requirements, and a lawsuit is pending in Arkansas. These are being brought by citizens who need coverage and are being denied it by draconian requirements. We should not be further penalizing the most vulnerable citizens.

Thank you.

[REDACTED]

[REDACTED]

Virginia Organizing

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 2:50 PM
Subject: Regarding Virginia COMPASS Application
To: <1115Implementation@dmas.virginia.gov>

I am opposed to certain new burdens included in proposed COMPASS Medicaid program. Virginia's Medicaid proposal has significant bureaucracy involved with it. Medicaid work requirements will create major administrative complexity and new costs for Virginia. There is no reason to keep the program from succeeding by placing so many administrative requirements on the people who need the access to healthcare.

The proposed waiver would add new barriers to accessing coverage. These requirements put access to needed care in jeopardy when the point is to take down barriers. I am thankful that the public was given this important opportunity to comment.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 2:51 PM
Subject: Virginia COMPASS waiver public comments
To: <1115Implementation@dmas.virginia.gov>

The comments in this email should be considered in relation to Virginia's Medicaid waiver application. Without ongoing coverage, someone that has a treatable illness may still be suffering. As a result, they are denied the opportunity to benefit from treatments for common conditions like high blood pressure. The lack of access has serious consequences.

Adding monthly premiums will likely create an additional barrier for Virginia's Medicaid population. If they cannot afford the premium every month they could end up losing coverage when they need it most. Please make the right changes to the Medicaid waiver proposal.

Additionally, older residents of Virginia who are unemployed and live in rural areas may find it very difficult to find a job that pays a livable wage.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 2:54 PM
Subject: Virginia COMPASS waiver public comments
To: <1115Implementation@dmas.virginia.gov>

I write to oppose Virginia's 1115 waiver draft that is under consideration. Some aspects of the draft will undermine its purpose. Charging monthly premiums will lead people continuing to delay routine health care appointments. The point of Medicaid is to keep people healthy and their care affordable but premiums work against that objective.

The goal of Medicaid is to give coverage to those who need it. Access to care is so important that it is difficult to understand why Virginia's program threatens it needlessly. We want people to get the care that they need. I hope you can make some improvements to the proposed program. Thank you for considering my comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 2:54 PM
Subject: I oppose COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

The following comments are in regard to the proposed Medicaid waiver application to the federal government. Failure to comply with the reporting requirements could result in being locked out of coverage. Losing access to care can have dire consequences that are not consistent with the effort to expand access so people can lead healthier lives.

Work requirements are a bad move for Virginians. There are many examples for Virginia to learn from. While these requirements sound great to some people, other safety net programs that have these requirements do not succeed in helping people find jobs or make ends meet. I hope you will take these thoughts and comments into consideration moving forward.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 2:54 PM
Subject: My letter on work requirements waiver
To: <1115Implementation@dmas.virginia.gov>

This comment is directed toward certain aspects of Virginia's Medicaid waiver application. Charging monthly premiums will make it harder for people with chronic illness to visit their doctors. Routine visits in order to monitor conditions and receive prescriptions will become too costly which can lead to negative health outcomes. I thank you for the opportunity to offer this information.

Seniors over age 55 need coverage. They need the Medicaid option during periods of unemployment, including permanently unemployable as well as the temporarily unemployed.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 2:54 PM
Subject: Comments opposing Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

I am concerned that the proposed new regulations will cause many to lose their healthcare. This is not what we should be doing. We should be making regulations that make access easier and health keep Virginians healthy. Preventative care is essential. I am writing to you with regard to Virginia's proposed Medicaid waiver which has problems as it is currently written. Failure to comply with the reporting requirements could result in being locked out of coverage. Losing access to care can have dire consequences that are not consistent with the effort to expand access so people can lead healthier lives. The Commonwealth needs to make improvements to this draft. Thank you for taking my comments into consideration.

[REDACTED]

AARP

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 2:54 PM
Subject: Comments Against Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

The subject of my letter is the Commonwealth's proposed Medicaid waiver application which includes too many complicated burdens. The Medicaid population faces multiple challenges. They can face language barriers, disabilities, mental illness, insecure work, and homelessness. All these issues create difficulties when asked to comply with complicated government programs. The result of this can be that access is not improved at all. Please consider my comments on this proposed program.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 2:55 PM
Subject: Problems with COMPASS
To: <1115Implementation@dmas.virginia.gov>

This email offers my opinion about changes to Virginia's Medicaid program that I find problematic. Adding monthly premiums will likely create an additional barrier for Virginia's Medicaid population. If they cannot afford the premium every month they could end up losing coverage when they need it most. I am thankful that the public was given this important opportunity to comment.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 2:55 PM
Subject: Regarding Virginia COMPASS Application
To: <1115Implementation@dmas.virginia.gov>

I am opposed to the new burdens proposed to be included in the Medicaid program. Monthly premiums would lead to a lot of people losing coverage. Medicaid is meant to be an accessible health plan for the people that need it most and provide them with access to care in less expensive ways than an emergency room.

Some mental illnesses, especially if they are untreated, make it very difficult for someone to comply with this proposal - resulting in their losing access to care. This could easily spiral into much more expensive treatments and hospitalizations. Please make necessary improvements to the proposed draft. Thank you for your consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 2:55 PM
Subject: Virginia COMPASS Waiver Application
To: <1115Implementation@dmas.virginia.gov>

As someone who believes access to health care is critical, I write in opposition to some of the changes to Virginia's Medicaid program proposed in this draft. Managing health on an ongoing basis is the way to keep people healthy and reduce the overall cost of healthcare. By requiring monthly premiums for Medicaid patients and setting up confusing health and wellness accounts, we are likely to miss the opportunity to keep costs down and our population healthy.

Taking away people's health care does not make sense. There is research that shows that when people have access to health coverage, they are more likely to take care of their health care needs and are able to be more productive. I am hopeful that you take my comments into consideration and make the necessary changes.

[REDACTED]

Virginia Interfaith Center For Public Policy/ James River Chapter

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 2:55 PM
Subject: Proposed Medicaid Waiver Application
To: <1115Implementation@dmas.virginia.gov>

Please consider the following concerns surrounding the waiver for the VA Medicaid program. Virginians with Medicaid coverage are encouraged to access a doctor on a regular basis to maintain good health so they can remain working and productive. Monthly premiums for coverage will be too high for many people and they will not have the opportunity to stay healthy.

If people are kept out of the Medicaid program because of the work requirement, that does not mean they will not need medical services. In fact, denying them care probably means that it will cost more to provide that care because it will probably be at an emergency room. I thank you for the opportunity to offer this information.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 2:55 PM
Subject: Responding to waiver proposal
To: <1115Implementation@dmas.virginia.gov>

This letter is in opposition to the burdensome requirements proposed for Virginians with Medicaid in Virginia. I hope you will take my views into account. Implementing Medicaid job requirements does not make sense. The reality is that the majority of Virginians with Medicaid already work and are likely to be older Virginians, very ill, living with a disability, or caregivers. Trying to startup such a program in our state would be costly and there are more important things we can invest in that would better benefit taxpayers.

I am 60 years old and not working. My husband is 63. We are both caring for his 87 year old parents. One with dementia, and the other was serious health concerns. We cannot work outside the home at this point. This legislation would hurt many of the people in my age bracket who are helping to care for elderly parents as well as people trying to find work but being denied jobs due to age discrimination. I thank you for the opportunity to offer this information.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 2:55 PM
Subject: My letter on work requirements waiver
To: <1115Implementation@dmas.virginia.gov>

This comment is directed toward certain aspects of Virginia's Medicaid waiver application. Medicaid work requirements may cause Virginians to lose or see an interruption in their coverage because their hours at work fluctuate so often, especially in industries such as food services and construction. We should not penalize Virginians for things that are out of their control.

Charging monthly premiums will make it harder for people with chronic illness to visit their doctors. Routine visits in order to monitor conditions and receive prescriptions will become too costly which can lead to negative health outcomes. Thank you for considering these thoughts. Virginia can do better than this.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 2:56 PM
Subject: Support for services
To: <1115implementation@dmas.virginia.gov>

I support the employment and housing services for our mentally ill community.

[REDACTED]

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 2:58 PM
Subject: My concerns about the Virginia COMPASS program
To: <1115Implementation@dmas.virginia.gov>

Please consider the following concerns surrounding the waiver for the VA Medicaid program. All the new barriers in this proposal mean that there will be gaps in healthcare coverage that deny people the opportunity to access care when they should. This works against everything the program was supposed to achieve. I am thankful that the public was given this important opportunity to comment.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 2:58 PM
Subject: I oppose COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

The following email explains my concerns about the proposed new requirements to receive coverage under Virginia's Medicaid program. Please consider this information in your work. The cost of the work requirement in the program is huge compared to the small group of people it addresses. The estimate is that Virginia would have to spend \$25 million to implement something that affects about one percent of the enrollees.

Taking away people's health care does not make sense. There is research that shows that when people have access to health coverage, they are more likely to take care of their health care needs and are able to be more productive. I hope you can make some improvements to the proposed program. Thank you for considering my comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 2:58 PM
Subject: Responding to waiver proposal
To: <1115Implementation@dmas.virginia.gov>

The following comments are in regard to the proposed Medicaid waiver application to the federal government. The red tape and bureaucracy surrounding the COMPASS program will throw people off Medicaid. People that are following the rules will suffer due to the complicated system that COMPASS is creating. Thanks for considering my thoughts on this waiver application.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 3:01 PM
Subject: Proposed Medicaid Waiver Application
To: <1115Implementation@dmas.virginia.gov>

The following comments are offered for consideration as public comment on the Medicaid waiver draft. There are several components of it that concern me as a citizen. The cost of monitoring compliance and diminished value of only having healthcare coverage some of the time makes it unjustifiable. That money would be better used in true workforce training efforts and the Medicaid program should focus only on providing access to coverage for those who qualify.

This application does not advance the Medicaid program in Virginia. It needlessly compromises access to care for a vulnerable population. It also creates a new responsibility in state government that is already struggling to keep up. Please make the right changes to the Medicaid waiver proposal.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 3:12 PM
Subject: Virginia COMPASS Waiver Comments - Exempt People with Cystic Fibrosis from the TEEOP Requirements
To: Virginia C.O.M.P.A.S.S. <1115Implementation@dmas.virginia.gov>

Dear Ms. Puglisi,

As a Virginia resident and someone who supports the cystic fibrosis (CF) community, I'm writing to ask you to automatically exempt people with CF from the work and community engagement requirements and premiums in Virginia's Creating Opportunities for Medicaid Participants to Achieve Self Sufficiency (COMPASS) Waiver. Furthermore, I ask that the commonwealth use its own data to identify people with CF for exemption to minimize the risk of inappropriate disenrollment and administrative burden on recipients.

CF is a life-threatening genetic disease that causes persistent lung infections and progressively limits the ability to breathe, often leading to respiratory failure. Over 720 Virginians live with CF. As a complex, multi-system condition, CF requires targeted, highly specialized treatment and medications. There is no known cure.

Nearly 150 adults with cystic fibrosis in Virginia rely on Medicaid to receive the high quality, specialized care they need—and many more may gain Medicaid coverage if the state's expansion is approved. While many Medicaid recipients living with CF are employed, others are unable to work due to health status or the amount of time they need to spend on their treatments. To stay healthy, people with CF must endure hours of treatment every day – including receiving chest physiotherapy, taking inhaled treatments, potentially administering IV antibiotics, and other activities. In addition, people with CF commonly deal with pulmonary exacerbations (episodes where the symptoms of CF get worse and often lead to hospitalization), infections, and other events that cause their health to decline rapidly, potentially taking them out of the workforce for significant periods of time.

I also have concerns about the premium requirements outlined in the proposed waiver and the impact on access to care for people with CF. Not only are nominal premiums often unaffordable for low income beneficiaries, but the process of making a premium payment can create barriers to care for a population that may not have bank accounts or credit cards. In fact, studies have shown that the addition of premiums leads to a reduction in Medicaid enrollment.

While I appreciate that the state plans to exempt many individuals, including those designated as medically frail or with a special medical need, I ask the state to specifically include people with CF in the definition of those who are automatically exempt.

Consistent care is a critical component of CF treatment, and any loss or gaps in health coverage, because of failure to comply with these requirements, may put the health of people with CF at risk.

Again, I urge you to specifically and automatically exempt people with CF from the work requirement. Your attention to this matter will help people with CF continue to have access to the highly specialized care they need to live full and healthy lives.

Sincerely,

[REDACTED]

[REDACTED]

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 3:19 PM
Subject: I support services described in Virginia COMPASS
To: <1115implementation@dmas.virginia.gov>

To Whom It May Concern:

I support the following features of Virginia COMPASS, the Medicaid Waiver Application:

Addiction Recovery Treatment Services (ARTS): These services provide a full continuum of treatment needed to address the substance use crisis and reverse the opioid epidemic in Virginia. These are essential services for many individuals experiencing substance addiction, including those with mental health conditions. Medicaid services for youth transitioning out of foster care could also be continued for these youth until age 26 if this application is approved.

Supported Employment Services: These services are proven to help individuals with serious mental illness get and maintain competitive employment. Medicaid reimbursement for these services would ensure more people with serious mental illness could access them. Employment is essential to a sustainable recovery for many people.

Housing Support Services: These are new, innovative services designed to help individuals with complex medical conditions, including serious mental illness, obtain and maintain housing in the community. Many people with serious mental illness move in and out of homelessness and institutionalization because they lack safe and stable housing. Low income, poor health and housing instability are interconnected, and the Housing Support Services proposed in Virginia COMPASS would help these individuals remain stably housed. Housing Support Services are a "wrap-around" model of support to help such individuals identify and apply for community housing, provide assistance with the transition from institutional life to the community, and develop housing and medical care support plans to ensure they remain in their homes.

I urge you to support Virginia COMPASS.

Thank you,

[REDACTED]
[REDACTED]
[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 3:21 PM
Subject: Medicaid Waivers
To: <1115implementation@dmas.virginia.gov>

Good Afternoon,

We have a 22 year old son with autism who received the waiver after being on the wait list for 13 years. While it has not served all his needs because he is not verbal and functions like a 6 year old, it was helped us tremendously.

I understand the Compass plan is going to have innovative housing supports, and I encourage the passage as it is very much needed. Our son lives in a group home and we wish for a better living situation for him.

Thanks

[REDACTED]

Yorktown VA

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 3:42 PM
Subject: Virginia COMPASS Waiver Comments - Exempt People with Cystic Fibrosis from the TEEOP Requirements
To: Virginia C.O.M.P.A.S.S. <1115Implementation@dmas.virginia.gov>

Dear Ms. Puglisi,

As a Virginia resident and someone personally affected by cystic fibrosis (CF), I'm writing to ask you to automatically exempt people with CF from the work and community engagement requirements and premiums in Virginia's Creating Opportunities for Medicaid Participants to Achieve Self Sufficiency (COMPASS) Waiver. Furthermore, I ask that the commonwealth use its own data to identify people with CF for exemption to minimize the risk of inappropriate disenrollment and administrative burden on recipients.

CF is a life-threatening genetic disease that causes persistent lung infections and progressively limits the ability to breathe, often leading to respiratory failure. Over 720 Virginians live with CF. As a complex, multi-system condition, CF requires targeted, highly specialized treatment and medications. There is no known cure.

Nearly 150 adults in Virginia rely on Medicaid to receive the high quality, specialized care and they need—and many more may gain Medicaid coverage if the state's expansion is approved. While many Medicaid recipients living with CF are employed, others are unable to work due to health status or the amount of time they need to spend on their treatments. To stay healthy, people with CF must endure hours of treatment every day – including receiving chest physiotherapy, taking inhaled treatments, potentially administering IV antibiotics, and other activities. In addition, people with CF commonly deal with pulmonary exacerbations (episodes where the symptoms of CF get worse and often lead to hospitalization), infections, and other events that cause their health to decline rapidly, potentially taking them out of the workforce for significant periods of time.

I also have concerns about the premium requirements outlined in the proposed waiver and the impact on access to care for people with CF. Not only are nominal premiums often unaffordable for low income beneficiaries, but the process of making a premium payment can create barriers to care for a population that may not have bank accounts or credit cards. In fact, studies have shown that the addition of premiums leads to a reduction in Medicaid enrollment.

While I appreciate that the state plans to exempt many individuals, including those designated as medically frail or with a special medical need, I ask the state to specifically include people with CF in the definition of those who are automatically exempt.

Consistent care is a critical component of CF treatment, and any loss or gaps in health coverage, because of failure to comply with these requirements, may put the health of people with CF at risk.

Again, I urge you to specifically and automatically exempt people with CF from the work requirement. Your attention to this matter will help people with CF continue to have access to the highly specialized care they need to live full and healthy lives.

Sincerely,

[REDACTED]

[REDACTED]

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 4:06 PM
Subject: Comments Against Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

I am writing to you with regard to Virginia's proposed Medicaid waiver which has problems as it is currently written. Work requirements are an obstacle to care for all enrollees. In some cases it may be poor health that prevents them from working. I appreciate your consideration of my comments as you make changes to this draft.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 4:07 PM
Subject: Issues with Virginia 1115 Waiver
To: <1115Implementation@dmas.virginia.gov>

This is regarding my concerns surrounding the waiver draft for the Medicaid program in Virginia. Work requirements have little to do with the intent of Medicaid and may actually interfere with it by creating new difficulties. Thank you for allowing me to offer my thoughts on this proposal.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 4:09 PM
Subject: Regarding Virginia COMPASS Application
To: <1115Implementation@dmas.virginia.gov>

This email offers my opinion about changes to Virginia's Medicaid program that I find problematic. Work requirements do not reflect the realities workers face in low-wage jobs. Seasonal workers may have periods of time each year when they are not working enough hours to satisfy the requirements and they will be on and off the Medicaid program. Also, the job opportunities for older workers (those younger than 65) is dismal. Employees simply aren't hiring them and instead are laying them off. An expectation of work is ridiculous. Thank you very much for considering my thoughts on this waiver application.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 4:12 PM
Subject: Medicaid Expansion
To: 1115implementation@dmas.virginia.gov <1115implementation@dmas.virginia.gov>

As a retired social worker I support Medicaid expansion to aid the mentally ill.

Sent from my iPad

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 4:12 PM
Subject: New Medicaid waiver comments
To: <1115Implementation@dmas.virginia.gov>

This comment is in relation to the Medicaid waiver that was proposed by DMAS. There are several new requirements proposed that I oppose. Many people with low incomes have to move frequently and might even be homeless. Many individuals, especially those in rural areas, do not have access to broadband, have computer availability, comprehend reporting requirements, or possess other ways to meet reporting requirements. Particularly, persons with mental health conditions may not be able to process or understand these requirements. Many such persons suffer from anosognosia, a mental health condition that makes them unable to understand that they are ill. Only one in five adults with mental health conditions who receive community mental health services are competitively employed, and the numbers drop to only 20 for adults with a diagnosis of schizophrenia. These living conditions make it hard to comply with programs that have demands like those of VA COMPASS, so this group of Virginians would still end up without coverage.

The purpose of expanding health coverage to the working poor is to help them get and stay healthy. This program needs to stay focused on that main goal. Administrative costs of enforcing the VA Compass waiver would exceed any possible benefits. States such as Kentucky and Arkansas (where 27% of eligible individuals lost coverage once job/reporting requirements were instituted), have learned this lesson. It would be better to invest in evidence-based supportive employment programs to help persons, including those with mental health conditions, to get and keep competitive employment.

I am grateful for the opportunity to offer comments.

[REDACTED]

NAMI Prince William

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 4:12 PM
Subject: New Medicaid Waiver Comments
To: <1115Implementation@dmas.virginia.gov>

As someone who believes access to health care is critical, I write in opposition to some of the changes to Virginia's Medicaid program proposed in this draft. Research shows that health and wellness accounts like the one proposed in the Virginia COMPASS application have bad implications. Similar accounts that require enrollees to contribute premiums may cause those people to cut back on needed health services. This will cost the enrollee and the state more money in the future. Thank you for considering these thoughts. Virginia can do better than this.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 4:16 PM
Subject: Issues with Virginia 1115 Waiver
To: <1115Implementation@dmas.virginia.gov>

These comments are about the Commonwealth's Medicaid waiver application. I appreciate your taking them into consideration. I disagree with the waiver imposing monthly premiums for Medicaid recipients.

Access to health coverage is important no matter who you are. This proposal would kick people off of Medicaid when they may need it the most. The state should aim to do no harm, but the draft proposal makes it clear that people will lose coverage.

As a breast cancer survivor, I attended many support group meetings. During those meetings, I often heard patients discuss the financial difficulties they faced with treatment. Please do not make it more difficult for cancer patients facing financial hardships.

Please consider my comments on this proposed program.

[REDACTED]

Virginia Breast Cancer Foundation

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 4:16 PM
Subject: Opposition to Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

I am opposed to certain new burdens included in proposed COMPASS Medicaid program. Many Virginians depend on Medicaid when they are sick and need help. Implementing this proposed waiver would mean taking away health care when people are most vulnerable. If someone has low income and becomes ill and cannot work that is not the time to take away their coverage. I sincerely hope that the public comments will be taken into consideration. Think about changes which take place may effect your family members or persons close to your heart so how do you face them and how will they feel about a decision you were part of?

Thank you, in advance for listening to and considering our requests,

[REDACTED]

AARP

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 4:16 PM
Subject: DMAS Public Comment
To: <1115Implementation@dmas.virginia.gov>

The following comments are offered for consideration as public comment on the Medicaid waiver draft. There are several components of it that concern me as a citizen. Adding monthly premiums will not save the state money and will discourage people from getting the care they need. While it may seem like a good idea, it does not take into consideration the financial stress that low income people are under and the hard choices they have to make.

The Medicaid population often suffers from language barriers, disabilities, mental illness, insecure work, frequent moves, and homelessness. All these factors create significant challenges to successfully navigate growingly complicated government programs. Thank you for reading my comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 4:17 PM
Subject: My comments on DMAS waiver
To: <1115Implementation@dmas.virginia.gov>

What people need is access to health care, not some requirement that they have a job in order to qualify. It's especially important for Martinsville. There are still a lot of people unemployed in places like Martinsville. I know a lot of people in my church who have friends and family who are in need of help. To make things more difficult for people who are elderly and may not be able to work is wrong. Please consider people of lower income and fixed income when you are making decisions. There are many people across the state who qualify and they deserve health care.

[REDACTED]

Virginia Organizing

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 4:17 PM
Subject: Commenting on Virginia Compass
To: <1115Implementation@dmas.virginia.gov>

These comments are about the Commonwealth's Medicaid waiver application. I appreciate your taking them into consideration. Adding monthly premiums will likely create an additional barrier for Virginia's Medicaid population. If they cannot afford the premium every month they could end up losing coverage when they need it most.

Work requirements do not reflect the realities workers face in low-wage jobs. Seasonal workers may have periods of time each year when they are not working enough hours to satisfy the requirements and they will be on and off the Medicaid program. Thank you for allowing the public to comment.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 4:18 PM
Subject: DMAS – Virginia Compass Waiver
To: <1115Implementation@dmas.virginia.gov>

I am writing to you today regarding Virginia's Medicaid waiver proposal, I oppose the aspects of this program that create new burdens on people who are already struggling. Implementing Medicaid job requirements does not make sense. The reality is that the majority of Virginians with Medicaid already work and are likely to be older Virginians, very ill, living with a disability, or caregivers. Trying to startup such a program in our state would be costly and there are more important things we can invest in that would better benefit taxpayers. I hope you consider my comments about this proposed waiver.

[REDACTED]

AARP Blue Ridge Chapter #544

From: [REDACTED] <[REDACTED]>

Date: Tue, Oct 16, 2018 at 4:18 PM

Subject: Opposition to Virginia COMPASS

To: <1115Implementation@dmas.virginia.gov>

This comment is directed toward certain aspects of Virginia's Medicaid waiver application. The proposed waiver would add new barriers to accessing coverage, putting access to care in jeopardy when the object is to take down barriers. We should not be heading in this direction because it will not benefit enrollees or the Commonwealth as a whole. I am grateful for the opportunity to offer comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 4:19 PM
Subject: Opposition to Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

The following comments are offered for consideration as public comment on the Medicaid waiver draft. There are several components of it that concern me as a citizen. Other states have also tried to use work requirements and have shown that they do not succeed in improving health or consistent employment. In many ways, both goals are undermined by linking them to each other.

The red tape and bureaucracy surrounding the COMPASS program will throw people off Medicaid. People that are following the rules will suffer due to the complicated system that COMPASS is creating. Thank you for accepting these comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 4:19 PM
Subject: Comments opposing Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

The comments in this email should be considered in relation to Virginia's Medicaid waiver application. Many adults on Medicaid are working part-time jobs or for places that have an inconsistent workload. That is why it will be very difficult for these deserving people to meet the rules of this proposed work requirement. This requirement does not change the number of hours available to a worker and punishes them for taking whatever work is available to them. These people are as deserving of the availability of health care as those who have full-time employment. Thank you for considering this perspective.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 4:19 PM
Subject: COMPASS objections
To: <1115Implementation@dmas.virginia.gov>

The following email explains my concerns about the proposed new requirements to receive coverage under Virginia's Medicaid program. Please consider this information in your work. The red tape and bureaucracy surrounding the COMPASS program will throw people off Medicaid. People that are following the rules will suffer due to the complicated system that COMPASS is creating. Thanks for taking the time to read my comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 4:19 PM
Subject: Responding to Medicaid waiver idea
To: <1115Implementation@dmas.virginia.gov>

This email is in opposition to some requirements proposed in Virginia's Medicaid waiver. I hope you will take my views under advisement. Medicaid work requirements may cause Virginians to lose or see an interruption in their coverage because their hours at work fluctuate so often, especially in industries such as food services and construction. We should not penalize Virginians for things that are out of their control.

Without ongoing coverage, someone that has a treatable illness may still be suffering. As a result, they are denied the opportunity to benefit from treatments for common conditions like high blood pressure. The lack of access has serious consequences. Please consider my comments on this proposed new program.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 4:19 PM
Subject: NO Medicaid Waiver
To: <1115Implementation@dmas.virginia.gov>

I write to oppose Virginia's 1115 waiver draft that is under consideration. Some aspects of the draft will undermine its purpose. Virginia should not implement health and wellness accounts for Medicaid recipients. Indiana has one of the longest standing health savings account programs in the nation, yet many of their recipients do not know how to use it. We should not go down this path and create more cost for the state.

Taking away people's health care does not make sense. There is research that shows that when people have access to health coverage, they are more likely to take care of their health care needs and are able to be more productive. Thanks for taking the time to read my comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 4:20 PM
Subject: NO Medicaid Waiver
To: <1115Implementation@dmas.virginia.gov>

The following comments are offered for consideration as public comment on the Medicaid waiver draft. There are several components of it that concern me as a citizen. The proposed waiver would add new barriers to accessing coverage, putting access to care in jeopardy when the object is to take down barriers. We should not be heading in this direction because it will not benefit enrollees or the Commonwealth as a whole.

Charging people for health insurance defeats the purpose of Medicaid. It is important that Medicaid is affordable for low income families because they depend on affordable health care to keep working and stay healthy. Thanks for allowing me to comment on this waiver.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 4:20 PM
Subject: Comments about Virginia Compass
To: <1115Implementation@dmas.virginia.gov>

This is regarding my concerns surrounding the waiver draft for the Medicaid program in Virginia. People who qualify for Medicaid need reliable health care access just like everyone does. Access to care is important to maintaining a job and living a productive life. There should not be barriers like this proposal contains. Thank you for allowing me to offer my thoughts on this proposal.

[REDACTED]

Unitarian Universalist Fellowship Of NN

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 4:20 PM
Subject: My concerns about the Virginia COMPASS program
To: <1115Implementation@dmas.virginia.gov>

Please consider the following concerns surrounding the waiver for the VA Medicaid program. Job requirements like this and other efforts to take away public supports to try to encourage people to work have poor track records. The reasons people are unemployed are sometimes too complicated to address in the way this proposal does. This requirement will just deny people healthcare coverage.

Many Virginians lose employment because they are sick and do not have access to care. This is a serious problem that this expansion is supposed to address. Instead, we have potential barriers to access that work against hardworking people. I sincerely hope that the public comments will be taken into consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 4:21 PM
Subject: Virginia COMPASS waiver public comments
To: <1115Implementation@dmas.virginia.gov>

This comment is about my concerns with certain aspects that Virginia proposes in its Medicaid waiver application. Some mental illnesses, especially if they are untreated, make it very difficult for someone to comply with this proposal - resulting in their losing access to care. This could easily spiral into much more expensive treatments and hospitalizations.

Work requirements do not work. These poor policy choices proposed will reduce access to care to people that need it most. Specifically, older people may have a much harder time finding work. A healthy person is better able to contribute to the workforce, and this program is supposed to focus on health. I appreciate the time you have taken to read my comments. I hope they result in improvements to the program.

[REDACTED]

From: [REDACTED] <[REDACTED]>

Date: Tue, Oct 16, 2018 at 4:21 PM

Subject: Responding to Medicaid waiver idea

To: <1115Implementation@dmas.virginia.gov>

Virginia's proposed changes to the Medicaid program will undermine its effective implementation. If families are living in poverty, it does not make sense to charge them monthly premiums as it is unlikely that they will be able to consistently pay them. This reality will result in limiting the number of low-income Virginians who will gain coverage.

Medicaid is a safety net program, but it is not effective if its availability is threatened by the program's design. Economic hard times are often happening at the same time as failing health. We need for people to have consistent access to treatment for this program to work the way it is supposed to. I hope my comments are helpful.

[REDACTED]

From: [REDACTED] <[REDACTED]>

Date: Tue, Oct 16, 2018 at 4:22 PM

Subject: My comments on DMAS waiver

To: <1115Implementation@dmas.virginia.gov>

I am commenting on the new Virginia COMPASS medicaid waiver. Programs similar to this proposal have not been proven to increase employment or access to care.

Research shows that health and wellness accounts like the one proposed in the Virginia COMPASS application have bad implications. Similar accounts that require enrollees to contribute premiums may cause those people to cut back on needed health services. This will cost the enrollee and the state more money in the future. I hope you can make some improvements to the proposed program. Thank you for considering my comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 4:22 PM
Subject: Arguments against COMPASS
To: <1115Implementation@dmas.virginia.gov>

The comments in this email should be considered in relation to Virginia's Medicaid waiver application. I disagree with the waiver imposing monthly premiums for Medicaid recipients.

Work requirements are a bad move for Virginians. There are many examples for Virginia to learn from. While these requirements sound great to some people, other safety net programs that have these requirements do not succeed in helping people find jobs or make ends meet. I am thankful for the opportunity to provide this information.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 4:22 PM
Subject: My comments on DMAS waiver
To: <1115Implementation@dmas.virginia.gov>

As an advocate for expanded healthcare coverage, I am writing to you regarding my concerns with this waiver application. Please give consideration to my views. Working requirements make it harder for the state to enroll people. The result of that is that people without coverage will still use expensive emergency room treatment for health problems that are not emergencies. This will mean that the cost savings to the state and the entire system will not be what it should be.

In states with requirements like the ones in this proposal, the results were that nearly half of the new adults enrolled in Medicaid expansion ended up losing coverage. Virginia needs a program that has a better success rate than that. Removing some of the proposed restrictions would help to improve access. I appreciate the time you have taken to read my comments. I hope they result in improvements to the program.

[REDACTED]

NOVA Friends Of Refugees

From: [REDACTED] <[REDACTED]>

Date: Tue, Oct 16, 2018 at 4:22 PM

Subject: Comments about Virginia Compass

To: <1115Implementation@dmas.virginia.gov>

Please consider the following concerns surrounding the waiver for the VA Medicaid program. Virginia should not add more red tape to our Medicaid program. Requiring individuals to document their work has been shown to reduce enrollment in Medicaid overall. Virginians have waited so long for expansion. The state should do everything in its power to ensure that we have a good enrollment process, but I fear that adding more paperwork will not help us meet that goal.

Work requirements have little to do with the intent of Medicaid and may actually interfere with it by creating new difficulties. Thank you for your work on behalf of the Commonwealth and taking my comments into consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 4:22 PM
Subject: Proposed Virginia COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

This comment is in relation to the recent Medicaid waiver that was proposed. There are several troubling changes proposed that I oppose. Virginia should not to go down this path. Looking at what is happening in other states shows little success and high costs. Work requirements simply do not work. Thank you for considering this perspective.

Creating another Administrative barrier for those who need help will only continue the status quo. Too many individuals with chronic, un-treated conditions needing costlier end stage care.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 4:23 PM
Subject: Proposed Virginia COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

As someone who believes access to health care is critical, I write in opposition to some of the changes to Virginia's Medicaid program proposed in this draft. The Medicaid population often suffers from language barriers, disabilities, mental illness, insecure work, frequent moves, and homelessness. All these factors create significant challenges to successfully navigate growingly complicated government programs.

Monthly premiums would lead to thousands of people having to choose between health care and groceries for their families. Medicaid is supposed to help the neediest, not create a financial hardship. Taking coverage away from people because they are unable to afford it would defeat the purpose of it. I am thankful for the opportunity to provide this information.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 4:23 PM
Subject: RE: Virginia COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

This comment is directed toward certain aspects of Virginia's Medicaid waiver application. Job requirements have a poor record in meeting their goals. Examples of this from other safety net programs like TANF can be found in Virginia. This proposal would not ensure that people are employed long-term and they can make it harder for some people to find work. We should avoid adding red tape and a new, expensive, complicated program.

If someone has a disability they may have a harder time complying with some of the qualifications in this proposal. That could end up in their losing access to care. I am pleased to offer these comments and hope you will consider them.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 4:23 PM
Subject: Arguments against COMPASS
To: <1115Implementation@dmas.virginia.gov>

Virginia's proposed changes to the Medicaid program will undermine its effective implementation. A major benefit of Medicaid is to make it possible for people to access preventative care and get treatment for things before they get worse and more serious. By adding the burden of monthly premiums, we take away the opportunity for people to do that. The reality is that people with this level of income have to make very hard choices. I hope you consider my comments about this proposed waiver.

Our church is feeding breakfast to those who need food every Saturday morning and we send them home with lunch. The Lutheran Church feeds soup and Salad every Monday night. People will not be able to afford the monthly premiums therefore, they will go with out medical care.

Please think this through.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 4:23 PM
Subject: My letter on work requirements waiver
To: <1115Implementation@dmas.virginia.gov>

Virginia's proposed changes to the Medicaid program will undermine its effective implementation. Virginia must learn from the experiences of other states. In places that have implemented work requirements, their citizens lose health coverage. Virginia should not go down this path, because healthy Virginians are the foundation of our strong economy. Thank you for your work on behalf of the Commonwealth and taking my comments into consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 4:23 PM
Subject: Proposed Virginia COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

As an advocate for expanded healthcare coverage, I am writing to you regarding my concerns with this waiver application. Please give consideration to my views. Those who qualify for Medicaid need it to maintain consistent healthcare. If it were not for Medicaid hundreds of thousands of people would not have any access. We should not have a program that diminishes access.

Medicaid work requirements may cause Virginians to lose or see an interruption in their coverage because their hours at work fluctuate so often, especially in industries such as food services and construction. We should not penalize Virginians for things that are out of their control. I am thankful that the public was given this important opportunity to comment.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 4:24 PM
Subject: Virginia COMPASS Waiver Application
To: <1115Implementation@dmas.virginia.gov>

The following email explains my concerns about the proposed new requirements to receive coverage under Virginia's Medicaid program. Please consider this information in your work. People who qualify for Medicaid need reliable health care access just like everyone does. Access to care is important to maintaining a job and living a productive life. There should not be barriers like this proposal contains. Thank you for taking all of my comments under consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 4:24 PM
Subject: DMAS – Virginia Compass Waiver
To: <1115Implementation@dmas.virginia.gov>

This comment is in relation to the recent Medicaid waiver that was proposed. There are several troubling changes proposed that I oppose. Work requirements are an obstacle to care for all enrollees. In some cases it may be poor health that prevents them from working.

Charging people for health insurance defeats the purpose of Medicaid. It is important that Medicaid is affordable for low income families because they depend on affordable health care to keep working and stay healthy. I trust you will take these thoughts and comments into consideration as this process continues.

[REDACTED]

MM&A LLC

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 4:25 PM
Subject: Proposed Medicaid Waiver Application
To: <1115Implementation@dmas.virginia.gov>

This comment is concerning the troubling requirements that Virginia proposes for Medicaid. Affordable health care is important to all Virginians. Requiring low-income families to pay monthly premiums does not make it affordable to them and will not help them maintain coverage. The point is to treat illnesses and avoid more costly care later. We need to encourage enrollment and make maintaining coverage easy.

The proposed changes to Medicaid could deny health insurance to sick individuals when they are most in need. I do not support this approach that creates barriers to access. Please consider my comments on this proposed new program.

[REDACTED]

Monument Sotheby's International Realty

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 4:25 PM
Subject: New Medicaid waiver comments
To: <1115Implementation@dmas.virginia.gov>

I am commenting on the new Virginia COMPASS medicaid waiver. Work requirements and other efforts to deny public supports to try to get people to work have poor results wherever they have been tried. People are unemployed for a variety of reasons that can be complicated. This requirement will just deny people healthcare coverage like it has wherever they have been tried.

People who qualify for Medicaid need reliable health care access just like everyone does. Access to care is important to maintaining a job and living a productive life. There should not be barriers like this proposal contains. Thank you taking all of my comments under consideration.

[REDACTED]

Virginia Organizing

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 4:25 PM
Subject: Against Proposed VA 1115 Waiver
To: <1115Implementation@dmas.virginia.gov>

The following comments are in regard to the proposed Medicaid waiver application to CMS. All the new barriers in this proposal mean that there will be gaps in healthcare coverage that deny people the opportunity to access care when they should. This works against everything the program was supposed to achieve.

While monthly premiums may seem insignificant to some people, to the very poor they can be a real barrier that prevents them from accessing quality healthcare when they need it. That runs counter to the whole purpose of the Medicaid program in Virginia. Thank you for the opportunity to share these insights.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 4:25 PM
Subject: RE: Virginia COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

The following comments are in regard to the proposed Medicaid waiver application to CMS. Charging monthly premiums will make it harder for people with chronic illness to visit their doctors. Routine visits in order to monitor conditions and receive prescriptions will become too costly which can lead to negative health outcomes. Please take my thoughts and concerns into consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 4:25 PM
Subject: Opposition to Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

This comment is concerning the troubling requirements that Virginia proposes for Medicaid. Monthly premiums would cause many people to lose health care coverage. Medicaid is meant to be an accessible health plan for the people that need it most and provide them with access to care. It is also difficult to imagine that the administrative burden is worth the amount of money collected.

Losing healthcare would be catastrophic for families. I believe Medicaid should provide coverage for families not take them away. Thank you for allowing the public to comment.

[REDACTED]

Virginia Organizing

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 4:25 PM
Subject: Arguments against COMPASS
To: <1115Implementation@dmas.virginia.gov>

As someone who believes access to health care is critical, I write in opposition to some of the changes to Virginia's Medicaid program proposed in this draft. Those who qualify for Medicaid need it to maintain consistent healthcare. If it were not for Medicaid hundreds of thousands of people would not have any access. We should not have a program that diminishes access.

I am very concerned with certain aspects of this proposal, specifically work requirements. This policy choice will cause many low-income people in our state to lose coverage, including people who should be exempt but may not understand how to navigate the administrative hurdles. Thank you for taking these concerns into consideration. I hope you will make changes to this proposal.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 4:25 PM
Subject: DMAS Public Comment
To: <1115Implementation@dmas.virginia.gov>

These comments are about the Commonwealth's Medicaid waiver application. I appreciate your taking them into consideration. For a large majority of Medicaid recipients in our state who already work or face serious barriers to employment, Medicaid work requirements will have very little benefit for them. Instead, this proposal will add more roadblocks for Virginians to get and keep the health coverage they need.

Many Virginians lose employment because they are sick and do not have access to care. This is a serious problem that this expansion is supposed to address. Instead, we have potential barriers to access that work against hardworking people. I am thankful that the public was given this important opportunity to comment.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 4:26 PM
Subject: Comments about Virginia Compass
To: <1115Implementation@dmas.virginia.gov>

I oppose the proposed 1115 Medicaid Waiver in Virginia and would like to make a public comment about it. Requirements that have little to do with the intent of Medicaid need to be removed because they interfere with access by creating multiple new barriers. People need easy access that allows them to use the health care they need in a logical way.

Implementing work requirements will add new administrative processes and programs, which will require considerable dollars that would be better used to provide care. There is nothing to be gained from a program that is so difficult and expensive to administer. Thank you for considering my thoughts. I believe Virginia can do better than this.

The work requirement program and other red tape will threaten access to health coverage for tens of thousands of people, especially 95,000 Virginians between the ages of 50-64 who could get health insurance through the expansion of Medicaid.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 4:26 PM
Subject: NO Medicaid Waiver
To: <1115Implementation@dmas.virginia.gov>

The following comments are in regard to the proposed Medicaid waiver application to CMS. Losing healthcare would be catastrophic for families. I believe Medicaid should provide coverage for families not take them away.

Charging monthly premiums to Medicaid families will put more pressure on people struggling to make ends meet. Many people also have difficulty working through complex government processes. The premiums would create both of those issues for people that need access to care. Please take my comments and those of others seriously.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 4:26 PM
Subject: Arguments against COMPASS
To: <1115Implementation@dmas.virginia.gov>

As a Virginian who cares about expanding healthcare coverage, I am writing to you regarding my concerns with the COMPASS waiver application. Please give consideration to my views. Work requirements do not work. These poor policy choices proposed will reduce access to care to people that need it most. A healthy person is better able to contribute to the workforce, and this program is supposed to focus on health. I am thankful that the public was given this important opportunity to comment.

[REDACTED]

Mr.

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 4:26 PM
Subject: Issues with Virginia 1115 Waiver
To: <1115Implementation@dmas.virginia.gov>

The following email explains my concerns about the proposed new requirements to receive coverage under Virginia's Medicaid program. Please consider this information in your work. Virginians insisted on expanding Medicaid so we could help families and individuals when they are going through tough times. It should not be taken away for failure to follow through on red tape and bureaucracy. The working poor not only are short on money they are often short on time because they are working many hours at low-paying jobs to make ends meet. I am thankful that the public was given this important opportunity to comment.

Additionally, individuals with disabilities find it extremely difficult to find work and some are unable to perform routine tasks, such as self-care, travel, etc. They need physical assistance to survive. Medicaid pays for attendant care to accomplish these tasks. Being dependent on assistance is not their choice. We have a moral responsibility to provide care for such individuals and add insult to injury, requiring them to work before they can get health care.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 4:26 PM
Subject: Regarding Virginia COMPASS Application
To: <1115Implementation@dmas.virginia.gov>

I oppose the proposed 1115 Medicaid Waiver in Virginia and would like to make a public comment about it. Taking away people's health care does not make sense. There is research that shows that when people have access to health coverage, they are more likely to take care of their health care needs and are able to be more productive. Thank you for your work on behalf of the Commonwealth and taking my comments into consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 4:26 PM
Subject: RE: Virginia COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

Those denied coverage of basic preventive illnesses could result in many acquiring long term costly illnesses relative to treatment.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 4:26 PM
Subject: My concerns about the Virginia COMPASS program
To: <1115Implementation@dmas.virginia.gov>

This letter is in opposition to the burdensome requirements proposed for Virginians with Medicaid in Virginia. I hope you will take my views into account. The proposed changes to Medicaid could deny health insurance to sick individuals when they are most in need. I do not support this approach that creates barriers to access. Please make necessary improvements to the proposed draft. Thank you for your consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 4:27 PM
Subject: My letter on work requirements waiver
To: <1115Implementation@dmas.virginia.gov>

These comments are about the Commonwealth's Medicaid waiver application. I appreciate your taking them into consideration. Many low-income families struggle to make ends meet. Adding costly monthly premiums will force these families to chose between basic needs such as food, housing costs, utilities — or taking care of their health needs. Making coverage less accessible will adversely affect the health of older Virginians, and increase the cost of health for the community due to lack of preventative care.

Virginia would have a major administrative cost to add and monitor something that most people are complying with already. There is nothing for the state or its citizens to gain from this work proposal. Thanks for taking the time to read my comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 4:27 PM
Subject: Virginia COMPASS Waiver Application
To: <1115Implementation@dmas.virginia.gov>

The comments in this email should be considered in relation to Virginia's Medicaid waiver application. The proposed changes to Medicaid could deny health insurance to sick individuals when they are most in need. I do not support this approach that creates barriers to access.

Virginia shouldn't add monthly premiums to Medicaid enrollees. Any extra cost would be too much for families to keep up with and coverage would not be consistent. The working poor face too many hard financial challenges already and this should not be another one. Please make necessary improvements to the proposed draft. Thank you for your consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 4:27 PM
Subject: Proposed Medicaid Waiver Application
To: <1115Implementation@dmas.virginia.gov>

The comments below, describe my concerns about and opposition to the proposed changes to Virginia's Medicaid program. So many factors in this proposed program put access to care at risk. There is no reason for this to be the case. Parts of this plan that call access into question must be removed in order for it to be effective.

Health and wellness accounts require a lot of administrative upkeep and add additional cost for the state Medicaid agency, providers, and contracted managed care plans. We should not spend money to create more bureaucracy. I hope you consider my comments about this proposed waiver.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 4:27 PM
Subject: My letter on work requirements waiver
To: <1115Implementation@dmas.virginia.gov>

The comments below, describe my concerns about and opposition to the proposed changes to Virginia's Medicaid program. Charging monthly premiums to Medicaid families will put more pressure on people struggling to make ends meet. Many people also have difficulty working through complex government processes. The premiums would create both of those issues for people that need access to care.

Many Virginians depend on Medicaid when they are sick and need help. Implementing this proposed waiver would mean taking away health care when people are most vulnerable. If someone has low income and becomes ill and cannot work that is not the time to take away their coverage. I am thankful that the public was given this important opportunity to comment.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 4:27 PM
Subject: My concerns about the Virginia COMPASS program
To: <1115Implementation@dmas.virginia.gov>

I am commenting on the new Virginia COMPASS medicaid waiver. When a person does find a job and meet the requirements for Medicaid, the paperwork and reporting requirements could still mean losing coverage due to those challenges. Complicated programs are not likely to be successful with many in this population of Virginians who really just need simple access to care.

Requirements that have little to do with the intent of Medicaid need to be removed because they interfere with access by creating multiple new barriers. People need easy access that allows them to use the health care they need in a logical way. I appreciate your consideration of my comments as you make changes to this draft.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 4:28 PM
Subject: DMAS – Virginia Compass Waiver
To: <1115Implementation@dmas.virginia.gov>

This letter is in opposition to the burdensome requirements proposed for Virginians with Medicaid in Virginia. I hope you will take my views into account. Medicaid's mission is to provide health coverage to low-income people so they can obtain the services and treatments they need. By making access more difficult than necessary this proposal works against the mission. Please take the public's comments into consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 4:28 PM
Subject: NO Medicaid Waiver
To: <1115Implementation@dmas.virginia.gov>

Virginia's proposed changes to the Medicaid program will undermine its effective implementation. Failure to comply with the reporting requirements could result in being locked out of coverage. Losing access to care can have dire consequences that are not consistent with the effort to expand access so people can lead healthier lives.

The health and wellness accounts seem very complex and confusing and the Virginia COMPASS proposal does not explain how Medicaid recipients will be educated about the program and how to use it. This issue needs to be addressed. I am hopeful that you take my comments into consideration and make the necessary changes.

[REDACTED]

Lewinsville Faith In Action

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 4:28 PM
Subject: Responding to waiver proposal
To: <1115Implementation@dmas.virginia.gov>

Please consider the following concerns surrounding the waiver for the VA Medicaid program. Failure to comply with the reporting requirements could result in being locked out of coverage. Losing access to care can have dire consequences that are not consistent with the effort to expand access so people can lead healthier lives.

The cost of the work requirement in the program is huge compared to the small group of people it addresses. The estimate is that Virginia would have to spend \$25 million to implement something that affects about one percent of the enrollees. I hope you can make some improvements to the proposed program. Thank you for considering my comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 4:28 PM
Subject: COMPASS objections
To: <1115Implementation@dmas.virginia.gov>

The following comments are in regard to the proposed Medicaid waiver application to CMS. People who qualify for Medicaid need reliable health care access just like everyone does. Access to care is important to maintaining a job and living a productive life. There should not be barriers like this proposal contains. I appreciate the time you have taken to read my comments. I hope they result in improvements to the program.

I support the work requirement for those who are able to work and find work. My concern is for those people who try diligently to find work and do not get a job. I am concerned that people who try to find work but do not get a job will lose access to healthcare.

I recommend you implement a process to allow access to healthcare for those who have tried diligently to find work but have been unsuccessful. It is not easy for someone at this age to find work, the world and odds are stacked against them.

Thank you.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 4:28 PM
Subject: Proposed Virginia COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

This letter is in opposition to the burdensome requirements proposed for Virginians with Medicaid in Virginia. I hope you will take my views into account. Many people with low incomes have to move frequently and might even be homeless. These living conditions make it hard to comply with programs that have demands like this so this group of Virginians would still end up without coverage.

Healthcare should not be reserved for the wealthy. Work requirements add an extra barrier for people trying to create a decent life for their families. Living on a low income is hard enough, but to do it without health care is even harder. This will not help families succeed. Thanks for allowing me to comment on this waiver.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 4:29 PM
Subject: My letter on work requirements waiver
To: <1115Implementation@dmas.virginia.gov>

I am commenting on the new Virginia COMPASS medicaid waiver. Other states have also tried to use work requirements and have shown that they do not succeed in improving health or consistent employment. In many ways, both goals are undermined by linking them to each other.

Work requirements have little to do with the intent of Medicaid and may actually interfere with it by creating new difficulties. I hope you can make some improvements to the proposed program. Thank you for considering my comments.

[REDACTED]

Virginia Interfaith Center For Public Policy

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 4:29 PM
Subject: My comments on DMAS waiver
To: <1115Implementation@dmas.virginia.gov>

I am opposed to the new burdens proposed to be included in the Medicaid program. Other states have tried health savings accounts, similar to the health and wellness accounts Virginia is proposing, and they found that these programs are complex and very confusing. It does not make sense to add more red tape and attempt to stand up a program that other consumers find complicated to navigate.

Many Virginians depend on Medicaid when they are sick and need help. Implementing this proposed waiver would mean taking away health care when people are most vulnerable. If someone has low income and becomes ill and cannot work that is not the time to take away their coverage. I hope you can make some improvements to the proposed program. Thank you for considering my comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 4:29 PM
Subject: New Medicaid waiver comments
To: <1115Implementation@dmas.virginia.gov>

I am commenting on the new Virginia COMPASS medicaid waiver. Medicaid's mission is to provide health coverage to low-income people so they can obtain the services and treatments they need. By making access more difficult than necessary this proposal works against the mission.

Access to health coverage is important and it helps support work. We should not threaten to take away health coverage from our citizens because they fail to submit the right paperwork on time, they cannot get the hours they need at work, or have a difficult time finding work altogether. I appreciate your time. Thank you for reading my comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 4:29 PM
Subject: NO Medicaid Waiver
To: <1115Implementation@dmas.virginia.gov>

The following comments are in regard to the proposed Medicaid waiver application to the federal government. If someone has a disability they may have a harder time complying with some of the qualifications in this proposal. That could end up in their losing access to care.

The health and wellness accounts seem very complex and confusing and the Virginia COMPASS proposal does not explain how Medicaid recipients will be educated about the program and how to use it. This issue needs to be addressed. I appreciate your time. Thank you for reading my comments.

[REDACTED]

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 4:30 PM
Subject: Problems with COMPASS
To: <1115Implementation@dmas.virginia.gov>

This comment is directed toward certain aspects of Virginia's Medicaid waiver application. When a person does find a job and meet the requirements for Medicaid, the paperwork and reporting requirements could still mean losing coverage due to those challenges. Complicated programs are not likely to be successful with many in this population of Virginians who really just need simple access to care. It would also require increased, and expensive, bureaucracy that Virginians' taxes would have to cover. Please take the public's comments into consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 4:30 PM
Subject: Regarding Virginia COMPASS Application
To: <1115Implementation@dmas.virginia.gov>

Some aspects of the proposed Medicaid waiver draft will create too many barriers to access. Access to health coverage is important no matter who you are. This proposal would kick people off of Medicaid when they may need it the most. The state should aim to do no harm, but the draft proposal makes it clear that people will lose coverage.

Individuals with complicated health issues often experience lapses in employment due to their condition or may have been told by a doctor to take time away from work as part of their treatment and recovery. This proposal does not consider this situation and requires the sick person to prove they were sick. Thank you for considering my thoughts. I believe Virginia can do better than this.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 4:30 PM
Subject: New Medicaid Waiver Comments
To: <1115Implementation@dmas.virginia.gov>

I am commenting on the new Virginia COMPASS medicaid waiver. People losing their coverage because they do not have consistent employment does not help achieve a healthier Virginia. The system that would have to be in place would be costly and also not contribute to the main goal of the Medicaid program. There is no benefit to people who need healthcare coverage or taxpayers. Thank you for your work on behalf of the Commonwealth and taking my comments into consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 4:31 PM
Subject: Virginia COMPASS Waiver Application
To: <1115Implementation@dmas.virginia.gov>

The following comments are in regard to the proposed Medicaid waiver application to the federal government. Many low-income Virginians work hourly jobs and that makes it challenging to meet the proposed requirement for 80 hours a month consistently. These jobs can be irregular hours, and may not meet the requirement consistently. Also, if one is receiving Medicaid, I assume that they can't find work to equal 80 hours a month. It's just mean spirited.

The many barriers in this Medicaid proposal mean that there will likely be gaps in healthcare coverage that deny people the opportunity to access care. This works against what the program was supposed to achieve. Expanding access to Medicaid with one hand, and restricting access with the other is just chicanery. Thank you for your work on behalf of the Commonwealth and taking my comments into consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 4:31 PM
Subject: Virginia COMPASS Waiver Application
To: <1115Implementation@dmas.virginia.gov>

The comments in this email should be considered in relation to Virginia's Medicaid waiver application. Literacy, both computer and at reading levels among many Medicaid eligible s is often at little to low levels of proficiency. Simply owning a computer and knowing how to type on a key board is often a frustrating experience given cognitive deficiencies as well as innate temperamental/disposition and personality disorders manifested in a lack of patience, a lack of reading comprehension, and to also include access to low cost or no cost banking services.

The nature of the jobs that many low-income Virginians have makes it challenging to meet the proposed requirement for 80 hours a month. These jobs can have irregular hours and may not meet the requirement from one month to the next.

Monthly premiums owed become an expense that is likely to be the first bill not paid when times are tough, a paycheck is short hours and earnings, or unforeseen expenses occur. Losing coverage makes everyone a loser when the insured have to cover the cost of the uninsured who lapse coverage due to lack of funds to make premium payments. Just a thought.

[REDACTED]

Neighbor's Keeper (ACA CAC Organization)

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 4:31 PM
Subject: Comments opposing Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

This letter is in opposition to the burdensome requirements proposed for Virginians with Medicaid in Virginia. I hope you will take my views into account. Virginia should not implement health and wellness accounts because there is very little research showing that health and wellness accounts help Medicaid recipients use services more cost-effectively.

The goal of Medicaid is to give coverage to those who need it. This would stop sick people from receiving the care that they need and keep healthy people from staying healthy. Please make the right changes to the Medicaid waiver proposal.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 4:32 PM
Subject: Responding to Medicaid waiver idea
To: <1115Implementation@dmas.virginia.gov>

As an advocate for expanded healthcare coverage, I am writing to you regarding my concerns with this waiver application. Please give consideration to my views.

These requirements would actually harm the people Medicaid Expansion proposes to help, without providing any reduction in costs to Virginia.

Health insurance and a person's overall health are linked together. We should do everything possible to ensure people have ongoing coverage; otherwise, the ambition to have people become employed and stay employed is not going to be realized. Access is the key to our success with the Medicaid program and it needs to be the first priority for it. Thanks for taking the time to read my comments.

[REDACTED]

Virginia Civic Engagement Table

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 4:32 PM
Subject: Regarding Virginia COMPASS Application
To: <1115Implementation@dmas.virginia.gov>

Virginia's proposed changes to the Medicaid program will undermine its effective implementation. Failure to comply with the reporting requirements could result in being locked out of coverage. Losing access to care can have dire consequences that are not consistent with the effort to expand access so people can lead healthier lives.

Virginia should not invest significant resources implementing new rules that have proven not to be effective. In general work requirements programs have very short-term effects on employment, fail to increase long-term employment and do not help lift people out of poverty. These added rules are counterproductive and unnecessary. I hope you will take these thoughts and comments into consideration moving forward.

[REDACTED]

Virginia Organizing

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 4:32 PM
Subject: Commenting on Virginia Compass
To: <1115Implementation@dmas.virginia.gov>

This comment is concerning the troubling requirements that Virginia proposes for Medicaid. Managing diseases and other health issues is the best and most affordable way to keep people healthy and reduce the cost of healthcare for all Virginians. By requiring monthly premiums to maintain Medicaid coverage, and setting up complicated health and wellness accounts, we are likely to miss the opportunity to reduce costs and keep our population healthy.

Many adults on Medicaid are working part-time jobs or for places that have an inconsistent workload. That is why it will be very difficult for these deserving people to meet the rules of this proposed work requirement. This requirement does not change the number of hours available to a worker and punishes them for taking whatever work is available to them. Thank you for reading my comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 4:32 PM
Subject: My letter on work requirements waiver
To: <1115Implementation@dmas.virginia.gov>

This email is in opposition to some requirements proposed in Virginia's Medicaid waiver. I hope you will take my views under advisement. For a large majority of Medicaid recipients in our state who already work or face serious barriers to employment, Medicaid work requirements will have very little benefit for them. Instead, this proposal will add more roadblocks for Virginians to get and keep the health coverage they need. Please make necessary improvements to the proposed draft. Thank you for your consideration.

[REDACTED]

Virginia Organizing

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 4:32 PM
Subject: NO Medicaid Waiver
To: <1115Implementation@dmas.virginia.gov>

The comments below, describe my concerns about and opposition to the proposed changes to Virginia's Medicaid program. The Medicaid population faces multiple challenges. They can face language barriers, disabilities, mental illness, insecure work, and homelessness. All these issues create difficulties when asked to comply with complicated government programs. The result of this can be that access is not improved at all. I appreciate the time you have taken to read my comments. I hope they result in improvements to the program.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 4:33 PM
Subject: NO Medicaid Waiver
To: <1115Implementation@dmas.virginia.gov>

Please consider the following concerns surrounding the waiver for the VA Medicaid program. This application does not advance the Medicaid program in Virginia. It needlessly compromises access to care for a vulnerable population. It also creates a new responsibility in state government that is already struggling to keep up. I am thankful that the public was given this important opportunity to comment.

[REDACTED]

N/a

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 4:33 PM
Subject: DMAS Public Comment
To: <1115Implementation@dmas.virginia.gov>

This comment is concerning the troubling requirements that Virginia proposes for Medicaid. The proposed waiver would add new barriers to accessing coverage, putting access to care in jeopardy when the object is to take down barriers. We should not be heading in this direction because it will not benefit enrollees or the Commonwealth as a whole.

The responsibility will be solely on Virginia to provide things like job training, child care, transportation, and other programs to help people to meet the proposed work requirement. Please take my comments and those of others seriously.

[REDACTED]

Ms.

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 4:34 PM
Subject: My comments on DMAS waiver
To: <1115Implementation@dmas.virginia.gov>

This email is in opposition to some requirements proposed in Virginia's Medicaid waiver. I hope you will take my views under advisement. If someone has a disease or long-term health issue they need consistent access to care. It is not very valuable to provide off and on coverage. Thank you for reading my comments.

Our daughter Michelle is 100% disabled from multiple heart problems and a resulting stroke when she was a freshman in college in 1992. Even with the residual effects of the stroke, learning disabilities and physical limitations, she graduated with a lot of hard work and meeting her limitations with a variety of learning methods. She tried regular employment in a field she loved. With existing limitations and progressive further limitations she was unable to meet the requirements of her job. Evaluations at Emory University hospital considered her 100% disabled. It took five years, three SSA applications, and two appeals to get her approved for Social Security and Medicare. On the final appeal, the SSA judge advocate wrote a blistering letter to the local GA SSA asking them why it was not approved and was delayed so long. He said approve it now retroactively. Unfortunately with all the recurring medical expenses as a major cause, our family was bankrupt.

We came to Virginia in 2009 shortly after Michelle was approved for SS Disability. We applied for Medicaid here and she was approved. Medicaid has been a Godsend for our Michelle and eliminating the impact her medical expenses had on our family. She is facing a major surgery/multiple procedures. Her last heart surgery was in 1988, and my company's health insurance plan covered all of the nearly \$70,000.00 of her charges at the Texas Heart Institute then (she was 14 years old). The Texas Heart Institute in Houston was non-profit. A similar surgery at the UVA hospital at that time would have been over \$200,000. My guess is that today's costs at UVA or the Virginia Commonwealth/MCV hospitals would be in the \$1.25 million range. We are happy to have her Social Security Disability Medicare and Commonwealth of Virginia Medicaid.

Let's not take away anyone's insurance.

Thank you,

[REDACTED]

Williamsburg, Virginia

[REDACTED]

Personal

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 4:34 PM
Subject: Comments Against Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

This email is in opposition to some requirements proposed in Virginia's Medicaid waiver. I hope you will take my views under advisement. If programs have complicated requirements like the work reporting, the result adds to the hardship a family already faces. It can also deter people from enrolling in the first place because they are not confident they can keep up with the qualifications.

Some of these proposed new requirements create obstacles to care for all enrollees. In some cases it may be poor health that leads to a poor financial situation which can only make things worse in a situation like that. The Commonwealth needs to make improvements to this draft. Thank you for taking my comments into consideration.

[REDACTED]

1956

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 4:35 PM
Subject: Opposition to Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

As someone who believes access to health care is critical, I write in opposition to some of the changes to Virginia's Medicaid program proposed in this draft. Virginia's Medicaid proposal has significant bureaucracy involved with it. Medicaid work requirements will create major administrative complexity and new costs for Virginia. There is no reason to keep the program from succeeding by placing so many administrative requirements on the people who need the access to healthcare. I am thankful for the opportunity to provide this information.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 4:35 PM
Subject: RE: Virginia COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

This comment is concerning the troubling requirements that Virginia proposes for Medicaid. This application does not advance the Medicaid program in Virginia. It needlessly compromises access to care for a vulnerable population. It also creates a new responsibility in state government that is already struggling to keep up.

Virginians with Medicaid coverage who can work are working. However, if a work requirement is implemented, the state would subject these people to more paperwork, more hurdles, and more loopholes to prove they are working and meeting the new proposed rules. The state can support work without adding more administrative burden. I appreciate your time. Thank you for reading my comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 4:35 PM
Subject: My comments on DMAS waiver
To: <1115Implementation@dmas.virginia.gov>

This email is in opposition to some requirements proposed in Virginia's Medicaid waiver. I hope you will take my views under advisement. If families are living in poverty, it does not make sense to charge them monthly premiums as it is unlikely that they will be able to consistently pay them. This reality will result in limiting the number of low-income Virginians who will gain coverage. Thank you taking all of my comments under consideration.

I agree with the summary above. We want a wise expansion of Medicaid that can support our whole community. Those in poverty need more support, not punitive measures. If VA can expand medicaid for all, we will have a more just society and a healthier community, supporting children and adults. Please vote for the expansion of medicaid, and reject the premiums and work requirements.

[REDACTED]

Quakers

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 4:35 PM
Subject: Virginia COMPASS waiver public comments
To: <1115Implementation@dmas.virginia.gov>

I am writing with regard to Virginia's COMPASS program and my opposition to certain components of it. Failure to comply with the reporting requirements could result in being locked out of coverage. Losing access to care can have dire consequences that are not consistent with the effort to expand access so people can lead healthier lives. Please make the right changes to the Medicaid waiver proposal.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 4:35 PM
Subject: Arguments against COMPASS
To: <1115Implementation@dmas.virginia.gov>

The following comments are in regard to the proposed Medicaid waiver application to CMS. The proposed waiver would add new barriers to accessing coverage. These requirements put access to needed care in jeopardy when the point is to take down barriers.

This waiver places undue hardship on individuals over the age of 55 - i.e., those commonly referred to as "Baby Boomers." In many cases, this group provides assistance to both younger and older family members concurrently. Demonstrably, they are at a critical point in their own life when access to healthcare can make a significant difference on whether disease or illness can be prevented or delayed, and future outcomes can be more favorable for them. In growing numbers, people like myself are the primary and full-time caregivers for elderly parents. Short of placing my mother in an expensive nursing home for the rest of her life, what alternatives do I have? While I am fortunate enough that I do not rely on Medicaid, not every Baby Boomer in Virginia can say the same thing.

I appreciate your time. Thank you for reading my comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>

Date: Tue, Oct 16, 2018 at 4:35 PM

Subject: COMPASS objections

To: <1115Implementation@dmas.virginia.gov>

These comments are about the Commonwealth's Medicaid waiver application. I appreciate your taking them into consideration. Having work requirements may deter families from enrolling in the coverage that they qualify for and need. When someone does not have health coverage, they are less able to seek medical care when they are ill or injured and are generally less able to get work because of it. I appreciate the time you have taken to read my comments. I hope they result in improvements to the program.

I believe that additional requirements will place a hardship on older Virginians who have difficulty in finding work because of age discrimination or health challenges. I also believe that all Virginians have a right to basic healthcare.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 4:35 PM
Subject: DMAS – Virginia Compass Waiver
To: <1115Implementation@dmas.virginia.gov>

These comments are about the Commonwealth's Medicaid waiver application. I appreciate your taking them into consideration. Losing health coverage for someone with a chronic illness would be devastating. Being locked out of health care due to failure to reporting work activities or being unable to pay monthly premiums could lead to terrible health outcomes for many Virginians. I am pleased to offer these comments and hope you will consider them.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 4:35 PM
Subject: NO Medicaid Waiver
To: <1115Implementation@dmas.virginia.gov>

I am writing to you today regarding Virginia's Medicaid waiver proposal, I oppose the aspects of this program that create new burdens on people who are already struggling. The proposed changes to Medicaid could deny health insurance to sick individuals when they are most in need. I do not support this approach that creates barriers to access. Thanks for taking the time to read my comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 4:50 PM
Subject: Virginia COMPASS Waiver Application
To: <1115Implementation@dmas.virginia.gov>

I am writing with regard to Virginia's COMPASS program and my opposition to certain components of it. The Medicaid program provides critical access to prevention, treatment, disease management, and care coordination services. It keeps people from becoming seriously ill and not being able to care for themselves or their family. Leaving people out who are ill or injured or disabled because they aren't working is out of touch with reality. Before we spend another billion on military, let's honor life for all citizens. Thank you for reading my comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 4:51 PM
Subject: My comments on DMAS waiver
To: <1115Implementation@dmas.virginia.gov>

This is regarding my concerns surrounding the waiver draft for the Medicaid program in Virginia. This application does not advance the Medicaid program in Virginia. It needlessly compromises access to care for a vulnerable population. It also creates a new responsibility in state government that is already struggling to keep up.

Charging monthly premiums for Medicaid is simply a bad idea particularly considering that doing so actually costs more than it saves. The purpose of expanding health coverage to the working poor is to access care that helps them stay healthy. The program needs to stay focused on that and not be distracted by complicated administrative systems. Please consider my comments on this proposed new program.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 4:52 PM
Subject: Against Proposed VA 1115 Waiver
To: <1115Implementation@dmas.virginia.gov>

I would like to make a public comment about the proposed 1115 Medicaid waiver. The proposed changes to Medicaid would take away health insurance from sick individuals when they need it most. I do not support this approach. All Virginians should have easy access to the right care. Medicaid is designed to serve people who need the most help, and we should be trying to make that easier, not harder, for people in need.

Employment opportunities vary across the Commonwealth. This proposal makes no allowance for the job market in a particular community. Also other difficulties such as language barriers, transportation, and access to childcare are not issues addressed in this proposal. There are many legitimate reasons why someone might not be able to work for extended periods. It is unfair to assume that those who are not working simply do not want to. The Commonwealth needs to make improvements to this draft, and can accomplish that most quickly by removing the work requirements.

Thank you for taking my comments into consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 5:07 PM
Subject: Virginia Compass services
To: 1115implementation@dmas.virginia.gov <1115implementation@dmas.virginia.gov>

I strongly urge support for the Virginia Compass medicaid waivers, including:

- 1) Supported employment services
- 2) Housing support services
- 3) and the ARTS services

Thank you very much,

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 6:03 PM
Subject: I Support Virginia COMPASS
To: 1115implementation@dmas.virginia.gov <1115implementation@dmas.virginia.gov>

Good evening,

I hope this email finds you doing well. I am the parent of a young adult with schizophrenia. I am writing to voice my support for notable features of Virginia COMPASS which will aid my son and other individuals living with a serious mental illness to work and to live independently.

Please vote to support valuable resources such as Supported Employment Services, Housing Support Services, and Addiction Recovery Treatment Services (ARTS).

sincerely,

[REDACTED]

[REDACTED]

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 6:33 PM
Subject: Comments about Virginia Compass
To: <1115Implementation@dmas.virginia.gov>

The following comments are in regard to the proposed Medicaid waiver application to the federal government. Monthly premiums included in the waiver could possibly lead to medical debt that many people on Medicaid can't afford. The risks are too great that these costs will make some of the most needy Virginians unable to participate.

There are many reasons that a patient might not comply with this waiver and would result in their losing care. For example, there could be a language barrier that makes it hard to understand the requirements or a lack of accessibility to forms, details and deadlines .

The costs associated with implementing the waiver is a significant concern, and not the best use of our state efforts and cost.

Thank you for considering my thoughts. I believe Virginia can do better than this.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 6:34 PM
Subject: Against Proposed VA 1115 Waiver
To: <1115Implementation@dmas.virginia.gov>

This is going to harm people who want to go see their doctor. Work requirements don't work and the assumption that people who don't work are lazy is blatantly false. This harms so many people I know. I am proud of being a Virginian, and this makes me so upset with what is happening to this state and the way it is going to hurt thousands of people.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 6:34 PM
Subject: My letter on work requirements waiver
To: <1115Implementation@dmas.virginia.gov>

Access to health care is very important, that is why I am commenting on this proposed change. To create a major administrative cost to implement and monitor a requirement that the most people are complying with already is a poor use of taxpayer dollars. There is no benefit from this expenditure for the Commonwealth or the people the Medicaid program serves.

Losing health coverage for someone with a chronic illness would be devastating. Being locked out of health care due to failure to reporting work activities or being unable to pay monthly premiums could lead to terrible health outcomes for many Virginians. Thanks for allowing me to comment on this waiver.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 6:36 PM
Subject: Virginia COMPASS waiver public comments
To: <1115Implementation@dmas.virginia.gov>

I would like to make a public comment about the proposed 1115 Medicaid waiver. As people try to understand the process involved with this new Medicaid program, they realize they may have a challenge in proving compliance. Because of that, many may decide not to enroll even if they have or are pursuing work.

There are many reasons that a patient might not comply with this waiver and would result in their losing care. For example, there could be a language barrier that makes it hard to understand the requirements. Please consider my comments on this proposed new program.

Because of low rent they live in areas where no employment is available

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 6:36 PM
Subject: My letter on work requirements waiver
To: <1115Implementation@dmas.virginia.gov>

This is regarding my concerns surrounding the waiver draft for the Medicaid program in Virginia. Monthly premiums proposed to maintain Medicaid cost too much. Medicaid is designed to be affordable. People with very low income truly cannot afford any additional costs. I appreciate your time. Thank you for reading my comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 6:40 PM
Subject: Comments Against Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

As someone who believes access to health care is critical, I write in opposition to some of the changes to Virginia's Medicaid program proposed in this draft. The many barriers in this Medicaid proposal mean that there will likely be gaps in healthcare coverage that deny people the opportunity to access care. This works against what the program was supposed to achieve. I hope you consider my comments about this proposed waiver.

I know some young men who fit into the Medicaid Expansion gap based on income and they would be very unlikely to participate if they have to pay a copay. They do not want to be bothered by bureaucracy either. Best way to ensure they get health care when they need it...including preventative care - is to make it as easy as possible.

Please don't add in work requirements. We will have better workers contributing to our economy if they are healthy. A healthy individual is more likely to apply for work.

Keep it simple!

[REDACTED]

Fredericksburg

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 6:40 PM
Subject: New Medicaid waiver comments
To: <1115Implementation@dmas.virginia.gov>

Please consider the following concerns surrounding the waiver for the VA Medicaid program. Virginia should not invest significant resources implementing new rules that have proven not to be effective. In general work requirements programs have very short-term effects on employment, fail to increase long-term employment and do not help lift people out of poverty. These added rules are counterproductive and unnecessary.

Many people with low incomes have to move frequently and might even be homeless. These living conditions make it hard to comply with programs that have demands like this so this group of Virginians would still end up without coverage. Thanks for considering my thoughts on this waiver application.

[REDACTED]

Virginia Organizing

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 6:41 PM
Subject: Virginia COMPASS waiver public comments
To: <1115Implementation@dmas.virginia.gov>

I offer the following comments concerning the proposed changes to Virginia's Medicaid program. Working requirements make it harder for the state to enroll people. The result of that is that people without coverage will still use expensive emergency room treatment for health problems that are not emergencies. This will mean that the cost savings to the state and the entire system will not be what it should be.

Virginians insisted on expanding Medicaid so we could help families and individuals when they are going through tough times. It should not be taken away for failure to follow through on red tape and bureaucracy. The working poor not only are short on money they are often short on time because they are working many hours at low-paying jobs to make ends meet. Please take my thoughts and concerns into consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 6:49 PM
Subject: Problems with COMPASS
To: <1115Implementation@dmas.virginia.gov>

To whom it may concern,

This comment is directed toward certain aspects of Virginia's Medicaid waiver application.

Charging monthly premiums will make it harder for people with a chronic illness to visit their doctors. Routine visits in order to monitor conditions and receive prescriptions will become too costly, which can lead to negative health outcomes.

Requiring recipients to have jobs is a thorny prospect. Employment opportunities vary across the Commonwealth; this proposal makes no allowances for the disparities in job markets among communities. Additionally, other difficulties, such as language barriers, transportation, and access to childcare, are not addressed in this proposal. It is unfair to assume that those who are not working simply do not want to.

I am thankful that the public was given this important opportunity to comment.

[REDACTED]

Ms.

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 7:00 PM
Subject: Problems with COMPASS
To: <1115Implementation@dmas.virginia.gov>

I oppose the proposed 1115 Medicaid Waiver in Virginia and would like to make a public comment about it. There are many reasons that a patient might not comply with this waiver and would result in their losing care. For example, there could be a language barrier that makes it hard to understand the requirements.

Charging monthly premiums to Medicaid families will put more pressure on people struggling to make ends meet. Many people also have difficulty working through complex government processes. The premiums would create both of those issues for people that need access to care.

These work requirements are unnecessary and a waste of the government's time. This is just another way to keep people who need it from getting it. With the way the government is set up now, people need as much help as they can get. I have friends, family, and neighbors who would be affected by this. You can be a dollar over if you're working and not qualify. And now, if you don't get enough hours at work, you won't qualify either. Not only that, but what about the people who can't get jobs?

Thank you for your time.

[REDACTED]

Virginia Organizing

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 7:06 PM
Subject: Issues with Virginia 1115 Waiver
To: <1115Implementation@dmas.virginia.gov>

I oppose the proposed 1115 Medicaid Waiver in Virginia and would like to make a public comment about it. Many Virginians lose employment because they are sick and do not have access to care. This is a serious problem that this expansion is supposed to address. Instead, we have potential barriers to access that work against hardworking people.

Charging monthly premiums would mean thousands of people having to choose between health care and other needs for their families. Medicaid is supposed to help those in need, not create an additional financial challenge. Taking coverage away from people because they are unable to afford the premium is counterproductive. Please keep the best interest of Virginia's working families in mind as you consider my thoughts.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 8:07 PM
Subject: My letter on work requirements waiver
To: <1115Implementation@dmas.virginia.gov>

I am opposed to the new burdens proposed to be included in the Medicaid program. People who have relied on Medicaid for years would now be denied coverage if they fail to comply with work reporting. Many of whom are not technologically savvy could be hurt by this waiver.

The nature of the jobs that many low-income Virginians have makes it challenging to meet the proposed requirement for 80 hours a month. These jobs can have irregular hours and may not meet the requirement from one month to the next. Thank you for taking these concerns into consideration. I hope you will make changes to this proposal.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 8:08 PM
Subject: Comments Against Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

Eventually it will cost all Virginians too much money.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 8:08 PM
Subject: My letter on work requirements waiver
To: <1115Implementation@dmas.virginia.gov>

I am commenting on the new Virginia COMPASS medicaid waiver. So many factors in this proposed program put access to care at risk. There is no reason for this to be the case. Parts of this plan that call access into question must be removed in order for it to be effective. Thanks for considering my thoughts on this waiver application.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 8:38 PM
Subject: Proposed Virginia COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

An acquaintance, 47, has been mentally ill and hospitalized previously. She is now attending a community college and working in a restaurant. She has no health insurance. Recently, she received a letter saying she will be covered by Medicaid Expansion. She is thrilled. There is no way she can pay for her Medicaid help. She works about 20 or more hours a week and takes a full time load at the college. Her goal is to equip herself to be self supporting which her restaurant job will never allow. We are helping with her living expenses. It is unreasonable that people in such need but trying so hard to improve her situation should be asked to pay. She will not be able to pay on her limited income while in school where she is an honors student. The General Assembly's addition to Medicaid Expansion is unreasonable and defeats the purpose of helping people become independent.

[REDACTED]

Richmond, Va.

[REDACTED]

Ret

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 9:50 PM
Subject: Opposition to Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

As a Virginian, I do not support the changes outlined in Virginia's 1115 Medicaid waiver draft. Work requirements are a bad move for Virginians. There are many examples for Virginia to learn from. While these requirements sound great to some people, other safety net programs that have these requirements do not succeed in helping people find jobs or make ends meet.

Losing health coverage for someone with a chronic illness would be devastating. Being locked out of health care due to failure to reporting work activities or being unable to pay monthly premiums could lead to terrible health outcomes for many Virginians. Thank you taking all of my comments under consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>

Date: Tue, Oct 16, 2018 at 9:50 PM

Subject: NO Medicaid Waiver

To: <1115Implementation@dmas.virginia.gov>

I oppose the proposed 1115 Medicaid Waiver in Virginia.

The Medicaid program provides critical access to prevention, treatment, disease management, and care coordination services. It keeps people from becoming seriously ill and not being able to care for themselves or their family. Passage of the waiver would cause many to lose this important coverage. Please do not pass it.

Thank you for your work on behalf of the Commonwealth and taking my comments into consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 9:51 PM
Subject: My letter on work requirements waiver
To: <1115Implementation@dmas.virginia.gov>

No work requirements, no copays. I oppose this waiver. It will cause much hardship for people who already struggle. Can you imagine the nightmare of managing this system, and trying to report hours? Typical bureaucratic runaround. Just don't do it. The costs will not outweigh the benefits. People should just have healthcare with no strings. Do what's right. NO COPAYS, NO WORK REQUIREMENT. See links below for more information.

-<https://www.kff.org/medicaid/issue-brief/implications-of-work-requirements-in-medicaid-what-does-the-data-say/>

-<https://psmag.com/economics/heres-what-happened-when-arkansas-implemented-work-requirements-for-medicaid-recipients>

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Tue, Oct 16, 2018 at 2:14 PM
Subject: Virginia COMPASS Waiver Application
To: <1115Implementation@dmas.virginia.gov>

The following email explains my concerns about the proposed new requirements to receive coverage under Virginia's Medicaid program. Please consider this information in your work. I am very concerned with certain aspects of this proposal, specifically work requirements. This policy choice will cause many low-income people in our state to lose coverage, including people who should be exempt but may not understand how to navigate the administrative hurdles. I am hopeful that you take my comments into consideration and make the necessary changes.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 6:49 AM
Subject: Comments Against Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

This comment is directed toward certain aspects of Virginia's Medicaid waiver application. Losing coverage could create a life-threatening barrier to care for patients with long-term illnesses as these patients are unlikely to have access to ongoing treatments, medications and maintenance programs. Access to care is vital to the success of the Medicaid program. Thank you for considering this perspective.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 6:49 AM
Subject: My letter on work requirements waiver
To: <1115Implementation@dmas.virginia.gov>

As a Virginian, I do not support the changes outlined in Virginia's 1115 Medicaid waiver draft. Charging monthly premiums will make it harder for people with chronic illness to visit their doctors. Routine visits in order to monitor conditions and receive prescriptions will become too costly which can lead to negative health outcomes.

If a low-wage worker has inconsistent hours or an insecure job they may fail to keep up with the requirements and lose healthcare. If that results in an inability to work at all the program will have failed to help the exact situation the expansion was supposed to improve. I hope you will take these thoughts and comments into consideration moving forward.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 6:50 AM
Subject: Writing about Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

This email is in opposition to some requirements proposed in Virginia's Medicaid waiver. I hope you will take my views under advisement. Complicated requirements like the work requirement proposed here, result in new hardship for families already facing many. It can also keep people from enrolling because they are not confident they can keep up with the requirements.

Access to health coverage is important no matter who you are. This proposal would kick people off of Medicaid when they may need it the most.

These concerns impact children unfairly. With so many of Virginia's children caught in the web of poverty Medicaid is one tool that can provide those children with a safety net.

The state should aim to do no harm, but the draft proposal makes it clear that children will lose coverage. I am thankful for the opportunity to provide this information.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 8:32 AM
Subject: Comments - Medicaid Section 1115 Demonstration Waiver
To: 1115Implementation@dmas.virginia.gov <1115Implementation@dmas.virginia.gov>

Ms. Puglisi:

Please accept the attached letter from the American Diabetes Association with comments regarding the proposed Medicaid Section 1115 Demonstration Waiver.

Thank you and please let me know if you have any questions at all.

[REDACTED]

Director – State Government Affairs and Advocacy

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

October 17, 2018

Susan Puglisi
Virginia Department of Medical Assistance Services
Attn: Virginia COMPASS
600 E Broad Street
Richmond, VA 23219

Via email: 1115Implementation@dmas.virginia.gov

Dear Ms. Puglisi:

On behalf of the more than 30 million Americans living with diabetes and the 84 million more with prediabetes, the American Diabetes Association (ADA) provides the following comments on the State of Virginia's Department of Medical Assistance Services (Department) Section 1115 Demonstration Waiver for the Virginia Creating Opportunities for Medicaid Participants to Achieve Self Sufficiency (COMPASS) Program.

As the global authority on diabetes, the ADA funds research to better understand, prevent and manage diabetes and its complications; publishes the world's two most respected scientific journals in the field, *Diabetes* and *Diabetes Care*; sets the standards for diabetes care; holds the world's most respected diabetes scientific and educational conferences; advocates to increase research funding, improve health care, enact public policies to stop diabetes, and end discrimination against those denied their rights because of the disease; and supports individuals and communities by connecting them with the resources they need to prevent diabetes and better manage the disease and its devastating complications.

According to the Centers for Disease Control and Prevention, over 9.6% of adults in Virginia have diagnosed diabetes.¹ Access to affordable, adequate health coverage is critically important for all people with, and at risk for, diabetes. Adults with diabetes are disproportionately covered by Medicaid.² For low-income individuals, access to Medicaid coverage is essential to managing their health. As a result of inconsistent access to Medicaid across the nation, these low-income populations experience great disparities in access to care and health status, which is reflected in geographic, race and ethnic differences in morbidity and mortality from preventable and treatable conditions.

Medicaid expansion made available through the Affordable Care Act (ACA) offers promise of significantly reducing these disparities. Specifically, in Medicaid expansion states, more individuals are being screened for and diagnosed with diabetes than states that haven't expanded.³ Additionally, a new study found expansion states have a higher rate of prescription fills for diabetes medications than non-



1 in 11

Americans has diabetes today.



Every **23 seconds**, someone in the United States is diagnosed with diabetes.

More than **18,000** youth are diagnosed with type 1 diabetes every year.

expansion states.⁴ Regular medication use with no gap in health insurance coverage leads to fewer hospitalizations and use of acute care facilities.^{5,6} As such, the ADA continues to support Virginia's expanded Medicaid coverage. However, we have concerns regarding some of the provisions of the Virginia COMPASS Program, and provide the following comments and recommendation to help ensure the needs of low income individuals with diabetes and prediabetes are met by Virginia's Medicaid program.

Work Requirements

Proposals to take health coverage away from people who do not meet work requirements are contrary to the goal of the Medicaid program: offering health coverage to those without access to care. Most people on Medicaid who can work, do so. Nearly eight in 10 non-disabled adults with Medicaid coverage live in working families, and nearly 60% are working themselves. Of those not working, more than one-third reported that illness or disability was the primary reason, 28% reported they were taking care of home or family, and 18% were in school.⁷ For people who face major obstacles to employment, harsh Medicaid requirements will not help to overcome them.⁸ In addition, research shows work requirements are not likely to have a positive impact on long-term employment.⁹ Instead, instituting a work requirement would lead to higher uninsured rates and higher emergency room visits by uninsured individuals who would have been eligible for Medicaid coverage, and increase the administrative burden for the state and its Medicaid managed care plans.^{10,11}

A study by the National Bureau of Economic Research concluded Medicaid coverage increases utilization of primary and preventative services, lowers out-of-pocket medical spending and medical debt, and results in better self-reported physical and mental health.¹² CDC data show prevention programs and early detection can prevent the onset of type 2 diabetes and reduce state spending.¹³ Virginia's proposal to limit access to Medicaid services through the implementation of work requirements will decrease access to care for low-income Virginia residents and increase state health care costs.

Cost-Sharing

The ADA has great concern with the Department's proposal to impose premiums for Virginia's Medicaid expansion population. Under this proposed waiver, Virginia seeks to require premiums for individuals enrolled in Medicaid expansion whose income is between 100 percent and 138 percent of the poverty level. In order to receive a reduced premium rate, individuals would be subject to the Health and Wellness Program and complete a "healthy behavior." Although the state provides examples of what may qualify as a healthy behavior, there is no information on proper reporting and documentation. Additionally, coverage will be suspended for those individuals who do not pay the premiums. When people are not able to afford the tools and care necessary to manage their diabetes, they scale back or forego the care they need. A Kaiser Family Foundation review of research related to cost-sharing and premiums in state Medicaid and CHIP programs found that "[f]or individuals with low income and significant health care needs, cost sharing can act as a barrier to accessing care, including effectiveness

and essential services, which can lead to adverse health outcomes.”¹⁴ In addition, premiums can prevent individuals from enrolling in and maintaining coverage.¹⁵ Suspending Medicaid coverage for low-income individuals due to their inability to pay could have a negative impact on their ability to manage the disease, which could result in significantly increased health care costs for the state long term. The ADA strongly urges the Department to remove the premium requirement.

Administrative Barriers and Burdens

Increasing the administrative requirements to maintain eligibility will likely decrease the number of individuals with Medicaid coverage, even for those who meet the requirements or qualify for an exemption. An analysis of expected Medicaid disenrollment rates after implementation of work requirements shows most disenrollment would be due to administrative burdens or red tape.^{16,17} At this time, Virginia’s reporting process in the 1115 Waiver is not fully outlined. Research shows 30% of Medicaid adults report they never use a computer, 28% do not use the internet, and 41% do not use email.¹⁸ Making compliance reporting contingent on use of technology can create a barrier for gaining a job, as well as complying with reporting requirements. Under the waiver, Virginia proposes a gradation process for individuals entering the workforce, increasing the number of hours of required work over time. Documenting and reporting the proper hours is difficult for both the state and the enrollee, let alone attempting to track the rate of increase over for first twelve months of Medicaid enrollment. In addition, Medicaid enrollees who are working may experience difficulty obtaining the required documentation from their employer on a timely basis. Even though they meet the proposed requirements, their inability to provide timely documentation could result in them losing Medicaid coverage.

Diabetes is a complex, chronic illness that requires continuous medical care,¹⁹ so Medicaid enrollees with diabetes cannot afford a sudden gap in health insurance coverage. A recent study found that patients with type 1 diabetes who experience a gap or interruption in coverage, are five times more likely to use acute care services (i.e. urgent care facilities or emergency departments).²⁰ Through adding administrative barriers and burdens, this waiver proposal will impede access to health services that Virginia residents with diabetes need.

Conclusion

Research shows work requirements are not likely to have a positive impact on long-term employment.²¹ Instead, instituting a work requirement would lead to higher uninsured rates and higher emergency room visits by uninsured individuals who would have been eligible for Medicaid coverage, and increase the administrative burden for the state and its Medicaid managed care plans. In addition, high monthly premiums are a barrier for obtaining and maintaining Medicaid coverage. **We strongly urge the state to retract the 1115 Demonstration Waiver for the Virginia COMPASS Program as it creates barriers to accessible, affordable, and adequate healthcare for low-income Virginian’s with diabetes who rely on the program.**



The ADA appreciates the opportunity to comment on the Department's Waiver. Our comments include numerous citations to supporting research, including direct links to the research for the benefit of the Department in reviewing our comments. We direct the Department to each of the studies cited – made available through active hyperlinks – and we request that the full text of each of the studies cited, along with the full text of our comments, be considered part of the administrative record in this matter for purposes of the Administrative Procedure Act. If you have any questions, please contact Gary Dougherty, Director of State Government Affairs and Advocacy, [REDACTED] 800- [REDACTED]

Sincerely,
[REDACTED]

[REDACTED]
Director, State Government Affairs and Advocacy

¹ Center for Disease Control and Prevention, Diagnosed Diabetes. Available at:

<https://gis.cdc.gov/grasp/diabetes/DiabetesAtlas.html>

² Kaiser Commission on Medicaid and the Uninsured, The Role of Medicaid for People with Diabetes, November 2012. Available at http://kaiserfamilyfoundation.files.wordpress.com/2013/01/8383_d.pdf.

³ Sommers, Benjamin D., Blendon R. Orav E., et al, JAMA Internal Medicine, Changes in Utilization and Health Among Low-Income Adults After Medicaid Expansion or Expanded Private Insurance, October 2016, available at: <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2542420>

⁴ Myerson R., Tianyi L., Tonnu-Mihara I., and Huang E.S., Health Affairs, Medicaid Eligibility Expansions May Address Gaps in Access to Diabetes Medications, August 2018. Available at: <https://www.healthaffairs.org/doi/pdf/10.1377/hlthaff.2018.0154>

⁵ Id.

⁶ Rogers M, Lee J, Tipirneni R, Banerjee T, and Kim C, Health Affairs, Interruptions in Private Health Insurance and Outcomes In Adults with Type 1 Diabetes: A Longitudinal Study. July 2018. Available at: <https://www.healthaffairs.org/doi/10.1377/hlthaff.2018.0204>

⁷ Garfield R, Rudowitz R and Damico A, Understanding the Intersection of Medicaid and Work, Kaiser Family Foundation, February 2017, available at: <http://www.kff.org/medicaid/issue-brief/understanding-the-intersection-of-medicaid-and-work/>.

⁸ Goodnough A, The Adults a Medicaid Work Requirement Would Leave Behind, The New York Times, February 25, 2017, available at: <https://www.nytimes.com/2017/02/25/health/medicaid-work-requirement.html>.

⁹ Kaiser Family Foundation, Are Uninsured Adults Who Could Gain Medicaid Coverage Working?, February 2015, available at <http://kff.org/medicaid/fact-sheet/are-uninsured-adults-who-could-gain-medicaid-coverage-working/>.

¹⁰ Rector R, Work Requirements in Medicaid Won't Work. Here's a Serious Alternative, Heritage Foundation, March 2017, available at: <http://www.heritage.org/health-care-reform/commentary/work-requirements-medicaid-wont-work-heres-serious-alternative>.

¹¹ Katch H, Medicaid Work Requirements Would Limit Health Care Access Without Significantly Boosting Employment, Center on Budget and Policy Priorities, July 2016, available at: <http://www.cbpp.org/research/health/medicaid-work-requirement-would-limit-health-care-access-without-significantly>.

¹² National Bureau of Economic Research, The Medicaid Program, July 2015, available at: <http://www.nber.org/papers/w21425.pdf>.

¹³ Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, At A Glance 2016, available at: <https://www.cdc.gov/chronicdisease/resources/publications/aag/pdf/2016/nccdphp-aag.pdf>

¹⁴ Kaiser Family Foundation, Premiums and Cost-Sharing in Medicaid: A Review of Research Findings, Kaiser Commission on Medicaid and the Uninsured, February 2013. Available at: <https://www.kff.org/medicaid/issue-brief/premiums-and-cost-sharing-in-medicaid-a-review-of-research-findings/>

¹⁵ Id.

¹⁶ Kaiser Family Foundation, Implications of Work Requirements in Medicaid: What Does the Data Say?, June 2018, available at: <https://www.kff.org/medicaid/issue-brief/implications-of-work-requirements-in-medicaid-what-does-the-data-say/>

¹⁷ Kaiser Family Foundation, A Look at State Data for Medicaid Work Requirements in Arkansas, October 2018, available at: <https://www.kff.org/medicaid/issue-brief/a-look-at-state-data-for-medicaid-work-requirements-in-arkansas/>

¹⁸ Kaiser Family Foundation, Implications of Work Requirements in Medicaid: What Does the Data Say?, June 2018, available at: <https://www.kff.org/medicaid/issue-brief/implications-of-work-requirements-in-medicaid-what-does-the-data-say/>

¹⁹ American Diabetes Association, Standards of Medical Care in Diabetes – 2018, Diabetes Care, January 2018, available at: http://care.diabetesjournals.org/content/41/Supplement_1.

²⁰ Rogers, Mary A.M., Joyce M. Lee, Renuka Tipirneni, Tanima Banerjee, and Catherine Kim, Interruptions in Private Health Insurance and outcomes in Adults with Type 1 Diabetes: A Longitudinal Study, July 2018. Available at: <https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2018.0204>

²¹ Kaiser Family Foundation, Are Uninsured Adults Who Could Gain Medicaid Coverage Working?, February 2015, available at: <http://kff.org/medicaid/fact-sheet/are-uninsured-adults-who-could-gain-medicaid-coverage-working/>.

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 9:27 AM
Subject: Proposed Virginia COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

I am writing to you today regarding Virginia's Medicaid waiver proposal, I oppose the aspects of this program that create new burdens on people who are already struggling. Virginia has an opportunity to offer affordable healthcare to all, but monthly premiums would deny us that opportunity by creating a cost that people might not be able to afford. That would mean the program is a failure. I hope we will not undermine our own program by adding these costs.

Virginians insisted on expanding Medicaid so we could help families and individuals when they are going through tough times. It should not be taken away for failure to follow through on red tape and bureaucracy. The working poor not only are short on money they are often short on time because they are working many hours at low-paying jobs to make ends meet. I am thankful that the public was given this important opportunity to comment.

[REDACTED]

CHKD

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 9:28 AM
Subject: Responding to Medicaid waiver idea
To: <1115Implementation@dmas.virginia.gov>

The following comments are offered for consideration as public comment on the Medicaid waiver draft. There are several components of it that concern me as a citizen. The work requirement affects very few people. This means that the state would incur major additional expenses and administrative work to enforce a requirement that the vast majority of people are complying with already or are unable to. The Commonwealth needs to make improvements to this draft. Thank you for taking my comments into consideration.

[REDACTED]

Whole Health Solutions

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 9:28 AM
Subject: RE: Virginia COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

I am writing with regard to Virginia's COMPASS program and my opposition to certain components of it. Individuals with complicated health issues often experience lapses in employment due to their condition or may have been told by a doctor to take time away from work as part of their treatment and recovery. This proposal does not consider this situation and requires the sick person to prove they were sick.

If someone has a disability they may have a harder time complying with some of the qualifications in this proposal. That could end up in their losing access to care. Thanks for reading my thoughts on this program.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 9:28 AM
Subject: Virginia COMPASS waiver public comments
To: <1115Implementation@dmas.virginia.gov>

I have concerns about, and therefore oppose, the changes to Virginia's Medicaid program proposed in Virginia 1115.

Medicaid is intended to provide critical access to the prevention and treatment of illnesses, reducing costs for both providers (and taxpayers) as well as patients over the long term. Denying or limiting that access undercuts this mission and eliminates the opportunity to keep people healthy (and working to the best of their ability). We need a program that ensures consistent access.

Work requirements and other efforts to deny public supports in an effort to force people to work have poor results wherever they have been tried. People are unemployed for a variety of reasons that can be complicated and not easily subject to legislation. My sister-in-law has a severe mental handicap and works when she is able, yet her care largely depends on Medicaid. If her condition worsens, her need for the program INCREASES while her ability to work decreases--precisely the situation where Medicaid is designed to protect her.

Work requirements are simply an excuse to deny people healthcare coverage and undercut funding that has already been passed. It is contrary to the spirit of the law, the good of the commonwealth, and the will of the majority of Virginians. Please take this into account when considering changes to COMPASS.

[REDACTED]

Ms.

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 9:29 AM
Subject: New Medicaid Waiver Comments
To: <1115Implementation@dmas.virginia.gov>

The comments below, describe my concerns about and opposition to the proposed changes to Virginia's Medicaid program. Virginia must learn from the experiences of other states. In places that have implemented work requirements, their citizens lose health coverage. Virginia should not go down this path, because healthy Virginians are the foundation of our strong economy. Please keep the best interest of Virginia's working families in mind as you consider my thoughts.

The work mandate means many parents who are eligible will not be able to stay home to care for their own children. Childcare is very expensive and may be barely covered by a parent's wages. Additionally, people with chronic illness who are unable to work may be rendered ineligible for coverage.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 9:29 AM
Subject: Responding to waiver proposal
To: <1115Implementation@dmas.virginia.gov>

As an advocate for expanded healthcare coverage, I am writing to you regarding my concerns with this waiver application. Please give consideration to my views. Work requirements in this program do not help families afford to put food on the table or improve their health. There is some evidence that shows that work requirements can actually make it harder for people to find work. This is not good policy.

If someone has a disability they may have a harder time complying with some of the qualifications in this proposal. That could end up in their losing access to care. Thanks for taking the time to read my comments.

I am acutely aware of the struggle of older Virginians to find and keep employment that supplies a living wage and a decent benefits package. Although unemployment may be low we are in a time of historic underemployment, especially among older adults.

Thank you

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 9:30 AM
Subject: Proposed Medicaid Waiver Application
To: <1115Implementation@dmas.virginia.gov>

I am writing to you with regard to Virginia's proposed Medicaid waiver which has problems as it is currently written. Work requirements have little to do with the intent of Medicaid and may actually interfere with it by creating new difficulties. I appreciate your time. Thank you for reading my comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 9:30 AM
Subject: Responding to Medicaid waiver idea
To: <1115Implementation@dmas.virginia.gov>

As someone who believes access to health care is critical, I write in opposition to some of the changes to Virginia's Medicaid program proposed in this draft. Charging monthly premiums will lead to people not accessing regular routine health care appointments. This would defeat the point of Medicaid which is to keep people healthy and their care affordable.

Losing health coverage for someone with a chronic illness would be devastating. Being locked out of health care due to failure to reporting work activities or being unable to pay monthly premiums could lead to terrible health outcomes for many Virginians. Thank you for the opportunity to share these insights.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 10:12 AM
Subject: Virginia COMPASS Waiver Comments - Exempt People with Cystic Fibrosis from the TEEOP Requirements
To: Virginia C.O.M.P.A.S.S. <1115Implementation@dmas.virginia.gov>

Dear Ms. Puglisi,

As a Virginia resident and a mom to a 21 year old son with Cystic Fibrosis (CF), I'm writing to ask you to automatically exempt people with CF from the work and community engagement requirements and premiums in Virginia's Creating Opportunities for Medicaid Participants to Achieve Self Sufficiency (COMPASS) Waiver. Furthermore, I ask that the commonwealth use its own data to identify people with CF for exemption to minimize the risk of inappropriate disenrollment and administrative burden on recipients.

CF is a life-threatening genetic disease that causes persistent lung infections and progressively limits the ability to breathe, often leading to respiratory failure. Over 720 Virginians live with CF. As a complex, multi-system condition, CF requires targeted, highly specialized treatment and medications. There is no known cure.

Nearly 150 adults in Virginia rely on Medicaid to receive the high quality, specialized care and they need—and many more may gain Medicaid coverage if the state's expansion is approved. While many Medicaid recipients living with CF are employed, others are unable to work due to health status or the amount of time they need to spend on their treatments. To stay healthy, people with CF must endure hours of treatment every day – including receiving chest physiotherapy, taking inhaled treatments, potentially administering IV antibiotics, and other activities. In addition, people with CF commonly deal with pulmonary exacerbations (episodes where the symptoms of CF get worse and often lead to hospitalization), infections, and other events that cause their health to decline rapidly, potentially taking them out of the workforce for significant periods of time.

I also have concerns about the premium requirements outlined in the proposed waiver and the impact on access to care for people with CF. Not only are nominal premiums often unaffordable for low income beneficiaries, but the process of making a premium payment can create barriers to care for a population that may not have bank accounts or credit cards. In fact, studies have shown that the addition of premiums leads to a reduction in Medicaid enrollment.

While I appreciate that the state plans to exempt many individuals, including those designated as medically frail or with a special medical need, I ask the state to specifically include people with CF in the definition of those who are automatically exempt.

Consistent care is a critical component of CF treatment, and any loss or gaps in health coverage, because of failure to comply with these requirements, may put the health of people with CF at risk.

Again, I urge you to specifically and automatically exempt people with CF from the work requirement. Your attention to this matter will help people with CF continue to have access to the highly specialized care they need to live full and healthy lives.

Sincerely,



From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 10:43 AM
Subject: Writing about Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

Virginia's proposed changes to the Medicaid program will undermine its effective implementation. Work requirements do not work. These poor policy choices proposed will reduce access to care to people that need it most. A healthy person is better able to contribute to the workforce, and this program is supposed to focus on health.

The health and wellness accounts seem very complex and confusing and the Virginia COMPASS proposal does not explain how Medicaid recipients will be educated about the program and how to use it. This issue needs to be addressed. The Commonwealth needs to make improvements to this draft. Thank you for taking my comments into consideration.

[REDACTED]

Muhlenberg Lutheran Church

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 10:43 AM
Subject: Comments Against Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

The following comments are in regard to the proposed Medicaid waiver application to the federal government. Charging people for health insurance defeats the purpose of Medicaid. It is important that Medicaid is affordable for low income families because they depend on affordable health care to keep working and stay healthy.

Medicaid provides critical access to the prevention and treatment of illnesses but if that access is denied the opportunity to keep people healthy is lost. We need a program that ensures consistent access. Thank you for considering my thoughts. I believe Virginia can do better than this.

[REDACTED]

Ignatian Volunteer Corps

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 10:44 AM
Subject: Comments Against Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

The following comments are in regard to the proposed Medicaid waiver application to the federal government. The cost of monitoring compliance and diminished value of only having healthcare coverage some of the time makes it unjustifiable. That money would be better used in true workforce training efforts and the Medicaid program should focus only on providing access to coverage for those who qualify. Please do take these concerns into consideration and make changes to this draft.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 10:44 AM
Subject: My letter on work requirements waiver
To: <1115Implementation@dmas.virginia.gov>

These comments are about the Commonwealth's Medicaid waiver application. I appreciate your taking them into consideration. The most common jobs for adults who could qualify for the new Medicaid program are in the service industry. These jobs are prone to irregular hours driven by factors outside the employee's control. Unfortunately, they could result in someone failing to comply even though they remain employed and willing to work.

The red tape and bureaucracy surrounding the COMPASS program will throw people off Medicaid. People that are following the rules will suffer due to the complicated system that COMPASS is creating. I am pleased to offer these comments and hope you will consider them.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 10:45 AM
Subject: My concerns about the Virginia COMPASS program
To: <1115Implementation@dmas.virginia.gov>

Thank you for the opportunity to comment on this important issue. I am writing in opposition to Virginia's 1115 waiver for the COMPASS program. If someone has a disease or long-term health issue they need consistent access to care. It is not very valuable to provide off and on coverage.

Many adults on Medicaid are working part-time jobs or for places that have an inconsistent workload. That is why it will be very difficult for these deserving people to meet the rules of this proposed work requirement. This requirement does not change the number of hours available to a worker and punishes them for taking whatever work is available to them. I hope my comments are helpful.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 10:45 AM
Subject: New Medicaid Waiver Comments
To: <1115Implementation@dmas.virginia.gov>

As a Virginian who cares about expanding healthcare coverage, I am writing to you regarding my concerns with the COMPASS waiver application. Please give consideration to my views. Health insurance and a person's overall health are linked together. We should do everything possible to ensure people have ongoing coverage; otherwise, the ambition to have people become employed and stay employed is not going to be realized. Access is the key to our success with the Medicaid program and it needs to be the first priority for it.

Job requirements like this and other efforts to take away public supports to try to encourage people to work have poor track records. The reasons people are unemployed are sometimes too complicated to address in the way this proposal does. In addition, many people already do work, they have several part-time jobs that do not supply health benefits. This requirement will just deny people healthcare coverage. Please consider my comments on this proposed program.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 10:45 AM
Subject: Proposed Medicaid Waiver Application
To: <1115Implementation@dmas.virginia.gov>

This comment is in relation to the Medicaid waiver that was proposed by DMAS. There are several new requirements proposed that I oppose. The goal of Medicaid is to give coverage to those who need it. This would stop sick people from receiving the care that they need and keep healthy people from staying healthy.

Managing health on an ongoing basis is the way to keep people healthy and reduce the overall cost of healthcare. By requiring monthly premiums for Medicaid patients and setting up confusing health and wellness accounts, we are likely to miss the opportunity to keep costs down and our population healthy. Thank you for your work on behalf of the Commonwealth and taking my comments into consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 10:48 AM
Subject: DMAS – Virginia Compass Waiver
To: <1115Implementation@dmas.virginia.gov>

I am commenting on the new Virginia COMPASS medicaid waiver. Access to health coverage is important no matter who you are. This proposal would kick people off of Medicaid when they may need it the most if not drafted with proper wording to protect those who are not able to work between the ages of 50 to 60. And for those who are unable to work due to mental or physical disabilities noted by a board certified doctor or medical professional.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 10:49 AM
Subject: Comments about Virginia Compass
To: <1115Implementation@dmas.virginia.gov>

As a Virginian, I do not support the changes outlined in Virginia's 1115 Medicaid waiver draft.

It's too expensive to enforce, and that vast majority of individuals in the expanded medicaid program already work, which is why they make more than the traditional medicaid recipient. State money spent on checking up on people could be much better spent on other needed programs like oral health care or early childhood education.

[REDACTED]

Ms.

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 10:49 AM
Subject: Commenting on Virginia Compass
To: <1115Implementation@dmas.virginia.gov>

This comment is in relation to the recent Medicaid waiver that was proposed. There are several troubling changes proposed that I oppose. Medicaid should help people when they are going through tough times. Health care is a human right and should not be taken away for failure to comply with this type of red tape and bureaucracy. I am hopeful that you change the proposed waiver.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 10:49 AM
Subject: RE: Virginia COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

The comments in this email should be considered in relation to Virginia's Medicaid waiver application. The responsibility will be solely on Virginia to provide things like job training, child care, transportation, and other programs to help people to meet the proposed work requirement.

People who qualify for Medicaid need reliable health care access just like everyone does. Access to care is important to maintaining a job and living a productive life. There should not be barriers like this proposal contains. Please take my comments and those of others seriously.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 10:51 AM
Subject: Issues with Virginia 1115 Waiver
To: <1115Implementation@dmas.virginia.gov>

I am writing with regard to Virginia's COMPASS program and my opposition to certain components of it. The many barriers in this Medicaid proposal mean that there will likely be gaps in healthcare coverage that deny people the opportunity to access care. This works against what the program was supposed to achieve. Our society is better than this, and we should be so in Virginia. The Commonwealth needs to make improvements to this draft. Thank you for taking my comments into consideration.

[REDACTED]

Reston

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 10:51 AM
Subject: Commenting on Virginia Compass
To: <1115Implementation@dmas.virginia.gov>

This email offers my opinion about changes to Virginia's Medicaid program that I find problematic. Medicaid is a safety net program, but it is not effective if its availability is threatened by the program's design. Economic hard times are often happening at the same time as failing health. We need for people to have consistent access to treatment for this program to work the way it is supposed to.

I am afraid that people who benefit from the Medicaid program will lose their coverage simply because they will not know how to navigate the system. The Virginia COMPASS proposal requires people to eventually work and document that they are working at least 80 hours per month. This means they will have to keep track of all of their work documents, potentially from more than one employer. This is a burdensome process, especially when people are working day in and day out just to make ends meet and take care of their families. Thank you for considering these thoughts. Virginia can do better than this.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 10:51 AM
Subject: Against Proposed VA 1115 Waiver
To: <1115Implementation@dmas.virginia.gov>

I would like to make a public comment about the proposed 1115 Medicaid waiver. Having work requirements may deter families from enrolling in the coverage that they qualify for and need. When someone does not have health coverage, they are less able to seek medical care when they are ill or injured and are generally less able to get work because of it.

Some of these proposed new requirements create obstacles to care for all enrollees. In some cases it may be poor health that leads to a poor financial situation which can only make things worse in a situation like that. Please take this into account and make changes to COMPASS.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 10:51 AM
Subject: Commenting on Virginia Compass
To: <1115Implementation@dmas.virginia.gov>

OK, lawmakers, here's the boilerplate, thanks to AARP:

The following comments are in regard to the proposed Medicaid waiver application to the federal government. The two most common occupations for adults in Virginia who could qualify for Medicaid under expansion are food services and construction - which can be seasonal and are prone to irregular hours. That could result in someone falling out of compliance even though they remain employed.

Medicaid is a safety net program, but it is not effective if its availability is threatened by the program's design. Economic hard times are often happening at the same time as failing health. We need for people to have consistent access to treatment for this program to work the way it is supposed to. Please take this into account and make changes to COMPASS.

My two cents: Most people on Medicaid who can work already DO work. And many who aren't working want to, but have problems finding work.

So to penalize their health care for some illusory idea that they are freeloading not only isn't supported by the facts, it is a) immoral to deprive them of health care; and b) will end up costing us, the taxpayers more in the long run as they put off medical treatments that are less costly, then wait until it's dire and end up in the emergency room.

I therefore appeal to both our shared humanity and care for our neighbor, as well as your common sense, in my request that you change the work requirement.

Very truly yours,

[REDACTED]

AARP member and diligent voter

[REDACTED]

1959

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 10:52 AM
Subject: COMPASS objections
To: <1115Implementation@dmas.virginia.gov>

As someone who believes access to health care is critical, I write in opposition to some of the changes to Virginia's Medicaid program proposed in this draft. The work requirement means that the state would incur major additional expenses and administrative work to enforce something that the majority of people are already complying with.

The Medicaid population faces multiple challenges. They can face language barriers, disabilities, mental illness, insecure work, and homelessness. All these issues create difficulties when asked to comply with complicated government programs. The result of this can be that access is not improved at all. Please do take these concerns into consideration and make changes to this draft.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 10:52 AM
Subject: I oppose COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

These comments are about the Commonwealth's Medicaid waiver application. I appreciate your taking them into consideration.

Frankly, if you don't want to offer Medicaid Expansion as just that: expansion, then you shouldn't offer it. It appears that this expansion is lip service if all of these obstacles will be placed in the way of current and future recipients.

Virginia should not to go down this path. Looking at what is happening in other states shows little success and high costs. Work requirements simply do not work. People who are on Medicaid often cannot work, or cannot work consistently.

If someone has a disease or long-term health issue they need consistent access to care. It is not very valuable to provide off and on coverage. I am thankful that the public was given this important opportunity to comment.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 10:55 AM
Subject: Virginia COMPASS Waiver Comments - Exempt People with Cystic Fibrosis from the TEEOP Requirements
To: Virginia C.O.M.P.A.S.S. <1115Implementation@dmas.virginia.gov>

Dear Ms. Puglisi,

As a Virginia resident and someone personally affected by cystic fibrosis (CF), I'm writing to ask you to automatically exempt people with CF from the work and community engagement requirements and premiums in Virginia's Creating Opportunities for Medicaid Participants to Achieve Self Sufficiency (COMPASS) Waiver. Furthermore, I ask that the commonwealth use its own data to identify people with CF for exemption to minimize the risk of inappropriate disenrollment and administrative burden on recipients.

CF is a life-threatening genetic disease that causes persistent lung infections and progressively limits the ability to breathe, often leading to respiratory failure. Over 720 Virginians live with CF. As a complex, multi-system condition, CF requires targeted, highly specialized treatment and medications. There is no known cure.

Nearly 150 adults in Virginia rely on Medicaid to receive the high quality, specialized care and they need—and many more may gain Medicaid coverage if the state's expansion is approved. While many Medicaid recipients living with CF are employed, others are unable to work due to health status or the amount of time they need to spend on their treatments. To stay healthy, people with CF must endure hours of treatment every day – including receiving chest physiotherapy, taking inhaled treatments, potentially administering IV antibiotics, and other activities. In addition, people with CF commonly deal with pulmonary exacerbations (episodes where the symptoms of CF get worse and often lead to hospitalization), infections, and other events that cause their health to decline rapidly, potentially taking them out of the workforce for significant periods of time.

I also have concerns about the premium requirements outlined in the proposed waiver and the impact on access to care for people with CF. Not only are nominal premiums often unaffordable for low income beneficiaries, but the process of making a premium payment can create barriers to care for a population that may not have bank accounts or credit cards. In fact, studies have shown that the addition of premiums leads to a reduction in Medicaid enrollment.

While I appreciate that the state plans to exempt many individuals, including those designated as medically frail or with a special medical need, I ask the state to specifically include people with CF in the definition of those who are automatically exempt.

Consistent care is a critical component of CF treatment, and any loss or gaps in health coverage, because of failure to comply with these requirements, may put the health of people with CF at risk.

Again, I urge you to specifically and automatically exempt people with CF from the work requirement. Your attention to this matter will help people with CF continue to have access to the highly specialized care they need to live full and healthy lives.

Sincerely,

[REDACTED]

[REDACTED]

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 10:56 AM
Subject: Virginia COMPASS waiver public comments
To: <1115Implementation@dmas.virginia.gov>

This email is in opposition to some requirements proposed in Virginia's Medicaid waiver. I hope you will take my views under advisement. Work requirements do not work. These poor policy choices proposed will reduce access to care to people that need it most. A healthy person is better able to contribute to the workforce, and this program is supposed to focus on health.

Medicaid provides critical access to the prevention and treatment of illnesses but if that access is denied the opportunity to keep people healthy is lost. We need a program that ensures consistent access. I hope you will take these thoughts and comments into consideration moving forward.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 10:57 AM
Subject: RE: Virginia COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

This letter is in opposition to the burdensome and counter-productive requirements proposed for Virginians with Medicaid. I hope you will take my views into account. Statistics show that Virginians with Medicaid coverage who can work are working. However, if a work requirement is implemented, the state would subject these people to more paperwork, more hurdles, and more loopholes to prove they are working and meeting the new proposed rules. The state can support work without adding more administrative burden. The requirements would further cost the state in money and human resources. We can look to other states to see that work requirements are expensive, cause people to lose health access and do not increase work status.

The many barriers in this Medicaid proposal mean that there will likely be gaps in healthcare coverage that deny people the opportunity to access care. This works against what the program was supposed to achieve. Please consider my comments on this proposed new program.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 11:04 AM
Subject: My letter on work requirements waiver
To: <1115Implementation@dmas.virginia.gov>

This comment is directed toward certain aspects of Virginia's Medicaid waiver application. I disagree with the waiver imposing monthly premiums for Medicaid recipients. Thank you for the opportunity to share these insights.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 11:05 AM
Subject: Issues with Virginia 1115 Waiver
To: <1115Implementation@dmas.virginia.gov>

The comments in this email should be considered in relation to Virginia's Medicaid waiver application. People losing their coverage because they do not have consistent employment does not help achieve a healthier Virginia. The system that would have to be in place would be costly and also not contribute to the main goal of the Medicaid program. There is no benefit to people who need healthcare coverage or taxpayers. Those who are most in need of help from the Medicaid program are also most likely to be those whose health does not allow them to undertake full employment, and their health issues may be the very reason they are denied employment. To deny such people the help they need to deal with their health issues would be an act of cruelty, and I would hope that the Commonwealth of Virginia is better than that.

I have had personal knowledge of a woman whose cancer was the avowed reason for denying her the renewal of her contract. If she were still alive, would it be right for COMPASS to deny her the help that Medicaid would provide for her treatment, simply because of her administrator's decision not to risk having her missing work from time to time?

My fourth great grandfather experienced health problems that prevented him from participating in work that was offered to him before he died at 63, an age that today would not even make him eligible for Social Security. His name was Patrick Henry, and as his descendant, I feel a moral obligation to speak for those who, like him, may want to work, but are restrained by illness.

Thank you for reading my comments.

[REDACTED]

Mrs.

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 11:05 AM
Subject: Virginia COMPASS waiver public comments
To: <1115Implementation@dmas.virginia.gov>

I am opposed to many of the new burdens included in proposed COMPASS Medicaid program. Work requirements to get people to work have poor results wherever they have been tried. People are unemployed for a variety of reasons. This requirement will deny people healthcare coverage like it has wherever they have been tried.

Losing healthcare would be catastrophic for families and ultimately drives up my costs. I believe Medicaid should provide coverage for families not take them away. I hope you consider my comments about this proposed waiver.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 11:05 AM
Subject: Writing about Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

Gentlepeople:

I am a long time Virginia resident and have worked to expand Medicaid for some time. I oppose at least 2 of the changes proposed in the commonwealth's waiver application.

First, my experience with work requirements is that they are burdensome for benefit recipients and for administrative agencies. The waiver application indicates that approximately 120,000 people may be subject to a work requirement. To gain or maintain access to adequate health care, those people will need to comply with documentation requirements, and administrative agencies will need to review, verify and record not just compliance with the requirement but also verifying documentation and preserving those records. These represent a huge waste of government resources and are likely to discourage some eligible people from enrolling or fulfilling requirements for reenrolling in Medicaid. Medicaid expansion was designed to provide uninsured low income people with healthcare. People who fail to comply with a work requirement will still show up at hospitals and other health care sites, and the state will still be on the hook for some costs associated with their care. This requirement is a fruitless waste of time that only promises to reduce medicaid enrollment for reasons unrelated to health or healthcare.

Requirements for "premiums" and copayments are equally ill conceived. These payments will act as another disincentive for eligible people to enroll in or maintain medicaid coverage. The point of medicaid expansion was to provide adequate health care coverage for very poor people who could not take advantage of the ACA. One point of the expansion was to get people enrolled so that state and health care resources need not be devoted to covering costs this population could not afford. The waiver seems to presume that very poor people have sufficient slack resources available to pay up to 5 percent of their income for health care. They don't, and so families will have to divert resources from food, housing and other necessities to pay medicaid premiums and copayments. Or people won't enroll and we will continue to bear the unsubsidized costs of medical care they do receive, typically through emergency rooms rather than through other less costly health care avenues.

Finally, the well intentioned healthy behaviors incentives create another level of administrative overhead for both agencies of the commonwealth, possibly for health care providers, and for medicaid enrollees. While this proposed requirement may not act as a strong disincentive to enrollment as a work requirement and premium and copayment requirement does, the proposal still imposes unreasonable burdens for the production and maintenance of records. Those burdens divert resources from clearly more beneficial activities.

I urge the commonwealth not to take steps that have the effect of discouraging medicaid participation and burdening participants and administrators with substantial additional responsibilities that will likely remain unaddressed as the General Assembly prepares future budgets. I hope that sanity will prevail in this instance at least.

Thank you for your attention.

[REDACTED]



From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 11:05 AM
Subject: Arguments against COMPASS
To: <1115Implementation@dmas.virginia.gov>

I am commenting on the new Virginia COMPASS medicaid waiver. The goal of Medicaid is to give coverage to those who need it. This would stop sick people from receiving the care that they need and keep healthy people from staying healthy.

While monthly premiums may seem insignificant to some people, to the very poor they can be a real barrier that prevents them from accessing quality healthcare when they need it. That runs counter to the whole purpose of the Medicaid program in Virginia. I am thankful that the public was given this important opportunity to comment.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 11:17 AM
Subject: Commenting on Virginia Compass
To: <1115Implementation@dmas.virginia.gov>

This comment is in relation to the Medicaid waiver that was proposed by DMAS. There are several new requirements proposed that I oppose. Virginians insisted on expanding Medicaid so we could help families and individuals when they are going through tough times. It should not be taken away for failure to follow through on red tape and bureaucracy. The working poor not only are short on money they are often short on time because they are working many hours at low-paying jobs to make ends meet. Please consider my comments on this proposed program.

[REDACTED]

VaUMC

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 11:18 AM
Subject: Responding to waiver proposal
To: <1115Implementation@dmas.virginia.gov>

Access to health care is very important, that is why I am commenting on this proposed change. The many barriers in this Medicaid proposal mean that there will likely be gaps in healthcare coverage that deny people the opportunity to access care. This works against what the program was supposed to achieve.

People who have good coverage are able to access care on a regular basis. If there are monthly premiums in the program, those people will try to avoid using healthcare. What seems like a small cost can truly be a barrier to getting care for those with a low income. Thank you for your work on behalf of the Commonwealth and taking my comments into consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>

Date: Wed, Oct 17, 2018 at 11:18 AM

Subject: Proposed Virginia COMPASS waiver

To: <1115Implementation@dmas.virginia.gov>

This comment is about my concerns with certain aspects that Virginia proposes in its Medicaid waiver application. For a large majority of Medicaid recipients in our state who already work or face serious barriers to employment, Medicaid work requirements will have very little benefit for them. Instead, this proposal will add more roadblocks for Virginians to get and keep the health coverage they need.

Some mental illnesses, especially if they are untreated, make it very difficult for someone to comply with this proposal - resulting in their losing access to care. This could easily spiral into much more expensive treatments and hospitalizations. Thank you for the opportunity to share these insights.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 11:42 AM
Subject: Attn: Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

Cc: [REDACTED] <[REDACTED]>
[REDACTED]

Dear Ms. Puglisi:

Please see our comment to the Virginia COMPASS application attached.

Thank you,

[REDACTED]

--

[REDACTED]

Deputy Policy & Research Director

[REDACTED]



Susan Puglisi
Virginia Department of Medical Assistance Services
Attn: Virginia COMPASS
600 E Broad Street
Richmond, VA 23219

October 17, 2018

Dear Ms. Puglisi:

Young Invincibles would like to express our concern with the Training, Education, Employment and Opportunity Program (TEEOP) provision of the Creating Opportunities for Medicaid Participants to Achieve Self-Sufficiency (COMPASS) proposal, published by the Virginia Department of Medical Assistance Services on September 20, 2018. Specifically, we are concerned with the application's proposal to take away Medicaid coverage for beneficiaries who do not meet work requirements.

Young Invincibles serves as the primary national advocate for connecting young adults to affordable and comprehensive health care coverage, and raising young adult voices in the political and policy process. For the past ten years, our organization has focused our efforts on researching the impact of health coverage policies and programs on young adults, as well as facilitating public education on accessing and utilizing health care services. Most recently, we have been calling attention to the disproportionate impact Medicaid work requirements place on young adults.¹ Considering the approximate 255,000 young adults currently enrolled in Medicaid in Virginia, or that will become eligible with expansion, Virginia COMPASS and its provisions have significant impact on young adults which facilitates our concern on this issue.²

In summary, this comment argues:

- Taking away health coverage contradicts the purpose of the Medicaid program, and hurts low-income and Virginians of color in the process.
- Taking away coverage for those not meeting work requirements does not increase employment in the long-term.
- The application creates a chaotic maze of exemptions, definitions, and red tape, leaving all Medicaid enrollees vulnerable to losing coverage. All Medicaid enrollees, including those already working, will be unduly burdened by documenting, verifying, and reporting hours worked and are at risk of losing coverage.

¹ Young Invincibles Staff, "Medicaid 'Work Requirements' Hurt Young People. Here's How," <http://younginvincibles.org/yi-blog/medicaid-work-requirements-hurt-young-people-heres/>.

² Young Invincibles' analysis of the 2016 American Community Survey.

YOUNG INVINCIBLES

The purpose of the Medicaid program in Virginia is to “improve the health of people in Virginia who might otherwise go without medical care for themselves.”³ Therefore, Virginia’s decision to expand Medicaid to households under 138 percent of the federal poverty level is a historic step in the right direction. However, the state’s decision to implement punitive work-requirements as a condition of eligibility for coverage is a direct contradiction to the program’s purpose. The implementation of this provision would lead to more than 21,000 Virginians immediately losing Medicaid coverage.⁴ Furthermore, work-requirements would disproportionately impact minority communities; therefore, potentially widening already existing inequities. For instance, while African Americans make up 19 percent of the young adult population, they account for 34 percent of young Medicaid enrollees.⁵

The Virginia COMPASS provision assumes that mandating participation in pre-established work hours as a condition of Medicaid eligibility will incentivize employment, in turn fostering improved financial stability and self-sufficiency. However, research shows that this is an incorrect assumption. Research published by The Kaiser Family Foundation estimates 60 percent of current Medicaid enrollees aged 19-64, that are not receiving Social Security Income, already work.⁶ Indeed, according to our estimates, 45 percent of young adult Medicaid enrollees work, and another 11 percent are actively looking for work.⁷ Moreover, research by Center on Budget and Policy Priorities found that over a five-year period, there is little difference in employment rates between public assistance households that are subject to work-requirements versus those that are not.⁸ Given the lack of demonstrated effectiveness, the estimated \$23.1 million to implement the Medicaid work-requirement program would be financially wasteful.⁹

The end result of the proposed work requirements would be no more than arbitrary barriers to accessing physical, mental, and behavioral health services for those most in need. The Virginia 1115 Demonstration Waiver estimates that roughly 120,000 current Virginia Medicaid enrollees would be subject to these requirements -- that is 120,000 of the commonwealth’s most vulnerable residents becoming at risk for losing health insurance.¹⁰ These individuals will face undue burden navigating COMPASS to verify their compliance.

DMAS’ application includes ten types of qualifying activities, sixteen categorical exemptions, and ten hardship and good cause exemptions, the definitions of which are unclear and

³ U.S. Government, Benefits.gov., “Virginia Medicaid”, <https://www.benefits.gov/benefit/1643>.

⁴ Stewart, Chad, et al. *Work Programs Should Help, Not Harm, Virginia Families: Thousands Likely to Lose Coverage under Waiver*. The Commonwealth Institute: 2018.

⁵ Young Invincibles’ analysis of the 2016 American Community Survey.

⁶ Garfield, Rachel, et al. *Understanding the Intersection of Medicaid and Work*. Kaiser Family Foundation: 2018.

⁷ Young Invincibles’ analysis of the 2016 American Community Survey.

⁸ Pavetti, Ladonna. *Work Requirements Don’t Cut Poverty, Evidence Shows*. Center on Budget and Policy Priorities: 2016.

⁹ Joint Legislative Audit and Review Commission, Fiscal Impact Review, February 9, 2018, <http://lis.virginia.gov/cgi-bin/legp604.exe?181+oth+HB338JH1110+PDF>.

¹⁰ Virginia Department of Medical Assistance Services. *Virginia Department of Medical Assistance Services 1115 Demonstration Extension Application*. DMAS: 2018.

YOUNG INVINCIBLES

potentially confusing to enrollees and administrators. For instance, pursuing education directly related to employment counts as a qualifying activity. But determining whether an Associate's Degree in business administration counts as education in direct pursuit of employment is arbitrary and up for interpretation.

While the exact process documenting hours worked is not included in the application, how the hours are submitted is absolutely crucial. In Arkansas' work requirements system, for instance, Medicaid enrollees can only submit their verified hours electronically through the internet, causing unfair challenges to households without high speed internet.¹¹ Young Invincibles estimates that only about half of Virginia's Medicaid enrollees have access to high speed internet, potentially creating another barrier for enrollees.¹²

Furthermore, many working Medicaid enrollees, including young adults, work jobs with unpredictable schedules or difficult to verify hours, such as food service, construction, and childcare. These are respectable jobs that add value to Virginia, and it defies logic to punish these workers by forcing them to comply with another bureaucratic hurdle in their already financially-stressed lives.

In assessing the research, the implementation of work-requirements under Virginia COMPASS would do catastrophic harm to the Virginia Medicaid population. We as an organization fully support the expansion of Medicaid, but it is important to better consider the implications of a work-requirement when implementing the expansion.

¹¹ Goldstein, Amy. *More than 4,300 Arkansas Residents Lose Medicaid Under Work Requirements*. The Washington Post: 2018.

¹² Young Invincibles' analysis of 2016 American Community Survey.

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 11:57 AM
Subject: Support for people living with mental illness
To: <1115implementation@dmas.virginia.gov>

My daughter has been able to live on her own because of Section 8 housing and to work in the community for the past several years which gives her a sense of purpose, accomplishment and making a contribution to improving the lives of others in the community as a provider of health services. The programs that support people with mental disabilities to be productive members of our community benefit everyone. They give purpose, satisfaction that comes from helping others and greater independence to all participants. Please continue to support these important programs.

From: [REDACTED] <[REDACTED]>

Date: Wed, Oct 17, 2018 at 12:31 PM

Subject: I oppose COMPASS waiver

To: <1115Implementation@dmas.virginia.gov>

As someone who believes access to health care is critical, I write in opposition to some of the changes to Virginia's Medicaid program proposed in this draft. Virginia would have a major administrative cost to add and monitor something that most people are complying with already. There is nothing for the state or its citizens to gain from this work proposal.

Monthly premiums would lead to a lot of people losing coverage. Medicaid is meant to be an accessible health plan for the people that need it most and provide them with access to care in less expensive ways than an emergency room. Please take the public's comments into consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 12:32 PM
Subject: RE: Virginia COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

As an ordained pastor leading a congregation of 250+ I know how important medicaid expansion is to our congregation and the families we serve in a food pantry ministry and a children's club. The proposed changes to Medicaid could deny health insurance to sick individuals when they are most in need. I do not support this approach that creates barriers to access. Everyone gets sick sometimes. Everyone needs access to healthcare.

If some residents of VA lose Medicaid provision because of work requirements their health outcomes will decline, making it even more challenging to find and keep work. Good healthcare coverage should be available regardless of employment status.

[REDACTED]

Community Mennonite Church

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 12:33 PM
Subject: Virginia COMPASS waiver public comments
To: <1115Implementation@dmas.virginia.gov>

I am writing with regard to Virginia's COMPASS program and my opposition to certain components of it. Job requirements like this and other efforts to take away public supports to try to encourage people to work have poor track records. The reasons people are unemployed are sometimes too complicated to address in the way this proposal does. This requirement will just deny people healthcare coverage.

Many Virginians depend on Medicaid when they are sick and need help. Implementing this proposed waiver would mean taking away health care when people are most vulnerable. If someone has low income and becomes ill and cannot work that is not the time to take away their coverage. I hope you will take these thoughts and comments into consideration moving forward.

[REDACTED]

VDH

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 12:33 PM
Subject: New Medicaid waiver comments
To: <1115Implementation@dmas.virginia.gov>

Some aspects of the COMPASS proposal will create too many barriers to access. I volunteer at a free clinic, and I see the desperate situation of the many who do not have health coverage. The many barriers in this Medicaid proposal mean that there will likely be gaps in healthcare coverage that deny people the opportunity to access care. This works against what the program was supposed to achieve. I trust you will take these thoughts and comments into consideration as this process continues.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 12:33 PM
Subject: COMPASS objections
To: <1115Implementation@dmas.virginia.gov>

This comment is in relation to the Medicaid waiver that was proposed by DMAS. There are several new requirements proposed that I oppose. Virginia should not implement health and wellness accounts for Medicaid recipients! Indiana has one of the longest standing health savings account programs in the nation, yet many of their recipients do not know how to use it. We should not go down this path and create more cost for the state.

I find it very offensive that the very people who need health care the most are the ones most likely to be cut out by this program. I am a woman of some means, and am more than happy to pay additional taxes to help those who need it!!

The many barriers in this Medicaid proposal mean that there will likely be gaps in healthcare coverage that deny people the opportunity to access care. This works against what the program was supposed to achieve. Please take my comments and those of others seriously.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 12:33 PM
Subject: Comments Against Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

Please consider the following concerns surrounding the waiver for the VA Medicaid program. Losing healthcare would be catastrophic for families. I believe Medicaid should provide coverage for families not take them away. Thank you taking all of my comments under consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 12:34 PM
Subject: Issues with Virginia 1115 Waiver
To: <1115Implementation@dmas.virginia.gov>

Access to health care is very important, that is why I am commenting on this proposed change. Many people with low incomes have to move frequently and might even be homeless. These living conditions make it hard to comply with programs that have demands like this so this group of Virginians would still end up without coverage. Thank you for considering this perspective.

[REDACTED]

Alexandria Health Department

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 12:34 PM
Subject: My letter on work requirements waiver
To: <1115Implementation@dmas.virginia.gov>

Thank you for the opportunity to comment on this important issue. I am writing in opposition to Virginia's 1115 waiver for the COMPASS program. Medicaid's mission is to provide health coverage to low-income people so they can obtain the services and treatments they need. By making access more difficult than necessary this proposal works against the mission.

Charging monthly premiums to Medicaid families will put more pressure on people struggling to make ends meet. Many people also have difficulty working through complex government processes. The premiums would create both of those issues for people that need access to care. Please make the right changes to the Medicaid waiver proposal.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 12:34 PM
Subject: RE: Virginia COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

The following comments are offered for consideration as public comment on the Medicaid waiver draft. There are several components of it that concern me as a citizen. Adding monthly premiums will not create savings for Virginia; it will only discourage people from getting the care they need. This component of the proposed COMPASS waiver does not take into account that low income people are under serious financial stress already.

Losing healthcare would be catastrophic for families. I believe Medicaid should provide coverage for families not take them away. I sincerely hope that the public comments will be taken into consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 12:35 PM
Subject: Opposition to Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

The following email explains my concerns about the proposed new requirements to receive coverage under Virginia's Medicaid program. Please consider this information in your work. In states with requirements like the ones in this proposal, the results were that nearly half of the new adults enrolled in Medicaid expansion ended up losing coverage. Virginia needs a program that has a better success rate than that. Removing some of the proposed restrictions would help to improve access. Thank you for your time.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 12:35 PM
Subject: New Medicaid waiver comments
To: <1115Implementation@dmas.virginia.gov>

I would like to make a public comment about the proposed 1115 Medicaid waiver. Charging monthly premiums will make it harder for people with chronic illness to visit their doctors. Routine visits in order to monitor conditions and receive prescriptions will become too costly which can lead to negative health outcomes. Thank you taking all of my comments under consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 12:36 PM
Subject: RE: Virginia COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

I offer the following comments concerning the proposed changes to Virginia's Medicaid program. Work requirements are an obstacle to care for all enrollees. In some cases it may be poor health that prevents them from working. I am grateful for the opportunity to offer comments.

Another barrier will be cost to some who are very low income paid workers. I have been working with a young lady who does work but only earns about \$10,500 per year. Having a large co-pay or cost to obtain coverage is going to be totally out of her capability to obtain medical insurance and care. I worked for 3 years to get Affordable care for her and she never even qualified for that because of her lack of minimum income to qualify.

Let's find a way to help our extremely low income working poor. They deserve better.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 12:36 PM
Subject: Proposed Virginia COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

This is regarding my concerns surrounding the waiver draft for the Medicaid program in Virginia. The proposed waiver would add new barriers to accessing coverage, putting access to care in jeopardy when the object is to take down barriers. We should not be heading in this direction because it will not benefit enrollees or the Commonwealth as a whole.

Working requirements make it harder for the state to enroll people. The result of that is that people without coverage will still use expensive emergency room treatment for health problems that are not emergencies. This will mean that the cost savings to the state and the entire system will not be what it should be. I hope you consider my comments about this proposed waiver.

Ms. [REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 1:35 PM
Subject: 1115 Waiver - Public Comments
To: 1115Implementation@dmas.virginia.gov <1115Implementation@dmas.virginia.gov>

Attached please find our public comments for Virginia's 1115 waiver.

[REDACTED]
Virginia Government Relations Director
[REDACTED]

American Cancer Society Cancer Action Network, Inc.
4240 Park Place Ct
Glen Allen, VA 23060
[REDACTED]

See attached letter:

October 17, 2018

Susan Puglisi
Virginia Department of Medical Assistance Services
Attention: Virginia COMPASS
600 E Broad Street
Richmond, VA 23219

Re: Virginia COMPASS: Creating Opportunities for Medicaid Participants to Achieve Self- Sufficiency

Dear Ms. Puglisi:

The American Cancer Society Cancer Action Network (ACS CAN) appreciates the opportunity to comment on the Commonwealth of Virginia's Creating Opportunities for Medicaid Participants to Achieve Self-Sufficiency (COMPASS) Section 1115 research and demonstration waiver extension request. ACS CAN, the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society, supports evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem. As the nation's leading advocate for public policies that are helping to defeat cancer, ACS CAN ensures that cancer patients, survivors, and their families have a voice in public policy matters at all levels of government.

ACS CAN applauds Governor Northam and the members of the legislature for authorizing the expansion of the Commonwealth's Medicaid program. Expansion of Virginia's Medicaid program will allow thousands of low-income Virginians to gain access to affordable, comprehensive health care coverage. Over 42,400 Virginians are expected to be diagnosed with cancer this year¹ - many of whom will only gain access to health care coverage as a result of Virginia's Medicaid expansion. ACS CAN wants to ensure that cancer patients and survivors in Virginia will have adequate access and coverage under the Medicaid program, and that specific requirements do not create barriers to care for low-income cancer patients, survivors, and those who will be diagnosed with cancer.

After reviewing the COMPASS waiver, we believe that some of the proposed policies in the waiver could

limit eligibility and access to care for some of the most vulnerable Virginians, including those with cancer, cancer survivors, and those who will be diagnosed with cancer in their lifetime. We recognize that the 2018 Virginia Acts of Assembly Chapter 2 (2018 Appropriations Act) authorized the Medicaid expansion and directed the Department of Medical Assistance Services (DMAS or “the Department”) to submit a federal waiver seeking to impose a work and community engagement program; effectuate a health and wellness program, including premiums and cost sharing; as well as other demonstration proposals. We urge DMAS to consider and address the concerns that we document in our comment letter as well as those of other stakeholders before preparing the final waiver request to the Centers for Medicare and Medicaid Services (CMS).

The following are our specific comments on the State’s COMPASS 1115 waiver extension request:

The Training, Education, Employment and Opportunity Program (TEEOP)

The Commonwealth’s waiver includes the requirement that all adults aged 19 through 64 years must be employed or participating in job search/training, chronic disease management classes, nutrition education classes, or community service activities for 20 hours per month for the first three months (up to 80 hours per month after 12 months of enrollment) to maintain eligibility or enrollment in the Medicaid program. We are concerned the TEEOP policy could unintentionally disadvantage patients with serious illnesses, such as cancer. While we understand the intent of the proposal is to “empower individuals to improve their health and well-being and gain employer sponsored coverage or other commercial health insurance coverage” among Medicaid enrollees, many cancer patients in active treatment are often unable to work or require significant work modifications due to their treatment.^{2,3,4} ACS CAN opposes tying access to affordable health care for lower income persons to work or community engagement requirements, because cancer patients, survivors, and those who will be diagnosed with the disease - as well as those with other complex chronic conditions - could be seriously disadvantaged and find themselves without Medicaid coverage because they are physically unable to comply. Research suggests that between 40 and 85 percent of cancer patients stop working while receiving cancer treatment, with absences from work ranging from 45 days to six months depending on the treatment.⁵ Recent cancer survivors often require frequent follow-up visits and maintenance medications to prevent recurrence,⁶ and suffer from multiple comorbidities linked to their cancer treatments.^{7,8} Cancer survivors are often unable to work or are limited in the amount or kind of work they can participate in because of health problems related to their cancer diagnosis.^{9,10,11,12} If work and/or participation in community engagement activities is required as a condition of eligibility, many cancer patients, recent survivors, and those with other chronic illnesses could become ineligible for the lifesaving treatment services provided through Medicaid.

We appreciate the Commonwealth’s acknowledgement that not all people are able to work and the decision to include several exemption categories and “good cause” exemptions from the work requirement and associated suspension from the program. However, we are concerned that the waiver does not go far enough to protect vulnerable individuals, including cancer patients, recent cancer survivors, those with conditions that put them at risk for cancer, and other serious chronic diseases often linked to cancer treatments.¹³ We are concerned with the Commonwealth’s lack of specificity about how often enrollees would be required to either verify their exemption to the employment requirement or prove they are meeting the work requirement. The increase in administrative requirements for enrollees to attest to their working status would likely decrease the number of individuals with Medicaid coverage, regardless of whether they are exempt.

To provide an example of how individuals have fared under similar program policies, in the fourth month of implementation of the Arkansas Works work requirement (September 2018) eight percent of the nearly 18,300 Medicaid enrollees, who did not declare an exemption, were able to navigate the complex reporting system and satisfy the state's reporting requirement.¹⁴ As of October 8, 2018, an additional 4,109 Ar/rnsos M/or/cs enrollees have been locked out of coverage through the end of the calendar year due to noncompliance with the work requirement.¹⁵ The number is in addition to the 4,353 individuals the state removed from the program last month, totaling 8,462 Arkansans losing coverage in the last two months. Some of these individuals may have been eligible for an exemption but did not realize they were exempt or were unable to successfully navigate Arkansas' reporting system. Given the experience with Arkansas' work requirement, the Department should consider the number of Virginians whose health could be negatively impacted and the coverage losses that could occur due to this proposal.

Suspension from the Medicaid Program

We are deeply concerned about the proposed Medicaid coverage suspension period for non-compliance with the work requirement for three consecutive or non-consecutive months within a 12-month period. According to the Department's estimates, approximately 120,000 enrollees will not be exempt and therefore will be subject to TEEOP when the work and community engagement requirements go into effect.¹⁶ Of those 120,000 enrollees, roughly 18 percent are estimated to lose Medicaid coverage due to noncompliance with the work and community engagement requirements.¹⁷ The Department specifies that Medicaid coverage can be reinstated if the individual demonstrates compliance with work and community engagement requirements for one month. If individuals are locked out of coverage for a month they will likely have no access to affordable health care coverage, making it difficult or impossible for a cancer patient or recent survivor to continue treatment or pay for their maintenance medication until they come into compliance with the requirement or they are determined to be exempt. This is particularly problematic for cancer survivors who require frequent follow-up visits and maintenance medications as part of their survivorship care plan to prevent recurrence¹⁸ and who suffer from multiple comorbidities linked to their cancer treatments.¹⁹ It may also be a problem for individuals in active cancer treatment who may not realize they are exempt. Being denied access to one's cancer care team could be a matter of life or death for a cancer survivor and the financial toll that a suspension of coverage would have on individuals and their families could be devastating.

Premium Requirements

The Department requests permission to implement a Health and Wellness Program with associated premium requirements to encourage "certain newly eligible adults to take greater responsibility for their personal health and well-being while preparing for the financial requirements of ESI [employer sponsored insurance] or other private health insurance coverage." ACS CAN supports Virginia's goal of encouraging newly eligible adults to seek preventive care and encourage the adoption of health behaviors through the Health and Wellness Program, as a substantial proportion of cancers could be prevented or caught at an earlier more treatable stage through preventive care and screening.²⁰ We are concerned that the lock out period for non-payment of one's monthly premium will create administrative burdens for enrollees, that could deter enrollment or result in a high number of disenrollment, causing significant disruptions in care, especially for cancer survivors and those newly diagnosed. Studies have shown that imposing even modest premiums on low-income individuals is likely to deter enrollment in the Medicaid program.²¹⁻²²²³ Imposing copayments or out-of-pocket costs on low- income populations has been shown to decrease the likelihood that they will seek health care

services, including preventive screenings.^{24,25,26}Cancers that are found at an early stage through screening are less expensive to treat and lead to greater survival.²⁷ Uninsured and underinsured individuals already have lower screening rates resulting in a greater risk of being diagnosed at a later, more advanced stage of disease.²⁸ Proposals that place greater financial burden on low-income residents create barriers to care and will negatively impact enrollees - particularly those individuals who are high service utilizers with complex medical conditions.

It is unclear from the waiver whether the sliding scale premiums will be based on a family's monthly or annual income. Low-income populations are more likely to have an inconsistent income throughout the calendar year. Therefore, if the Commonwealth were to move forward with this proposal, we recommend that the premium contribution be based on monthly household income, as it is a more accurate indicator of an individual's income and ability to consistently meet cost sharing requirements - particularly for hourly/seasonal workers or individuals who must spend down before meeting the Medicaid eligibility criteria.

Health and Wellness Account (HWA) and Health Rewards

The Department will require enrollees to pay monthly premiums to a health and wellness account (HWA), which will constitute a fulfillment of the HWA deductible obligation (\$50 deductible obligation for enrollees with income between 100 to 125 percent of the FPL and \$100 deductible obligation for enrollees with income between 126 and 138 percent of the FPL). Individuals who meet their deductible obligation AND engage in at least one healthy behavior will receive a rebate from their HWA to be used towards non-covered medical or health-related services for the following coverage year. Enrollees who do not meet their deductible obligation and do not participate in a healthy behavior will forfeit any accrued HWA funds (i.e., they are not eligible for health rewards or HWA fund rollover).

While we appreciate the Commonwealth's focus on healthy behaviors amongst the newly eligible population, we strongly advise against the Department requiring beneficiaries with incomes between 100 and 138 percent of FPL with complex, chronic conditions to complete an annual healthy behavior or forfeit any accrued HWA funds. We urge the Department to consider the impact a wellness program of this type will have on low-income State residents, because it could unfairly penalize individuals managing complex, chronic diseases, like cancer.

Copayments for Non-Emergent Emergency Department Use

We are concerned about the Department's request to gain approval for copayments for each "non-emergent or avoidable" emergency department (ED) use and the impact that copayments could have on cancer patients. Imposing copayments may dissuade an individual from seeking care from an ED setting - even if the case is medically warranted. Cancer patients undergoing chemotherapy and/or radiation often have adverse drug reactions or other related health problems that require immediate care during evenings or weekends. If primary care settings and other facilities are not available, these patients are often directed to the ED. Penalizing enrollees, such as cancer patients, by requiring copayments for non-emergent use of the ED could become a significant financial hardship for these low-income patients.

We request that the Department define the terms for "non-emergent" or "avoidable" use of the ED, as they are not included in the waiver. Additionally, when evaluating ED cost sharing requirements, we request that the Department evaluate the impact it has on patients with complex chronic conditions, such as cancer, not just evaluate the financial impact of this type of requirement.

Conclusion

We appreciate the opportunity to provide comments on Virginia's COMPASS Section 1115 demonstration waiver application. The expansion of eligibility for the Commonwealth's Medicaid program will dramatically improve the health and well-being of thousands of low-income Virginians. The Medicaid program is critically important for many low-income Virginians who depend on the program for cancer prevention, early detection, diagnostic, and treatment services. We ask the Virginia Department of Medicaid Assistance Services to weigh the impact that these policy proposals may have on access to lifesaving health care coverage, particularly for those individuals with cancer, cancer survivors, and those who will be diagnosed with cancer during their lifetime.

Maintaining access to quality, affordable, accessible, and comprehensive health care coverage and services is a matter of life and survivorship for thousands of low-income cancer patients and survivors, and we look forward to working with the Commonwealth of Virginia to ensure that all Virginians are positioned to win the fight against cancer. If you have any questions, please feel free to contact me at

[REDACTED] or [REDACTED]

Sincerely,

[REDACTED]

Virginia Government Relations Director

¹ American Cancer Society. Cancer Facts & Figures 2018. Atlanta, GA: American Cancer Society; 2018.

² Whitney RL, Bell JF, Reed SC, Lash R, Bold RJ, Kim KK, et al. Predictors of financial difficulties and work modifications among cancer survivors in the United States. *J Cancer Surviv.* 2016; 10:241. doi: 10.1007/s11764-015-0470-y.

³ de Boer AG, Taskila T, Tamminga SJ, et al. Interventions to enhance return to work for cancer patients. *Cochrane Database Syst Rev.* 2011; 16(2): CD007569. doi: 10.1002/14651858.CD007569.pub2.

⁴ Stergiou-Kita M, Pritlove C, van Eerd D, Holness LD, Kirsh B, Duncan A, Jones J. The provision of workplace accommodations following cancer: survivor, provider, and employer perspectives. *J Cancer Surviv.* 2016; 10:480. doi:10.1007/s11764-015-0492-5.

⁵ Ramsey SD, Blough DK, Kirchhoff AC, et al. Washington State Cancer Patients Found to be at Greater Risk for Bankruptcy than People Without a Cancer Diagnosis," *Health Affairs*, 32, no. 6, (2013): 1143-1152.

⁶ National Cancer Institute. Coping with cancer: Survivorship, follow-up medical care. Accessed August 2018. <https://www.cancer.gov/about-cancer/coping/survivorship/follow-up-care>.

⁷ Mehta LS, Watson KE, Barac A, Beckie TM, Bittner V, Cruz-Flores S, et al. Cardiovascular disease and breast cancer: Where these entities intersect: A scientific statement from the American Heart Association. *Circulation.* 2018; 137(7): CiR.0000000000000556.

⁸ Dowling E, Yabroff R, Mariotto A, et al. Burden of illness in adult survivors of childhood cancers: Findings from a population-based national sample. *Cancer.* 2010; 116:3712-21.

- ⁹ Ibid.
- ¹⁰ Guy GP Jr, Berkowitz Z, Ekwueme DU, Rim SH, Yabroff R. Annual economic burden of productivity losses among adult survivors of childhood cancers. *Pediatrics*. 2016; 138(s1):e20154268.
- ¹¹ Zheng Z, Yabroff KR, Guy GP Jr, et al. Annual medical expenditures and productivity loss among colorectal, female breast, and prostate cancer survivors in the United States. *JNCIJ Natl Cancer Inst*. 2016; 108(5):djv382.
- ¹² Kent EE, Davidoff A, de Moor JS, et al. Impact of sociodemographic characteristics on underemployment in a longitudinal, nationally representative study of cancer survivors: Evidence for the importance of gender and marital status. *J Psychosoc Oncol*. 2018; 36(3):287-303.
- ¹³ Mehta IS, Watson KE, Barac A, Beckie TM, Bittner V, Cruz-Flores S, et al. Cardiovascular disease and breast cancer: Where these entities intersect: A scientific statement from the American Heart Association. *Circulation*. 2018; 137(7): CI R.0000000000000556.
- ¹⁴ Arkansas Department of Human Services. Arkansas Works Program: September 2018 Report. Accessed October 2018. https://d31hzlhk6di2h5.cloudfront.net/20181015/d9/50/39/04/d3b5bd23a6cef7ccec3e4716/101518_AWreport.pdf.
- ¹⁵ Ibid.
- ¹⁶ Joint Legislative Audit and Review Commission. Fiscal impact review: 2018 general assembly session. Published February 9, 2018. Accessed September 2018. <http://lis.virginia.gov/cgi-bin/legp604.exe?181+oth+HB338JH1110+PDF>.
- ¹⁷ Ibid.
- ¹⁸ National Cancer Institute. Coping with cancer: Survivorship, follow-up medical care. Accessed August 2018. <https://www.cancer.gov/about-cancer/coping/survivorship/follow-up-care>.
- ¹⁹ Mehta LS, Watson KE, Barac A, Beckie TM, Bittner V, Cruz-Flores S, et al. Cardiovascular disease and breast cancer: Where these entities intersect: A scientific statement from the American Heart Association. *Circulation*. 2018; 137(7): CI R.0000000000000556.
- ²⁰ Ibid.
- ²¹ Hendryx M, Onizuka R, Wilson V, Ahern M. Effects of a Cost-Sharing Policy on Disenrollment from a State Health Insurance Program. *Soc Work Public Health*. 2012; 27(7): 671-86.
- ²² Wright BJ, Carlson MJ, Allen H, Holmgren AL, Rustvold DL. Raising Premiums and Other Costs for Oregon Health Plan Enrollees Drove Many to Drop Out. *Health Affairs*. 2010; 29(12):2311-16.
- ²³ Office of the Assistant Secretary for Planning and Evaluation. Financial Condition and Health Care Burdens of People in Deep Poverty. Published July 16, 2015. Accessed April 21, 2016. <http://aspe.hhs.gov/basic-report/financial-condition-and-health-care-burdens-people-deep-poverty>.

²⁴ Solanki G, Schauffler HH, Miller LS. The direct and indirect effects of cost-sharing on the use of preventive services. *Health Services Research*. 2000; 34:1331-50.

²⁵ Wharam JF, Graves AJ, Landon BE, Zhang F, Soumerai SB, Ross-Degnan D. Two-year trends in colorectal cancer screening after switch to a high-deductible health plan. *Med Care*. 2011; 49: 865-71.

²⁶ Trivedi AN, Rakowski W, Ayanian JA. Effect of cost sharing on screening mammography in Medicare health plans. *N Eng J Med*. 2008; 358: 375-83.

²⁷ American Cancer Society. *Cancer Prevention & Early Detection Facts & Figures 2016-2017*. Atlanta: American Cancer Society; 2017.

²⁸ *Ibid.*

From: [REDACTED] <[REDACTED]>

Date: Wed, Oct 17, 2018 at 1:44 PM

Subject: I oppose COMPASS waiver

To: <1115Implementation@dmas.virginia.gov>

Access to health care is very important, that is why I am commenting on this proposed change. Virginia's application does not further the goals of the Medicaid program. Instead, it limits access to care for an extremely vulnerable population.

Virginia should not invest significant resources implementing new rules that have proven not to be effective. In general work requirements programs have very short-term effects on employment, fail to increase long-term employment and do not help lift people out of poverty. These added rules are counterproductive and unnecessary. I hope you will take these thoughts and comments into consideration moving forward.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 1:45 PM
Subject: My concerns about the Virginia COMPASS program
To: <1115Implementation@dmas.virginia.gov>

Access to health care is very important, that is why I am commenting on this proposed change. Failure to comply with the reporting requirements could result in being locked out of coverage. Losing access to care can have dire consequences that are not consistent with the effort to expand access so people can lead healthier lives. I hope you can make some improvements to the proposed program. Thank you for considering my comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 1:45 PM
Subject: COMPASS objections
To: <1115Implementation@dmas.virginia.gov>

Virginia's proposed changes to the Medicaid program will undermine its effective implementation. Research indicates that work requirements do not encourage work or reduce poverty, and a growing body of evidence shows that such policies could result in reduced access to care, adverse health outcomes and increased health disparities. Thank you for allowing the public to comment.

[REDACTED]
Virginia Organizing

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 1:45 PM
Subject: I oppose COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

This comment is directed toward certain aspects of Virginia's Medicaid waiver application. Virginians should not be penalized if their health condition prevents them from working, particularly in a manner that takes away health coverage and access to treatments and services. This proposed work requirement punishes people with poor health. I trust you will take these thoughts and comments into consideration as this process continues.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 1:46 PM
Subject: Issues with Virginia 1115 Waiver
To: <1115Implementation@dmas.virginia.gov>

The subject of my letter is the Commonwealth's proposed Medicaid waiver application which includes too many complicated burdens. The many barriers in this Medicaid proposal mean that there will likely be gaps in healthcare coverage that deny people the opportunity to access care. This works against what the program was supposed to achieve.

Even if someone does find a job and meets the requirements for Medicaid, the paperwork and reporting requirements in Virginia could mean losing coverage due to the reporting challenges alone. Complicated systems are not likely to be successful with many in this population of Virginians. Thanks for allowing me to comment on this waiver.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 1:46 PM
Subject: Comments Against Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

I am opposed to the new burdens proposed to be included in the Medicaid program. Access to health coverage is important no matter who you are. This proposal would kick people off of Medicaid when they may need it the most. The state should aim to do no harm, but the draft proposal makes it clear that people will lose coverage.

Affordable health care is important to all Virginians. Requiring low-income families to pay monthly premiums does not make it affordable to them and will not help them maintain coverage. The point is to treat illnesses and avoid more costly care later. We need to encourage enrollment and make maintaining coverage easy. Please do take these concerns into consideration and make changes to this draft.

Additionally, the proposed changes in the waiver include three primary areas to "create opportunities for Medicaid participants to achieve self-sufficiency": a convoluted "TEEOP" program to put Medicaid recipients to work; implementation of a "Health and Wellness Program" with a premium and co-pay structure; and a provision of a housing and employment "benefit" to "high-need" recipients, which merely builds on existent supports of this nature.

The implementation of all three proposed areas of the 1115 Medicaid waiver create a bureaucratic infrastructure that might negatively affect access to medial care for recipients. The rues are complex and confusing. A recipient, such as a single parent, lacks the time and energy to navigate such a convoluted process. It is designed to set folks up for failure.

The rules for obtaining, maintaining, and reinstating eligibility also would be confusing to recipients. A service ostensibly created to provide healthcare to a population of underserved, needy, overwhelmed Virginians with few resources (i.e, lack of transportation, bank accounts, computer access) would only serve to create more obstacles to their access.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 1:47 PM
Subject: Against Proposed VA 1115 Waiver
To: <1115Implementation@dmas.virginia.gov>

I am opposed to the new burdens proposed to be included in the Medicaid program. Many Medicaid recipients work in industries where their work hours are unpredictable and may find it difficult to meet the 80 hour per month qualification. When Kentucky implemented a similar rule, nearly half of the adults that were subjected to this rule failed to meet it at some point during the year.

The red tape and bureaucracy surrounding the COMPASS program will throw people off Medicaid. People that are following the rules will suffer due to the complicated system that COMPASS is creating. Please make the right changes to the Medicaid waiver proposal.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 1:47 PM
Subject: NO Medicaid Waiver
To: <1115Implementation@dmas.virginia.gov>

There should be no barriers to access to basic health care. We should be striving to make health care more accessible and more affordable. Health insurance and a person's overall health are linked together. We should do everything possible to ensure people have ongoing coverage; otherwise, the ambition to have people become employed and stay employed is not going to be realized. Access is the key to our success with the Medicaid program and it needs to be the first priority for it.

The two most common occupations for adults in Virginia who could qualify for Medicaid under expansion are food services and construction - which can be seasonal and are prone to irregular hours. That could result in someone falling out of compliance even though they remain employed. I appreciate the time you have taken to read my comments. I hope they result in improvements to the program.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 1:47 PM
Subject: Comments Against Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

The following comments are offered for consideration as public comment on the Medicaid waiver draft. There are several components of it that concern me as a citizen. Implementing work requirements will add new administrative processes and programs, which will require considerable dollars that would be better used to provide care. There is nothing to be gained from a program that is so difficult and expensive to administer.

The many barriers in this Medicaid proposal mean that there will likely be gaps in healthcare coverage that deny people the opportunity to access care. This works against what the program was supposed to achieve. I hope you can make some improvements to the proposed program. Thank you for considering my comments.

[REDACTED]
Ms.

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 1:47 PM
Subject: Regarding Virginia COMPASS Application
To: <1115Implementation@dmas.virginia.gov>

I am opposed to certain new burdens included in proposed COMPASS Medicaid program. People who have good healthcare coverage see a doctor regularly. If there are monthly premiums required, people will try to avoid using healthcare. While the cost seems small to some it will be a barrier to getting care for low income people. Please do take these concerns into consideration and make changes to this draft.

[REDACTED]
Virginia Organizing

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 1:48 PM
Subject: Comments about Virginia Compass
To: <1115Implementation@dmas.virginia.gov>

I am writing with regard to Virginia's COMPASS program and my opposition to certain components of it. The red tape and bureaucracy surrounding the COMPASS program will throw people off Medicaid. People that are following the rules will suffer due to the complicated system that COMPASS is creating. Having access to health care (in order to have a healthy LIFE) is something that all should have access to without having to jump through hoops or meet difficult (or impossible) requirements. Thank you-

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 1:49 PM
Subject: RE: Virginia COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

The subject of my letter is the Commonwealth's proposed Medicaid waiver application which includes too many complicated burdens. Managing health on an ongoing basis is the way to keep people healthy and reduce the overall cost of healthcare. By requiring monthly premiums for Medicaid patients and setting up confusing health and wellness accounts, we are likely to miss the opportunity to keep costs down and our population healthy.

People who qualify for Medicaid need reliable health care access just like everyone does. Access to care is important to maintaining a job and living a productive life. There should not be barriers like this proposal contains. The Commonwealth needs to make improvements to this draft. Thank you for taking my comments into consideration.

[REDACTED]
ALdersgate United Methodist Church

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 1:57 PM
Subject: My comments on DMAS waiver
To: <1115Implementation@dmas.virginia.gov>

I am commenting on the new Virginia COMPASS medicaid waiver. Professionally, I am an advocate for low wage workers and I know first-hand that people aren't unemployed because they want to be. Able bodied adults don't want to have to subsist on public benefits when they don't have to. They want the dignity of work wherever possible. Among Medicaid enrollees who are not working, many have impediments to employment, including illness, disability or caregiving responsibilities. The number of those who could get a job as a result of the program is very small. And others who aren't working are in all likelihood trying hard to find a job. I know that it's politically popular to talk about work requirements, but the fact is, those in the general public who support them simply don't understand the realities. I hope this administration will look at the facts and draft regulations accordingly.

Thanks for taking the time to read my comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 1:58 PM
Subject: Against Proposed VA 1115 Waiver
To: <1115Implementation@dmas.virginia.gov>

This comment is about my concerns with certain aspects that Virginia proposes in its Medicaid waiver application. All the new barriers in this proposal mean that there will be gaps in healthcare coverage that deny people the opportunity to access care when they should. This works against everything the program was supposed to achieve. Thank you for considering this perspective.

[REDACTED]
Virginia Organizing

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 1:59 PM
Subject: My concerns about the Virginia COMPASS program
To: <1115Implementation@dmas.virginia.gov>

Medicaid waiver draft. Some aspects of this proposal will create too many barriers to access. Access to health coverage is important and it helps support work. We should not threaten to take away health coverage from our citizens because they fail to submit the right paperwork on time, they cannot get the hours they need at work, or have a difficult time finding work altogether. I am pleased to offer these comments and hope you will consider them.

I have family members who might qualify for Medicaid, but they have a very difficult time getting enough hours of work already. Medicaid should be based on income, not whether you have a job continuously.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 1:59 PM
Subject: Commenting on Virginia Compass
To: <1115Implementation@dmas.virginia.gov>

This comment is about my concerns with certain aspects that Virginia proposes in its Medicaid waiver application. Employment opportunities vary across the Commonwealth. This proposal makes no allowance for the job market in a particular community. Also other difficulties such as language barriers, transportation, and access to childcare are not issues addressed in this proposal. It is unfair to assume that those who are not working simply do not want to. Thank you for considering this perspective.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 2:05 PM
Subject: RE: Virginia COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

This is regarding my concerns surrounding the waiver draft for the Medicaid program in Virginia. Medicaid is a safety net program, but it is not effective if its availability is threatened by the program's design. Economic hard times are often happening at the same time as failing health. We need for people to have consistent access to treatment for this program to work the way it is supposed to.

Coercing people into employment so that they can receive healthcare is not good policy. Thanks for taking the time to read my comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 2:05 PM
Subject: RE: Virginia COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

I am writing with regard to Virginia's COMPASS program and my opposition to certain components of it. The cost of monitoring compliance and diminished value of only having healthcare coverage some of the time makes it unjustifiable. That money would be better used in true workforce training efforts and the Medicaid program should focus only on providing access to coverage for those who qualify. Charging monthly premiums for Medicaid is simply a bad idea particularly considering that doing so actually costs more than it saves. The purpose of expanding health coverage to the working poor is to access care that helps them stay healthy. The program needs to stay focused on that and not be distracted by complicated administrative systems. Thank you for accepting these comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 2:26 PM
Subject: Responding to waiver proposal
To: <1115Implementation@dmas.virginia.gov>

This comment is in relation to the recent Medicaid waiver that was proposed. There are several troubling changes proposed that I oppose. Access to health coverage is important no matter who you are. This proposal would kick people off of Medicaid when they may need it the most. The state should aim to do no harm, but the draft proposal makes it clear that people will lose coverage. Thank you for your work on behalf of the Commonwealth and taking my comments into consideration.

[REDACTED]
Virginia Organizing

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 2:26 PM
Subject: Regarding Virginia COMPASS Application
To: <1115Implementation@dmas.virginia.gov>

Thank you for the opportunity to comment on this important issue. I am writing in opposition to Virginia's 1115 waiver for the COMPASS program. Virginia's application does not further the goals of the Medicaid program. Instead, it limits access to care for an extremely vulnerable population. Thank you very much for considering my thoughts on this waiver application.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 2:52 PM
Subject: Virginia Community Healthcare Association Comments on COMPASS Section 1115 Waiver
To: 1115Implementation@dmas.virginia.gov <1115Implementation@dmas.virginia.gov>

October 17, 2018

Virginia DMAS
Attn: Virginia COMPASS
600 E Broad Street
Richmond, VA 23219

The Virginia Community Healthcare Association would like to thank the Governor, the General Assembly, and DMAS staff for their leadership in proposing to expand Medicaid services to more of the uninsured population in Virginia.

We are pleased to submit comments in response to the Virginia "Creating Opportunities for Medicaid Participants to Achieve Self Sufficiency" (COMPASS) proposed plan for a Section 1115 Waiver extension for its Medicaid Section 1115 Demonstration Waiver.

In Virginia, Federally Qualified Health Centers (FQHCs), also known as community health centers, operate over 150 sites across Virginia, from Chincoteague on the Eastern Shore, to the far corners of Southwest Virginia, and across the Southside of Virginia.

Our health centers serve over 326,000 Virginians. Over 106,000 of our patients are uninsured; and we estimate that approximately 70% of those patients are at or below 138% of the Federal Poverty Level (FPL).

Our primary concern for any program is ensuring a path to healthcare coverage and access to healthcare for all Virginians.

Access to coverage via an expansion of Medicaid services would be beneficial to thousands of our uninsured patients, as improvements in access to care on multiple levels are a direct benefit to patients.

There are some concerns over some of the proposed new requirements that may negatively impact those most in need of access. While we understand the rationale for including these requirements, we have some concerns on whether these new requirements may block or impede access to health care coverage and services.

Although changes to these requirements may not be possible at this time, we would encourage monitoring and modifying these requirements as needed, to benefit those most in need.

The points we will address are the changes that the Commonwealth has proposed as follows:

- (a) Implementation of a work and community engagement program in which participation is a condition of Medicaid eligibility for certain adults with income up to 138 percent of the FPL;
- (b) Implementation of premiums and co-payments for non-emergency use of the emergency department and incentivize healthy behaviors through health and wellness accounts for certain adults

with income between 100 and 138 percent of the FPL; and

(c) Creation of a new housing and employment supports benefit for high-need populations.

However, before we address those concerns, we want to address an area that appears to be missing from this discussion – adult dental benefits.

We continue to be concerned over the lack of appropriate adult dental benefits in the current Medicaid program and the proposed expansion via COMPASS.

Although we understand that some of the Managed Care Organizations involved with Medicaid offer, or will offer, some form of adult dental benefit, we urge DMAS, the Governor, and the General Assembly to seriously consider the benefits to Medicaid recipients, and to the Commonwealth, of expanding coverage for this critical need.

Poor oral health has an impact on employment prospects as well as medical conditions, and self-esteem, which implies an impact on mental health. Even Forbes magazine has recently noted in an article on a survey by the American Dental Association, the appearance of teeth and mouth undermines one's ability to interview for a job.

We have seen this in our own work with the underserved, where obtaining corrective and appropriate oral health care leads to positive outcomes for our adult patients. We urge the addition of this coverage as soon as possible.

Points to consider on changes that DMAS has proposed

(a) Implementation of a work and community engagement program in which participation is a condition of Medicaid eligibility for certain adults with income up to 138 percent of the FPL

We understand the rationale for inclusion of this issue, as it is required by the language in the budget as passed by the General Assembly and signed by the Governor.

Although we applaud the concern and effort to help those in need, and encourage the use of, and coordination with, programs to help the unemployed become self-sufficient, as it stands, the proposed work requirements do not promote the purpose of Medicaid coverage as intended by Congress.

It is our understanding that most Medicaid eligible persons are already working, or may be exempt from the new work requirements. Hence, the proposed work requirements, although one could view as an opportunity to help those in need, may also present a barrier for the small population that may be required to meet them.

Prior to implementation, we would strongly urge all bodies involved to consider further the practicality of requiring and implementing the work and community engagement conditions.

Post-implementation, we suggest that the work and community engagement requirements be reviewed frequently and modified as needed so that impediments to access to health care do not occur.

We also are concerned with the issue of the three month non-consecutive language, where some workers may lose coverage.

Persons employed in seasonal work, food service workers, agricultural workers, construction workers and others, whose work frequently starts and stops due to economic, market, and seasonal conditions, may be adversely impacted, even as those persons are striving to be self-sufficient as possible.

Again, we would urge that this be closely monitored for negative, as well as positive impacts, and adjusted as needed to benefit those most in need of health care access and coverage.

We also have some concerns on issues around barriers to work, such as lack of driver's license, lack of vehicle, and lack of regular dependable transportation, particularly in rural areas.

We urge the Commonwealth to closely consider these and other barriers to work when assessing a person's ability to meet the new work conditions that may be imposed.

(b) Implementation of premiums and co-payments for non-emergency use of the emergency department and incentivize healthy behaviors through health and wellness accounts for certain adults with income between 100 and 138 percent of the FPL

Another area of consideration is the implied and potential costs of some aspects of the program, which on the surface appear to be prohibitive and excessive.

Unless fully understood by potential recipients, and waived where possible, the proposed cost sharing requirements may well force some low income persons to decide to go without coverage, leading to higher costs later as potential health problems develop, or worsen, and the uninsured seek treatment without coverage.

The monthly premium being proposed may appear modest; however, to a person making 100-138% of the Federal Poverty Level, it still presents a barrier to enrollment.

Additionally, the proposed consequences of having coverage suspended for unpaid premiums may well lead to dis-enrollment, either voluntary or involuntary, and further medical complications from uncontrolled chronic disease conditions.

On the issue of Health Wellness Accounts and Health Rewards

Although at first glance the concept of developing Health Wellness Accounts (HWAs) and health rewards to incentivize healthy behaviors appears sound, the problem lies in the deductible that is required.

Persons in poverty often do not have 50 dollars, much less 100 dollars, to pay on a monthly basis as a premium to a HWA.

To require this payment may well negate any positive outcome, as many recipients simply will not have an extra \$100 to contribute.

The complexity of enrolling and maintaining an enrolled status may prove to be too complex for the consumer. Unless simplified as much as possible, there may simply be too many complex requirements for recipients to have to contend with.

This may well lead to:

- i. lower enrollment rates,
- ii. higher dis-enrollment rates and
- iii. Medicaid not meeting the needs of the recipient – appropriate health care coverage.

We are concerned on the costs to develop and maintain the HWA over time, and question if the administrative costs for such a program may be better utilized in providing direct health care services.

(c) Creation of a new housing and employment supports benefit for high-need populations.

We applaud the Commonwealth's recognition of the need for housing and employment supports for high need enrollees, pending available state funding, which we understand has not been appropriated at this time.

Thank you for your attention to these comments. As we noted earlier, our primary concern for any program is ensuring a path to healthcare coverage and access to healthcare for all Virginians.

The Virginia Community Healthcare Association looks forward to continuing our work with DMAS, the Governor, and the General Assembly to refine, adjust, and implement this important program for hundreds of thousands of Virginians in need of coverage and access to health care services.

Sincerely,



Director of Government Affairs
Virginia Community Healthcare Association

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 3:24 PM
Subject: Writing about Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

I am opposed to the new burdens proposed to be included in the Medicaid program. In addition to creating a costly new government program to administer, this will also create restrictions to access. Programs similar to this proposal have not been proven to increase employment, but have been shown to prevent access to care. The Commonwealth needs to make improvements to this draft. Thank you for taking my comments into consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 3:24 PM
Subject: Comments opposing Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

I am deeply concerned about several aspects of the Virginia proposal for the state's Medicaid waiver application. First, as a cancer patient and advocate for an international organization of blood cancer patients, the work and copay requirements of the proposed waiver may simply not be possible or affordable. Many cancer patients cannot work regular schedules if at all, especially during treatment. Their copays, especially if they are taking prescription cancer drugs using Medicare, already are unaffordable leaving many patients to cease treatment and resign themselves to an earlier death.

Second, if a low-wage worker has inconsistent hours or an insecure job he or she may fail to keep up with the requirements and lose healthcare. If that results in an inability to work at all the program will have failed to help the exact situation the expansion was supposed to improve.

As people become aware of the waiver and try to understand their intricacies, the challenge of having to prove compliance may cause Virginia residents to not even participate even if they are pursuing work. Thanks for considering my thoughts on this waiver application.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 3:24 PM
Subject: Responding to Medicaid waiver idea
To: <1115Implementation@dmas.virginia.gov>

As an advocate for expanded healthcare coverage, I am writing to you regarding my concerns with this waiver application. Please give consideration to my views. Making low-income families pay costly monthly premiums will not have the intended outcome. Other states that have tried similar proposals saw the use of health care services decline, leading to more costly services later down the road.

Many people with low incomes have to move frequently and might even be homeless. These living conditions make it hard to comply with programs that have demands like this so this group of Virginians would still end up without coverage.

Costs for staffing and maintaining paperwork requirements for such a program are not worth this addition.

Thank you taking all of my comments under consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 3:25 PM
Subject: Issues with Virginia 1115 Waiver
To: <1115Implementation@dmas.virginia.gov>

Medicaid waiver draft. Some aspects of this proposal will create too many barriers to access. Implementing Medicaid job requirements does not make sense. The reality is that the majority of Virginians with Medicaid already work and are likely to be older Virginians, very ill, living with a disability, or caregivers. Trying to startup such a program in our state would be costly and there are more important things we can invest in that would better benefit taxpayers. As someone over the age of 50 who has been unemployed for 3 years, I can speak to the fact that older workers who lose their employment have more difficulty finding new jobs.

Virginia's application does not further the goals of the Medicaid program. Instead, it limits access to care for an extremely vulnerable population. Thank you for considering these thoughts. Virginia can do better than this.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 3:25 PM
Subject: NO Medicaid Waiver
To: <1115Implementation@dmas.virginia.gov>

I am writing to you with regard to Virginia's proposed Medicaid waiver which has problems as it is currently written. Virginia shouldn't add monthly premiums to Medicaid enrollees. Any extra cost would be too much for families to keep up with and coverage would not be consistent. The working poor face too many hard financial challenges already and this should not be another one.

Requiring people to work can deter families from signing up for coverage that they qualify for and need. When someone does not have health coverage, they are generally less able to maintain work because of it. I trust you will take these thoughts and comments into consideration as this process continues.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 3:26 PM
Subject: My concerns about the Virginia COMPASS program
To: <1115Implementation@dmas.virginia.gov>

I oppose the proposed 1115 Medicaid Waiver in Virginia and would like to make a public comment about it.

I have an adult child on Medicaid. Her health issues are too complicated and multitudinous to list here, but believe me, there is no way she can work, even though she wants to. Her health just won't allow it. In fact, she could die. But there is a possibility that some bureaucrat could decide she's capable of getting a job? No way!

Research indicates that work requirements do not encourage work or reduce poverty, and a growing body of evidence shows that such policies could result in reduced access to care, adverse health outcomes and increased health disparities.

This application does not advance the Medicaid program in Virginia. It needlessly compromises access to care for a vulnerable population. It also creates a new responsibility in state government that is already struggling to keep up. I appreciate your consideration of my comments as you make changes to this draft.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 3:39 PM
Subject: DMAS – Virginia Compass Waiver
To: <1115Implementation@dmas.virginia.gov>

I am writing to you today regarding Virginia’s Medicaid waiver proposal, I oppose the aspects of this program that create new burdens on people who are already struggling. Some of these proposed new requirements create obstacles to care for all enrollees. In some cases it may be poor health that leads to a poor financial situation which can only make things worse in a situation like that.

Monthly premiums and health and wellness accounts for Medicaid will create an overly complicated process to administer the program. Additionally, it is projected to cost the state more money to run than it actually saves. This does not make financial or administrative sense. I am thankful that the public was given this important opportunity to comment.

[REDACTED]
O

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 3:39 PM
Subject: New Medicaid Waiver Comments
To: <1115Implementation@dmas.virginia.gov>

Please consider the following concerns surrounding the waiver for the VA Medicaid program. The Medicaid population often suffers from language barriers, disabilities, mental illness, insecure work, frequent moves, and homelessness. All these factors create significant challenges to successfully navigate growingly complicated government programs.

Charging monthly premiums will make it harder for people with chronic illness to visit their doctors. Routine visits in order to monitor conditions and receive prescriptions will become too costly which can lead to negative health outcomes. Thanks for reading my thoughts on this program.

[REDACTED]
Ms.

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 3:42 PM
Subject: New Medicaid Waiver Comments
To: <1115Implementation@dmas.virginia.gov>

This comment is in relation to the recent Medicaid waiver that was proposed. There are several troubling changes proposed that I oppose. Losing healthcare would be catastrophic for families. I believe Medicaid should provide coverage for families not take them away. Please take the public's comments into consideration. I believe health care is a right, not a privilege reserved for the lucky ones. Please do not pass restrictions on access to life-changing and life-saving health care.

[REDACTED]
Ms.

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 3:43 PM
Subject: My letter on work requirements waiver
To: <1115Implementation@dmas.virginia.gov>

I write to oppose Virginia's 1115 waiver draft that is under consideration. Some aspects of the draft will undermine its purpose. If someone has a disease or long-term health issue they need consistent access to care. It is not very valuable to provide off and on coverage.

Monthly premiums and health and wellness accounts for Medicaid will create an overly complicated process to administer the program. Additionally, it is projected to cost the state more money to run than it actually saves. This does not make financial or administrative sense. Thank you for accepting these comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 3:43 PM
Subject: RE: Virginia COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

As an advocate for expanded healthcare coverage, I am writing to you regarding my concerns with this waiver application. Please give consideration to my views. Programs similar to this proposal have not been proven to increase employment or access to care.

I am very concerned with certain aspects of this proposal, specifically work requirements. This policy choice will cause many low-income people in our state to lose coverage, including people who should be exempt but may not understand how to navigate the administrative hurdles. Thank you for considering this perspective.

[REDACTED]

From: [REDACTED] <[REDACTED]>

Date: Wed, Oct 17, 2018 at 3:43 PM

Subject: I oppose COMPASS waiver

To: <1115Implementation@dmas.virginia.gov>

I am writing with regard to Virginia's COMPASS program and my opposition to certain components of it. The Medicaid population faces multiple challenges. They can face language barriers, disabilities, mental illness, insecure work, and homelessness. All these issues create difficulties when asked to comply with complicated government programs. The result of this can be that access is not improved at all.

Many low-income Virginians work hourly jobs and that makes it challenging to meet the proposed requirement for 80 hours a month consistently. These jobs can be irregular hours, and may not meet the requirement consistently. I hope you consider my comments about this proposed waiver.

[REDACTED]

Retired

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 3:43 PM
Subject: My letter on work requirements waiver
To: <1115Implementation@dmas.virginia.gov>

I offer the following comments concerning the proposed changes to Virginia's Medicaid program. Many people with low incomes have to move frequently and might even be homeless. These living conditions make it hard to comply with programs that have demands like this so this group of Virginians would still end up without coverage.

Virginians with Medicaid coverage are encouraged to access a doctor on a regular basis to maintain good health so they can remain working and productive. Monthly premiums for coverage will be too high for many people and they will not have the opportunity to stay healthy. I am pleased to offer these comments and hope you will consider them.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 3:43 PM
Subject: My concerns about the Virginia COMPASS program
To: <1115Implementation@dmas.virginia.gov>

The following comments are in regard to the proposed Medicaid waiver application to CMS. The Medicaid population faces multiple challenges. They can face language barriers, disabilities, mental illness, insecure work, and homelessness. All these issues create difficulties when asked to comply with complicated government programs. The result of this can be that access is not improved at all.

If Virginia's Medicaid program adds monthly premium costs, it will undermine the very reason for the program. People with low income cannot afford to pay for coverage or care. I appreciate your consideration of my comments as you make changes to this draft.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 3:43 PM
Subject: My letter on work requirements waiver
To: <1115Implementation@dmas.virginia.gov>

I offer the following comments concerning the proposed changes to Virginia's Medicaid program. Losing coverage could create a life-threatening obstacle to care for patients with heart disease as these individuals are unlikely to have access to the necessary treatments and medications.

Individuals with complicated health issues often experience lapses in employment due to their condition or may have been told by a doctor to take time away from work as part of their treatment and recovery. This proposal does not consider this situation and requires the sick person to prove they were sick. Thank you for considering this perspective.

As someone who has struggled both with his own health concerns and with the difficulty of having a child without paid maternity leave, I cannot in good conscience support any legislation or action that in any way restricts access to the fundamental human right to live free of illness and pain.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 3:44 PM
Subject: New Medicaid Waiver Comments
To: <1115Implementation@dmas.virginia.gov>

The following comments are in regard to the proposed Medicaid waiver application to CMS. As people try to understand the process involved with this new Medicaid program, they realize they may have a challenge in proving compliance. Because of that, many may decide not to enroll even if they have or are pursuing work. Why can't we just help people in need without further adding to their burden.

Many people with low incomes have to move frequently and might even be homeless. These living conditions make it hard to comply with programs that have demands like this so this group of Virginians would still end up without coverage. I am pleased to offer these comments and hope you will consider them.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 3:44 PM
Subject: My concerns about the Virginia COMPASS program
To: <1115Implementation@dmas.virginia.gov>

This is regarding my concerns surrounding the waiver draft for the Medicaid program in Virginia. If someone has a disease or long-term health issue they need consistent access to care. It is not very valuable to provide off and on coverage.

The two most common occupations for adults in Virginia who could qualify for Medicaid under expansion are food services and construction - which can be seasonal and are prone to irregular hours. That could result in someone falling out of compliance even though they remain employed. Thank you for accepting these comments.

[REDACTED]
Retired

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 3:44 PM
Subject: NO Medicaid Waiver
To: <1115Implementation@dmas.virginia.gov>

I am writing with regard to Virginia's COMPASS program and my opposition to certain components of it. Work requirements are an obstacle to care for all enrollees. In some cases it may be poor health that prevents them from working.

The two most common occupations for adults in Virginia who could qualify for Medicaid under expansion are food services and construction - which can be seasonal and are prone to irregular hours. That could result in someone falling out of compliance even though they remain employed. I am grateful for the opportunity to offer comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 3:44 PM
Subject: Responding to waiver proposal
To: <1115Implementation@dmas.virginia.gov>

Access to health care is very important, that is why I am commenting on this proposed change. Programs similar to this proposal have not been proven to increase employment or access to care. Thanks for taking the time to read my comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 3:45 PM
Subject: Commenting on Virginia Compass
To: <1115Implementation@dmas.virginia.gov>

This email is in opposition to some requirements proposed in Virginia's Medicaid waiver. I hope you will take my views under advisement. Research shows that health and wellness accounts like the one proposed in the Virginia COMPASS application have bad implications. Similar accounts that require enrollees to contribute premiums may cause those people to cut back on needed health services. This will cost the enrollee and the state more money in the future.

Virginians insisted on expanding Medicaid so we could help families and individuals when they are going through tough times. It should not be taken away for failure to follow through on red tape and bureaucracy. The working poor not only are short on money they are often short on time because they are working many hours at low-paying jobs to make ends meet. The Commonwealth needs to make improvements to this draft. Thank you for taking my comments into consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 3:45 PM
Subject: Issues with Virginia 1115 Waiver
To: <1115Implementation@dmas.virginia.gov>

As someone who believes access to health care is critical, I write in opposition to some of the changes to Virginia's Medicaid program proposed in this draft. In addition to creating a costly new government program to administer, this will also create restrictions to access. Programs similar to this proposal have not been proven to increase employment, but have been shown to prevent access to care.

The purpose of expanding Medicaid is to encourage people to access healthcare on a consistent basis and maintain good health so they can remain working and productive. By adding monthly premiums, we are creating a barrier that will be too high for many people. Thank you taking all of my comments under consideration.

[REDACTED]
1953

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 3:45 PM
Subject: RE: Virginia COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

As a Virginian who cares about expanding healthcare coverage, I am writing to you regarding my concerns with the COMPASS waiver application. Please give consideration to my views. The Medicaid program is a pro-work program. When folks in our state have access to the care they need, they can take care of their health needs, go to work, and contribute to their communities. However, by kicking people off of the Medicaid rolls, the state will reduce access to care, worsen health outcomes and make it hard for people to find and keep work. I thank you for the opportunity to offer this information.

Being disabled, elderly, or poor is not a crime and clearly disadvantages people from obtaining paid work -- although many can help out others or volunteer that would not count. We need not shame these unfortunate people in addition to their other hardships.

[REDACTED]
Retired With Profoundly Intellectually Disabled Stepson

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 3:51 PM
Subject: My comments on DMAS waiver
To: <1115Implementation@dmas.virginia.gov>

As someone who believes access to health care is critical, I write in opposition to some of the changes to Virginia's Medicaid program proposed in this draft. Managing diseases and other health issues is the best and most affordable way to keep people healthy and reduce the cost of healthcare for all Virginians. By requiring monthly premiums to maintain Medicaid coverage, and setting up complicated health and wellness accounts, we are likely to miss the opportunity to reduce costs and keep our population healthy.

Losing healthcare would be catastrophic for families. I believe Medicaid should provide coverage for families not take them away. I hope my comments are helpful.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 3:51 PM
Subject: NO Medicaid Waiver
To: <1115Implementation@dmas.virginia.gov>

I write to oppose Virginia's 1115 waiver draft that is under consideration. Some aspects of the draft will undermine its purpose. The proposed waiver would add new barriers to accessing coverage, putting access to care in jeopardy when the object is to take down barriers. We should not be heading in this direction because it will not benefit enrollees or the Commonwealth as a whole. Thank you for your work on behalf of the Commonwealth and taking my comments into consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 4:02 PM
Subject: Comments about Virginia Compass
To: <1115Implementation@dmas.virginia.gov>

The following comments are offered for consideration as public comment on the Medicaid waiver draft. There are several components of it that concern me as a citizen. Virginia would have a major administrative cost to add and monitor something that most people are complying with already. There is nothing for the state or its citizens to gain from this work proposal.

Many people with low incomes have to move frequently and might even be homeless. These living conditions make it hard to comply with programs that have demands like this so this group of Virginians would still end up without coverage. I hope you can make some improvements to the proposed program. Thank you for considering my comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 4:05 PM
Subject: Virginia COMPASS Waiver Application
To: <1115Implementation@dmas.virginia.gov>

The following comments are in regard to the proposed Medicaid waiver application to the federal government. As people become aware of the waiver and try to understand their intricacies, the challenge of having to prove compliance may cause Virginia residents to not even participate even if they are pursuing work. I sincerely hope that the public comments will be taken into consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 4:15 PM
Subject: Please do not add work requirements to Virginia's Medicaid program
To: Dr. Jennifer Lee <1115Implementation@dmas.virginia.gov>
Dear Department of Medical Assistance Services Dr. Jennifer Lee,

I am writing in opposition to the Virginia COMPASS plan to take Medicaid coverage away from enrollees who do not meet a work requirement. Work requirements are a solution in search of a problem and would create burdensome barriers that would harm all Medicaid recipients, while costing the commonwealth millions.

Virginia's proposal to condition Medicaid coverage on complying with restrictive eligibility and documentation requirements violates the program's intent. The purpose of the Medicaid program is to provide medical assistance for those with income that is insufficient to meet the costs of medical coverage, not to restrict access to that coverage. By some estimates, more than 25,000 fewer Virginians will have health coverage through Medicaid due to the new requirements.

In particular, the proposal to take coverage away from Medicaid beneficiaries that don't or can't meet new work requirements is not only punitive and a violation of the program's intent, but also unsupported by the evidence. As we already know, most Medicaid enrollees that are able to work, do work.

The Virginia COMPASS proposal will be burdensome for all involved— individuals and families as well as the state— and will lead to tens of thousands of Virginians losing health coverage. Virginia should not add more red tape to the Medicaid program or force families to pick between taking care of their health care needs and putting food on the table for their families.

Regards,

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 4:16 PM
Subject: Please do not add work requirements to Virginia's Medicaid program
To: Dr. Jennifer Lee <1115Implementation@dmas.virginia.gov>
Dear Department of Medical Assistance Services Dr. Jennifer Lee,

I am writing in opposition to the Virginia COMPASS plan to take Medicaid coverage away from enrollees who do not meet a work requirement. Work requirements are a solution in search of a problem and would create burdensome barriers that would harm all Medicaid recipients, while costing the commonwealth millions.

Virginia's proposal to condition Medicaid coverage on complying with restrictive eligibility and documentation requirements violates the program's intent. The purpose of the Medicaid program is to provide medical assistance for those with income that is insufficient to meet the costs of medical coverage, not to restrict access to that coverage. By some estimates, more than 25,000 fewer Virginians will have health coverage through Medicaid due to the new requirements.

In particular, the proposal to take coverage away from Medicaid beneficiaries that don't or can't meet new work requirements is not only punitive and a violation of the program's intent, but also unsupported by the evidence. As we already know, most Medicaid enrollees that are able to work, do work.

The Virginia COMPASS proposal will be burdensome for all involved— individuals and families as well as the state— and will lead to tens of thousands of Virginians losing health coverage. Virginia should not add more red tape to the Medicaid program or force families to pick between taking care of their health care needs and putting food on the table for their families.

Regards,

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 4:17 PM
Subject: Please do not add work requirements to Virginia's Medicaid program
To: Dr. Jennifer Lee <1115Implementation@dmas.virginia.gov>
Dear Department of Medical Assistance Services Dr. Jennifer Lee,

I am writing in opposition to the Virginia COMPASS plan to take Medicaid coverage away from enrollees who do not meet a work requirement. Work requirements are a solution in search of a problem and would create burdensome barriers that would harm all Medicaid recipients, while costing the commonwealth millions.

Virginia's proposal to condition Medicaid coverage on complying with restrictive eligibility and documentation requirements violates the program's intent. The purpose of the Medicaid program is to provide medical assistance for those with income that is insufficient to meet the costs of medical coverage, not to restrict access to that coverage. By some estimates, more than 25,000 fewer Virginians will have health coverage through Medicaid due to the new requirements.

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The Virginia COMPASS proposal will be burdensome for all involved— individuals and families as well as the state— and will lead to tens of thousands of Virginians losing health coverage. Virginia should not add more red tape to the Medicaid program or force families to pick between taking care of their health care needs and putting food on the table for their families.

Regards,

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 4:18 PM
Subject: Please do not add work requirements to Virginia's Medicaid program
To: Dr. Jennifer Lee <1115Implementation@dmas.virginia.gov>
Dear Department of Medical Assistance Services Dr. Jennifer Lee,

I am writing in opposition to the Virginia COMPASS plan to take Medicaid coverage away from enrollees who do not meet a work requirement. Work requirements are a solution in search of a problem and would create burdensome barriers that would harm all Medicaid recipients, while costing the commonwealth millions.

Virginia's proposal to condition Medicaid coverage on complying with restrictive eligibility and documentation requirements violates the program's intent. The purpose of the Medicaid program is to provide medical assistance for those with income that is insufficient to meet the costs of medical coverage, not to restrict access to that coverage. By some estimates, more than 25,000 fewer Virginians will have health coverage through Medicaid due to the new requirements.

In particular, the proposal to take coverage away from Medicaid beneficiaries that don't or can't meet new work requirements is not only punitive and a violation of the program's intent, but also unsupported by the evidence. As we already know, most Medicaid enrollees that are able to work, do work.

The Virginia COMPASS proposal will be burdensome for all involved— individuals and families as well as the state— and will lead to tens of thousands of Virginians losing health coverage. Virginia should not add more red tape to the Medicaid program or force families to pick between taking care of their health care needs and putting food on the table for their families.

Regards,

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 4:19 PM
Subject: My concerns about the Virginia COMPASS program
To: <1115Implementation@dmas.virginia.gov>

I oppose limiting Medicaid. The Medicaid Waiver saved our sanity by providing a group home for our daughter, who has an intellectual disability. Prior to her moving out, our family suffered constant conflict.

Please consider my opinion.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 4:20 PM
Subject: Please do not add work requirements to Virginia's Medicaid program
To: Dr. Jennifer Lee <1115Implementation@dmas.virginia.gov>
Dear Department of Medical Assistance Services Dr. Jennifer Lee,

I am writing in opposition to the Virginia COMPASS plan to take Medicaid coverage away from enrollees who do not meet a work requirement. Work requirements are a solution in search of a problem and would create burdensome barriers that would harm all Medicaid recipients, while costing the commonwealth millions.

Virginia's proposal to condition Medicaid coverage on complying with restrictive eligibility and documentation requirements violates the program's intent. The purpose of the Medicaid program is to provide medical assistance for those with income that is insufficient to meet the costs of medical coverage, not to restrict access to that coverage. By some estimates, more than 25,000 fewer Virginians will have health coverage through Medicaid due to the new requirements.

In particular, the proposal to take coverage away from Medicaid beneficiaries that don't or can't meet new work requirements is not only punitive and a violation of the program's intent, but also unsupported by the evidence. As we already know, most Medicaid enrollees that are able to work, do work.

The Virginia COMPASS proposal will be burdensome for all involved— individuals and families as well as the state— and will lead to tens of thousands of Virginians losing health coverage. Virginia should not add more red tape to the Medicaid program or force families to pick between taking care of their health care needs and putting food on the table for their families.

Regards,

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 4:20 PM
Subject: Please do not add work requirements to Virginia's Medicaid program
To: Dr. Jennifer Lee <1115Implementation@dmas.virginia.gov>
Dear Department of Medical Assistance Services Dr. Jennifer Lee,

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Virginia's proposal to condition Medicaid coverage on complying with restrictive eligibility and documentation requirements violates the program's intent. The purpose of the Medicaid program is to provide medical assistance for those with income that is insufficient to meet the costs of medical coverage, not to restrict access to that coverage. By some estimates, more than 25,000 fewer Virginians will have health coverage through Medicaid due to the new requirements.

In particular, the proposal to take coverage away from Medicaid beneficiaries that don't or can't meet new work requirements is not only punitive and a violation of the program's intent, but also unsupported by the evidence. As we already know, most Medicaid enrollees that are able to work, do work.

The Virginia COMPASS proposal will be burdensome for all involved— individuals and families as well as the state— and will lead to tens of thousands of Virginians losing health coverage. Virginia should not add more red tape to the Medicaid program or force families to pick between taking care of their health care needs and putting food on the table for their families.

Regards,

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 4:21 PM
Subject: Please do not add work requirements to Virginia's Medicaid program
To: Dr. Jennifer Lee <1115Implementation@dmas.virginia.gov>
Dear Department of Medical Assistance Services Dr. Jennifer Lee,

I am writing in opposition to the Virginia COMPASS plan to take Medicaid coverage away from enrollees who do not meet a work requirement. Work requirements are a solution in search of a problem and would create burdensome barriers that would harm all Medicaid recipients, while costing the commonwealth millions.

Virginia's proposal to condition Medicaid coverage on complying with restrictive eligibility and documentation requirements violates the program's intent. The purpose of the Medicaid program is to provide medical assistance for those with income that is insufficient to meet the costs of medical coverage, not to restrict access to that coverage. By some estimates, more than 25,000 fewer Virginians will have health coverage through Medicaid due to the new requirements.

In particular, the proposal to take coverage away from Medicaid beneficiaries that don't or can't meet new work requirements is not only punitive and a violation of the program's intent, but also unsupported by the evidence. As we already know, most Medicaid enrollees that are able to work, do work.

The Virginia COMPASS proposal will be burdensome for all involved— individuals and families as well as the state— and will lead to tens of thousands of Virginians losing health coverage. Virginia should not add more red tape to the Medicaid program or force families to pick between taking care of their health care needs and putting food on the table for their families.

Regards,

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 4:22 PM
Subject: Please do not add work requirements to Virginia's Medicaid program
To: Dr. Jennifer Lee <1115Implementation@dmas.virginia.gov>
Dear Department of Medical Assistance Services Dr. Jennifer Lee,

I am writing in opposition to the Virginia COMPASS plan to take Medicaid coverage away from enrollees who do not meet a work requirement. Work requirements are a solution in search of a problem and would create burdensome barriers that would harm all Medicaid recipients, while costing the commonwealth millions.

Virginia's proposal to condition Medicaid coverage on complying with restrictive eligibility and documentation requirements violates the program's intent. The purpose of the Medicaid program is to provide medical assistance for those with income that is insufficient to meet the costs of medical coverage, not to restrict access to that coverage. By some estimates, more than 25,000 fewer Virginians will have health coverage through Medicaid due to the new requirements.

In particular, the proposal to take coverage away from Medicaid beneficiaries that don't or can't meet new work requirements is not only punitive and a violation of the program's intent, but also unsupported by the evidence. As we already know, most Medicaid enrollees that are able to work, do work.

The Virginia COMPASS proposal will be burdensome for all involved— individuals and families as well as the state— and will lead to tens of thousands of Virginians losing health coverage. Virginia should not add more red tape to the Medicaid program or force families to pick between taking care of their health care needs and putting food on the table for their families.

Regards,

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 4:22 PM
Subject: My concerns about the [REDACTED] COMPASS program
To: <1115Implementation@dmas.[REDACTED].gov>

The following comments are in regard to the proposed Medicaid waiver application to the federal government. State investments in infrastructure and staff that do not have anything to do with the Medicaid program's [REDACTED] goal of providing access to care are not good investments. The program should provide simple, uncomplicated access to care. I thank you for the opportunity to offer this information.

The political benefits to politicians taking a tough stance against deadbeats, lazy spongers, welfare cheats, and frauds are apparently quite great. Many of the constituents of these politicians feel righteous indignation, that while they work double hard to make ends meet, these leeches are stealing from their survival- after all, someone needs to be blamed for things getting tougher on working people. Politicians owe it to their constituencies to tell them who are really emptying their pockets. The hate that politicians exploit to get reelected is traitorous to our republic, because it assassinates the decency of otherwise good folks. America is built on decency- its in our national blood. The reason most Americans detest our legislatures is because instead of looking out for us, they're waging war on each other instead of doing our business: no nation can survive without cooperation between opposing points of view. That's basic human decency- and it's gone amongst politicians. Denying medical care because someone can't work and can't afford copayments is just another way to please a constituency that feels ripped-off- which is justified! But the folks that are ripping us off, though, are not the poor people- they are the guys in legislatures that make themselves and their owners rich by sucking the blood out of working men and women.

These people are destroying the things that bind us to each other as human beings, countrymen, Christians, and a free people. I'm watching my country being dangerously divided by cynical politicians, only for the purpose of furthering themselves and the people who pay them to do their will. Don't you vindictively punish people just to get elected. It's dangerous and sick.

[REDACTED]
None

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 4:23 PM
Subject: Please do not add work requirements to Virginia's Medicaid program
To: Dr. Jennifer Lee <1115Implementation@dmas.virginia.gov>
Dear Department of Medical Assistance Services Dr. Jennifer Lee,

I am writing in opposition to the Virginia COMPASS plan to take Medicaid coverage away from enrollees who do not meet a work requirement. Work requirements are a solution in search of a problem and would create burdensome barriers that would harm all Medicaid recipients, while costing the commonwealth millions.

Virginia's proposal to condition Medicaid coverage on complying with restrictive eligibility and documentation requirements violates the program's intent. The purpose of the Medicaid program is to provide medical assistance for those with income that is insufficient to meet the costs of medical coverage, not to restrict access to that coverage. By some estimates, more than 25,000 fewer Virginians will have health coverage through Medicaid due to the new requirements.

In particular, the proposal to take coverage away from Medicaid beneficiaries that don't or can't meet new work requirements is not only punitive and a violation of the program's intent, but also unsupported by the evidence. As we already know, most Medicaid enrollees that are able to work, do work.

The Virginia COMPASS proposal will be burdensome for all involved— individuals and families as well as the state— and will lead to tens of thousands of Virginians losing health coverage. Virginia should not add more red tape to the Medicaid program or force families to pick between taking care of their health care needs and putting food on the table for their families.

Regards,

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 4:24 PM
Subject: Please do not add work requirements to Virginia's Medicaid program
To: Dr. Jennifer Lee <1115Implementation@dmas.virginia.gov>
Dear Department of Medical Assistance Services Dr. Jennifer Lee,

I am writing in opposition to the Virginia COMPASS plan to take Medicaid coverage away from enrollees who do not meet a work requirement. Work requirements are a solution in search of a problem and would create burdensome barriers that would harm all Medicaid recipients, while costing the commonwealth millions.

Virginia's proposal to condition Medicaid coverage on complying with restrictive eligibility and documentation requirements violates the program's intent. The purpose of the Medicaid program is to provide medical assistance for those with income that is insufficient to meet the costs of medical coverage, not to restrict access to that coverage. By some estimates, more than 25,000 fewer Virginians will have health coverage through Medicaid due to the new requirements.

In particular, the proposal to take coverage away from Medicaid beneficiaries that don't or can't meet new work requirements is not only punitive and a violation of the program's intent, but also unsupported by the evidence. As we already know, most Medicaid enrollees that are able to work, do work.

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Regards,

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 4:26 PM
Subject: Please do not add work requirements to Virginia's Medicaid program
To: Dr. Jennifer Lee <1115Implementation@dmas.virginia.gov>
Dear Department of Medical Assistance Services Dr. Jennifer Lee,

I am writing in opposition to the Virginia COMPASS plan to take Medicaid coverage away from enrollees who do not meet a work requirement. Work requirements are a solution in search of a problem and would create burdensome barriers that would harm all Medicaid recipients, while costing the commonwealth millions.

Virginia's proposal to condition Medicaid coverage on complying with restrictive eligibility and documentation requirements violates the program's intent. The purpose of the Medicaid program is to provide medical assistance for those with income that is insufficient to meet the costs of medical coverage, not to restrict access to that coverage. By some estimates, more than 25,000 fewer Virginians will have health coverage through Medicaid due to the new requirements.

In particular, the proposal to take coverage away from Medicaid beneficiaries that don't or can't meet new work requirements is not only punitive and a violation of the program's intent, but also unsupported by the evidence. As we already know, most Medicaid enrollees that are able to work, do work.

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Regards,

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 4:26 PM
Subject: Please do not add work requirements to Virginia's Medicaid program
To: Dr. Jennifer Lee <1115Implementation@dmas.virginia.gov>
Dear Department of Medical Assistance Services Dr. Jennifer Lee,

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Regards,

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 4:27 PM
Subject: Please do not add work requirements to Virginia's Medicaid program
To: Dr. Jennifer Lee <1115Implementation@dmas.virginia.gov>
Dear Department of Medical Assistance Services Dr. Jennifer Lee,

I am writing in opposition to the Virginia COMPASS plan to take Medicaid coverage away from enrollees who do not meet a work requirement. Work requirements are a solution in search of a problem and would create burdensome barriers that would harm all Medicaid recipients, while costing the commonwealth millions.

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Regards,

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 4:28 PM
Subject: Please do not add work requirements to Virginia's Medicaid program
To: Dr. Jennifer Lee <1115Implementation@dmas.virginia.gov>
Dear Department of Medical Assistance Services Dr. Jennifer Lee,

I am writing in opposition to the Virginia COMPASS plan to take Medicaid coverage away from enrollees who do not meet a work requirement. Work requirements are a solution in search of a problem and would create burdensome barriers that would harm all Medicaid recipients, while costing the commonwealth millions.

Virginia's proposal to condition Medicaid coverage on complying with restrictive eligibility and documentation requirements violates the program's intent. The purpose of the Medicaid program is to provide medical assistance for those with income that is insufficient to meet the costs of medical coverage, not to restrict access to that coverage. By some estimates, more than 25,000 fewer Virginians will have health coverage through Medicaid due to the new requirements.

In particular, the proposal to take coverage away from Medicaid beneficiaries that don't or can't meet new work requirements is not only punitive and a violation of the program's intent, but also unsupported by the evidence. As we already know, most Medicaid enrollees that are able to work, do work.

The Virginia COMPASS proposal will be burdensome for all involved— individuals and families as well as the state— and will lead to tens of thousands of Virginians losing health coverage. Virginia should not add more red tape to the Medicaid program or force families to pick between taking care of their health care needs and putting food on the table for their families.

Regards,

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 4:29 PM
Subject: Please do not add work requirements to Virginia's Medicaid program
To: Dr. Jennifer Lee <1115Implementation@dmas.virginia.gov>
Dear Department of Medical Assistance Services Dr. Jennifer Lee,

I am writing in opposition to the Virginia COMPASS plan to take Medicaid coverage away from enrollees who do not meet a work requirement. Work requirements are a solution in search of a problem and would create burdensome barriers that would harm all Medicaid recipients, while costing the commonwealth millions.

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Regards,

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 4:30 PM
Subject: Please do not add work requirements to Virginia's Medicaid program
To: Dr. Jennifer Lee <1115Implementation@dmas.virginia.gov>
Dear Department of Medical Assistance Services Dr. Jennifer Lee,

I am writing in opposition to the Virginia COMPASS plan to take Medicaid coverage away from enrollees who do not meet a work requirement. Work requirements are a solution in search of a problem and would create burdensome barriers that would harm all Medicaid recipients, while costing the commonwealth millions.

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Regards,

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 4:31 PM
Subject: Please do not add work requirements to Virginia's Medicaid program
To: Dr. Jennifer Lee <1115Implementation@dmas.virginia.gov>
Dear Department of Medical Assistance Services Dr. Jennifer Lee,

I am writing in opposition to the Virginia COMPASS plan to take Medicaid coverage away from enrollees who do not meet a work requirement. Work requirements are a solution in search of a problem and would create burdensome barriers that would harm all Medicaid recipients, while costing the commonwealth millions.

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Regards,

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 4:32 PM
Subject: Proposed Virginia COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

As someone who believes access to health care is critical, I write in opposition to some of the changes to Virginia's Medicaid program proposed in this draft. Work requirements and other efforts to deny public supports to try to get people to work have poor results wherever they have been tried. People are unemployed for a variety of reasons that can be complicated. This requirement will just deny people healthcare coverage like it has wherever they have been tried.

In states with requirements like the ones in this proposal, the results were that nearly half of the new adults enrolled in Medicaid expansion ended up losing coverage. Virginia needs a program that has a better success rate than that. Removing some of the proposed restrictions would help to improve access. Thank you for accepting these comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 4:32 PM
Subject: Please do not add work requirements to Virginia's Medicaid program
To: Dr. Jennifer Lee <1115Implementation@dmas.virginia.gov>
Dear Department of Medical Assistance Services Dr. Jennifer Lee,

I am writing in opposition to the Virginia COMPASS plan to take Medicaid coverage away from enrollees who do not meet a work requirement. Work requirements are a solution in search of a problem and would create burdensome barriers that would harm all Medicaid recipients, while costing the commonwealth millions.

Virginia's proposal to condition Medicaid coverage on complying with restrictive eligibility and documentation requirements violates the program's intent. The purpose of the Medicaid program is to provide medical assistance for those with income that is insufficient to meet the costs of medical coverage, not to restrict access to that coverage. By some estimates, more than 25,000 fewer Virginians will have health coverage through Medicaid due to the new requirements.

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Regards,

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 4:33 PM
Subject: Please do not add work requirements to Virginia's Medicaid program
To: Dr. Jennifer Lee <1115Implementation@dmas.virginia.gov>
Dear Department of Medical Assistance Services Dr. Jennifer Lee,

I am writing in opposition to the Virginia COMPASS plan to take Medicaid coverage away from enrollees who do not meet a work requirement. Like many Virginians on Medicaid, I work. Working helps provide for my family and provides a sense of purpose. However, it should not be a pre-requisite for health coverage. It is not only immoral to take coverage away from our most vulnerable citizens, it is also illogical; research shows that these policies have no impact on employment levels.

So if there is no benefit, what is the cost? JLARC estimates COMPASS would cost over \$20 million per year. Certainly those dollars could be better spent.

Regards,

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 4:34 PM
Subject: Please do not add work requirements to Virginia's Medicaid program
To: Dr. Jennifer Lee <1115Implementation@dmas.virginia.gov>
Dear Department of Medical Assistance Services Dr. Jennifer Lee,

I am writing in opposition to the Virginia COMPASS plan to take Medicaid coverage away from enrollees who do not meet a work requirement. Work requirements are a solution in search of a problem and would create burdensome barriers that would harm all Medicaid recipients, while costing the commonwealth millions.

Virginia's proposal to condition Medicaid coverage on complying with restrictive eligibility and documentation requirements violates the program's intent. The purpose of the Medicaid program is to provide medical assistance for those with income that is insufficient to meet the costs of medical coverage, not to restrict access to that coverage. By some estimates, more than 25,000 fewer Virginians will have health coverage through Medicaid due to the new requirements.

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Regards,

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 4:35 PM
Subject: Please do not add work requirements to Virginia's Medicaid program
To: Dr. Jennifer Lee <1115Implementation@dmas.virginia.gov>
Dear Department of Medical Assistance Services Dr. Jennifer Lee,

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Regards,

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 4:36 PM
Subject: Please do not add work requirements to Virginia's Medicaid program
To: Dr. Jennifer Lee <1115Implementation@dmas.virginia.gov>
Dear Department of Medical Assistance Services Dr. Jennifer Lee,

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Regards,

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 4:37 PM
Subject: Please do not add work requirements to Virginia's Medicaid program
To: Dr. Jennifer Lee <1115Implementation@dmas.virginia.gov>
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Regards,

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 4:38 PM
Subject: Please do not add work requirements to Virginia's Medicaid program
To: Dr. Jennifer Lee <1115Implementation@dmas.virginia.gov>
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Regards,

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 4:39 PM
Subject: Please do not add work requirements to Virginia's Medicaid program
To: Dr. Jennifer Lee <1115Implementation@dmas.virginia.gov>
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Regards,

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 4:40 PM
Subject: Issues with Virginia 1115 Waiver
To: <1115Implementation@dmas.virginia.gov>

This comment is directed toward certain aspects of Virginia's Medicaid waiver application. Making low-income families pay costly monthly premiums will not have the intended outcome. Other states that have tried similar proposals saw the use of health care services decline, leading to more costly services later down the road. I appreciate your time. Thank you for reading my comments.

[REDACTED]
Virginia Organizing

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 4:40 PM
Subject: Please do not add work requirements to Virginia's Medicaid program
To: Dr. Jennifer Lee <1115Implementation@dmas.virginia.gov>
Dear Department of Medical Assistance Services Dr. Jennifer Lee,

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Regards,

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 4:41 PM
Subject: Please do not add work requirements to Virginia's Medicaid program
To: Dr. Jennifer Lee <1115Implementation@dmas.virginia.gov>
Dear Department of Medical Assistance Services Dr. Jennifer Lee,

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Regards,

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 4:42 PM
Subject: Please do not add work requirements to Virginia's Medicaid program
To: Dr. Jennifer Lee <1115Implementation@dmas.virginia.gov>
Dear Department of Medical Assistance Services Dr. Jennifer Lee,

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Regards,

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 4:43 PM
Subject: Please do not add work requirements to Virginia's Medicaid program
To: Dr. Jennifer Lee <1115Implementation@dmas.virginia.gov>
Dear Department of Medical Assistance Services Dr. Jennifer Lee,

I am writing in opposition to the Virginia COMPASS plan to take Medicaid coverage away from enrollees who do not meet a work requirement. Work requirements are a solution in search of a problem and would create burdensome barriers that would harm all Medicaid recipients, while costing the commonwealth millions.

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Regards,

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 4:46 PM
Subject: My letter on work requirements waiver
To: <1115Implementation@dmas.virginia.gov>

This comment is concerning the troubling requirements that Virginia proposes for Medicaid. Medicaid provides critical access to the prevention and treatment of illnesses but if that access is denied the opportunity to keep people healthy is lost. We need a program that ensures consistent access.

Health and wellness accounts require a lot of administrative upkeep and add additional cost for the state Medicaid agency, providers, and contracted managed care plans. We should not spend money to create more bureaucracy. Thank you for your work on behalf of the Commonwealth and taking my comments into consideration.

[REDACTED]

Mr.

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 4:48 PM
Subject: DMAS – Virginia Compass Waiver
To: <1115Implementation@dmas.virginia.gov>

As a Virginian, I do not support the changes outlined in Virginia's 1115 Medicaid waiver draft. Workers in many hourly jobs may have more than a full-time load of work one month, but they may fall below the required 80 hours the next month and could be subject to lose their health coverage. The cost of monitoring compliance and diminished value of only having healthcare coverage some of the time makes it unjustifiable. Thank you for considering these thoughts. Virginia can do better than this.

[REDACTED]
Virginia Organizing

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 6:30 PM
Subject: Please do not add work requirements to Virginia's Medicaid program
To: Dr. Jennifer Lee <1115Implementation@dmas.virginia.gov>
Dear Department of Medical Assistance Services Dr. Jennifer Lee,

I am writing in opposition to the Virginia COMPASS plan to take Medicaid coverage away from enrollees who do not meet a work requirement. Work requirements are a solution in search of a problem and would create burdensome barriers that would harm all Medicaid recipients, while costing the commonwealth millions.

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Regards,

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 6:49 PM
Subject: Please do not add work requirements to Virginia's Medicaid program
To: Dr. Jennifer Lee <115Implementation@dmas.virginia.gov>
Dear Department of Medical Assistance Services Dr. Jennifer Lee,

I am writing in opposition to the Virginia COMPASS plan to take Medicaid coverage away from enrollees who do not meet a work requirement. Work requirements are a solution in search of a problem and would create burdensome barriers that would harm all Medicaid recipients, while costing the commonwealth millions.

In just the first 2 months we have data for, we have found out that this experiment has already resulted in roughly 8,500 Arkansas residents losing their coverage due to noncompliance. This is not about helping people find work. We all want to do that. This is about taking health care away from people. If we want to help people find work, pass paid leave and help make child care more affordable. Don't do this.

Virginia's proposal to condition Medicaid coverage on complying with restrictive eligibility and documentation requirements violates the program's intent. The purpose of the Medicaid program is to provide medical assistance for those with income that is insufficient to meet the costs of medical coverage, not to restrict access to that coverage. By some estimates, more than 25,000 fewer Virginians will have health coverage through Medicaid due to the new requirements.

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Regards,

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 8:32 PM
Subject: Comments about Virginia Compass
To: <1115Implementation@dmas.virginia.gov>

The following email explains my concerns about the proposed new requirements to receive coverage under Virginia's Medicaid program. Please consider this information in your work. People who qualify for Medicaid need reliable health care access just like everyone does. Access to care is important to maintaining a job and living a productive life. There should not be barriers like this proposal contains.

The cost of implementing the work requirement in this program is unreasonable compared to the small group of people it affects. Virginia needs to spend \$25 million to implement something that is not even part of the goal of Medicaid. That is an unjustifiable amount that could be better spent in a variety of ways. Please make the right changes to the Medicaid waiver proposal.

[REDACTED]
Midlothian

From: [REDACTED] <[REDACTED]>

Date: Wed, Oct 17, 2018 at 8:47 PM

Subject: Medicaid

To: <1115implementation@dmas.virginia.gov>

I support all essential services for those who qualify for Medicaid, but, do not support the work requirement. As I have a brother in California who suffers from Schizophrenia and is not able to hold down a job, the Medicaid assistance from the State supports his medical and housing needs. There would be so many in this state whose well being, and very survival, completely depends on Medicaid Assistance. I am completely happy to let my taxpayer dollars help to fund those who are the most vulnerable. Let's not have "attachments" that will result in adding to our already large homeless "communities". We should be better than that.....

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 9:00 PM
Subject: Please do not add work requirements to Virginia's Medicaid program
To: Dr. Jennifer Lee <1115Implementation@dmas.virginia.gov>
Dear Department of Medical Assistance Services Dr. Jennifer Lee,

I am writing in opposition to the Virginia COMPASS plan to take Medicaid coverage away from enrollees who do not meet a work requirement. Work requirements are a solution in search of a problem and would create burdensome barriers that would harm all Medicaid recipients, while costing the commonwealth millions.

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Regards,

[REDACTED]

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 9:00 PM
Subject: Please do not add work requirements to Virginia's Medicaid program
To: Dr. Jennifer Lee <1115Implementation@dmas.virginia.gov>
Dear Department of Medical Assistance Services Dr. Jennifer Lee,

I am writing in opposition to the Virginia COMPASS plan to take Medicaid coverage away from enrollees who do not meet a work requirement. Work requirements are a solution in search of a problem and would create burdensome barriers that would harm all Medicaid recipients, while costing the commonwealth millions.

Virginia's proposal to condition Medicaid coverage on complying with restrictive eligibility and documentation requirements violates the program's intent. The purpose of the Medicaid program is to provide medical assistance for those with income that is insufficient to meet the costs of medical coverage, not to restrict access to that coverage. By some estimates, more than 25,000 fewer Virginians will have health coverage through Medicaid due to the new requirements.

In particular, the proposal to take coverage away from Medicaid beneficiaries that don't or can't meet new work requirements is not only punitive and a violation of the program's intent, but also unsupported by the evidence. As we already know, most Medicaid enrollees that are able to work, do work.

The Virginia COMPASS proposal will be burdensome for all involved— individuals and families as well as the state— and will lead to tens of thousands of Virginians losing health coverage. Virginia should not add more red tape to the Medicaid program or force families to pick between taking care of their health care needs and putting food on the table for their families.

Regards,

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 9:00 PM
Subject: Please do not add work requirements to Virginia's Medicaid program
To: Dr. Jennifer Lee <1115Implementation@dmas.virginia.gov>
Dear Department of Medical Assistance Services Dr. Jennifer Lee,

I am writing in opposition to the Virginia COMPASS plan to take Medicaid coverage away from enrollees who do not meet a work requirement. Work requirements are a solution in search of a problem and would create burdensome barriers that would harm all Medicaid recipients, while costing the commonwealth millions.

Virginia's proposal to condition Medicaid coverage on complying with restrictive eligibility and documentation requirements violates the program's intent. The purpose of the Medicaid program is to provide medical assistance for those with income that is insufficient to meet the costs of medical coverage, not to restrict access to that coverage. By some estimates, more than 25,000 fewer Virginians will have health coverage through Medicaid due to the new requirements.

In particular, the proposal to take coverage away from Medicaid beneficiaries that don't or can't meet new work requirements is not only punitive and a violation of the program's intent, but also unsupported by the evidence. As we already know, most Medicaid enrollees that are able to work, do work.

The Virginia COMPASS proposal will be burdensome for all involved— individuals and families as well as the state— and will lead to tens of thousands of Virginians losing health coverage. Virginia should not add more red tape to the Medicaid program or force families to pick between taking care of their health care needs and putting food on the table for their families.

Regards,

[REDACTED]

Bristol, TN 37620

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 9:17 PM
Subject: NO Medicaid Waiver
To: <1115Implementation@dmas.virginia.gov>

Please consider the following concerns surrounding the waiver for the VA Medicaid program. Some mental illnesses, especially if they are untreated, make it very difficult for someone to comply with this proposal - resulting in their losing access to care. This could easily spiral into much more expensive treatments and hospitalizations.

Work requirements are a bad move for Virginians. There are many examples for Virginia to learn from. While these requirements sound great to some people, other safety net programs that have these requirements do not succeed in helping people find jobs or make ends meet. I am hopeful that you take my comments into consideration and make the necessary changes. In addition, you policy maker put yourself in shoes of these Virginia residents who are too ill too work, but they are not legally disabled. So, these ill Virginia residents are forced to work or volunteer to get medical benefits called Medicaid. In addition, these work requirements to obtain Medicaid are state approved fascism, because only in a fascist state a legal resident an citizen needs to work to get health care.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 9:18 PM
Subject: Opposition to Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

As a Virginian, I do not support the changes outlined in Virginia's 1115 Medicaid waiver draft. Managing diseases and other health issues is the best and most affordable way to keep people healthy and reduce the cost of healthcare for all Virginians. By requiring monthly premiums to maintain Medicaid coverage, and setting up complicated health and wellness accounts, we are likely to miss the opportunity to reduce costs and keep our population healthy. I hope you will take these thoughts and comments into consideration moving forward.

[REDACTED]
Virginia Organizing

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 9:18 PM
Subject: Virginia COMPASS waiver public comments
To: <1115Implementation@dmas.virginia.gov>

The subject of my letter is the Commonwealth's proposed Medicaid waiver application which includes too many complicated burdens. Among Medicaid enrollees who are not working, many have impediments to employment, including illness, disability or caregiving responsibilities. The number of those who could get a job as a result of the program is very small. Please make the right changes to the Medicaid waiver proposal.

[REDACTED]
Virginia Organizing

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 9:18 PM
Subject: I oppose COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

This comment is in relation to the Medicaid waiver that was proposed by DMAS. There are several new requirements proposed that I oppose. The Medicaid program provides critical access to prevention, treatment, disease management, and care coordination services. It keeps people from becoming seriously ill and not being able to care for themselves or their family.

Establishing a work requirement uses dollars that could have a greater impact on someone's health and well-being if devoted to other areas of the state's Medicaid program. This requirement is not well formulated and threatens to make the entire effort a failure. Thanks for taking the time to read my comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 9:19 PM
Subject: Responding to Medicaid waiver idea
To: <1115Implementation@dmas.virginia.gov>

The comments in this email should be considered in relation to Virginia's Medicaid waiver application. Many people with low incomes have to move frequently and might even be homeless. These living conditions make it hard to comply with programs that have demands like this so this group of Virginians would still end up without coverage.

Implementing the job requirement will not help many people get jobs because the majority of Medicaid enrollees are already working, disabled, ill, caretakers, pregnant women, students, retired, or looking for work. The requirement is a big cost with little possible result.

Thank you for your work on behalf of the Commonwealth and taking my comments into consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 9:19 PM
Subject: Arguments against COMPASS
To: <1115Implementation@dmas.virginia.gov>

Thank you for the opportunity to comment on this important issue. I am writing in opposition to Virginia's 1115 waiver for the COMPASS program. In some states, proposals similar to this resulted in nearly half of the new adults enrolled in Medicaid expansion losing coverage. This proposal creates a program that is likely to create the same problems with access. Please take my comments and those of others seriously.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 9:20 PM
Subject: Responding to Medicaid waiver idea
To: <1115Implementation@dmas.virginia.gov>

Access to health care is very important, that is why I am commenting on this proposed change. In some states, proposals similar to this resulted in nearly half of the new adults enrolled in Medicaid expansion losing coverage. This proposal creates a program that is likely to create the same problems with access.

Virginia should not add more red tape to our Medicaid program. Requiring individuals to document their work has been shown to reduce enrollment in Medicaid overall. Virginians have waited so long for expansion. The state should do everything in its power to ensure that we have a good enrollment process, but I fear that adding more paperwork will not help us meet that goal. I thank you for the opportunity to offer this information.

[REDACTED]
Virginia Organizing

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 9:20 PM
Subject: Regarding Virginia COMPASS Application
To: <1115Implementation@dmas.virginia.gov>

This comment is in relation to the recent Medicaid waiver that was proposed. There are several troubling changes proposed that I oppose. Many Virginians depend on Medicaid when they are sick and need help. Implementing this proposed waiver would mean taking away health care when people are most vulnerable. If someone has low income and becomes ill and cannot work that is not the time to take away their coverage.

Implementing work requirements will add new administrative processes and programs, which will require considerable dollars that would be better used to provide care. There is nothing to be gained from a program that is so difficult and expensive to administer. I am thankful that the public was given this important opportunity to comment.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 9:20 PM
Subject: New Medicaid Waiver Comments
To: <1115Implementation@dmas.virginia.gov>

I am writing to you with regard to Virginia's proposed Medicaid waiver which has problems as it is currently written. Job requirements have a poor record in meeting their goals. Examples of this from other safety net programs like TANF can be found in Virginia. This proposal would not ensure that people are employed long-term and they can make it harder for some people to find work. We should avoid adding red tape and a new, expensive, complicated program.

People who qualify for Medicaid need reliable health care access just like everyone does. Access to care is important to maintaining a job and living a productive life. There should not be barriers like this proposal contains. Thank you for the opportunity to share these insights.

[REDACTED]
1966

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 9:20 PM
Subject: NO Medicaid Waiver
To: <1115Implementation@dmas.virginia.gov>

As a Virginian, I do not support the changes outlined in Virginia's 1115 Medicaid waiver draft. Monthly premiums proposed to maintain Medicaid cost too much. Medicaid is designed to be affordable. People with very low income truly cannot afford any additional costs.

Also the work requirements are unrealistic and expensive, as many people who are disabled or live in remote areas do not have the broadband access, nor the understanding of the requirements, to document their inability to work. And these work requirements are administratively cumbersome for social workers, adding to the cost of administering the program.

The many barriers in this Medicaid proposal mean that there will likely be gaps in healthcare coverage that deny people the opportunity to access care, which works against what the program was supposed to achieve.

Please consider my comments in your decision process. Thank you.

[REDACTED]
Ms.

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 9:21 PM
Subject: New Medicaid waiver comments
To: <1115Implementation@dmas.virginia.gov>

I would like to make a public comment about the proposed 1115 Medicaid waiver. As people try to understand the process involved with this new Medicaid program, they realize they may have a challenge in proving compliance. Because of that, many may decide not to enroll even if they have or are pursuing work.

If someone has a disability they may have a harder time complying with some of the qualifications in this proposal. That could end up in their losing access to care. Thanks for considering my thoughts on this waiver application.

[REDACTED]
Virginia Organizing

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 9:21 PM
Subject: Virginia COMPASS Waiver Application
To: <1115Implementation@dmas.virginia.gov>

I am writing with regard to Virginia's COMPASS program and my opposition to certain components of it. Work requirements in this program do not help families afford to put food on the table or improve their health. There is some evidence that shows that work requirements can actually make it harder for people to find work. This is not good policy.

In states with requirements like the ones in this proposal, the results were that nearly half of the new adults enrolled in Medicaid expansion ended up losing coverage. Virginia needs a program that has a better success rate than that. Removing some of the proposed restrictions would help to improve access. I hope you can make some improvements to the proposed program. Thank you for considering my comments.

[REDACTED]
Virginia Organizing

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 9:21 PM
Subject: Writing about Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

I offer the following comments concerning the proposed changes to Virginia's Medicaid program. The Medicaid population faces multiple challenges. They can face language barriers, disabilities, mental illness, insecure work, and homelessness. All these issues create difficulties when asked to comply with complicated government programs. The result of this can be that access is not improved at all.

Complicated requirements like the work requirement proposed here, result in new hardship for families already facing many. It can also keep people from enrolling because they are not confident they can keep up with the requirements. I am pleased to offer these comments and hope you will consider them.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 9:22 PM
Subject: Regarding Virginia COMPASS Application
To: <1115Implementation@dmas.virginia.gov>

I am writing about the proposed Medicaid waiver. I am opposed to adding premiums for our struggling citizens. The whole idea is to provide access to health care for those in need. These changes work against that goal.

I also oppose a work requirement. I believe that people who can work will do so, and we should provide health coverage for the others. Virginians should all have proper health care.

Thank you for your help ensuring this.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 9:22 PM
Subject: Proposed Virginia COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

This email offers my opinion about changes to Virginia's Medicaid program that I find problematic. The proposed changes to Medicaid could deny health insurance to sick individuals when they are most in need. I do not support this approach that creates barriers to access.

Affordable health care is important to all Virginians. Requiring low-income families to pay monthly premiums does not make it affordable to them and will not help them maintain coverage. The point is to treat illnesses and avoid more costly care later. We need to encourage enrollment and make maintaining coverage easy. I hope you will take these thoughts and comments into consideration moving forward.

[REDACTED]
Virginia Organizing

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 9:22 PM
Subject: Opposition to Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

I am opposed to the new burdens proposed to be included in the Medicaid program. People who have good healthcare coverage see a doctor regularly. If there are monthly premiums required, people will try to avoid using healthcare. While the cost seems small to some it will be a barrier to getting care for low income people. I sincerely hope that the public comments will be taken into consideration.

[REDACTED]
Virginia Organizing

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 9:23 PM
Subject: My letter on work requirements waiver
To: <1115Implementation@dmas.virginia.gov>

This is regarding my concerns surrounding the waiver draft for the Medicaid program in Virginia. Implementing work requirements will add new administrative processes and programs, which will require considerable dollars that would be better used to provide care. There is nothing to be gained from a program that is so difficult and expensive to administer. Thanks for considering my thoughts on this waiver application.

[REDACTED]
Virginia Organizing

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 9:23 PM
Subject: Responding to waiver proposal
To: <1115Implementation@dmas.virginia.gov>

These comments are about the Commonwealth's Medicaid waiver application. I appreciate your taking them into consideration. Implementing the job requirement will not help many people get jobs because the majority of Medicaid enrollees are already working, disabled, ill, caretakers, pregnant women, students, retired, or looking for work. The requirement is a big cost with little possible result.

People who qualify for Medicaid need reliable health care access just like everyone does. Access to care is important to maintaining a job and living a productive life. There should not be barriers like this proposal contains. Thank you for allowing me to offer my thoughts on this proposal.

[REDACTED]
Virginia Organizing- Harrisonburg

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 9:23 PM
Subject: I oppose COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

I am opposed to certain new burdens included in proposed COMPASS Medicaid program. The red tape and bureaucracy surrounding the COMPASS program will throw people off Medicaid. People that are following the rules will suffer due to the complicated system that COMPASS is creating. I hope you consider my comments about this proposed waiver.

[REDACTED]
Virginia Organizing

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 9:23 PM
Subject: Responding to waiver proposal
To: <1115Implementation@dmas.virginia.gov>

I am writing with regard to Virginia's Medicaid expansion program and my opposition to certain components of it. Virginia should not go down this path. Looking at what is happening in other states shows little success and high costs. Work requirements simply do not work. Please do take these concerns into consideration and make changes to this draft.

This is important to me because sometimes you have to help people in your family and not go to work. If people have disabilities, they don't need to work.

[REDACTED]
Virginia Organizing

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 9:24 PM
Subject: COMPASS objections
To: <1115Implementation@dmas.virginia.gov>

Medicaid waiver draft. Some aspects of this proposal will create too many barriers to access. The Medicaid program provides critical access to prevention, treatment, disease management, and care coordination services. It keeps people from becoming seriously ill and not being able to care for themselves or their family.

Charging monthly premiums to Medicaid families will put more pressure on people struggling to make ends meet. Many people also have difficulty working through complex government processes. The premiums would create both of those issues for people that need access to care. Please consider my comments on this proposed new program.

[REDACTED]
Greenwood United Methodist Church

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 9:24 PM
Subject: Commenting on Virginia Compass
To: <1115Implementation@dmas.virginia.gov>

I am opposed to the new burdens proposed to be included in the Medicaid program. The red tape and bureaucracy surrounding the COMPASS program will throw people off Medicaid. People that are following the rules will suffer due to the complicated system that COMPASS is creating. Please keep the best interest of Virginia's working families in mind as you consider my thoughts.

Those of us that are privileged have a difficult time understanding the barriers that the under-served face. We tend to "blame the victim" while forgetting how a catastrophic illness or loss of a job could put any one of us in jeopardy. Nonprofits that tend to basic needs such as housing and skills training for the underprivileged demonstrate to us time and time again what a difference these "bootstraps" can mean in the lives of the homeless and those minimally housed.

At least the private sector is addressing the essential needs of many of these people. Now what is the state going to do for its disadvantaged citizens? Isn't that what government is for: to serve the needs of the people it governs?

Sincerely,

[REDACTED]

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 9:25 PM
Subject: My concerns about the Virginia COMPASS program
To: <1115Implementation@dmas.virginia.gov>

Medicaid waiver draft. Some aspects of this proposal will create too many barriers to access. People who have relied on Medicaid for years would now be denied coverage if they fail to comply with work reporting. Many of whom are not technologically savvy could be hurt by this waiver.

Virginia should not to go down this path. Looking at what is happening in other states shows little success and high costs. Work requirements simply do not work. Currently the unemployment rate is 3.7% so the chance of getting meaningful employment that is helpful, is low Thanks for allowing me to comment on this waiver.

[REDACTED]
Daughters Of Wisdom

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 9:25 PM
Subject: Problems with COMPASS
To: <1115Implementation@dmas.virginia.gov>

This comment is in relation to the Medicaid waiver that was proposed by DMAS. There are several new requirements proposed that I oppose. Many low-income Virginians work hourly jobs and that makes it challenging to meet the proposed requirement for 80 hours a month consistently. These jobs can be irregular hours, and may not meet the requirement consistently. Please keep the best interest of Virginia's working families in mind as you consider my thoughts.

[REDACTED]
Virginia Organizing

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 9:25 PM
Subject: DMAS – Virginia Compass Waiver
To: <1115Implementation@dmas.virginia.gov>

The subject of my letter is the Commonwealth's proposed Medicaid waiver application which includes too many complicated burdens. The red tape and bureaucracy surrounding the COMPASS program will throw people off Medicaid. People that are following the rules will suffer due to the complicated system that COMPASS is creating. Please consider my comments on this proposed new program.

[REDACTED]
Virginia Organizing

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 9:26 PM
Subject: Responding to waiver proposal
To: <1115Implementation@dmas.virginia.gov>

I oppose the proposed 1115 Medicaid Waiver in Virginia and would like to make a public comment about it. Part-time and temporary jobs that many Medicaid eligible people work in put them at risk for losing coverage frequently because they do not have consistent pay. States that have tried to use work requirements like this have thousands people losing coverage each month. It puts a burden on the state and threatens the health of this group of people. I am pleased to offer these comments and hope you will consider them.

I am disabled with a life-long chronic, progressive, debilitating condition and work from home. I've never had to apply for public assistance, disability, or Medicaid. However, as I get older the work I am able to get is becoming more sporadic. This makes budgeting and planning very difficult. My income has decreased dramatically this year and next year may continue that trend. I may have to apply for Medicaid coverage as the offerings from the ACA marketplace have gotten so expensive. If there is a work requirement to getting Medicaid, I may not be able to be covered consistently and would quickly get sicker. That may lead me into a downward spiral. I do not want to become a burden on friends and community. Please oppose COMPASS!

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 9:26 PM
Subject: Writing about Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

I am opposed to the new burdens proposed to be included in the Medicaid program. The proposed waiver would add new barriers to accessing coverage, putting access to care in jeopardy when the object is to take down barriers. We should not be heading in this direction because it will not benefit enrollees or the Commonwealth as a whole.

Having work requirements may deter families from enrolling in the coverage that they qualify for and need. When someone does not have health coverage, they are less able to seek medical care when they are ill or injured and are generally less able to get work because of it. Please take this into account and make changes to COMPASS.

[REDACTED]
VCU Health

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 9:26 PM
Subject: NO Medicaid Waiver
To: <1115Implementation@dmas.virginia.gov>

This comment is concerning the troubling requirements that Virginia proposes for Medicaid. Managing health on an ongoing basis is the way to keep people healthy and reduce the overall cost of healthcare. By requiring monthly premiums for Medicaid patients and setting up confusing health and wellness accounts, we are likely to miss the opportunity to keep costs down and our population healthy. Thanks for taking the time to read my comments.

[REDACTED]
Virginia Organizing

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 9:26 PM
Subject: My concerns about the Virginia COMPASS program
To: <1115Implementation@dmas.virginia.gov>

The subject of my letter is the Commonwealth's proposed Medicaid waiver application which includes too many complicated burdens. Virginia has an opportunity to offer affordable healthcare to all, but monthly premiums would deny us that opportunity by creating a cost that people might not be able to afford. That would mean the program is a failure. I hope we will not undermine our own program by adding these costs. Thank you taking all of my comments under consideration.

[REDACTED]
Virginia Organizing

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 9:26 PM
Subject: Writing about Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

The following comments are in regard to the proposed Medicaid waiver application to CMS. Many Virginians lose employment because they are sick and do not have access to care. This is a serious problem that this expansion is supposed to address. Instead, we have potential barriers to access that work against hardworking people. I trust you will take these thoughts and comments into consideration as this process continues.

[REDACTED]
Virginia Organizing

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 9:27 PM
Subject: Proposed Medicaid Waiver Application
To: <1115Implementation@dmas.virginia.gov>

As someone who believes access to health care is critical, I write in opposition to some of the changes to Virginia's Medicaid program proposed in this draft. Individuals with complicated health issues often experience lapses in employment due to their condition or may have been told by a doctor to take time away from work as part of their treatment and recovery. This proposal does not consider this situation and requires the sick person to prove they were sick. Please take this into account and make changes to COMPASS.

[REDACTED]
Virginia Organizing

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 9:27 PM
Subject: Problems with COMPASS
To: <1115Implementation@dmas.virginia.gov>

The following comments are offered for consideration as public comment on the Medicaid waiver draft. There are several components of it that concern me as a citizen. The proposed waiver would add new barriers to accessing coverage. These requirements put access to needed care in jeopardy when the point is to take down barriers, not create more barriers.

The work requirement affects very few people. This means that the state would incur major additional expenses and administrative work to enforce a requirement that the vast majority of people are complying with already or are unable to. I appreciate your consideration of my comments as you make changes to this draft.

Additionally, there are people that are unable to work because of a 100% lifelong disability. Some older people would experience additional stress and strain because they may not meet the work requirements. They live week to week and its a travesty to have them decide whether to eat or pay for meds and/or medical care they so desperately need. Medicaid was created to help those that have the true medical needs, not give it to everyone just because they feel they should get it too. I have seen over the years lots of people get Medicaid that have nicer homes and cars than I do. I am blessed to have what I have, because of being able to work for 50 plus years.

Thank you for this opportunity to share my thoughts on this matter.

[REDACTED]
Retired

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 9:27 PM
Subject: My comments on DMAS waiver
To: <1115Implementation@dmas.virginia.gov>

This comment is in relation to the recent Medicaid waiver that was proposed. There are several troubling changes proposed that I oppose. Monthly premiums included in the waiver could possibly lead to medical debt that many people on Medicaid can afford. This should not be an outcome for many individuals in the program. Thank you for allowing the public to comment.

[REDACTED]
Virginia Organizing

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 9:28 PM
Subject: Comments opposing Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

This email is in opposition to some requirements proposed in Virginia's Medicaid waiver. I hope you will support preserving access to life-saving healthcare. Work requirements make it harder for the state to enroll people. This will mean that the cost savings to the state and the entire system will not be what it should be. This proposal will harm our effort to get people healthy because it ties it to unrelated goals.

The proposed changes to Medicaid would take away health insurance from sick individuals when they need it most. I do not support this approach. Virginians should have easy access to the right care. I thank you for the opportunity to offer this information.

Access to healthcare is an issue I find very important. Please have compassion for the most vulnerable Virginians.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 9:28 PM
Subject: My comments on DMAS waiver
To: <1115Implementation@dmas.virginia.gov>

As a Virginian, I do not support the changes outlined in Virginia's 1115 Medicaid waiver draft. Taking away people's health care does not make sense. There is research that shows that when people have access to health coverage, they are more likely to take care of their health care needs and are able to be more productive. I am thankful for the opportunity to provide this information.

[REDACTED]
Virginia Organizing

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 9:28 PM
Subject: My concerns about the Virginia COMPASS program
To: <1115Implementation@dmas.virginia.gov>

I write to oppose Virginia's 1115 waiver draft that is under consideration. Some aspects of the draft will undermine its purpose. Many Virginians have real obstacles to employment, including illness, disability or family caregiving responsibilities. The number who could become employed as a result of the Medicaid program is very small. Please take this into account and make changes to COMPASS.

[REDACTED]
Virginia Organizing

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 9:28 PM
Subject: My letter on work requirements waiver
To: <1115Implementation@dmas.virginia.gov>

This comment is about my concerns with certain aspects that Virginia proposes in its Medicaid waiver application. The red tape and bureaucracy surrounding the COMPASS program will throw people off Medicaid. People that are following the rules will suffer due to the complicated system that COMPASS is creating.

Having work requirements may deter families from enrolling in the coverage that they qualify for and need. When someone does not have health coverage, they are less able to seek medical care when they are ill or injured and are generally less able to get work because of it.

An example is my mother who does not have access to healthcare currently. She has a health condition that prevents her from being able to work up to two weeks out of the month. Her health condition is easily treatable, if she had access to healthcare. Because she is unable to work for most of the month, she is unable to get hired by an employer. She is stuck in a cycle where she cannot work because she is sick and cannot get healthcare because she cannot work. This is unfair and puts her at significant risk for complications related to her condition going untreated. If her condition gets worse, she can die. No one should be in this position. No one should have to work to have access to a basic human right like medical care. No one should die or be extremely sick because their worth is only determined by how much work they do. My mother matters. My mother deserves medical care, regardless of her ability to pay or work.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 9:28 PM
Subject: Responding to Medicaid waiver idea
To: <1115Implementation@dmas.virginia.gov>

As an advocate for expanded healthcare coverage, I am writing to you regarding my concerns with this waiver application. Please give consideration to my views. If people are kept out of the Medicaid program because of the work requirement, that does not mean they will not need medical services. In fact, denying them care probably means that it will cost more to provide that care because it will probably be at an emergency room. Thank you for considering my thoughts. I believe Virginia can do better than this.

[REDACTED]
Virginia Organizing

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 9:28 PM
Subject: My letter on work requirements waiver
To: <1115Implementation@dmas.virginia.gov>

As an advocate for expanded healthcare coverage, I am writing to you regarding my concerns with this waiver application. Please give consideration to my views. The cost of the work requirement in the program is huge compared to the small group of people it addresses. The estimate is that Virginia would have to spend \$25 million to implement something that affects about one percent of the enrollees. I am hopeful that you change the proposed waiver.

[REDACTED]
Virginia Organizing

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 9:28 PM
Subject: Arguments against COMPASS
To: <1115Implementation@dmas.virginia.gov>

This letter is in opposition to the burdensome requirements proposed for Virginians with Medicaid in Virginia. I hope you will take my views into account. I disagree with the waiver imposing monthly premiums for Medicaid recipients. I am hopeful that you change the proposed waiver.

[REDACTED]
Virginia Organizing

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 9:28 PM
Subject: My letter on work requirements waiver
To: <1115Implementation@dmas.virginia.gov>

This comment is about my concerns with certain aspects that Virginia proposes in its Medicaid waiver application. Having work requirements may deter families from enrolling in the coverage that they qualify for and need. When someone does not have health coverage, they are less able to seek medical care when they are ill or injured and are generally less able to get work because of it. Thank you for your time.

[REDACTED]
Virginia Organizing

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 9:30 PM
Subject: Please do not add work requirements to Virginia's Medicaid program
To: Dr. Jennifer Lee <1115Implementation@dmas.virginia.gov>
Dear Department of Medical Assistance Services Dr. Jennifer Lee,

I am writing in opposition to the Virginia COMPASS plan to take Medicaid coverage away from enrollees who do not meet a work requirement. Work requirements are a solution in search of a problem and would create burdensome barriers that would harm all Medicaid recipients, while costing the commonwealth millions.

Virginia's proposal to condition Medicaid coverage on complying with restrictive eligibility and documentation requirements violates the program's intent. The purpose of the Medicaid program is to provide medical assistance for those with income that is insufficient to meet the costs of medical coverage, not to restrict access to that coverage. By some estimates, more than 25,000 fewer Virginians will have health coverage through Medicaid due to the new requirements.

In particular, the proposal to take coverage away from Medicaid beneficiaries that don't or can't meet new work requirements is not only punitive and a violation of the program's intent, but also unsupported by the evidence. As we already know, most Medicaid enrollees that are able to work, do work.

The Virginia COMPASS proposal will be burdensome for all involved— individuals and families as well as the state— and will lead to tens of thousands of Virginians losing health coverage. Virginia should not add more red tape to the Medicaid program or force families to pick between taking care of their health care needs and putting food on the table for their families.

Regards,

[REDACTED]

Norton, VA 24273

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 9:33 PM
Subject: Regarding Virginia COMPASS Application
To: <1115Implementation@dmas.virginia.gov>

The comments in this email should be considered in relation to Virginia's Medicaid waiver application. Medicaid should help people when they are going through tough times. Health care is a human right and should not be taken away for failure to comply with obtaining employment. We know that there are significant barriers to obtaining employment including healthcare issues, transportation barriers and access to reliable childcare. Creating a vibrant healthy and economically sustainable community should start by creating unhindered access to healthcare that is both preventive and responsive to ailments. If we focused on health first, we could then work towards addressed some of the other systemic issues that can often make it difficult for the working class and low income families to obtain sustainable employment.

Healthcare should not be reserved for the wealthy. Work requirements add an extra barrier for people trying to create a decent life for their families. Living on a low income is hard enough, but to do it without health care is even harder. This will not help families succeed. Please consider my comments on this proposed new program.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 9:35 PM
Subject: Proposed Virginia COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

I offer the following comments concerning the proposed changes to Virginia's Medicaid program. Other states have also tried to use work requirements and have shown that they do not succeed in improving health or consistent employment. In many ways, both goals are undermined by linking them to each other. Thank you for your time.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 10:08 PM
Subject: work requirements should not be a barrier to receiving health care
To: <1115implementation@dmas.virginia.gov>

Dear Virginia Medicaid:

I am the daughter of a mother who has had Crohn's Disease since the 1970s. She is on disability. She has had multiple surgeries on her bowels, and, accordingly, she has a much shorter digestive system than most healthy people. This is called short bowel syndrome. While my mother is an insightful, intelligent, hilarious human being, she is not capable of working a normal 9-5 job, because her symptoms are unpredictable. Because her anatomy is no longer normal, she tends to have to arrive late to events, take more restroom breaks than the normal person, take longer restroom breaks than the normal person, and she must often leave to go home early due to fatigue, low iron, low B12, and other symptoms.

Here are the following insights I have gleaned from being her caregiver over the years:

- 1) Looking healthy is not the same thing as *being* healthy. Even doctors confuse these two things.
- 2) Sometimes, having access to appropriate and timely health care interventions can make someone who is sick well enough to work. This is great! Or, it can keep someone who is ill and in the workforce from having to drop out of the workforce. This is also great!
- 3) However, if health care does not make someone well enough to work, it is still in Virginia's best interests to make sure that person is still seeing a doctor. Poverty, malnutrition, addiction, and homelessness are some of the side effects that can result from having one's healthcare taken away. And these problems are, in part, managed by the Commonwealth of Virginia, so it's probably in the Commonwealth's interest not to increase the depth and breadth of what the Commonwealth has to manage. Also, problems like homelessness deter tourism, which is a major driver of Virginia's economy.
- 4) Lack of affordable access to health care can increase the rate of chronic medical conditions such as obesity, high blood pressure, and heart disease in mothers, children, and families, which is a problem when it comes to recruiting for the nation's military, and probably also for the Virginia National Guard.

Most people want to work. Even if all Americans had access to free health care, most Americans still want to have enough money to buy homes, get married, have children, go on vacation, and shop for birthday and holiday presents. Most people do not want to be poor.

I can promise you that there is a major stigma in American society against those who are unable to work. However, taking health care away from sick people doesn't help Virginia's economy.

I would be really interested in hearing about any CMS proposal that re-trained workers in skills that better suit their lives after an illness or an injury. However, the COMPASS/1159 waiver doesn't provide citizens any help getting to the next rung on the economic ladder. It just takes away something that every American needs.

Please consider going back to the drawing board and trying again.

Sincerely,

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 10:13 PM
Subject: Oppose work requirement for Medicaid recipients
To: <1115implementation@dmas.virginia.gov>

I oppose the work requirement attached to receiving Medicaid for the following reasons:

1. Excessive administrative costs Those dollars are needed for healthcare. Other states that added the work requirement have experienced excess admin costs to track the work issues so let's not waste our precious health care dollars and a drop in actual Medicaid services delivered. Makes no sense.
2. Majority of Medicaid recipients are disabled, thus not able to work, or have mental health issues that prevent them from working. Managing all the paperwork involved in the work requirement reporting will only complicate the issue.
3. Lack of access to broadband, computers, computer skills will prevent potential Medicaid applicants from accessing healthcare.....which ultimately impacts all taxpayers through use of ER services, etc...
4. Healthy citizens make a healthier state for all of us.

[REDACTED]
22192

Sent from my iPad

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 10:20 PM
Subject: Medicare
To: <1115implementation@dmas.virginia.gov>

Please stop the work requirement for medicare. It costs a lot to comply with this requirement. Also, those who need medicare most have a hard time getting employment.

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 10:24 PM
Subject: New Medicaid waiver comments
To: <1115Implementation@dmas.virginia.gov>

This is regarding my concerns surrounding the waiver draft for the Medicaid program in Virginia. Implementing work requirements will add new administrative processes and programs, which will require considerable dollars that would be better used to provide care. There is nothing to be gained from a program that is so difficult and expensive to administer. Furthermore, there are so many medical disability circumstances and family need considerations that make working totally unrealistic. I hope you will take these thoughts and comments into consideration moving forward.

[REDACTED]
Mr.

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 11:14 PM
Subject: Virginia COMPASS Waiver Comments - Exempt People with Cystic Fibrosis from the TEEOP Requirements
To: Virginia C.O.M.P.A.S.S. <1115Implementation@dmas.virginia.gov>
Dear Ms. Puglisi,

As a Virginia resident and someone personally affected by cystic fibrosis (CF), I'm writing to ask you to automatically exempt people with CF from the work and community engagement requirements and premiums in Virginia's Creating Opportunities for Medicaid Participants to Achieve Self Sufficiency (COMPASS) Waiver. Furthermore, I ask that the commonwealth use its own data to identify people with CF for exemption to minimize the risk of inappropriate disenrollment and administrative burden on recipients.

CF is a life-threatening genetic disease that causes persistent lung infections and progressively limits the ability to breathe, often leading to respiratory failure. Over 720 Virginians live with CF. As a complex, multi-system condition, CF requires targeted, highly specialized treatment and medications. There is no known cure.

Nearly 150 adults in Virginia rely on Medicaid to receive the high quality, specialized care and they need—and many more may gain Medicaid coverage if the state's expansion is approved. While many Medicaid recipients living with CF are employed, others are unable to work due to health status or the amount of time they need to spend on their treatments. To stay healthy, people with CF must endure hours of treatment every day – including receiving chest physiotherapy, taking inhaled treatments, potentially administering IV antibiotics, and other activities. In addition, people with CF commonly deal with pulmonary exacerbations (episodes where the symptoms of CF get worse and often lead to hospitalization), infections, and other events that cause their health to decline rapidly, potentially taking them out of the workforce for significant periods of time.

I also have concerns about the premium requirements outlined in the proposed waiver and the impact on access to care for people with CF. Not only are nominal premiums often unaffordable for low income beneficiaries, but the process of making a premium payment can create barriers to care for a population that may not have bank accounts or credit cards. In fact, studies have shown that the addition of premiums leads to a reduction in Medicaid enrollment.

While I appreciate that the state plans to exempt many individuals, including those designated as medically frail or with a special medical need, I ask the state to specifically include people with CF in the definition of those who are automatically exempt.

Consistent care is a critical component of CF treatment, and any loss or gaps in health coverage, because of failure to comply with these requirements, may put the health of people with CF at risk.

Again, I urge you to specifically and automatically exempt people with CF from the work requirement. Your attention to this matter will help people with CF continue to have access to the highly specialized care they need to live full and healthy lives.

Sincerely,

[REDACTED]



From: [REDACTED] <[REDACTED]>

Date: Wed, Oct 17, 2018 at 11:37 PM

Subject: My comments on DMAS waiver

To: <1115Implementation@dmas.virginia.gov>

This comment is directed toward certain aspects of Virginia's Medicaid waiver application. The goal of Medicaid is to give coverage to those who need it. Access to care is so important that it is difficult to understand why Virginia's program threatens it needlessly. We want people to get the care that they need. Please keep the best interest of Virginia's working families in mind as you consider my thoughts.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 11:37 PM
Subject: Proposed Medicaid Waiver Application
To: <1115Implementation@dmas.virginia.gov>

I am writing to you today regarding Virginia's Medicaid waiver proposal. I oppose the aspects of this program that create new burdens on people who are already struggling. I am very concerned with certain aspects of this proposal, specifically work requirements. This policy choice will cause many low-income people in our state to lose coverage, including people who should be exempt but may not understand how to navigate the administrative hurdles. Thanks for taking the time to read my comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 11:38 PM
Subject: Responding to Medicaid waiver idea
To: <1115Implementation@dmas.virginia.gov>

As an advocate for expanded healthcare coverage, I am writing to you regarding my concerns with this waiver application. Please give consideration to my views. The two most common occupations for adults in Virginia who could qualify for Medicaid under expansion are food services and construction - which can be seasonal and are prone to irregular hours. That could result in someone falling out of compliance even though they remain employed.

Virginians insisted on expanding Medicaid so we could help families and individuals when they are going through tough times. It should not be taken away for failure to follow through on red tape and bureaucracy. The working poor not only are short on money they are often short on time because they are working many hours at low-paying jobs to make ends meet. Thank you for taking these concerns into consideration. I hope you will make changes to this proposal.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Wed, Oct 17, 2018 at 11:38 PM
Subject: DMAS Public Comment
To: <1115Implementation@dmas.virginia.gov>

The following comments are offered for consideration as public comment on the Medicaid waiver draft. There are several components of it that concern me as a citizen. Even if charging monthly premiums saved Virginia money, it would be a bad idea. But since doing so actually costs more than it saves because of all the staff and systems it would require, it really makes no sense. The purpose of expanding health coverage to the working poor is to help them get and stay healthy. The program needs to stay focused on that main goal.

People who qualify for Medicaid need reliable health care access just like everyone does. Access to care is important to maintaining a job and living a productive life. There should not be barriers like this proposal contains. I am hopeful that you take my comments into consideration and make the necessary changes.

[REDACTED]
Ms.

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 12:30 AM
Subject: Please do not add work requirements to Virginia's Medicaid program
To: Dr. Jennifer Lee <1115Implementation@dmas.virginia.gov>
Dear Department of Medical Assistance Services Dr. Jennifer Lee,

I am writing in opposition to the Virginia COMPASS plan to take Medicaid coverage away from enrollees who do not meet a work requirement. Work requirements are a solution in search of a problem and would create burdensome barriers that would harm all Medicaid recipients, while costing the commonwealth millions.

Virginia's proposal to condition Medicaid coverage on complying with restrictive eligibility and documentation requirements violates the program's intent. The purpose of the Medicaid program is to provide medical assistance for those with income that is insufficient to meet the costs of medical coverage, not to restrict access to that coverage. By some estimates, more than 25,000 fewer Virginians will have health coverage through Medicaid due to the new requirements.

In particular, the proposal to take coverage away from Medicaid beneficiaries that don't or can't meet new work requirements is not only punitive and a violation of the program's intent, but also unsupported by the evidence. As we already know, most Medicaid enrollees that are able to work, do work.

The Virginia COMPASS proposal will be burdensome for all involved— individuals and families as well as the state— and will lead to tens of thousands of Virginians losing health coverage. Virginia should not add more red tape to the Medicaid program or force families to pick between taking care of their health care needs and putting food on the table for their families.

Regards,
[REDACTED]

Virginia Beach, VA 23462

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 2:56 AM
Subject: COMPASS objections
To: <1115Implementation@dmas.virginia.gov>

This comment is in relation to the recent Medicaid waiver that was proposed. There are several troubling changes proposed that I oppose. Virginia should not have demands for work in order to get Medicaid. Studies have shown that state errors in administering programs like SNAP and TANF are common and individuals with disabilities, serious illnesses, and substance use disorders may be disproportionately likely to lose benefits, even when they should be exempt. Please take the public's comments into consideration.

LETS GOOD CARE PLEASE!!!!

[REDACTED] BEST BUDDIES HOKIE NATION!

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 2:57 AM
Subject: Regarding Virginia COMPASS Application
To: <1115Implementation@dmas.virginia.gov>

I am writing to you with regard to Virginia's proposed Medicaid waiver which has problems as it is currently written. Even if someone does find a job and meets the requirements for Medicaid, the paperwork and reporting requirements in Virginia could mean losing coverage due to the reporting challenges alone. Complicated systems are not likely to be successful with many in this population of Virginians. The Commonwealth needs to make improvements to this draft. Thank you for taking my comments into consideration.

Work is not successful with many in this population. Each one has an individual experience. In my case, because of my MH impairment and after a fortuitous personal car accident year ago to be working I need to follow an orthopedic decision that is difficult to be accepted by employers : (2 x 10) this is a result of 2 hours being stand-up or walking per 10 minutes of rest. Did you imagine a shift working in the Register, having a long line of customers waiting for my attention and need to tell them;TIME !!!... if there is not another coworker to cover this break ?

Having a job does not be considered as a requirement to have access to Medicaid's health coverage. Thanks, [REDACTED]

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 2:57 AM
Subject: New Medicaid waiver comments
To: <1115Implementation@dmas.virginia.gov>

Use the annual amount provided for each live birth certificates person, via the Social Security Act!

Thank you for the opportunity to comment on this important issue. I am writing in opposition to Virginia's 1115 waiver for the COMPASS program. Work requirements are an obstacle to care for all enrollees. In some cases it may be poor health that prevents them from working.

The health and wellness accounts seem very complex and confusing and the Virginia COMPASS proposal does not explain how Medicaid recipients will be educated about the program and how to use it. This issue needs to be addressed. I sincerely hope that the public comments will be taken into consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 2:57 AM
Subject: Virginia COMPASS Waiver Application
To: <1115Implementation@dmas.virginia.gov>

I SUPPORT

1. FAIR work requirements (FAIR to the Medicaid consumer and FAIR to all other Virginians most of whom have to WORK to have health insurance during their working years)
2. FAIR premium requirements (FAIR to the Medicaid consumer and FAIR to all other Virginians most of whom have to PAY PREMIUMS, COINSURANCE, DEDUCTIBLES, etc)
3. FAIR cutoffs, deadlines, and sanctions (FAIR to the Medicaid consumer and FAIR to all other Virginian most of whom have to work within CUTOFFS, DEADLINES, SANCTIONS AND PENALTIES regarding their health insurance)

IT IS SHOCKING that the website function provided by the group 'Healthcare for All Virginians Coalition' so ignorantly

1. disrespects WORK that, according to available evidence, contributes importantly to physical health, mental health, emotional health, social health, moral health, and spiritual health

so hatefully

2. scorns the hard-working poor and working classes of Virginia who work one or two (or more!) jobs in order to provide health care insurance coverage for themselves and their families

so un-democratically

3. fails to encourage and include diverse voices through their website functions, and instead promotes an elitist paternalism that would be utterly UN-ETHICAL if done by a health care provider!

This last point cannot be highlighted too strongly. This group is doing something that would be considered UN-

ETHICAL, but might be considered a grievous enough violation of respect for human dignity in health care that the provider would be sanctioned, and perhaps terminated from their job, and perhaps complained to a licensing board!*

*My academic training is in religious ethics (MA), clinical ethics (MA), and Public Health (MPH).

[REDACTED] Albemarle County

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 2:57 AM
Subject: Comments about Virginia Compass
To: <1115Implementation@dmas.virginia.gov>

I have been a Licensed Professional Counselor and Licensed Marriage and Family Therapist since the late 90's and I have been a Medicaid provider for 20+ years. I believe some who receive something for nothing, do not value or respect said gift. While this does not describe the entirety of the Medicaid recipients, it has been too prevalent in my experience. The system as it stands is fostering/supporting dependence and has removed accountability. The proposed 'work requirements', etc. appear to be an effort to address a lack of accountability.

For example, current Medicaid rules do not allow me to apply any consequences for a client or parent's failure to be responsible. My only recourse for clients who seek counseling services and don't honor our attendance policies, is to refer to another provider. How does that promote trust, success or continuity? It has become increasingly difficult to assist clients and their parents to achieve better mental health when they have no investment in the process. I have to be present for the appointment to provide the service. If the client does not show up, I do not receive any reimbursement. I am not a volunteer! Name for me a worker who is okay with being on the job site ready to work, then not being paid and having to wait on the site to see if work will come! In addition, the Medicaid rates for reimbursement are typically the lowest of any. I cannot double book my time slots like a physician and play a numbers game. Is it not obvious why therapists of quality and drive choose to 'opt out' of being a Medicaid provider? The system is seriously flawed and enables dependence.

Transactional Analysis theory explains that one who does not have, or take responsibility for, themselves is dependent (child) and requires the intervention of a "parent". Children with no limits do not thrive. I do not believe that the government should be expanding its parental role but should be seeking to turn over control to the individual. If a person wants coverage, set forth the requirements and enable them to succeed. A good therapist fosters independence and advocates on that path to success.

As with any program there are unintended consequences and costs. I think a work requirement deserves the opportunity to work and be modified to increase personal accountability. The ultimate goal must be personal accountability, not dependence. You can't teach a child only using candy.

So, it is obvious I do not share the VCA's full view on this matter. My experience suggests a work requirement

is promising as a tool to assist people in managing their own lives and choices. I understand well there is no equality in the choices we are given. Being a Medicaid provider for 20+ years should demonstrate my ability to be compassionate and still seek to help those in need. I have not, and don't want to, "opt out".

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 2:58 AM
Subject: Virginia COMPASS Waiver Application
To: <1115Implementation@dmas.virginia.gov>

The following comments are offered for consideration as public comment on the Medicaid waiver draft. There are several components of it that concern me as a citizen. Work requirements do not work. These poor policy choices proposed will reduce access to care to people that need it most. A healthy person is better able to contribute to the workforce, and this program is supposed to focus on health. Please consider my comments on this proposed program.

IN FEBRUARY 2017, CHANGES WERE PUT IN PLACE TO ASSIST FOLKS WHO DID NOT HAVE ACCESS TO WORK HEALTH BENEFITS THROUGH NEW POLICIES THAT CAN BE OFFERED TO INDIVIDUALS AT LOWER COST AND ALLOWED SMALL BUSINESSES TO GROUP TOGETHER ACROSS STATE LINES.

[REDACTED] Mrs.

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 2:58 AM Subject: Against Proposed VA 1115 Waiver
To: <1115Implementation@dmas.virginia.gov>

These comments are about the Commonwealth's Medicaid waiver application. I appreciate your taking them into consideration. When a person does find a job and meet the requirements for Medicaid, the paperwork and reporting requirements could still mean losing coverage due to those challenges. Complicated programs are not likely to be successful with many in this population of Virginians who really just need simple access to care. I am hopeful that you change the proposed waiver.

[REDACTED] VA Cooperative Extension, FCS Family Focus Program

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 2:58 AM
Subject: Comments Against Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

I write to support Virginia's 1115 waiver draft that is under consideration. Charging monthly premiums is a great idea, having skin in the game will cause this group to be more cautious and thoughtful of the process and that it is very costly.

The part about work requirements is way overdue. Keep up the ideas on how to make Medicaid more worthy, and not a freebie. Please take my thoughts and concerns into consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 2:58 AM
Subject: Comments Against Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

This comment is concerning the troubling requirements that Virginia proposes for Medicaid. I agree in theory for a work requirement program AS LONG AS it has an age cap to it. Folks in their 50's and above have tremendous difficulty in getting hired. In other words this needs to be tailored better to fit or address specific situations and not a blanket proposal. A healthy 30 yr old can and should be working but a person who is severely disabled, 50+ yrs old, or has chronic pain, etc would have difficulty finding or keeping a job.

Please consider making this bill one that fits the situation of older folks 50-64 especially. Thank you

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 2:58 AM
Subject: Responding to Medicaid waiver idea
To: <1115Implementation@dmas.virginia.gov>

Please consider the following concerns surrounding the waiver for the VA Medicaid program. Providing health care coverage to people who may be working but make very little money is important. Virginia has finally expanded Medicaid to cover low income Virginians, but if we have monthly premiums, we will not succeed in improving the overall health of Virginians. I am grateful for the opportunity to offer comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 2:58 AM
Subject: Virginia COMPASS waiver public comments
To: <1115Implementation@dmas.virginia.gov>

Requiring work to qualify for the medicaid expansion is a move in the right direction. Each of us need to take responsibility for our own well being, so requiring a minimum work to be eligible for health insurance is a good thing. As a taxpayer I get tired of paying for others benefits. Balance budgets and reduce entitlements. Thanks for considering my thoughts on this waiver application.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 2:58 AM
Subject: Comments opposing Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

I am opposed to certain new burdens included in proposed COMPASS Medicaid program. Monthly premiums would lead to a lot of people losing coverage. Medicaid is meant to be an accessible health plan for the people that need it most and provide them with access to care in less expensive ways than an emergency room. Please take my comments and those of others seriously.

[REDACTED] Lewinsville Faith In Action

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 2:58 AM
Subject: Comments opposing Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

The work requirement DOES work. A real American is not afraid to work toward any benefit. Only the lazy will refuse to work

[REDACTED]

N/A

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 2:58 AM
Subject: Responding to Medicaid waiver idea
To: <1115Implementation@dmas.virginia.gov>

This comment is in relation to the recent Medicaid waiver that was proposed.

I support instituting work requirements and copayments as a prerequisite to receive Medicaid.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 2:58 AM
Subject: RE: Virginia COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

As a Virginian, I do not support the changes outlined in Virginia's 1115 Medicaid waiver draft. If a person or family has very low income, it does not make sense to charge them monthly premiums.

Many Virginians lose employment because they are sick and do not have access to care. This is a serious problem that this expansion is supposed to address. Instead, we have potential barriers to access that work against hardworking people. I sincerely hope that the public comments will be taken into consideration.

[REDACTED] [REDACTED] Interfaith Center For Public Policy

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 2:58 AM
Subject: Virginia COMPASS Waiver Application
To: <1115Implementation@dmas.virginia.gov>

I am writing to you today regarding Virginia's Medicaid waiver proposal, I oppose the aspects of this program that create new burdens on people who are already struggling. Taking away people's health care does not make sense. There is research that shows that when people have access to health coverage, they are more likely to take care of their health care needs and are able to be more productive.

Many low-income Virginians work hourly jobs and that makes it challenging to meet the proposed requirement for 80 hours a month consistently. These jobs can be irregular hours, and may not meet the requirement consistently. I sincerely hope that the public comments will be taken into consideration.

[REDACTED] Organizing Harrisonburg

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 6:30 AM
Subject: Please do not add work requirements to Virginia's Medicaid program
To: Dr. Jennifer Lee <1115Implementation@dmas.virginia.gov>

Dear Department of Medical Assistance Services Dr. Jennifer Lee,

I am writing in opposition to the Virginia COMPASS plan to take Medicaid coverage away from enrollees who do not meet a work requirement. Work requirements are a solution in search of a problem and would create burdensome barriers that would harm all Medicaid recipients, while costing the commonwealth millions.

Virginia's proposal to condition Medicaid coverage on complying with restrictive eligibility and documentation requirements violates the program's intent. The purpose of the Medicaid program is to provide medical assistance for those with income that is insufficient to meet the costs of medical coverage, not to restrict access to that coverage. By some estimates, more than 25,000 fewer Virginians will have health coverage through Medicaid due to the new requirements.

In particular, the proposal to take coverage away from Medicaid beneficiaries that don't or can't meet new work requirements is not only punitive and a violation of the program's intent, but also unsupported by the evidence. As we already know, most Medicaid enrollees that are able to work, do work.

The Virginia COMPASS proposal will be burdensome for all involved— individuals and families as well as the state— and will lead to tens of thousands of Virginians losing health coverage. Virginia should not add more red tape to the Medicaid program or force families to pick between taking care of their health care needs and putting food on the table for their families.

Regards, [REDACTED]

Basye, VA 22810

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 8:27 AM
Subject: New Medicaid Waiver Comments
To: <1115Implementation@dmas.virginia.gov>

I am writing to you with regard to Virginia's proposed Medicaid waiver which has problems as it is currently written. Providing health care coverage to people who are probably already working, but earn too little money is important. Virginia has finally expanded Medicaid to cover low income Virginians, but if the program charges monthly premiums, we will not improve the health of Virginians. Thank you for the opportunity to share these insights. Please reconsider adding provisions to the Virginia COMPASS that will threaten access to health coverage for tens of thousands of Virginian.

[REDACTED] US Department Of State

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 8:28 AM
Subject: Proposed Virginia COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

As a Virginian who cares about expanding healthcare coverage, I am writing to you regarding my concerns with the COMPASS waiver application. Please give consideration to my views. Work requirements have little to do with the intent of Medicaid and may actually interfere with it by creating new difficulties.

Job requirements like this and other efforts to take away public supports to try to encourage people to work have poor track records. The reasons people are unemployed are sometimes too complicated to address in the way this proposal does. This requirement will just deny people healthcare coverage. Thanks for taking the time to read my comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>

Date: Thu, Oct 18, 2018 at 8:28 AM

Subject: Writing about Virginia COMPASS

To: <1115Implementation@dmas.virginia.gov>

As someone who believes access to health care is critical, I write in opposition to some of the changes to Virginia's Medicaid program proposed in this draft. Losing coverage could create a life-threatening barrier to care for patients with long-term illnesses as these patients are unlikely to have access to ongoing treatments, medications and maintenance programs. Access to care is vital to the success of the Medicaid program.

Thank you for reading my comments.

[REDACTED]

1972

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 8:28 AM
Subject: I oppose COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

The following comments are in regard to the proposed Medicaid waiver application to the federal government. Among Medicaid enrollees who are not working, many have impediments to employment, including illness, disability or caregiving responsibilities. The number of those who could get a job as a result of the program is very small. Thanks for taking the time to read my comments.

The poor, especially the working poor are put at risk again with the work requirements and co-pays proposed for the expansion plan. If we really want to make to sure that everyone in this state has access to healthcare services then the work requirement has to go. Workers, especially hourly wage workers will be living on the edge every week if their hours happen to get reduced. Hourly wage workers do not control how many hours they work every week, their employer decides that. Most full- time employees also do not work 40 hours a week. Also, Virginia is a very rural state and jobs meeting these requirements can be hard to come by. While the unemployment rate is low in the state of Virginia, income inequality remains high and continues to grow, especially in the southern parts of the state. Let's not continue to cause harm to the poor and working poor by putting these barriers between them and the care that they need. Unless the state is going to provide everyone with the jobs that they need to qualify then the requirement needs to go.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 8:28 AM
Subject: Commenting on Virginia Compass
To: <1115Implementation@dmas.virginia.gov>

The following email explains my concerns about the proposed new requirements to receive coverage under Virginia's Medicaid program. Please consider this information in your work. Work requirements do not work. These poor policy choices proposed will reduce access to care to people that need it most. A healthy person is better able to contribute to the workforce, and this program is supposed to focus on health.

Access to health coverage is important no matter who you are. This proposal would kick people off of Medicaid when they may need it the most. The state should aim to do no harm, but the draft proposal makes it clear that people will lose coverage. I appreciate the time you have taken to read my comments. I hope they result in improvements to the program.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 8:28 AM
Subject: Opposition to Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

I am opposed to certain new burdens included in proposed COMPASS Medicaid program. The Medicaid population often suffers from language barriers, disabilities, mental illness, insecure work, frequent moves, and homelessness. All these factors create significant challenges to successfully navigate growingly complicated government programs.

Working requirements make it harder for the state to enroll people. The result of that is that people without coverage will still use expensive emergency room treatment for health problems that are not emergencies. This will mean that the cost savings to the state and the entire system will not be what it should be. Thank you for the opportunity to share these insights.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 8:29 AM
Subject: DMAS – Virginia Compass Waiver
To: <1115Implementation@dmas.virginia.gov>

I am opposed to the waiver. Limiting health coverage is detrimental to individuals. Imposition of co-pays and work requirements will once again make health care unattainable. The objective of Medicaid expansion was to create a healthy population. Healthy people are productive, employable, and educable citizens.

[REDACTED] Virginia Organizing

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 9:19 AM
Subject: COMPASS objections
To: <1115Implementation@dmas.virginia.gov>

I oppose the proposed 1115 Medicaid Waiver in Virginia and would like to make a public comment about it. Charging monthly premiums will make it harder for people with chronic illness to visit their doctors. Routine visits in order to monitor conditions and receive prescriptions will become too costly which can lead to negative health outcomes. Please make necessary improvements to the proposed draft. Thank you for your consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 9:19 AM
Subject: My concerns about the Virginia COMPASS program
To: <1115Implementation@dmas.virginia.gov>

I am opposed to certain new burdens included in proposed COMPASS Medicaid program. The proposed changes to Medicaid would take away health insurance from sick individuals when they need it most. I do not support this approach. Virginians should have easy access to the right care.

Adding monthly premiums will not save the state money and will discourage people from getting the care they need. While it may seem like a good idea, it does not take into consideration the financial stress that low income people are under and the hard choices they have to make. Thank you for considering this perspective.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 9:20 AM
Subject: Issues with Virginia 1115 Waiver
To: <1115Implementation@dmas.virginia.gov>

This comment is in relation to the recent Medicaid waiver that was proposed. There are several troubling changes proposed that I oppose. Losing health coverage for someone with a chronic illness would be devastating. Being locked out of health care due to failure to reporting work activities or being unable to pay monthly premiums could lead to terrible health outcomes for many Virginians. Please make the right changes to the Medicaid waiver proposal.

[REDACTED] Reverend

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 9:21 AM
Subject: DMAS – Virginia Compass Waiver
To: <1115Implementation@dmas.virginia.gov>

I offer the following comments concerning the proposed changes to Virginia’s Medicaid program. So many factors in this proposed program put access to care at risk. There is no reason for this to be the case. Parts of this plan that call access into question must be removed in order for it to be effective. Please make necessary improvements to the proposed draft. Thank you for your consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 9:21 AM
Subject: My comments on DMAS waiver
To: <1115Implementation@dmas.virginia.gov>

Access to health care is very important, that is why I am commenting on this proposed change. Virginia should not add more red tape to our Medicaid program. Requiring individuals to document their work has been shown to reduce enrollment in Medicaid overall. Virginians have waited so long for expansion. The state should do everything in its power to ensure that we have a good enrollment process, but I fear that adding more paperwork will not help us meet that goal.

In some states, proposals similar to this resulted in nearly half of the new adults enrolled in Medicaid expansion losing coverage. This proposal creates a program that is likely to create the same problems with access. Thanks for considering my thoughts on this waiver application.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 9:21 AM
Subject: Comments about Virginia Compass
To: <1115Implementation@dmas.virginia.gov>

Health care is a right that everyone should have and work requirements could put a huge burden on those with mental and or physical disabilities/illnesses.

This is regarding my concerns surrounding the waiver draft for the Medicaid program in Virginia. Work requirements are an obstacle to care for all enrollees. In some cases it may be poor health that prevents them from working. I hope you consider my comments about this proposed waiver.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 9:51 AM
Subject: My letter on work requirements waiver
To: <1115Implementation@dmas.virginia.gov>

I write to oppose Virginia's 1115 waiver draft that is under consideration. Some aspects of the draft will undermine its purpose. Many low-income Virginians work hourly jobs and that makes it challenging to meet the proposed requirement for 80 hours a month consistently. These jobs can be irregular hours, and may not meet the requirement consistently.

Many people with low incomes have to move frequently and might even be homeless. These living conditions make it hard to comply with programs that have demands like this so this group of Virginians would still end up without coverage. I am pleased to offer these comments and hope you will consider them.

[REDACTED]

St. John's Episcopal Church

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 9:51 AM
Subject: I oppose COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

This comment is concerning the troubling requirements that Virginia proposes for Medicaid. The goal of Medicaid is to give coverage to those who need it. This would stop sick people from receiving the care that they need and keep healthy people from staying healthy.

Work requirements make it harder for the state to enroll people. This will mean that the cost savings to the state and the entire system will not be what it should be.

Furthermore, work or volunteer requirements will be onerous for those with no transportation particularly in rural areas where such opportunities are limited. Child care costs would likely be more than a worker could earn.

This proposal will harm our effort to get health care for disadvantaged Virginians. Please take this into account and make changes to COMPASS.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 9:52 AM
Subject: DMAS Public Comment
To: <1115Implementation@dmass.virginia.gov>

I am writing with regard to Virginia's COMPASS program and my opposition to certain components of it. Virginians should not be penalized if their health condition prevents them from working, particularly in a manner that takes away health coverage and access to treatments and services. This proposed work requirement punishes people with poor health.

Virginia's application does not further the goals of the Medicaid program. Instead, it limits access to care for an extremely vulnerable population. Please make necessary improvements to the proposed draft. Thank you for your consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 9:57 AM
Subject: Work Requirements for Medicaid
To: <1115implementation@dmas.virginia.gov>

I do not support Work requirements for Medicaid.

I do support Housing and Employment support under COMPASS. Thank you,

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 10:12 AM
Subject: Virginia COMPASS Waiver Application
To: <1115Implementation@dmas.virginia.gov>

I would like to make a public comment about the proposed 1115 Medicaid waiver. Virginia should not to go down this path. Looking at what is happening in other states shows little success and high costs. Work requirements simply do not work. I hope you can make some improvements to the proposed program. Thank you for considering my comments.

[REDACTED] Virginia Organizing

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 10:19 AM
Subject: Regarding Virginia COMPASS Application
To: <1115Implementation@dmas.virginia.gov>

This is regarding my concerns surrounding the waiver draft for the Medicaid program in Virginia. People who have relied on Medicaid for years would now be denied coverage if they fail to comply with work reporting. Many of whom are not technologically savvy could be hurt by this waiver. I am hopeful that you take my comments into consideration and make the necessary changes.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 10:20 AM
Subject: Comments Against Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

These comments are about the Commonwealth's Medicaid waiver application. I appreciate your taking them into consideration. If someone has a disease or long-term health issue they need consistent access to care. It is not very valuable to provide off and on coverage. I am pleased to offer these comments and hope you will consider them.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 10:20 AM Subject: Opposition to Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

I am opposed to certain new burdens included in proposed COMPASS Medicaid program. Work requirements in this program do not help families afford to put food on the table or improve their health. There is some evidence that shows that work requirements can actually make it harder for people to find work. This is not good policy. Thank you for considering my thoughts. I believe Virginia can do better than this.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 10:21 AM
Subject: My letter on work requirements waiver
To: <1115Implementation@dmas.virginia.gov>

Everyone benefits from a healthier population. Healthcare is important to maintaining a job and living a happy and productive life. Employers benefit from a reliable workforce and increased productivity. And the general public achieves a baseline rise in health. People who qualify for Medicaid need reliable health care access just like everyone else. There should not be barriers like in the proposed 1115 Medicaid waiver. Let Medicaid expansion serve the people of Virginia in as broad a way as possible.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 10:21 AM
Subject: Proposed Virginia COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

I'm writing this to oppose some requirements proposed in Virginia's Medicaid waiver. For families living in poverty, it doesn't make sense to charge them monthly premiums as it is unlikely that they will be able to consistently pay them. This will result in limiting the number of low-income Virginians who will gain coverage.

The proposed waiver would add new barriers to accessing coverage, and put access to needed care in jeopardy when the point is to take down barriers. I hope you will take these thoughts and comments into consideration.

[REDACTED] Family Of Hope

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 10:21 AM
Subject: Proposed Virginia COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

As someone who believes access to health care is critical, I write in opposition to some of the changes to Virginia's Medicaid program proposed in this draft. Many Virginians lose employment because they are sick and do not have access to care. This is a serious problem that this expansion is supposed to address. Instead, we have potential barriers to access that work against hardworking people.

Work requirements make it harder for the state to enroll people. This will mean that the cost savings to the state and the entire system will not be what it should be. This proposal will harm our effort to get people healthy because it ties it to unrelated goals. Please keep the best interest of Virginia's working families in mind as you consider my thoughts.

Why is it always the purpose of Republicans to deny healthcare to their fellow Americans and Virginians?

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 10:21 AM
Subject: Arguments against COMPASS
To: <1115Implementation@dmas.virginia.gov>

This letter is in opposition to the burdensome requirements proposed for Virginians with Medicaid in Virginia. I hope you will take my views into account. Establishing a work requirement uses dollars that could have a greater impact on someone's health and well-being if devoted to other areas of the state's Medicaid program.

This requirement is not well formulated and threatens to make the entire effort a failure. Thank you taking all of my comments under consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 10:21 AM
Subject: Regarding Virginia COMPASS Application
To: <1115Implementation@dmas.virginia.gov>

This comment is about my concerns with certain aspects that Virginia proposes in its Medicaid waiver application. So many of my neighbors depend on Medicaid when they are sick and need help. Implementing this proposed waiver would mean taking away health care when people are most vulnerable. If someone has low income and becomes ill and cannot work that is not the time to take away their coverage. We need benefits that will help people, not disadvantage them because they are unable to work.

The federal government has stated that it will not provide states with Medicaid funding to finance job related services for individuals. This will put all of the responsibility on Virginia to provide things like job training, child care, transportation, and other programs to help people to meet the proposed requirement. Poor people cannot afford this. Please consider my comments on this proposed new program.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 10:44 AM
Subject: Re: Comment - Virginia COMPASS Application
To: <1115Implementation@dmas.virginia.gov>

On Thu, Oct 18, 2018 at 10:41 AM [REDACTED] <[REDACTED]> wrote: Comment:
Creating Opportunities for Medicaid Participants to Achieve Self- Sufficiency (COMPASS) Waiver

This is regarding the Medicaid work requirement rules that are part of the COMPASS Waiver as they apply to refugees and other specific immigrant populations.

It is requested that the COMPASS Waiver submitted to the Department of Health and Human Services include a statement that Medicaid recipients, who (i) are non-citizens; (ii) are qualified aliens with documentation of their refugee (or other eligible status); and (iii) are participating in the Refugee Social Services Employment Program, meet the Medicaid work requirement.

Virginia's Medicaid rules regarding non-citizens who are eligible for full Medicaid benefits state: *"the benefits for which an alien is eligible are based on whether or not the alien is a 'qualified alien.'"* Refugees, Afghans and Iraqis with special immigrant visa status, asylees, Cuban/Haitian entrants, and victims of human trafficking are qualified aliens and are eligible for benefits upon arrival in the U.S. or upon receipt of an eligible immigrant status. These non-citizen populations are eligible for federally funded refugee employment programs.

The Virginia Department of Social Services Office of Newcomer Services (ONS) administers two federal grants that fund employment services for refugees and the other eligible populations. ONS contracts with local non-profit agencies with staff and resources to provide culturally and linguistically appropriate employment services to refugee and other eligible non-citizens. Employment services are available for up to five years from the date of arrival or the date of receiving an eligible immigration status.

For more background see:

- Legislative Authority: Immigration and Nationality Act Title IV, Chapter 2 and Refugee Act of 1980
- HHS/ORR Regulations [link to federal regulations](#) [Subpart I, Refugee Social Services]
- Virginia Refugee Resettlement Program State Plan [link to VRRP State Plan](#)
- Virginia Refugee Resettlement Program Manual, Chapter 5, Refugee Social Services Employment Program [link to VRRP Manual, Chapter 5](#)

Penny Boyd Refugee Program Consultant Office of Newcomer Services Virginia State Refugee Coordinator's Office Virginia Department of Social Services

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 11:30 AM
Subject: Please do not add work requirements to Virginia's Medicaid program
To: Dr. Jennifer Lee <1115Implementation@dmas.virginia.gov>

Dear Department of Medical Assistance Services Dr. Jennifer Lee,

I am writing in opposition to the Virginia COMPASS plan to take Medicaid coverage away from enrollees who do not meet a work requirement. Work requirements are a solution in search of a problem and would create burdensome barriers that would harm all Medicaid recipients, while costing the commonwealth millions.

Virginia's proposal to condition Medicaid coverage on complying with restrictive eligibility and documentation requirements violates the program's intent. The purpose of the Medicaid program is to provide medical assistance for those with income that is insufficient to meet the costs of medical coverage, not to restrict access to that coverage. By some estimates, more than 25,000 fewer Virginians will have health coverage through Medicaid due to the new requirements.

In particular, the proposal to take coverage away from Medicaid beneficiaries that don't or can't meet new work requirements is not only punitive and a violation of the program's intent, but also unsupported by the evidence. As we already know, most Medicaid enrollees that are able to work, do work.

The Virginia COMPASS proposal will be burdensome for all involved— individuals and families as well as the state— and will lead to tens of thousands of Virginians losing health coverage. Virginia should not add more red tape to the Medicaid program or force families to pick between taking care of their health care needs and putting food on the table for their families.

Regards,

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 11:48 AM
Subject: Please do not add work requirements to Virginia's Medicaid program
To: Dr. Jennifer Lee <1115Implementation@dmas.virginia.gov>

Dear Department of Medical Assistance Services Dr. Jennifer Lee,

I am writing in opposition to the Virginia COMPASS plan to take Medicaid coverage away from enrollees who do not meet a work requirement. Work requirements are a solution in search of a problem and would create burdensome barriers that would harm all Medicaid recipients, while costing the commonwealth millions.

Virginia's proposal to condition Medicaid coverage on complying with restrictive eligibility and documentation requirements violates the program's intent. The purpose of the Medicaid program is to provide medical assistance for those with income that is insufficient to meet the costs of medical coverage, not to restrict access to that coverage. By some estimates, more than 25,000 fewer Virginians will have health coverage through Medicaid due to the new requirements.

In particular, the proposal to take coverage away from Medicaid beneficiaries that don't or can't meet new work requirements is not only punitive and a violation of the program's intent, but also unsupported by the evidence. As we already know, most Medicaid enrollees that are able to work, do work.

The Virginia COMPASS proposal will be burdensome for all involved— individuals and families as well as the state— and will lead to tens of thousands of Virginians losing health coverage. Virginia should not add more red tape to the Medicaid program or force families to pick between taking care of their health care needs and putting food on the table for their families.

Regards, [REDACTED] [REDACTED]

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 12:11 PM
Subject: 1115 COMPASS Comment Letter
To: 1115Implementation@dmas.virginia.gov <1115Implementation@dmas.virginia.gov>

Dear Dr. Lee and Staff,

Please see the attached.

Thank you for this opportunity to comment on the proposed 1115 COMPASS program.

[REDACTED]

[REDACTED] RN

AARP Virginia

Associate State Director – Advocacy

707 E. Main Street

Suite 910

Richmond, VA 23219 Office: [REDACTED]

[REDACTED]



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October 18, 2018

Jennifer Lee, M.D.
Agency Director
Virginia Department of Medical Assistance Services
600 E Broad Street
Richmond, VA 23219

Dear Dr. Lee:

AARP is the nation’s largest nonprofit, nonpartisan organization dedicated to empowering Americans 50 and older to choose how they live as they age. With nearly 38 million members nationwide, and over 1 million members in Virginia, AARP works to strengthen communities and advocate for what matters most to families with a focus on health security, financial stability and personal fulfillment.

AARP Virginia is writing to comment on the Virginia Department of Medical Assistance Services (DMAS) 1115 Demonstration Extension Application for the Virginia COMPASS program (the “Proposed Waiver”). AARP applauds the bipartisan work of Virginia’s legislators and leaders in 2018 to expand health care coverage for nearly 400,000 low-income Virginia adults – especially for the 95,000 Virginians in the 50-64 age group who will gain coverage. This coverage is greatly needed, as almost 50 percent of uninsured adult Virginians had an unmet need for care in 2016 because of the financial difficulty of paying for health care.¹ AARP Virginia was one of many groups that worked tirelessly in recent years to close this health care coverage gap. We are encouraged that the Commonwealth is in the process of seeking approval for the State Plan Amendments necessary to effectuate its Medicaid expansion on January 1, 2019.

As we stated during the 2018 legislative debate, however, we have serious concerns with certain aspects of the 2018 Virginia Acts of Assembly Chapter 2 that are now part of the COMPASS program set forth in the Proposed Waiver. In particular, we are concerned that the elements of the COMPASS program outlined below have the potential to worsen health outcomes, create significant financial hardship for many Virginia Medicaid beneficiaries in need of coverage, increase administrative costs to the Commonwealth, and result in increased uncompensated care costs for Virginia’s health providers.

Training, Education, Employment and Opportunity Program (TEEOP)

The Proposed Waiver includes a Training, Education, Employment and Opportunity Program (TEEOP) that would condition Medicaid coverage for adults with income up to 138 percent of the Federal Poverty

¹ See The Virginia Health Care Foundation, *A Profile of Virginia’s Uninsured, 2016* (March 2018), available at: <http://www.vhcf.org/wp-content/uploads/2018/03/Profile-of-Virginias-Uninsured-28Feb2018.pdf>

Level on compliance with a “work and community engagement” requirement, with certain enumerated exemptions. Beneficiaries who are subject to the requirement must participate in approved work or community engagement activities for an increasing number of hours per month depending on the length of time the beneficiary has been enrolled in Medicaid in order to continue to receive benefits.

AARP believes that the Proposed Waiver provision seeking to impose a work requirement is not authorized by Section 1115 of the Social Security Act because it is not “likely to assist in promoting the objectives” of the Medicaid Act. 42 U.S.C. § 1315(a). Specifically, this provision is not likely to assist in promoting the objective of enabling the Commonwealth of Virginia “to furnish medical assistance [to individuals and families] whose income and resources are insufficient to meet the costs of necessary medical services and rehabilitation and other services to help such families and individuals attain or retain capability for independence or self-care.” 42 U.S.C. § 1396-1(1). It would also present an unnecessary barrier to health coverage for a sector of Virginia’s population that is most in need of coverage. This includes the many individuals who have recurring periods of illness due to chronic and behavioral health conditions who may not be exempt from, or would have a difficult time availing themselves of exemptions from, work and community engagement requirements. Moreover, the recent court ruling in the *Stewart v. Azar* case reaffirmed these concerns, stating that work requirements would not help to furnish medical coverage consistent with Medicaid program objectives.

AARP has strong concerns that this requirement would lead to loss of coverage for many Virginia Medicaid beneficiaries. This concern is intensified by the early experiences of states with similar requirements, such as Arkansas, which recently reported that approximately 8,400 Medicaid beneficiaries lost coverage due to non-compliance with the state’s new work and reporting requirements.² We are also concerned that TEEOP would have a particular impact on older people. People over the age of 55 often spend longer trying to find employment and experience long-term unemployment at rates higher than their younger counterparts.³ AARP is concerned that these Virginians would lose their coverage, leaving them more vulnerable to getting sick and developing long-term health problems. In addition, research shows that there is a strong association between unemployment and poor health outcomes, which makes coverage during periods of unemployment crucial.⁴

Despite our overall concerns with the work and community engagement requirements, AARP Virginia welcomes the inclusion of the list of standard exemptions, including categories based on age, disability, medical frailty, and status as a primary caregiver of a dependent with a disability, and also the list of hardship/good cause exemptions. While we believe that the caregiver exemption should be broadened to ensure that all beneficiaries who are family caregivers will be provided an exemption, we are pleased that caregiving services for a non-dependent relative or other person with a chronic, disabling health condition is included in the list of qualifying activities to satisfy TEEOP requirements. We ask that the state provide additional clarity on the definitions of these exemptions and how they will be determined, in particular the hardship exemption for “individuals living in geographic areas with high unemployment

² See Arkansas Department of Human Services, *Arkansas Works Program – September 2018 Report*, available at: https://humanservices.arkansas.gov/images/uploads/newsroom/101518_AWreport.pdf

³ <https://www.bls.gov/web/empsit/cpseea36.htm>

⁴ <https://www.kff.org/medicaid/issue-brief/the-relationship-between-work-and-health-findings-from-a-literature-review/>

rates, as defined by the Commonwealth” to ensure that this exemption will be not be applied in a way that has a discriminatory effect on racial and ethnic minorities. We also ask for additional clarity on how the state might account for agricultural and other seasonal jobs that are prevalent in rural areas but are not conducive to the monthly structure of the work and community engagement requirement.

Although the Proposed Waiver gives a limited description of the beneficiary notification and assessment process for TEEOP requirements, we are concerned that beneficiaries will likely experience difficulty in understanding and applying for the exemptions from work and community engagement requirements, which will inevitably lead to loss of coverage for some individuals. Evaluations of similar requirements in the Temporary Assistance for Needy Families program found that beneficiaries with disabilities and poor health are more likely to lose benefits due to an inability to navigate the system.⁵ AARP Virginia is also concerned that it may be burdensome for individuals who should be exempt to continually prove they are meeting the requirements, which may lead to inappropriate denials of coverage. Also of significant concern is the degree to which the beneficiary eligibility assessment process will impose new administrative costs on the state, including new staffing needs, to develop or expand a reporting system, verify the accuracy of beneficiary reporting, and conduct fact-finding hearings.

Under the Proposed Waiver, non-exempt beneficiaries who fail to comply with their work and community engagement requirements for three consecutive or non-consecutive months within a 12-month period will have their coverage suspended, unless they take one of the stated actions to reactivate coverage. We ask that the state clarify whether this loss of eligibility will be only for the remainder of the yearly eligibility period or indefinitely until the stated requirements are met and the individual reapplies for benefits. Unfortunately, lock-out periods of any length could adversely affect the health of beneficiaries and increase overall health care costs. We believe that lock-out periods for low-income beneficiaries with serious health needs would have particularly harsh consequences. For example, a beneficiary with a chronic health condition such as diabetes or hypertension may lose access to necessary medication. The coverage gaps created by these lock-out periods will invariably lead to added uncompensated care costs for providers, inability to manage care over time, and poorer health outcomes for beneficiaries resulting in health conditions that will be more expensive to treat later.

In the event a proposal that includes work and community engagement requirements as a condition of participation for Virginia Medicaid coverage is permitted, it will be critical to maintain an individual’s due process rights and all existing Medicaid protections. Furthermore, we seek assurances that disputes will be fairly and expeditiously resolved; that individuals will continue to receive adequate notice of state agency actions and a meaningful opportunity to have unfavorable administrative decisions reviewed with reasonable promptness; that coverage of care will continue pending resolution of an appeal; and that Medicaid applicants and beneficiaries will retain their right to request a fair hearing on eligibility determinations and coverage issues, offers of proof, and to request a new assessment if their situation changes.

Monthly Premiums

The Proposed Waiver seeks to require individuals with income of 100 to 138 percent of the FPL, who are

⁵ See Yeheskel Hasenfeld, et al., Social Service Review, *The Logic of Sanctioning Welfare Recipients: An Empirical Assessment* 304, 306–07 (June 2004), [available at: https://repository.upenn.edu/cgi/viewcontent.cgi?referer=&httpsredir=1&article=1028&context=spp_papers](https://repository.upenn.edu/cgi/viewcontent.cgi?referer=&httpsredir=1&article=1028&context=spp_papers).

not otherwise exempt, to pay monthly premiums based on a sliding income scale. Coverage only becomes effective on the first day of the month following receipt of the premium payment. AARP is concerned that required premiums for Medicaid members could become a barrier to coverage. For some in Medicaid, especially those closer to 100 percent of the FPL and those who were previously uninsured, a monthly premium of any amount will be a hardship and could lead to a loss of coverage. Recent research by the Kaiser Family Foundation found premiums and cost-sharing requirements in Medicaid led to difficulties in maintaining coverage and accessing needed medical care.⁶ Especially when combined with work and community engagement requirements, we fear that some individuals who are eligible for Medicaid may be denied coverage simply because they are unable to surmount the administrative complexities of the new requirements.

AARP believes this proposal has the potential to worsen health outcomes, increase administrative costs to the Commonwealth, and result in increased uncompensated care costs for Virginia's health providers. While we appreciate the provision in the Proposed Waiver that would allow exemptions from the premium requirements based on the same categories as TEEOP exemptions, we are concerned by the proposal that enrollees would have their coverage suspended if they fail to pay their premiums after a three-month grace period. As outlined in the TEEOP section above, we believe lock-out periods of any length can have particularly harsh consequences for low-income beneficiaries with serious health needs. In addition, this proposal is a significant departure from the traditional Medicaid program, in which there is no initial payment required for enrollment in the program and failure to pay point-of-service co-pays does not result in complete suspension of enrollment in the program.

Although we understand that monthly premiums were specified as part of the legislation authorizing this Medicaid expansion, we urge DMAS to work with community stakeholders to develop consumer protections and use whatever programmatic flexibilities are available to ensure that the premiums do not pose a barrier for necessary care. In particular, we urge the Commonwealth to study the effects of this requirement on maintaining coverage and commit to make necessary changes to the waiver to quickly address any harms that may result.

Conclusion

We strongly urge the Commonwealth to work together with Centers for Medicare and Medicaid Services to address the concerns we have raised and carefully reconsider these provisions that will adversely affect many Virginians, health care providers, and Virginia taxpayers. Thank you for the opportunity to comment on the 1115 Demonstration Extension Application for the Virginia COMPASS program. If you have any questions, please contact David DeBiasi, Associate State Director at 804-344-3059.

⁶ <https://www.kff.org/medicaid/issue-brief/the-effects-of-premiums-and-cost-sharing-on-low-incomepopulations-updated-review-of-research-findings/>

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 12:23 PM
Subject: Please do not add work requirements to Virginia's Medicaid program
To: Dr. Jennifer Lee <1115Implementation@dmas.virginia.gov>

Dear Department of Medical Assistance Services Dr. Jennifer Lee,

I am writing in opposition to the Virginia COMPASS plan to take Medicaid coverage away from enrollees who do not meet a work requirement. Work requirements are a solution in search of a problem and would create burdensome barriers that would harm all Medicaid recipients, while costing the commonwealth millions.

Virginia's proposal to condition Medicaid coverage on complying with restrictive eligibility and documentation requirements violates the program's intent. The purpose of the Medicaid program is to provide medical assistance for those with income that is insufficient to meet the costs of medical coverage, not to restrict access to that coverage. By some estimates, more than 25,000 fewer Virginians will have health coverage through Medicaid due to the new requirements.

In particular, the proposal to take coverage away from Medicaid beneficiaries that don't or can't meet new work requirements is not only punitive and a violation of the program's intent, but also unsupported by the evidence. As we already know, most Medicaid enrollees that are able to work, do work.

The Virginia COMPASS proposal will be burdensome for all involved— individuals and families as well as the state— and will lead to tens of thousands of Virginians losing health coverage. Virginia should not add more red tape to the Medicaid program or force families to pick between taking care of their health care needs and putting food on the table for their families.

Regards, [REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 12:25 PM
Subject: Please do not add work requirements to Virginia's Medicaid program
To: Dr. Jennifer Lee <1115Implementation@dmas.virginia.gov>

Dear Department of Medical Assistance Services Dr. Jennifer Lee,

I am writing in opposition to the Virginia COMPASS plan to take Medicaid coverage away from enrollees who do not meet a work requirement. Work requirements are a solution in search of a problem and would create burdensome barriers that would harm all Medicaid recipients, while costing the commonwealth millions.

Virginia's proposal to condition Medicaid coverage on complying with restrictive eligibility and documentation requirements violates the program's intent. The purpose of the Medicaid program is to provide medical assistance for those with income that is insufficient to meet the costs of medical coverage, not to restrict access to that coverage. By some estimates, more than 25,000 fewer Virginians will have health coverage through Medicaid due to the new requirements.

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Regards, [REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 12:26 PM
Subject: Virginia COMPASS Waiver
To: 1115Implementation@dmas.virginia.gov <1115Implementation@dmas.virginia.gov> Cc: [REDACTED]
[REDACTED]

Good afternoon,

Please see the attached. Thank you.

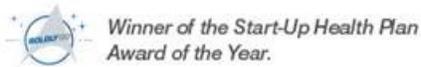
[REDACTED]

Senior Administrative Assistant & Business Segment Liaison UnitedHealthcare Community & State - VA

[REDACTED]

[REDACTED]

[REDACTED]



OUR UNITED CULTURE The way forward

Integrity

Compassion

Relationships

Innovation

Performance

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From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 12:33 PM
Subject: Please do not add work requirements to Virginia's Medicaid program
To: Dr. Jennifer Lee <1115Implementation@dmas.virginia.gov>

Dear Department of Medical Assistance Services Dr. Jennifer Lee,

I am writing in opposition to the Virginia COMPASS plan to take Medicaid coverage away from enrollees who do not meet a work requirement. Work requirements are a solution in search of a problem and would create burdensome barriers that would harm all Medicaid recipients, while costing the commonwealth millions.

Virginia's proposal to condition Medicaid coverage on complying with restrictive eligibility and documentation requirements violates the program's intent. The purpose of the Medicaid program is to provide medical assistance for those with income that is insufficient to meet the costs of medical coverage, not to restrict access to that coverage. By some estimates, more than 25,000 fewer Virginians will have health coverage through Medicaid due to the new requirements.

In particular, the proposal to take coverage away from Medicaid beneficiaries that don't or can't meet new work requirements is not only punitive and a violation of the program's intent, but also unsupported by the evidence. As we already know, most Medicaid enrollees that are able to work, do work.

The Virginia COMPASS proposal will be burdensome for all involved— individuals and families as well as the state— and will lead to tens of thousands of Virginians losing health coverage. Virginia should not add more red tape to the Medicaid program or force families to pick between taking care of their health care needs and putting food on the table for their families.

Regards,

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 1:04 PM
Subject: Please do not add work requirements to Virginia's Medicaid program
To: Dr. Jennifer Lee <1115Implementation@dmas.virginia.gov>

Dear Department of Medical Assistance Services Dr. Jennifer Lee,

I am writing in opposition to the Virginia COMPASS plan to take Medicaid coverage away from enrollees who do not meet a work requirement. Work requirements are a solution in search of a problem and would create burdensome barriers that would harm all Medicaid recipients, while costing the commonwealth millions.

Virginia's proposal to condition Medicaid coverage on complying with restrictive eligibility and documentation requirements violates the program's intent. The purpose of the Medicaid program is to provide medical assistance for those with income that is insufficient to meet the costs of medical coverage, not to restrict access to that coverage. By some estimates, more than 25,000 fewer Virginians will have health coverage through Medicaid due to the new requirements.

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The Virginia COMPASS proposal will be burdensome for all involved— individuals and families as well as the state— and will lead to tens of thousands of Virginians losing health coverage. Virginia should not add more red tape to the Medicaid program or force families to pick between taking care of their health care needs and putting food on the table for their families.

Regards, [REDACTED]

Lorton, VA 22079

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 1:19 PM
Subject: Please do not add work requirements to Virginia's Medicaid program
To: Dr. Jennifer Lee <1115Implementation@dmas.virginia.gov>

Dear Department of Medical Assistance Services Dr. Jennifer Lee,

I am writing in opposition to the Virginia COMPASS plan to take Medicaid coverage away from enrollees who do not meet a work requirement. Work requirements are a solution in search of a problem and would create burdensome barriers that would harm all Medicaid recipients, while costing the commonwealth millions.

Virginia's proposal to condition Medicaid coverage on complying with restrictive eligibility and documentation requirements violates the program's intent. The purpose of the Medicaid program is to provide medical assistance for those with income that is insufficient to meet the costs of medical coverage, not to restrict access to that coverage. By some estimates, more than 25,000 fewer Virginians will have health coverage through Medicaid due to the new requirements.

In particular, the proposal to take coverage away from Medicaid beneficiaries that don't or can't meet new work requirements is not only punitive and a violation of the program's intent, but also unsupported by the evidence. As we already know, most Medicaid enrollees that are able to work, do work.

The Virginia COMPASS proposal will be burdensome for all involved— individuals and families as well as the state— and will lead to tens of thousands of Virginians losing health coverage. Virginia should not add more red tape to the Medicaid program or force families to pick between taking care of their health care needs and putting food on the table for their families.

Regards, [REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 1:32 PM
Subject: Please do not add work requirements to Virginia's Medicaid program
To: Dr. Jennifer Lee <1115Implementation@dmas.virginia.gov>

Dear Department of Medical Assistance Services Dr. Jennifer Lee,

I am writing in opposition to the Virginia COMPASS plan to take Medicaid coverage away from enrollees who do not meet a work requirement.

I have a friend who relies on Medicaid to support his wife and young teenage daughter. This man had chronic back pain that made it impossible to work consistently. His wife has a brain tumor that made work impossible but doesn't qualify her for a fast-track disability hearing. Her case is in a complicated appeals process.

I have worried about these folks for a long time. They are kind, generous, hardworking people who happened to encounter a string of bad luck. Their daughter has always been their number one focus and is at the top of her class. They have leaned into each other for support, cooking at home, leading quiet lives.

My friend saw me walking the other night and pulled over to say hi. He was beaming. After years of chronic pain and subsequent unemployment, his doctor finally performed surgery and he was back on his feet and back to work within weeks. He was on his way to take clean blankets to a homeless woman living under the underpass near my house.

This family is still on Medicaid. He does not make enough working on cars to fully financially support them.

My point is that this is not a lazy family. As soon as this man was able to work, he was working. But people like him would be lost without Medicaid. He wouldn't be working today without his surgery.

The purpose of the Medicaid program is to provide medical assistance for those with income that is insufficient to meet the costs of medical coverage.

Most Medicaid enrollees that are able to work, do work.

The Virginia COMPASS proposal will be burdensome for all involved— individuals and families as well as the state— and will lead to tens of thousands of Virginians losing health coverage. Virginia should not add more

red tape to the Medicaid program or force families to pick between taking care of their health care needs and putting food on the table for their families.

Regards,

[REDACTED] Richmond, VA 23227

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 1:39 PM
Subject: Comments regarding Virginia's 1115 waiver application
To: 1115Implementation@dmas.virginia.gov <1115Implementation@dmas.virginia.gov>

Good afternoon,

Please see the attached comments regarding the proposed Virginia COMPASS program, submitted on behalf of the National Multiple Sclerosis Society.

Thank you,

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 1:45 PM
Subject: Please do not add work requirements to Virginia's Medicaid program
To: Dr. Jennifer Lee <1115Implementation@dmas.virginia.gov>

Dear Department of Medical Assistance Services Dr. Jennifer Lee,

I am writing in opposition to the Virginia COMPASS plan to take Medicaid coverage away from enrollees who do not meet a work requirement. Work requirements are a solution in search of a problem and would create burdensome barriers that would harm all Medicaid recipients, while costing the commonwealth millions.

Virginia's proposal to condition Medicaid coverage on complying with restrictive eligibility and documentation requirements violates the program's intent. The purpose of the Medicaid program is to provide medical assistance for those with income that is insufficient to meet the costs of medical coverage, not to restrict access to that coverage. By some estimates, more than 25,000 fewer Virginians will have health coverage through Medicaid due to the new requirements.

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The Virginia COMPASS proposal will be burdensome for all involved— individuals and families as well as the state— and will lead to tens of thousands of Virginians losing health coverage. Virginia should not add more red tape to the Medicaid program or force families to pick between taking care of their health care needs and putting food on the table for their families.

Regards, [REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 1:46 PM
Subject: Comments on VA DMAS 1115 Demonstration Extension Application
To: 1115Implementation@dmas.virginia.gov <1115Implementation@dmas.virginia.gov>

Please find attached joint comments submitted by the National Hemophilia Foundation and Hemophilia Federation of America in connection with the Virginia Department of Medical Assistance Services 1115 Demonstration Extension Waiver. Thank you for your consideration.

[REDACTED]

Associate Director, Policy

Hemophilia Federation of America

NEW! 999 N. Capitol Street NE, Suite 201

Washington DC

20002 DC [REDACTED]

[REDACTED]

[REDACTED] www.hemophiliafed.org

October 19, 2018

Jennifer Lee, MD
Secretary
Virginia Department of Medical Assistance Services
600 East Broad Street
Richmond, VA 23219

Submitted via email to: 1115Implementation@dmas.virginia.gov

Re: Virginia Department of Medical Assistance Services 1115 Demonstration Extension Application – Virginia COMPASS: Creating Opportunities for Medicaid Participants to Achieve Self-Sufficiency

Dear Dr. Lee:

Hemophilia Federation of America (HFA) and the National Hemophilia Foundation (NHF) are national non-profit organizations that represent individuals with bleeding disorders across the United States. Our missions are to ensure that individuals affected by hemophilia and other inherited bleeding disorders have timely access to quality medical care, therapies, and services, regardless of financial circumstances or place of residence. HFA and NHF appreciate the opportunity to submit comments on the Virginia Department of Medical Assistance Services 1115 Demonstration Extension Application – Virginia COMPASS: Creating Opportunities for Medicaid Participants to Achieve Self-Sufficiency.

HFA and NHF believe everyone, including Medicaid enrollees, should have access to quality and affordable health coverage. Unfortunately, the COMPASS proposal would create administrative and financial barriers that would jeopardize patients' access to quality and affordable health coverage. Our organizations therefore oppose the proposed waiver.

Work and Community Engagement Requirements

The Virginia Department of Medical Assistance Services 1115 Demonstration Extension Waiver seeks to add a work and community engagement requirement for some Medicaid enrollees. This would increase the administrative burden on all Medicaid patients. Individuals will need to either attest that they meet certain exemptions or the number of hours they have worked.

Increasing administrative requirements will likely decrease the number of individuals with Medicaid coverage, regardless of whether or not they are exempt. Arkansas is currently implementing a similar policy requiring Medicaid enrollees to report their hours worked or their exemption. As of October 1, four months into implementation, the state has terminated coverage for 8,462 individuals and locked them out of coverage until January 2019.ⁱ An additional 12,589 individuals had one or two months of noncompliance and are at risk for losing coverage in the coming months.ⁱⁱ In another case, 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.ⁱⁱⁱ Battling administrative red tape in order to keep coverage should not take away from patients' or caregivers' focus on maintaining their or their family's health.

Failing to navigate these burdensome administrative requirements could have serious – even life or death – consequences for people with bleeding disorders or other serious, acute and chronic diseases. If the state finds that individuals have failed to comply with the new requirements for three months within a 12-month period, they will be locked out of coverage until they demonstrate their compliance. People with bleeding disorders rely on specialized care and ongoing therapy with essential medications to manage their condition: to prevent bleeding, and to treat acute

breakthrough bleeding episodes which could lead to further cumulative damage to their health. Individuals with bleeding disorders cannot afford to experience sudden gaps in their care.

HFA and NHF are also concerned that the current exemption criteria may not capture all individuals with, or at risk of, serious and chronic health conditions that prevent them from working. Additionally, Virginia's "good cause" exemption that includes circumstances like hospitalizations or serious illnesses is still not sufficient to protect patients. In Arkansas, many individuals were unaware of the new requirements and therefore unaware that they needed to apply for such an exemption,^{iv} and in August the state granted just 45 good cause exemptions while terminating coverage for 4,353 individuals at the end of that month.^v No exemption criteria can circumvent this problem and the serious risk to the health of the people we represent.

Administering these requirements will be expensive for Virginia. States such as Michigan, Pennsylvania, Kentucky and Tennessee have estimated that setting up the administrative systems to track and verify exemptions and work activities will cost tens of millions of dollars.^{vi} Virginia's fiscal impact statement estimated that the changes to the IT system would cost approximately \$8 million.^{vii} These costs would divert resources from Medicaid's core goal – providing health coverage to those without access to care.

Ultimately, the requirements outlined in this waiver do not further the goals of the Medicaid program or help low-income individuals improve their circumstances without needlessly compromising their access to care. Most people on Medicaid who can work already do so.^{viii} A study published in *JAMA Internal Medicine*, looked at the employment status and characteristics of Michigan's Medicaid enrollees.^{ix} The study found only about a quarter were unemployed (27.6 percent). Of this 27.6 percent of enrollees, two thirds reported having a chronic physical condition and a quarter reported having a mental or physical condition that interfered with their ability to work. In another report looking at the impact of Medicaid expansion in Ohio, the majority of enrollees reported that that being enrolled in Medicaid made it easier to work or look for work (83.5 percent and 60 percent, respectively).^x Terminating individuals' Medicaid coverage for non-compliance with these requirements will therefore hurt rather than help people search for and obtain employment. For these reasons, HFA and NHF oppose the proposed work and community engagement requirements.

Premiums and Cost-Sharing

The Virginia COMPASS program proposes charging premiums to some Medicaid expansion enrollees, ranging from \$5 - \$10 per month. If an enrollee fails to pay a month's premium, following a three-month grace period, coverage will be suspended until the enrollee pays the premium. Additionally, enrollees above 100 percent of the federal poverty level will be required to contribute, through the monthly premiums, either \$50 or \$100 depending on income level and participate in a healthy behavior activity to access a premium account to pay for non-covered medical or health-related services. This program is unnecessarily confusing and will not promote coverage.

Premiums both increase the number of enrollees who lose Medicaid coverage and discourage eligible people from enrolling in the program.^{xi} When Oregon implemented a premium in its Medicaid program, with a maximum premium of \$20 per month, almost half of enrollees lost coverage.^{xii} Continuing, comprehensive coverage is vital for people with bleeding disorders in order to maintain access to the medication, treatment, and care coordination they need to live healthy and productive lives.

Indiana implemented a similar payment structure in a previous waiver demonstration. The evaluation report^{xiii} from the waiver demonstration found that over half of Medicaid enrollees failed to make at least one payment. The report also found that 29 percent of Medicaid eligible individuals either never enrolled because they did not make a payment or were disenrolled for failure to make payments. Coverage losses on this scale, especially for patients needing access to life-saving and life-sustaining treatment, would be dire. For individuals with a bleeding disorder, loss of coverage would mean losing access to the essential therapies that can prevent or treat painful and potentially disabling or life-threatening bleeding episodes.

Ultimately, all of these changes will create confusion and significant barriers for patients that will jeopardize their access to needed care. HFA and NHF oppose the addition of premiums and increased cost-sharing.

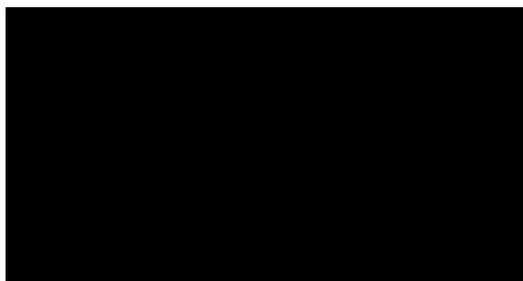
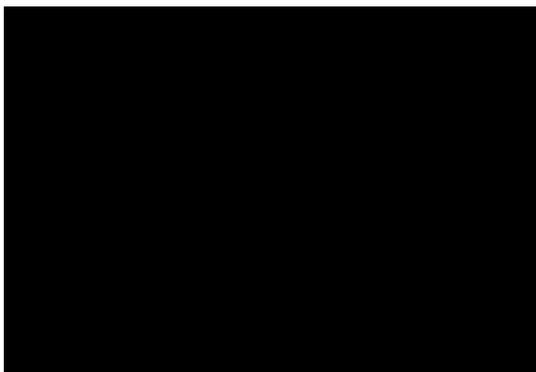
Co-Payments for Non-Emergent Use of the ED

The Virginia 1115 Demonstration Extension application includes a proposal to charge certain enrollees a five-dollar copayment for non-emergent use of the emergency department (ED) use. This policy could deter people from seeking necessary care during an emergency. Delays in care could have harmful impacts on the short- and long-term health of individuals with serious, acute and chronic diseases.

People should not be financially penalized for seeking lifesaving care for a bleeding episode, a breathing problem, a heart attack, hyperglycemia, complications from a cancer treatment, or any other critical health problem that requires immediate care. When people do experience severe symptoms, they should not try to self-diagnose their condition or worry that they can't afford to seek care. Instead, they must have access to quick diagnosis and treatment in the ED.

Evidence suggests cost-sharing may not result in the intended cost savings.^{xiv} Research demonstrates that low-income individuals served by Medicaid are more price sensitive compared to others, more likely to go without needed care, and more likely to experience long-term adverse outcomes. A study of enrollees in Oregon's Medicaid program demonstrated that implementation of a copay on emergency services resulted in decreased utilization of such services but did not result in cost savings because of subsequent use of more intensive and expensive services.^{xv} This provides further evidence that copays may lead to inappropriate delays in needed care. HFA and NHF oppose the punitive cost-sharing for non-emergent use of the emergency department.

HFA and NHF believe that healthcare should be affordable, accessible, and adequate. The Virginia COMPASS program does not meet that standard. Thank you for the opportunity to provide comments.



ⁱ Arkansas Department of Health and Human Services, Arkansas Works Program, August 2018. Accessed at: https://ccf.georgetown.edu/wp-content/uploads/2018/09/091218_AWReport_Final.pdf.

ⁱⁱ Arkansas Department of Health and Human Services, Arkansas Works Program, August 2018. Accessed at: https://ccf.georgetown.edu/wp-content/uploads/2018/09/091218_AWReport_Final.pdf; Arkansas Department of Health and Human Services, Arkansas Works Program, September 2018

- ⁱⁱⁱ 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.
- ^{iv} Jessica Greene, “Medicaid Recipients’ Early Experience With the Arkansas Medicaid Work Requirement,” *Health Affairs*, Sept. 5, 2018. Accessed at: <https://www.healthaffairs.org/doi/10.1377/hblog20180904.979085/full/>.
- ^v Arkansas Department of Health and Human Services, Arkansas Works Program, August 2018. Accessed at: https://ccf.georgetown.edu/wp-content/uploads/2018/09/091218_AWReport_Final.pdf.
- ^{vi} Michigan House Fiscal Agency, Legislative Analysis of Healthy Michigan Plan Work Requirements and Premium Payment Requirements, June 6, 2018, <http://www.legislature.mi.gov/documents/2017-2018/billanalysis/House/pdf/2017-HLA-0897-5CEEF80A.pdf>; House Committee on Appropriations, Fiscal Note for HB 2138, April 16, 2018, <http://www.legis.state.pa.us/WU01/LI/BI/FN/2017/0/HB2138P3328.pdf>; Misty Williams, “Medicaid Changes Require Tens of Millions in Upfront Costs,” *Roll Call*, February 26, 2018, <https://www.rollcall.com/news/politics/medicaid-kentucky>.
- ^{vii} Joint Legislative Audit and Review Commission. Fiscal Impact Review. Bill number: HB 338 (Committee Substitute) Medicaid work requirement. Accessed at: <http://lis.virginia.gov/cgi-bin/legp604.exe?181+oth+HB338JH1110+PDF>
- ^{viii} Rachel Garfield, Robin Rudowitz, and Anthony Damico, “Understanding the Intersection of Medicaid and Work,” Kaiser Family Foundation, February 2017, <http://kff.org/medicaid/issue-brief/understanding-the-intersection-of-medicaid-and-work/>.
- ^{ix} Renuka Tipirneni, Susan D. Goold, John Z. Ayanian. Employment Status and Health Characteristics of Adults With Expanded Medicaid Coverage in Michigan. *JAMA Intern Med*. Published online December 11, 2017. doi:10.1001/jamainternmed.2017.7055
- ^x Ohio Department of Medicaid, 2018 Ohio Medicaid Group VII Assessment: Follow-Up to the 2016 Ohio Medicaid Group VIII Assessment, August 2018. Accessed at: <http://medicaid.ohio.gov/Portals/0/Resources/Reports/Annual/Group-VIII-Final-Report.pdf>
- ^{xi} Artiga, Samantha, Petry Ubri and Julia Zur. The Effects of Premiums and Cost Sharing on Low-Income Populations: Updated Review of Research Findings. Kaiser Family Foundation. June 1, 2017. Accessed at: <https://www.kff.org/medicaid/issue-brief/the-effects-of-premiums-and-cost-sharing-on-low-income-populations-updated-review-of-research-findings/>
- ^{xii} Artiga, Samantha, Petry Ubri and Julia Zur. The Effects of Premiums and Cost Sharing on Low-Income Populations: Updated Review of Research Findings. Kaiser Family Foundation. June 1, 2017. Accessed at: <https://www.kff.org/medicaid/issue-brief/the-effects-of-premiums-and-cost-sharing-on-low-income-populations-updated-review-of-research-findings/>
- ^{xiii} The Lewin Group, Health Indiana Plan 2.0: POWER Account Contribution Assessment (March 31, 2017). Accessed at: <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/in/Healthy-Indiana-Plan-2/in-healthy-indiana-plan-support-20-POWER-acct-cont-assesmnt-03312017.pdf>
- ^{xiv} See for example: Chernew M, Gibson TB, Yu-Isenberg K, Sokol MC, Rosen AB, Fendrick AM. Effects of increased patient cost sharing on socioeconomic disparities in health care. *J Gen Intern Med*. 2008. Aug; 23(8):1131-6. Ku, L and Wachino, V. “The Effect of Increased Cost-Sharing in Medicaid: A Summary of Research Findings.” Center on Budget and Policy Priorities (July 2005), available at <http://www.cbpp.org/5-31-05health2.htm>.
- ^{xv} Wallace NT, McConnell KJ, et al. How Effective Are Copayments in Reducing Expenditures for Low-Income Adult Medicaid Beneficiaries? Experience from the Oregon Health Plan. *Health Serv Res*. 2008 April; 43(2): 515–530.

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 2:01 PM
Subject: Please do not add work requirements to Virginia's Medicaid program
To: Dr. Jennifer Lee <1115Implementation@dmas.virginia.gov>

Dear Department of Medical Assistance Services Dr. Jennifer Lee,

I am writing in opposition to the Virginia COMPASS plan to take Medicaid coverage away from enrollees who do not meet a work requirement. Work requirements are a solution in search of a problem and would create burdensome barriers that would harm all Medicaid recipients, while costing the commonwealth millions.

Virginia's proposal to condition Medicaid coverage on complying with restrictive eligibility and documentation requirements violates the program's intent. The purpose of the Medicaid program is to provide medical assistance for those with income that is insufficient to meet the costs of medical coverage, not to restrict access to that coverage. By some estimates, more than 25,000 fewer Virginians will have health coverage through Medicaid due to the new requirements.

In particular, the proposal to take coverage away from Medicaid beneficiaries that don't or can't meet new work requirements is not only punitive and a violation of the program's intent, but also unsupported by the evidence. As we already know, most Medicaid enrollees that are able to work, do work.

The Virginia COMPASS proposal will be burdensome for all involved— individuals and families as well as the state— and will lead to tens of thousands of Virginians losing health coverage. Virginia should not add more red tape to the Medicaid program or force families to pick between taking care of their health care needs and putting food on the table for their families.

Regards, [REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 2:44 PM
Subject: Please do not add work requirements to Virginia's Medicaid program
To: Dr. Jennifer Lee <1115Implementation@dmas.virginia.gov>

Dear Department of Medical Assistance Services Dr. Jennifer Lee,

I am writing in opposition to the Virginia COMPASS plan to take Medicaid coverage away from enrollees who do not meet a work requirement. Work requirements are a solution in search of a problem and would create burdensome barriers that would harm all Medicaid recipients, while costing the commonwealth millions.

Virginia's proposal to condition Medicaid coverage on complying with restrictive eligibility and documentation requirements violates the program's intent. The purpose of the Medicaid program is to provide medical assistance for those with income that is insufficient to meet the costs of medical coverage, not to restrict access to that coverage. By some estimates, more than 25,000 fewer Virginians will have health coverage through Medicaid due to the new requirements.

In particular, the proposal to take coverage away from Medicaid beneficiaries that don't or can't meet new work requirements is not only punitive and a violation of the program's intent, but also unsupported by the evidence. As we already know, most Medicaid enrollees that are able to work, do work.

The Virginia COMPASS proposal will be burdensome for all involved— individuals and families as well as the state— and will lead to tens of thousands of Virginians losing health coverage. Virginia should not add more red tape to the Medicaid program or force families to pick between taking care of their health care needs and putting food on the table for their families.

Regards, [REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 3:13 PM
Subject: Virginia COMPASS Waiver Comments - Exempt People with Cystic Fibrosis from the TEEOP Requirements
To: Virginia C.O.M.P.A.S.S. <1115Implementation@dmas.virginia.gov>

Dear Ms. Puglisi,

As a Virginia resident and someone personally affected by cystic fibrosis (CF), I'm writing to ask you to automatically exempt people with CF from the work and community engagement requirements and premiums in Virginia's Creating Opportunities for Medicaid Participants to Achieve Self Sufficiency (COMPASS) Waiver. Furthermore, I ask that the commonwealth use its own data to identify people with CF for exemption to minimize the risk of inappropriate disenrollment and administrative burden on recipients.

CF is a life-threatening genetic disease that causes persistent lung infections and progressively limits the ability to breathe, often leading to respiratory failure. Over 720 Virginians live with CF. As a complex, multi-system condition, CF requires targeted, highly specialized treatment and medications. There is no known cure.

Nearly 150 adults in Virginia rely on Medicaid to receive the high quality, specialized care and they need—and many more may gain Medicaid coverage if the state's expansion is approved. While many Medicaid recipients living with CF are employed, others are unable to work due to health status or the amount of time they need to spend on their treatments. To stay healthy, people with CF must endure hours of treatment every day – including receiving chest physiotherapy, taking inhaled treatments, potentially administering IV antibiotics, and other activities. In addition, people with CF commonly deal with pulmonary exacerbations (episodes where the symptoms of CF get worse and often lead to hospitalization), infections, and other events that cause their health to decline rapidly, potentially taking them out of the workforce for significant periods of time.

I also have concerns about the premium requirements outlined in the proposed waiver and the impact on access to care for people with CF. Not only are nominal premiums often unaffordable for low income beneficiaries, but the process of making a premium payment can create barriers to care for a population that may not have bank accounts or credit cards. In fact, studies have shown that the addition of premiums leads to a reduction in Medicaid enrollment.

While I appreciate that the state plans to exempt many individuals, including those designated as medically frail or with a special medical need, I ask the state to specifically include people with CF in the definition of those who are automatically exempt.

Consistent care is a critical component of CF treatment, and any loss or gaps in health coverage, because of failure to comply with these requirements, may put the health of people with CF at risk.

Again, I urge you to specifically and automatically exempt people with CF from the work requirement. Your attention to this matter will help people with CF continue to have access to the highly specialized care they need to live full and healthy lives.

Sincerely, [REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 3:32 PM Subject: Medicaid Waiver
To: <1115implementation@dmas.[REDACTED].gov>

Dear Sirs,

I'm thankful that the General Assembly has approved the ACA's Medicaid expansion in Virginia , but I DO NOT support the work requirement. I think most people are honest, and those who request Medicaid expansion are those who need it - but just can't afford insurance coverage. Many who use Medicaid are the elderly, who need it for entering assisted living programs. Others are mentally handicapped and would have difficulty with reporting requirements. Others seek Medicaid because they can't physically work.

Healthcare should be a right for all Americans! Thank you.

[REDACTED] Woodbridge, VA

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 4:00 PM
Subject: Please do not add work requirements to Virginia's Medicaid program
To: Dr. Jennifer Lee <1115Implementation@dmas.virginia.gov>

Dear Department of Medical Assistance Services Dr. Jennifer Lee,

I am writing in opposition to the Virginia COMPASS plan to take Medicaid coverage away from enrollees who do not meet a work requirement. Work requirements are a solution in search of a problem and would create burdensome barriers that would harm all Medicaid recipients, while costing the commonwealth millions.

Virginia's proposal to condition Medicaid coverage on complying with restrictive eligibility and documentation requirements violates the program's intent. The purpose of the Medicaid program is to provide medical assistance for those with income that is insufficient to meet the costs of medical coverage, not to restrict access to that coverage. By some estimates, more than 25,000 fewer Virginians will have health coverage through Medicaid due to the new requirements.

In particular, the proposal to take coverage away from Medicaid beneficiaries that don't or can't meet new work requirements is not only punitive and a violation of the program's intent, but also unsupported by the evidence. As we already know, most Medicaid enrollees that are able to work, do work.

The Virginia COMPASS proposal will be burdensome for all involved— individuals and families as well as the state— and will lead to tens of thousands of Virginians losing health coverage. Virginia should not add more red tape to the Medicaid program or force families to pick between taking care of their health care needs and putting food on the table for their families.

Regards, [REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 4:19 PM
Subject: Re: Section 1115 Waiver questions
To: Scott [REDACTED] <[REDACTED]>

Cc: [REDACTED]

Hello [REDACTED]

Thank you for your message. I am terribly sorry, I thought I had responded and realized it was still in draft!!

I will make sure these comments are forwarded to our team and will coordinate our response to you. Again, my deepest apologies.

Sincerely, [REDACTED]

On Mon, Oct 15, 2018 at 6:42 AM [REDACTED] <[REDACTED]> ha [REDACTED] wrote:

[REDACTED]

Good morning. Trust you had a nice weekend. Fall is finally here.

One of our hospital systems was reviewing the 1115 Waiver and had the following observations or questions that I was hoping you or someone on the team could assist me with.

- Premium Assistance
 - o "Medicaid coverage will be effective on the first day of the month following receipt of the premium payment"
 - o It appears to be a way of removing retro Medicaid without actually using that specific wording
 - o This could potentially eliminate a large percentage of the expansion adults (100%FPL-138%FPL)
 - o There is no mention of:
 - o Fast track payments
 - o 3rd party payments
 - o Can a patient pay premiums for previous months which will allow retrospective Medicaid approvals?
- Community Engagement
 - o Self-Employment was not listed as a qualifier of community engagement

o We would like to understand the absence of this group on the waiver and confirm this was not an error or maybe something I missed during my review

Thank you in advance and greatly appreciate all that you do.

Scott

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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[REDACTED]

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 4:47 PM
Subject: DMAS Public Comment
To: <1115Implementation@dmas.virginia.gov>

This comment is in relation to the Medicaid waiver that was proposed by DMAS. There are several new requirements proposed that I oppose. In some states, proposals similar to this resulted in nearly half of the new adults enrolled in Medicaid expansion losing coverage. This proposal creates a program that is likely to create the same problems with access.

Individuals with complicated health issues often experience lapses in employment due to their condition or may have been told by a doctor to take time away from work as part of their treatment and recovery. This proposal does not consider this situation and requires the sick person to prove they were sick. I trust you will take these thoughts and comments into consideration as this process continues.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 4:47 PM
Subject: Arguments against COMPASS
To: <1115Implementation@dmas.virginia.gov>

The following comments are in regard to the proposed Medicaid waiver application to CMS. If a low-wage worker has inconsistent hours or an insecure job they may fail to keep up with the requirements and lose healthcare. If that results in an inability to work at all the program will have failed to help the exact situation the expansion was supposed to improve.

Many Virginians have real obstacles to employment, including illness, disability or family caregiving responsibilities. The number who could become employed as a result of the Medicaid program is very small. Thank you for considering this perspective.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 4:47 PM
Subject: New Medicaid waiver comments
To: <1115Implementation@dmas.virginia.gov>

This is regarding my concerns surrounding the waiver draft for the Medicaid program in Virginia. There are many reasons that a patient might not comply with this waiver and would result in their losing care. For example, there could be a language barrier that makes it hard to understand the requirements. We have many citizens whose first language is not English.

Work requirements do not reflect the realities workers face in low-wage jobs. Seasonal workers may have periods of time each year when they are not working enough hours to satisfy the requirements and they will be on and off the Medicaid program. This includes workers like teachers, who while they are not on payroll in the summer, need to be working on professional development and curriculum enrichment. Also if you are sick, you may not be able to work at times.

This is problematic for so many people.

Thanks for taking the time to read my comments.

[REDACTED] Virginia Tech

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 4:47 PM Subject: RE: Virginia COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

The comments in this email should be considered in relation to Virginia's Medicaid waiver application. The health and wellness accounts seem very complex and confusing and the Virginia COMPASS proposal does not explain how Medicaid recipients will be educated about the program and how to use it. This issue needs to be addressed.

Medicaid is a safety net program, but it is not effective if its availability is threatened by the program's design. Economic hard times are often happening at the same time as failing health. We need for people to have consistent access to treatment for this program to work the way it is supposed to. I am grateful for the opportunity to offer comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 4:47 PM
Subject: Arguments against COMPASS
To: <1115Implementation@dmas.virginia.gov>

I am opposed to certain new burdens included in proposed COMPASS Medicaid program. Those who qualify for Medicaid need it to maintain consistent healthcare. If it were not for Medicaid hundreds of thousands of people would not have any access. We should not have a program that diminishes access. Please make the right changes to the Medicaid waiver proposal.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 4:47 PM
Subject: RE: Virginia COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

I do not want Medicaid to have a co-payment and a work requirement. I want the families of Virginia to have easy access to good health care, especially preventive care. Our children must grow up strong and healthy so we will have a better future for the Commonwealth.

[REDACTED] National Organization For Women

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 4:48 PM
Subject: New Medicaid waiver comments
To: <1115Implementation@dmas.virginia.gov>

This comment is directed toward certain aspects of Virginia's Medicaid waiver application. Medicaid should help people when they are going through tough times. Health care is a human right and should not be taken away for failure to comply with this type of red tape and bureaucracy.

Work requirements do not work. These poor policy choices proposed will reduce access to care to people that need it most. A healthy person is better able to contribute to the workforce, and this program is supposed to focus on health. I am thankful that the public was given this important opportunity to comment.

[REDACTED]

From: [REDACTED] <[REDACTED]>

Date: Thu, Oct 18, 2018 at 4:48 PM

Subject: Commenting on Virginia Compass

To: <1115Implementation@dmas.virginia.gov>

I am writing to you with regard to Virginia's proposed Medicaid waiver which has problems as it is currently written. Programs similar to this proposal have not been proven to increase employment or access to care.

If people are kept out of the Medicaid program, these individuals will still seek medical services, and the state will end up with some of that expense without the benefit of the federal money available to assist with those costs. Thank you very much for considering my thoughts on this waiver application.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 4:48 PM
Subject: Against Proposed VA 1115 Waiver
To: <1115Implementation@dmas.virginia.gov>

I am writing to you with regard to Virginia's proposed Medicaid waiver which has problems as it is currently written. Charging monthly premiums for Medicaid is simply a bad idea particularly considering that doing so actually costs more than it saves. The purpose of expanding health coverage to the working poor is to access care that helps them stay healthy. The program needs to stay focused on that and not be distracted by complicated administrative systems.

Job requirements like this and other efforts to take away public supports to try to encourage people to work have poor track records. The reasons people are unemployed are sometimes too complicated to address in the way this proposal does. This requirement will just deny people healthcare coverage. I am thankful for the opportunity to provide this information.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 4:48 PM
Subject: Issues with Virginia 1115 Waiver
To: <1115Implementation@dmas.virginia.gov>

The following comments are in regard to the proposed Medicaid waiver application to the federal government.

The costs are extremely high in implementing these requirements and the benefit very low. We should not be wasting money in this way. The detriment will be heavy for low income families and the most vulnerable in our communities.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 4:48 PM
Subject: NO Medicaid Waiver
To: <1115Implementation@dmas.virginia.gov>

This email offers my opinion about changes to Virginia's Medicaid program that I find problematic. Among Medicaid enrollees who are not working, many have impediments to employment, including illness, disability or caregiving responsibilities. The number of those who could get a job as a result of the program is very small.

The goal of Medicaid is to give coverage to those who need it. This would stop sick people from receiving the care that they need and keep healthy people from staying healthy. Thank you for considering this perspective.

[REDACTED] Legal Aid Justice Center

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 4:48 PM
Subject: Opposition to Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

This email is in opposition to some requirements proposed in Virginia's Medicaid waiver. I hope you will take my views under advisement. The responsibility will be solely on Virginia to provide things like job training, child care, transportation, and other programs to help people to meet the proposed work requirement. Health Care is a right. Barriers to health care are just wrong in all aspects. A state has an obligation to offer job training and help with transportation and childcare as well. Health care need not be dependent on those things being in place at the time of need. Thank you for considering this perspective.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 4:48 PM
Subject: DMAS Public Comment
To: <1115Implementation@dmas.virginia.gov>

The following comments are offered for consideration as public comment on the Medicaid waiver draft. There are several components of it that concern me as a citizen. The goal of Medicaid is to give coverage to those who need it. Access to care is so important that it is difficult to understand why Virginia's program threatens it needlessly. We want people to get the care that they need.

The work requirement will not help many people find jobs because the most Medicaid enrollees are already working or they are disabled or have some other reason why they cannot work. The requirement is an enormous cost with little benefit. I hope you consider my comments about this proposed waiver.

[REDACTED] Ms.

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 4:48 PM
Subject: RE: Virginia COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

Access to health care is very important, that is why I am commenting on this proposed change. Charging people for health insurance defeats the purpose of Medicaid. It is important that Medicaid is affordable for low income families because they depend on affordable health care to keep working and stay healthy. I am hopeful that you change the proposed waiver.

[REDACTED]

From: [REDACTED] <[REDACTED]>

Date: Thu, Oct 18, 2018 at 4:49 PM

Subject: Issues with Virginia 1115 Waiver

To: <1115Implementation@dmas.virginia.gov>

As we live in the only first world country with for-profit healthcare, we have gotten away from an essential belief: High-quality, easily accessible healthcare is a right, not a privilege. Please do not put more barriers to good health care in front of people. Thank you.

[REDACTED]

From: [REDACTED] <[REDACTED]>

Date: Thu, Oct 18, 2018 at 4:49 PM

Subject: Responding to waiver proposal

To: <1115Implementation@dmas.virginia.gov>

This is regarding my concerns surrounding the waiver draft for the Medicaid program in Virginia. State investments in infrastructure and staff that do not have anything to do with the Medicaid program's primary goal of providing access to care are not good investments. The program should provide simple, uncomplicated access to care.

While monthly premiums may seem like a reasonable requirement, they can be a barrier that prevents people from accessing healthcare. The underlying purpose of Medicaid in Virginia is to make health care readily accessible to people and premiums are counterproductive. Please make the right changes to the Medicaid waiver proposal.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 4:49 PM
Subject: Writing about Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

This comment is about my concerns with certain aspects that Virginia proposes in its Medicaid waiver application. The work requirement affects very few people. This means that the state would incur major additional expenses and administrative work to enforce a requirement that the vast majority of people are complying with already or are unable to. I appreciate your time. Thank you for reading my comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 4:49 PM
Subject: Arguments against COMPASS
To: <1115Implementation@dmas.virginia.gov>

I am writing to you today regarding Virginia's Medicaid waiver proposal, I oppose the aspects of this program that create new burdens on people who are already struggling. The proposed changes to Medicaid could deny health insurance to sick individuals when they are most in need. I do not support this approach that creates barriers to access. Thank you for your work on behalf of the Commonwealth and taking my comments into consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 4:49 PM
Subject: Comments about Virginia Compass
To: <1115Implementation@dmas.virginia.gov>

This comment is directed toward certain aspects of Virginia's Medicaid waiver application. Job requirements like this and other efforts to take away public supports to try to encourage people to work have poor track records. The reasons people are unemployed are sometimes too complicated to address in the way this proposal does. This requirement will just deny people healthcare coverage.

Some of these proposed new requirements create obstacles to care for all enrollees. In some cases it may be poor health that leads to a poor financial situation which can only make things worse in a situation like that. I am grateful for the opportunity to offer comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 4:49 PM
Subject: DMAS – Virginia Compass Waiver
To: <1115Implementation@dmas.virginia.gov>

As a nurse who provided health care, educated other clinicians and conducted research, I have observed how crucial it is to have access to health care. Having adequate health provides the foundation for functioning well in all other aspects of life, such as achieving educational and training goals and successful employment. In addition, healthier citizens benefit everyone by better 'herd immunity', and raising the overall health of those around us. Virginia Legislators showed good judgement and humanitarian values this past year in voting to adopt Medicaid for Virginia. The challenge ahead is to create regulations that promote access to health care, while at the same time do not establish unnecessary barriers. Implementing the job requirement will not help many people get jobs because the majority of Medicaid enrollees are already working, disabled, ill, caretakers, pregnant women, students, retired, or looking for work. Excessive bureaucratic structures do not enhance the ability of those receiving Medicaid to succeed in education/training programs or employment. The vast majority of citizens want to be successful, and a program that supports and encourages them will work much better than setting up unnecessary barriers such as complex work requirements.

I hope you will consider these important factors as you develop the specifics to administer Medicaid and provide health care to Virginians who need and deserve it.

[REDACTED] Ms.

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 4:50 PM
Subject: Comments Against Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

I know you will NRN this, but until i was diagnosed with a rare disease and didn't realize how deablating and how misunderstood or how easily tossed from specialist to doctor i would be, i didn't understand how important or appreciate my medicaid.

Every employer, or really government contractor (because this is Virginia) finds a reason to terminate your employment once they see you are going to the doctor for a physical issue more than 2-3 times, I spent my entire 401k on cobra payments and because of the eligibility laws on Short Term Disability, I've lost my home.

I believe in our President and his sound business skills and believe he can find a way CMS & HHS can be both better managed in addition to procure the resources it needs to provide a "Medicare For All" type of solution because we can be a better nation when we are a healthier nation.

Businesses will have increased production, better customer service, a greater economy with a healthy workforce, a proactively healthy workforce that promotes and encourages preventative services and is comforted the country has its backif it is unwell.

Business should pay the CMS, HHS and not penalise the employee for illness because it's worried about its self insured premiums.

All in all, it's not up to me whether or not all Americans can have medicaid or medicare, but I am so grateful my children and I have had it since my cancer diagnosis. I wish i could have had it and not lost our home or my 401k because even if I live, there are days i feel the future is incredibly unpredictable to sustain, as Social Security is an entire other red tape problem for people with rare diseases.

Well, I will leave this here. Thank you for helping me in my time of need :). Please work with our President Trump to find a solution.

This comment is in relation to the Medicaid waiver that was proposed by DMAS. There are several new requirements proposed that I oppose. The work requirement affects very few people. This means that the state would incur major additional expenses and administrative work to enforce a requirement that the vast majority of people are complying with already or are unable to.

Medicaid should help people when they are going through tough times. Health care is a human right and should not be taken away for failure to comply with this type of red tape and bureaucracy. I appreciate your consideration of my comments as you make changes to this draft.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 4:51 PM
Subject: Regarding Virginia COMPASS Application
To: <1115Implementation@dmas.virginia.gov>

I oppose the proposed 1115 Medicaid Waiver in Virginia and would like to make a public comment about it. People on Medicaid should not be charged monthly premiums. This practice costs too much and could potentially kick deserving individuals out of the Medicaid program.

Access to health coverage is important no matter who you are. This proposal would kick people off of Medicaid when they may need it the most. The state should aim to do no harm, but the draft proposal makes it clear that people will lose coverage. Thank you for considering my thoughts. I believe Virginia can do better than this.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 4:51 PM Subject: Writing about Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

Please do not restrict access to Medicaid coverage. It is an inhumane and unfeeling way to save money.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 4:52 PM
Subject: Commenting on Virginia Compass
To: <1115Implementation@dmas.virginia.gov>

If you want to encourage work, you need to encourage healthy behavior, which includes providing access to affordable healthcare. If you want to encourage independence, don't create another government mandate on people. If you want to reduce government, don't create another bureaucracy to administer the mandate. If you want to ensure that America remains America, enact policies that take us from Us-Against-Them to We-For- Each-Other.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 4:53 PM
Subject: Opposition to Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

The following comments are in regard to the proposed Medicaid waiver application to the federal government. If people are kept out of the Medicaid program because of the work requirement, that does not mean they will not need medical services. In fact, denying them care probably means that it will cost more to provide that care because it will probably be at an emergency room.

The goal of Medicaid is to give coverage to those who need it. Access to care is so important that it is difficult to understand why Virginia's program threatens it needlessly. We want people to get the care that they need.

No copays, no work requirement and no hurdles for recipients. Thanks you for listening to my comments.

[REDACTED]

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 4:53 PM
Subject: My letter on work requirements waiver
To: <1115Implementation@dmas.virginia.gov>

The comments in this email should be considered in relation to Virginia's Medicaid waiver application. Losing coverage could create a life-threatening obstacle to care for patients with heart disease as these individuals are unlikely to have access to the necessary treatments and medications.

Employment opportunities vary across the Commonwealth. This proposal makes no allowance for the job market in a particular community. Also other difficulties such as language barriers, transportation, and access to childcare are not issues addressed in this proposal. It is unfair to assume that those who are not working simply do not want to. I am hopeful that you take my comments into consideration and make the necessary changes.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 4:53 PM
Subject: Responding to waiver proposal
To: <1115Implementation@dmas.virginia.gov>

This letter is in opposition to the burdensome requirements proposed for Virginians with Medicaid in Virginia. Adding monthly premiums to Medicaid will cost people too much money. The point of Medicaid is to give people an affordable way to get health insurance. People with very low income are particularly sensitive to any additional cost. And they often are simply unable to afford it.

Job requirements have a poor record in meeting their goals. Examples of this from other safety-net programs like TANF can be found in Virginia. This proposal would not ensure that people are employed long-term and they can make it harder for some people to find work. Finding work has little chance of being effective, when people are unable to present themselves for job interviews.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 4:53 PM Subject: Writing about Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

This comment is concerning the troubling requirements that Virginia proposes for Medicaid. Many adults on Medicaid are working part-time jobs or for places that have an inconsistent workload. That is why it will be very difficult for these deserving people to meet the rules of this proposed work requirement. This requirement does not change the number of hours available to a worker and punishes them for taking whatever work is available to them.

There are many reasons that a patient might not comply with the many requirements in this proposed program and would result in their losing care. For example, there could be a language barrier or intellectual disability that makes it hard to fully understand the requirements. People in this situation need easy, uncomplicated access. This program does not promise that. Thank you for the opportunity to share these insights.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 4:53 PM
Subject: My letter on work requirements waiver
To: <1115Implementation@dmas.virginia.gov>

I am [REDACTED], a retired Virginia teacher & I wish to respond to the proposal to reduce access to Medicaid's expansion for those who need health coverage.

"Coverage" is a misnomer if someone receives care one day & not another. It's also confusing administratively. Expansion of Medicaid was a needed benefit, not a burden.

[REDACTED]

From: [REDACTED] <[REDACTED]>

Date: Thu, Oct 18, 2018 at 4:53 PM

Subject: New Medicaid waiver comments

To: <1115Implementation@dmas.virginia.gov>

This comment is about my concerns with the work requirement that Virginia proposes in its Medicaid waiver application. This requirement threatens access to care for the families I serve in my job. I work at the Richmond CHIP (Children's Health Investment Project) site. The mission of this program is to increase access to health care for parents and young children. The work requirement does not make sense for the low-income families we serve who would benefit from Medicaid expansion. Our Moms and Dads are already working two or three jobs to make ends meet. Additionally, many are already meeting work requirements implemented under programs like TANF. This work requirement is unwarranted and unnecessary. Please reconsider approving the 1115 Medicaid waiver so that low-income families in our Commonwealth can have uncomplicated access to healthcare.

[REDACTED] Family Lifeline

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 4:53 PM
Subject: Proposed Virginia COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

I am very concerned about a possible 1115 Medicaid waiver for the Medicaid program in Virginia. The proposed waiver would add new barriers to accessing coverage. These requirements put access to needed care in jeopardy. It's much more important for everyone in Virginia to have access to health care! Please don't require co-payments.

[REDACTED] Self

From: [REDACTED] <[REDACTED]>

Date: Thu, Oct 18, 2018 at 4:53 PM

Subject: Arguments against COMPASS

To: <1115Implementation@dmas.virginia.gov>

I am writing to you with regard to Virginia's proposed Medicaid waiver which has problems as it is currently written. Access to health coverage is important and it helps support work. We should not threaten to take away health coverage from our citizens because they fail to submit the right paperwork on time, they cannot get the hours they need at work, or have a difficult time finding work altogether. Thank you for allowing me to offer my thoughts on this proposal.

Work requirements are part of the legacy of systematic racism.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 6:12 PM
Subject: Responding to waiver proposal
To: <1115Implementation@dmas.virginia.gov>

The following comments are in regard to the proposed Medicaid waiver application to CMS. Individuals with complicated health issues often experience lapses in employment due to their condition or may have been told by a doctor to take time away from work as part of their treatment and recovery. This proposal does not consider this situation and requires the sick person to prove they were sick.

All the new barriers in this proposal mean that there will be gaps in healthcare coverage that deny people the opportunity to access care when they should. This works against everything the program was supposed to achieve. Thank you for allowing the public to comment.

[REDACTED] Ms

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 6:13 PM
Subject: I oppose COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

Prevention is KEY! I think it will save all of us money, all citizens of Virginia, if we make it as easy as possible for people to get Medicaid. That way, people will get the preventive care that they need, and they won't wait until an illness is advanced to get care. Thus, the amount we spend on the average person will be less over time. That is a win-win.

Virginia would have a major administrative cost to add and monitor something that most people are complying with already. There is nothing for the state or its citizens to gain from this work proposal.

The red tape and bureaucracy surrounding the COMPASS program will throw people off Medicaid. People that are following the rules will suffer due to the complicated system that COMPASS is creating. Thank you for considering my thoughts. I believe Virginia can do better than this.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 6:14 PM
Subject: Against Proposed VA 1115 Waiver
To: <1115Implementation@dmas.virginia.gov>

I am commenting on the new Virginia COMPASS medicaid waiver. If a low-wage worker has inconsistent hours or an insecure job they may fail to keep up with the requirements and lose healthcare. If that results in an inability to work at all the program will have failed to help the exact situation the expansion was supposed to improve.

People losing their coverage because they do not have consistent employment does not help achieve a healthier Virginia. The system that would have to be in place would be costly and also not contribute to the main goal of the Medicaid program. There is no benefit to people who need healthcare coverage or taxpayers.

In many cases, health issues are the cause of a person's inability to work, and therefore access to good medical care should be a pre-requisite for work, rather than the other way around. Many ill or disabled Virginians would happily work once they've received medical care that addresses their needs. Let's not put up additional roadblocks for those who want to do all they can to support themselves and their families but are already hindered by disabilities and poor health. I hope you can make some improvements to the proposed program.

Thank you for considering my comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 6:14 PM
Subject: Regarding Virginia COMPASS Application
To: <1115Implementation@dmas.virginia.gov>

I would like to make a public comment about the proposed 1115 Medicaid waiver. Virginia must learn from the experiences of other states. In places that have implemented work requirements, their citizens lose health coverage. Virginia should not go down this path, because healthy Virginians are the foundation of our strong economy.

This application does not advance the Medicaid program in Virginia. It needlessly compromises access to care for a vulnerable population. It also creates a new responsibility in state government that is already struggling to keep up. Thank you for your work on behalf of the Commonwealth and taking my comments into consideration.

[REDACTED] Organizing

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 6:14 PM
Subject: Proposed Medicaid Waiver Application
To: <1115Implementation@dmas.virginia.gov>

I am writing to you with regard to Virginia's proposed Medicaid waiver which has problems as it is currently written. The Medicaid population faces multiple challenges. They can face language barriers, disabilities, mental illness, insecure work, and homelessness. All these issues create difficulties when asked to comply with complicated government programs. The result of this can be that access is not improved at all.

Having work requirements may deter families from enrolling in the coverage that they qualify for and need. When someone does not have health coverage, they are less able to seek medical care when they are ill or injured and are generally less able to get work because of it. I hope you consider my comments about this proposed waiver.

[REDACTED] Social Action Linking Together

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 6:14 PM
Subject: NO Medicaid Waiver
To: <1115Implementation@dmas.virginia.gov>

The following comments are offered for consideration as public comment on the Medicaid waiver draft. There are several components of it that concern me as a citizen. Many people with low incomes have to move frequently and might even be homeless. These living conditions make it hard to comply with programs that have demands like this so this group of Virginians would still end up without coverage.

People who have good coverage are able to access care on a regular basis. If there are monthly premiums in the program, those people will try to avoid using healthcare. What seems like a small cost can truly be a barrier to getting care for those with a low income. Thank you for allowing me to offer my thoughts on this proposal.

[REDACTED]

From: [REDACTED] <[REDACTED]>

Date: Thu, Oct 18, 2018 at 6:17 PM

Subject: Issues with Virginia 1115 Waiver

To: <1115Implementation@dmas.virginia.gov>

This comment is concerning the troubling requirements that Virginia proposes for Medicaid. Work requirements attempt solve a problem that does not exist since most working-age adults on Medicaid are currently employed. We should be focused on making the health of working low-income people better by providing easy, affordable access to care.

Those who qualify for Medicaid need it to maintain consistent healthcare. If it were not for Medicaid hundreds of thousands of people would not have any access. We should not have a program that diminishes access. Please take this into account and make changes to COMPASS.

[REDACTED]

Mrs.

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 6:18 PM
Subject: DMAS Public Comment
To: <1115Implementation@dmas.virginia.gov>

I would like to make a public comment about the proposed 1115 Medicaid waiver. Programs similar to this proposal have not been proven to increase employment or access to care.

Work requirements make it harder for the state to enroll people. This will mean that the cost savings to the state and the entire system will not be what it should be. This proposal will harm our effort to get people healthy because it ties it to unrelated goals. Please consider my comments on this proposed program.

Those who are struggling to be employed are the most vulnerable and need to be healthy to maintain jobs when they are employed .

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 6:18 PM
Subject: New Medicaid Waiver Comments
To: <1115Implementation@dmas.virginia.gov>

I am writing with regard to Virginia's COMPASS program and my opposition to certain components of it. The work requirement will not help many people find jobs because most Medicaid enrollees are already working or they are disabled or have some other reason why they cannot work. The requirement is an enormous cost with little benefit.

State investments in infrastructure and staff that do not have anything to do with the Medicaid program's primary goal of providing access to care are not good investments. The program should provide simple, uncomplicated access to care. Please take this into account and make changes to COMPASS.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 6:18 PM
Subject: My concerns about the Virginia COMPASS program
To: <1115Implementation@dmas.virginia.gov>

This letter is in opposition to the burdensome requirements proposed for Virginians with Medicaid in Virginia. I hope you will take my views into account. People who have relied on Medicaid for years would now be denied coverage if they fail to comply with work reporting. Many of whom are not technologically savvy could be hurt by this waiver. The work requirement acts as almost a punishment for individuals who are in great need of medical coverage. Plus, most Medicaid beneficiaries who can work ARE working. The work requirement doesn't work and is unnecessary and harmful. Thank you for allowing me to offer my thoughts on this proposal.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 6:18 PM
Subject: My concerns about the Virginia COMPASS program
To: <1115Implementation@dmas.virginia.gov>

This comment is in relation to the Medicaid waiver that was proposed by DMAS. There are several new requirements proposed that I oppose. The Medicaid population faces multiple challenges. They can face language barriers, disabilities, mental illness, insecure work, and homelessness. All these issues create difficulties when asked to comply with complicated government programs. The result of this can be that access is not improved at all.

The health and wellness accounts seem very complex and confusing and the Virginia COMPASS proposal does not explain how Medicaid recipients will be educated about the program and how to use it. This issue needs to be addressed.

As a society, do we not have an obligation to care for the “least of these” among us? Please consider my comments on this proposed program.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 6:20 PM Subject: Issues with Virginia 1115 Waiver
To: <1115Implementation@dmas.virginia.gov>

This email offers my opinion about changes to Virginia's Medicaid program that I find problematic. Complicated requirements like the work requirement proposed here, result in new hardship for families already facing many. It can also keep people from enrolling because they are not confident they can keep up with the requirements. I hope my comments are helpful.

I have used Medicaid in the past for my children and was so thankful for it. We would have had nothing and my son has asthma. At this time I did work and the state was able to help me find child care for my children.

Without the child care help, I would have not been able to work.

The sad part of this is, I could only earn a certain amount of money. If I earned more, I would lose my benefits and what I was earning was only \$10.00 more than my allotment. It was a no win for me. I eventually gave up Medicaid because you are not treated very well. People look down on you for it not knowing any of your life and how it came to this. I had to leave an abusive husband who would have eventually killed me. Most people were not this way, thank goodness but the health care field either did all they could to make sure they were paid a lot or they were curt with you for wanting care. I found when I had my own insurance and not Medicaid, my treatment was better, I was treated with more respect. Why is this? I have worked my entire life but three years of it.

Most people want to work, they want to earn their way. Yes, some people may not want to but most, like me want to be independent of Medicaid. I urge you to look at each case separately, to establish if indeed the person can work, do they have the means (health, car, bus, back up care) to work, do they have the child care to work, do they have the clothes to work. There are so many angles to look at when applying this ruling.

I think first thing we need to do is create respect for people and children who use these services. I know what a big help it was for me and I was so thankful for it but was made to feel guilty for having to have it. We need to change this mind think for people. Children should feel they are the most important person and we want them to be cared for. The elderly, the disabled, they are vital to our world and deserve our respect and care to make sure their lives are worthwhile. We, as a people, should be proud to pay into something which helps and saves so many. We should promote this mindset today, now.

I did get divorced and continued to use child care help because I have never made enough money to not use it. My husband had to provide medical coverage which was simple for him since he was in the guard. Sadly, not all doctors and medical places accepted Champus so my options were limited in a small town. I was lucky to find a doctor who would accept it and his office became my link to other services who, because of him, accepted Champus.

Thank you. [REDACTED] [REDACTED] None

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 6:20 PM
Subject: Opposition to Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

Virginia's proposed changes to the Medicaid program will undermine its effective implementation. While monthly premiums may seem like a reasonable requirement, they can be a barrier that prevents people from accessing healthcare. The underlying purpose of Medicaid in Virginia is to make health care readily accessible to people and premiums are counterproductive. I hope you will take these thoughts and comments into consideration moving forward.

Furthermore adding work requirements seems to have come from good intentions but to have been based on a misunderstanding of the situations of most of the people who can benefit from the expansion. Most who can work are already doing what they can and the paperwork requirements are likely to cause many who need the help to give up or to cost more in administration or both. Let make sure that we really do benefit the people whose lives can be improved and then we may actually reap some economic benefits in the long run.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 6:22 PM
Subject: Regarding Virginia COMPASS Application
To: <1115Implementation@dmas.virginia.gov>

I write to oppose Virginia's 1115 waiver draft that is under consideration. Some aspects of the draft will undermine its purpose. There are many reasons that a patient might not comply with this waiver and would result in their losing care. For example, there could be a language barrier that makes it hard to understand the requirements. Please take the public's comments into consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 6:22 PM
Subject: Issues with Virginia 1115 Waiver
To: <1115Implementation@dmas.virginia.gov>

The Commonwealth Institute recently published insightful reports arguing against Medicaid work requirements, premiums, and copayments. These reports are available at <http://www.thecommonwealthinstitute.org/>. I will not repeat the institute's findings but rather offer these additional comments:

1. Did the Good Samaritan inquire about work requirements, premiums, and copayments before assisting the destitute stranger on the road?
2. The imposition of work requirements for Medicaid coverage is like denying a poor person a driver's license unless she or he has a job. Without a driver's license, employment is more difficult. Similarly, an unhealthy work applicant has reduced vitality to search for a job and is less attractive to a potential employer than a healthy applicant.
3. The COMPASS work requirement for people age 19 to 65 seems especially unreasonable in light of the established SNAP requirement for ages 18 to 50. It is very difficult for older adults to find employment. In point of fact, any work requirement is cost ineffective and counterproductive as The Commonwealth Institute's report indicates.
4. Premiums and copayments are not required to ensure responsible use of benefits. Lack of transportation and work time off constraints make any trips by the poor a challenge.

Our public resources are not reaching the people who need them. Given the absence of good jobs and a strong social safety net, millions of people are left to fend for themselves.

The truth is that over 10% of Virginians today are poor because the wealth and resources of our country have been flowing to a small number of people and government programs are not meeting the growing needs of the poor.

Everybody has the right to live. The U.S. Constitution was established to "promote the general Welfare and secure the Blessings of Liberty to ourselves and our Posterity." Given the abundance that exists in this country and the fundamental dignity inherent to all humanity, every person in the United States has the right to life which includes the right to health care.

[REDACTED] VA Poor People's Campaign

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 6:23 PM Subject: Writing about Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

The following comments are in regard to the proposed Medicaid waiver application to the federal government. Failure to comply with the reporting requirements could result in being locked out of coverage. Losing access to care can have dire consequences that are not consistent with the effort to expand access so people can lead healthier lives.

The proposed waiver is attempting to solve a problem that does not exist, as most working-age adults on Medicaid are employed. We should be focused on making the lives of working low-income people better, not more difficult. I am thankful that the public was given this important opportunity to comment.

[REDACTED] Eastern Shore Training And Consulting, Inc

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 6:23 PM
Subject: Proposed Virginia COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

This comment is directed toward certain aspects of Virginia's Medicaid waiver application. The many barriers in this Medicaid proposal mean that there will likely be gaps in healthcare coverage that deny people the opportunity to access care. This works against what the program was supposed to achieve.

Research shows that health and wellness accounts like the one proposed in the Virginia COMPASS application have bad implications. Similar accounts that require enrollees to contribute premiums may cause those people to cut back on needed health services. This will cost the enrollee and the state more money in the future. I hope you consider my comments about this proposed waiver.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 6:23 PM
Subject: Opposition to Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

I am writing to oppose the Virginia COMPASS waiver proposal to take Medicaid coverage away from low-income Virginians who do not meet a work requirement. In addition to creating a costly new government program to administer, the waiver will also create barriers to access for those who need coverage the most, including people with disabilities and older adults who are not eligible for traditional Medicaid but are more likely to have health conditions that prevent them from working.

Programs similar to this proposal have not been proven to increase employment, but have been shown to prevent access to care. In Arkansas, thousands of people have already lost coverage because they didn't know about the work requirement or their need to comply. This is proof that work requirements are contrary to the purpose of Medicaid, which is to provide health coverage to low-income individuals. Virginia should not follow Arkansas' harmful example.

Managing health on an ongoing basis is the way to keep people healthy and reduce the overall cost of healthcare. By requiring monthly premiums for Medicaid patients and setting up confusing health and wellness accounts, we are likely to miss the opportunity to keep costs down and our population healthy.

Thank you for considering my comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 6:23 PM
Subject: COMPASS objections
To: <1115Implementation@dmas.virginia.gov>

I support the expansion of Medicaid to ensure more Virginians have access to quality healthcare.

I am opposed to the new cost sharing provisions and work rules included in proposed COMPASS Medicaid program.

Failure to comply with the reporting requirements could result in being locked out of coverage. Losing access to care can have dire consequences that are not consistent with the effort to expand access so people can lead healthier lives.

Implementing the job requirement will not help many people get jobs because the majority of Medicaid enrollees are already working, disabled, ill, caretakers, pregnant women, students, retired, or looking for work. The requirement is a big cost with little possible result.

Thank you for considering these thoughts. Virginia can do better than this.

[REDACTED]

From: [REDACTED] <[REDACTED]>

Date: Thu, Oct 18, 2018 at 6:24 PM

Subject: Commenting on Virginia Compass

To: <1115Implementation@dmas.virginia.gov>

The comments below, describe my concerns about and opposition to the proposed changes to Virginia's Medicaid program. People who qualify for Medicaid need reliable health care access. There should not be any barriers because they should be encouraged to maintain their health.

The work requirement means that the state would incur major additional expenses and administrative work to enforce something that the majority of people are already complying with. I am thankful that the public was given this important opportunity to comment.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 6:24 PM
Subject: Comments opposing Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

The following comments are in regard to the proposed Medicaid waiver application to CMS. Programs similar to this proposal have not been proven to increase employment or access to care. As a nurse practitioner, I can tell you that many people who have multiple chronic diseases often are unable to work for a variety of reasons. When they go without treatment, they become costly to the health care system because eventually they require more expensive care in the ER or hospital intensive care units.

A benefit of expanding Medicaid was to make it possible for people to access care and have a relationship with a doctor that allows them to receive treatment for simple health issues before they become more serious and difficult to treat. Adding monthly premiums, removes the opportunity for many people to get this benefit. Given the hard choices families living in poverty have to make, it is likely that premium payments could fall behind.

Please take my thoughts and concerns into consideration.

[REDACTED] Washington University

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 6:24 PM
Subject: Comments about Virginia Compass
To: <1115Implementation@dmas.virginia.gov>

The following comments are offered for consideration as public comment on the Medicaid waiver draft. There are several components of it that concern me as a citizen. Virginia should not have demands for work in order to get Medicaid. Studies have shown that state errors in administering programs like SNAP and TANF are common and individuals with disabilities, serious illnesses, and substance use disorders may be disproportionately likely to lose benefits, even when they should be exempt. Please take my thoughts and concerns into consideration.

[REDACTED] Hampton Roads CCD LOCAL NETWORK

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 6:24 PM Subject: I oppose COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

As someone who believes access to health care is critical, I write in opposition to some of the changes to Virginia's Medicaid program proposed in this draft. People who have relied on Medicaid for years would now be denied coverage if they fail to comply with work reporting. People who are not technologically savvy could be particularly hurt by this waiver. As a rabbi, I believe that every person is created in the image of God and that it is up to all of us to take care of each other as best we can. Limiting access to Medicaid flies in the face of that calling. Thanks for considering my thoughts on this waiver application.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 6:24 PM
Subject: DMAS Public Comment
To: <1115Implementation@dmas.virginia.gov>

I oppose the proposed 1115 Medicaid Waiver in Virginia and would like to make a public comment about it. Virginia's application does not further the goals of the Medicaid program. Instead, it limits access to care for an extremely vulnerable population.

Work requirements are a bad move for Virginians. There are many examples for Virginia to learn from. While these requirements sound great to some people, other safety net programs that have these requirements do not succeed in helping people find jobs or make ends meet.

Thank you for considering these thoughts. Virginia must do better than this.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 6:24 PM
Subject: RE: Virginia COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

The following comments are in regard to the proposed Medicaid waiver application to the federal government. The goal of Medicaid is to give coverage to those who need it. This would stop sick people from receiving the care that they need and keep healthy people from staying healthy. I thank you for the opportunity to offer this information.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 6:24 PM
Subject: Opposition to Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

This letter is in opposition to the burdensome requirements proposed for Virginians with Medicaid in Virginia. I hope you will take my views into account. Work requirements do not work. These poor policy choices proposed will reduce access to care to people that need it most. A healthy person is better able to contribute to the workforce, and this program is supposed to focus on health.

Charging monthly premiums will make it harder for people with chronic illness to visit their doctors. Routine visits in order to monitor conditions and receive prescriptions will become too costly which can lead to negative health outcomes.

Medicaid expansion was intended to provide better health care for more citizens who need it and are not receiving it. Work requirements and premiums work against that intent and demonstrate an intent to be unfair, unjust, and down right mean. Is the intent of the government of Virginia to be mean to any citizen, especially the disadvantaged?

Thank you for reading my comments.

[REDACTED] Mr

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 6:25 PM
Subject: Virginia COMPASS waiver public comments
To: <1115Implementation@dmas.virginia.gov>

Access to health care is very important, that is why I am commenting on this proposed change. Many people with low incomes have to move frequently and might even be homeless. These living conditions make it hard to comply with programs that have demands like this so this group of Virginians would still end up without coverage.

Among Medicaid enrollees who are not working, many have impediments to employment, including illness, disability or caregiving responsibilities. The number of those who could get a job as a result of the program is very small. I appreciate the time you have taken to read my comments. I hope they result in improvements to the program.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 6:25 PM
Subject: My letter on work requirements waiver
To: <1115Implementation@dmas.virginia.gov>

The following comments are in regard to the proposed Medicaid waiver application to the federal government. Access to health coverage helps support work. We should not threaten to take away health coverage from our citizens because they fail to submit the right paperwork on time, they cannot get the hours they need at work, or they have a difficult time finding work altogether.

Requirements that have little to do with the intent of Medicaid need to be removed because they interfere with access by creating new barriers. People need easy access that allows them to use the health care they need in a logical way. Thanks for taking the time to read my comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 6:26 PM
Subject: My concerns about the Virginia COMPASS program
To: <1115Implementation@dmas.virginia.gov>

As someone who believes access to health care is critical, I write in opposition to some of the changes to Virginia's Medicaid program proposed in this draft. Work requirements have little to do with the intent of Medicaid and may actually interfere with it by creating new difficulties.

Virginia should not to go down this path. Looking at what is happening in other states shows little success and high costs. Work requirements simply do not work. I am thankful for the opportunity to provide this information.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 6:26 PM
Subject: My letter on work requirements waiver
To: <1115Implementation@dmas.virginia.gov>

Medicaid waiver draft. Some aspects of this proposal will create too many barriers to access. The red tape and bureaucracy surrounding the COMPASS program will throw people off Medicaid. People that are following the rules will suffer due to the complicated system that COMPASS is creating.

As people become aware of the waiver and try to understand their intricacies, the challenge of having to prove compliance may cause Virginia residents to not even participate even if they are pursuing work. Thank you for your time.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 6:27 PM
Subject: RE: Virginia COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

Virginia's proposed changes to the Medicaid program will undermine its effective implementation. Virginia should not add more red tape to our Medicaid program. Requiring individuals to document their work has been shown to reduce enrollment in Medicaid overall. Virginians have waited so long for expansion. The state should do everything in its power to ensure that we have a good enrollment process, but I fear that adding more paperwork will not help us meet that goal.

All the new barriers in this proposal mean that there will be gaps in healthcare coverage that deny people the opportunity to access care when they should. This works against everything the program was supposed to achieve. Thank you for considering these thoughts. Virginia can do better than this.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 8:47 PM
Subject: Please do not add work requirements to Virginia's Medicaid program
To: Dr. Jennifer Lee <1115Implementation@dmas.virginia.gov>

Dear Department of Medical Assistance Services Dr. Jennifer Lee,

I am writing in opposition to the Virginia COMPASS plan to take Medicaid coverage away from enrollees who do not meet a work requirement. Work requirements are a solution in search of a problem and would create burdensome barriers that would harm all Medicaid recipients, while costing the commonwealth millions.

Virginia's proposal to condition Medicaid coverage on complying with restrictive eligibility and documentation requirements violates the program's intent. The purpose of the Medicaid program is to provide medical assistance for those with income that is insufficient to meet the costs of medical coverage, not to restrict access to that coverage. By some estimates, more than 25,000 fewer Virginians will have health coverage through Medicaid due to the new requirements.

In particular, the proposal to take coverage away from Medicaid beneficiaries that don't or can't meet new work requirements is not only punitive and a violation of the program's intent, but also unsupported by the evidence. As we already know, most Medicaid enrollees that are able to work, do work.

The Virginia COMPASS proposal will be burdensome for all involved— individuals and families as well as the state— and will lead to tens of thousands of Virginians losing health coverage. Virginia should not add more red tape to the Medicaid program or force families to pick between taking care of their health care needs and putting food on the table for their families.

Regards,

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 8:48 PM
Subject: DMAS Public Comment
To: <1115Implementation@dmas.virginia.gov>

As an advocate for expanded healthcare coverage, I am writing to you regarding my concerns with this waiver application. Please give consideration to my views. Virginia should not add more red tape to our Medicaid program. Requiring individuals to document their work has been shown to reduce enrollment in Medicaid overall. Virginians have waited so long for expansion. The state should do everything in its power to ensure that we have a good enrollment process, but I fear that adding more paperwork will not help us meet that goal.

Requirements that have little to do with the intent of Medicaid need to be removed because they interfere with access by creating multiple new barriers. People need easy access that allows them to use the health care they need in a logical way. Thank you for allowing me to offer my thoughts on this proposal.

[REDACTED]

From: [REDACTED] <[REDACTED]>

Date: Thu, Oct 18, 2018 at 8:48 PM

Subject: Comments opposing Virginia COMPASS

To: <1115Implementation@dmas.virginia.gov>

As a Virginian who cares about expanding healthcare coverage, I am writing to you regarding my concerns with the COMPASS waiver application. Please give consideration to my views. The proposed changes to Medicaid would take away health insurance from sick individuals when they need it most. I do not support this approach. Virginians should have easy access to the right care. I hope you consider my comments about this proposed waiver.

[REDACTED]

Dr.

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 8:49 PM
Subject: Writing about Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

I am writing to you with regard to Virginia's proposed Medicaid waiver which has problems as it is currently written. Virginia's application does not further the goals of the Medicaid program. Instead, it limits access to care for an extremely vulnerable population.

Did you know that the largest trigger of bankruptcy is medical bills? I was a volunteer for Habitat for Humanity and learned that many people are precluded from owning a home or obtaining good reference for rentals because of bankruptcy caused by medical bills few of us would be able to pay. Many use the ER as their primary physician because they have no insurance. We know that this is costly and inefficient.

I believe in The United States that everyone should have access to health care regardless of their ability to pay. This is part of "pursuit of happiness". It is as essential to our ability to participate as citizens as education and safety, which are paid by the state. Please consider passing Medicaid expansion and health care for all.

Thank you for regarding this. Virginia can do better. Respectfully,

[REDACTED]

Virginia Organizing

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 8:49 PM
Subject: Responding to waiver proposal
To: <1115Implementation@dmas.virginia.gov>

I am opposed to the new burdens proposed to be included in the Medicaid program. The cost of implementing the work requirement in this program is unreasonable compared to the small group of people it affects. Virginia needs to spend \$25 million to implement something that is not even part of the goal of Medicaid. That is an unjustifiable amount that could be better spent in a variety of ways.

The people with enough income not to have qualified for Medicaid prior to the expansion are likely already working. So what then is the point of creating a work requirement? To bloat government further? To prove an ideological point? How about just helping people who are already trying to help themselves?

The many barriers in this Medicaid proposal mean that there will likely be gaps in healthcare coverage that deny people the opportunity to access care. This works against what the program was supposed to achieve. The Commonwealth needs to make improvements to this draft. Thank you for taking my comments into consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 8:49 PM
Subject: Comments about Virginia Compass
To: <1115Implementation@dmas.virginia.gov>

The following email explains my concerns about the proposed new requirements to receive coverage under Virginia's Medicaid program. Please consider this information in your work. Some mental illnesses, especially if they are untreated, make it very difficult for someone to comply with this proposal - resulting in their losing access to care. This could easily spiral into much more expensive treatments and hospitalizations. Please consider my comments on this proposed program.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 8:49 PM
Subject: NO Medicaid Waiver
To: <1115Implementation@dmas.virginia.gov>

I oppose the proposed 1115 Medicaid Waiver in Virginia and would like to make a public comment about it. Monthly premiums would cause many people to lose health care coverage. Medicaid is meant to be an accessible health plan for the people that need it most and provide them with access to care. It is also difficult to imagine that the administrative burden is worth the amount of money collected.

There are many reasons that a patient might not comply with this waiver and would result in their losing care. For example, there could be a language barrier that makes it hard to understand the requirements. Thank you taking all of my comments under consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 8:49 PM
Subject: Virginia COMPASS waiver public comments
To: <1115Implementation@dmas.virginia.gov>

As a Virginian, I do not support the changes outlined in Virginia's 1115 Medicaid waiver draft. This application does not advance the Medicaid program in Virginia. It needlessly compromises access to care for a vulnerable population. It also creates a new responsibility in state government that is already struggling to keep up.

Healthcare should not be reserved for the wealthy. Work requirements add an extra barrier for people trying to create a decent life for their families. Living on a low income is hard enough, but to do it without health care is even harder. This will not help families succeed. I hope my comments are helpful.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 8:49 PM
Subject: Virginia COMPASS Waiver Application
To: <1115Implementation@dmas.virginia.gov>

The following comments are offered for consideration as public comment on the Medicaid waiver draft. There are several components of it that concern me as a citizen. If someone has a disease or long-term health issue they need consistent access to care. It is not very valuable to provide off and on coverage. Please take my thoughts and concerns into consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 8:49 PM
Subject: Comments Against Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

The following comments are in regard to the proposed Medicaid waiver application to the federal government. There are many reasons that a patient might not comply with the many requirements in this proposed program and would result in their losing care. For example, there could be a language barrier or intellectual disability that makes it hard to fully understand the requirements. People in this situation need easy, uncomplicated access. This program does not promise that. I hope my comments are helpful.

[REDACTED]

From: [REDACTED] <[REDACTED]>

Date: Thu, Oct 18, 2018 at 8:49 PM

Subject: Responding to waiver proposal

To: <1115Implementation@dmas.virginia.gov>

The following comments are offered for consideration as public comment on the Medicaid waiver draft. There are several components of it that concern me as a citizen. In states with requirements like the ones in this proposal, the results were that nearly half of the new adults enrolled in Medicaid expansion ended up losing coverage. Virginia needs a program that has a better success rate than that. Removing some of the proposed restrictions would help to improve access. I hope my comments are helpful.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 8:49 PM
Subject: Commenting on Virginia Compass
To: <1115Implementation@dmas.virginia.gov>

I am writing to you today regarding Virginia's Medicaid waiver proposal, I oppose the aspects of this program that create new burdens on people who are already struggling. The Medicaid population often suffers from language barriers, disabilities, mental illness, insecure work, frequent moves, and homelessness. All these factors create significant challenges to successfully navigate growingly complicated government programs.

If families are living in poverty, it does not make sense to charge them monthly premiums as it is unlikely that they will be able to consistently pay them. This reality will result in limiting the number of low-income Virginians who will gain coverage. I trust you will take these thoughts and comments into consideration as this process continues.

[REDACTED]

Ms.

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 8:50 PM
Subject: My comments on DMAS waiver
To: <1115Implementation@dmas.virginia.gov>

The following comments are in regard to the proposed Medicaid waiver application to the federal government. Complicated requirements like the work requirement proposed here, result in new hardship for families already facing many. It can also keep people from enrolling because they are not confident they can keep up with the requirements. I am pleased to offer these comments and hope you will consider them.

My roommate and her child are on Virginia Medicare. I can barely afford to help with their basic life needs, but she is not employed and Medicare is vital for them. I cannot cover their medical expenses. A work requirement would effectively cancel her health coverage and be a huge and impossible burden on me.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 8:50 PM
Subject: Commenting on Virginia Compass
To: <1115Implementation@dmas.virginia.gov>

The comments in this email should be considered in relation to Virginia's Medicaid waiver application. In states with requirements like the ones in this proposal, the results were that nearly half of the new adults enrolled in Medicaid expansion ended up losing coverage. Virginia needs a program that has a better success rate than that. Removing some of the proposed restrictions would help to improve access.

Other states have also tried to use work requirements and have shown that they do not succeed in improving health or consistent employment. In many ways, both goals are undermined by linking them to each other. Thank you taking all of my comments under consideration.

[REDACTED]

Rev.

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 8:50 PM
Subject: Issues with Virginia 1115 Waiver
To: <1115Implementation@dmas.virginia.gov>

This email is in opposition to some requirements proposed in Virginia's Medicaid waiver. I hope you will take my views under advisement. I disagree with the waiver imposing monthly premiums for Medicaid recipients.

Failure to comply with the reporting requirements could result in being locked out of coverage. Losing access to care can have dire consequences that are not consistent with the effort to expand access so people can lead healthier lives. Thank you for the opportunity to share these insights.

[REDACTED]

Mr

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 8:50 PM
Subject: NO Medicaid Waiver
To: <1115Implementation@dmas.virginia.gov>

I have been a pastor in Arlington for 45 years. One congregation I served sponsored 180 refugees. One person out of 180 ended up needing public assistance. An Arlington official, when asked about the burden of refugees on the county, responded that within a short time they were contributing to the society.

The hospital (Virginia Hospital Center) where I just completed almost 11 years of service

last year spent \$42,000,000 on unreimbursed medical expenses for the uninsured and underinsured citizens of our

neighbors.

We need to find MORE WAYS to give people access rather than to RESTRICT access.

[REDACTED]

1938

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 8:50 PM
Subject: New Medicaid Waiver Comments
To: <1115Implementation@dmas.virginia.gov>

I am opposed to certain new burdens included in proposed COMPASS Medicaid program. Work requirements do not reflect the realities workers face in low-wage jobs. Seasonal workers may have periods of time each year when they are not working enough hours to satisfy the requirements and they will be on and off the Medicaid program.

Access to health coverage is important no matter who you are. This proposal would kick people off of Medicaid when they may need it the most. The state should aim to do no harm, but the draft proposal makes it clear that people will lose coverage. Please take my thoughts and concerns into consideration.

[REDACTED] Virginia Supportive

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 8:50 PM
Subject: Proposed Medicaid Waiver Application
To: <1115Implementation@dmas.virginia.gov>

As someone who believes access to health care is critical, I write in opposition to some of the changes to Virginia's Medicaid program proposed in this draft. Health insurance and a person's overall health are linked together. We should do everything possible to ensure people have ongoing coverage; otherwise, the ambition to have people become employed and stay employed is not going to be realized. Access is the key to our success with the Medicaid program and it needs to be the first priority for it.

Charging people for health insurance defeats the purpose of Medicaid. It is important that Medicaid is affordable for low income families because they depend on affordable health care to keep working and stay healthy. Please take my thoughts and concerns into consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 8:50 PM
Subject: Writing about Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

Medicaid waiver draft. Some aspects of this proposal will create too many barriers to access. Medicaid provides critical access to the prevention and treatment of illnesses but if that access is denied the opportunity to keep people healthy is lost. We need a program that ensures consistent access.

Virginia would have a major administrative cost to add and monitor something that most people are complying with already. There is nothing for the state or its citizens to gain from this work proposal. I hope you consider my comments about this proposed waiver.

[REDACTED] Virginia Organizing

From: [REDACTED] <[REDACTED]>

Date: Thu, Oct 18, 2018 at 8:50 PM

Subject: Writing about Virginia COMPASS

To: <1115Implementation@dmas.virginia.gov>

I am writing to you today regarding Virginia's Medicaid waiver proposal, I oppose the aspects of this program that create new burdens on people who are already struggling. Medicaid should help people when they are going through tough times. Health care is a human right and should not be taken away for failure to comply with this type of red tape and bureaucracy. I sincerely hope that the public comments will be taken into consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 8:50 PM
Subject: Commenting on Virginia Compass
To: <1115Implementation@dmas.virginia.gov>

I am writing to you today regarding Virginia's Medicaid waiver proposal, I oppose the aspects of this program that create new burdens on people who are already struggling. Medicaid provides critical access to the prevention and treatment of illnesses but if that access is denied the opportunity to keep people healthy is lost. We need a program that ensures consistent access.

Affordable health care is important to all Virginians, but adding expensive monthly premiums for Virginians that make very little does not make sense. The goal of the Medicaid program is to provide access to health care, but these changes will do the opposite. Please keep the best interest of Virginia's working families in mind as you consider my thoughts.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 8:50 PM
Subject: RE: Virginia COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

I oppose the proposed 1115 Medicaid Waiver in Virginia and would like to make a public comment about it. If someone has a disability they may have a harder time complying with some of the qualifications in this proposal. That could end up in their losing access to care.

Establishing a work requirement uses dollars that could have a greater impact on someone's health and well-being if devoted to other areas of the state's Medicaid program. This requirement is not well formulated and threatens to make the entire effort a failure. Thank you for allowing me to offer my thoughts on this proposal.

Forcing Medicaid recipients to work is like throwing the baby out with the bath water. If you force people to apply for jobs, who will check to see that employers aren't taking advantage of the situation by offering overly taxing jobs to the applicants OR offer jobs at reduced or unfair wages! If you force something on a group of people, you will find up to half the group searching for ways around the rules. Don't expand the unemployment numbers. Trump will hemorrhage.

[REDACTED]

Mr.

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 8:50 PM
Subject: Writing about Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

I am opposed to the new burdens proposed to be included in the Medicaid program. The red tape and bureaucracy surrounding the COMPASS program will throw people off Medicaid. People that are following the rules will suffer due to the complicated system that COMPASS is creating. Thank you for allowing the public to comment.

[REDACTED]

Adoptive Parent Of Special Needs Children

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 8:51 PM
Subject: Proposed Virginia COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

Access to health care is very important, that is why I am commenting on this proposed change. The proposed changes to Medicaid could deny health insurance to sick individuals when they are most in need. I do not support this approach that creates barriers to access.

To create a major administrative cost to implement and monitor a requirement that the most people are complying with already is a poor use of taxpayer dollars. There is no benefit from this expenditure for the Commonwealth or the people the Medicaid program serves. Thank you taking all of my comments under consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 8:51 PM
Subject: COMPASSobjections
To: <1115Implementation@dmas.virginia.gov>

Medicaid coverage should be protected and enhanced. . It costs citizens less in the end.

[REDACTED]

1941

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 8:51 PM
Subject: New Medicaid Waiver Comments
To: <1115Implementation@dmas.virginia.gov>

As a Virginian who cares about expanding healthcare coverage, I am writing to you regarding my concerns with the COMPASS waiver application. Please give consideration to my views. The most common jobs for adults who could qualify for the new Medicaid program are in the service industry. These jobs are prone to irregular hours driven by factors outside the employee's control. Unfortunately, they could result in someone failing to comply even though they remain employed and willing to work. Please keep the best interest of Virginia's working families in mind as you consider my thoughts.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 8:51 PM
Subject: COMPASSobjections
To: <1115Implementation@dmas.virginia.gov>

I offer the following comments concerning the proposed changes to Virginia's Medicaid program. If people are kept out of the Medicaid program because of the work requirement, that does not mean they will not need medical services. In fact, denying them care probably means that it will cost more to provide that care because it will probably be at an emergency room.

People do not meet certain work requirements for many different reasons. For example, my son--an e-learning specialist--was unemployed for a stretch of many months no matter how hard he tried. If he had been living in VA, he and his family (with 3 kids) would have been sick enough that he could not have worked at all. In our wealthy country, it makes sense that health care should be a right, not a privilege for the well-off.

Thanks for reading my thoughts on this program.

[REDACTED]

Ms.

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 8:51 PM
Subject: Arguments against COMPASS
To: <1115Implementation@dmas.virginia.gov>

I am opposed to the new burdens proposed to be included in the Medicaid program. Requiring people to work can deter families from signing up for coverage that they qualify for and need. When someone does not have health coverage, they are generally less able to maintain work because of it.

Medicaid is a program to help people in need get care they can afford. The premium required in the waiver would mean Virginia is charging patients a monthly premium they are unlikely to be able to afford. Other states are not doing this and there are good reasons for that. I oppose implementing these changes because it will keep the program from working well. Please take my thoughts and concerns into consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 8:51 PM
Subject: Virginia COMPASS waiver public comments
To: <1115Implementation@dmas.virginia.gov>

I write to oppose Virginia's 1115 waiver draft that is under consideration. Some aspects of the draft will undermine its purpose. Indiana has used health and wellness accounts and the results have not been great because people do not know how to use them or that they even have an account. Virginia should learn from the experience of other states and not add these barriers to access health care.

Some mental illnesses, especially if they are untreated, make it very difficult for someone to comply with this proposal - resulting in their losing access to care. This could easily spiral into much more expensive treatments and hospitalizations. Please consider my comments on this proposed new program.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 9:28 PM
Subject: Comments Against Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

As someone who believes access to health care is critical, I write in opposition to some of the changes to Virginia's Medicaid program proposed in this draft. If a low-wage worker has inconsistent hours or an insecure job they may fail to keep up with the requirements and lose healthcare. If that results in an inability to work at all the program will have failed to help the exact situation the expansion was supposed to improve.

Implementing Medicaid job requirements does not make sense. The reality is that the majority of Virginians with Medicaid already work and are likely to be older Virginians, very ill, living with a disability, or caregivers. Trying to startup such a program in our state would be costly and there are more important things we can invest in that would better benefit taxpayers. I hope you consider my comments about this proposed waiver.

[REDACTED]

From: [REDACTED] <[REDACTED]>

Date: Thu, Oct 18, 2018 at 9:38 PM

Subject: New Medicaid Waiver Comments

To: <1115Implementation@dmas.virginia.gov>

I oppose the proposed 1115 Medicaid Waiver in Virginia and would like to make a public comment about it. Job requirements have a poor record in meeting their goals. Examples of this from other safety net programs like TANF can be found in Virginia. This proposal would not ensure that people are employed long-term and they can make it harder for some people to find work. We should avoid adding red tape and a new, expensive, complicated program.

In addition to creating a costly new government program to administer, this will also create restrictions to access. Programs similar to this proposal have not been proven to increase employment, but have been shown to prevent access to care. I am hopeful that you will take my comments into consideration and make the necessary changes.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Thu, Oct 18, 2018 at 9:38 PM
Subject: My comments on DMAS waiver
To: <1115Implementation@dmas.virginia.gov>

This email offers my opinion about changes to Virginia's Medicaid program that I find problematic.

Putting in all sorts of restrictions is more costly than providing the necessary coverage. The citizens who are affected by this coverage are the most vulnerable population. Can't you just do unto others as you would have done unto you if you were in a similar situation.

[REDACTED]

From: <[REDACTED]>
Date: Fri, Oct 19, 2018 at 12:48 PM
Subject: Comments Re: Medicaid Expansion, Medicaid Waiver
To: <1115implementation@dmas.virginia.gov>

To Whom It May Concern:

I am writing to convey my opposition to imposing work requirements for Medicaid eligibility and coverage. The imposition of such requirements would only add to the verification costs of administering the program. Additionally, the lack of broad band access in Virginia's rural communities could pose an impediment for many individuals who desperately need access to Medicaid coverage. Services for persons with mental health challenges who have difficulty meeting reporting requirements could also be jeopardized by the inclusion of work requirements.

To ensure support for persons who suffer from severe mental illness, I strongly support the Virginia COMPASS application that provides for stable housing and employment services. Virginia COMPASS has also requested federal government approval to continue delivering Addiction Recovery Treatment Services (ARTS) to Medicaid enrollees. These services are essential for individuals suffering from substance addiction, including individuals with mental

illness. Moreover, ARTS is urgently needed if we are to effectively combat the substance abuse crisis in Virginia and reverse our state's opioid epidemic.

Thank you. Your consideration of my concerns is sincerely appreciated. Sincerely,

[REDACTED]

[REDACTED]

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018 at 2:00 AM
Subject: Please do not add work requirements to Virginia's Medicaid program
To: Dr. Jennifer Lee <1115Implementation@dmas.virginia.gov>

Dear Department of Medical Assistance Services Dr. Jennifer Lee,

I am writing in opposition to the Virginia COMPASS plan to take Medicaid coverage away from enrollees who do not meet a work requirement. Work requirements are a solution in search of a problem and would create burdensome barriers that would harm all Medicaid recipients, while costing the commonwealth millions.

Virginia's proposal to condition Medicaid coverage on complying with restrictive eligibility and documentation requirements violates the program's intent. The purpose of the Medicaid program is to provide medical assistance for those with income that is insufficient to meet the costs of medical coverage, not to restrict access to that coverage. By some estimates, more than 25,000 fewer Virginians will have health coverage through Medicaid due to the new requirements.

In particular, the proposal to take coverage away from Medicaid beneficiaries that don't or can't meet new work requirements is not only punitive and a violation of the program's intent, but also unsupported by the evidence. As we already know, most Medicaid enrollees that are able to work, do work.

The Virginia COMPASS proposal will be burdensome for all involved— individuals and families as well as the state— and will lead to tens of thousands of Virginians losing health coverage. Virginia should not add more red tape to the Medicaid program or force families to pick between taking care of their health care needs and putting food on the table for their families.

Regards, [REDACTED]

[REDACTED]

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018 at 2:30 AM
Subject: Please do not add work requirements to Virginia's Medicaid program
To: Dr. Jennifer Lee <1115Implementation@dmas.virginia.gov>

Dear Department of Medical Assistance Services Dr. JenniferLee,

I am writing in opposition to the Virginia COMPASS plan to take Medicaid coverage away from enrollees who do not meet a work requirement. Work requirements are a solution in search of a problem and would create burdensome barriers that would harm all Medicaid recipients, while costing the commonwealth millions.

Virginia's proposal to condition Medicaid coverage on complying with restrictive eligibility and documentation requirements violates the program's intent. The purpose of the Medicaid program is to provide medical assistance for those with income that is insufficient to meet the costs of medical coverage, not to restrict access to that coverage. By some estimates, more than 25,000 fewer Virginians will have health coverage through Medicaid due to the new requirements.

In particular, the proposal to take coverage away from Medicaid beneficiaries that don't or can't meet new work requirements is not only punitive and a violation of the program's intent, but also unsupported by the evidence. As we already know, most Medicaid enrollees that are able to work, do work.

The Virginia COMPASS proposal will be burdensome for all involved— individuals and families as well as the state— and will lead to tens of thousands of Virginians losing health coverage. Virginia should not add more red tape to the Medicaid program or force families to pick between taking care of their health care needs and putting food on the table for their families.

Regards,

[REDACTED]

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018 at 6:40 AM
Subject: Issues with Virginia 1115 Waiver
To: <1115Implementation@dmas.virginia.gov>

This comment is in relation to the Medicaid waiver that was proposed by DMAS. There are several new requirements proposed that I oppose. Part-time and temporary jobs that many Medicaid eligible people work in put them at risk for losing coverage frequently because they do not have consistent pay. States that have tried to use work requirements like this have thousands people losing coverage each month. It puts a burden on the state and threatens the health of this group of people. Please do take these concerns into consideration and make changes to this draft.

[REDACTED] Virginia Organizing

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018 at 6:41 AM
Subject: My concerns about the Virginia COMPASS program
To: <1115Implementation@dmas.virginia.gov>

This comment is in relation to the recent Medicaid waiver that was proposed. There are several troubling changes proposed that I oppose. Other states have tried health savings accounts, similar to the health and wellness accounts Virginia is proposing, and they found that these programs are complex and very confusing. It does not make sense to add more red tape and attempt to stand up a program that other consumers find complicated to navigate.

The Medicaid population faces multiple challenges. They can face language barriers, disabilities, mental illness, insecure work, and homelessness. All these issues create difficulties when asked to comply with complicated government programs. The result of this can be that access is not improved at all. I hope you will take these thoughts and comments into consideration moving forward.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018 at 6:41 AM
Subject: Issues with Virginia 1115 Waiver
To: <1115Implementation@dmas.virginia.gov>

Complicating Medicaid with work requirements is counterproductive.

The point of Medicaid is that better access to healthcare both saves cost in the long term and improves quality of life. Healthier people are more likely to get jobs, or keep jobs and improve themselves. Complications just blow the minds of already marginal people, and confuse even more people who should be getting into Medicaid.

Please change to eliminate potential work requirements.

[REDACTED]
[REDACTED]
[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018 at 6:43 AM
Subject: My concerns about the Virginia COMPASS program
To: <1115Implementation@dmas.virginia.gov>

I am writing to you today regarding Virginia's Medicaid waiver proposal. Charging people to participate defeats the purpose of expanded Medicaid coverage. We must keep Medicaid affordable for lower income families who depend on affordable health care to keep working and stay healthy. This is ultimately safer, more productive, and less expensive.

Virginians insisted on expanding Medicaid so we could help families and individuals when they are going through tough times. The process should be quick and intuitive, so that everyone has access to what they need.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018 at 6:43 AM
Subject: Writing about Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

I am commenting on the new Virginia COMPASS medicaid waiver. Implementing the job requirement will not help many people get jobs because the majority of Medicaid enrollees are already working, disabled, ill, caretakers, pregnant women, students, retired, or looking for work. The requirement is a big cost with little possible result.

Further, monitoring work will require more state bureaucrats which cost money that should be going for medical care.

In addition, many low income people have episodic work hours, often not knowing on Monday what hours they will be working that week. This makes it hard to report actual work hours, as well as plan for school, child care, transportation, and other family needs. And many low income people do not have easy access to the technology that will allow them to report their hours of work on time.

Charging monthly premiums will make it harder for people with chronic illness to visit their doctors. Routine visits in order to monitor conditions and receive prescriptions will become too costly which can lead to negative health outcomes. Thank you for considering my thoughts. I believe Virginia MUST do better than this.

[REDACTED]

From: [REDACTED] <[REDACTED]>

Date: Fri, Oct 19, 2018 at 7:05 AM

Subject: Comments about Virginia Compass

To: <1115Implementation@dmas.virginia.gov>

The comments below, describe my concerns about and opposition to the proposed changes to Virginia's Medicaid program. There are many reasons that a patient might not comply with the many requirements in this proposed program and would result in their losing care. For example, there could be a language barrier or intellectual disability that makes it hard to fully understand the requirements. People in this situation need easy, uncomplicated access. This program does not promise that.

People on Medicaid should not be charged monthly premiums. This practice costs too much and could potentially kick deserving individuals out of the Medicaid program. Thank you for your time.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018 at 7:30 AM
Subject: Please do not add work requirements to Virginia's Medicaid program
To: Dr. Jennifer Lee <1115Implementation@dmas.virginia.gov>

Dear Department of Medical Assistance Services Dr. Jennifer Lee,

I am writing in opposition to the Virginia COMPASS plan to take Medicaid coverage away from enrollees who do not meet a work requirement. Work requirements are a solution in search of a problem and would create burdensome barriers that would harm all Medicaid recipients, while costing the commonwealth millions.

Virginia's proposal to condition Medicaid coverage on complying with restrictive eligibility and documentation requirements violates the program's intent. The purpose of the Medicaid program is to provide medical assistance for those with income that is insufficient to meet the costs of medical coverage, not to restrict access to that coverage. By some estimates, more than 25,000 fewer Virginians will have health coverage through Medicaid due to the new requirements.

In particular, the proposal to take coverage away from Medicaid beneficiaries that don't or can't meet new work requirements is not only punitive and a violation of the program's intent, but also unsupported by the evidence. As we already know, most Medicaid enrollees that are able to work, do work.

The Virginia COMPASS proposal will be burdensome for all involved— individuals and families as well as the state— and will lead to tens of thousands of Virginians losing health coverage. Virginia should not add more red tape to the Medicaid program or force families to pick between taking care of their health care needs and putting food on the table for their families.

Regards, [REDACTED]

Lynchburg, VA 24503

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018 at 8:30 AM
Subject: Please do not add work requirements to Virginia's Medicaid program
To: Dr. Jennifer Lee <1115Implementation@dmas.virginia.gov>

Dear Department of Medical Assistance Services Dr. Jennifer Lee,

I am writing in opposition to the Virginia COMPASS plan to take Medicaid coverage away from enrollees who do not meet a work requirement. Work requirements are a solution in search of a problem and would create burdensome barriers that would harm all Medicaid recipients, while costing the commonwealth millions.

Virginia's proposal to condition Medicaid coverage on complying with restrictive eligibility and documentation requirements violates the program's intent. The purpose of the Medicaid program is to provide medical assistance for those with income that is insufficient to meet the costs of medical coverage, not to restrict access to that coverage. By some estimates, more than 25,000 fewer Virginians will have health coverage through Medicaid due to the new requirements.

In particular, the proposal to take coverage away from Medicaid beneficiaries that don't or can't meet new work requirements is not only punitive and a violation of the program's intent, but also unsupported by the evidence. As we already know, most Medicaid enrollees that are able to work, do work.

The Virginia COMPASS proposal will be burdensome for all involved— individuals and families as well as the state— and will lead to tens of thousands of Virginians losing health coverage. Virginia should not add more red tape to the Medicaid program or force families to pick between taking care of their health care needs and putting food on the table for their families.

Regards, [REDACTED]

Winchester, VA 22601

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018 at 9:00 AM
Subject: Please do not add work requirements to Virginia's Medicaid program
To: Dr. Jennifer Lee <1115Implementation@dmas.virginia.gov>

Dear Department of Medical Assistance Services Dr. Jennifer Lee,

I am writing in opposition to the Virginia COMPASS plan to take Medicaid coverage away from enrollees who do not meet a work requirement. Work requirements are a solution in search of a problem and would create burdensome barriers that would harm all Medicaid recipients, while costing the commonwealth millions.

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Regards,

[REDACTED]
[REDACTED]
[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018 at 9:00 AM
Subject: Please do not add work requirements to Virginia's Medicaid program
To: Dr. Jennifer Lee <1115Implementation@dmas.virginia.gov>

Dear Department of Medical Assistance Services Dr. Jennifer Lee,

I am writing in opposition to the Virginia COMPASS plan to take Medicaid coverage away from enrollees who do not meet a work requirement. Work requirements are a solution in search of a problem and would create burdensome barriers that would harm all Medicaid recipients, while costing the commonwealth millions.

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The Virginia COMPASS proposal will be burdensome for all involved— individuals and families as well as the state— and will lead to tens of thousands of Virginians losing health coverage. Virginia should not add more red tape to the Medicaid program or force families to pick between taking care of their health care needs and putting food on the table for their families.

Regards,

[REDACTED]

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018 at 9:24 AM
Subject: COMPASSobjections
To: <1115Implementation@dmas.virginia.gov>

These comments are about the Commonwealth's Medicaid waiver application. I appreciate your taking them into consideration. Medicaid work requirements may cause Virginians to lose or see an interruption in their coverage because their hours at work fluctuate so often, especially in industries such as food services and construction. We should not penalize Virginians for things that are out of their control.

Many people with low incomes have to move frequently and might even be homeless. These living conditions make it hard to comply with programs that have demands like this so this group of Virginians would still end up without coverage. Please take my comments and those of others seriously.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018 at 9:24 AM
Subject: New Medicaid waiver comments
To: <1115Implementation@dmas.virginia.gov>

The subject of my letter is the Commonwealth's proposed Medicaid waiver application which includes too many complicated burdens. Many low-income Virginians work hourly jobs and that makes it challenging to meet the proposed requirement for 80 hours a month consistently. These jobs can be irregular hours, and may not meet the requirement consistently.

Virginia's application does not further the goals of the Medicaid program. Instead, it limits access to care for an extremely vulnerable population. Thank you for considering my thoughts. I believe Virginia can do better than this.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018 at 9:24 AM
Subject: RE: Virginia COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

These comments are about the Commonwealth's Medicaid waiver application. I appreciate your taking them into consideration. To create a major administrative cost to implement and monitor a requirement that the most people are complying with already is a poor use of taxpayer dollars. There is no benefit from this expenditure for the Commonwealth or the people the Medicaid program serves.

Virginians with Medicaid coverage are encouraged to access a doctor on a regular basis to maintain good health so they can remain working and productive. Monthly premiums for coverage will be too high for many people and they will not have the opportunity to stay healthy. Please consider my comments on this proposed new program.

Virginia is one of the wealthiest states yet leads the country in evictions. Our unemployment is already low. Many people working 2 or 3 jobs in this right to work state at minimum or below minimum wage salaries. We need Medicaid Expansion, we don't need extra costs, co-payments, etc. Want more people working. Spend some money providing training for 21st century jobs. Healthy people, who get training, can be self sufficient in a short period of time. Leaders look to the future for success, and don't focus on punishing people for poverty, which they have little control over.

[REDACTED]

Citizen

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018 at 9:24 AM
Subject: DMAS Public Comment
To: <1115Implementation@dmas.virginia.gov>

I am concerned about the proposed new requirements to receive coverage under Virginia's Medicaid program. Please consider this information in your work. The responsibility will be solely on Virginia to provide things like job training, child care, transportation, and other programs to help people to meet the proposed work requirement.

Work requirements are an obstacle to care for all enrollees. In some cases it may be poor health that prevents them from working. I thank you for the opportunity to offer this information.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018 at 9:25 AM
Subject: Arguments against COMPASS
To: <1115Implementation@dmas.virginia.gov>

Thank you for the opportunity to comment on this important issue. I am writing in opposition to Virginia's 1115 waiver for the COMPASS program. Access to health coverage is important no matter who you are. This proposal would kick people off of Medicaid when they may need it the most. The state should aim to do no harm, but the draft proposal makes it clear that people will lose coverage.

As Christians, we should be extending access to quality health care, not limiting it. This is a simple proposition: either we are Christians or we are not!

I appreciate your consideration of my comments as you make changes to this draft.

[REDACTED]

Retired

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018 at 9:25 AM
Subject: My comments on DMAS waiver
To: <1115Implementation@dmas.virginia.gov>

I am writing to you today regarding Virginia's Medicaid waiver proposal. As a physician, I have witnessed the life-saving benefits of health insurance. I recall one young impoverished mother with lupus who faced her illness with courage and without complaint, but she never could have satisfied a work requirement and most certainly would have died if her access to health care and transportation to doctor appointments had been denied.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018 at 9:25 AM
Subject: New Medicaid waiver comments
To: <1115Implementation@dmas.virginia.gov>

As a Virginian, I do not support the changes outlined in Virginia's 1115 Medicaid waiver draft. In addition to creating a costly new government program to administer, this will also create restrictions to access. Programs similar to this proposal have not been proven to increase employment, but have been shown to prevent access to care. I sincerely hope that the public comments will be taken into consideration.

A society is judged by the way it treats the most vulnerable of its citizens. Restricting access to health care shows a lack of respect for justice. The jobs it creates will not benefit those who need it the most.

[REDACTED] RISE

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018 at 9:25 AM
Subject: New Medicaid waiver comments
To: <1115Implementation@dmas.virginia.gov>

I am writing to you with regard to Virginia's proposed Medicaid waiver which has problems as it is currently written. The many barriers in this Medicaid proposal mean that there will likely be gaps in healthcare coverage that deny people the opportunity to access care. This works against what the program was supposed to achieve. Thanks for reading my thoughts on this program.

[REDACTED] Virginia Organizing

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018 at 10:00 AM
Subject: Please do not add work requirements to Virginia's Medicaid program
To: Dr. Jennifer Lee <1115Implementation@dmas.virginia.gov>

Dear Department of Medical Assistance Services Dr. Jennifer Lee,

I am writing in opposition to the Virginia COMPASS plan to take Medicaid coverage away from enrollees who do not meet a work requirement. Work requirements are a solution in search of a problem and would create burdensome barriers that would harm all Medicaid recipients, while costing the commonwealth millions.

Virginia's proposal to condition Medicaid coverage on complying with restrictive eligibility and documentation requirements violates the program's intent. The purpose of the Medicaid program is to provide medical assistance for those with income that is insufficient to meet the costs of medical coverage, not to restrict access to that coverage. By some estimates, more than 25,000 fewer Virginians will have health coverage through Medicaid due to the new requirements.

In particular, the proposal to take coverage away from Medicaid beneficiaries that don't or can't meet new work requirements is not only punitive and a violation of the program's intent, but also unsupported by the evidence. As we already know, most Medicaid enrollees that are able to work, do work.

The Virginia COMPASS proposal will be burdensome for all involved— individuals and families as well as the state— and will lead to tens of thousands of Virginians losing health coverage. Virginia should not add more red tape to the Medicaid program or force families to pick between taking care of their health care needs and putting food on the table for their families.

Regards, [REDACTED]

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018 at 10:41 AM
Subject: Public comment re: VA COMPASS 1115 Waiver Application
To: <1115Implementation@dmas.virginia.gov>

Susan Puglisi

Virginia Department of Medical Assistance Services Attn: Virginia COMPASS

[REDACTED]

Dear Ms. Puglisi,

I write to communicate the opposition of Progress Virginia to the proposed Virginia COMPASS program and onerous work requirements included in the 1115 waiver application. For close to six years, Progress Virginia has advocated for the federally-allowed eligibility expansion of Virginia's Medicaid program to ensure more families have access to quality, affordable health care when they need it. We have strong concerns the proposed Virginia COMPASS program would impose unnecessary barriers that could prevent many of these families from accessing the care they have long sought.

Far from promoting health care coverage, the barriers proposed in Virginia COMPASS could cause up to 25,000 Virginians to lose care. Taking away care from Virginia families undermines the very purpose of Medicaid expansion. In our work with individuals in the coverage gap, we've spoken with individuals whose lives have been saved by health care access--and those who have suffered without it. No Virginian should have to choose between paying for health care or food or rent. While promoting steady employment is a laudable goal, the simple truth is you have to be healthy to work. Putting work requirement red tape between families and health care fails to promote healthy communities and further punishes individuals who most need support to get back on their feet.

A cost/benefit analysis of Virginia COMPASS shows the proposal simply doesn't make financial sense. Estimates are the program could cost upwards of \$25 million. Most Medicaid recipients already are already working or included in an exempt population. This exorbitant cost would be incurred by the state to punish a relatively small group of recipients. Furthermore, data from other states indicates these sort of requirements fail to meaningfully increase long-term employment and general welfare in the target population. From this perspective, the massive expenditure of millions of dollars simply doesn't advance the intended priorities.

Sincerely, [REDACTED]

Executive Director

Progress Virginia

--

[REDACTED]

Executive Director, Progress Virginia

pronouns: she, her, hers

[REDACTED]

www.progressva.org

@ [REDACTED] facebook.com/ProgressVA

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018 at 10:44 AM
Subject: Please do not add work requirements to Virginia's Medicaid program
To: Dr. Jennifer Lee <1115Implementation@dmas.virginia.gov>

Dear Department of Medical Assistance Services Dr. Jennifer Lee,

I am writing in opposition to the Virginia COMPASS plan to take Medicaid coverage away from enrollees who do not meet a work requirement. Work requirements are a solution in search of a problem and would create burdensome barriers that would harm all Medicaid recipients, while costing the commonwealth millions.

Virginia's proposal to condition Medicaid coverage on complying with restrictive eligibility and documentation requirements violates the program's intent. The purpose of the Medicaid program is to provide medical assistance for those with income that is insufficient to meet the costs of medical coverage, not to restrict access to that coverage. By some estimates, more than 25,000 fewer Virginians will have health coverage through Medicaid due to the new requirements.

In particular, the proposal to take coverage away from Medicaid beneficiaries that don't or can't meet new work requirements is not only punitive and a violation of the program's intent, but also unsupported by the evidence. As we already know, most Medicaid enrollees that are able to work, do work.

The Virginia COMPASS proposal will be burdensome for all involved— individuals and families as well as the state— and will lead to tens of thousands of Virginians losing health coverage. Virginia should not add more red tape to the Medicaid program or force families to pick between taking care of their health care needs and putting food on the table for their families.

Regards, [REDACTED]
[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018 at 10:49 AM
Subject: Arthritis Foundation Comments - 1115 Demonstration
To: 1115Implementation@dmas.virginia.gov <1115Implementation@dmas.virginia.gov>

Good morning,

On behalf of the Arthritis Foundation, please consider the attached comments on the COMPASS program demonstration waiver.

Thank you,

[REDACTED] Arthritis Foundation
Senior Director of State Legislative Affairs 29 Crafts Street, #100

[REDACTED]

October 19, 2018

Jennifer Lee, MD
Secretary
Virginia Department of Medical Assistance Services
600 East Broad Street
Richmond, VA 23219

Re: Virginia Department of Medical Assistance Services 1115 Demonstration Extension Application – Virginia COMPASS: Creating Opportunities for Medicaid Participants to Achieve Self-Sufficiency

Dear Dr. Lee:

The Arthritis Foundation appreciates the opportunity to comment on the Virginia Department of Medical Assistance Services 1115 Demonstration Extension Application – Virginia COMPASS: Creating Opportunities for Medicaid Participants to Achieve Self-Sufficiency [REDACTED]

[REDACTED] The Arthritis Foundation is the Champion of Yes. Leading the fight for the arthritis community, the Foundation helps conquer everyday battles through life-changing information and resources, access to optimal care, advancements in science and community connections. We work on behalf of the over 1.5 million people in Virginia who live with the chronic pain of arthritis every day.

[REDACTED] would affordable, accessible and adequate. Unfortunately, [REDACTED] barriers that will jeopardize patients' access to quality and affordable health coverage and the Arthritis Foundation writes with serious concerns in the proposed waiver.

Work and Community Engagement Requirements

The Virginia Department of Medical Assistance Services 1115 Demonstration Extension Waiver seeks to add a work and community engagement requirement for some Medicaid enrollees. This would increase the administrative burden on all Medicaid patients. Individuals will need to either attest that they meet certain exemptions or 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 or not. Arkansas is currently implementing a similar policy requiring Medicaid enrollees to report their hours worked or their exemption. As of October 1, four months into implementation, the state has terminated coverage for 8,462 individuals and locked them out of coverage until January 2019.ⁱ An additional 12,589 individuals had one or two months of noncompliance and are at risk for losing coverage in the coming months.ⁱⁱ In another case, 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.ⁱⁱⁱ Battling administrative red tape in order to keep coverage should not take away from patients' or caregivers' focus on maintaining their or their family's health.

Failing to navigate these burdensome administrative requirements could have serious – even life or death – consequences for people with serious, acute and chronic diseases. If the state finds that individuals have failed to comply with the new requirements for three months within a 12-month period, they will be locked out of coverage until they demonstrate their compliance. People who are in the middle of treatment for a life-threatening disease, rely on regular visits with healthcare providers or must take daily medications to manage their chronic conditions cannot afford a sudden gap in their care.

The Arthritis Foundation is also concerned that the current exemption criteria may not capture all individuals with, or at risk of, serious and chronic health conditions that prevent them from working. Additionally, Virginia’s “good cause” exemption that includes circumstances like hospitalizations or serious illnesses is still not sufficient to protect patients. In Arkansas, many individuals were unaware of the new requirements and therefore unaware that they needed to apply for such an exemption,^{iv} and in August the state granted just 45 good cause exemptions while terminating coverage for 4,353 individuals at the end of that month.^v

Administering these requirements will also be expensive for Virginia. States such as Michigan, Pennsylvania, Kentucky and Tennessee have estimated that setting up the administrative systems to track and verify exemptions and work activities will cost tens of millions.^{vi} Michigan’s fiscal impact statement estimated that the changes to the IT system would cost approximately \$8 million.^{vii} These costs would divert resources from Medicaid’s core goal – providing health coverage to those

who do not further the goals of the Medicaid program or in circumstances without needlessly compromising their access to care that they already do so.^{viii} A study published in *JAMA Internal Medicine* examined the characteristics of Michigan’s Medicaid enrollees.^{ix} The study found only about a quarter were unemployed (27.6 percent). Of this 27.6 percent of enrollees, two thirds reported having a chronic physical condition and a quarter reported having a mental or physical condition that interfered with their ability to work. In another report looking at the impact of Medicaid expansion in Ohio, the majority of enrollees reported that that being enrolled in Medicaid made it easier to work or look for work (83.5 percent and 60 percent, respectively).^x Terminating individuals’ Medicaid coverage for non-compliance with these requirements will therefore hurt, rather than help, people search for and obtain employment. The Arthritis Foundation opposes these work and community engagement requirements.

Premiums and Cost-Sharing

One feature of the Virginia COMPASS program is to charge premiums to some Medicaid expansion enrollees. Premiums will range from \$5 - \$10 per month. If an enrollee fails to pay a month’s premium, following a three-month grace period, coverage will be suspended until the enrollee is able to pay the premium. Additionally, enrollees above 100 percent of the federal poverty level will be required to contribute, through the monthly premiums, either \$50 or \$100 depending on income level and participate in a healthy behavior activity to access a premium account to pay for non-covered medical or health-related services. This program is unnecessarily confusing and will not promote coverage.

Premiums both increase the number of enrollees who lose Medicaid coverage and discourage eligible people from enrolling in the program.^{xi} When Oregon implemented a premium in its Medicaid program, with a maximum premium of \$20 per month, almost half of enrollees lost coverage.^{xii} For individuals

with arthritis, maintaining access to comprehensive coverage is vital. Interruptions in treatment can cause hospitalizations and possibly irreversible joint or tissue damage.

Indiana implemented a similar payment structure in a previous waiver demonstration. The evaluation report^{xiii} from the waiver demonstration found that over half of Medicaid enrollees failed to make at least one payment. The report also found that 29 percent of Medicaid eligible individuals either never enrolled because they did not make a payment or were disenrolled for failure to make payments. Coverage losses on this scale, especially for patients needing access to life-saving and life-sustaining treatment, would be dire.

Ultimately, these changes will create confusion and significant barriers for patients that will jeopardize their access to needed care. The Arthritis Foundation opposes the addition of premiums and increased cost-sharing.

The Arthritis Foundation believes healthcare should be affordable, accessible, and adequate. The Virginia COMPASS program demonstration as written does not further this goal. Thank you for the opportunity to provide comments. For questions or for more information, please reach out to Ben Chandhok, Senior Director of State Legislative Affairs at the Arthritis Foundation, at [REDACTED]



ⁱ Arkansas Department of Health and Human Services, Arkansas Works Program, August 2018. Accessed at: https://ccf.georgetown.edu/wp-content/uploads/2018/09/091218_AWReport_Final.pdf.

ⁱⁱ Arkansas Department of Health and Human Services, Arkansas Works Program, August 2018. Accessed at: https://ccf.georgetown.edu/wp-content/uploads/2018/09/091218_AWReport_Final.pdf; Arkansas Department of Health and Human Services, Arkansas Works Program, September 2018

ⁱⁱⁱ 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.

^{iv} Jessica Greene, "Medicaid Recipients' Early Experience With the Arkansas Medicaid Work Requirement," Health Affairs, Sept. 5, 2018. Accessed at: <https://www.healthaffairs.org/doi/10.1377/hblog20180904.979085/full/>.

^v Arkansas Department of Health and Human Services, Arkansas Works Program, August 2018. Accessed at: https://ccf.georgetown.edu/wp-content/uploads/2018/09/091218_AWReport_Final.pdf.

^{vi} Michigan House Fiscal Agency, Legislative Analysis of Healthy Michigan Plan Work Requirements and Premium Payment Requirements, June 6, 2018, <http://www.legislature.mi.gov/documents/2017-2018/billanalysis/House/pdf/2017-HLA-0897-5CEEF80A.pdf>; House Committee on Appropriations, Fiscal Note for HB 2138, April 16, 2018, <http://www.legis.state.pa.us/WU01/LI/BI/FN/2017/0/HB2138P3328.pdf>; Misty Williams, "Medicaid Changes Require Tens of Millions in Upfront Costs," Roll Call, February 26, 2018, <https://www.rollcall.com/news/politics/medicaid-kentucky>.

^{vii} Joint Legislative Audit and Review Commission. Fiscal Impact Review. Bill number: HB 338 (Committee Substitute) Medicaid work requirement. Accessed at: <http://lis.virginia.gov/cgi-bin/legp604.exe?181+oth+HB338JH1110+PDF>

^{viii} Rachel Garfield, Robin Rudowitz, and Anthony Damico, “Understanding the Intersection of Medicaid and Work,” Kaiser Family Foundation, February 2017, <http://kff.org/medicaid/issue-brief/understanding-the-intersection-of-medicaid-and-work/>.

^{ix} Renuka Tipirneni, Susan D. Goold, John Z. Ayanian. Employment Status and Health Characteristics of Adults With Expanded Medicaid Coverage in Michigan. *JAMA Intern Med*. Published online December 11, 2017. doi:10.1001/jamainternmed.2017.7055

^x Ohio Department of Medicaid, 2018 Ohio Medicaid Group VII Assessment: Follow-Up to the 2016 Ohio Medicaid Group VIII Assessment, August 2018. Accessed at: <http://medicaid.ohio.gov/Portals/0/Resources/Reports/Annual/Group-VIII-Final-Report.pdf>

^{xi} Artiga, Samantha, Petry Ubri and Julia Zur. The Effects of Premiums and Cost Sharing on Low-Income Populations: Updated Review of Research Findings. Kaiser Family Foundation. June 1, 2017. Accessed at: <https://www.kff.org/medicaid/issue-brief/the-effects-of-premiums-and-cost-sharing-on-low-income-populations-updated-review-of-research-findings/>

^{xii} Artiga, Samantha, Petry Ubri and Julia Zur. The Effects of Premiums and Cost Sharing on Low-Income Populations: Updated Review of Research Findings. Kaiser Family Foundation. June 1, 2017. Accessed at: <https://www.kff.org/medicaid/issue-brief/the-effects-of-premiums-and-cost-sharing-on-low-income-populations-updated-review-of-research-findings/>

^{xiii} The Lewin Group, Health Indiana Plan 2.0: POWER Account Contribution Assessment (March 31, 2017). Accessed at: <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/in/Healthy-Indiana-Plan-2/in-healthy-indiana-plan-support-20-POWER-acct-cont-assesmnt-03312017.pdf>



From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018 at 10:50 AM
Subject: Public Comment for the Virginia COMPASS application
To: <1115Implementation@dmas.virginia.gov>

Cc: [REDACTED]

Good Morning,

On behalf of faculty and research staff of the Milken Institute School of Public Health at the George Washington University, we appreciate the opportunity to comment on Virginia's COMPASS application describing Virginia's proposed Medicaid work experiment under § 1115 of the Social Security Act.

Attached you will find our comment for submission.

Kind Regards,

[REDACTED]
MPH Candidate, Health Policy
Research Assistant, Department of Health Policy and Management Teaching Assistant,
RWJF Health Policy Research Scholars
Milken Institute School of Public Health
The George Washington University
[REDACTED]

Via Electronic Submission: 1115Implementation@dmas.virginia.gov

October 19, 2018

Susan Puglisi
Virginia Department of Medical Assistance Services
Attn: Virginia COMPASS
600 E Broad Street
Richmond, VA 23219

**RE: Virginia Creating Opportunities for Medicaid Participants to Achieve Self-Sufficiency (COMPASS)
Application public comment**

Gentlepersons;

Introduction

Faculty and research staff of the Milken Institute School of Public Health at the George Washington University appreciate this opportunity to comment on the above-captioned document describing Virginia's proposed Medicaid work experiment under § 1115 of the Social Security Act.

On June 7, 2018, Virginia Governor Ralph Northam signed the 2018 Virginia Acts of Assembly - Chapter 2 ("the Act"). The Act authorized the Virginia Department of Medical Assistance Services ("DMAS") to amend Virginia's Medicaid State Plan to allow for expansion of the state's Medicaid program to non-pregnant adults ages 19 to 64 with incomes up to 138% of the Federal Poverty Level ("FPL") previously ineligible under a traditional Medicaid category covering working age adults. The expansion is set to take effect on January 1, 2019.

The Act also directed DMAS to submit an 1115 waiver request to add new features to the Medicaid program "designed to empower individuals to improve their health and well-being and gain employer-sponsored coverage or other commercial health insurance coverage...."¹

The Act goes into some detail regarding what should be included in the demonstration project waiver application. For example, the Act states the demonstration project must provide for the establishment of the Training, Education, Employment and Opportunity Program ("TEEOP") for adults between the ages of 19 and 64 enrolled in Medicaid. Furthermore, the Act states the TEEOP must include provisions for gradually escalating participation requirements, eventually reaching 80 hours per month of approved training, education, employment or other permissible community engagement. An enrollee who is subject to the requirement and who fails to meet these participation requirements under the TEEOP during any three months out of the 12-month period beginning on the first day of enrollment will lose Medicaid coverage for the remainder of the 12-month period.

The Act does, however, list several exemption categories. These categories include: (1) children under the age of 18 or individuals under the age of 19 who are participating in secondary education; (2) individuals age 65 years and older; (3) individuals who qualify for medical assistance services due to

¹ 2018 Virginia Acts of Assembly - Chapter 2. Available at <https://budget.lis.virginia.gov/item/2018/2/HB5002/Enrolled/1/303/>.

blindness or disability, including individuals who receive services pursuant to a § 1915 waiver; (4) individuals residing in institutions; (5) individuals determined to be medically frail; (6) individuals diagnosed with serious mental illness; (7) pregnant and postpartum women; (8) former foster children under the age of 26; (9) individuals who are the primary caregiver for a dependent, including a dependent child or adult dependent with a disability; and (10) individuals who already meet the work requirements of the TANF or SNAP programs.

The Governor Should Defer Submission of Any Proposal Until the Courts Have Ruled Definitively that the HHS Secretary Has the Power Under § 1115 to Approve Experiments that Impose Sweeping Eligibility Restrictions without Any Evidence of Offsetting Gains in Access to Other, Equally Appropriate Forms of Health Insurance

We recognize that under state law Governor Northam may be obligated to submit a proposal that contains the elements specified in the Act. Clearly however, state laws cannot operate in contravention of federal law. In our view, the HHS Secretary lacks the legal authority to approve any § 1115 Medicaid experiment in which there is overwhelming evidence of potential loss of coverage, as well as the virtual absence of evidence to justify the assertion that the experiment will produce significant, offsetting gains in other forms of health insurance, whether through employer-sponsored plans or as a result of income gains that trigger access to Marketplace subsidies.

In our view, there are two fundamental flaws with this (or any other) mandatory Medicaid work demonstration. First, there is virtually no evidence that the threat to withdraw Medicaid unless complex work and reporting requirements are satisfied will result in increased income from employment or improved access to other forms of health insurance. (As the court pointed out in *Stewart v. Azar*, the health effects of work are, in the context of 1115 authority, simply not relevant, since the purpose of Medicaid is to provide insurance coverage).² Second, we now have ample evidence from the Arkansas experiment that work and reporting restrictions will result in the widespread loss or denial of coverage by people who cannot satisfy the hourly work or “community engagement” requirements or are unable to navigate complex documentation and reporting systems used to determine who is subject to the requirement and who is exempt, and to prove ongoing compliance.

As our research in a recent amicus brief to the United States District Court in *Stewart v. Azar* makes clear, a state experiment that adds complex and restrictive conditions of eligibility to Medicaid, such as those required under state law, can be expected to result in large-scale coverage loss.³ Such a demonstration also can be expected to carry large-scale spillover consequences for community health systems and safety net clinics, resulting in the loss of substantial revenue and the reduction of both

² *Stewart v. Azar*, 313 F. Supp. 3d 237, 266 (D.D.C. 2018).

³ *Stewart v. Azar*, Brief for Deans, Chairs and Scholars as *Amici Curiae* in Support of Plaintiffs, available at <https://publichealth.gwu.edu/sites/default/files/downloads/HPM/Kentucky%20Medicaid%20Proposed%20Amici%20Curiae%20Brief.pdf>; see also Ku, L. & Brantley, E. (2018). Medicaid Work Requirements: Who’s At Risk?. Health Affairs Blog. Available at <https://www.healthaffairs.org/doi/10.1377/hblog20170412.059575/full/>.

services and staff.⁴ The adverse effects of such experiments are now on view in Arkansas, where beneficiaries currently are losing coverage at a rate of more than 4000 per month – roughly 25 percent of the non-exempt population.⁵

In our view, because these demonstrations trigger large coverage losses and rest on virtually no evidentiary record sufficient to show offsetting insurance gains, they fall outside the scope of § 1115 of the Social Security Act, whose purpose is to promote Medicaid’s coverage objectives, not destroy them.⁶ For this reason, we believe that the Governor would be acting within his legal powers were he to determine, based on the *Stewart* decision, that until the state can amass an evidentiary record sufficient to show gains that substantially outweigh projected coverage losses, or until the courts rule otherwise, the federal government has no power to approve Virginia’s work demonstration and therefore, that he cannot seek permission to move forward. Doing so in the face of such legal uncertainty risks considerable waste of state resources in connection with all of the work that goes into obtaining necessary federal approvals and implementing such a complex program.

Early Data of Extensive Coverage Losses From Arkansas’ Community Engagement Program Show the Need to Defer Submission of Any Proposal.

While four states have been approved to condition Medicaid eligibility on meeting work and reporting requirements, Arkansas became the first state to implement this type of 1115 demonstration on June 1, 2018. Since then, state data for August 2018 provided the first insight of the impact such a proposal has on beneficiaries. Arkansas Works requires non-exempt enrollees to engage in 80 hours of work or other qualifying activities each month and to report work exemption status using an online portal.⁷ As of September 9, 2018, of the 60,012 Arkansas Works enrollees subject to the work requirement in the month of August, over 4,300 lost Medicaid coverage for failure to meet work and reporting requirements for three months.⁸ Noted in the second round of reports released by the state on October 15, 2018, an additional 4,109 individuals (of 76,222 individuals subject to the requirements in the month of September) were disenrolled from coverage for three months of non-compliance. Another, 4,841 enrollees are at risk of losing coverage if they do not meet the work and reporting requirement for an additional month.⁹

⁴ *Stewart*, Amicus Br. of Deans, Chairs & Scholars at 22-23; see also Shin, P., Sharac, J., & Rosenbaum, S. (2018). Kentucky’s Medicaid Work Requirements: The Potential Effects On Community Health Centers. Health Affairs Blog. Available at <https://www.healthaffairs.org/doi/10.1377/hblog20180412.955253/full/>.

⁵ Ku, L., & Brantley, E. (2018). A First Glance at Medicaid Work Requirements in Arkansas: More Than One-Quarter Did Not Meet Requirement. Health Affairs Blog. Available at <https://www.healthaffairs.org/doi/10.1377/hblog20180812.221535/full/>.

⁶ See *Stewart*, 313 F. Supp. 3d at 265 (“[The Secretary] failed to consider adequately a salient purpose of Medicaid and, thus, an important aspect of the problem.”) (internal quotation marks omitted).

⁷ Arkansas Works Demonstration Approval. March 2018. Available at <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/ar/ar-works-ca.pdf>.

⁸ Arkansas Department of Human Services. Arkansas Works Program. August 2018 Report. Available at https://humanservices.arkansas.gov/images/uploads/newsroom/091218_AWReport_Final.pdf.

⁹ Arkansas Department of Human Services. Arkansas Works Program. September 2018 Report. Available at http://d31hzhk6di2h5.cloudfront.net/20181015/d9/50/39/04/d3b5bd23a6cef7ccec3e4716/101518_AWreport.pdf.

In Virginia's proposal, the Commonwealth estimates that roughly 120,000 enrollees will not be exempt and thus will be subject to the requirements.¹⁰ If the early results coming out of Arkansas are any indication, a significant number of Virginia Medicaid recipients are at risk of losing coverage. Considering the extensively documented consequences of coverage loss on low-income individuals, including worsening health outcomes and reduced financial security and access to care,¹¹ the likely impact of Virginia enrollees failing to meet the requirements can be substantial. Therefore, Governor Northam should defer submission of any proposal until the courts rule definitively on this issue.

Should the Governor Decide to Proceed Forward with the Demonstration, There Are Still Several Ways to Mitigate the Risk of Harm to Medicaid Beneficiaries While Complying with the Directives Outlined in the Act.

Should the Governor determine that he must proceed forward, we believe that he has discretion to mitigate the damage it will cause. First, he can slow the phase-in of the TEEOP by phasing in groups of enrollees by age, thereby delaying its effects on older Medicaid-eligible residents who are least likely to be able to satisfy substantial work requirements and most likely to need health care. Second, the Governor can invoke a broad definition of medical frailty, thus protecting Medicaid recipients suffering from chronic illness who would not otherwise be covered by narrow definitions utilized by other states. Third, the Governor can propose a system of automatic exemptions, utilizing claims processing data to determine who qualifies for an exemption under the program.

I. Phasing in the TEEOP By Age

Pursuant to the Act, Virginia will make participation in the work and community engagement program, TEEOP, a condition of eligibility for all Medicaid enrollees, between ages 19 and 64 with incomes up to 138% of the FPL, who do not otherwise qualify for an exemption. Although the Act specifies the segments of the population subject to participation in TEEOP, flexibility remains as to how Governor Northam can implement the program. One strategy Virginia should pursue is phasing in the TEEOP by age group, thus protecting enrollees who are most likely to face issues finding and maintaining employment and complying with other possible requirements of the program. Employment rates begin to fall for Medicaid enrollees over the age of 50, and only a minority of enrollees in the age range of 60 to 64 work.¹² Retirement is one of many reasons enrollees in their 60s are more likely to be out of work. "About 68% of all current retirees retired before age 65, and nearly half of Social Security retirees claim benefits before age 65."⁷ For other older adults in their 50s and 60s, chronic health conditions can pose a barrier to work

¹⁰ Virginia COMPASS Extension Application. September 2018. Available at <http://www.dmas.virginia.gov/files/links/1803/Virginia%201115%20Waiver%20Application%209.19.2018%20final%20for%20comment%20v2.pdf>.

¹¹ Katch, H., Wagner, J., & Aron-Dine, A. (2018). Taking Medicaid Coverage Away From People Not Meeting Work Requirements Will Reduce Low-Income Families' Access to Care and Worsen Health Outcomes. Available at <https://www.cbpp.org/research/health/taking-medicaid-coverage-away-from-people-not-meeting-work-requirements-will-reduce>. Accessed October 15, 2018.

¹² Center on Budget and Policy Priorities. (2018). Harm to Older Americans From Taking Away Medicaid for Not Meeting Work Requirements. Available at <https://www.cbpp.org/research/health/harm-to-older-americans-from-taking-away-medicaid-for-not-meeting-work-requirements>. Accessed October 15, 2018.

if their conditions¹³ are not controlled through treatment or if they are unable to receive accommodations for their physical limitations.⁷ This is particularly important since people with low incomes are more likely to work physically demanding jobs.¹⁴ Depending on the type and severity of their conditions, individuals in this age group may still find it difficult to maintain steady employment to the degree sufficient to meet work and community engagement requirements. If their conditions are not recognized as qualifying for an exemption, older adults risk non-compliance and subsequent coverage loss.

Furthermore, older Medicaid recipients may face an additional barrier to complying with TEEOP should Virginia decide to use an online-based reporting system like the one currently being used in Arkansas. While internet use among all U.S. adults has increased over the last decade, adults 50 years and older still experience gaps in internet adoption and access (home broadband). Specifically, “racial minorities ... rural residents, and those with lower levels of education and income are less likely to have broadband service at home.”¹⁵ In an analysis done by Kaiser Family Foundation looking at Arkansas’ recent experience implementing a community engagement program, enrollees reported lack of computer literacy and internet access as barriers to setting up an online reporting account and thus complying with the reporting requirements.¹⁶ Considering the shocking number of disenrollments occurring in Arkansas, program features and design in Virginia need to be carefully weighed in order to minimize the potentially harmful effects of the proposal.

Low-income adults, particularly older adults, are a vulnerable population that must be safeguarded against the harmful effects of any proposal that conditions Medicaid eligibility on participation in a community engagement program. Because low-income older adults face an increased risk for poorer health status, low employment rates and difficulty accessing the internet, Governor Northam should prioritize applying TEEOP requirements to younger, healthier adult enrollees and phase in subsequent age groups with lower employment rates.

II. Broaden the Definition of Medical Frailty

Virginia plans to exempt medically frail individuals from community engagement requirements.¹⁷ Governor Northam should use a broad definition of medical frailty for exemption determination to reduce

¹³ Rosenbaum et. al. (2018). Medicaid Work Demonstrations: What is At Stake for Older Adults? Commonwealth Fund. Available at <https://www.commonwealthfund.org/blog/2018/medicaid-work-demonstrations-what-stake-older-adults>. Accessed October 15, 2018.

¹⁴ Musumeci, M., Foutz, J., & Garfield, R. (2018). How Might Older Nonelderly Medicaid Adults with Disabilities Be Affected By Work Requirements in Section 1115 Waivers? Kaiser Family Foundation. Available at <https://www.kff.org/medicaid/issue-brief/how-might-older-nonelderly-medicaid-adults-with-disabilities-be-affected-by-work-requirements-in-section-1115-waivers/>. Accessed October 15, 2018.

¹⁵ Pew Research Center. (2018). Internet/Broadband Face Sheet. Available at <http://www.pewinternet.org/fact-sheet/internet-broadband/>.

¹⁶ Musumeci, M., Rudowitz, R., & Hall, C. (2018). An Early Look at Implementation of Medicaid Work Requirements in Arkansas. Available at <https://www.kff.org/medicaid/press-release/the-implementation-of-work-requirements-in-arkansas-has-been-complex-and-many-medicaid-enrollees-are-not-aware-of-new-rules-or-face-obstacles-in-complying/>.

¹⁷ Virginia Department of Medical Assistance Services (2018). 1115 Demonstration Extension Application. Retrieved from

the number of people who lose access to the care they need. As demonstrated in Arkansas, the implementation of such community engagement requirements can lead to thousands of people becoming uninsured.¹⁸ Virginia can prevent its citizens in need of care from experiencing such an interruption in their coverage and regular service use by exempting any person with a chronic health condition who benefits from ongoing health care. The federal government’s definition of medical frailty was designed to create a minimum level of inclusivity so that states could tailor the definition to meet their own needs.¹⁹ Given the increase in requirements to receive Medicaid, Governor Northam should likewise increase the expansiveness of Virginia’s frailty definition to protect its citizens who may bear negative health consequences under the change. Indeed, Virginia appears to be on the right track. The Virginia 1115 Demonstration Extension Application explains that medically frail individuals include, but are not limited to, individuals with a substance use disorder diagnosis, “with serious and complex medical conditions, ... with a physical, intellectual or developmental disability,” with “special medical needs” and/or who receive “long-term services and supports.”²⁰ Though this definition seems appropriately broad, it would be useful for Virginia to include details on how it determines whether an individual meets the threshold for medical frailty. To ensure that the medical frailty definition is not merely a replication of the disability definition, Virginia should use a generous and explicit set of criteria in its determination process.²¹

Virginia also should specify the mechanisms through which it will determine medical frailty. Requiring individuals to make an appointment with a doctor for a determination would be inefficient, costly, and burdensome for all involved parties. Other states have employed numerous means for determination that Virginia could consider in lieu of a special in-person appointment. A review of 14 states that have expanded Medicaid and offer an alternative benefit plan found that 10 states incorporate self-reporting into their frailty determination process, and 3 states review claims data to assess frailty status.²² Some states use multiple procedures to determine frailty. For example, Iowa assesses medically frail status through the individual’s completion of a questionnaire, a referral from a care provider, and a quarterly

<http://www.dmas.virginia.gov/files/links/1803/Virginia%201115%20Waiver%20Application%209.19.2018%20final%20for%20comment%20v2.pdf>

¹⁸ Hellmann, J. (2018). 4,000 more people lose Medicaid coverage in Arkansas under new work requirements. The Hill. Available at <https://thehill.com/policy/healthcare/411462-4000-more-people-lose-medicaid-coverage-in-arkansas-under-new-work>

¹⁹ 42 CFR 440.315(f); National Council for Behavioral Health (2015). Lessons from the Field: Effective Identification and Enrollment of Medically Frail Individuals. Available at https://nationaldisabilitynavigator.org/wp-content/uploads/state-resources/NCBH_Medically-Frail_Oct-27-2015.pdf

²⁰ Virginia Department of Medical Assistance Services (2018). 1115 Demonstration Extension Application. Available at <http://www.dmas.virginia.gov/files/links/1803/Virginia%201115%20Waiver%20Application%209.19.2018%20final%20for%20comment%20v2.pdf>

²¹ National Council for Behavioral Health & Community Catalyst (2015). Promoting Effective Identification of Medically Frail Individuals Under Medicaid Expansion. Available at https://www.thenationalcouncil.org/wp-content/uploads/2015/07/15_Medically-Frail-Issue-Brief-v4.pdf

²² Mosbach, P. & Campanelli, S. (2017). State Differences in the Application of Medical Frailty Under the Affordable Care Act: 2017 Update. Commonwealth Medicine. Available at https://escholarship.umassmed.edu/cgi/viewcontent.cgi?article=1028&context=commed_pubs

retrospective review of medical claims data.²³ For Virginia, a retrospective analysis of claims data would (1) allow the Commonwealth to establish regular use of care to fit with the above-mentioned definition of medical frailty in which all individuals with a chronic condition who receive ongoing care qualify; (2) provide a clear and transparent determination process; (3) reduce the logistical and administrative burden on sick individuals; and (4) enable care providers to spend their time providing care rather than conducting assessments. Alternatively, Virginia could achieve these same four outcomes by asking providers to identify all beneficiaries currently receiving care for conditions that are ambulatory care sensitive.

III. Institute an Automated Exemption System Tied to Claims Data Review of Patient Care

Similarly, Virginia should automate exemptions using administrative and claims data to ensure people who should qualify as exempt do not become subject to community engagement requirements due to procedural hurdles. For example, individuals with mental health disorders may experience negative health outcomes due to their illnesses interfering with their ability to navigate bureaucratic processes.²⁴ To address this issue, the Commonwealth could automatically conduct retrospective claims analyses for determination of medical frailty for *all* Medicaid enrollees, identify individuals who meet the state's threshold for frailty, and deem these individuals exempt from community engagement requirements. Arkansas was able to identify individuals who were presumed to be exempt from community engagement requirements and mailed them letters indicating their exempt status, finding that, despite the State's limited knowledge of individuals' exemption status, about 60,000 of the 99,000 individuals aged 30-49 would be exempt from the requirements.²⁵ Given the large proportion of individuals identified by Arkansas, it would be useful for Virginia to similarly identify exempt persons. There are numerous examples of public and private programs using automated enrollment strategies that Virginia can look to for precedent and implementation ideas.²⁶ For example, Iowa's quarterly review of claims data for frailty determinations provides a useful model upon which Virginia can build. In general, Governor Northam should focus on minimizing the instances in which an individual who is exempt is assumed to be non-exempt and faces preventable negative outcomes.

Conclusion

Governor Northam should defer submission of any proposal until the courts have ruled definitively on this issue. However, should the Governor decide to nevertheless proceed with submission of the proposal, there are still several ways the Governor can soften its potential detrimental impact.

²³ National Council for Behavioral Health & Community Catalyst (2015). Promoting Effective Identification of Medically Frail Individuals Under Medicaid Expansion. Available at https://www.thenationalcouncil.org/wp-content/uploads/2015/07/15_Medically-Frail-Issue-Brief-v4.pdf

²⁴ CBPP (2018). Harm to People With Mental Health Conditions From Taking Away Medicaid for Not Meeting Work Requirements. Available at <https://www.cbpp.org/research/health/harm-to-people-with-mental-health-conditions-from-taking-away-medicaid-for-not>; Frank, R. & Glied, S. (2018). Work Requirements in Medicaid for People With Mental Illnesses and Substance Use Disorders. Available at <https://ps.psychiatryonline.org/doi/pdf/10.1176/appi.ps.201800126>

²⁵ Hardy, B. (2018). Work requirement notices going out to first round of AR Works beneficiaries this week, DHS says. Arkansas Times. Available at <https://www.arktimes.com/ArkansasBlog/archives/2018/05/07/work-requirement-notices-going-out-to-first-round-of-ar-works-beneficiaries-this-week-dhs-says>

²⁶ Dorn, S. (2009). Express Lane Eligibility and Beyond: How Automated Enrollment Can Help Eligible Children Receive Medicaid and CHIP. Urban Institute. Available at http://webarchive.urban.org/UploadedPDF/411879_eligible_children.pdf

Phasing the implementation of the TEEOP program by age would protect vulnerable Medicaid recipients who face the most difficulty finding and maintaining employment. Utilizing a broad definition of medical frailty would protect those suffering from chronic illnesses that prevent them from meeting the monthly hourly requirement. And a system of automated exemptions using claims processing data would ensure administrative hurdles do not serve as barriers to those who would otherwise qualify for an exemption. These three approaches will not foreclose the possibility of harm, but they will go a long way to mitigate the risk of harm to the most vulnerable Medicaid recipients in Virginia.

Signed by,

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Maria Velasquez, MPH(c), Research Assistant, Department of Health Policy and Management

Rebecca Morris, PhD Student, Research Assistant, Department of Health Policy and Management

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018 at 11:15 AM
Subject: My letter on work requirements waiver
To: <1115Implementation@dmas.virginia.gov>

I oppose the proposed 1115 Medicaid Waiver in Virginia and would like to make a public comment about it. Among Medicaid enrollees who are not working, many have impediments to employment, including illness, disability or caregiving responsibilities. The number of those who could get a job as a result of the program is very small.

Requirements that have little to do with the intent of Medicaid need to be removed because they interfere with access by creating multiple new barriers. People need easy access that allows them to use the health care they need in a logical way. Please take the public's comments into consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018 at 11:15 AM
Subject: Comments Against Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

This comment is in relation to the recent Medicaid waiver that was proposed. There are several troubling changes proposed that I oppose. The many barriers in this Medicaid proposal mean that there will likely be gaps in healthcare coverage that deny people the opportunity to access care. This works against what the program was supposed to achieve.

Other states have also tried to use work requirements and have shown that they do not succeed in improving health or consistent employment. In many ways, both goals are undermined by linking them to each other. Thank you for considering my thoughts. I believe Virginia can do better than this.

[REDACTED] Virginia Organizing

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018 at 11:15 AM
Subject: DMAS Public Comment
To: <1115Implementation@dmas.virginia.gov>

This comment is directed toward certain aspects of Virginia's Medicaid waiver application. Those who qualify for Medicaid need it to maintain consistent healthcare. If it were not for Medicaid hundreds of thousands of people would not have any access. We should not have a program that diminishes access.

Many employed Virginians do not make enough income to pay for essential needs. That is why adding costs to get Medicaid coverage is a bad idea. Healthcare sometimes seems like something that can be delayed or avoided in order to pay another bill, this will result in many newly eligible Virginians losing coverage or delaying treatment until it is an emergency. This does not improve the circumstances of working families. I am hopeful that you change the proposed waiver.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018 at 11:16 AM
Subject: Responding to Medicaid waiver idea
To: <1115Implementation@dmas.virginia.gov>

This is regarding my concerns surrounding the waiver draft for the Medicaid program in Virginia. Many low- income Virginians work hourly jobs and that makes it challenging to meet the proposed requirement for 80 hours a month consistently. These jobs can be irregular hours, and may not meet the requirement consistently. I work with low income people through the Highland Food Pantry. Most of our clients work as much as they can. Lay offs, sickness, and transportation problems often get in the way.

The Medicaid program provides critical access to prevention, treatment, disease management, and care coordination services. It keeps people from becoming seriously ill and not being able to care for themselves or their family. I hope you consider my comments about this proposed waiver.

[REDACTED] Hopewell Centre Quaker Meeting

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018 at 11:16 AM
Subject: NO Medicaid Waiver
To: <1115Implementation@dmas.virginia.gov>

As someone who believes access to health care is critical, I write in opposition to some of the changes to Virginia's Medicaid program proposed in this draft. Work requirements attempt solve a problem that does not exist since most working-age adults on Medicaid are currently employed. We should be focused on making the health of working low-income people better by providing easy, affordable access to care.

The Medicaid population often suffers from language barriers, disabilities, mental illness, insecure work, frequent moves, and homelessness. All these factors create significant challenges to successfully navigate growingly complicated government programs. Please do take these concerns into consideration and make changes to this draft.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018 at 11:16 AM
Subject: My letter on work requirements waiver
To: <1115Implementation@dmas.virginia.gov>

As a Virginian, I do not support the changes outlined in Virginia's 1115 Medicaid waiver draft. The proposed waiver would add new barriers to accessing coverage, putting access to care in jeopardy when the object is to take down barriers. We should not be heading in this direction because it will not benefit enrollees or the Commonwealth as a whole. Thanks for reading my thoughts on this program.

[REDACTED]

Mr.

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018 at 11:16 AM
Subject: Problems with COMPASS
To: <1115Implementation@dmas.virginia.gov>

I offer the following comments concerning the proposed changes to Virginia's Medicaid program. Virginia would have a major administrative cost to add and monitor something that most people are complying with already. There is nothing for the state or its citizens to gain from this work proposal.

The Medicaid population faces multiple challenges. They can face language barriers, disabilities, mental illness, insecure work, and homelessness. All these issues create difficulties when asked to comply with complicated government programs. The result of this can be that access is not improved at all. I appreciate the time you have taken to read my comments. I hope they result in improvements to the program.

[REDACTED]

1952

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018 at 11:16 AM
Subject: NO Medicaid Waiver
To: <1115Implementation@dmas.virginia.gov>

This letter is in opposition to the burdensome requirements proposed for Virginians with Medicaid in Virginia. I hope you will take my views into account. Monthly premiums would cause many people to lose health care coverage. Legal permanent residents that pay taxes should not be forced to wait five years to access Medicaid benefits. Medicaid is meant to be an accessible health plan for the people that need it most and provide them with access to care. It is also difficult to imagine that the administrative burden is worth the amount of money collected. Thank you taking all of my comments under consideration.

[REDACTED]

Virginia Coalition For Immigrant Rights

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018 at 11:16 AM
Subject: Comments opposing Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

The following comments are in regard to the proposed Medicaid waiver application to the federal government. Failure to comply with the reporting requirements could result in being locked out of coverage. Losing access to care can have dire consequences that are not consistent with the effort to expand access so people can lead healthier lives.

The purpose of expanding Medicaid is to encourage people to access healthcare on a consistent basis and maintain good health so they can remain working and productive. By adding monthly premiums, we are creating a barrier that will be too high for many people. Please keep the best interest of Virginia's working families in mind as you consider my thoughts.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018 at 11:16 AM
Subject: New Medicaid Waiver Comments
To: <1115Implementation@dmas.virginia.gov>

I am opposed to the new burdens proposed to be included in the Medicaid program. A major benefit of Medicaid is to make it possible for people to access preventative care and get treatment for things before they get worse and more serious. It is a program created and designed to promote health. The current administration has attempted to redefine the Medicaid program as one whose goal is to promote work, yet there is no evidence that work promotes health. Additionally, current litigation around similar requirements in Kentucky and Arkansas are clear evidence that the current administration has moved beyond their authority in allowing work requirements and cost-sharing in the Medicaid program.

Many Virginians have real obstacles to employment, including illness, disability or family caregiving responsibilities. Yet the waiver acknowledges that the jobs and housing programs that would actually support stability and work are unfunded, and thus likely to go into effect. It does, however, create new administrative burdens to both the individual and state that will lead to an estimated 27,000 individuals losing access to lifesaving coverage. Despite this loss of coverage, the state will face an additional expense if it moves forward with work requirements, cost-sharing and health and wellness accounts. Thank you for considering this perspective.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018 at 11:17 AM
Subject: DMAS Public Comment
To: <1115Implementation@dmas.virginia.gov>

As a Virginian, I do not support the changes outlined in Virginia's 1115 Medicaid waiver draft. Many people with low incomes have to move frequently and might even be homeless. These living conditions make it hard to comply with programs that have demands like this so this group of Virginians would still end up without coverage. I hope you will take these thoughts and comments into consideration moving forward.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018 at 11:17 AM
Subject: Issues with Virginia 1115 Waiver
To: <1115Implementation@dmas.virginia.gov>

Medicaid waiver draft. Some aspects of this proposal will create too many barriers to access. Working requirements make it harder for the state to enroll people. The result of that is that people without coverage will still use expensive emergency room treatment for health problems that are not emergencies. This will mean that the cost savings to the state and the entire system will not be what it should be. Thank you for allowing me to offer my thoughts on this proposal. Other states have tried similar measures and they failed miserably.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018 at 11:17 AM
Subject: Opposition to Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

I am opposed to the new burdens proposed to be included in the Medicaid program. Working requirements make it harder for the state to enroll people. The result of that is that people without coverage will still use expensive emergency room treatment for health problems that are not emergencies. This will mean that the cost savings to the state and the entire system will not be what it should be.

People who qualify for Medicaid need reliable health care access just like everyone does. Access to care is important to maintaining a job and living a productive life. There should not be barriers like this proposal contains. Please make necessary improvements to the proposed draft. Thank you for your consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018 at 11:17 AM
Subject: Proposed Medicaid Waiver Application
To: <1115Implementation@dmas.virginia.gov>

Access to health care is very important, that is why I am commenting on this proposed change. Medicaid's mission is to provide health coverage to low-income people so they can obtain the services and treatments they need. By making access more difficult than necessary this proposal works against the mission. The Commonwealth needs to make improvements to this draft. Thank you for taking my comments into consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018 at 11:17 AM
Subject: Arguments against COMPASS
To: <1115Implementation@dmas.virginia.gov>

I would like to make a public comment about the proposed 1115 Medicaid waiver.

A society has a fundamental responsibility to care for its members in need, and it is to the benefit of society to have as many healthy, productive members as possible. The Compass waivers would directly oppose our duty of care to many of those most in need, to no benefit of the others.

The many barriers in this Medicaid proposal mean that there will likely be gaps in healthcare coverage that deny people the opportunity to access care. This works against what the program was supposed to achieve.

Implementing the job requirement will not help many people get jobs because the majority of Medicaid enrollees are already working, disabled, ill, caretakers, pregnant women, students, retired, or looking for work. The requirement is a big cost with little possible result. I am hopeful that you take my comments into consideration and make the necessary changes.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018 at 11:17 AM
Subject: Problems with COMPASS
To: <1115Implementation@dmas.virginia.gov>

I oppose the proposed 1115 Medicaid Waiver in Virginia and would like to make a public comment about it. This application does not advance the Medicaid program in Virginia. It needlessly compromises access to care for a vulnerable population. It also creates a new responsibility in state government that is already struggling to keep up. Thanks for considering my thoughts on this waiver application.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018 at 11:17 AM
Subject: New Medicaid Waiver Comments
To: <1115Implementation@dmas.virginia.gov>

I oppose the proposed 1115 Medicaid Waiver in Virginia and would like to make a public comment about it. People who qualify for Medicaid need reliable health care access just like everyone does. Access to care is important to maintaining a job and living a productive life. There should not be barriers like this proposal contains.

Establishing a work requirement uses dollars that could have a greater impact on someone's health and well-being if devoted to other areas of the state's Medicaid program. This requirement is not well formulated and threatens to make the entire effort a failure. Thanks for considering my thoughts on this waiver application.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018 at 11:18 AM
Subject: Problems with COMPASS
To: <1115Implementation@dmas.virginia.gov>

I am commenting on the new Virginia COMPASS medicaid waiver. The many barriers in this Medicaid proposal mean that there will likely be gaps in healthcare coverage that deny people the opportunity to access care. This works against what the program was supposed to achieve.

As people try to understand the process involved with this new Medicaid program, they realize they may have a challenge in proving compliance. Because of that, many may decide not to enroll even if they have or are pursuing work. I appreciate the time you have taken to read my comments. I hope they result in improvements to the program.

[REDACTED] Virginia Organizing

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018 at 11:18 AM
Subject: Regarding Virginia COMPASS Application
To: <1115Implementation@dmas.virginia.gov>

To Whom It May Concern:

The subject of my letter is the Commonwealth's proposed Medicaid waiver application.

This waiver application includes too many complicated burdens. If programs have complicated requirements like the work reporting, the result adds to the hardship a family already faces. It can also deter people from enrolling in the first place because they are not confident they can keep up with the qualifications. If someone has a disease or long-term health issue they need consistent access to care. It is not very valuable to provide off and on coverage.

Do not take any actions which make it harder for impoverished people to gain access to health care. Our goal as a state should be to make health care accessible to all our citizens and not to discourage or disempower impoverished people.

Thank you for opening this channel for comments!

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018 at 11:18 AM
Subject: Commenting on Virginia Compass
To: <1115Implementation@dmas.virginia.gov>

I am opposed to certain new burdens included in proposed COMPASS Medicaid program. There are many reasons that a patient might not comply with this wavier and would result in their losing care. For example, there could be a language barrier that makes it hard to understand the requirements.

Low income people make hard financial choices every day. Because of this, charging monthly premiums will likely result in lapses in healthcare coverage. It is a short-term decision that can have long-term health implications. We don't want Virginians to have to sacrifice their health so they can keep a roof over their head. Thanks for taking the time to read my comments.

The Virginia COMPASS proposal will lead to a loss of health care coverage. The Virginia COMPASS proposal fails to promote health and wellness.

The new requirements will reduce the number meet the eligibility requirements. Estimates show that more than 25,000 fewer Virginians will have health coverage through Medicaid due to the new requirements.

Taking away health coverage that saves and protects lives does not create stronger and healthier families and communities. The already vulnerable more vulnerable.

Work requirements are costly and do not support the purpose of Medicaid

It is estimated that starting a work requirement program will cost Virginia more than \$25 million.

Virginia would incur costs to enforce a requirement that the vast majority of enrollees already comply with or will be exempt from.

Work requirements in other states have failed to increase long-term employment or improve general welfare.

A group in Kentucky recently won a lawsuit challenging the legality of Medicaid work requirements: <https://www.nytimes.com/2018/07/07/opinion/sunday/do-poor-people-have-a-right-to-health-care.html>. Why

should Virginia go down that path?

The Virginia COMPASS proposal is overly complex and burdensome

The Trump administration argues that imposing work requirements for Medicaid is an incentive that can help lift people out of poverty. But a test program in Arkansas shows how hard it is merely to inform people about new incentives, let alone get them to act: https://www.nyti.com/2018/09/24/upshot/one-big-problem-with-medicaid-work-requirement-people-are-unaware-it-exists.html?em_pos=small&emc=edit_up_20180924&nl=upshot&nl_art=1&nid=65521909emc%3Dedit_up_2_0180924&ref=headline&te=1.

There are too many complex requirements for many enrollees to contend with, such as monthly premiums and contributions to a health and wellness account.

Enrollees in states with similar requirements found that they are confusing and financially burdensome and can lead to loss of coverage-e.g, Kentucky and Arkansas.

Virginia should not add more red tape to the Medicaid program or force families to pick between taking care of their health care needs and putting food on the table for their families.

Thanks for taking the time to read my comments.

██████████

Social Action Linking Together & Ignatian Volunteer Corps

From: [REDACTED] <[REDACTED]>

Date: Fri, Oct 19, 2018 at 11:18 AM

Subject: Responding to waiver proposal

To: <1115Implementation@dmas.virginia.gov>

This comment is concerning the troubling requirements that Virginia proposes for Medicaid. Those who qualify for Medicaid need it to maintain consistent healthcare. If it were not for Medicaid hundreds of thousands of people would not have any access. We should not have a program that diminishes access.

As people become aware of the waiver and try to understand their intricacies, the challenge of having to prove compliance may cause Virginia residents to not even participate even if they are pursuing work. I trust you will take these thoughts and comments into consideration as this process continues.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018 at 11:18 AM
Subject: Proposed Medicaid Waiver Application
To: <1115Implementation@dmas.virginia.gov>

This letter is in opposition to the burdensome requirements proposed for Virginians with Medicaid in Virginia. I hope you will take my views into account. Other states have tried health savings accounts, similar to the health and wellness accounts Virginia is proposing, and they found that these programs are complex and very confusing.

Essentially, these requirements end up causing people who have a need for Medicaid care to even consider signing up, especially if they have no transportation available, which is common even in cities like Roanoke, where the bus service is VERY LIMITED to poor and unhealthy people.

In places like Martinsville there is NO bus service that would enable people to travel to most places, including any of the places that offer any high paying jobs. In addition, there are very few jobs available in areas where the limited transportation goes, including jobs that pay the MINIMUM federal pay levels.

It does not make sense to add more red tape and attempt to set up a program that other consumers find complicated or impossible to navigate. I appreciate your consideration of my comments as you make changes to this draft.

[REDACTED]

St. Paul's Episcopal Church, Martinsville,

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018 at 11:19 AM
Subject: My letter on work requirements waiver
To: <1115Implementation@dmas.virginia.gov>

I write to oppose Virginia's 1115 waiver draft that is under consideration. Some aspects of the draft will undermine its purpose. Many people with low incomes have to move frequently and might even be homeless. These living conditions make it hard to comply with programs that have demands like this so this group of Virginians would still end up without coverage. I appreciate the time you have taken to read my comments. I hope they result in improvements to the program.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018 at 11:19 AM
Subject: My letter on work requirements waiver
To: <1115Implementation@dmas.virginia.gov>

I am commenting on the new Virginia COMPASS medicaid waiver. Charging people to participate defeats the purpose of expanded Medicaid coverage. We must keep Medicaid affordable for ALL families. They depend on affordable health care to keep working and stay healthy.

Research indicates that work requirements do not encourage work or reduce poverty, and a growing body of evidence shows that such policies could result in reduced access to care, adverse health outcomes and increased health disparities. I appreciate the time you have taken to read my comments. I hope they result in improvements to the program.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018
Subject: Conduent comments for Virginia DMAS COMPASS Waiver
To: 1115Implementation@dmas.virginia.gov <1115Implementation@dmas.virginia.gov>

Please find the attached comments regarding the Department of Medical Assistance Services (DMAS) draft Medicaid Section 1115 Demonstration Waiver. Thank you for the opportunity to provide input for this important initiative. If you have any questions or would like further clarifications, please do not hesitate to contact me.

[REDACTED] /Client Executive State and Local Government

CONDUENT

[REDACTED]

[REDACTED]



October 19, 2018

Virginia DMAS
Attn: Virginia COMPASS
600 E Broad Street
Richmond, VA 23219

Sent via email to:
1115Implementation@dmass.virginia.gov

Conduent State Healthcare, LLC, Human Resource Services (HRS) Public Comments

Regarding

The Virginia C.O.M.P.A.S.S Draft CMS Waiver Application

Conduent State Healthcare, LLC (Conduent), is grateful to serve as a trusted vendor to the Department of Medical Assistance Services (DMAS). This includes operating your Medicaid Management Information Systems (MMIS) and operating the Cover Virginia call center. We applaud the effort made by all stakeholders in Virginia for their efforts to expand Medicaid while balancing the need to contain cost and ensure quality effectiveness.

We have reviewed extensively the legislative language, and the subsequent CMS Waiver Application draft, with an emphasis on those aspects related to the health benefit concept. Given the national scope of our company's practice and our experience with the successes and failures related to the implementation of similar programs in other states, we believe Conduent is uniquely positioned to further assist the Department as it moves forward this aspect of the Medicaid expansion effort. We respectfully submit questions and comments in the following areas:

1. Interpretation of the law and premise for program design
2. Assumption for cost savings with Waiver implemented
3. Substantiation for a Gift Card program approach
4. Substantiation for a true Personal and Shared Responsibility program design

1. Interpretation of the law and premise for program design

The reference to developing a health benefit design that fosters personal and shared responsibility, found in the 2018 appropriations act law, states the following:

“DMAS shall also include provisions to foster personal responsibility and prepare newly eligible enrollees for participation in commercial health insurance plans to include use of private health plans, premium support for employer-sponsored insurance, ***health and wellness accounts***, appropriate utilization of hospital emergency room services, healthy behavior incentives and enhanced fraud prevention efforts, among others through the State Plan amendments, contracts, or other policy changes.”

The passed law continues later to say: “The demonstration shall include (1) the development of a health and wellness account for eligible individuals, comprised of participant contributions and state funds to be used to fund the health insurance premiums and to ensure funds are available for the enrollee to cover out-of-pocket expenses for the deductible, with the ability to roll over the funds from the account into succeeding years if not fully used.”

The CMS Waiver Application draft does not appear, thus far, to leverage the success of health benefit design, beyond premium contribution and the use of gift cards to encourage healthy behaviors. It misses the opportunity to reduce costs, despite proof that the pioneering program of Indiana HIP 2.0 has produced very positive cost and consumer behavior change.

Our question is: Does DMAS intend to phase in a health benefit design, beyond low deductibles and the use of gift cards, which approximates the Indiana model of more robust personal and shared responsibility, with a fully funded Deductible Account?

It appears from a presentation called DMAS UPDATE FOR HHR OVERSIGHT COMMITTEE, delivered by Dr. Lee, on slides 10 and 11, in July of 2018, that a phased in approach might be possible, however this did not appear anywhere in the CMS Waiver Application Draft.

Conduent recommends, whether phased in or not, based on extensive experience with low income populations and in depth analysis of success factors associated with Medicaid Expansion and commercial programs, to approximate the benefit design of the Indiana HIP 2.0 program which includes a fully funded high deductible, premium contributions, and healthy behavior incentives. We believe the consequences of not approximating this more consumer/beneficiary “skin in the game” design will be adversely impact cost and quality outcomes, on which the taxpayers in the Commonwealth depend for successful program implementation.

2. Assumption for cost savings with Waiver implemented

On page 5 of the Waiver Application draft, Section VI. Demonstration Projected Enrollment and Expenditures, it appears that with and without Waiver (attributes) cost savings assume savings only from the implementation of work and community engagement requirements, known as The Training, Education, Employment, and Opportunity Program (TEEOP). Is this the intended calculation to exclude any savings potential from the application of health benefit design innovations? If yes, we think there is a missed opportunity to project Commonwealth, consumer/beneficiary, and taxpayer savings through various assumptions related to health benefit design innovations and changes, no matter what they are. We believe the most impact for cost, quality and consumer behavior change will come from the implementation of a higher deductible, fully funded Health and Wellness Account (HWA), with further incentives for healthy behaviors, as evidenced later in the third party evaluations of the Indiana HIP 2.0 program.

3. Substantiation for a Gift Card program approach

Gift card programs, coupled with low deductibles can be effective for attracting and retaining employees in the commercial, or employer market. We do not find any evidence these benefit design changes, in traditional Medicaid, Medicaid Expansion, or employer based market have impact on moving the needle on the gauge of cost, quality and consumer behavior change metrics, to the extent of the intent of the law to create C.O.M.P.A.S.S. in the Commonwealth.

4. Substantiation for a true Personal and Shared Responsibility program design

As mentioned previously, third party evaluations are required by CMS for approved Waivers with implemented programs. One such report, the Lewin Report of 2017 outlined the net savings of implementing a benefit design that fosters personal and shared responsibility, by virtue of financial incentives. The following results, summarized by Health Management Associates, based on the Lewin Report, indicate the following savings impact in the Indiana HIP 2.0 program:

Synthesis of Milliman's (State of Indiana actuarial firm) waiver budget neutrality documentation shows 5-6% program savings through POWER Account. (POWER stands for Personal Wellness and Responsibility or the Account to cover the deductible and eligible out of pocket expenses and value added benefits).

- \$3 billion annual Medicaid expansion cost in Indiana
- \$20 PMPM POWER account management fee in Indiana
- Savings calculations:
 - Program $\$3,000,000,000 \times .05 = \$150,000,000$ in savings
 - Account Management $\$20 \times 12 \times 420,000 = \$100,800,000$
 - Taxpayer Savings $\$150,000,000 - \$100,800,000 = \$49,200,000$

These cost savings were achieved even though increased provider payment rates (raised from Medicaid to Medicare rates) resulted in 6,400 more health care providers participating.

The Lewin Report can be found in this link: <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/in/Healthy-Indiana-Plan-2/in-healthy-indiana-plan-support-20-POWER-acct-cont-assesmnt-03312017.pdf>

Key utilization and quality metrics of the Indiana HIP 2.0 program include:

- 75% + of all members enrolled for 12 months received preventive care.
- HIP Plus members had lower rates of hospital emergency department (ED) use compared to HIP Basic members (for both overall utilization and non-emergency utilization).
- In addition, HIP Plus members are also more likely than HIP Basic members to utilize the ED for conditions or issues that were not preventable or avoidable. These trends are consistent with the finding that HIP Plus members generally use more preventive and primary care services.
- HIP Plus members miss fewer appointments (18%) than HIP Basic members (23%). HIP Plus enrollees are more likely to use health care than HIP Basic members.
- HIP Plus members are 64% more likely to use specialty care, but 93% more likely to use primary care.
- HIP Plus enrollees are more likely to adhere to prescription drugs compared to Basic members.
- 62% of HIP enrollees maintained a balance in their account after the first year.
- Nearly half (48%) of HIP members qualified for rollover of their unused POWER account funds during the first year of the program.
- Of the members who earned rollover, 47% also earned State-matching rollover funds which members earn by successfully managing their POWER accounts and receiving preventive care.
- The vast majority (80%) of HIP Basic members who qualified for rollover earned the maximum 50% discount on future HIP Plus contributions, with average rollover amount of 43%.
- 26,000 people have been subject to the six-month lockout for nonpayment, less than 5% of the population.

Conduent conducts eligibility screening functions in the Indiana program, as mentioned earlier. Conduent is not yet delivering services in managing its POWER Account. The administration of the Indiana HIP 2.0 actual health benefit program has room for improvement, as evidenced by third party evaluators, however it has at its core a benefit design proven to achieve key metrics for all stakeholders, most importantly the consumer/beneficiary, in addition to the Commonwealth and its taxpayers. The following excerpt from the Kaiser Family Foundation January 2017 report titled “An Early Look at Medicaid Expansion Waiver Implementation in Michigan and Indiana” outlines challenges to overcome. From our viewpoint, especially as the Eligibility Contractor in Indiana, we see these areas being addressed, with available resources in the marketplace. By solving these

challenges, we believe the program will only improve in its performance from an already good place of population health management improvements.

- Implementation of complex programs involves collaboration with a variety of stakeholders, sophisticated IT systems, and administrative costs.
- Premium costs and complex enrollment policies can deter eligible people from enrolling in coverage.
- Health accounts can be confusing for beneficiaries.
- Beneficiary and provider education and tangible incentives appear central to implementing healthy behavior incentive programs.

Summary

To preserve the intent of the law enabling Medicaid Expansion, Conduent recommends DMAS consider its savings objectives articulated in the Waiver application and mirror the program design to financial objectives it has in the passed legislation.

There is precedent to show Gift Card programs, alone with low deductible, do not drive behavior change effectively, resulting in the state not achieving its cost savings objectives

In contrast, a high deductible consumer driven health plan program (example Indiana HIP 2.0 program) design drives desired utilization, improves access, and achieves cost targets.

We recommend this be done with a single health savings account contractor working in an integrated fashion with the contracted MCOs for Medicaid. We believe the Indiana HIP 2.0 program would be performing even better than it is, if one POWER Account administrator was in place (like it is in Michigan), with the administrator possessing the requisite experience, versus each MCO having its own solution.

Our key questions for DMAS are:

1. Does DMAS intend to phase in a health benefit design, beyond low deductibles, and the use of gift cards, which approximates the Indiana model of more robust personal and shared responsibility, with fully funded Deductible Account?
2. Is this the intended calculation to exclude any savings potential from the application of health benefit design innovations?

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018 at 12:47 PM
Subject: My concerns about the Virginia COMPASS program
To: <1115Implementation@dmas.virginia.gov>

This comment is concerning the troubling requirements that Virginia proposes for Medicaid. Many Virginians have real obstacles to employment, including illness, disability or family caregiving responsibilities. The number who could become employed as a result of the Medicaid program is very small.

Medicaid should help people when they are going through tough times. Health care is a human right and should not be taken away for failure to comply with this type of red tape and bureaucracy. Please take my comments and those of others seriously.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018 at 12:47 PM
Subject: My letter on work requirements waiver
To: <1115Implementation@dmas.virginia.gov>

The subject of my letter is the Commonwealth's proposed Medicaid waiver application which includes too many complicated burdens. While monthly premiums may seem insignificant to some people, to the very poor they can be a real barrier that prevents them from accessing quality healthcare when they need it. That runs counter to the whole purpose of the Medicaid program in Virginia.

All the new barriers in this proposal mean that there will be gaps in healthcare coverage that deny people the opportunity to access care when they should. This works against everything the program was supposed to achieve. Please take my thoughts and concerns into consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018 at 12:47 PM
Subject: My concerns about the Virginia COMPASS program
To: <1115Implementation@dmas.virginia.gov>

There are planned changes to Virginia's Medicaid program that I find very unfortunate. People who qualify for Medicaid need reliable health care access. Barriers to coverage should not be set up, because they should be encouraged to maintain their health (costing us all less in the long run) .

If people think they will have a hard time proving compliance with this new Medicaid program, they may decide not to enroll even if they are working or seeking work.

Thanks for considering my thoughts on this waiver application.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018 at 12:47 PM
Subject: Opposition to Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

This comment is directed toward certain aspects of Virginia's Medicaid waiver application. Virginia must learn from the experiences of other states. In places that have implemented work requirements, their citizens lose health coverage. Virginia should not go down this path, because healthy Virginians are the foundation of our strong economy.

Medicaid provides critical access to the prevention and treatment of illnesses but if that access is denied the opportunity to keep people healthy is lost. We need a program that ensures consistent access. Please make necessary improvements to the proposed draft. Thank you for your consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018 at 12:47 PM
Subject: New Medicaid Waiver Comments
To: <1115Implementation@dmas.virginia.gov>

Virginia's proposed changes to the Medicaid program will undermine its effective implementation. Even if someone does find a job and meets the requirements for Medicaid, the paperwork and reporting requirements in Virginia could mean losing coverage due to the reporting challenges alone. Complicated systems are not likely to be successful with many in this population of Virginians.

If someone has a disease or long-term health issue they need consistent access to care. It is not very valuable to provide off and on coverage. Thank you for accepting these comments.

[REDACTED]

Miss

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018 at 12:47 PM
Subject: New Medicaid waiver comments
To: <1115Implementation@dmas.virginia.gov>

The following comments are in regard to the proposed Medicaid waiver application to CMS. There is no doubt that people who benefit from the Medicaid program will lose their coverage simply because they will not know how to navigate the system. The Virginia COMPASS proposal requires people to eventually work and document that they are working at least 80 hours per month. This means they will have to keep track of all of their work documents, potentially from more than one employer. This is a burdensome process, especially when people are working day in and day out just to make ends meet and take care of their families.

Medicaid is a safety net program, but it is not effective if its availability is threatened by the program's design. Economic hard times are often happening at the same time as failing health. We need for people to have consistent access to treatment for this program to work the way it is supposed to. Thank you for considering this perspective.

Premiums, copays and work requirements proposed will harm Virginians, unduly burden Department of Social Services, and cost the Commonwealth far more far more than they will generate. Rural poor, with little or no access to transportation, will suffer the most.

Expanding Medicaid will save lives and benefit Virginia. The premiums, copays and work requirements proposed will do neither and will instead lessen the progress to be realized from Medicaid expansion.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018 at 12:47 PM
Subject: Virginia COMPASS waiver public comments
To: <1115Implementation@dmas.virginia.gov>

This comment is in relation to the Medicaid waiver that was proposed by DMAS. There are several new requirements proposed that I oppose. Access to health coverage is important no matter who you are. This proposal would kick people off of Medicaid when they may need it the most. The state should aim to do no harm, but the draft proposal makes it clear that people will lose coverage.

Work requirements in this program do not help families afford to put food on the table or improve their health. There is some evidence that shows that work requirements can actually make it harder for people to find work. This is not good policy. I hope my comments are helpful.

[REDACTED]

1954

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018 at 1:02 PM
Subject: Virginia COMPASS Comments
To: 1115Implementation@dmas.virginia.gov <1115Implementation@dmas.virginia.gov>

Cc: Wayne D Wilson <Wayne.D.Wilson@kp.org>, Laurie G Kuiper <Laurie.Kuiper@kp.org>

Please confirm receipt.

Ms. Puglisi,

Please see attached comments from Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. regarding the Section 1115 Demonstration Extension Application. We appreciate the opportunity to provide this input. Thank you for the consideration.

Regards,

[REDACTED]

Senior Manager, Community & Government Affairs Kaiser Permanente

[REDACTED]

[REDACTED]

[REDACTED]

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From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018 at 1:07 PM
Subject: Public comment on COMPASS program
To: <1115Implementation@dmas.virginia.gov>

To whom it may concern,

Please find attached the public comment on behalf of The Commonwealth Institute concerning the draft waiver application for Medicaid.

Very best regards, [REDACTED]

[REDACTED] President

The Commonwealth Institute for Fiscal Analysis

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Visit our website: www.thecommonwealthinstitute.org

October 19, 2018

Thank you for the opportunity to submit a public comment on the Virginia Creating Opportunities for Medicaid Participants to Achieve Self-Sufficiency (COMPASS) 1115 waiver demonstration extension application.

The Commonwealth Institute for Fiscal Analysis is a non-profit policy research organization that analyzes the impacts of public policies on low- and moderate-income Virginians. We were founded in 2006 with a mission to use policy research and analysis to advance the well-being of Virginia communities and improve the economic security and social opportunities of all Virginians.

We commend the Commonwealth for its decision, this past June, to expand Medicaid as part of the Affordable Care Act (ACA), which will extend quality and affordable health coverage for nearly 400,000 Virginians. The COMPASS waiver, however, would likely dampen enrollment and certainly lead, according to the state's own projections, to over 26,000 fewer people losing Medicaid coverage than if the state did not implement the waiver.¹

The stated purpose of 1115 waivers is, in part, to improve access to coverage and care and to promote program efficiency. This is not consistent with the likely results of the COMPASS program in Virginia. The waiver includes language estimating that 21,600 individuals will lose coverage due to the Training, Education, Employment and Opportunity Program (TEEOP) work requirements alone.² A further 5,200 Virginians are also projected to lose coverage due to failure to pay premiums.³

The outright loss of coverage is a major issue with the COMPASS waiver but is not the only way Virginians will lose access to health coverage. The dampening of initial enrollment could also lead to loss of health coverage for Virginians. The mere existence of burdensome work reporting requirements may

¹ Analysis of Table 8 and Table 9

[http://www.dmas.virginia.gov/files/links/1803/Virginia%201115%20Waiver%20Application%20final%20for%20comment%20v2%20\(09.19.2018\).pdf](http://www.dmas.virginia.gov/files/links/1803/Virginia%201115%20Waiver%20Application%20final%20for%20comment%20v2%20(09.19.2018).pdf)

²Footnote 18 of

[http://www.dmas.virginia.gov/files/links/1803/Virginia%201115%20Waiver%20Application%20final%20for%20comment%20v2%20\(09.19.2018\).pdf](http://www.dmas.virginia.gov/files/links/1803/Virginia%201115%20Waiver%20Application%20final%20for%20comment%20v2%20(09.19.2018).pdf)

³ Analysis of Table 8 and Table 9

[http://www.dmas.virginia.gov/files/links/1803/Virginia%201115%20Waiver%20Application%20final%20for%20comment%20v2%20\(09.19.2018\).pdf](http://www.dmas.virginia.gov/files/links/1803/Virginia%201115%20Waiver%20Application%20final%20for%20comment%20v2%20(09.19.2018).pdf)

deter families from enrolling in public coverage for which they qualify. Even an individual who may be exempt from work requirements may learn of them and be discouraged from applying.

Aspects of this proposed waiver, including provisions that would take coverage away from people who don't satisfy a work requirement and increased premiums and cost-sharing for some beneficiaries, are similar to what has been implemented in Arkansas. Early results have been devastating with over 8,400 Arkansans having lost coverage since the state implemented its rigid work requirements.⁴

The COMPASS waiver also mirrors aspects of a proposal to impose work requirements and cost sharing in Kentucky. In *Stewart v. Azar*, Judge Boasberg ruled that the United States Department of Health and Human Services' (HHS) decision to approve the Kentucky approval was "arbitrary and capricious" because it did not adequately justify the loss of coverage to the 95,000 individuals who stand to be affected. Despite this ruling, Virginia has sought to impose similar measures that could ultimately reach the same conclusion in going to litigation and costing the state money and harming Virginians in the process.

We are providing citations with direct links to the research and we respectfully request that DMAS review each of the sources cited.

Work Requirements in Other Means-Tested Programs Have Not Accomplished Their Goals

Implementing work requirements through TEEOP for the purpose of "promoting" work has been attempted before in other social support programs across the country over the past several decades and overall they have a poor track record. Work requirements have failed to boost long-term employment or improve general welfare. In many cases, these proposals have made it harder for individuals to find work, which hurts their family members, including children.⁵

Virginia has had negative consequences as the result of imposing work requirements on safety net programs. Virginia's experience with work requirements in the cash assistance program for low-income families with children shows some of the challenges of trying to use work requirements to move families with significant barriers to self-sufficiency. The Virginia Initiative for Employment not Welfare (VIEW) began in 1995⁶ as part of Virginia's Aid to Families with Dependent Children (AFDC) program, and is now part of Virginia's Temporary Assistance for Needy Families (TANF) program. As of the 2016 fiscal year, most adults with TANF participated in work activities and many obtained employment. However, incomes for TANF recipients who obtained employment were extremely low, averaging just \$1,192 per month⁷, which falls below a poverty-level income for a family with just one child⁸.

⁴ <https://www.cbpp.org/blog/4109-more-arkansans-lost-medicaid-in-october-for-not-meeting-rigid-work-requirements>

⁵ [Page 2 Paragraph 2](#)

⁶ <https://rga.lis.virginia.gov/Published/2017/RD91/PDF>

⁷ <https://rga.lis.virginia.gov/Published/2017/RD91/PDF>

⁸ <https://www.federalregister.gov/documents/2016/01/25/2016-01450/annual-update-of-the-hhs-poverty-guidelines>

And while some tout the falling number of Virginia families who are receiving cash assistance through TANF as an example of the success of work requirements, the number of Virginia children living in poverty -- and even deep poverty -- has not seen the same drop. In the early 1990s before the state and national “welfare reform” initiatives, there were 227,000 poor children and 98,000 deeply poor children in Virginia, and 123,000 Virginia children lived in families that received cash assistance. As of the mid-2010s, there were slightly more poor children (236,000) and deeply poor children (102,000) than in the early 1990s, but just 46,000 lived in families that received cash assistance.⁹

As a result, there are now far more children living in deep poverty in Virginia than there are children whose families are receiving cash assistance to help make ends meet. This experience in our own state should inform the decision to impose another set of work requirements and cause long lasting financial harm to low and moderate income Virginians.

Complex Program Design Likely to Confuse Beneficiaries and Lead to Coverage Losses

The increased paperwork and reporting that would come with work requirements in Virginia would likely lead to a large share of individuals losing coverage due to the challenges -- for enrollees and administrators -- of navigating a complicated system. A study forecasting the impact of national implementation of work requirements on Medicaid found most people losing coverage in this scenario are disenrolled due to lack of reporting rather than not complying with the work requirement.¹⁰ Even in a scenario that uses a “low” disenrollment rate among the exempt/working population and a “high” disenrollment rate among those subject to the requirement, 62 percent of those losing coverage are in the exempt/working category.¹¹ Working people are likely to lose coverage due to barriers reporting work hours or failure to report an exemption.

In Arkansas, early results show a program that struggles to contact consumers regarding newly imposed work requirements. A Kaiser Family Foundation study found, despite a robust outreach campaign conducted by the state, health plans, providers, and beneficiary advocates, many enrollees have not been successfully contacted. Telephone calls have been a focus of state and health plan outreach efforts, but accurate phone numbers are often not available, or individuals do not answer calls or return messages from the state or health plans. Emails, social media and online videos appear to have had a limited reach among enrollees who may lack access to computers or the internet. Low literacy levels, non-English proficiency and the complexity of the requirements also make outreach, education and compliance more difficult.

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⁹ TCI analysis of 3 year averages from the March Supplement of the Current Population Survey retrieved via IPUMS and Virginia DSS

¹⁰ <https://www.kff.org/medicaid/issue-brief/implications-of-a-medicaid-work-requirement-national-estimates-of-potential-coverage-losses/>

¹¹ <https://www.kff.org/medicaid/issue-brief/implications-of-a-medicaid-work-requirement-national-estimates-of-potential-coverage-losses/>

¹² <https://www.kff.org/medicaid/issue-brief/an-early-look-at-implementation-of-medicaid-work-requirements-in-arkansas>

The same study concludes non-compliance with the new requirements to date is attributed to lack of knowledge and the complexity of new requirements. Lack of computer literacy and internet access among enrollees creates barriers to setting up online accounts as well as ongoing reporting. Providers, health plans, and beneficiary advocates all agreed that a number of enrollees need individualized help to walk through the online setup and reporting process, yet few enrollees are seeking assistance from registered reporters.¹³

Arkansas was the first state to implement a Section 1115 waiver that conditions Medicaid eligibility on meeting monthly work and reporting requirements. The Centers for Medicare and Medicaid Services (CMS) approved Arkansas' waiver amendment on March 5, 2018, and the new requirements took effect for the initial group of beneficiaries on June 1, 2018. As of October 8, 2018, more than 8,400 enrollees have lost Medicaid coverage as a result of the new work and reporting requirements.¹⁴ Another 5,000 were at risk of losing coverage with two months of non-compliance. Finally, 7,500 have one month of non-compliance and will lose coverage if they have two more non-compliance months.¹⁵ This is not a promising example of the work requirement model and further issues that have arisen in Arkansas are documented later on in this comment.

Work Requirements Do Not Support Quality Long Term Employment

When surveyed, the vast majority of people who are newly covered under Medicaid expansion in other states cite the new coverage as making it easier to look for, secure, or maintain employment. While the goal of TEEOP is “to enable enrollees to increase their health and well-being through community engagement leading to self-sufficiency”, the specifics of the program are likely to become barriers to health care and to work itself.

Research shows that over time, punitive work requirement programs can often backfire, while programs focused on training individuals for decent jobs are effective at boosting long-term employment. Looking at a collection of work requirement programs across the country, the Center on Budget and Policy Priorities found that some work requirement programs were associated with a modest increase or decrease in employment in the first two years, but in later years, the effects were mostly negligible to negative.¹⁶

The COMPASS proposal would not create a works support program that would be intensive enough to support beneficiaries in finding well-paying work. Even the high touch approach that was outlined in HB338, estimated to cost \$178 million for state and local governments over the first two years, would still fall far short of this degree of support.¹⁷ Consequently, the version of work requirements as proposed

¹³ <https://www.kff.org/medicaid/issue-brief/an-early-look-at-implementation-of-medicaid-work-requirements-in-arkansas>

¹⁴ <https://www.cbpp.org/blog/4109-more-arkansans-lost-medicaid-in-october-for-not-meeting-rigid-work-requirements>

¹⁵ <https://www.cbpp.org/blog/4109-more-arkansans-lost-medicaid-in-october-for-not-meeting-rigid-work-requirements>

¹⁶ [Page 4](#)

¹⁷ <http://lis.virginia.gov/cgi-bin/legp604.exe?181+oth+HB338FH1122+PDF>

under the COMPASS proposal will likely, at best, lead to negligible change in employment for low-income individuals over the long term, at worst; it could very well reduce employment for these individuals. This is despite budget language saying the program “shall include career services for program enrollees, services to link enrollees with industry certification and credentialing programs, including the New Economy Workforce Credential Grant Program, and individualized case management services.”¹⁸

Premiums and Copayments Will Exacerbate Harm from COMPASS Waiver

The COMPASS waiver will institute copayments for emergency hospital visits and monthly premiums for non-exempt enrollees between 100 and 138 percent of the Federal Poverty Limit (FPL). Health outcomes are expected to worsen for Virginians who will manage to keep Medicaid despite the new premium and copayment provisions. These individuals are much more likely to reduce usage of necessary services such as vaccinations, prescription drugs, mental health visits, preventive and primary care, inpatient and outpatient care, and adherence to needed medications.¹⁹ These are all essential services for preventing future health complications.

Premiums and increased cost sharing on low-income individuals have been shown to:

- Worsen blood pressure, vision, and higher rates of anemia;²⁰
- Increase the risk of death due to high blood pressure, by 14 percent;²¹
- Reduce adherence for diabetes and heart failure medication;²²
- Reduce use of substance abuse services and increased likelihood of relapse;²³
- Reduce vaccinations for viruses like influenza;²⁴
- Increase the risk of uncontrolled hypertension by 15 percent.²⁵

When Oregon implemented copayments and premiums for its Medicaid program, nearly half of the adults subjected to the new requirements lost coverage.²⁶ Research indicated that these low-income individuals likely experienced significantly worse health outcomes as a result of losing their health coverage than those

¹⁸ <https://budget.lis.virginia.gov/item/2018/2/HB5002/Substitute/1/303/>

¹⁹ [Effects of Cost Sharing](#) section

²⁰ <https://aspe.hhs.gov/basic-report/financial-condition-and-health-care-burdens-people-deep-poverty>

²¹ [Page 6, paragraph 6](#)

²² <https://familiesusa.org/1115-waiver-element-cost-sharing>

²³ <https://familiesusa.org/1115-waiver-element-cost-sharing>

²⁴ [Page 14](#)

²⁵ [Page 14](#)

²⁶ [Page 4](#)

that could afford to remain in the program. The same results can be expected for those losing coverage in Virginia.

The current COMPASS waiver proposes \$5 and \$10 premiums for individuals within 100 to 138 percent FPL. While this may seem like a small amount to some, research indicates that even seemingly modest premiums or copayments for health care, (amounts between \$1 to \$5), have consistently been found to significantly reduce use of necessary services²⁷ and health care outcomes²⁸ for Medicaid enrollees.

Research has demonstrated that when premiums are imposed on Medicaid enrollees, they are typically a significant added expense, leading to substantial drops in enrollment and the creation of debt.²⁹ Families that would be subjected to these premiums and copayments (those living just above the poverty line) have been found to cut back on necessities and go into debt to pay for medical care.³⁰

For a more complete summary of how premiums and cost-sharing affect health outcomes, see the Kaiser Health Foundation “The Effects of Premiums and Cost-Sharing on Low Income Populations” report.³¹

COMPASS Proposal Will Increase State Administrative Costs

A work requirement program in Virginia will be expensive, and it’s important to note that the vast majority of Medicaid enrollees are already working, disabled, ill, caretakers, pregnant women, students, retired, or looking for work. Only around 1 percent of enrollees don’t fit into one of those categories, according to national data with 60 percent of enrollees working, 15 percent ill or disabled, 12 percent caring for home/family, 6 percent classified as a student, 4 percent retired and 2 percent not being able to find work . This means that the state would incur additional expenses and administrative work to enforce a requirement that the vast majority of people are exempt from or already complying with.

Budget estimates show the state cost of starting work requirements will be more than \$25 million.^{32,33} This means it will cost the state additional money to kick people off of Medicaid because these individuals will still seek medical services resulting in uncompensated care for hospitals, and the state will end up picking up some of that expense without the federal match rate to assist with those costs.

²⁷<https://www.kff.org/medicaid/issue-brief/the-effects-of-premiums-and-cost-sharing-on-low-income-populations-updated-review-of-research-findings/>

²⁸ <https://aspe.hhs.gov/basic-report/financial-condition-and-health-care-burdens-people-deep-poverty>

²⁹ <https://familiesusa.org/product/charging-medicaid-premiums-hurts-patients-and-state-budgets> key findings

³⁰ [Key Findings](#)

³¹ <http://files.kff.org/attachment/Tables-The-Effects-of-Premiums-and-Cost-Sharing-on-Low-Income-Populations>

³² <https://budget.lis.virginia.gov/item/2018/2/HB5002/Substitute/1/303/>

³³ Page 2 <http://www.thecommonwealthinstitute.org/wp-content/uploads/2018/05/Key-Budget-Policy-Choices-2018-SpecialSession-GAadopted.pdf>

Conclusion

Thank you for the opportunity to submit a comment on the Virginia COMPASS 1115 demonstration waiver. We are happy to answer any questions regarding the comment and look forward to a response to our concerns.



President of The Commonwealth Institute for Fiscal Analysis

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018 at 1:11 PM
Subject: Virginia COMPASS Waiver Comments
To: 1115Implementation@dmas.virginia.gov <1115Implementation@dmas.virginia.gov> Cc: Brad Bachman <bbachman@asam.org>, Avtar Dhillon <asdhillon3@gmail.com>

Dear Ms. Puglisi,

Please see attached comments from the Virginia Society of Addiction Medicine, and the American Society of Addiction Medicine regarding the Commonwealth of Virginia's application to extend its Medicaid Section 1115 Waiver for an additional five years. Thank you for the opportunity to provide feedback. Please let us know if you have any questions or concerns.

Thank you,

[REDACTED]



[REDACTED] MPH

Senior Manager, Private Sector Relations

AMERICAN SOCIETY OF ADDICTION MEDICINE

11400 Rockville Pike, Suite 200



Rockville, MD 20852

[REDACTED]

[REDACTED]

www.ASAM.org

Register today for the ASAM State of the Art Course in Addiction Medicine & Pre-Courses, October 10-13, 2018 in Washington, DC!



Friday, October 19, 2018

Susan Puglisi
Virginia Department of Medical Assistance Services
Attn: Virginia COMPASS
600 E Broad Street
Richmond, VA 23219
Re: VA Section 1115 Waiver Extension Application

Dear Ms. Puglisi,

On behalf of the Virginia Society of Addiction Medicine (VASAM) and the American Society of Addiction Medicine (ASAM), a national medical specialty society representing over 6,100 physicians and allied health professionals who specialize in the prevention, treatment, and recovery from addiction, we would like to take this opportunity to provide comments to Virginia's section 1115 waiver demonstration extension application. While we applaud the Commonwealth of Virginia on its recent decision to expand Medicaid eligibility and continue the Addiction and Recovery Treatment Services (ARTS) program, we strongly urge the Commonwealth to consider the dangerous consequences of implementing this proposed waiver for Medicaid enrollees, including those enrollees with an addiction.

Unfortunately, the Commonwealth, as required by law, is requesting authority to implement cost-sharing, require Medicaid enrollees to meet work requirements, and pay premiums. If approved, ASAM and VASAM fear that this application will cause a significant loss of coverage resulting in a corresponding increase in the number of uninsured Virginians. Medicaid's primary objective is to provide health coverage to people who otherwise wouldn't have it. Designing policies that lead to a loss of coverage and an increase in the number of uninsured people therefore, cannot be justified as furthering the objective of Medicaid.

While taking away coverage for failure to meet a work requirement will be harmful for many Medicaid enrollees across demographic groups, these policies will be particularly harmful for people with a substance use disorder (SUD). Medicaid is a lifeline for many people with an SUD. Medicaid expansion has significantly increased coverage rates for people with an SUD and reduced the share of uninsured hospitalizations for SUD in Medicaid expansion states from 20 percent in 2013 to 5 percent in

2015.¹ Losing Medicaid coverage could be detrimental to the health of people living with a SUD in Virginia.

VASAM and ASAM oppose the new CMS policy on work requirements, as well as Virginia's application for waiver authority to implement work and other requirements as a condition of Medicaid eligibility. Additionally, given that only ten percent of people who need treatment for a SUD actually receive it due to lack of access to healthcare and cost, the exceptions proposed in the Commonwealth's waiver application are not adequate protections for those who may lose coverage due to circumstances beyond their control.

Virginia's proposed waiver extension application would count being in treatment for a SUD as an exemption from the Medicaid eligibility requirements. However, the Commonwealth's accommodations fall short because people with Medicaid coverage may not be in active treatment, or may not be in treatment deemed acceptable by the state. While Virginia's ARTS program is one of the leading programs of its kind in the nation, it is likely that some individuals subject to this proposed work requirement will not be captured by the ARTS program. In addition, some people with a SUD will have significant privacy concerns about disclosing their disorder to staff responsible for determining their eligibility for Medicaid. People who do not want to disclose the use of illegal substances may opt to forego coverage, putting their treatment and life at risk. VASAM and ASAM strongly urge the Commonwealth of Virginia to consider and adequately plan for the negative consequences that may result from receiving waiver authority to implement work requirements.

This waiver extension application would also require certain Medicaid enrollees to pay monthly premiums as high as \$10 per month. These proposed premiums may be extremely difficult for enrollees to pay given their limited incomes. Extensive research shows that premiums significantly reduce low-income people's participation in health coverage programs.² These studies also show that the lower a person's income, the less likely they are to enroll and the more likely they are to drop coverage due to premium obligations. People who lose coverage most often end up uninsured and are unable to obtain needed health care services. For example, under Indiana's waiver, fifty-five percent of people eligible to make a premium payment during their enrollment didn't do so at some point during their enrollment. Three-quarters of those below the poverty line who didn't make premium payments said they missed the payment because it was unaffordable, they were confused about how to pay, or they didn't know a premium was required.³

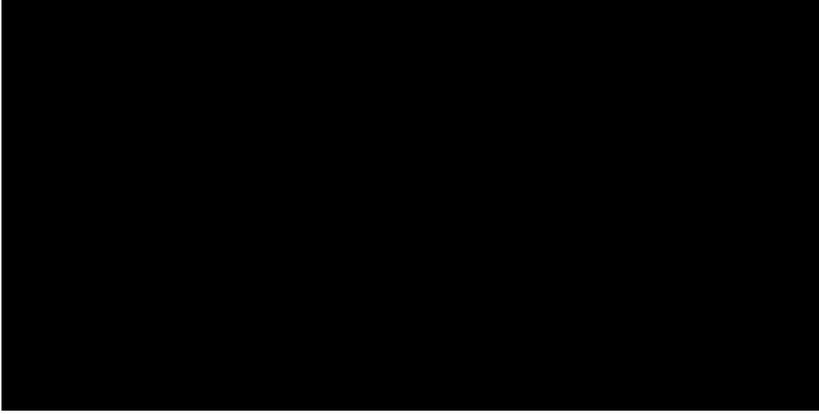
While we strongly urge Virginia to reconsider this application, we recommend that the Commonwealth and CMS work together to find solutions that ensure patients have access to care that is vital to treatment and recovery. VASAM and ASAM welcome further engagement with the state regarding this waiver application to find efficient and effective solutions to combat and end the opioid epidemic. If you have any questions, comments, or concerns, please contact [REDACTED] Senior Manager, ASAM Private Sector Relations, at 301-547-4106 or via email at [REDACTED]

¹ U.S. Department of Health and Human Services, "Continuing Progress on the Opioid Epidemic: The Role of the Affordable Care Act," January 11, 2017, https://aspe.hhs.gov/system/files/pdf/255456/ACA_Opioid.pdf

² Samantha Artiga, Petry Ubri, and Julia Zur, "The Effects of Premiums and Cost-Sharing on Low-Income Populations: Updated Review of Research Findings," The Kaiser Family Foundation, June 2017, <http://files.kff.org/attachment/Issue-Brief-The-Effects-of-Premiums-and-Cost-Sharing-on-Low-Income-Populations>.

³ The Lewin Group, "Healthy Indiana Plan 2.0: POWER Account Contribution Assessment," March 31, 2017, <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/in/Healthy-Indiana-Plan-2/in-healthy-indiana-plan-support-20-POWER-acct-cont-assesmnt-03312017.pdf>

Sincerely,



From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018 at 1:22 PM
Subject: Commenting on Virginia Compass
To: <1115Implementation@dmas.virginia.gov>

Access to health care is very important, that is why I am commenting on this proposed change.

Implementing the job requirement will not help many people get jobs because the majority of Medicaid enrollees are already working, disabled, ill, caretakers, pregnant women, students, retired, or looking for work. The requirement is a big cost with little possible result. The Commonwealth needs to make improvements to this draft.

As a social worker who has worked with many families who are vulnerable, it doesn't make sense to me to be punitive and create large program costs forcing citizens to show they are working. Most want to work or are too ill to do so. They need access to healthcare to support better health. Persons who have mental and physical healthcare can become strong enough to return to work opportunities if the economy provides them. But forcing the poor to work for healthcare just shows disrespect to the poor, subsidizes low wage workplace non-provision of working wages and benefits.

Thank you for taking my comments into consideration.

[REDACTED]

Eastern Mennonite University

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018 at 1:22 PM
Subject: Responding to Medicaid waiver idea
To: <1115Implementation@dmas.virginia.gov>

I am concerned about proposed new requirements to receive coverage under Virginia's Medicaid program. Healthcare is a human right, and I expect my representatives to do everything they can to increase access to healthcare, not obstruct it.

For one, work requirements are unjust. They sound good on paper (kind of), but they fail to recognize that many people's employment situations are in flux, sometimes consistently, and many others are simply not able to meet the specifics of work requirements due to ongoing health and financial hardships, as well as language barriers, cognitive disabilities, and just logistical complications.

All that aside, it's just wrong to deny healthcare, plain and simple. What has any one of us done to earn basic human rights? Nothing. We do not earn these things. We are simply entitled to healthcare as human beings in a country that could easily afford to provide it, if our leaders didn't prioritize profits for drug and insurance companies over care for people.

I live in the coalfields and I am particularly aggrieved to see coal miners who sacrificed their health for the rest of us to have the comforts of modern life, and for their employers to enjoy vast riches, have to fight for black lung benefits. The black lung benefits system is complicated and burdensome. It's an absolute insult to these coal miners to have to fight for the care they need to live and have surely "earned" if anyone has. Furthermore, in many cases elderly and disabled miners' family members are providing care for them on a full-time basis and are unable to work on the books anywhere as a result. According to the proposed work requirements, these miners' family members would not be eligible for Medicaid themselves. It's a travesty.

I hope that Virginia can chart a course moving forward that streamlines and simplifies individual's access to Medicaid, and in so doing, I hope we can move one step closer to universal healthcare for all.

Thanks for accepting these comments. Secondly,

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018 at 1:50 PM
Subject: New Medicaid Waiver Comments
To: <1115Implementation@dmas.virginia.gov>

I am commenting on the new Virginia COMPASS medicaid waiver. Many people with low incomes have to move frequently and might even be homeless. These living conditions make it hard to comply with programs that have demands like this, so this group of Virginians would still end up without coverage. Thank you for considering my thoughts. I believe Virginia can do better than this.

[REDACTED] Virginia Organizing

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018 at 1:50 PM
Subject: COMPASSobjections
To: <1115Implementation@dmas.virginia.gov>

I am writing with regard to Virginia's COMPASS program and my opposition to certain components of it. Charging monthly premiums will make it harder for people with chronic illness to visit their doctors. Routine visits in order to monitor conditions and receive prescriptions will become too costly which can lead to negative health outcomes.

If programs have complicated requirements like the work reporting, the result adds to the hardship a family already faces. It can also deter people from enrolling in the first place because they are not confident they can keep up with the qualifications. Please make necessary improvements to the proposed draft. Thank you for your consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018 at 1:50 PM
Subject: Virginia COMPASS Waiver Application
To: <1115Implementation@dmas.virginia.gov>

The comments in this email should be considered in relation to Virginia's Medicaid waiver application. Those who qualify for Medicaid need it to maintain consistent healthcare. If it were not for Medicaid hundreds of thousands of people would not have any access. We should not have a program that diminishes access.

Job requirements like this and other efforts to take away public supports to try to encourage people to work have poor track records. The reasons people are unemployed are sometimes too complicated to address in the way this proposal does. This requirement will just deny people healthcare coverage. I appreciate your time.

Thank you for reading my comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018 at 2:32 PM
Subject: Support for 1115 Waiver
To: 1115Implementation@dmas.virginia.gov <1115Implementation@dmas.virginia.gov>

Hello,

I am writing to express my support for the Medicaid Expansion 1115 Demonstration Waiver. Moreover, I'd like to urge payment to Community Health Workers to support the goals of DMAS.

Best,

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018 at 2:43 PM
Subject: American Lung Association Comments on 1115 Demonstration Extension Application
To: 1115Implementation@dmas.virginia.gov <1115Implementation@dmas.virginia.gov>

Dear Dr. Lee,

Attached please find comments from the American Lung Association on the Virginia Department of Medical Assistance Services 1115 Demonstration Extension Application – Virginia COMPASS: Creating Opportunities for Medicaid Participants to Achieve Self-Sufficiency.

Please let me know if you have any questions or trouble with the attachment. Sincerely,

[REDACTED]

[REDACTED]

Senior Division Director State Public Policy

Eastern

American Lung Association

[REDACTED]

[REDACTED]

October 19, 2018

Jennifer Lee, MD
Secretary
Virginia Department of Medical Assistance Services
600 East Broad Street
Richmond, VA 23219

**Re: Virginia Department of Medical Assistance Services 1115
Demonstration Extension Application – Virginia COMPASS: Creating
Opportunities for Medicaid Participants to Achieve Self-Sufficiency**

Dear Dr. Lee:

The American Lung Association in Virginia appreciates the opportunity to submit comments on the Virginia Department of Medical Assistance Services 1115 Demonstration Extension Application – Virginia COMPASS: Creating Opportunities for Medicaid Participants to Achieve Self-Sufficiency.

The American Lung Association is the oldest voluntary public health association in the United States, currently representing the 33 million Americans living with lung diseases including asthma, lung cancer and COPD, including nearly 975,000 Virginians. The Lung Association is the leading organization working to save lives by improving lung health and preventing lung disease through research, education and advocacy.

The American Lung Association in Virginia believes everyone, including Medicaid enrollees, should have access to quality and affordable health coverage. Unfortunately, this waiver creates administrative and financial barriers that will jeopardize patients' access to quality and affordable health coverage, and the Lung Association in Virginia therefore opposes the proposed waiver.

Work and Community Engagement Requirements

The Virginia Department of Medical Assistance Services 1115 Demonstration Extension Waiver seeks to add a work and community engagement requirement for some Medicaid enrollees. This would increase the administrative burden on all Medicaid patients. Individuals will need to either attest that they meet certain exemptions or 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 or not. Arkansas is currently implementing a similar policy requiring Medicaid enrollees to

report their hours worked or their exemption. As of October 1, four months into implementation, the state has terminated coverage for 8,462 individuals and locked them out of coverage until January 2019.¹ An additional 12,589 individuals had one or two months of noncompliance and are at risk for losing coverage in the coming months.² In another case, 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 2004.³ Battling administrative red tape in order to keep coverage should not take away from patients' or caregivers' focus on maintaining their or their family's health.

Failing to navigate these burdensome administrative requirements could have serious – even life or death – consequences for people with serious, acute and chronic diseases. If the state finds that individuals have failed to comply with the new requirements for three months within a 12-month period, they will be locked out of coverage until they demonstrate their compliance. People who are in the middle of treatment for a life-threatening disease, rely on regular visits with healthcare providers or must take daily medications to manage their chronic conditions cannot afford a sudden gap in their care.

The American Lung Association in Virginia is also concerned that the current exemption criteria may not capture all individuals with, or at risk of, serious and chronic health conditions that prevent them from working. Additionally, Virginia's "good cause" exemption that includes circumstances like hospitalizations or serious illnesses is still not sufficient to protect patients. In Arkansas, many individuals were unaware of the new requirements and therefore unaware that they needed to apply for such an exemption,⁴ and in August the state granted just 45 good cause exemptions while terminating coverage for 4,353 individuals at the end of that month.⁵ No exemption criteria can circumvent this problem and the serious risk to the health of the people we represent.

Administering these requirements will be expensive for Virginia. States such as Michigan, Pennsylvania, Kentucky and Tennessee have estimated that setting up the administrative systems to track and verify exemptions and work activities will cost tens of millions of dollars.⁶ Virginia's fiscal impact statement estimated that the changes to the IT system would cost approximately \$8 million.⁷ These costs would divert resources from Medicaid's core goal – providing health coverage to those without access to care.

Ultimately, the requirements outlined in this waiver do not further the goals of the Medicaid program or help low-income individuals improve their circumstances without needlessly compromising their access to care. Most people on Medicaid who can work already do so.⁸ A study published in *JAMA Internal Medicine*, looked at the



employment status and characteristics of Michigan's Medicaid enrollees.⁹ The study found only about a quarter were unemployed (27.6 percent). Of this 27.6 percent of enrollees, two thirds reported having a chronic physical condition and a quarter reported having a mental or physical condition that interfered with their ability to work. In another report looking at the impact of Medicaid expansion in Ohio, the majority of enrollees reported that that being enrolled in Medicaid made it easier to work or look for work (83.5 percent and 60 percent, respectively).¹⁰ Terminating individuals' Medicaid coverage for non-compliance with these requirements will therefore hurt rather than help people search for and obtain employment. The Lung Association in Virginia opposes the work and community engagement.

Premiums and Cost-Sharing

One feature of the Virginia COMPASS program is to charge premiums to some Medicaid expansion enrollees. Premiums will range from \$5 - \$10 per month. If an enrollee fails to pay a month's premium, following a three-month grace period, coverage will be suspended until the enrollee is able to pay the premium. Additionally, enrollees above 100 percent of the federal poverty level will be required to contribute, through the monthly premiums, either \$50 or \$100 depending on income level and participate in a healthy behavior activity to access a premium account to pay for non-covered medical or health-related services. This program is unnecessarily confusing and will not promote coverage.

Premiums both increase the number of enrollees who lose Medicaid coverage and discourage eligible people from enrolling in the program.¹¹ When Oregon implemented a premium in its Medicaid program, with a maximum premium of \$20 per month, almost half of enrollees lost coverage.¹² For individuals with lung disease, maintaining access to comprehensive coverage is vital to ensure patients continue to maintain access to medication for asthma and COPD.

Indiana implemented a similar payment structure in a previous waiver demonstration. The evaluation report¹³ from the waiver demonstration found that over half of Medicaid enrollees failed to make at least one payment. The report also found that 29 percent of Medicaid eligible individuals either never enrolled because they did not make a payment or were disenrolled for failure to make payments. Coverage losses on this scale, especially for patients needing access to life-saving and life-sustaining treatment, would be dire. For example, patients with lung cancer stopping treatment for failure to pay a premium can have dire and even deadly consequences.

Ultimately, all of these changes will create confusion and significant barriers for patients that will jeopardize their access to needed care. The Lung Association in Virginia opposes the addition of premiums and increased cost-sharing.



Co-Payments for Non-Emergent Use of the ED

The Virginia 1115 Demonstration Extension application includes a proposal to charge certain enrollees a five-dollar copayment for non-emergent use of the emergency department (ED) use. This policy could deter people from seeking necessary care during an emergency. Delays in care could have harmful impacts on the short- and long-term health of individuals with serious, acute and chronic diseases.

People should not be financially penalized for seeking lifesaving care for a breathing problem, a heart attack, hyperglycemia, complications from a cancer treatment, or any other critical health problem that requires immediate care. When people do experience severe symptoms, they should not try to self-diagnose their condition or worry that they can't afford to seek care. Instead, they must have access to quick diagnosis and treatment in the ED.

Evidence suggests cost-sharing may not result in the intended cost savings.¹⁴ Research demonstrates that low-income individuals served by Medicaid are more price sensitive compared to others, more likely to go without needed care, and more likely to experience long-term adverse outcomes. A study of enrollees in Oregon's Medicaid program demonstrated that implementation of a copay on emergency services resulted in decreased utilization of such services but did not result in cost savings because of subsequent use of more intensive and expensive services.¹⁵ This provides further evidence that copays may lead to inappropriate delays in needed care. The Lung Association in Virginia opposes the punitive cost-sharing for non-emergent use of the emergency department.

The American Lung Association believes healthcare should be affordable, accessible, and adequate. The [REDACTED] COMPASS program does not meet that standard. Thank you for the opportunity to provide comments.

[REDACTED]

[REDACTED]

Senior Division Director, State Public Policy
Eastern Division



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- ¹ Arkansas Department of Health and Human Services, Arkansas Works Program, August 2018. Accessed at: https://ccf.georgetown.edu/wp-content/uploads/2018/09/091218_AWReport_Final.pdf.
- ² Arkansas Department of Health and Human Services, Arkansas Works Program, August 2018. Accessed at: https://ccf.georgetown.edu/wp-content/uploads/2018/09/091218_AWReport_Final.pdf.; Arkansas Department of Health and Human Services, Arkansas Works Program, September 2018
- ³ 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.
- ⁴ Jessica Greene, “Medicaid Recipients’ Early Experience With the Arkansas Medicaid Work Requirement,” Health Affairs, Sept. 5, 2018. Accessed at: <https://www.healthaffairs.org/doi/10.1377/hblog20180904.979085/full/>.
- ⁵ Arkansas Department of Health and Human Services, Arkansas Works Program, August 2018. Accessed at: https://ccf.georgetown.edu/wp-content/uploads/2018/09/091218_AWReport_Final.pdf.
- ⁶ Michigan House Fiscal Agency, Legislative Analysis of Healthy Michigan Plan Work Requirements and Premium Payment Requirements, June 6, 2018, <http://www.legislature.mi.gov/documents/2017-2018/billanalysis/House/pdf/2017-HLA-0897-5CEEF80A.pdf>; House Committee on Appropriations, Fiscal Note for HB 2138, April 16, 2018, <http://www.legis.state.pa.us/WU01/LI/BI/FN/2017/0/HB2138P3328.pdf>; Misty Williams, “Medicaid Changes Require Tens of Millions in Upfront Costs,” Roll Call, February 26, 2018, <https://www.rollcall.com/news/politics/medicaid-kentucky>.
- ⁷ Joint Legislative Audit and Review Commission. Fiscal Impact Review. Bill number: HB 338 (Committee Substitute) Medicaid work requirement. Accessed at: <http://lis.virginia.gov/cgi-bin/legp604.exe?181+oth+HB338JH1110+PDF>
- ⁸ Rachel Garfield, Robin Rudowitz, and Anthony Damico, “Understanding the Intersection of Medicaid and Work,” Kaiser Family Foundation, February 2017, <http://kff.org/medicaid/issue-brief/understanding-the-intersection-of-medicaid-and-work/>.
- ⁹ Renuka Tipirneni, Susan D. Goold, John Z. Ayanian. Employment Status and Health Characteristics of Adults With Expanded Medicaid Coverage in Michigan. *JAMA Intern Med*. Published online December 11, 2017. doi:10.1001/jamainternmed.2017.7055
- ¹⁰ Ohio Department of Medicaid, 2018 Ohio Medicaid Group VII Assessment: Follow-Up to the 2016 Ohio Medicaid Group VIII Assessment, August 2018. Accessed at: <http://medicaid.ohio.gov/Portals/0/Resources/Reports/Annual/Group-VIII-Final-Report.pdf>
- ¹¹ Artiga, Samantha, Petry Ubri and Julia Zur. The Effects of Premiums and Cost Sharing on Low-Income Populations: Updated Review of Research Findings. Kaiser Family Foundation. June 1, 2017. Accessed at: <https://www.kff.org/medicaid/issue-brief/the-effects-of-premiums-and-cost-sharing-on-low-income-populations-updated-review-of-research-findings/>
- ¹² Artiga, Samantha, Petry Ubri and Julia Zur. The Effects of Premiums and Cost Sharing on Low-Income Populations: Updated Review of Research Findings. Kaiser Family Foundation. June 1, 2017. Accessed at: <https://www.kff.org/medicaid/issue-brief/the-effects-of-premiums-and-cost-sharing-on-low-income-populations-updated-review-of-research-findings/>
- ¹³ The Lewin Group, Health Indiana Plan 2.0: POWER Account Contribution Assessment (March 31, 2017). Accessed at: <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/in/Healthy-Indiana-Plan-2/in-healthy-indiana-plan-support-20-POWER-acct-cont-assesmnt-03312017.pdf>
- ¹⁴ See for example: Chernew M, Gibson TB, Yu-Isenberg K, Sokol MC, Rosen AB, Fendrick AM. Effects of increased patient cost sharing on socioeconomic disparities in health care. *J Gen Intern Med*. 2008. Aug; 23(8):1131-6. Ku, L and Wachino, V. “The Effect of Increased Cost-Sharing in Medicaid: A Summary of Research Findings.” Center on Budget and Policy Priorities (July 2005), available at <http://www.cbpp.org/5-31-05health2.htm>.
- ¹⁵ Wallace NT, McConnell KJ, et al. How Effective Are Copayments in Reducing Expenditures for Low-Income Adult Medicaid Beneficiaries? Experience from the Oregon Health Plan. *Health Serv Res*. 2008 April; 43(2): 515–530.

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018 at 2:47 PM
Subject: Public Comment re Virginia C.O.M.P.A.S.S. Creating Opportunities for Medicaid Participants to Achieve Self-Sufficiency
To: <1115Implementation@dmas.virginia.gov>

For the many non-native English speaking Asian American and Pacific Islanders (AAPI) in the Commonwealth, please describe what Asian in-language support you are providing and will provide prior to the November 1, 2018 open enrollment start date (i) to promote Virginia's new health coverage for adults ("Medicaid Expansion"), (ii) to enroll in Medicaid Expansion, and (iii) to deliver services and implement Medicaid Expansion.

[REDACTED]

Chairperson, Virginia Asian Advisory Board <https://www.vaab.virginia.gov/>

[REDACTED]

[REDACTED]

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018 at 2:53 PM
Subject: My concerns about the Virginia COMPASS program
To: <1115Implementation@dmas.virginia.gov>

This email offers my opinion about changes to Virginia's Medicaid program that I find problematic. Managing health on an ongoing basis is the way to keep people healthy and reduce the overall cost of healthcare. By requiring monthly premiums for Medicaid patients and setting up confusing health and wellness accounts, we are likely to miss the opportunity to keep costs down and our population healthy.

The proposed changes to Medicaid would take away health insurance from sick individuals when they need it most. I do not support this approach. Virginians should have easy access to the right care. Thank you for allowing me to offer my thoughts on this proposal.

[REDACTED]

From: [REDACTED] <[REDACTED]>

Date: Fri, Oct 19, 2018 at 2:53 PM

Subject: My letter on work requirements waiver

To: <1115Implementation@dmas.virginia.gov>

Health care is a fundamental human right - period. It should never be tied to conditions. This is a thinly disguised attack on the right of all people to health care. If you truly want to help people have dignified and meaningful jobs, you should support programs targeted towards that goal. Do not use it as a self righteous and cruel attempt to deny people their right to health care. Thank you.

[REDACTED] Harrisonburg Virginia Organizing

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018 at 2:53 PM
Subject: Commenting on Virginia Compass
To: <1115Implementation@dmas.virginia.gov>

I oppose the proposed 1115 Medicaid Waiver in Virginia and would like to make a public comment about it. The purpose of expanding Medicaid is to encourage people to access healthcare on a consistent basis and maintain good health so they can remain working and productive. By adding monthly premiums, we are creating a barrier that will be too high for many people.

The many barriers in this Medicaid proposal mean that there will likely be gaps in healthcare coverage that deny people the opportunity to access care. This works against what the program was supposed to achieve. I appreciate your consideration of my comments as you make changes to this draft.

[REDACTED]

Virginia Organizing Harrisonburg

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018 at 3:13 PM
Subject: NO Medicaid Waiver
To: <1115Implementation@dmas.virginia.gov>

I am writing to you today regarding Virginia's Medicaid waiver proposal, I oppose the aspects of this program that create new burdens on people who are already struggling. In states with requirements like the ones in this proposal, the results were that nearly half of the new adults enrolled in Medicaid expansion ended up losing coverage. Virginia needs a program that has a better success rate than that. Removing some of the proposed restrictions would help to improve access.

Virginia should not implement health and wellness accounts because there is very little research showing that health and wellness accounts help Medicaid recipients use services more cost-effectively. Please consider my comments on this proposed new program.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018 at 3:13 PM
Subject: New Medicaid waiver comments
To: <1115Implementation@dmas.virginia.gov>

This letter is in opposition to the burdensome requirements proposed for Virginians with Medicaid in Virginia. I hope you will take my views into account. Establishing a work requirement uses dollars that could have a greater impact on someone's health and well-being if devoted to other areas of the state's Medicaid program.

This requirement is not well formulated and threatens to make the entire effort a failure. I hope my comments are helpful.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018 at 3:29 PM
Subject: Comments of the ABA HSA Council
To: 1115Implementation@dmas.virginia.gov <1115Implementation@dmas.virginia.gov> Cc: Jennifer Hatten <jhatten@aba.com>

Please find attached comments pertaining to the DMAS waiver application to CMS.

[REDACTED]

Executive Director & Founder, ABA HSA Council SVP & Director, ABA Office of Insurance Advocacy ABA
Congressional Relations & Political Affairs

[REDACTED]

[REDACTED]



[REDACTED]

We are sending you this e-mail primarily for your information, to meet your needs and further our valued relationship. If you prefer not to receive any further messages from us, just reply to this e-mail and let us know. Thanks.

American Bankers Association 1120 Conn. Ave NW Wash DC 20036



October 19, 2018

Susan Puglisi
Virginia Department of Medical Assistance Services
Attn: Virginia COMPASS
600 E Broad Street
Richmond, VA 23219

By email to: 1115Implementation@dmas.virginia.gov

RE: The Virginia C.O.M.P.A.S.S Draft CMS Waiver Application

Dear Mrs. Puglisi:

The American Bankers Association's HSA Council represents about ninety-four percent of all the Health Savings Accounts (HSAs) in the United States and the millions of Americans who finance their healthcare with these plans. We appreciate the opportunity to review and comment on Virginia's proposed Medicaid waiver and submit these recommendations to you on the narrow question of Virginia's ability to establish a program much like that which has successfully thrived in Indiana.

The Affordable Care Act's (ACA) Medicaid expansion provisions give states an opportunity to design health benefit plans for their citizens which can include the type of consumer directed healthcare (CDH) features present in commercial insurance, like HSAs.

A successful example of a state's Medicaid expansion program that includes CDH features can be found in Indiana's Healthy Indiana Plan 2.0 (HIP 2.0).

The HIP 2.0 program provides enrollees with a fully funded high-deductible account-based plan paired with a Personal Wellness and Responsibility (POWER) account. POWER accounts cover the deductible, eligible out of pocket expenses and value added benefits associated with the program. Further, HIP 2.0 requires enrollees to make premium contributions and provides incentives to do so.

According to the Lewin Group's audit of Indiana's HIP 2.0 program, the state was able to realize significant savings over standard Medicaid operations¹. Indiana saved 5-6% over

¹ The Lewin Report can be found in this link: <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/in/Healthy-Indiana-Plan-2/in-healthy-indiana-plan-support-20-POWER-acct-cont-assesmnt-03312017.pdf>

expected program costs; its expansion costs were approximately \$50,000,000 less than if an account-based structure wasn't present; and, these savings were realized even after increasing provider re-imburement to Medicare rates which attracted 6,400 additional providers to the program.

Account-based structures for working Medicaid enrollees also generated a qualitative improvement in individual living habits. Sixty-two percent of HIP enrollees maintained a balance in their account after the first year; nearly half (48%) of HIP members qualified for rollover of their unused POWER account funds during the first year of the program; and, of the members who earned rollover, 47% also earned State-matching rollover funds which members earn by successfully managing their POWER accounts and receiving preventive care.

Account-Based Benefit Design

The Virginia statute passed to allow for Medicaid expansion, found in Virginia's 2018 appropriations act, requires DMAS to:

“include provisions to foster personal responsibility and prepare newly eligible enrollees for participation in commercial health insurance plans to include use of private health plans, premium support for employer-sponsored insurance, health and wellness accounts, appropriate utilization of hospital emergency room services, healthy behavior incentives, and enhanced fraud prevention efforts, among others through the State Plan amendments, contracts, or other policy changes.”

Virginia Statute also requires that:

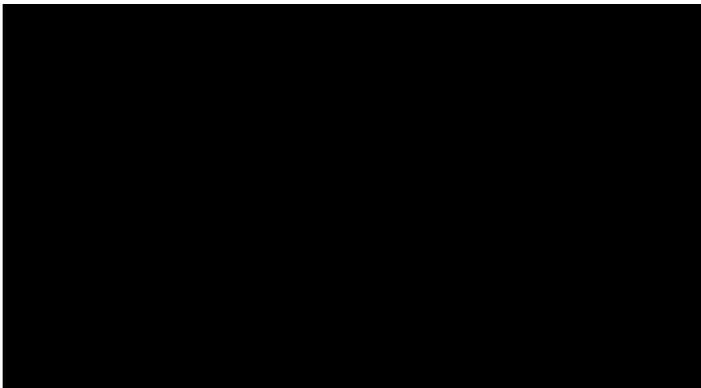
“The demonstration shall include (1) the development of a health and wellness account for eligible individuals, comprised of participant contributions and state funds to be used to fund the health insurance premiums and to ensure funds are available for the enrollee to cover out-of-pocket expenses for the deductible, with the ability to roll over the funds from the account into succeeding years if not fully used”

These passages could easily describe Indiana's POWER Account structure. Indeed, they appear to; however, Virginia's Waiver Application to CMS does not embrace this approach. Account structures like the POWER Account encourage healthy behaviors, and thus, reduce costs. Indiana's approach produced both cost benefits and consumer behavior change.

Despite clearly having the statutory authority to replicate or even improve upon the Indiana model, Virginia's waiver application appears to embrace a much less effective standard. We urge the state to reconsider this approach and to embrace the HIP 2.0 model in order to secure what will no doubt be better cost and quality outcomes.

We have been engaged in account-based health policy since the inception of HSAs in 2003. We would be delighted to assist DMAS in this matter.

Respectfully,



From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018 at 3:31 PM
Subject: Comments by VA Chapter, American Academy of Pediatrics
To: <1115Implementation@dmas.virginia.gov>

Cc: [REDACTED]

Please accept our attached comments on the waiver application. Thank you [REDACTED]

[REDACTED]

[REDACTED]

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



Virginia Chapter

[REDACTED]

October 18, 2018

Susan Puglisi
Virginia Department of Medical Assistance Services
Attn: Virginia COMPASS
600 E Broad Street
Richmond, VA 23219

Dear Ms. Puglisi,

The Virginia Chapter of the American Academy of Pediatrics (AAP), a nonprofit organization representing 1,189 pediatricians from across the state, dedicated to the health, safety and well-being of all Virginia infants, children, adolescents and young adults, thanks you for the opportunity to provide comments on the proposed Medical Assistance Services 1115 Demonstration Extension Application.

First, we would like to express our gratitude for expanding the Medicaid program to adults earning up to 138% of the federal poverty level (FPL). The choice to expand access to care in Virginia will only serve to make families in our state healthier and stronger.

As pediatricians we know that parents who are enrolled in coverage are more likely to have children enrolled in coverage, and parents with coverage are also more likely to maintain their children's coverage over time. Research shows the positive effects that Medicaid coverage of adults is having in other states in terms of coverage, access to care, utilization, affordability, health outcomes, and many economic measures.¹ New research also demonstrates that coverage of parents has spillover effects in terms of increased used of preventive services by children.²

We write today to ensure that children and families are not unduly harmed, should the state implement its proposed Training, Education, Employment and Opportunity Program (TEEOP). Specifically, we want to ensure that children and families continue to receive the Medicaid coverage and needed medical care they are entitled to under the expansion, without unnecessary delay or interruption.

As Virginia moves to implement the TEEOP, we urge that specific attention be paid to the following areas:

- **Notification to beneficiaries of new work requirements.** Virginia can look to Arkansas, the only state that has implemented a Medicaid work requirement to date to determine the most effective means of outreach to those who will be impacted by the new work requirements here. In Arkansas, a majority of enrollees subject to the new requirements were simply

AAP Headquarters
141 Northwest Point Blvd
Elk Grove Village, IL 60007-1098
Phone: 847/434-4000
Fax: 847/434-8000
E-mail: kidsdocs@aap.org

¹ <https://www.kff.org/medicaid/issue-brief/the-effects-of-medicaid-expansion-under-the-aca-updated-findings-from-a-literature-review-september-2017/>

² <http://pediatrics.aappublications.org/content/early/2017/11/09/peds.2017-0953>

unaware of them.³ State outreach via telephone had limited effectiveness, as enrollees' state data profile may not have included a current phone number. Meanwhile, written notices could be confusing and not account for lower levels of literacy or a lack of English proficiency. Social media and other online outreach had limited impact in Arkansas due to lack of access to computers and/or the internet.⁴ Currently, Virginia is currently ranked 43rd in the country for access to the internet.⁵ As you work to determine the best means to reach Medicaid enrollees affected by the TEEOP, we hope the Commonwealth makes a significant effort to ensure those impacted would be made aware of the new requirements as well as how to meet them in order to avoid a loss of coverage.

- **Reporting of compliance with, or exemption from, work requirements.** The extension application does not appear to note how beneficiaries will attest to either meeting the requirements or documenting an exemption. If these processes are too difficult or onerous, individuals who are meeting the work requirement or eligible for an exemption could face obstacles with compliance, resulting in a loss of needed coverage. If reporting compliance with these rules is only to be done via an online tool, as is currently being done in Arkansas, this could result in many eligible individuals losing much needed coverage. As many as 33% of Medicaid enrolled adults report they never use a computer, 28% do not use the internet, and 41% do not use e-mail.⁶ Virginia should adopt a “no wrong door” policy for individuals to report compliance, to ensure that those meeting the requirements or eligible for an exemption do not inappropriately lose coverage.
- **Determination of exemptions.** We appreciate the comprehensive list of individuals who would be exempt from the proposed work requirement, as well as the addition of hardship/good cause exemptions. However, we believe the state should ensure the process for determining an exemption is clear and well-defined. While mention is made of a screening tool to be administered by managed care plans, eligibility workers, and healthcare providers to identify those who are medically frail, we hope you work with physicians and non-physician clinicians in the development of this tool and in its use. Efforts should be made to ensure that those clinicians familiar with an individuals' health status are involved in this determination, and there should be a robust appeals process in place if an enrollee or their physician disputes an outcome.
- **Premiums for individuals between 100% and 133% of federal poverty level (FPL).** As proposed, Virginia's Medicaid extension waiver would require individuals earning between 100% and 138% (133%, with 5% disregard) of FPL to pay a premium of 5% of their income. While premium payments on the surface can seem nominal, research has demonstrated that cost sharing for individuals with low-incomes can prevent those eligible for programs from seeking coverage, and those enrolled in coverage from seeking care.⁷ While the Commonwealth may see initial cost savings as people lose coverage due to lack of ability to pay, uncompensated care costs could increase as more uninsured individuals seek care in emergency departments. The Commonwealth should monitor the impact this provision would have on individuals and their abilities to maintain coverage and access care.

Thank you for the opportunity to provide comments on this Medicaid extension application. We hope the Commonwealth takes the thoughts of Virginia's pediatricians into consideration as it contemplates changes to the Medicaid program.

³ <https://www.healthaffairs.org/doi/10.1377/hblog20180904.979085/full/>

⁴ <http://files.kff.org/attachment/Issue-Brief-An-Early-Look-at-Implementation-of-Medicaid-Work-Requirements-in-Arkansas>

⁵ <https://www.usnews.com/news/best-states/rankings/infrastructure/internet-access>

⁶ <https://www.kff.org/medicaid/issue-brief/implications-of-work-requirements-in-medicaid-what-does-the-data-say/>

⁷ <https://www.kff.org/medicaid/issue-brief/premiums-and-cost-sharing-in-medicaid-a-review-of-research-findings/>

Sincerely,



From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018 at 3:36 PM
Subject: Public Comment
To: <1115Implementation@dmas.virginia.gov>

Cc: [REDACTED] <[REDACTED]>

October 19, 2018

RE: Mental Health America of Virginia (MHAV) Comment on the Medicaid Expansion 1115 Waiver Dear Dr. Lee:

Founded in 1937, MHAV is the oldest mental health advocacy organization in Virginia. Our mission is to educate, empower and advocate on behalf of individuals, communities, and organizations to improve mental health. We are working toward a time when all Virginians achieve optimal mental wellness. Expanding the number of Virginians eligible to receive Medicaid, and also expanding the range of Medicaid reimbursable services, are important steps toward realizing this vision.

MHAV is writing to support inclusion of reimbursement for supported housing and employment services contained in the 1115 waiver application. National data continues to prove how integral all social determinants of health are in helping people experiencing mental illness live self-determined lives in their home communities. Safe and stable housing and meaningful employment are particularly important for facilitating strong recovery; recent research indicates that for many people living with mental illness, addressing their core needs for housing and employment more effectively supports self-determination and recovery than does clinical mental health care.

While we cannot voice our appreciation for the inclusion of housing and employment supports loudly enough, we are also deeply concerned about proposed monthly premiums for individuals with income between 100-138% of the federal poverty level. Many of the adults our affiliates work with and advocate for within this income range are already not able to cover their basic human needs, especially in high cost of living portions of the Commonwealth such as Northern Virginia and Charlottesville. While some will qualify for a TEEOP exemption, others will not. Denying these Virginians access to Medicaid because they cannot afford the monthly premium will not prevent them from utilizing high cost care, such as Emergency Departments. It will simply mean the care they do receive is not reimbursed, which in turn drives up health care costs for everyone.

In summary, MHAV views the inclusion of supported housing and employment services in the 1115 waiver application as progressive and recovery-oriented thinking that will result in improved outcomes for our friends, family members, and

neighbors living with behavioral health needs. We appreciate the need to promote the assumption of personal responsibility for health outcomes and feel that can be achieved through more equitable means than the proposed monthly premium. We are thrilled that after five long years of advocacy Medicaid expansion has come to Virginia! Thank you for this opportunity to comment on the 1115 waiver application.

Sincerely,

[REDACTED]



 *Non-Emergency Warm Line (Listening & Referrals)*

www.mhav.org



Right-click here to download pictures. To help protect your privacy,

Outlook prevented automatic download of this picture from the Internet.

To educate, empower, and advocate to improve the mental health of all Virginians

Please consider supporting Mental Health America of Virginia by making a donation. <http://mhav.org/donate/>

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018 at 3:39 PM
Subject: Stop the Work Requirement! Letter to Representatives Tool
To: <1115Implementation@dmas.virginia.gov>

Hello,

Medicaid expansion should not have a work requirement.

Work requirements will lead to thousands of people losing healthcare — and will do nothing to lift Virginians out of poverty.

Instead, it will do the following:

- Limit people's access to a basic necessity — healthcare— that all Virginians should be able to have.
- Work requirements create costly provisions and don't make sense
- The Virginia COMPASS proposal is complex and burdensome and bad for our state

It is a punitive measure that makes lives worse for individuals and families.

I reject this proposal and call for Medicaid expansion free of work requirements.

Sincerely, [REDACTED]

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From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018 at 3:39 PM
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To: <1115Implementation@dmas.virginia.gov>

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Hello, Susan,

Please stop this attack on what VA voters have clearly said we want: clean access to affordable health coverage through Medicaid for childless adults who are out of work.

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Hello,

Why are you so DETERMINED to make it hard for poor people to see a doctor when they get sick? It's as simple as that. Health care has nothing whatsoever to do with work requirements. Do you really believe that unemployed poor people go to a doctor or to the emergency room for entertainment - instead of going to a movie or buying a ticket to "Hamilton"?

Do you realize how SICK it is for a government to try at every turn to make poor folks' life more difficult? Look in the mirror; imagine yourself in the shoes of a poor person who gets sick. If you are unable to "love your neighbor like yourself", at least don't HATE him.

Please stop this. Just stop. Sincerely,

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Greetings.

I believe that Medicaid expansion should not have a work requirement added to it, as its detrimental impact on the “deserving poor” will be far greater than that on the very few “undeserving poor” who get government support for their medical care when they could be working and get employment-provided healthcare.

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Dear Ms. Puglisi,

Having adequate healthcare coverage is critical to for maintaining a robust, flexible workforce. Without reliable healthcare, people delay early treatment that could save money in the long run, stay in stagnant jobs instead of starting new businesses just for health insurance, and worse of all, risk bankruptcy and homelessness when a health crisis occurs which removes them from the workforce altogether.

In light of this, it seems obvious that Medicaid expansion should not have a work requirement.

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Hello “Law-makers”,

Medicaid expansion should not have a work requirement. Virginia has such a complicated healthcare assistance program that we “advocates” waste hours and hours at a time going through options and options waiting on the phone to first figure out where the system is taking you, waste hours and hours complying with privacy matters. If you go through that, you begin to hit road-blocks trying to deal with layers and layers of contractors, subcontractors and hourly workers who change all the time (diluting responsibility down to NIL). At the end, no one is served that “really” has special needs. The suffering is endless and no one is ever served. No one.

Tell that to the genius who thought technology was helpful!! Did they think that the disabled were able to make calls? That is a deterrence to use the system?! Yes, it may have created new jobs for those who know nothing but to block you with no answers, know nothing about disabilities or life challenges facing the challenged poor and really care-less about what you really need “if” they reach the end-point of receiving service.

Piling up frustration & complex depression at the service end is the inevitable result for any ordinary human to endure. Let alone the poor, uneducated, the burdened with disease, the elderly or disabled!

Then again, do you really think people with special needs are the ones who interface with that healthcare system? It is the parents, guardians, advocates and PCAs who trek the system, who are the very people you require to work 2 or 3 jobs to stay away for your jigsaw puzzles. You expect them to be poor to be eligible, yet the most common answer to any question for directions asked is: “It’s all online.” “Just apply online.” As if you think any eligible person for Medicaid can afford paying for an internet connection or buying a computer or taking a course.

When would you expect those required to work to have to the mind-set to be productive workers, battling poverty without any benefits but for the employer?! Or, wrestling with Social Security lawyers whose only interest is to shake up your stable stream of little income you’ve got!

Add to that a work requirement? Work requirements will lead to thousands of people losing faith in our law- makers who invent as they go. That will do nothing to lift Virginians out of poverty.

There’s no better way to show the neediest among us how much lovelessness/evil there is to spread around. Beating a dead horse just doesn’t do it, even to make those “innovators” have a happy moment. What else makes anyone eligible to help? Go talk to a homeless. He/she maybe your best psychologist to talk to.

Instead, requiring those who help the disabled to work will do the following:

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To: <1115Implementation@dmas.virginia.gov>

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Work requirements will lead to thousands of people losing healthcare — and will do nothing to lift Virginians out of poverty.

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- Work requirements create costly provisions and don't make sense
- The Virginia COMPASS proposal is complex and burdensome and bad for our state

It is a punitive measure that makes lives worse for individuals and families.

I reject this proposal and call for Medicaid expansion free of work requirements.

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Dear Ms. Puglisi,

I do not believe Virginia should require the Medicaid expansion to have a work requirement. All Virginians should be able to have access to affordable healthcare and if they cannot afford it on their own, or through an employer, that we have a moral and ethical obligation as fellow constituents to provide it to them. Moreover, from what I understand the additional manpower and paperwork this requirement would create only increases the cost of providing social services to our fellow citizens.

I reject this proposal and call for Medicaid expansion free of work requirements. Thank you for your consideration,

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Hello,

In addition to the following “canned” comments that I also agree with, I want to give my perspective as a volunteer in a job clinic that serves low income people. Lots of low income people want to work and are trying very hard to work. They face barriers: lack of education, lack of language skills, physical disabilities that are not sufficient to qualify for benefits, mental health issues that are not sufficient to qualify for benefits, family care responsibilities, lack of transportation. If you put a work requirement in, you need to fund programs that address those barriers. More money for education and training. More money to fund aides to work with employers to integrate workers with physical and mental issues, money for child and eldercare, money for transportation benefits/reliable public transportation.

If people don't have to worry about medical bills, that gives them a greater chance of being able to address the other barriers that keep them from getting good jobs that lift them out of poverty.

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Hello,

I oppose the work requirement for Medicaid expansion.

Work requirements will create a massive loss of healthcare for those least able to provide for themselves. We must not perpetuate the lie that people refuse to work and just expect benefits. There are many who may look able bodied who simply have not the means to get and hold a job that will release them from poverty which is the real issue.

I reject this proposed work requirement as it will harm disadvantaged individuals and families. I urge you to keep Medicaid expansion free of work requirements.

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Not having health care is life destroying. I've been there. I nearly didn't survive. Do not be the reason a single person loses their health care.

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Hello,

Medicaid expansion must not come with a work requirement. Most people who need Medicaid are not in a position to work (children, elderly, disabled), and most of the remainder are already employed -- by the numbers, it's a myth that people on Medicaid lack 'incentives' to find work.

Work requirements would prevent thousands of Virginians from accessing healthcare, while doing nothing to help Virginians find work or lift Virginians in need out of poverty. The COMPASS proposal is complex and burdensome, and will prevent many Virginians who should qualify from being able to obtain health insurance.

Medicaid expansion must come without unnecessary and harmful work requirements if we're seriously to help Virginians in need.

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To: <1115Implementation@dmas.virginia.gov>

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It is a punitive measure that makes lives worse for individuals and families.

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From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018
Subject: Partner for Mental Health Comment on 1115 Waiver
To: <1115Implementation@dmas.virginia.gov>

See attached.

-- [REDACTED] Executive Director ([REDACTED])

 Right-click here to download pictures. To help protect your privacy, Outlook prevented automatic download of this picture from the Internet.

October 18, 2018

RE: Comment on the Medicaid Expansion 1115 Waiver

Dear Dr. Lee:

Founded in 1947, Partner for Mental Health (PMH) is the oldest mental health advocacy organization in Charlottesville. PMH works to help people with mental illness live meaningful self-determined lives in their home communities. PMH is looking forward to a time when all Virginians achieve optimal mental wellness. Expanding the number of Virginians eligible to receive Medicaid, and also expanding the range of Medicaid reimbursable services, are important steps toward realizing this vision.

PMH is writing to support of the inclusion of reimbursement for supported housing and employment services contained in the 1115 waiver application. National data continues to prove how integral all social determinants of health are in helping people experiencing mental illness live self-determined lives in their home communities. Safe and stable housing and meaningful employment are particularly important for facilitating strong recovery; recent research indicates that for many people living with mental illness, addressing their core needs for housing and employment more effectively supports self-determination and recovery than does clinical mental health care.

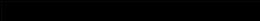
While PMH cannot voice appreciation for the inclusion of housing and employment supports in the 1115 waiver loudly enough, PMH is also deeply concerned about proposed monthly premiums for individuals with income between 100-138% of the federal poverty level. Many PMH clients within this income range are already not able to cover their basic human needs, given the high cost of living in Charlottesville. While some will qualify for a TEEOP exemption, others will not. Denying these Virginians access to Medicaid because they cannot afford the monthly premium will not prevent them from utilizing high cost care, such as Emergency Departments. It will simply mean the care they do receive is not reimbursed, which in turn drives up health care costs for everyone.

In summary, PMH views the inclusion of supported housing and employment services in the 1115 waiver application as progressive and recovery-oriented thinking that will result in improved outcomes for friends, family members, and neighbors living with behavioral health needs. PMH appreciates the need to promote the assumption of personal responsibility for health outcomes and feel that can be achieved through more equitable means than the proposed monthly premium. PMH is thrilled that after five long years of advocacy Medicaid expansion has come to Virginia! Thank you for this opportunity to comment on the 1115 waiver application.

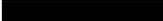
Sincerely,

 Executive Director

 Board of Directors:








From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018
Subject: Arguments against COMPASS
To: <1115Implementation@dmas.virginia.gov>

I do not agree with the proposed requirements for Virginians with Medicaid in Virginia. Many people with low incomes have to move frequently and might even be homeless. These living conditions make it hard to comply with programs that have work requirements so this group of Virginians would still end up without coverage.

Establishing a work requirement uses dollars that could have a greater impact on someone's health and well-being if devoted to other areas of the state's Medicaid program. This requirement is not well formulated and threatens to make the entire effort a failure. Thank you for reconsidering this proposal.

[REDACTED] Mr.

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018
Subject: Writing about Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

This comment is concerning the troubling requirements that Virginia proposes for Medicaid. The work requirement affects very few people. This means that the state would incur major additional expenses and administrative work to enforce a requirement that the vast majority of people are complying with already or are unable to. Thank you for considering my thoughts. I believe Virginia can do better than this.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018
Subject: Comments about Virginia Compass
To: <1115Implementation@dmas.virginia.gov>

My comment on the proposed Medicaid work requirement is that it will be very costly to administrate and is not worth the expense. People don't only need health care if they are working. And the added bureaucracy of tracking it will end up keeping or kicking people off the program just because they don't meet the administrative requirements (regardless of whether they are working or not). The requirement is a poorly designed idea, will be too costly and should be eliminated.

Thank you for your consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018
Subject: Cancer Support Community Comments on the Virginia COMPASS Application
To: 1115implementation@dmas.virginia.gov <1115implementation@dmas.virginia.gov>

To whom it may concern:

Please find attached and include in the record comments on the Virginia COMPASS Application on behalf of the Cancer Support Community.

Thank you, [REDACTED]



[REDACTED]

Manager, Policy & Advocacy

Cancer Support Community

Uniting The Wellness Community & Gilda's Club Worldwide

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

:

[REDACTED]

[REDACTED]

www.CancerSupportCommunity.org



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734 15th Street, NW, Suite 300, Washington DC 20005
202.659.9709 Phone 202.974.7999 Fax 888.793.9355 Toll Free

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Research & Training Institute:
4100 Chamounix Drive, Fairmount Park, Philadelphia, PA 19131
267.295.3000 Phone 215.883.2580 Fax

October 20, 2018

Jennifer Lee, MD
Secretary
Virginia Department of Medical Assistance Services
Attn: Virginia COMPASS
600 E Broad Street
Richmond, VA 23219

Re: Virginia Department of Medical Assistance Services 1115 Demonstration Extension Application – Virginia COMPASS: Creating Opportunities for Medicaid Participants to Achieve Self-Sufficiency

Dear Dr. Lee:

On behalf of the Cancer Support Community (CSC), an international nonprofit organization that provides support, education, and hope to cancer patients, survivors, and their loved ones, we appreciate the opportunity to provide comments on the Section 1115 Demonstration Waiver request for the Virginia COMPASS program. Our comments address our concerns with the proposed work requirement, monthly premium and copay policies that will ultimately limit access to care for low-income individuals in Virginia living with cancer. For the reasons outlined in this letter, we have serious concerns with Virginia's 1115 waiver request and urge the Commonwealth to withdraw it.

As the largest direct provider of social and emotional support services for people impacted by cancer, and the largest nonprofit employer of psychosocial oncology professionals in the United States, CSC has a unique understanding of the cancer patient experience. Overall, we deliver more than \$40 million in free, personalized services each year to individuals and families affected by cancer nationwide and internationally. Additionally, CSC is home to the Research and Training Institute—the only entity of its kind focused solely on the experiences of cancer patients and their loved ones. The Research and Training Institute has contributed to the evidence base regarding the cancer patient experience through its Cancer Experience Registry, various publications and peer-reviewed studies on distress screening, and the psychosocial impact of cancer and cancer survivorship.

Cancer patients face a wide variety of barriers in access to quality and comprehensive care. Almost all patients report experiencing barriers in accessing care, regardless of their income-level, location, and health plan. Low-income cancer patients however are particularly at risk as they face obstacles in qualifying for, accessing, and maintaining health care coverage for

essential services. Of the patients surveyed in the *Access to Care in Cancer 2016* study conducted by CSC, only 4.8% had gained access to coverage through Medicaid. Of the patients who reported being uninsured, 43% said they could not afford health insurance, and 31% said they were not eligible for Medicaid. According to a report from the Center on Budget and Policy Priorities, 400,000 additional Virginians will be eligible for Medicaid coverage with the recent Medicaid expansion. The same report estimates that the more than \$20 million a year cost to administer these requirements, impacting 120,000 enrollees (according to the state's proposal), will result in 33,000 Virginians losing coverage. After a long battle to expand health care options to so many, these additional barriers in access to care will set back progress and harm cancer patients who struggle to maintain coverage while undergoing difficult, life threatening, and time consuming treatment regimens.

I. Work Requirements do not meet the requirements for a Section 1115 Waiver

Federal law does not permit the implementation of work requirements in the Medicaid program, as the core mission of the Medicaid program is to provide comprehensive health coverage to people whose income and resources are “insufficient to meet the costs of necessary medical services.” Section 1115(a) of the Social Security Act was created to allow the Secretary of the Department of Health and Human Services to waive certain provisions of the Medicaid program as long as the initiative is “likely to assist in promoting the objectives of the program”. The Virginia proposal does not fulfil the requirement as it will create significant access barriers for low-income Virginians.

The state is seeking to implement work requirements to “improve Medicaid enrolled adults’ health, well-being, and financial stability.” However, according to a 2017 study by the Kaiser Family Foundation, 8 in 10 Medicaid recipients already live in working families and a majority are working themselves. The Medicaid program is designed to provide coverage for those that are unable for a variety of reasons, to find or maintain employment that can provide for their health care needs. Medicaid enrollees who are not working most often reported that the major impediments to their ability to work included illness, disability, or caregiving responsibilities. In a study done by The Ohio Department of Medicaid, it was reported that three-quarters of Medicaid beneficiaries who were looking for work said that Medicaid made it easier for them to do so. For those who were currently working, more than half said that Medicaid made it easier to keep their jobs.

Health care and the ability to maintain good health is itself critical to an individual’s ability to retain employment. A 2018 Kaiser Family Foundation study concluded that, “access to affordable health insurance has a positive effect on people’s ability to obtain and maintain employment, while lack of access to needed care, especially mental health care and substance abuse treatment, impedes employment.” It goes on to explain that low-income adult Medicaid enrollees have high rates of chronic conditions, and that these individuals are better able to hold a steady job if these conditions are treated or controlled, but work may become impossible if these conditions go untreated. Health setbacks often lead to job loss, which would lead to loss of access to health care and treatment, which would in turn make it more difficult for individuals to retain employment.



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II. Vague exemption categories will harm individuals living with cancer and their caregivers

The Virginia waiver would be disproportionately detrimental to cancer patients and their families. The application outlines 16 categories of enrollees that would be exempt from the requirements. These exceptions are ill-defined and vague, likely leaving many patients unsure of whether they will qualify as exempt. Though the proposal includes exemptions for those classified as “medically frail” or those that are caregivers to family members or disabled/elderly individuals, there is no clear exemption for cancer patients and survivors, nor any detail as to how participants must document or qualify for these exemptions. Many individuals living with cancer are not classified as “severe” enough by the Medicaid program to qualify for a disability exemption, but are facing significant health problems that would make it extremely difficult or impossible to fulfil these requirements. Treatment for cancer may not always produce “severe physical or mental impairments” that will easily and explicitly qualify patients for disability or medical frailty, but can greatly impede their health and ability to maintain steady employment. Patients often face symptoms of their disease as well as difficult side effects of medications such as extreme nausea, fatigue, diarrhea or constipation, nerve damage, heart problems, pain, etc.

Virginia’s proposal includes a “good cause” exemption that includes such circumstances as hospitalizations or serious illness, but it is not sufficient to protect patients. Under a similar waiver demonstration recently implemented in Arkansas, many individuals were unaware of the new requirements and therefore unaware that they needed to apply for such an exemption. In August the state granted just 45 good cause exemptions while terminating coverage for 4,353 individuals at the end of that month. No exemption criteria can circumvent this problem and the serious risk to the health of cancer patients and survivors.

III. Premiums, cost-sharing, and additional co-payments punish patients

The Virginia COMPASS program proposes to charge premiums ranging from \$5- \$10 per month to some expansion enrollees. Those who fail to pay their premiums after a three month grace period will have their coverage suspended, only to be reactivated after they are able to make one premium payment or meet an exemption. Premium payments will be placed in a health and wellness account (HWA). Further, enrollees with incomes between 100-138% of FPL are required to meet a \$50-\$100 deductible, as well as participate in at least one designated “healthy behavior” to receive a rebate from their premium payments, or gain access to the funds in their HWA, to be used only for non-covered medical or other health related services. This proposal is restrictive, unnecessarily confusing, and will reduce rather than improve access to coverage for the most vulnerable populations. The implementation of premiums has been shown to increase the number of enrollees who lose Medicaid coverage and discourage eligible people from enrolling in the program. When Oregon implemented a premium in its Medicaid program, with a maximum premium of \$20 per month, almost half of enrollees lost coverage. For cancer

patients and survivors, maintaining access to comprehensive coverage is vital to ensure access to timely, life-saving treatments.

The waiver application also includes a proposal to charge individuals with incomes between 100-138% of FPL to pay a \$5 co-payment for each non-emergent or avoidable emergency department visit. This policy could discourage cancer patients from seeking necessary care in an emergency, which could have serious impacts on their short term and long term health. When people do experience severe symptoms, they should not need to try to self-diagnose or worry that they may be financially penalized and unable to afford to seek necessary care.

IV. Conclusion

We appreciate the opportunity to provide comments on the Virginia COMPASS 1115 Waiver Demonstration Request. For the reasons above, we urge the withdrawal of this proposal, to ensure that vulnerable populations retain access to necessary and affordable healthcare. A program that was designed provide for the health care needs of low-income individuals without other options, should never be provisional based on unattainable goals or detrimental to the health of its citizens. Please reach out to me at efranklin@cancersupportcommunity.org if you would like to discuss any of the above in more detail.



██████████ LGSW, ACSW
Executive Director, Cancer Policy Institute
Cancer Support Community



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From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018
Subject: Public Comments Medicaid Coverage
To: <1115Implementation@dmas.virginia.gov>

To: Susan Puglisi, DMAS/ Virginia COMPASS

Please consider including the Community Health Worker (CHW) position to the workforce that will assist in providing services to new Medicaid participants. CMS has stated that the CHW position may be considered for medical billing when working with healthcare providers and professionals. CHWs are a strong link in their respective communities and add value in creating strong and inclusive ties with new participants. Thanks.

[REDACTED] private citizen Sent from my iPhone Sent from my iPhone

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018
Subject: Epilepsy Foundation Virginia Medicaid 1115 Waiver Comment Letter
To: 1115Implementation@dmas.virginia.gov <1115Implementation@dmas.virginia.gov>

Cc: [REDACTED]

Good afternoon,

Attached please find the Epilepsy Foundation and Epilepsy Foundation of Virginia's public comment regarding the state's 1115 Medicaid Waiver.

Thank you,

[REDACTED] Government Relations Manager Epilepsy Foundation Phone: [REDACTED]

Email: [REDACTED]

www.epilepsy.com

advocacy.epilepsy.com



October 19, 2018

Jennifer Lee, MD
Secretary
Virginia Department of Medical Assistance Services
600 East Broad Street
Richmond, VA 23219

Re: Virginia Department of Medical Assistance Services 1115 Demonstration Extension Application – Virginia COMPASS: Creating Opportunities for Medicaid Participants to Achieve Self-Sufficiency

Dear Dr. Lee:

The Epilepsy Foundation and Epilepsy Foundation of Virginia appreciate the opportunity to submit comments on the Virginia Department of Medical Assistance Services 1115 Demonstration Extension Application – Virginia COMPASS: Creating Opportunities for Medicaid Participants to Achieve Self-Sufficiency.

The Epilepsy Foundation is the leading national voluntary health organization that speaks on behalf of the at least 3.4 million Americans with epilepsy and seizures. We foster the wellbeing of children and adults affected by seizures through research programs, educational activities, advocacy, and direct services. Epilepsy is a medical condition that produces seizures affecting a variety of mental and physical functions. Approximately 1 in 26 Americans will develop epilepsy at some point in their lifetime. According to the CDC figures there are 84,800 people living with epilepsy in Virginia. For people living with epilepsy, timely access to appropriate, physician-directed care, including epilepsy medications, is a critical concern.

The Epilepsy Foundation and Epilepsy Foundation of Virginia believe everyone, including Medicaid enrollees, should have access to quality and affordable health coverage. Unfortunately, this waiver creates administrative and financial barriers that will jeopardize patients' access to quality and affordable health coverage, and Epilepsy Foundation and Epilepsy Foundation of Virginia therefore oppose the proposed waiver.

Work and Community Engagement Requirements

The Virginia Department of Medical Assistance Services 1115 Demonstration Extension Waiver seeks to add a work and community engagement requirement for some Medicaid enrollees. This would increase the administrative burden on all Medicaid patients. Individuals will need to either attest that they meet certain exemptions or 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 or not. Arkansas is currently implementing a similar policy requiring Medicaid enrollees to report their hours worked or their exemption. As of October 1, four months into implementation, the state has terminated coverage for 8,462 individuals and locked them out of coverage until January 2019.ⁱ An additional 12,589 individuals had one or two months of noncompliance and are at risk for losing coverage in the coming months.ⁱⁱ In another case, 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.ⁱⁱⁱ Battling administrative red tape in order to keep coverage should not take away from patients' or caregivers' focus on maintaining their or their family's health.

Failing to navigate these burdensome administrative requirements could have serious – even life or death – consequences for people with serious, acute and chronic diseases. If the state finds that individuals have failed to comply with the new requirements for three months within a 12-month period, they will be locked out of coverage until they demonstrate their compliance. People who are in the middle of treatment for a life-threatening disease, rely on regular visits with healthcare providers or must take daily medications to manage their chronic conditions cannot afford a sudden gap in their care.

The Epilepsy Foundation and Epilepsy Foundation of Virginia are also concerned that the current exemption criteria may not capture all individuals with, or at risk of, serious and chronic health conditions that prevent them from working. Additionally, Virginia's "good cause" exemption that includes circumstances like hospitalizations or serious illnesses is still not sufficient to protect patients. In Arkansas, many individuals were unaware of the new requirements and therefore unaware that they needed to apply for such an exemption,^{iv} and in August the state granted just 45 good cause exemptions while terminating coverage for 4,353 individuals at the end of that month.^v No exemption criteria can circumvent this problem and the serious risk to the health of the people we represent.

Administering these requirements will be expensive for Virginia. States such as Michigan, Pennsylvania, Kentucky and Tennessee have estimated that setting up the administrative systems to track and verify exemptions and work activities will cost tens of millions of dollars.^{vi} Virginia's fiscal impact statement estimated that the changes to the IT system would cost approximately \$8 million.^{vii} These costs would divert resources from Medicaid's core goal – providing health coverage to those without access to care.

Ultimately, the requirements outlined in this waiver do not further the goals of the Medicaid program or help low-income individuals improve their circumstances without needlessly compromising their access to care. Most people on Medicaid who can work already do so.^{viii} A study published in *JAMA Internal Medicine*, looked at the employment status and characteristics of Michigan's Medicaid enrollees.^{ix} The study found only about a quarter were unemployed (27.6 percent). Of this 27.6 percent of enrollees, two thirds reported having a chronic physical condition and a quarter reported having a mental or physical condition that interfered with their ability to work. In another report looking at the impact of Medicaid expansion in Ohio, the majority of enrollees reported that that being enrolled in Medicaid made it easier to work or look for work (83.5 percent and 60 percent, respectively).^x Terminating individuals' Medicaid coverage for non-compliance with these requirements will therefore hurt rather than help people search for and obtain employment. The Epilepsy Foundation and Epilepsy Foundation of Virginia oppose the work and community engagement.

Premiums and Cost-Sharing

One feature of the Virginia COMPASS program is to charge premiums to some Medicaid expansion enrollees. Premiums will range from \$5 - \$10 per month. If an enrollee fails to pay a month's premium, following a three-month grace period, coverage will be suspended until the enrollee is able to pay the premium. Additionally, enrollees above 100 percent of the federal poverty level will be required to contribute, through the monthly premiums, either \$50 or \$100 depending on income level and



participate in a healthy behavior activity to access a premium account to pay for non-covered medical or health-related services. This program is unnecessarily confusing and will not promote coverage.

Premiums both increase the number of enrollees who lose Medicaid coverage and discourage eligible people from enrolling in the program.^{xi} When Oregon implemented a premium in its Medicaid program, with a maximum premium of \$20 per month, almost half of enrollees lost coverage.^{xii} For individuals with epilepsy, maintaining access to comprehensive coverage is vital because those who have their medications switched or who experience a delay in access to their treatment options are at a higher risk of breakthrough seizures, injury, accident, and early death. Limits to physician-directed care can also significantly increase costs related to preventable seizures, along with lost wages and productivity – not just for the individual living with epilepsy, but for their families and communities as well.

Indiana implemented a similar payment structure in a previous waiver demonstration. The evaluation report^{xiii} from the waiver demonstration found that over half of Medicaid enrollees failed to make at least one payment. The report also found that 29 percent of Medicaid eligible individuals either never enrolled because they did not make a payment or were disenrolled for failure to make payments. Coverage losses on this scale, especially for patients needing access to life-saving and life-sustaining treatment, would be dire.

Ultimately, all of these changes will create confusion and significant barriers for patients that will jeopardize their access to needed care. The Epilepsy Foundation and Epilepsy Foundation of Virginia oppose the addition of premiums and increased cost-sharing.

Co-Payments for Non-Emergent Use of the ED

The Virginia 1115 Demonstration Extension application includes a proposal to charge certain enrollees a five-dollar copayment for non-emergent use of the emergency department (ED) use. This policy could deter people from seeking necessary care during an emergency. Delays in care could have harmful impacts on the short- and long-term health of individuals with serious, acute and chronic diseases.

People should not be financially penalized for seeking lifesaving care for a breathing problem, a heart attack, hyperglycemia, complications from a cancer treatment, or any other critical health problem that requires immediate care. When people do experience severe symptoms, they should not try to self-diagnose their condition or worry that they can't afford to seek care. Instead, they must have access to quick diagnosis and treatment in the ED.

Evidence suggests cost-sharing may not result in the intended cost savings.^{xiv} Research demonstrates that low-income individuals served by Medicaid are more price sensitive compared to others, more likely to go without needed care, and more likely to experience long-term adverse outcomes. A study of enrollees in Oregon's Medicaid program demonstrated that implementation of a copay on emergency services resulted in decreased utilization of such services but did not result in cost savings because of subsequent use of more intensive and expensive services.^{xv} This provides further evidence that copays may lead to inappropriate delays in needed care. The Epilepsy Foundation and Epilepsy Foundation of Virginia oppose the punitive cost-sharing for non-emergent use of the emergency department.



The Epilepsy Foundation and Epilepsy Foundation of Virginia believe healthcare should be affordable, accessible, and adequate. The Virginia COMPASS program does not meet that standard. Thank you for the opportunity to provide comments.

ⁱ Arkansas Department of Health and Human Services, Arkansas Works Program, August 2018. Accessed at: https://ccf.georgetown.edu/wp-content/uploads/2018/09/091218_AWReport_Final.pdf.

ⁱⁱ Arkansas Department of Health and Human Services, Arkansas Works Program, August 2018. Accessed at: https://ccf.georgetown.edu/wp-content/uploads/2018/09/091218_AWReport_Final.pdf; Arkansas Department of Health and Human Services, Arkansas Works Program, September 2018

ⁱⁱⁱ 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.

^{iv} Jessica Greene, "Medicaid Recipients' Early Experience With the Arkansas Medicaid Work Requirement," Health Affairs, Sept. 5, 2018. Accessed at: <https://www.healthaffairs.org/doi/10.1377/hblog20180904.979085/full/>.

^v Arkansas Department of Health and Human Services, Arkansas Works Program, August 2018. Accessed at: https://ccf.georgetown.edu/wp-content/uploads/2018/09/091218_AWReport_Final.pdf.

^{vi} Michigan House Fiscal Agency, Legislative Analysis of Healthy Michigan Plan Work Requirements and Premium Payment Requirements, June 6, 2018, <http://www.legislature.mi.gov/documents/2017-2018/billanalysis/House/pdf/2017-HLA-0897-5CEEF80A.pdf>; House Committee on Appropriations, Fiscal Note for HB 2138, April 16, 2018, <http://www.legis.state.pa.us/WU01/LI/BI/FN/2017/0/HB2138P3328.pdf>; Misty Williams, "Medicaid Changes Require Tens of Millions in Upfront Costs," Roll Call, February 26, 2018, <https://www.rollcall.com/news/politics/medicaid-kentucky>.

^{vii} Joint Legislative Audit and Review Commission. Fiscal Impact Review. Bill number: HB 338 (Committee Substitute) Medicaid work requirement. Accessed at: <http://lis.virginia.gov/cgi-bin/legp604.exe?181+oth+HB338JH1110+PDF>

^{viii} Rachel Garfield, Robin Rudowitz, and Anthony Damico, "Understanding the Intersection of Medicaid and Work," Kaiser Family Foundation, February 2017, <http://kff.org/medicaid/issue-brief/understanding-the-intersection-of-medicaid-and-work/>.

^{ix} Renuka Tipirneni, Susan D. Goold, John Z. Ayanian. Employment Status and Health Characteristics of Adults With Expanded Medicaid Coverage in Michigan. *JAMA Intern Med*. Published online December 11, 2017. doi:10.1001/jamainternmed.2017.7055

^x Ohio Department of Medicaid, 2018 Ohio Medicaid Group VII Assessment: Follow-Up to the 2016 Ohio Medicaid Group VIII Assessment, August 2018. Accessed at: <http://medicaid.ohio.gov/Portals/0/Resources/Reports/Annual/Group-VIII-Final-Report.pdf>

^{xi} Artiga, Samantha, Petry Ubri and Julia Zur. The Effects of Premiums and Cost Sharing on Low-Income Populations: Updated Review of Research Findings. Kaiser Family Foundation. June 1, 2017. Accessed at: <https://www.kff.org/medicaid/issue-brief/the-effects-of-premiums-and-cost-sharing-on-low-income-populations-updated-review-of-research-findings/>



^{xii} Artiga, Samantha, Petry Ubri and Julia Zur. The Effects of Premiums and Cost Sharing on Low-Income Populations: Updated Review of Research Findings. Kaiser Family Foundation. June 1, 2017. Accessed at: <https://www.kff.org/medicaid/issue-brief/the-effects-of-premiums-and-cost-sharing-on-low-income-populations-updated-review-of-research-findings/>

^{xiii} The Lewin Group, Health Indiana Plan 2.0: POWER Account Contribution Assessment (March 31, 2017). Accessed at: <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/in/Healthy-Indiana-Plan-2/in-healthy-indiana-plan-support-20-POWER-acct-cont-assesmnt-03312017.pdf>

^{xiv} See for example: Chernew M, Gibson TB, Yu-Isenberg K, Sokol MC, Rosen AB, Fendrick AM. Effects of increased patient cost sharing on socioeconomic disparities in health care. *J Gen Intern Med.* 2008. Aug; 23(8):1131-6. Ku, L and Wachino, V. "The Effect of Increased Cost-Sharing in Medicaid: A Summary of Research Findings." Center on Budget and Policy Priorities (July 2005), available at <http://www.cbpp.org/5-31-05health2.htm>.

^{xv} Wallace NT, McConnell KJ, et al. How Effective Are Copayments in Reducing Expenditures for Low-Income Adult Medicaid Beneficiaries? Experience from the Oregon Health Plan. *Health Serv Res.* 2008 April; 43(2): 515–530.

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018 at 4:32 PM
Subject: Virginia's COMPASS 1115 Demonstration Extension Application
To: 1115Implementation@dmas.virginia.gov <1115Implementation@dmas.virginia.gov>

Cc: [REDACTED] <[REDACTED]>

Dear Susan Puglisi,

On behalf of the Center for Law and Social Policy (CLASP), I submit the attached comments on Virginia's COMPASS 1115 Demonstration Extension Application. In addition, please find attached supplemental material entitled "CLASP VA Citations to State."

Best regards,

[REDACTED]

[REDACTED]

Policy Analyst, Income and Work Supports

Center for Law and Social Policy (CLASP)

1200 18th Street NW | Suite 200 | Washington, DC 20036

[REDACTED] | [REDACTED] | [REDACTED]



Policy solutions that work for low-income people

October 19, 2018

Virginia Department of Medical Assistance Services
Attn: Virginia COMPASS
600 E Broad Street
Richmond, VA 23219

Re: Virginia's COMPASS 1115 Demonstration Extension Application

Dear Susan Puglisi,

I am writing on behalf of the Center for Law and Social Policy (CLASP). CLASP is a national, nonpartisan, anti-poverty nonprofit advancing policy solutions for low-income people. We work at both the federal and state levels, supporting policy and practice that makes a difference in the lives of people living in conditions of poverty. CLASP submits the following comments in response to Virginia's COMPASS 1115 Demonstration Extension Application and raises serious concerns about the effects of the amendment, as proposed, on the coverage and health outcomes of low-income Medicaid beneficiaries in Virginia.

These comments draw on CLASP's deep experience with Temporary Assistance for Needy Families (TANF) and the Supplemental Nutrition Assistance Program (SNAP), two programs where many of the policies proposed in this proposal have already been implemented – and been shown to be significant barriers to low-income people getting and retaining benefits. These comments also draw on CLASP's experience in working with six states under the Work Support Strategies (WSS) project, where these states sought to dramatically improve the delivery of key work support benefits to low-income families, including health coverage, nutrition benefits, and child care subsidies through more effective, streamlined, and integrated approaches. From this work, we learned that reducing unnecessary steps in the application and renewal process both reduced burden on caseworkers and made it easier for families to access and retain the full package of supports that they need to thrive in work and school.

Medicaid plays a critical role in supporting the health and well-being of low-income adults and children. In fact, many Medicaid enrollees work in low-wage jobs where employer-sponsored health care is not offered or is prohibitively expensive. Others may have health concerns that threaten employment stability, and without Medicaid, would be denied access to the medical supports they need to hold a job, such as access to critical medications.

The Medicaid statute is clear that the purpose of the program is to furnish medical assistance to individuals whose incomes are not enough to meet the costs of necessary medical care and furnish such assistance and services to help these individuals attain or retain the capacity for independence and self-care. States are allowed in limited circumstances to request to “waive” provisions of the rule but the Secretary of Health and Human Services (HHS) may only approve a project which is “likely to assist in promoting the objectives” of the Medicaid Act.¹ A waiver that does not promote the provision of affordable health care would not be permissible.

This waiver proposal's attempt to transform Medicaid and reverse its core function will result in parents losing needed coverage, poor health outcomes, and higher administrative costs. There is extensive and strong literature that shows, as a recent *New England Journal of Medicine* review concludes, "Insurance coverage increases access to care and improves a wide range of health outcomes."² Moreover, losing health coverage will also make achieving work and education goals significantly more difficult for beneficiaries. This waiver is therefore inconsistent with the Medicaid purpose of providing medical assistance and should be withdrawn. It is also inconsistent with improving health and increasing employment.

Proposals to Take Health Coverage Away from Individuals Who Do Not Meet New Work Requirements

CLASP opposes Virginia's proposal to take away health coverage from parents who do not meet new work requirements. Our comments focus on the harmful impact the proposed Training, Education, Employment, and Opportunity Program (TEEOP) will have on Virginians and the state. Virginia is proposing to implement a work requirement for beneficiaries who are between the ages of 19-64 with incomes up to 138 percent of the federal poverty level, unless they qualify for an exemption. In total, Virginia estimates that approximately 120,000 enrollees would not qualify for an exemption and, therefore, be subject to the work requirement.

Those who are subject to the work requirement will have to work or participate in other qualifying activities for a specific amount of time per month depending on their duration of enrollment. For the three months after enrollment, Medicaid beneficiaries would be required to work or participate in qualifying activities for a minimum of 20 hours per month. The required hours will increase over time until 12 months after enrollment when the beneficiary would be required to work or participate in qualifying activities for a minimum of 80 hours per month. The difference in required hours over time is complicated and will be difficult to communicate to Medicaid enrollees. If Medicaid beneficiaries do not understand what they are required to do to keep insurance, they will not be able to comply, putting their health coverage at risk. Further, the penalty for not complying with the work requirement for three consecutive or non-consecutive months within a 12-month period is disenrollment from Medicaid for at least one month or until the requirements are met.

CLASP strongly opposes work requirements for Medicaid beneficiaries and urges Virginia to reconsider their approach to TEEOP. Work requirements—and disenrollment for failure to comply—are inconsistent with the goals of Medicaid because they would act as a barrier to access to health insurance, particularly for those with chronic conditions and disabilities, but also for those in areas of high unemployment or who work the variable and unpredictable hours characteristic of many low-wage jobs. The reality is that denying access to health care makes it less likely that people will be healthy enough to work. This provision would also increase administrative costs of the Medicaid program and reduce the use of preventive and early treatment services, ultimately driving up the costs of care while also leading to worse health outcomes.

Proposals to Take Health Coverage Away from Individuals Who Do Not Meet New Work Requirements Do Not Promote Employment

Lessons learned from TANF, SNAP, and other programs demonstrate that work requirement policies are not effective in connecting people to living-wage jobs that provide affordable health insurance and other work support benefits, such as paid leave.³ A much better focus for public policy is to develop skills training for jobs that are in high demand and pay living wages, help people get the education they need to

climb their career ladder, and foster an economy that creates more jobs.

Another consequence of a work requirement could be, ironically, making it harder for people to work. When additional red tape and bureaucracy force people to lose Medicaid, they are less likely to be able to work. People must be healthy in order to work, and consistent access to health insurance is vital to being healthy enough to work.⁴ Medicaid expansion enrollees from Ohio⁵ and Michigan⁶ reported that having Medicaid made it easier to look for employment and stay employed. Making Medicaid more difficult to access could have the exact opposite effect on employment that supporters of work requirements claim to be pursuing.

Proposals to Take Health Coverage Away from Individuals Who Do Not Meet New Work Requirements Grow Government Bureaucracy and Increase Red Tape

Taking away health coverage from Medicaid enrollees who do not meet new work requirements would add new red tape and bureaucracy to the program and only serve as a barrier to health care for enrollees. Tracking work hours, reviewing proof of work, and keeping track of who is and is not subject to the work requirement every month is a considerable undertaking that will be costly and possibly require new technology expenses to update IT systems.

One of the key lessons of the Work Support Strategies initiative is that every time that a client needs to bring in a verification or report a change adds to the administrative burden on caseworkers and increases the likelihood that clients will lose benefits due to failure to meet one of the requirements. In many cases, clients remain eligible and will reapply, which is costly to families who lose benefits as well as to the agencies that must process additional applications. The WSS states found that reducing administrative redundancies and barriers used workers' time more efficiently and helped with federal timeliness requirements.

As a result of Virginia's new administrative complexity and red tape, *eligible* people will lose their health insurance because the application, enrollment, and on-going processes to maintain coverage are too cumbersome. Recent evidence from Arkansas' first four months of implementing work requirements also suggests that bureaucratic barriers for individuals who already work or qualify for an exemption will lead to disenrollment. More than 4,100 beneficiaries lost coverage on October 1st, likely becoming uninsured because they didn't report their work or work-related activities.⁷ In September, over 4,300 beneficiaries lost coverage. These individuals represent about 17 percent of the state's first cohort of Medicaid beneficiaries subject to the work requirement.⁸ In total, more than 8,400 Arkansas Medicaid beneficiaries have lost coverage since the state implemented its work requirements. As reported by the Center on Budget and Policy Priorities, many of those who failed to report likely didn't understand the reporting requirements, lacked internet access or couldn't access the reporting portal through their mobile device, couldn't establish an account and login, or struggled to use the portal due to disability.⁹

The complexity of the processes and the ensuing churn will also impose administrative costs on social service offices and health care providers. Many people will likely call or visit their local DSS offices, health care providers, and nonprofit organizations with questions or needing help with their paperwork. People who lose benefits will later reapply, which consumes more staff time. People losing coverage will have to cancel and reschedule medical appointments.

Proposals to Take Health Coverage Away from Individuals Who Do Not Meet New Work Requirements Do Not Reflect the Realities of Our Economy

Proposals to take away health coverage from Medicaid enrollees who do not work a set number of hours per month do not reflect the realities of today's low-wage jobs. For example, seasonal workers may have a period of time each year when they are not working enough hours to meet a work requirement and as a result will churn on and off the program during that time of year. Or, some may have a reduction in their work hours at the last minute and therefore not meet the minimum numbers of hours needed to retain Medicaid. Many low-wage jobs are subject to last-minute scheduling, meaning that workers do not have advance notice of how many hours they will be able to work.¹⁰ This not only jeopardizes their health coverage if Medicaid has a work requirement but also makes it challenging to hold a second job. If you are constantly at the whim of random scheduling at your primary job, you will never know when you will be available to work at a second job.

Disenrollment Would Lead to Worse Health Outcomes, Higher Costs

After Medicaid enrollees lose employment status, notices will be sent to enrollees and they have 30 days from the date of notice to comply with the work requirement. If they are not able to comply within 30 days of the date of notice, Medicaid eligibility will be terminated for a minimum of one month until the individual meets work requirement criteria.

Once terminated from Medicaid coverage, beneficiaries will likely become uninsured. Needed medical services and prescription drugs, including those needed to maintain positive health outcomes, may be deferred or skipped. Because people without health coverage are less likely to have regular care, they are more likely to be hospitalized for avoidable health problems and to experience declines in their overall health.¹¹ Although the proposal allows for people who have been disenrolled to qualify for a hardship exemption if they are hospitalized or if certified by a provider, many individuals will not be able to be seen by a provider if uninsured, except in an emergency. This will only lead to poorer health outcomes and ultimately more costs for Medicaid as well as higher uncompensated costs for providers.

The impact of even short-term gaps in health insurance coverage has been well documented. In a 2003 analysis, researchers from the Urban Institute found that people who are uninsured for less than 6 months are less likely to have a usual source of care that is not an emergency room, more likely to lack confidence in their ability to get care and more likely to have unmet medical or prescription drug needs.¹² A 2006 analysis of Medicaid enrollees in Oregon found that those who lost Medicaid coverage but experienced a coverage gap of fewer than 10 months were less likely to have a primary care visit and more likely to report unmet health care needs and medical debt when compared with those continuously insured.¹³

The consequences of disruptions in coverage are even more concerning for consumers with high health needs. A 2008 analysis of Medicaid enrollees in California found that interruptions in Medicaid coverage were associated with a higher risk of hospitalization for conditions such as heart failure, diabetes, and chronic obstructive disorders. In addition to the poorer health outcomes for patients, these avoidable hospitalizations are also costly for the state.¹⁴ Similarly, a separate 2008 study of Medicaid enrollees with diabetes who experienced disruptions in coverage found that the per member per month cost following reenrollment after a coverage gap rose by an average of \$239, and enrollees were more likely to incur inpatient and emergency room expenses following reenrollment compared to the period of time before the enrollee lost coverage.¹⁵

When beneficiaries re-enroll in Medicaid, they will be sicker and have higher health care needs. Studies repeatedly show that the uninsured are less likely than the insured to get preventive care and services for major chronic conditions.¹⁶ Public programs will end up spending more to bring these beneficiaries back to health.

Proposals to Take Health Coverage Away from Individuals Who Do Not Meet New Work Requirements Will Harm Persons with Illness and Disabilities

Many people who are unable to work due to disability or illness are likely to lose coverage because of the work requirement. Although Virginia proposes to exempt individuals who have blindness or who have a disability, in reality many people who are not able to work due to disability or unfitness are likely to not receive an exemption due to the complexity of paperwork. A Kaiser Family Foundation study found that 36 percent of unemployed adults receiving Medicaid—but who are not receiving Disability/SSI—reported illness or disability as their primary reason for not working. In Virginia, this rate is 46 percent.¹⁷

New research shows a correlation between Medicaid expansion and an increased employment rate for persons with disabilities.¹⁸ In states that have expanded Medicaid, persons with disabilities no longer have to qualify for SSI in order to be eligible for Medicaid. This change in policy allows persons with disabilities to access health care without having to meet the criteria for SSI eligibility, including an asset test. Other research that shows a drop in SSI applications in states that have expanded Medicaid supports the theory that access to Medicaid is an incentive for employment.¹⁹ Jeopardizing access to Medicaid for persons with disabilities by the policies proposed in Virginia's proposal will ultimately create a disincentive for employment among persons with disabilities.

Further, an Ohio study found that one-third of the people referred to a SNAP employment program that would allow them to keep their benefits reported a physical or mental limitation. Of those, 25 percent indicated that the condition limited their daily activities,²⁰ and nearly 20 percent had filed for Disability/SSI within the previous 2 years. This is true even though individuals with disabilities were supposed to be exempted from the time limit and therefore not referred to these programs. Additionally, those with disabilities may have a difficult time navigating the increased red tape and bureaucracy put in place to administer a work requirement, including proving they are exempt. The end result is that many people with disabilities will not be exempted from the work requirement and will be at risk of losing health coverage.

Proposal to Implement Monthly Premiums

Medicaid has strong affordability protections to ensure that beneficiaries have access to a comprehensive service package and are protected from out-of-pocket costs, particularly those due to an illness.²¹ CLASP strongly opposes this waiver proposal to require individuals with income between 100 to 138 of the federal poverty line to pay a monthly premium or risk losing coverage.

Studies of the Healthy Indiana waiver, which required Medicaid recipients with incomes between 100 and 138 percent of FPL to pay a premium²² or face disenrollment or lockout,²³ have found that it deters enrollment. About one-third of individuals who applied and were found eligible were not enrolled because they did not pay the premium.²⁴

A large body of research shows that even modest premiums keep people from enrolling in coverage.²⁵ Individuals, particularly during a period of unemployment or other financial hardship, may be unable to make the payments. Low-income consumers have very little disposable income and often must make

choices and stretch limited funds across many critical purchases. While Medicaid is designed to protect consumers against costs, this proposal adds another cost to individual's monthly budget.

Moreover, simply the burden of understanding the premium requirements and submitting payments on a regular basis may be a challenge to people struggling with an overload of demands on their time. In a survey of Indiana enrollees who failed to pay the required premium, more than half reported confusion of either the payment process or the plan as the primary reason, and another 13 percent indicated that they forgot.²⁶ Finally, states or insurance companies may fail to process payments in a timely fashion, leading to benefit denials even for people who make the required payments.²⁷

While the stated goal of this provision is Medicaid enrollees for the financial requirements of employer-sponsored insurance or other private health insurance coverage, the reality is that very few individuals have to write checks on a monthly basis to purchase coverage. The vast majority of people with private insurance receive it through their employers, and have their share of the premiums automatically withheld from their paychecks, without having to take any positive action. Moreover, one-quarter of households with incomes under \$15,000 reported being "unbanked,"²⁸ which may create additional barriers to making regular payments.

Although the proposal will allow recipients to earn back a portion of these premiums, the rules are sufficiently complicated that few recipients are likely to do so.

Conclusion

For all the reasons laid out above, the state should reconsider their approach to encouraging work. If Virginia is serious about encouraging work, helping people move into jobs that allow for self-sufficiency, the state would be committed to ensuring that all adults have access to health insurance in order to ensure they are healthy enough to work. While Virginia is taking a step in the right direction by expanding Medicaid as intended by the ACA, the state takes a step backward by placing additional barriers between the state's most vulnerable families and their health care.

Thank you for considering CLASP's comments. Please contact [REDACTED] [REDACTED] ([REDACTED]) or [REDACTED] ([REDACTED]) with any questions.

All sources accessed October 2018.

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Brief-An-Early-Look-at-Medicaid-Expansion-Waiver-Implementation-in-Michigan-and-Indiana. Lower-income recipients could opt to pay a premium in order to receive an enhanced package of benefits.

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From: [REDACTED]

Date: Fri, Oct 19, 2018

Subject: Virginia COMPASS waiver public comments

To: <1115Implementation@dmas.virginia.gov>

Access to health care is very important, that is why I am commenting on this proposed change. The proposed changes to Medicaid would take away health insurance from sick individuals when they need it most. I do not support this approach. Virginians should have easy access to the right care. Thank you for your time.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018
Subject: My letter on work requirements waiver
To: <1115Implementation@dmas.virginia.gov>

I am writing to you with regard to Virginia's proposed Medicaid waiver which has problems as it is currently written. The red tape and bureaucracy surrounding the COMPASS program will throw people off Medicaid. People that are following the rules will suffer due to the complicated system that COMPASS is creating.

The health and wellness accounts seem very complex and confusing and the Virginia COMPASS proposal does not explain how Medicaid recipients will be educated about the program and how to use it. This issue needs to be addressed. Please keep the best interest of Virginia's working families in mind as you consider my thoughts.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018
Subject: National Psoriasis Foundation's 1115 Demonstration Waiver Comment Letter
To: 1115implementation@dmas.virginia.gov <1115implementation@dmas.virginia.gov>

Please see attached the National Psoriasis Foundation's comment letter on the Medicaid Section 1115 Demonstration Waiver Amendment.

I am happy to answer any questions.

Thank you, [REDACTED]

[REDACTED]

Associate Director, State Government Relations

National Psoriasis Foundation

1800 Diagonal Road, Suite 360

Alexandria, VA 22314

[REDACTED]

[REDACTED]

[REDACTED]

www.psoriasis.org



Our Mission: To drive efforts to cure psoriatic disease and improve the lives of those affected.

October 19, 2018

Susan Puglisi
Virginia Department of Medical Assistance Services
Attn: Virginia COMPASS
600 E Broad Street
Richmond, VA 23219

Re: Medicaid Section 1115 Demonstration Waiver Amendment: Virginia COMPASS, Creating Opportunities for Medicaid Participants to Achieve Self Sufficiency

Dear Ms. Puglisi:

On behalf of the more than 8 million Americans living with psoriasis and psoriatic arthritis, the National Psoriasis Foundation (NPF) appreciates the opportunity to comment on the proposed extension of your Section 1115 Demonstration Waiver. We applaud the state's goals of expanded access to care, improved care for veterans and for individuals with serious mental illnesses, and enhanced value and innovation across the health system. However, the NPF has concerns that some of the proposed changes could lead to reduced access and diminished quality of care for the more than 271,000 psoriatic disease patients in the state. We offer the following comments on the amendment request.

Background on Psoriasis

The National Psoriasis Foundation exists to find a cure for psoriasis and psoriatic arthritis and to eliminate the devastating effects of psoriatic disease by supporting research, advocacy and education. Psoriasis is an immune-mediated disease that affects approximately 3 percent of the adult U.S. population.ⁱ Up to 30 percent of individuals with psoriasis may also develop psoriatic arthritis, an inflammatory form of arthritis that can lead to irreversible joint damage if left untreated.ⁱⁱ Beyond the physical pain and discomfort of these diseases, individuals living with psoriatic disease also face higher incidence of comorbid health conditions including cardiovascular disease,ⁱⁱⁱ diabetes^{iv}, hypertension^v, and stroke^{vi}. A higher prevalence of atherosclerosis^{vii}, Crohn's disease^{viii}, cancer^{ix}, metabolic syndrome^x, obesity^{xi} and liver disease^{xii} are also found in people with psoriasis, as compared to the general population.

Due to the heterogeneous characteristics of this chronic immune-mediated disease, psoriatic disease requires sophisticated medical care. Treatments that work for one person may not work for others, and many patients cycle through numerous accepted treatment options.^{xiii} Without the tools to control their symptoms, people with psoriatic disease cycle through periods of intense pain; fatigue; unbearable itch; whole-body inflammation; flaking and bleeding of large swaths of the skin; and joint degradation. Recent research also suggests that the risk for comorbidities such as cardiovascular disease may increase with the severity of psoriatic disease, thereby magnifying the critical need for patient access to effective treatment options.^{xiv}

Virginia Department of Medical Assistance Services 1115 Demonstration Extension Application Comments (By Provision)

1. *The Training, Education, Employment and Opportunity Program (TEEOP)*

While the NPF is supportive of programs with the goal of promoting health, wellness, and greater financial stability and self-sufficiency, like Medicaid, we are concerned that placing conditions of work and community engagement to receive Medicaid coverage could significantly hinder the ability of patients with psoriatic disease to appropriately access and maintain critical health services needed to properly manage their conditions. Studies of Medicaid work requirements identify why these standards are burdensome to the patient population and can lead to negative health outcomes.^{xv}

Patients living with psoriasis or psoriatic arthritis dedicate a significant amount of time and effort to maintaining their disease, and comorbid conditions, while managing work and family life. Data shows 79% of Medicaid enrollees are in families with at least one worker, with nearly two-thirds (64%) with a full-time worker and another 14% with a part-time worker; one of the adults in such families may not work, often due to caregiving or other responsibilities.^{xvi} However, employed Medicaid enrollees facing work requirements have trouble with reporting requirements. While exceptions to work requirements may apply, as many psoriatic disease patients know, exceptions processes can also be overly burdensome. Data shows one in three Medicaid adults never use a computer or the internet and four in ten do not use email.^{xvii} More details on how this exception process would work and the turnaround time for approval would be appreciated.

In addition, compelled employment and community engagement may not be enough to overcome poverty while at the same time risking worse health outcomes for patients who cannot comply.^{xviii} Most employed Medicaid enrollees are working full-time for the full year, but their annual incomes are still low enough to qualify for Medicaid.^{xvi} In addition, studies have shown there is a strong correlation between jobs with high level stressors, likely encountered in compelled employment or community engagement, that can lead to worsened health. When significant effort does not achieve commensurate rewards, emotional stress rises and illness increases. Such workplace imbalances are associated with increased rates of cardiovascular disease and smoking, which already pose a significant risk to psoriatic disease patients.

These challenges, among others, are likely to contribute to a significant loss of Medicaid coverage and negative health impacts for the Medicaid patient population. Arkansas is seeing similar results, where implementation of work requirements have currently led to over 8,000 individuals losing Medicaid benefits due to noncompliance.^{xix}

2. *Health and Wellness Program Requirements*

We are particularly concerned with the cost-sharing proposals requiring Medicaid enrolled adults to pay a monthly premium and co-payment for non-emergent use of the emergency department (ED). Psoriasis is a complex, chronic medical condition that requires life-long care. Even with adequate health insurance, those living with psoriatic disease face a high burden of out-of-pocket costs. Virginia's Medicaid program, as the safety net provider for low-income individuals in Virginia, currently plays a critical role in ensuring that those with limited means are still able to access the health care and services that they need. The NPF is concerned that requiring a monthly premium in addition to co-payments for unplanned critical care needs could disrupt the ability for psoriatic disease patients to continue to receive the care they require.

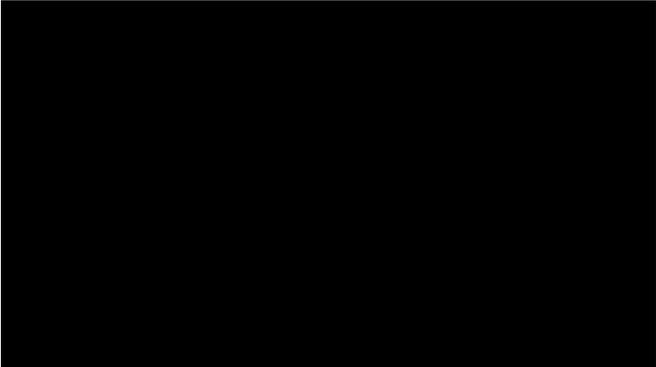
A Kaiser Family Foundation (KFF) study on the "Effects Premiums and Cost Sharing on Low-Income Populations"^{xx} showed limited cost savings for the state and harmful patient impacts. Premiums serve as a barrier to obtaining and maintaining Medicaid and CHIP coverage among low-income individuals. Even relatively small levels of cost sharing in the range of \$1 to \$5 are associated with reduced use of care, including necessary services. When facing out-of-pocket

costs, patients do not use their medications appropriately; skipping doses in order to save money or abandoning treatment altogether. Reduced adherence can result in irreversible disease progress, more hospitalizations and increased health care costs to the state system.

Although exemptions may apply to these cost sharing requirements, as mentioned above, these may be burdensome and difficult for the patient population to navigate. In addition, Virginia has some of the most restrictive Medicaid eligibility with income thresholds for eligibility (for a family of three) set at \$5727 annually to qualify.^{xxi} Even with the exemptions, it is estimated that 42,000 Virginia Medicaid enrollees will not be exempt and will be subject to premium requirements. This significant portion of our most vulnerable patient populations will also face Medicaid coverage suspension if they fail to pay their premiums after a three-month period.

We thank you for your attention to this important matter and hope that our feedback will help inform your final amendment for submission to CMS and ensure changes to the Virginia Medicaid program maintain critical accessibility and affordability for those living with psoriasis. If you have any questions about these comments, please contact [REDACTED] [REDACTED] Associate Director, State Government Relations ([REDACTED] 503-546-5551).

Thank you in advance for your consideration.



Vice President, Government Relations and Advocacy
National Psoriasis Foundation

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From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018
Subject: New Virginia Majority comments on Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

Hello,

Attached please find our comments regarding proposed provisions to Virginia's Medicaid program.
Sincerely,

Tram

--

[REDACTED] Co- Executive Director New Virginia Majority [REDACTED]

[REDACTED]

[REDACTED]

[ATTACH](#)



October 19, 2018

Dr. Jennifer Lee
Virginia Department of Medical Assistance Services
600 E Broad Street
Richmond, VA 23219

RE: Virginia COMPASS

Dear Dr. Lee:

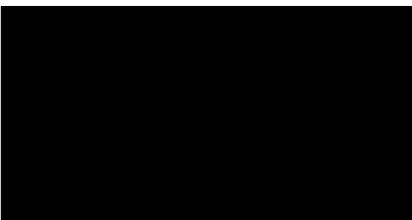
New Virginia Majority (NVM) appreciates the opportunity to provide feedback on the Virginia COMPASS demonstration waiver. As a state-based organization working primarily with communities of color, young people and low-wage workers, we are concerned that provisions within the proposal, such as work requirements, premiums and cost-sharing, will hurt the very people that the Medicaid program is supposed to help and will lead to tens of thousands of Virginians losing health coverage.

Imposing work requirements on Medicaid enrollees undoes much of the progress of expanding coverage in Virginia. Work requirements in other states have failed to increase long-term employment or improve general welfare. Obtaining health care coverage helps individuals find jobs and keep them because they are able to receive treatment for illnesses that would normally prevent them from doing so. Adding a volunteer service stipulation to the work requirement is also a bad idea -- people that can find temporary or single-opportunity jobs that pay them are instead using their labor for no compensation.

There are simply too many complex requirements for many enrollees to contend with such as monthly premiums and contributions to a health and wellness account. Even low premiums can have detrimental effects on individuals and families, becoming a financial burden preventing them from accessing care. The Kaiser Family Foundation found cost-sharing as low as \$1 to \$5 also acted as a financial burden, reducing the likelihood that a family or individual would seek care, even for necessary services. Such cost-sharing was also found to result in increased rates of uncontrolled high blood pressure and high cholesterol, and reduced treatment for children with asthma -- something that could mean life or death for black and brown children in the nation's asthma capital, Richmond, VA.

Enrollees in states with similar requirements found that they are confusing and financially burdensome and can lead to loss of coverage. Virginia should not add more red tape to the Medicaid program or force families to pick between taking care of their health care needs and putting food on the table for their families.

I hope you will take these concerns into consideration as you move forward providing health care coverage for Virginians.



From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018
Subject: My concerns about the Virginia COMPASS program
To: <1115Implementation@dmas.virginia.gov>

The following email explains my concerns about the proposed new requirements to receive coverage under Virginia's Medicaid program. Please consider this information in your work. Losing health coverage for someone with a chronic illness would be devastating. Being locked out of health care due to failure to reporting work activities or being unable to pay monthly premiums could lead to terrible health outcomes for many Virginians. Thanks for taking the time to read my comments.

[REDACTED] Mr.

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018
Subject: Responding to waiver proposal
To: <1115Implementation@dmas.virginia.gov>

This comment is in relation to the recent Medicaid waiver that was proposed. There are several troubling changes proposed that I oppose. Medicaid should help people when they are going through tough times. Health care is a human right and should not be taken away for failure to comply with this type of red tape and bureaucracy.

A benefit of expanding Medicaid was to make it possible for people to access care and have a relationship with a doctor that allows them to receive treatment for simple health issues before they become more serious and difficult to treat. Adding monthly premiums, removes the opportunity for many people to get this benefit. Given the hard choices families living in poverty have to make, it is likely that premium payments could fall behind.

Please do take these concerns into consideration and make changes to this draft.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018
Subject: Commenting on Virginia Compass
To: <1115Implementation@dmas.virginia.gov>

I am opposed to the new burdens proposed to be included in the Medicaid program. Work requirements in this program do not help families afford to put food on the table or improve their health. There is some evidence that shows that work requirements can actually make it harder for people to find work. This is not good policy.

Without ongoing coverage, someone that has a treatable illness may still be suffering. As a result, they are denied the opportunity to benefit from treatments for common conditions like high blood pressure. The lack of access has serious consequences. I hope you can make major improvements to the proposed program that do not in any way contradict or undercut the worthy objectives of Medicaid expansion. Thank you for considering my comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018
Subject: My comments on DMAS waiver
To: <1115Implementation@dmass.virginia.gov>

The comments in this email should be considered in relation to Virginia's Medicaid waiver application. If someone has a disability they may have a harder time complying with some of the qualifications in this proposal. That could end up in their losing access to care.

Making low-income families pay costly monthly premiums will not have the intended outcome. Other states that have tried similar proposals saw the use of health care services decline, leading to more costly services later down the road. Thanks for allowing me to comment on this waiver.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018
Subject: My letter on work requirements waiver
To: <1115Implementation@dmas.virginia.gov>

This letter is in opposition to the burdensome requirements proposed for Virginians with Medicaid in Virginia. I hope you will take my views into account. Among Medicaid enrollees who are not working, many have impediments to employment, including illness, disability or caregiving responsibilities. The number of those who could get a job as a result of the program is very small. Thank you for allowing me to offer my thoughts on this proposal.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018
Subject: RE: Virginia COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

The comments in this email should be considered in relation to Virginia's Medicaid waiver application. Losing healthcare would be catastrophic for families. I believe Medicaid should provide coverage for families not take them away.

Charging monthly premiums to Medicaid families will put more pressure on people struggling to make ends meet. Many people also have difficulty working through complex government processes. The premiums would create both of those issues for people that need access to care. The Commonwealth needs to make improvements to this draft. Thank you for taking my comments into consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018
Subject: I oppose COMPASS waiver
To: <1115Implementation@dmas.virginia.gov>

It is unreasonable to place any additional burdens on our most vulnerable community members. Approving this waiver will do just that. We owe it to our friends and neighbors to do whatever we can to ease their significant problems, not contribute to them.

Medicaid work requirements will create major administrative complexity and new costs for Virginia. There is no reason to keep the program from succeeding by placing so many administrative requirements on the people who need the access to healthcare.

Many Virginians depend on Medicaid when they are sick and need help. Implementing this proposed waiver would mean taking away health care when people are most vulnerable. If someone has low income and becomes ill and cannot work that is not the time to take away their coverage. Please keep the best interest of Virginia's working families in mind as you consider my thoughts.

[REDACTED] Virginia Organizing

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018
Subject: Opposition to Virginia COMPASS
To: <1115Implementation@dmas.virginia.gov>

This letter is in opposition to the burdensome requirements proposed for Virginians with Medicaid in Virginia. I hope you will take my views into account. Work requirements failed to improve employment when they have been tried. In most of the cases, people want to work, but there are many reasons why they are not successful.

This proposal does not recognize what many people have to overcome to find and keep a job.

The proposed changes to Medicaid would take away health insurance from sick individuals when they need it most. I do not support this approach. Virginians should have easy access to the right care. Please take this into account and make changes to COMPASS.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018
Subject: Proposed Medicaid Waiver Application
To: <1115Implementation@dmas.virginia.gov>

This comment is in relation to the recent Medicaid waiver that was proposed. There are several troubling changes proposed that I oppose. Losing coverage could create a life-threatening obstacle to care for patients with heart disease as these individuals are unlikely to have access to the necessary treatments and medications.

Working requirements make it harder for the state to enroll people. The result of that is that people without coverage will still use expensive emergency room treatment for health problems that are not emergencies. This will mean that the cost savings to the state and the entire system will not be what it should be. Thanks for considering my thoughts on this waiver application.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018
Subject: COMPASS objections
To: <1115Implementation@dmas.virginia.gov>

This email offers my opinion about changes to Virginia's Medicaid program that I find problematic. Many employed Virginians do not make enough income to pay for essential needs. That is why adding costs to get Medicaid coverage is a bad idea. Healthcare sometimes seems like something that can be delayed or avoided in order to pay another bill, this will result in many newly eligible Virginians losing coverage or delaying treatment until it is an emergency. This does not improve the circumstances of working families.

There is no real benefit to adding work requirements and will only reduce the number of people who still need the coverage.

Thanks for taking the time to read my comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018
Subject: COMPASS objections
To: <1115Implementation@dmas.virginia.gov>

I am commenting on the new Virginia COMPASS medicaid waiver. Affordable health care is important to all Virginians, but adding expensive monthly premiums for Virginians that make very little does not make sense. The goal of the Medicaid program is to provide access to health care, but these changes will do the opposite.

The many barriers in this Medicaid proposal mean that there will likely be gaps in healthcare coverage that deny people the opportunity to access care. This works against what the program was supposed to achieve. Thank you for considering this perspective.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018 at 5:52 PM
Subject: Responding to Medicaid waiver idea
To: <1115Implementation@dmas.virginia.gov>

Thank you for the opportunity to comment. The Virginia Latina Advocacy Network (VA LAN) of The National Latina Institute for Reproductive Health (NLIRH) writes to oppose the proposed work requirements included in Virginia's expansion of their Medicaid program.

NLIRH is the only national reproductive justice organization dedicated to building Latina power to advance health, dignity, and justice for 28 million Latinas, their families, and communities in the United States through leadership development, community mobilization, policy advocacy, and strategic communications. NLIRH works to ensure that all Latinas are informed about all their options for safe, effective, and acceptable forms of contraception and family planning. NLIRH supports affordable, accessible, and quality contraception and counseling for all persons regardless of their age or gender identity.

The Virginia Latina Advocacy Network operates as an extension of NLIRH, serving as the voice and advocacy presence of the organization in Virginia. The VA LAN works with activists throughout Virginia to organize our communities around issues-based campaigns that impact our families and our lives. The VA LAN seeks to increase Latina visibility in the reproductive justice movement, cultivate well-informed leaders and build our networks of activists in Virginia that will inform and support our state and national policy agenda and strengthen state and national reproductive justice activism. Implementing various civic engagement and community organizing strategies, the VA LAN is building a large base of Latinas who are trained on how to use a reproductive justice lens to organize their communities for change and develop spokespeople to lift up the voices of Latinas in Virginia on a local, state, and national level.

Reproductive Justice is a framework rooted in the human right to control our bodies, our sexuality, our gender, and our reproduction. Reproductive Justice will be achieved when all people, of all immigration statuses, have the economic, social, and political power and resources to define and make decisions about our bodies, health, sexuality, families, and communities in all areas of our lives with dignity and self-determination. Access to affordable family planning services is essential to ensuring this right.

Virginians who qualify for coverage under Medicaid expansion should have access to the coverage they need and for which they are otherwise eligible. They should not be restricted by barriers like this waiver proposal

contains. Work requirements are unnecessary and harmful to individuals, and furthermore, they have been shown to be ineffective. Work requirements only stoke racial resentment about entitlement programs and play upon harmful stereotypes of women of color. These policies do not support getting individuals to work but instead are harmful to communities of color. Virginia is expected to be the first state to expand Medicaid with these conditions and I urge the state to expand the Medicaid program without work requirements.

Medicaid provides critical health care coverage for individuals with low-incomes and work requirements in the program will disproportionately impact women of color. In 2016, 17 percent of non-elderly Medicaid recipients in Virginia were Hispanic and 36 percent were Black.[1] In Virginia, 1 in 3 births are covered by Medicaid and 33 percent of children are covered by Medicaid and Children's Health Insurance Program.[2] Medicaid is the primary payer for behavioral health services in Virginia.[3]

Nationally, women make up the majority of Medicaid beneficiaries (53 percent) and approximately 40 million women rely on the program for life-saving care.[4] Due to systematic barriers and discrimination, a disproportionately higher number of women of color and LGBTQ individuals are enrolled in the program. Nearly one-third (31 percent) of Black women of reproductive age and (27 percent) of Latinas of reproductive age are enrolled in the Medicaid program, compared to 16 percent of white women.[5] Medicaid covers 1 in 5 women of reproductive age (15-44) and half of all births in the United States.[6] Medicaid covers more women's health services than any other payer and is the largest payer of reproductive health care coverage (paying for 75 percent of family planning services).[7] LGBTQ individuals are also more likely to be low-income and eligible for Medicaid. In a 2014 nationwide survey of LGBT people with incomes less than 400 percent Federal Poverty Level (FPL), 61 percent of all respondents had incomes in the Medicaid expansion range—up to 138 percent of the FPL—including 73 percent of African-American respondents, 67 percent of Latino respondents, and 53 percent of white respondents.[8]

Since 2014, 32 states and the District of Columbia expanded eligibility to cover all people at certain income levels under the Affordable Care Act's Medicaid expansion option.[9] Recent data from the Center on Budget and Policy Priorities has shown how expansion has improved health outcomes for individuals in those states. Expansion states have a 46 percent lower uninsured rate than non-expansion states, and the gap is widening.[10] A clean expansion of Medicaid in those states permits eligible individuals to access the health care they need with dignity and justice.

A clean expansion, without work requirements or imposed premiums, will allow over 400,000 Virginians to gain coverage.[11] Currently, about 138,000 of these individuals fall in the coverage gap and are not eligible for Medicaid in Virginia or eligible for premium subsidies to reduce the cost of insurance because their income is too low.[12] Virginia's Medicaid office expected 18 percent of the expansion population (50,000 people) to lose coverage under similar policies adopted earlier by the House of Delegates. Virginia's Joint Legislative Audit and Review Commission (JLARC) expected 33,000 people to lose coverage under these proposed policies.[13] By imposing work requirements, tens of thousands of otherwise eligible individuals will be denied the insurance coverage they deserve.

Work requirements are a threat to an individual's reproductive health and economic security. They are unnecessary, proven to be ineffective, and are an attack on a person's ability to make thoughtful decisions about their health and the way they choose to raise their children. Moreover, work requirements prey on stereotypes that stigmatize mothers of color and push communities of color further into poverty by eliminating access to health care coverage.

The proposed waiver for Virginia's Medicaid program is causing confusion around eligibility and individuals' compliance with work requirements. As a result, many Virginians may decide not to enroll even if they are currently working or pursuing work. Across the country, 87 percent of Medicaid expansion enrollees are already working, in school, or looking for work and if they do not work it is likely the result of a major impediment. Currently 48 percent of adults enrolled in Medicaid in Virginia are working and those in the expansion populations should not be subjected to rigid work requirements.[14] Regardless of work status, all individuals deserve health care coverage no matter what, including otherwise eligible Medicaid recipients.

Women are more likely to be concentrated in low-wage jobs that do not provide health care coverage and women of color many hold these jobs.[15] Additionally these jobs are more likely to place individuals on Medicaid due to a lack of employer sponsored health care and a salary at 138 percent

Federal Poverty Level (FPL) (\$16,753 for a single person or \$22,715 for a family of two).[16] 27 percent of the population in Virginia is under 200 percent FPL [17] (\$24,280 for a single person or \$32,920 for a family of two)[18]. Additionally, women are more likely to provide undervalued caregiving to children, spouses, and parents. For women who face other barriers to work like transportation, housing, and education, this restriction essentially prevents them from accessing health care.

Work requirements have a disproportionate impact on transgender workers and forcing individuals to choose between finding work amid a prejudice culture and losing critical health care coverage. The unemployment rate for transgender people is three times higher than the national average. In the 2015 Transgender Survey by the National Center on Trans Equality, more than half (53 percent) of respondents who had ever held a job experienced a loss of employment for any reason. Respondents who were living with HIV (78 percent), those who have done sex work (73 percent), American Indian (66 percent) and Black (60 percent) respondents, transgender women (66 percent), and people with disabilities (59 percent) were more likely to have ever lost a job. In Virginia, 14 percent of respondents who have ever been employed reported losing a job in their lifetime because of their gender identity or expression. Additionally, 27 percent of respondents who had a job in the past year reported being fired, being denied a promotion, or experiencing some other form of mistreatment related to their gender identity or expression during that year. Furthermore, 80 percent of those who were out or perceived as transgender at some point between Kindergarten and Grade 12 experienced some form of mistreatment, such as being verbally harassed, prohibited from dressing according to their gender identity, disciplined more harshly, or physically or sexually assaulted because people thought they were transgender.

Work requirements will harm many people who cannot work, including people with chronic health conditions, those taking care of family, and people who are in school. Work requirements in the Temporary Assistance for Needy Families (TANF) program have not been shown to increase long-term employment among participants or to reduce poverty. In fact, individuals with the most significant barriers to employment often do not find work.

Work requirements are an antiquated and discriminatory policy rooted in racial stereotypes that harms families and individuals that are otherwise eligible for health care coverage. In other states the negative impact of the work requirements have been clear. In Arkansas, more than 4,300 residents have lost coverage in the first three months of the work requirements being implemented, and another 5,000 individuals are at risk of losing critical coverage should they fail to report for another month.[19] Imposing similar requirements on Virginia will only harm individuals eligible for health care coverage and the services they need to live healthy lives with dignity. The inclusion of work requirements mean that the state of Virginia would incur major additional expenses and administrative work to enforce a provision with which the majority of people are already in compliance.

This proposal also includes a provision requiring certain Medicaid enrollees with incomes between 100 and 138 percent of the federal poverty line to pay premiums and copayments in order to access their coverage.[20] This new cost will be applied to families with incomes between around \$12,000 for an individual on the poverty line, up to \$35,000 for a family of four at 138 percent of the poverty line.[21] Failure to make these payments can lock individuals out of their health coverage until they are able to afford payments again and will face debt collection. For most Medicaid enrollees, being locked out of the program means they have no other viable and affordable health care coverage option. Many individuals rely on Medicaid coverage because they do not have access to Affordable Care Act marketplace coverage. The disruption of a lockout period can be the difference of a person accessing

the life-saving care they need. This is another way in which that otherwise eligible

individuals are being denied access to health care coverage. Also under this Virginia waiver, an estimated 42,000 Medicaid enrollees in Virginia would be subject to premiums and an additional copayment.[22] States like Kentucky and Indiana have imposed similar financial requirements on individuals living with low-incomes. In response to these additional costs: the use of medical services has declined or been delayed, long-term medical costs have risen as preventative medical visits have fallen, substantial numbers of people have been removed from the program or locked out of coverage, debt and financial hardship has increased, and unhealthy behaviors have increased.[23] These additional costs can mean the difference between groceries and health care for individuals and often times delayed care as a result of these financial requirements.

Integrating monthly premiums and copayments to Medicaid expansion is an unnecessary burden to otherwise eligible individuals and creates barriers to health care services. Under federal law, premiums are generally prohibited for individuals with incomes below 150 percent of FPL in the Medicaid program except for certain categories of Medicaid enrollees, and many groups and services are exempt from co-pays. Copayments must generally be nominal in amount. These protections are in place because individuals enrolled in the Medicaid program lack the financial resources to access care. Premiums and co-pays impede individuals' access to health care services and their ability to enroll in health insurance. In one study of the Alabama Children's Health Insurance Program, the increase in premiums reduced the number of Black parents who renewed their child's enrollment by 5.9 percent. Co-pays may deter individuals from seeking the care they need. Studies demonstrate that even small levels of cost-sharing are associated with reduced use of necessary health services, including preventive and primary care. Premiums will lead to individuals losing coverage under the Medicaid program. If individuals have to make a co-payment, they may even forego medically necessary care.

Additionally, adding work requirements and premiums will not save the state of Virginia money and will discourage people from getting the care they need. Virginia estimates indicate that thousands of individuals will lose access to Medicaid coverage due to premiums within the first year of enforcement. These proposed changes require significant administrative upkeep and add additional cost for the state Medicaid agency, providers, and contracted managed care plans. Virginia will have to spend more than \$20 million a year to administer the work requirement and provide case management and support services to the affected population.[24] The state of Virginia should be working to expand coverage without rigid work requirements or unnecessary state spending.

Thank you for the opportunity to comment and for more information please reach out to Margie Del Castillo at Margie@latinainstitute.org or Nina Serrienne at Nina@latinainstitutue.org.

Sincerely,

The Virginia Latina Advocacy Network, The National Latina Institute for Reproductive Health

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National Latina Institute For Reproductive Health

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018 at 5:52 PM
Subject: Issues with Virginia 1115 Waiver
To: <1115Implementation@dmas.virginia.gov>

This email offers my opinion about changes to Virginia's Medicaid program that I find problematic. Even if charging monthly premiums saved Virginia money, it would be a bad idea. But since doing so actually costs more than it saves because of all the staff and systems it would require, it really makes no sense. The purpose of expanding health coverage to the working poor is to help them get and stay healthy. The program needs to stay focused on that main goal.

Virginia should not invest significant resources implementing new rules that have proven not to be effective. In general work requirements programs have very short-term effects on employment, fail to increase long-term employment and do not help lift people out of poverty. These added rules are counterproductive and unnecessary. I appreciate your consideration of my comments as you make changes to this draft. How can you require sick or handicapped senior citizens to work when they are physically or mentally unable to do so ?

[REDACTED] None

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018 at 6:06 PM
Subject: My letter on work requirements waiver
To: <1115Implementation@dmas.virginia.gov>

I am writing with regard to Virginia's COMPASS program and my opposition to certain components of it. The proposed changes to Medicaid would take away health insurance from sick individuals when they need it most. I do not support this approach. Virginians should have easy access to the right care. Please make the right changes to the Medicaid waiver proposal.

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018 at 6:30 PM
Subject: Please do not add work requirements to Virginia's Medicaid program
To: Dr. Jennifer Lee <1115Implementation@dmas.virginia.gov>

Dear Department of Medical Assistance Services Dr. Jennifer Lee,

I am writing in opposition to the Virginia COMPASS plan to take Medicaid coverage away from enrollees who do not meet a work requirement. Work requirements are a solution in search of a problem and would create burdensome barriers that would harm all Medicaid recipients, while costing the commonwealth millions.

Virginia's proposal to condition Medicaid coverage on complying with restrictive eligibility and documentation requirements violates the program's intent. The purpose of the Medicaid program is to provide medical assistance for those with income that is insufficient to meet the costs of medical coverage, not to restrict access to that coverage. By some estimates, more than 25,000 fewer Virginians will have health coverage through Medicaid due to the new requirements.

In particular, the proposal to take coverage away from Medicaid beneficiaries that don't or can't meet new work requirements is not only punitive and a violation of the program's intent, but also unsupported by the evidence. As we already know, most Medicaid enrollees that are able to work, do work.

The Virginia COMPASS proposal will be burdensome for all involved— individuals and families as well as the state— and will lead to tens of thousands of Virginians losing health coverage. Virginia should not add more red tape to the Medicaid program or force families to pick between taking care of their health care needs and putting food on the table for their families.

Regards,

[REDACTED]

Saint Matthews, SC 29135

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018 at 6:47 PM
Subject: Comments
To: 1115Implementation@dmas.virginia.gov <1115Implementation@dmas.virginia.gov>

Please see the attached comments on DMAS' proposed COMPASS 1115 Waiver. I am submitting the comments on behalf of the Virginia Poverty Law Center.

Thank you for your attention and consideration.

Jill

[REDACTED]

[REDACTED]



Virginia Poverty Law Center

919 East Main St., Suite 610

Richmond, VA 23219

[REDACTED]

[REDACTED]

[REDACTED]

www.vplc.org

www.valegalaid.org: Virginia's site for free legal information for low-income people.

Find us on Facebook: <https://www.facebook.com/VaPovLawCtr> and on Twitter: @VPLC



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October 19, 2018

Dr. Jennifer Lee, Director
Virginia Department of Medical Assistance Services
600 E. Broad St. Suite 1300
Richmond, VA 23219

RE: Comments on Virginia COMPASS – §1115 Demonstration

Dear Dr. Lee:

The Virginia Poverty Law Center (VPLC) is a statewide legal services support center, providing training, technical assistance, litigation and other advocacy on issues of concern to low-income Virginians. For many years, VPLC has advocated for improvements to Virginia's FAMIS and Medicaid programs. Over the past five years, VPLC has promoted Medicaid expansion to provide coverage for up to 400,000 low income adults, working closely with dozens of other partners through the Healthcare for All Virginians Coalition.

While we celebrate the Virginia General Assembly's recent decision to adopt the new coverage, we have very deep concerns about the legislature's direction to seek an 1115 Waiver with work requirements and monthly premiums. DMAS' proposal – Virginia COMPASS – indicates that over 27,000 Virginia Medicaid enrollees would lose their coverage because of these new requirements. On that basis alone, it is clear that COMPASS does not promote the objectives of the Medicaid program and, therefore, should not be sought by DMAS nor approved by HHS.

An 1115 Waiver proposed by Kentucky with work requirements and other features similar to Virginia's was recently enjoined by a federal court precisely because of the significant loss of coverage that would result from Kentucky's new requirements. [*Stewart v. Azar*] That decision found that HHS' approval of Kentucky's proposal was "arbitrary and capricious", because HHS failed to consider the proposal's negative impact on coverage.

Section 1115 of the Act provides authority for HHS to approve demonstration projects that promote the objectives of Medicaid. States may waive certain provisions of the Medicaid statute to carry out these projects but only to the extent necessary to implement the demonstration project and test new or experimental policies that promote the objectives of Medicaid. Taking coverage away from people who don't meet work requirements or pay

premiums, will cause large numbers of Virginians to lose coverage and become uninsured. As the court found in invalidating the HHS approval of Kentucky’s waiver, Medicaid’s primary objective is to provide coverage to people who otherwise wouldn’t have it. Pursuing policies that lead to a loss of coverage and an increase in the number of uninsured people can’t be justified as a proper use of section 1115 waiver authority.

Virginia’s Proposal Would Cause Substantial Numbers of Medicaid Beneficiaries to Lose Coverage and Become Uninsured

As noted, the COMPASS proposal estimates that 21,600 Virginia Medicaid enrollees would lose coverage due to penalties attached to the proposed work requirements. (COMPASS, footnote 18). Another 6,000 newly eligible enrollees (with income between 100% and 138% FPL) would also lose coverage due to sanctions related to the proposed monthly premium requirements. (COMPASS Tables 8 & 9). Such penalties and sanctions are expected – not necessarily because of an individual’s refusal to abide by new rules – but primarily because of the complexity of the new requirements and the lack of awareness and/or confusion of enrollees. New bureaucratic requirements present barriers to individuals; sanctions result in coverage loss; and, even with the ability to “cure” missteps, individuals will have suffered a loss of insurance. Beyond the harm to individuals, coverage losses will also lead to higher administrative costs attributable to people churning in and out of coverage.

Virginia’s estimate of this coverage loss is consistent with other research and experience in other states. For example, Kentucky estimated there would be a 15 percent drop in adult Medicaid enrollment by the fifth year of its waiver. That is equivalent to 95,000 people losing coverage in a typical month. In Arkansas - which actually implemented its waiver with work requirements in June 2018 - early results are showing significant losses of coverage. In September, 4,353 people were disenrolled for non-compliance. These individuals represent at least 17% of the 25,815 individuals who were phased in to the work requirement in June, and at least 55% of the 7,909 nonexempt individuals who were required to report their work and community engagement activities as of June.¹

The substantial loss of coverage and increase in uninsurance that would result in a loss of access to care and worse health for Virginians cannot be justified. Simply stated, the work requirements in Virginia’s waiver proposal do not promote the objectives of Medicaid and should not be approved.

Taking Coverage Away from People Who Don’t Meet Virginia’s Proposed Work Requirement Will Cause Over 20,000 to Lose Coverage

¹ Manatt, Phelps & Phillips, LLP, “Arkansas’s Medicaid Work Requirement Challenged as Thousands Lose Coverage”, October 2, 2018. <https://www.jdsupra.com/legalnews/arkansas-s-medicaid-work-requirement-96102/>

Virginia's TEEOP work requirement proposal applies to most adults who aren't considered "medically frail," pregnant, primary caretakers of a dependent child, full-time students, or exempt from TANF/SNAP work requirements. If not exempt from TEEOP, the individual must work, volunteer, search for a job, or participate in job training or other approved activity. The proposal gradually increases the number of hours the individual must engage in such activities, beginning with 20 hours per month after 3 months of enrollment to at least 80 hours a month after 12 months of enrollment. Failure to satisfy these requirements and successfully verify such compliance results in a loss of coverage (unless good cause or hardship is demonstrated).

Kaiser Family Foundation researchers recently estimated that nationwide work requirements would cause disenrollment ranging from 1.4 million to 4 million people among the 23.5 million adults who are under 65 and not receiving SSI based on disability. Most of those losing coverage would be people who are already working or should be exempt.² To reach their estimates on the impact of work requirements on people who should remain eligible, Kaiser researchers looked at evidence on how administrative requirements affect Medicaid enrollment, which shows that increased red tape causes eligible people to lose coverage. Kaiser researchers applied a low disenrollment rate of 5 percent and a high of 15 percent to the groups of people who are already working or should be exempt based on this body of evidence. Based on experience with work requirements in SNAP and TANF and experience with complex Medicaid healthy behavior programs in Indiana, Iowa, and Michigan,³ Kaiser made a conservative estimate that between 25 and 50 percent of enrollees not working or eligible for exemptions would also lose coverage.

Many Virginians Who Are Working or Qualify for Exemptions Will Lose Coverage

While the supposed target population for Virginia's work requirement are people who aren't working and who don't qualify for an exemption, large numbers of people who should remain eligible, because they are already working or should be exempt, will likely lose coverage. Most of these individuals will become uninsured.

- **Increased red tape will cause many working people to lose coverage, and Virginia consumer-facing procedures are not fully described.** Virginia's waiver would require non-exempt enrollees to demonstrate they are working or engaged in work-related activities for the requisite number of hours a month. The COMPASS proposal includes various assessments to determine exemptions and notices to enrollees to assist with this process, but there is insufficient description about how and when enrollees are actually expected to

² Rachel Garfield, Robin Rudowitz, and MaryBeth Musumeci, "Implications of a Medicaid Work Requirement: National Estimates of Potential Coverage Losses," Kaiser Family Foundation, June 27, 2018, <https://www.kff.org/medicaid/issue-brief/implications-of-a-medicaid-work-requirement-national-estimates-of-potential-coverage-losses/>.

³ See Judith Solomon, "Complex Medicaid Changes Likely to Cost Many People Coverage," Center on Budget and Policy Priorities, May 30, 2018, <https://www.cbpp.org/blog/complex-medicaid-changes-likely-to-cost-many-people-coverage>

claim exemptions, report activities, count hours or demonstrate compliance after sanctions. Without a complete explanation of these consumer-facing procedures, it is impossible to guess how the system is intended to actually work. As we have learned from Arkansas and Indiana, written notices are often insufficient to fully describe such programs and enrollees must have different options to verify compliance. The COMPASS work proposal is full of complexities, and it inadequately describes procedures for notices and consumer compliance. As a result, people who should be exempt or complying will inappropriately be sanctioned.

- **Many people who should qualify for an exemption may not get one.** Evidence from SNAP and TANF shows the difficulty of screening for exemptions from work requirements. A 2016 investigation by the USDA Office of the Inspector General found that some states were failing to administer the SNAP work requirements effectively and accurately. The report highlighted examples of states improperly terminating SNAP benefits for individuals who qualified for exemptions. Similarly, families sanctioned due to noncompliance with TANF requirements were more likely than other families receiving TANF to have barriers that kept them from working, including having a child with a chronic illness or disability.⁴

To successfully claim an exemption, Virginia enrollees must first understand that they qualify for an exemption; then they must provide paperwork or other documentation to substantiate their claim. Again, actual procedures are only vaguely described in the COMPASS proposal. How will DMAS be able to design a readable and understandable notice that contains all the complex new program rules, work requirements, exemptions, sanctions, verifications, good cause/hardships information etc. needed by enrollees to comply? How will LEP enrollees be informed? Who will conduct the work-related “assessments”? How will they be conducted? The proposal states that a face-to-face interview is not necessary (which we support) – but the proposal fails to explain exactly how the assessment will be done.

Claiming the exemption would be particularly difficult for people with mental illness. As Harvard Medical School Professor Richard Frank explains, “The burden of proving medical frailty in the Kentucky waiver program will generally fall on the recipient. In this case [of people with mental illness], that means it falls on a person with an illness that interferes with cognition, executive function and mood.”⁵ People with substance use disorders would also have problems, because they often have significant privacy concerns and may

⁴ Hannah Katch, Jennifer Wagner, and Aviva Aron-Dine, “Taking Medicaid Coverage Away From People Not Meeting Work Requirements Will Reduce Low-Income Families’ Access to Care and Worsen Health Outcomes,” Center on Budget and Policy Priorities, Updated August 13, 2018, <https://www.cbpp.org/research/health/taking-medicaid-coverage-away-from-people-not-meeting-work-requirements-will-reduce>.

⁵ Richard G. Frank, “Medicaid Work Requirements Will Reduce Care for Mentally Ill,” *The Hill*, February 3, 2018, <http://thehill.com/opinion/healthcare/372181-medicaid-work-requirements-will-reduce-care-for-mentally-ill>.

not trust Medicaid eligibility staff with information about their current or past substance use. People may also fear criminal ramifications if they are using illegal substances.⁶

The paperwork and red tape burdens would cause thousands of people who should remain eligible to lose coverage. The Kaiser Family Foundation estimates that from 5 to 15 percent of working and exempt people would lose coverage, which is conservative on the higher end with some studies showing disenrollment rates higher than 15 percent.⁷⁸

Taking Coverage Away from People Who Don't Meet Virginia's Proposed Work Requirement Won't Promote Employment

Two additional groups are at significant risk from Virginia proposed work requirement: (1) those who meet the required hours on average, but don't work the required hours every month and (2) those who aren't working, don't qualify for exemptions, and don't find jobs, volunteer work or training. As noted, based on experience with work requirements in TANF and SNAP and complex Medicaid healthy behavior programs, Kaiser conservatively estimates that between 25 and 50 percent of such enrollees are at risk of losing coverage under work requirements.

- **Considering the 80 hour per month requirement after one year of enrollment, it is clear that many working enrollees won't meet the 80 hours a month requirement every month.** Many working enrollees work in industries such as retail, home health and construction, and they have volatile hours and little flexibility, so they may not be able to work 80 hours every month. Illness, family emergencies, or child care or transportation can also lead to job loss. Virginia's work requirement is especially onerous, because just any three months of non-compliance during a 12-month period can lead to loss of coverage. Individuals can "cure" non-compliance, but only by demonstrating compliance within 30 days of the date of the suspension notice. This opportunity to cure (while important) would hinge on being able to schedule and work the requisite extra hours (or seek an exemption) very quickly. We do appreciate the proposal's inclusion of a "pre-suspension" review to determine whether the enrollee is eligible for another Medicaid eligibility group or entitled to an

⁶ Center on Budget and Policy Priorities, "Harm to People With Substance Use Disorders From Taking Away Medicaid for Not Meeting Work Requirements," <https://www.cbpp.org/research/health/harm-to-people-with-substance-use-disorders-from-taking-away-medicaid-for-not>

⁷ Aviva Aron-Dine, "Eligibility Restrictions in Recent Medicaid Waivers Would Cause Many Thousands of People to Become Uninsured," Center on Budget and Policy Priorities, August 9, 2018, <https://www.cbpp.org/research/health/eligibility-restrictions-in-recent-medicaid-waivers-would-cause-many-thousands-of>

⁸ Anuj Gangopadhyaya and Genevieve M. Kenney, "Updated: Who Could Be Affected by Kentucky's Medicaid Work Requirements, and What Do We Know About Them?" Urban Institute, March 2018, https://www.urban.org/sites/default/files/publication/96576/3.26-ky-updates_finalized_1.pdf.

exemption, but that does not cover all the possible (and likely) situations where one job ends or hours are reduced and the enrollee is simply unable to secure adequate replacement activities within the 30-day cure period.

- **A large share of enrollees who aren't exempt and not working will also lose coverage because proposed work supports are insufficient.** COMPASS recognizes many of the burdens and barriers faced by low-income Virginia adults who are not currently working or not working the number of hours that would be required by TEEOP. The "habilitation benefits" described that would be a part of Virginia's Alternative Benefit Plan (ABP) – while possibly helpful for some – are insufficient. For example, a "gas card" or "tickets for public transportation" won't help anyone without a car or someone living in areas with public transportation. The amount of "subsidies for certification/licensure" is not described. How will enrollees pay for actual tuition, books and other costs? Child care costs are never mentioned (and the TEEOP exemption for certain caregivers will not totally eliminate the need for child care for some parents now required to work to maintain coverage.) In fact, the proposal indicates that additional funding will be needed to truly meet the "unique needs of the TEEOP population." This acknowledgement reveals the reality that Virginia cannot currently provide all the employment supports needed by the population.

Charging Virginia Medicaid Beneficiaries Premiums Will Decrease Coverage and Create Barriers to Health Care

COMPASS also would require non-exempt Virginia Medicaid enrollees with income between 100%-138% FPL to pay monthly premiums of \$5 or \$10 per month. According to the proposal, 42,000 enrollees will be subject to premium requirements, and 6,000 of them are expected to lose coverage for non-compliance. The proposal creates a complicated system that includes monthly premiums, loss of coverage for non-payment of premiums, establishment of a Health and Wellness Account (HWA) to "bank" premiums paid, possible reductions in premiums for "healthy behaviors", potential Health Benefit gift cards for "healthy behaviors" and a new co-payment for inappropriate use of emergency rooms. The administrative time and cost to develop, implement and run this system will be huge. With resulting complexities and confusion for enrollees, along with the estimated loss of coverage because of non-payment of premiums, this element of the waiver does not promote the objectives of the Medicaid program. It also does not legitimately test or experiment with a new idea. It should be rejected.

Extensive research (including research from Medicaid demonstration projects conducted prior to health reform) shows that premiums significantly reduce low-income people's participation

in health coverage programs.⁹ These studies show that the lower a person's income, the less likely they are to enroll and the more likely they are to drop coverage due to premium obligations. People who lose coverage most often end up uninsured and unable to obtain needed health care services.

Indiana's experience with premiums provides solid evidence of how premiums would likely affect low-income Virginians.¹⁰ As in Virginia, people in Indiana with incomes above the poverty line lose their coverage if they miss payments. In the first year of Indiana's program, 2,677 individuals with incomes above the poverty line — that is, 5.9 percent of such individuals — had their coverage terminated for falling behind for 60 days on their premiums, and they were then locked out of coverage for six months.

Indiana's premiums appear to be affecting overall enrollment. A recent study in *Health Affairs* found that Indiana's coverage gains under the ACA were smaller than in neighboring states like Illinois, Kentucky, Michigan, and Ohio, which also expanded Medicaid, but do not terminate coverage for people who fail to make premium payments or impose a waiting period before re-enrollment.¹¹

In proposing to charge premiums, Virginia isn't claiming to test anything that hasn't been tried before — both before the ACA, and in Indiana currently. Evidence from these experiments allowing states to charge premiums beyond what is allowed under the Medicaid statute clearly shows that charging premiums makes it more likely that Medicaid beneficiaries lose their health coverage and become uninsured, or that they are less likely to sign up for coverage in the first place.

Indeed, Virginia already experimented with monthly premiums about 18 years ago when first implementing its SCHIP program for uninsured children. Families were required to pay \$15/month for their children's coverage. It quickly became apparent to the administration which mandated the premiums that the experiment wasn't working. Premiums weren't paid, and children lost coverage. The costs of the system to collect premiums and impose penalties for non-payment far exceeded the premiums paid and the administrative costs of churn. Significantly, that experiment affected families with incomes higher than Medicaid. The Governor who started the premiums ended them within the first year of implementation. Virginia shouldn't experiment again with an even poorer, more vulnerable population of adults.

⁹ Samantha Artiga, Petry Ubri, and Julia Zur, "The Effects of Premiums and Cost-Sharing on Low-Income Populations: Updated Review of Research Findings," The Kaiser Family Foundation, June 2017, <http://files.kff.org/attachment/Issue-Brief-The-Effects-of-Premiums-and-Cost-Sharing-on-Low-Income-Populations>.

¹⁰ References here are to Indiana's Medicaid expansion often referred to as HIP 2.0.

¹¹ Seth Freedman, Lilliard Richardson, and Kosali Simon, "Learning From Waiver States: Coverage Effects Under Indiana's HIP Medicaid Expansion," *Health Affairs*, June 2018, <https://www.healthaffairs.org/doi/10.1377/hlthaff.2017.1596>.

The proposed monthly premiums, along with the HWAs, are intended to test two hypotheses: (1) Conditioning coverage on payment of premiums will promote continuous coverage and continuity of care; and (2) premiums will not deter eligible individuals from applying for, enrolling in or renewing Medicaid coverage. (COMPASS p. 24) Virginia’s own experience, along with a broad range of research has answered those hypotheses negatively. The premiums and HWA proposal will accomplish nothing other than creating confusion, causing thousands of people to lose coverage, and wasting precious state dollars.

Another objection to the proposed imposition of monthly premiums is that coverage for those subject to premiums would not begin until their first premium is paid. (COMPASS p. 11). This appears to mean the individuals would not have access to 3-months retroactive coverage, which is otherwise available to all Medicaid applicants. Yet COMPASS does not include an HHS waiver of retroactive coverage under §1115 authority. Unless DMAS seeks and receives a waiver of retroactive coverage, this aspect of the proposed premium system would be invalid. Moreover, to request a waiver of retroactive coverage, DMAS would need to initiate another state public comment period to solicit comment on that change.

Finally, the budget language regarding premiums requires coverage to begin on “the first day of the month following receipt of the premium payment *or enrollment due to treatment of an acute illness.*” Item 303.SS.4.d(i)(2)(emphasis added). The COMPASS proposal fails to include this second path of enrollment for enrollees subject to premiums.

The Vast Majority of Those Losing Coverage Will Become Uninsured

Some supporters of restrictive Medicaid eligibility policies claim that Medicaid work requirements will potentially lead individuals to jobs with employer coverage. But there is little evidence that work requirements will meaningfully increase employment, and even less to support Virginia’s hypothesis that TEEOP “will not cause individuals to lose Medicaid coverage unless the loss is related to obtaining employer sponsored or other commercial health insurance coverage.” (COMPASS p. 23)

Some supporters of work requirements have argued that Medicaid coverage itself creates sizable work disincentives, with work requirements needed to counteract these effects. But these claims do not withstand scrutiny. The random-assignment Oregon Health Insurance Experiment, likely the single best study of the effects of Medicaid coverage for low-income adults on employment, finds no statistically significant effect on employment and rules out large reductions.¹² Studies have also found no evidence that the ACA Medicaid expansion

¹² Katherine Baicker, Amy Finkelstein, Jae Song, and Sarah Taubman, “The Impact of Medicaid on Labor Market Activity and Program Participation: Evidence from the Oregon Health Insurance Experiment,” American Economic Review: Papers and Proceedings, 2014, available at <https://www.povertyactionlab.org/sites/default/files/publications/698%20medicaid%20and%20labor%20force%20participation%20AER%20May2014.pdf>.

meaningfully decreased employment.¹³ Instead, supporters of work requirements have relied heavily on a single study of Tennessee’s 2005 decision to end Medicaid coverage for large number of adults.¹⁴ More recent research that examines the same Tennessee policy change, using various other federal datasets, finds no evidence of an effect on employment. In particular, analysis using the American Community Survey, a Census survey with a far larger sample than the Current Population Survey used for the original study, finds that discontinuing Medicaid coverage had a statistically insignificant (and very slightly negative) effect on employment outcomes.¹⁵ Other new analysis finds no statistically or economically significant effects on employment using the Census Survey of Income and Program Participation.¹⁶ (It also finds that the vast majority of adults losing Medicaid coverage became uninsured and that Tennessee’s policy worsened access to care and self-reported health.)

Meanwhile, studies of work requirements in federal cash assistance programs —TANF and its precursor, Aid to Families with Dependent Children (AFDC) — find that employment increases for those subject to work requirements are generally modest, fade over time, and don’t move many families out of poverty.¹⁷ For example, a synthesis of results from randomized trials of 13

¹³ The Kaiser Family Foundation’s comprehensive review of the literature concludes, “no studies have found negative effects of [the ACA] expansion on employment or employee behavior.” Larisa Antonisse, Rachel Garfield, Robin Rudowitz, and Samantha Artiga, “The Effects of Medicaid Expansion Under the ACA: Updated Findings from a Literature Review,” Kaiser Family Foundation, March 28, 2018, <https://www.kff.org/medicaid/issue-brief/the-effects-of-medicaid-expansion-under-the-aca-updated-findings-from-a-literature-review-march-2018/>. See also Pauline Leung and Alexandre Mas, “Employment Effects of the ACA Medicaid Expansions,” National Bureau of Economic Research Working Paper No. 22540, August 2016, <http://www.nber.org/papers/w22540.pdf>; Angshuman Gooptu *et al.*, “Medicaid Expansion Did Not Result in Significant Employment Changes or Job Reductions in 2014,” *Health Affairs*, January 2016, <https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2015.0747>; and Robert Kaester *et al.*, “Effects of ACA Medicaid Expansions on Health Insurance Coverage and Labor Supply,” *Journal of Policy Analysis and Management*, May 2017, <https://onlinelibrary.wiley.com/doi/abs/10.1002/pam.21993>

¹⁴ Craig Garthwaite, Tal Gross, and Matthew J. Notowidigdo, “Public Health Insurance, Labor Supply, and Employment Lock,” *Quarterly Journal of Economics*, 2014, <https://academic.oup.com/qje/article-abstract/129/2/653/1867903?redirectedFrom=fulltext>

¹⁵ John C. Ham and Ken Ueda, “The Perils of Relying Solely on the March CPS: The Case of Estimating the Effect on Employment of the TennCare Public Insurance Contraction,” Working Paper, July 2017, http://econweb.umd.edu/~uedak/TennCare_Perils.pdf.

¹⁶ Thomas DeLeire, “The Effect of Disenrollment from Medicaid on Employment, Insurance Coverage, Health, and Health Care Utilization,” National Bureau of Economic Research Working Paper 24899, August 2018, <http://www.nber.org/papers/w24899>.

¹⁷ See LaDonna Pavetti, “Work Requirements Don’t Work,” Center on Budget and Policy Priorities, January 10, 2018, <https://www.cbpp.org/blog/work-requirements-dont-work>, LaDonna Pavetti, “Work Requirements Don’t Cut Poverty, Evidence Shows,” Center on Budget and Policy Priorities, updated June 7, 2016, <https://www.cbpp.org/research/poverty-and-inequality/work-requirements-dont-cut-poverty-evidence-shows>, and LaDonna Pavetti, “Evidence Doesn’t Support Claims of Success of TANF Work Requirements,” Center on Budget and Policy Priorities, April 3, 2018, <https://www.cbpp.org/research/family-income-support/evidence-doesnt-support-claims-of-success-of-tanf-work-requirements>. See also Ed Dolan, “Do We Really Want Expanded

programs imposing work requirements in cash assistance programs finds that employment rose by modest amounts in the first two years, but these gains generally faded by year five (to an average effect of about 1 percentage point).¹⁸ Stable employment proved the exception, not the norm, and few enrollees transitioned out of poverty as a result of the work requirements.

For a number of reasons, work requirements in Medicaid will likely have equally or more disappointing results. Sixty percent of adult Medicaid enrollees potentially subject to work requirements already work, and more than 80 percent of the remainder are students or report that they are unable to work due to a disability, serious illness, or caregiving responsibilities. This suggests limited scope for work requirements to increase work participation.¹⁹

Cash assistance programs generally provide at least some (albeit inadequate) resources for the supportive services that many low-income adults need to work, such as child care, job training, and transportation assistance. The more successful experimental programs described above coupled work requirements with robust work supports. In contrast, the Administration's Medicaid work requirements guidance says that states imposing these requirements need not offer any new work supports and may not use federal funding for such supports.²⁰ As noted previously, Virginia has recognized it would need additional funding to provide basic work supports to enrollees subject to TEEOP requirements.

Requiring non-working adults to find work could create a catch-22, where people with serious health needs can't get the medical help they need to find a job unless they first get a job. Meanwhile, work requirements could create a vicious cycle for enrollees who are initially working: if a health setback leads to job loss, that would in turn lead to loss of access to treatment, making it more difficult to regain health and employment.

Moreover, even if some enrollees do find jobs as a result of work requirements, these will probably be mostly low-wage jobs. Such jobs are unlikely to boost enrollees' incomes enough for them to shift from Medicaid into subsidized individual market coverage, and the large majority do not offer affordable health insurance — meaning most enrollees would still need Medicaid coverage. According to Labor Department data, among workers with earnings in the bottom quartile of the wage distribution, only 37 percent are offered health coverage, and less than a quarter actually obtain coverage, presumably in large part because required employee

Work Requirements in Non-Cash Welfare Programs?" Niskanen Center, July 23, 2018, <https://niskanencenter.org/blog/expanded-work-requirements-in-non-cash-welfare-programs/>.

¹⁸ Jeffrey Grogger and Lynn A. Karoly, *Welfare Reform: Effects of a Decade of Change*, Harvard University Press, 2005.

¹⁹ Rachel Garfield, Robin Rudowitz, and Anthony Damico, "Understanding the Intersection of Medicaid and Work," Kaiser Family Foundation, updated January 5, 2018, <https://www.kff.org/medicaid/issue-brief/understanding-the-intersection-of-medicaid-and-work/>.

²⁰ Centers for Medicare & Medicaid Services letter to state Medicaid directors (18-002), January 11, 2018, <https://www.medicaid.gov/federal-policy-guidance/downloads/smd18002.pdf>.

premium contributions are often higher than low-wage workers can afford.²¹ Similarly, only 37 percent of full-time workers with family incomes below the poverty line (and only 13 percent of such part-time workers) are even offered coverage.²² Consistent with these data, in Medicaid expansion states, 42 percent of workers with family incomes below 138 percent of the poverty line (the income limit for Medicaid in these states) obtain health insurance through Medicaid, more than twice the share that obtain insurance through an employer.²³

Further evidence that Virginia’s proposal won’t move people from Medicaid to employer coverage comes from evidence showing the impact of Medicaid expansion on overall coverage rates. If Medicaid expansion significantly “crowded out” other coverage sources for low-income adults, gains in health coverage from the expansion would be far smaller than their increase in Medicaid coverage. In that case, there would be reason to think that many of those losing Medicaid coverage due to the recent waivers would gain coverage from those other sources. Conversely, if Medicaid coverage gains under expansion translated roughly one-for-one into gains in overall health coverage, that would indicate that few of these adults have other viable coverage options, and Medicaid coverage losses from waivers would be expected to translate into higher overall uninsured rates. As recent analysis explains, studies have found no evidence that the ACA Medicaid expansion meaningfully decreased employment,²⁴ and no evidence of decreased employer coverage among those employed.²⁵

Coverage Loss Means Virginia’s Proposed Waiver Is Contrary to the Objectives of Medicaid — and Would Not Improve Virginian’s Health

The significant coverage loss and increase in the number of uninsured people that would result from Virginia’s work and premium proposals can’t be justified. While HHS has claimed that “work [will] promote health and well-being”²⁶ as a rationale for approving policies that take health coverage away from those who don’t meet work requirements in Medicaid, this

²¹ Bureau of Labor Statistics, Healthcare benefits: Access, participation, and take-up rates, <https://www.bls.gov/ncs/ebs/benefits/2017/ownership/civilian/table09a.htm>.

²² Michelle Long *et al.*, “Trends in Employer-Sponsored Insurance Offer and Coverage Rates, 1999-2014,” Kaiser Family Foundation, March 21, 2016, <https://www.kff.org/private-insurance/issue-brief/trends-in-employer-sponsored-insurance-offer-and-coverage-rates-1999-2014/>.

²³ CBPP calculations from Current Population Survey data for 2016.

²⁴ See for example Pauline Leung and Alexandre Mas, “Employment Effects of the ACA Medicaid Expansions,” National Bureau of Economic Research Working Paper No. 22540, August 2016, <http://www.nber.org/papers/w22540.pdf>; Angshuman Gooptu *et al.*, “Medicaid Expansion Did Not Result in Significant Employment Changes or Job Reductions in 2014,” *Health Affairs*, January 2016, <https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2015.0747>; and Kaester *et al.*, *op cit.*

²⁵ Aron-Dine, *op cit.*

²⁶ CMS letter to state Medicaid directors (18-002), January 11, 2018, <https://www.medicaid.gov/federal-policy-guidance/downloads/smd18002.pdf>.

argument does not demonstrate that the waiver is consistent with the primary objective of Medicaid, which is to provide access to health coverage for those eligible. While we accept that improving health and well-being are objectives of the Medicaid program along with providing coverage, improving health and well-being are outcomes of having coverage and not a result of taking coverage away from people who don't work.

Moreover, increasing employment in low-paying jobs that do not offer employer sponsored coverage — which is likely the best-case outcome for a policy such as this one — may be bad for enrollees' health. Kaiser Family Foundation researchers note, "Studies on work and health have found that the quality and stability of work is a key factor in the work-health relationship: research finds that low-quality, unstable, or poorly-paid jobs lead to or are associated with adverse effects on health."²⁷

On the other hand, the evidence on how health coverage has a positive benefit for health is clear. A large and growing body of research on the ACA's Medicaid expansion finds that coverage gains are generating large gains in access to care and financial security.²⁸ Since Medicaid requires much lower enrollee cost-sharing than most employer plans, it likely offers better access to care and more financial protection to low-income adults than most employer plans.²⁹ In addition, evidence on earlier Medicaid expansions to low-income adults, as well as emerging evidence on the more recent ACA expansions, finds that coverage gains have led to improved mental and physical health outcomes.³⁰

²⁷ *Ibid.*

²⁸ See Benjamin D. Sommers et al., "Three-Year Impacts of the Affordable Care Act: Improved Medical Care and Health Among Low-Income Adults," *Health Affairs*, June 2017, <https://www.healthaffairs.org/doi/10.1377/hlthaff.2017.0293>; Antonisse et al., *op. cit.*, Olena Mazurenko et al., "The Effects of Medicaid Expansion Under the ACA: A Systematic Review," *Health Affairs*, June 2018, <https://www.healthaffairs.org/doi/10.1377/hlthaff.2017.1491>, and Hefei Wen, Benjamin Druss, and Janet Cummings, "Effect of Medicaid Expansions on Health Insurance Coverage and Access to Care Among Low-Income Adults with Behavioral Health Conditions," *Health Services Research*, December 2015, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4693853/>.

²⁹ Benjamin D. Sommers et al., "Changes in Utilization and Health Among Low-Income Adults After Medicaid Expansion or Expanded Private Insurance," *JAMA Internal Medicine*, August 8, 2016, <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2542420>.

³⁰ See Aparna Soni et al., "Effect of Medicaid Expansions of 2014 on Overall and Early-Stage Cancer Diagnoses," *American Journal of Public Health*, February 2018 and Andrew P. Loehrer, et al., "Association of the Affordable Care Act Medicaid Expansion with Access to and Quality of Care for Surgical Conditions," *JAMA Surgery*, March 21, 2018, <https://jamanetwork.com/journals/jamasurgery/article-abstract/2670459>; Benjamin D. Sommers, Sharon K. Long, and Katherine Baicker, "Changes in Mortality After Massachusetts Health Care Reform: A Quasi-experimental Study," *Annals of Internal Medicine*, May 2014, <http://annals.org/aim/article-abstract/1867050/changes-mortality-after-massachusetts-health-care-reform-quasi-experimental-study>; and Benjamin D. Sommers, Katherine Baicker, and Arnold Epstein, "Mortality and Access to Care among Adults after State Medicaid Expansions," *New England Journal of Medicine*, September 2012, <https://www.nejm.org/doi/full/10.1056/nejmsa1202099>.

Overall, as shown above, Virginia’s proposal for work and premium requirements would have very large adverse effects on coverage, which would have unambiguous negative effects on Virginia Medicaid beneficiaries’ health. The overall impact on health would be negative, and it’s certain that there would be no large positive benefit on health to be weighed against the coverage loss the waiver would cause.

It is important to also point out that health care is itself a critical work support. As Kaiser Family Foundation researchers concluded, “access to affordable health insurance has a positive effect on people’s ability to obtain and maintain employment,” while lack of access to needed care, especially mental health care and substance use treatment, impedes employment.³¹ Low-income adult Medicaid enrollees have high rates of chronic conditions and mental illness; for example, 69 percent of adults enrolled in Michigan’s Medicaid expansion have at least one chronic physical or mental health condition.³² Individuals with conditions like diabetes, heart disease, or depression may be able to hold a steady job if these conditions are treated and controlled, but work may become impossible if conditions go untreated. Consistent with that, majorities of non-working adults gaining coverage through the ACA’s Medicaid expansion in Ohio and Michigan said having health care made it easier to look for work, while majorities of working adults said coverage made it easier to work or made them better at their jobs.³³

Waiver Monitoring

If approved and implemented, DMAS must evaluate the impact of the waiver very carefully. DMAS should pay particular attention to the effects of TEEOP. It will be important to produce detailed analyses of what happens to individuals subject to the work requirement — their demographic information, why they lost coverage (insufficient hours worked, failure to claim an exemption to which they are entitled, failure to report hours worked, etc.), and the breakout of people who transitioned to private coverage or became uninsured.

Waiver Extensions

COMPASS also includes proposed extensions of two exiting waivers – (1) Provision of essential SUD services to all Medicaid enrollees through ARTS, and (2) Coverage of former foster care youth who aged out of foster care in another state. VPLC supports both extensions.

³¹ Antonisse and Garfield, *op cit*.

³² Renuka Tipirneni, Susan D. Goold, and John Z. Ayanian, “Employment Status and Health Characteristics of Adults with Expanded Medicaid Coverage in Michigan,” *Journal of the American Medical Association*, 2017, <https://jamanetwork.com/journals/jamainternalmedicine/article-abstract/2664514>.

³³ Ohio Department of Medicaid, “Ohio Medicaid Group VIII Assessment: A Report to the Ohio General Assembly,” January 2017, <http://medicaid.ohio.gov/Portals/0/Resources/Reports/Annual/Group-VIII-Assessment.pdf>. See also Kara Gavin, “Medicaid Expansion Helped Enrollees Do Better at Work or in Job Searches,” University of Michigan Health Lab, June 27, 2017, <http://labblog.uofmhealth.org/industry-dx/medicaid-expansion-helped-enrollees-do-better-at-work-or-job-searches>.

Waivers for New Housing and Employment Supports Benefit for High-Need Populations

COMPASS seeks approval of new housing and employment supports for certain high-need populations. VPLC supports these initiatives, but urges DMAS to provide greater detail about the available services, which entities will provide such services, cost of service delivery, targeted geographic regions, and numerical caps on the enrollees to be served. In addition, DMAS should include direct financial support for certain housing and employment needs such as payment of security deposits for apartment leases and utilities, transportation, uniforms, tuition for education/training and child-care.

Conclusion

To approve a state proposal for a demonstration project under §1115 of the Social Security Act HHS must find that the state's proposal is in fact experimental in nature and that it would promote the objectives of Medicaid. A federal court has recently confirmed that providing affordable coverage is the primary objective of the Medicaid program. Virginia's proposal to impose work requirements and monthly premiums as conditions of Medicaid eligibility do not advance the objectives of the Medicaid Act. Those parts of COMPASS would lead large numbers of Virginians to become uninsured or have poorer access to health care services. Those aspects of COMPASS should not be approved.

Thank you for your consideration.

Sincerely,

s/ [REDACTED]

[REDACTED]
Attorney

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018 at 8:00 PM
Subject: Please do not add work requirements to Virginia's Medicaid program
To: Dr. Jennifer Lee <1115Implementation@dmas.virginia.gov>

Dear Department of Medical Assistance Services Dr. Jennifer Lee,

I am writing in opposition to the Virginia COMPASS plan to take Medicaid coverage away from enrollees who do not meet a work requirement. Work requirements are a solution in search of a problem and would create burdensome barriers that would harm all Medicaid recipients, while costing the commonwealth millions.

Virginia's proposal to condition Medicaid coverage on complying with restrictive eligibility and documentation requirements violates the program's intent. The purpose of the Medicaid program is to provide medical assistance for those with income that is insufficient to meet the costs of medical coverage, not to restrict access to that coverage. By some estimates, more than 25,000 fewer Virginians will have health coverage through Medicaid due to the new requirements.

In particular, the proposal to take coverage away from Medicaid beneficiaries that don't or can't meet new work requirements is not only punitive and a violation of the program's intent, but also unsupported by the evidence. As we already know, most Medicaid enrollees that are able to work, do work.

The Virginia COMPASS proposal will be burdensome for all involved— individuals and families as well as the state— and will lead to tens of thousands of Virginians losing health coverage. Virginia should not add more red tape to the Medicaid program or force families to pick between taking care of their health care needs and putting food on the table for their families.

Regards,

[REDACTED]

, VA 22102

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018 at 8:16 PM
Subject: Medicaid Expansion
To: <1115Implementation@dmas.virginia.gov>

Hello,

In my opinion there are other ways to motivate, push, and/or encourage able bodied adults to work. I don't believe that making free or affordable healthcare available for eligible persons is the conduit to use. The expansion of Medicaid should encourage people to take care of themselves... their bodies... their teeth... their children and subsequently give people a sense of pride knowing that they can afford to do so. This sense of security could also encourage someone to be gainfully employed!

There are plenty of people that are working and paying taxes already which is how we are able to fund the expansion in the first place. I disagree with the work requirement, however the community service ONLY is not a bad idea.

Why not give back to the people, communities and commonwealth that made healthcare free or affordable to you and your family.

Sent from my iPhone

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018 at 8:18 PM
Subject: Medicaid work requirements
To: <1115Implementation@dmas.virginia.gov>

I object to the proposed work requirements for Medicaid recipients. It implies that the recipients are lazy good-for-nothings. Life for low-income Virginians is much harder than it is for the average affluent Virginia resident.

I ask that you show kindness and respect.

Thank you.

[REDACTED]

Richmond, VA 23221

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018 at 10:28 PM
Subject: ALSA of Central VA Comments to Medicaid Section 1115 Demonstration Waiver
To: <1115Implementation@dmas.virginia.gov>

Cc: [REDACTED]

Please find attached comments to the Medicaid Section 1115 Demonstration Waiver from the Board of Directors of the Asian & Latino Solidarity Alliance of Central Virginia (ALSACV).





Advancing common objectives impacting the Asian and Latino communities in Central Virginia

October 19, 2018

Via Email: 1115Implementation@dmas.virginia.gov

Ms. Susan Puglisi
Department of Medical Assistance Services
Attn: Virginia COMPASS
600 East Broad Street
Richmond, VA 23219

Re: Comments on the Virginia COMPASS - Medicaid Section 1115 Demonstration Waiver

The Asian and Latino Solidarity Alliance (ALSA) of Central Virginia works to advance common objectives impacting the Asian and Latino communities in Central Virginia and supports policies that sustain and expand Medicaid. We believe that all Virginians should have access to high quality, stable and timely healthcare and coverage in order to achieve and maintain healthy and fulfilling lives. In reviewing the Virginia COMPASS proposal, we believe elements of this proposal will be burdensome to all Virginians but, in particular, to members of our communities and their families.

Given the number of systemic challenges and disparities that diverse communities already face in accessing and enrolling in available healthcare programs, we are deeply concerned that our communities will be disproportionately impacted. Nationally, almost one third of our communities speak English less than “very well;” meaning they are Limited English Proficient (LEP). In Virginia, the rate of LEP Asians and Latinos is very similar to the national rate. This is further compounded by insufficient language and cultural support networks and services. Add on limited health literacy, LEP and immigrant households are further disadvantaged and would require more focused outreach efforts to educate them about available coverage and services.

Parents and children will be the most harmed by this waiver. Parents in our immigrant communities who do not meet the exemptions and cannot find employment will become uninsured, therefore putting their children’s coverage at risk.

Finally, these requirements will incur additional costs to manage and enforce, which we believe will ultimately take away healthcare coverage from Virginians who need it the most. The purpose of expanding Medicaid coverage is to provide more access to equitable health services, not limit. Imposing these new, complex and unnecessary requirements (e.g., monthly premiums, co-pays, contributions to a health and wellness account, etc.) will further exacerbate enrollment and navigation of Medicaid Expansion.

We thank you for your efforts to expand Medicaid in the Commonwealth but unreasonable limitations on Medicaid eligibility must be avoided. We ask that you re-evaluate the requirements of the Medicaid Section 1115 Demonstration Waiver, as proposed, and consider ways to make access to healthcare coverage and services less burdensome for all Virginians, particularly for LEP and immigrant households.

Respectfully,

Board of Directors, Asian & Latino Solidarity Alliance of Central Virginia

[Redacted signature block]

[Redacted signature block]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018 at 10:31 PM
Subject: Please do not add work requirements to Virginia's Medicaid program
To: Dr. Jennifer Lee <1115Implementation@dmas.virginia.gov>

Dear Department of Medical Assistance Services Dr. Jennifer Lee,

I am writing in opposition to the Virginia COMPASS plan to take Medicaid coverage away from enrollees who do not meet a work requirement. Work requirements are a solution in search of a problem and would create burdensome barriers that would harm all Medicaid recipients, while costing the commonwealth millions.

Virginia's proposal to condition Medicaid coverage on complying with restrictive eligibility and documentation requirements violates the program's intent. The purpose of the Medicaid program is to provide medical assistance for those with income that is insufficient to meet the costs of medical coverage, not to restrict access to that coverage. By some estimates, more than 25,000 fewer Virginians will have health coverage through Medicaid due to the new requirements.

In particular, the proposal to take coverage away from Medicaid beneficiaries that don't or can't meet new work requirements is not only punitive and a violation of the program's intent, but also unsupported by the evidence. As we already know, most Medicaid enrollees that are able to work, do work.

The Virginia COMPASS proposal will be burdensome for all involved— individuals and families as well as the state— and will lead to tens of thousands of Virginians losing health coverage. Virginia should not add more red tape to the Medicaid program or force families to pick between taking care of their health care needs and putting food on the table for their families.

Regards,

[REDACTED]

[REDACTED]

[REDACTED]

From: [REDACTED] <[REDACTED]>
Date: Fri, Oct 19, 2018 at 11:17 PM
Subject: Public comments from the Virginia College of Emergency Physicians
To: <1115Implementation@dmas.virginia.gov>

Cc: [REDACTED]

Please accept our attached comments on the Commonwealth's waiver request.

[REDACTED]

[REDACTED]

Commonwealth Strategy Group

118 N. 8th Street

Richmond, VA 23219

[REDACTED]

[REDACTED]

----- Forwarded message ----- [REDACTED]

Date: Fri, Oct 19, 2018 at 11:32 AM
Subject: Virginia C.O.M.P.A.S.S. Public Comment
To: <1115Implementation@dmas.virginia.gov> Cc: [REDACTED]

Good morning,

Attached is a public comment from Planned Parenthood Advocates of Virginia regarding Virginia C.O.M.P.A.S.S. Should you have any questions, please feel free to contact [REDACTED] by email [REDACTED] or by phone at [REDACTED]

Thank you for your consideration. Sincerely,

[REDACTED]

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[REDACTED] Public Policy Analyst Planned Parenthood Advocates of Virginia

[REDACTED]

October 20, 2018

Susan Puglisi
Virginia Department of Medical Assistance Services
600 E Broad Street
Richmond, VA 23219

Attn: Virginia COMPASS
Electronically submitted to 1115Implementation@dmas.virginia.gov

Dear Senior Advisor Puglisi,

National Patient Advocate Foundation (NPAF) appreciates the opportunity to provide feedback on the Virginia COMPASS demonstration. NPAF supports policies that sustain and expand Medicaid to meet the health care needs of low-income adults and children. We applaud the recent passage of legislation to expand Medicaid to over 400,000 Virginians – a significant step forward in ensuring equitable access to important health services in the Commonwealth. We remain concerned, however, that requiring the poorest patients and families in Virginia to report completing work and community engagement hours to maintain their health benefits along with punitive cost-sharing and other proposals may lead to negative health consequences and further financial distress.

NPAF represents the voices of millions of adults, children and families coping with serious and chronic illnesses nationwide as the advocacy affiliate of Patient Advocate Foundation (PAF). Based out of Hampton, Virginia, PAF provides direct case management, financial support, and educational services to tens of thousands of primarily low-income patients and caregivers across the U.S. each year who are experiencing distressing financial, employment, insurance coverage, or household material hardships because of their health conditions. Over the past ten years, PAF has served as an important safety net for nearly 14,000 patients and families in Virginia. Almost 90 percent of Virginians served between January 2017 and June 2018 had non-Medicaid coverage and 60 percent of them made less than \$23,000 per year, many of whom may now qualify for Medicaid under the new threshold at 138% of federal poverty level (FPL).¹ Overall, we oppose the Virginia COMPASS waiver because it would create new administrative and financial barriers for patients and therefore jeopardize equitable access to affordable, quality care. We echo the concerns of the broader patient community that conditioning coverage on 20 to 80 hours of work activity per month through the Training, Education, Employment and Opportunity Program (TEEOP) may have serious unintended consequences for the affected Medicaid beneficiaries and inadvertently rescind the recently expanded access to care. We question the value of a work requirement that would apply to only 120,000 people, considering that almost half (45%) of those affected are already in compliance with the TEEOP requirements.²

In fact, research indicates that work requirements do not necessarily encourage work or reduce poverty, and a growing body of evidence demonstrates that such policies could result in reduced access to care, adverse health outcomes and increased health disparities.³ Additionally, surveys of unemployed Medicaid beneficiaries in other states indicate that having Medicaid coverage facilitated their job search.⁴ We urge Virginia's Department of Medical Assistance Services (DMAS) to reconsider whether the potential benefit of instituting a work requirement applicable to the most vulnerable Virginians outweighs the risk of terminating coverage for patients and families relying on Medicaid as a lifeline.

We believe that requiring Medicaid enrollees with income between 100 and 138 percent of the FPL to pay a monthly premium through the Health and Wellness program will further impede access to care

rather than prepare individuals for employer-sponsored health coverage or incentivize healthy behaviors. Again, we question the value of a cost-sharing requirement that applies to only 42,000 enrollees and would lead to confusion and added distress for many patients and families facing other household material hardships because of their health condition. As DMAS considers rewarding individuals who regularly pay premiums and participates in health and wellness accounts, please note that a recent review of evidence indicated that states implementing such programs have reported this approach is more complex, time-consuming and resource-intensive than expected.⁵ Taken together, TEEOP and cost-sharing requirements would erect burdensome administrative barriers that would result in coverage losses leading to disruptions in chronic disease management and delays in treatment. As a result, people's health and well-being would suffer and counteract the demonstration waiver goals of promoting health, wellness, and greater financial stability and self-sufficiency for Medicaid enrollees. In practice, written communication to inform people about new requirements and eligibility may not suffice without supplemental outreach such as in-person or telephonic assistance with the opportunity for enrollees to ask questions. As beneficiaries do become aware of the requirements, the paperwork burden coupled with any existing household material hardships they may be experiencing can preclude them from complying even if they are pursuing work activities.

Low-income patients will often sacrifice paying living expenses to afford medical treatment as they cope with their health condition. In fact, PAF case managers consistently report that household material hardships such as inability to afford transportation, rent or mortgage and utilities were among the top five issues among patients seeking assistance.⁶ People's ability to receive health care should not be restricted because of separate challenges balancing financial and household material hardships.

A variety of factors lead patients to enter and rely on Medicaid. We request that Virginia protect patients from diminishing access to health care and oppose the burdensome proposals in the Virginia COMPASS demonstration. NPAF supports policy initiatives and practices that promote equitable access to affordable, quality care. We stand ready to provide person-centered insights as Virginia takes steps to reform its Medicaid program. Please contact [REDACTED] policy director, at [REDACTED] or [REDACTED] if we can provide further details or assistance.

Respectfully submitted,

[REDACTED]
EVP Health Care Quality and Value

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<sup>1</sup> Patient Advocate Foundation. Internal Case Management Data. January 2017 – June 2018.

<sup>2</sup> Virginia Compass. DMAS relied on estimates included in the fiscal impact review conducted by the Joint Legislative Audit and Review Commission. Available at: <http://lis.virginia.gov/cgi-bin/legp604.exe?181+oth+HB338JH1110+PDF>

<sup>3</sup> Kaiser Family Foundation. Issue Brief. The Relationship Between Work and Health: Findings from a Literature Review. Aug 7, 2018. Available at: <http://files.kff.org/attachment/Issue-Brief-The-Relationship-Between-Work-and-Health-Findings-from-a-Literature%20Review>

<sup>4</sup>CLASP. Fact Sheet. The Evidence Builds: Access to Medicaid Helps People Work. Updated Dec 2017. Available at: <https://www.clasp.org/sites/default/files/publications/2017/04/The-Evidence-Builds-Access-to-Medicaid-Helps-People-Work.pdf>

<sup>5</sup> Saunders R et al. Duke Margolis Center for Health Policy. Are Carrots Good for Your Health? Current Evidence on Health Behavior Incentives in the Medicaid Program. June 2018. Available at: [https://healthpolicy.duke.edu/sites/default/files/atoms/files/duke\\_healthybehaviorincentives\\_6.1.pdf](https://healthpolicy.duke.edu/sites/default/files/atoms/files/duke_healthybehaviorincentives_6.1.pdf)

<sup>6</sup> Patient Advocate Foundation. Annual Impact Report. 2017. Available at: [https://w.patintadvocate.org/wp-content/uploads/2017\\_AnnualImpactReport.pdf](https://w.patintadvocate.org/wp-content/uploads/2017_AnnualImpactReport.pdf)



October 20, 2018

Susan Puglisi  
Virginia Department of Medical Assistance Services  
600 E Broad Street  
Richmond, VA 23219

Attn: Virginia COMPASS *Electronically submitted to* [1115Implementation@dmas.virginia.gov](mailto:1115Implementation@dmas.virginia.gov)

Dear Senior Advisor Puglisi,

National Patient Advocate Foundation (NPAF) appreciates the opportunity to provide feedback on the Virginia COMPASS demonstration. NPAF supports policies that sustain and expand Medicaid to meet the health care needs of low-income adults and children. We applaud the recent passage of legislation to expand Medicaid to over 400,000 Virginians – a significant step forward in ensuring equitable access to important health services in the Commonwealth. We remain concerned, however, that requiring the poorest patients and families in Virginia to report completing work and community engagement hours to maintain their health benefits along with punitive cost-sharing and other proposals may lead to negative health consequences and further financial distress.

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Overall, we oppose the Virginia COMPASS waiver because it would create new administrative and financial barriers for patients and therefore jeopardize equitable access to affordable, quality care. We echo the concerns of the broader patient community that conditioning coverage on 20 to 80 hours of work activity per month through the Training, Education, Employment and Opportunity Program (TEEOP) may have serious unintended consequences for the affected Medicaid beneficiaries and inadvertently rescind the recently expanded access to care. We question the value of a work requirement that would apply to only 120,000 people, considering that almost half (45%) of those affected are already in compliance with the TEEOP requirements.<sup>2</sup>

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In fact, research indicates that work requirements do not necessarily encourage work or reduce poverty, and a growing body of evidence demonstrates that such policies could result in reduced access to care, adverse health outcomes and increased health disparities.<sup>3</sup> Additionally, surveys of unemployed Medicaid beneficiaries in other states indicate that having Medicaid coverage facilitated their job search.<sup>4</sup> We urge Virginia's Department of Medical Assistance Services (DMAS) to reconsider whether the potential benefit of instituting a work requirement applicable to the most vulnerable Virginians outweighs the risk of terminating coverage for patients and families relying on Medicaid as a lifeline.

We believe that requiring Medicaid enrollees with income between 100 and 138 percent of the FPL to pay a monthly premium through the Health and Wellness program will further impede access to care rather than prepare individuals for employer-sponsored health coverage or incentivize healthy behaviors. Again, we question the value of a cost-sharing requirement that applies to only 42,000 enrollees and would lead to confusion and added distress for many patients and families facing other household material hardships because of their health condition. As DMAS considers rewarding individuals who regularly pay premiums and participates in health and wellness accounts, please note that a recent review of evidence indicated that states implementing such programs have reported this approach is more complex, time-consuming and resource-intensive than expected.<sup>5</sup>

Taken together, TEEOP and cost-sharing requirements would erect burdensome administrative barriers that would result in coverage losses leading to disruptions in chronic disease management and delays in treatment. As a result, people's health and well-being would suffer and counteract the demonstration waiver goals of promoting health, wellness, and greater financial stability and self-sufficiency for Medicaid enrollees. In practice, written communication to inform people about new requirements and eligibility may not suffice without supplemental outreach such as in-person or telephonic assistance with the opportunity for enrollees to ask questions. As beneficiaries do become aware of the requirements, the paperwork burden coupled with any existing household material hardships they may be experiencing can preclude them from complying even if they are pursuing work activities.

Low-income patients will often sacrifice paying living expenses to afford medical treatment as they cope with their health condition. In fact, PAF case managers consistently report that household material hardships such as inability to afford transportation, rent or mortgage and utilities were among the top five issues among patients seeking assistance.<sup>6</sup> People's ability to receive health care should not be restricted because of separate challenges balancing financial and household material hardships.

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<sup>3</sup> Kaiser Family Foundation. Issue Brief. The Relationship Between Work and Health: Findings from a Literature Review. Aug 7, 2018. Available at: <http://files.kff.org/attachment/Issue-Brief-The-Relationship-Between-Work-and-Health-Findings-from-a-Literature%20Review>

<sup>4</sup>CLASP. Fact Sheet. The Evidence Builds: Access to Medicaid Helps People Work. Updated Dec 2017. Available at: <https://www.clasp.org/sites/default/files/publications/2017/04/The-Evidence-Builds-Access-to-Medicaid-Helps-People-Work.pdf>

<sup>5</sup> Saunders R et al. Duke Margolis Center for Health Policy. Are Carrots Good for Your Health? Current Evidence on Health Behavior Incentives in the Medicaid Program. June 2018. Available at: [https://healthpolicy.duke.edu/sites/default/files/atoms/files/duke\\_healthybehaviorincentives\\_6.1.pdf](https://healthpolicy.duke.edu/sites/default/files/atoms/files/duke_healthybehaviorincentives_6.1.pdf)

<sup>6</sup> Patient Advocate Foundation. Annual Impact Report. 2017. Available at: [https://www.patientadvocate.org/wp-content/uploads/2017\\_AnnualImpactReport.pdf](https://www.patientadvocate.org/wp-content/uploads/2017_AnnualImpactReport.pdf)

A variety of factors lead patients to enter and rely on Medicaid. We request that Virginia protect patients from diminishing access to health care and oppose the burdensome proposals in the Virginia COMPASS demonstration. NPAF supports policy initiatives and practices that promote equitable access to affordable, quality care. We stand ready to provide person-centered insights as Virginia takes steps to reform its Medicaid program. Please contact [REDACTED], policy director, at [REDACTED] [REDACTED] we can provide further details or assistance.

Respectfully submitted,

[REDACTED]

-

SUPPORTING DOCUMENTATION ATTACHED

## Fiscal Impact Review 2018 General Assembly Session

**Date:** February 9, 2018

**Bill number:** HB 338 (Committee Substitute) Medicaid; work requirement.

**Review requested by:** Chairman Jones, House Appropriations

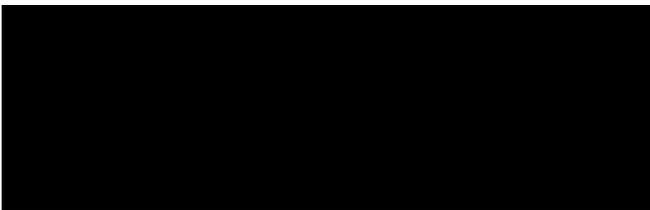
### JLARC Staff Fiscal Estimates

JLARC staff do not concur with the estimates in the fiscal impact statement prepared by the Department of Planning and Budget for HB 338-substitute. Most of the fiscal impact would be driven by (1) the approach used to provide case management and support services, (2) changes in Medicaid spending due to fewer individuals being enrolled, and (3) the cost of changes to IT systems and additional administrative staff.

The bill does not include guidance on how to implement the case management and support services component of the legislation. Absent such guidance, JLARC staff assume a model in which additional case management services are provided and existing federally funded programs are leveraged to provide support services, when necessary. Based on these assumptions JLARC estimates the fiscal impact could cost \$6.4 million to \$10.4 million (general funds) in FY19 and \$14.6 million to \$23.1 million (general funds) in FY20.

*An explanation of the JLARC staff review is included on the pages that follow.*

**Authorized for release:**



**Attachment**

## Bill summary

HB 338-substitute would require the Department of Medical Assistance Services to develop a plan to require some Medicaid recipients to participate in employment or other community engagement activities for up to 20 hours per week to maintain Medicaid eligibility, and to submit that plan for approval by the Centers for Medicare and Medicaid Services (CMS). Activities that fulfill the requirement would include employment, job training, searching for a job, education, and community service. Certain categories of Medicaid recipients would be exempt from the community engagement requirement, including children, parents of dependent or disabled children, individuals over 65, and individuals with disabilities.

## Fiscal implications

The fiscal impact of HB 338-substitute would be driven by

- the cost of case management and support services for individuals subject to the requirements,
- changes in Medicaid spending due to changes in enrollment, and
- the cost of modifications to IT systems and agency administration.

The three components of the fiscal impact would be spread across multiple funding sources, including the general fund (Table 1).

The fiscal impact would depend on how the case management and support services functions are implemented, but HB 338-substitute does not include guidance on how to implement these components of the legislation. JLARC assumes a model in which additional case management services would be provided by workers at local Departments of Social Services (LDSS). JLARC fiscal impact estimates assume that existing programs could be leveraged to provide support services when necessary; therefore, estimates do not include the cost of support services.

**TABLE 1**  
**Estimated fiscal impact of HB 338-substitute, FY18-FY20 (\$ millions)**

|                                                          | <b>FY18</b> | <b>FY19</b>   | <b>FY20</b>   |
|----------------------------------------------------------|-------------|---------------|---------------|
| Case management (midpoint of the estimated range)        | -           | 34.7          | 72.5          |
| General fund impact                                      |             | 3.8           | 8.0           |
| Medicaid spending                                        | -           | (57.2)        | (136.1)       |
| General fund impact                                      |             | 3.6           | 10.3          |
| Information technology systems and agency administration | 3.3         | 3.0           | 1.2           |
| General fund impact                                      | 0.3         | 0.9           | 0.6           |
| <b>Total fiscal impact</b>                               | <b>3.3</b>  | <b>(19.5)</b> | <b>(62.4)</b> |
| <b>General fund impact</b>                               | <b>0.3</b>  | <b>8.4</b>    | <b>18.8</b>   |

SOURCE: JLARC analysis of data provided by DMAS and VDSS.

Three main variables would affect the fiscal impact of HB 338–substitute:

- the number of Medicaid recipients who would be subject to case management under the requirement (which would require additional staffing resources);
- the estimated cost of case management for those individuals; and
- the number of individuals who would be deterred from enrolling in Medicaid due to, or fail to comply with, the requirement (which would reduce Medicaid spending but increase projected spending in other areas for uninsured individuals).

The JLARC estimate differs from the DPB fiscal impact statement because JLARC assumes (1) fewer individuals subject to the employment and community engagement requirement and (2) a different approach to implementing case management and support services. JLARC assumes that additional spending would be required to provide case management to individuals subject to the employment and community engagement requirements, but that necessary support services would be provided by leveraging existing programs and funding sources.

#### Number of recipients subject to employment and community engagement requirement

JLARC staff used data from the Department of Medical Assistance Services on the current Medicaid population and the projected Medicaid expansion population included in the governor’s introduced budget (HB 30), and then developed assumptions to estimate the number of people who would be subject to the requirements. Most current Medicaid recipients would be exempt from the employment and community engagement requirement because they are children, pregnant women, elderly, or disabled. The number of projected Medicaid expansion recipients who would be subject to the requirement is

the key factor in the fiscal impact. JLARC estimates that approximately 32 percent of the Medicaid expansion population would be subject to the requirements and 7 percent would be deterred from enrolling or leave the Medicaid program due to the requirements. (See attachment for detailed assumptions and calculations.)

Impact on case management and support services

Virginia would need to decide how to provide case management and support services to help Medicaid recipients comply with the employment and community engagement requirement, and these decisions will significantly impact the cost of those services. JLARC assumes that Virginia would implement the employment and community engagement requirements by providing additional case management for recipients but then referring recipients who need support services to existing programs. This is similar to the models being developed in Indiana and Kentucky, the two states that have been approved by CMS to implement similar employment and community engagement requirements in their Medicaid programs.

*Case management*

The primary cost to the state for case management would be for LDSS staff. The cost per recipient for this model could range from \$340 per year to \$1,080 per year, based on assumptions of the hours required to do intake, planning and connecting recipients with support services, and compliance with the requirements. Total estimated fiscal impact ranges between \$34.1 million (\$3.7 million general funds) and \$110.9 million (\$12.2 million general funds) in FY20, when the program would be fully implemented (Table 2).

**TABLE 2**  
**Estimated cost of case management model, FY19-FY20**

|                                    | FY19           |                | FY20           |                 |
|------------------------------------|----------------|----------------|----------------|-----------------|
|                                    | Low            | High           | Low            | High            |
| Recipients subject to requirements | 65,295         | 65,295         | 102,706        | 102,706         |
| Cost of case management            | \$341          | \$1,080        | \$341          | \$1,080         |
| <b>Total fiscal impact</b>         | <b>\$16.5M</b> | <b>\$52.9M</b> | <b>\$34.1M</b> | <b>\$110.9M</b> |
| General funds                      | \$1.8M         | \$5.8M         | \$3.7M         | \$12.2M         |
| Federal funds                      | \$12.3M        | \$39.7M        | \$25.6M        | \$83.2M         |
| Local funds                        | \$2.3M         | \$7.4M         | \$4.8M         | \$15.6M         |

SOURCE: JLARC analysis of data provided by DMAS and VDSS.

NOTE: FY19 expenditure calculation accounts for only 9 months of services because enrollment is not projected to begin until October 1, 2018.

### *Support services*

One option for providing support services, which would minimize the general fund impact, is to leverage existing workforce programs to provide recipients with necessary services and supports. Indiana and Kentucky both plan to leverage existing programs to provide support services for their employment and community engagement programs. Leveraging Virginia's existing workforce development programs would most likely enable Medicaid recipients to access employment services and supports, while minimizing the general fund impact because they are primarily federally funded.

An intake and service delivery structure for these programs is already in place throughout the state through Virginia's regional comprehensive one-stop workforce development centers. Due to improving economic conditions, state agency staff knowledgeable about Virginia's workforce programs observed that the staff located in the one-stop centers currently have the capacity to assist additional clients.

JLARC staff spoke with state agency staff knowledgeable about Virginia's workforce programs and identified five potential federal funding sources for employment services and supports. Based on the information provided by these staff, all five of these funding sources could be used for at least a subset of the Medicaid population (Table 3). Moreover, low-income individuals and recipients of public assistance are prioritized for receiving federally-funded employment services and supports, which aligns with the Medicaid-eligible population. Therefore, Medicaid recipients would be eligible to be served through these programs. Some Medicaid recipients may already be being served through these programs. Additional analysis would be needed to quantify the number of Medicaid recipients who are already being served by the programs.

Agency staff suggested that including Medicaid recipients who are subject to an employment and community engagement requirement in the eligible population for these programs could potentially increase Virginia's future federal allocation because these allocations are based on a formula that relies on the unemployment rate. The effect of including additional individuals from the Medicaid population on the state's unemployment rate may be too small, however, to change federal funding allocations, and additional analysis would need to be conducted to quantify the potential increase in federal funds, if any, to Virginia.

Virginia typically spends less than it receives from two other federal programs that provide workforce services and supports (TANF block grant and the Trade Adjustment Assistance Program). As a result, the TANF block grant program has an existing balance of \$117 million that could be used to fund services and supports for the Medicaid population. In FY17, Virginia did not spend approximately \$20 million in federal Trade

Adjustment Assistance funding. While state agency staff indicated that this will likely result in a reduced allocation of federal funds to Virginia for this program in the future, they also indicated that some Medicaid recipients could potentially qualify for the services and supports provided by the program. The narrow scope of this program, which is focused on individuals who have become unemployed because their company relocated overseas, will limit its potential as a funding source.

**TABLE 3**  
**Current federal workforce programs that could be used to serve Medicaid recipients**

| <b>Program</b>                      | <b>Could be used for Medicaid population</b>                       |
|-------------------------------------|--------------------------------------------------------------------|
| TANF block grant                    | Partial<br>(individuals with children)                             |
| WIOA <sup>1</sup> Title I           | Yes                                                                |
| WIOA Title II                       | Yes                                                                |
| WIOA Title III                      | Yes                                                                |
| Trade Adjustment Assistance Program | Limited<br>(individuals unemployed due to company moving overseas) |

SOURCE: JLARC analysis of data provided by DMAS, VDSS, VEC, VDOE, and VCCS.

<sup>1</sup>WIOA is the Workforce Innovation and Opportunity Act. WIOA Title I provides job search, education, and training services for adults. WIOA Title II provides educational services to help adults become literate and develop basic skills necessary for employment. WIOA Title III facilitates job placement. It is possible that the formula for WIOA Title I and Title III funds currently counts some, but not all, individuals who would be in the Medicaid expansion population; including the uncounted individuals in the formula could increase the unemployment rate, making Virginia eligible for additional federal funds in future years, but additional analysis is needed to quantify the impact, if any. Applies to Titles I and III, primarily.

### Impact on Medicaid spending

Implementing an employment and community engagement requirement in Virginia’s Medicaid program would result in some individuals either not enrolling in Medicaid, or enrolling and then being removed from the Medicaid program due to noncompliance. This would impact Medicaid and related spending in three ways:

- Reduction in spending for current Medicaid recipients,
- Reduction in spending for projected Medicaid expansion recipients, and
- Reduction in projected savings included in the introduced budget as a result of Medicaid expansion (Table 4).

The estimated reduction in spending for current Medicaid recipients is based on an estimate of approximately 1,000 recipients who would leave the Medicaid program; half of these savings would be to the general fund. In the expansion population, attrition is estimated to be about 13,300 individuals in FY19 and 21,600 individuals in FY20, which

accounts for the reduced spending. According to the introduced budget, the state share of Medicaid expansion costs would be paid with a special assessment on hospitals; therefore there is no general fund savings for reductions in the Medicaid expansion population.

**TABLE 4**  
**Estimated impact on Medicaid spending, FY19-FY20 (\$ millions)**

|                                                                          | <b>FY19</b>     | <b>FY20</b>      |
|--------------------------------------------------------------------------|-----------------|------------------|
| Savings from current Medicaid recipients leaving the program             | (\$2.6)         | (\$7.2)          |
| Savings from projected Medicaid expansion recipients leaving the program | (\$63.4)        | (\$155.3)        |
| Reduction in projected savings from Medicaid expansion                   | \$8.9           | \$26.3           |
| <b>Total fiscal impact</b>                                               | <b>(\$57.2)</b> | <b>(\$136.1)</b> |
| General funds                                                            | \$3.6           | \$10.3           |
| Federal funds                                                            | (\$60.8)        | (\$146.4)        |
| Special funds                                                            | -               | -                |

SOURCE: JLARC analysis of data provided by DMAS and VDSS.

NOTE: Special funds are the hospital assessment in § 3-5.15 of the introduced budget (HB 30), which are used to pay the state portion of costs for the Medicaid expansion population. Expansion costs would be reduced in both fiscal years, but there would be an associated decrease in revenue from the hospital assessment, resulting in a net fiscal impact to special funds of zero.

The introduced budget includes \$152 million in projected savings in FY19 due to receiving a higher federal match rate for Medicaid services and decreased spending for uninsured individuals who receive uncompensated services at hospitals and Community Service Boards. JLARC estimated a reduction in savings based on the estimated reduction in the projected expansion population due to the employment and community engagement requirement. One of the largest portions of this reduced savings would occur when a woman who would have otherwise been enrolled in the expansion population, with no state general fund costs, later becomes eligible for Medicaid due to pregnancy. She would be enrolled in the Pregnant Women eligibility category, which requires a 50 percent state cost share.

Virginia may be able to mitigate much of the reductions in estimated savings depending on how it implements the employment and community engagement requirement. Staff from Kentucky's Medicaid program indicated that when an individual in the expansion population fails to meet the employment and community engagement requirement, they plan to place the individual in a suspended status, rather than disenrolling them from the program. This would then allow them to reactivate the individual if circumstances change, such as if a woman becomes pregnant, because they may be exempt from the requirements and could stay in the expansion eligibility category, with no state cost impact.

Impact on information technology systems and agency administration

Implementing HB 338-substitute would require changes to the Virginia Case Management System (VaCMS), which is the VDSS eligibility determination and case management system for Medicaid and other public assistance programs in Virginia. DMAS would also need additional staff to apply for and manage a federal waiver for the employment and community engagement requirement as well as to manage an anticipated increase in the volume of appeals due to the requirements and the need to ensure appropriate eligibility for individuals subject to the requirements (Table 5).

**TABLE 5**  
**Estimated impact on systems and administration, FY18-FY20 (\$ millions)**

|                                    | <b>FY18</b>  | <b>FY19</b>  | <b>FY20</b>  |
|------------------------------------|--------------|--------------|--------------|
| Information technology and systems | \$3.3        | \$1.7        |              |
| DMAS program administration        |              | \$1.2        | \$1.2        |
| <b>Total fiscal impact</b>         | <b>\$3.3</b> | <b>\$3.0</b> | <b>\$1.2</b> |
| General funds                      | \$0.3        | \$0.9        | \$0.6        |
| Federal funds                      | \$3.0        | \$2.0        | \$0.6        |

SOURCE: JLARC analysis of data provided by DMAS and VDSS.

NOTE: Numbers may not add due to rounding.

*Information technology systems*

JLARC staff reviewed the estimated fiscal impact of \$5 million for system changes and found this to be a reasonable estimate of the cost of the required work. The IT modifications would require time for design and testing to ensure they operate correctly for the Medicaid application and case management workflow. JLARC analyzed the hourly rates that VDSS pays for system design, programming, and testing services under its contract for VaCMS, and found that the number of hours required and associated costs were reasonable and consistent with other changes to major information technology systems within the state.

*DMAS program administration*

The DPB fiscal impact statement indicates that DMAS needs nine additional staff to implement the requirements in HB 338-substitute:

- four FTEs to oversee and manage the waiver application, reporting to CMS, and evaluation;
- three FTEs to account for an anticipated increase in appeals due to the requirement (two hearing officers and an associated administrative assistant); and

- two FTEs in the eligibility division to ensure correct eligibility for individuals subject to the requirements.

Based on current staffing levels for existing waivers, the appeals division, and the eligibility division, JLARC finds the four FTEs required to manage the waiver and three FTEs required in the appeals division to be reasonable. However, JLARC estimated only one additional FTE would be needed in the eligibility division. There are currently three FTEs performing these eligibility functions for the entire Medicaid program, and while the employment and community engagement requirements would necessitate ongoing monitoring of eligibility and may result in more frequent "churn" due to recipients failing to meet the requirements, it is unlikely that this would result in 67 percent more work in this area.

**Budget amendment necessary? Yes**

**Agencies affected:** Department of Medical Assistance Services, Department of Social Services, Department of Behavioral Health and Developmental Services

**Prepared by:** [REDACTED]

**Date:** February 9, 2018

**ATTACHMENT**

**Data and assumptions for JLARC analysis**

To estimate the number of individuals subject to the employment and community engagement requirement each year, JLARC staff developed assumptions regarding how many recipients would be exempt from, or are already meeting, the work requirements based on the exemptions listed in HB 338-substitute. JLARC staff developed these assumptions based on a review of research literature and experience from other states. These assumptions are independent of each other, that is, the groups subject to each exemption are not mutually exclusive (Table A-1).

**TABLE A-1**

**Assumptions for expansion recipients exempt from or already meeting employment and community engagement requirements**

| <b>Exemption or condition meeting work requirement</b>                | <b>Percent of expansion population exempt/already meeting requirement</b> |
|-----------------------------------------------------------------------|---------------------------------------------------------------------------|
| Caregiver for a dependent                                             | 23%                                                                       |
| Disabled, blind, or medically frail (includes current GAP population) | 17%                                                                       |
| Working more than 20 hours per week                                   | 38%                                                                       |
| Enrolled in school                                                    | 7%                                                                        |
| Enrolled in SNAP                                                      | 37%                                                                       |

SOURCE: JLARC analysis of data provided by DMAS and VDSS and a review of research.

NOTE: A CMS letter to state Medicaid directors in January 2018 indicated that waiver applications to implement employment and community engagement requirements would need to consider any Medicaid recipient who is enrolled in SNAP and is either exempt or already complying with the SNAP employment requirement to be in compliance with the proposed Medicaid employment and community engagement requirement.

The following additional data points and assumptions were used in JLARC’s analysis to estimate the number of recipients subject to the employment and community engagement requirement, the number in need of services, and the attrition rate. The following data points come from DMAS and VDSS data (unless indicated to be a JLARC assumption).

- Projected average monthly enrollment for the expansion population in FY19 is 190,694. Enrollment does not start until 10/1/18, so there are only nine months of spending and associated costs for this population in FY19.
- Projected average monthly enrollment for the expansion population in FY20 is 298,658.

- There were 6,226 current adults in the Medicaid program who would be potentially subject to the requirements because only one parent in a two-parent household is exempt as a caretaker.
- JLARC assumed that 18 percent of individuals subject to the requirement (working, in school, and unemployed) would either not enroll or be disenrolled from Medicaid for non-compliance. JLARC further assumed that this attrition group would only be individuals who were subject to the work requirement and were not already meeting the requirement due to being employed or in school.

Table A-2 shows the JLARC calculations for the number of individuals subject to the work requirement for FY19 and FY20.

**TABLE A-2**  
**Calculation of individuals estimated to be subject to work requirements**

|                                    |                                                                            | <b>FY19</b>    | <b>FY20</b>    |
|------------------------------------|----------------------------------------------------------------------------|----------------|----------------|
| <b>Expansion population</b>        |                                                                            |                |                |
| <b>a</b>                           | <b>Average monthly enrollment</b>                                          | <b>190,694</b> | <b>298,658</b> |
| b                                  | GAP population                                                             | 15,000         | 15,000         |
| c                                  | Caretaker for a dependent                                                  | 40,410         | 65,241         |
| d                                  | Disabled, blind, or medically frail                                        | 18,254         | 29,471         |
| <b>e</b>                           | <b>Subtotal subject to work requirement [a - (b+c+d)]</b>                  | <b>117,030</b> | <b>188,945</b> |
| f                                  | Enrolled in SNAP (37%)                                                     | 42,787         | 69,080         |
| g                                  | Working more than 20 hours per week or enrolled in school                  | 33,409         | 53,940         |
| <b>h</b>                           | <b>Subtotal subject to requirement and not working/student [e - (f+g)]</b> | <b>40,834</b>  | <b>65,926</b>  |
| i                                  | Attrition (18% of non-exempt, non-SNAP population)                         | 13,364         | 21,576         |
| <b>j</b>                           | <b>Subtotal in need of case management [(g+h) - i]</b>                     | <b>60,879</b>  | <b>98,290</b>  |
| <b>Current Medicaid population</b> |                                                                            |                |                |
| k                                  | Parents potentially subject to work requirement                            | 6,226          | 6,226          |
| l                                  | Disabled, blind, or medically frail                                        | 840            | 840            |
| m                                  | Working more than 20 hours per week or enrolled in school                  | 2,424          | 2,424          |
| <b>n</b>                           | <b>Subtotal subject to requirement and not working/student [k - (l+m)]</b> | <b>2,962</b>   | <b>2,962</b>   |
| o                                  | Attrition (18% of non-exempt, non-SNAP population)                         | 969            | 969            |
| <b>p</b>                           | <b>Subtotal in need of case management [(m+n) - o]</b>                     | <b>4,416</b>   | <b>4,416</b>   |

SOURCE: JLARC analysis of data provided by DMAS and VDSS.

NOTE: Current GAP and Plan First Medicaid partial benefit enrollees would be auto-enrolled in Medicaid expansion at the beginning of enrollment. Disabled, blind, and medically frail calculation accounts for the fact that the GAP population is already exempt from the requirements.

# The Relationship Between Work and Health: Findings from a Literature Review

Larisa Antonisse and Rachel Garfield

## Summary

A central question in the current debate over work requirements in Medicaid is whether such policies promote health and are therefore within the goals of the Medicaid program. Work requirements in welfare programs in the past have had different goals of strengthening self-esteem and providing a ladder to economic progress, versus improving health. This brief examines literature on the relationship between work and health and analyzes the implications of this research in the context of Medicaid work requirements. We review literature cited in policy documents, as well as additional studies identified through a search of academic papers and policy evaluation reports, focusing primarily on systematic reviews and meta-analyses. Key findings include the following:

- **Being in poor health is associated with increased risk of job loss, while access to affordable health insurance has a positive effect on people's ability to obtain and maintain employment.**
- **There is limited evidence on the effect of *employment* on health, with some studies showing a positive effect of work on health yet others showing no relationship or isolated effects.** There is strong evidence of an association between *unemployment* and poorer health outcomes, but authors caution against using these findings to infer that the opposite relationship (work causing improved health) exists. While unemployment is almost universally a negative experience and thus linked to poor outcomes, especially poor mental health outcomes, employment may be positive or negative, depending on the nature of the job (e.g., stability, stress, hours, pay, etc.). Further, most studies note major limitations in our ability to draw broad conclusions on health and work, including:
  - Job availability and quality are important modifiers in how work affects health; transition from unemployment to poor quality or unstable employment options can be detrimental to health.
  - Selection bias in the research (e.g., healthy people being more likely to work) and other methodological limitations restrict the ability to determine a causal work-health relationship.
- **Studies note several caveats to and implications of the research on work and health that are particularly relevant to work requirements in Medicaid.** For example:
  - The work-health relationship may differ for the Medicaid population compared to the broader populations studied in the literature, as Medicaid enrollees report worse health than the general population and face significant challenges related to social determinants of health.
  - Limited job availability or poor job quality may moderate or reverse any positive effects of work.
  - Work or volunteering to fulfill a requirement may produce different health effects than work or volunteer activities studied in existing literature.
  - Loss of Medicaid coverage under work requirements could negatively impact health care access and outcomes, as well as exacerbate health disparities.

## Introduction

On January 11, 2018, CMS issued a [State Medicaid Director Letter](#) providing new guidance for Section 1115 waiver proposals that would impose work requirements (referred to as community engagement) in Medicaid as a condition of eligibility. On January 12, 2018, CMS approved the first work requirement waiver in [Kentucky](#), and three additional work requirement waiver approvals followed in [Indiana](#) (February 1, 2018), Arkansas (March 5, 2018), and New Hampshire (May 7, 2018). The new guidance and work requirement approvals reverse previous positions of both Democratic and Republican Administrations, which had not approved work requirement waiver requests on the basis that such provisions would not further the Medicaid program's purposes of promoting health coverage and access. However, in both the new guidance and work requirement waiver approvals, CMS explains its policy reversal by maintaining that employment leads to improved health outcomes, and policies that condition Medicaid eligibility on meeting a work requirement will further this objective. Though the structure of work requirements is similar to those used in other programs, the administration's stated goal of improving health through Medicaid work requirements is different from the goals of welfare reform work requirements in the past, which were to strengthen self-esteem and provide a ladder to economic progress.

On June 29, 2018, the DC federal district court [vacated HHS's approval](#) of the Kentucky Section 1115 waiver program. The court held that consideration of whether the waiver would promote beneficiary health in general is not a substitute for considering whether the waiver promotes Medicaid's primary purpose of providing affordable health coverage and remanded to HHS to consider how the waiver would help furnish medical assistance consistent with Medicaid program objectives. However, the court also noted that plaintiffs and their *amici* assert that proclaimed health benefits of employment are unsupported by substantial evidence. Thus, there is likely to be ongoing debate and policy discussion over whether work requirements will further the aims of Medicaid.

To address whether work will further the aims of Medicaid, we examine the literature on the relationship between work and health and analyze the implications of this research in the context of Medicaid work requirements. Due to the large number of studies in this field spanning decades, this literature review focuses primarily (although not exclusively) on findings from other literature or systematic reviews rather than individual studies on these topics. We drew on studies cited in policy documents on work requirements in Medicaid, results of keyword searches of PubMed and other academic health/social policy search engines, and snowballing through searches of reference lists in previously pulled papers. In total, we reviewed more than 50 sources, the vast majority of which were published academic studies or program evaluations and most of which are reviews of multiple studies themselves. A more detailed description of the methods underlying this analysis is provided in the Methods box at the end of this brief.

## What effect do health and health coverage have on work?

**Not surprisingly, research has demonstrated that being in poor health is associated with an increased risk of job loss or unemployment.**<sup>1,2,3,4,5</sup> A meta-analysis of longitudinal studies on the relationship between health measures and exit from paid employment found that poor health, particularly

self-perceived health, is associated with increased risk of exit from paid employment.<sup>6</sup> Another study that simultaneously examined and contrasted the relative effects of unemployment on mental health and mental health on employment status in a single general population sample found mental health to be both a consequence of and a risk factor for unemployment. However, the evidence for men in particular suggested that mental health was a stronger predictor of subsequent unemployment than unemployment was a predictor of subsequent mental health.<sup>7</sup> Additional research suggests that, in some cases, individual characteristics such as income, race, sex, or education level may mediate the relationship between poor health and unemployment.<sup>8,9,10</sup> Research also demonstrates that an unmet need for mental health or substance use disorder treatment results in greater difficulty with obtaining and maintaining employment.<sup>11,12,13,14,15</sup>

**Additional research suggests that, in addition, access to affordable health insurance and care, which may help people maintain or manage their health, promotes individuals' ability to obtain and maintain employment.** For example, in an analysis of Medicaid expansion in Ohio, most expansion enrollees who were unemployed but looking for work reported that Medicaid enrollment made it easier to seek employment, and over half of employed expansion enrollees reported that Medicaid enrollment made it easier to continue working.<sup>16</sup> Similarly, a study on Medicaid expansion in Michigan found that 69% of enrollees who were working said they performed better at work once they got coverage, and 55% of enrollees who were out of work said the coverage made them better able to look for a job.<sup>17</sup> A study on Montana's Medicaid expansion found a substantial increase of 6 percentage points in labor force participation among low-income, non-disabled Montanans ages 18-64 following expansion, compared to a decline in labor force participation among higher-income Montanans.<sup>18</sup> National research found increases in the share of individuals with disabilities reporting employment and decreases in the share reporting not working due to a disability in Medicaid expansion states following expansion implementation, with no corresponding trends observed in non-expansion states.<sup>19</sup> Additional literature suggests that access to health insurance and care promotes volunteerism, finding that the expansion of Medicaid under the ACA was significantly associated with increased volunteerism among low-income adults.<sup>20,21</sup>

## What effect does work have on health and health coverage?

**Overall, the body of literature examining whether work affects health shows mixed results, with some studies showing a positive effect of work on health yet others showing no relationship or isolated effects.** A 2006 literature review found that, while “there is limited amount of high quality scientific evidence that directly addresses the question [of whether work is good for your health]... there is a strong body of indirect evidence that work is generally good for health and well-being.”<sup>22</sup> That assessment was based on comprehensive review of the literature, including other systematic reviews as well as narrative and opinion pieces. A more focused 2014 systematic review about the health effects of employment, which included 33 longitudinal studies,<sup>23</sup> found strong evidence that employment reduces the risk of depression and improves general mental health, yet it found insufficient evidence for an effect

on other health outcomes due to a lack of studies or inconsistent findings of the studies.<sup>24</sup> A 2015 review of 22 longitudinal studies found an association between employment and re-employment with better physical health.<sup>25</sup>

**In contrast, research shows a strong association between *unemployment* and poor health outcomes, though researchers caution that these findings do not necessarily mean the reverse is true (e.g. employment causes improved health).** The effect of unemployment on health has long been an area of research focus, and a substantial body of research from the U.S. and abroad consistently demonstrates a strong association between unemployment and poorer health outcomes,<sup>26,27,28,29,30,31,32</sup> with some evidence suggesting a causal relationship in which unemployment leads to poor health.<sup>33,34,35</sup> The bulk of the research in the unemployment and health field focuses on mental health outcomes.<sup>36</sup> Examples of negative health outcomes associated with unemployment include increases in depression, anxiety, mixed symptoms of distress, and low self-esteem.<sup>37,38</sup> A more limited body of research suggests an association of unemployment with poorer physical health (including increases in cardiovascular risk factors such as hypertension and serum cholesterol as well as increased susceptibility to respiratory infections), and mortality.<sup>39,40</sup> A 2006 literature review noted that there is continuing debate about the relative importance of possible mechanisms involved in this relationship, and adverse effects of unemployment may vary in nature and degree for different individuals in different social contexts.<sup>41</sup> Some evidence also indicates that cumulative length of unemployment is correlated with deteriorated health and health behavior.<sup>42</sup> However, despite the evidence of a relationship between unemployment and health, researchers caution against using findings to infer that an opposite relationship (employment causing improved health) exists.<sup>43,44</sup> In addition, researchers note that the literature on unemployment tends to study more negative than positive health outcome variables,<sup>45</sup> which may skew our understanding of the health effects of unemployment.<sup>46</sup>

**Another related area of research is studies examining the relationship between re-employment (i.e., returning to work) and health, which find some association between re-employment and mental health.** A 2012 systematic review on this topic found support for a beneficial health effect of returning to work, with most of the 18 studies included in this review focusing on mental health-related outcomes.<sup>47</sup> The review also tried to assess to what extent the relationship was causal (i.e., reemployment caused health improvements) versus due to selection (e.g., people with poor health were more likely to remain unemployed) and concluded that both were at play. The review did not reach a definitive conclusion about mechanisms linking re-employment to improved health (due to lack of evidence), and it noted that it is still unclear whether health effects of reemployment are moderated by factors such as socioeconomic status, reason for unemployment, and the nature of employment.<sup>48</sup> The 2006 literature review described above also analyzed research findings on re-employment and found strong evidence that re-employment leads to improved psychological health and measures of general well-being, with a dearth of information on physical health and some but not all studies showing that re-employment/health relationship is at least partly due to health selection. However, these authors also cite

evidence from numerous studies suggesting that “the beneficial effects of re-employment depend mainly on the security of the new job, and also on the individual’s motivation, desires, and satisfaction”<sup>49</sup>

**Studies on work and health have found that the quality and stability of work is a key factor in the work-health relationship: research finds that low-quality, unstable, or poorly-paid jobs lead to or are associated with adverse effects on health.**<sup>50,51,52,53,54,55,56</sup> For example, a 2014 meta-analysis of studies published after 2004 found that job insecurity can pose a comparable (and even modestly increased) risk of subsequent depressive symptoms compared to unemployment.<sup>57</sup> A 2011 longitudinal analysis found that while unemployed respondents had poorer mental health than those who were employed, the mental health of those who were unemployed was comparable or more often superior to those in jobs of poor psychosocial quality (based on measures of job control, perceived job security, and job demands and complexity) and the mental health of those in poor quality jobs declined more over time than the mental health of those who were unemployed. Moreover, while moving from unemployment into a high quality job led to improvement in mental health, the transitioning from unemployment to a poor quality job was more detrimental to mental health than remaining unemployed.<sup>58</sup> Additionally, a 2003 study that examined the association of different employment categories with physical health and depression found a consistent association between less than optimal jobs (based on economic, non-income, and psychological aspects of the jobs) and poorer physical and mental health among adults.<sup>59</sup>

**It is possible that the work-health association reflects people in good health being more likely to work, versus work causing good health.** Some researchers caution against the possibility that selection bias has occurred in many of the studies on work and health. The existence of a “healthy worker effect”—in which relatively healthy individuals are more likely to enter the workforce whereas those with health problems are at increased risk to withdraw from and remain outside of the workforce—has been documented in multiple studies.<sup>60,61,62,63,64,65</sup> Authors of both individual studies and literature reviews on this topic explain that the healthy worker effect is difficult to control for even in studies that attempt to do so, and thus this effect may cause an overestimation of the findings in the literature on health effects of work.<sup>66,67</sup> As authors of a 2014 systematic review of studies on health effects of employment point out, there are no randomized controlled trials on this topic available in the literature because performing such trials would be unethical,<sup>68</sup> yet randomized controlled trials are the gold standard for determining a causal relationship.

**Most study authors specifically note additional caveats to drawing broad conclusions about work and health.** The 2006 review concluding a general positive effect of work on health emphasized three major provisos to this conclusion: (1) findings are about average or group affects, and a minority of people may experience contrary health effects from work, (2) the beneficial health effects of work depend on the nature and quality of work (described above), and (3) the social context must be taken into account, particularly social gradients in health (i.e. inequalities in population health status related to inequalities in social status) and regional deprivation.<sup>69</sup> These caveats could explain the seemingly contradictory findings about employment and unemployment: While unemployment is almost universally a negative experience and thus linked to poor outcomes, especially poor mental health outcomes,

employment may be positive or negative, depending on the nature of the job (e.g., stability, stress, hours, pay, etc.). As discussed below, these provisos have implications for the applicability of research to Medicaid work requirements.

**While work can help people access employer-sponsored health coverage, many jobs—especially low-wage jobs—do not come with an affordable offer of employer coverage.** In 2017, just over half (53%) of firms offered health coverage to their employees,<sup>70</sup> and workers in low-wage firms are less likely than those in higher wage firms to be eligible for coverage through their employer.<sup>71</sup> In 2017, less than a third of workers who worked at or below their state’s minimum wage had an offer of health coverage through their employer.<sup>72</sup> Though most employees take up employer-sponsored coverage when offered, workers in low-wage firms are less likely to be covered by their employer even if coverage is offered, likely reflecting the fact that workers in such firms pay a larger share of the premium than workers in higher-wage firms.<sup>73</sup> The fact that work does not always lead to health coverage is further demonstrated by the large majority of uninsured people who are in a family with either a full-time (74%) or part-time (11%) worker.<sup>74</sup>

## What is the effect of volunteerism on health?

In the January 2018 guidance, CMS includes volunteering as a “community engagement” activity that may improve health outcomes,<sup>75</sup> and the Medicaid work requirement waivers approved to date all permit volunteer activities to count towards the required weekly/monthly hours of work activity.

**However, there is limited existing evidence that volunteer activities benefit health outcomes.** One literature review on the health effects of volunteering “did not find any consistent, significant health benefits arising through volunteering” based on experimental studies available at the time of the literature review.<sup>76</sup> The authors’ analysis of cohort studies revealed limited benefits of volunteering on depression, life satisfaction, and well-being (with no significant benefits on physical health). In addition, the cohort studies focused primarily on volunteers ages 50 and over, with some of the studies suggesting that the association between volunteerism and improved health outcomes may be limited to older volunteers and that the health benefits of volunteering may diminish as hours of volunteering increase.<sup>77</sup> Another study (published in 2018) examined the health benefits of “other-oriented volunteering” (other-regarding, altruistic, and humanitarian-concerned volunteering) compared to “self-oriented volunteering” (volunteering focused on seeking benefits and enhancing the volunteers themselves in return). While the authors found beneficial effects of both forms of volunteer activity on health and well-being, other-oriented volunteering had significantly stronger effects on the health outcomes of mental and physical health, life satisfaction, and social well-being than did self-oriented volunteering.<sup>78</sup> As discussed below, this finding may indicate that health benefits of volunteering are likely to be weaker when individuals are compelled to engage in volunteering.

## What does this research mean for Medicaid work requirements?

The body of literature summarized above includes several notable caveats and conclusions to consider in applying findings to a work requirement in Medicaid. Limitations and implications that are particularly relevant include:

**Effects found for the general population may not apply to Medicaid, as the link between work and health is not universal across populations or social contexts.** In general, the studies examined above analyze the relationship between work and health among broad populations of all income levels.

However, several authors suggest that population differences may modify the relationship between work and health. A 2003 study found that nationally, older adults, women, blacks, and individuals with low education levels were more likely to be employed in jobs viewed as “barely adequate” or “inadequate” (the types of jobs that the study found to be independently associated with poorer physical health and higher rates of depression) compared to other populations.<sup>79</sup> Authors of a 2006 literature review qualify their broad findings on the work/health relationship with the proviso that the social context must be taken into account (particularly social inequities in health and regional deprivation), and also cite evidence that the strong association between socioeconomic status and physical and mental health and mortality likely outweighs (and is confounded with) all other work characteristics that influence health.<sup>80</sup> Authors of a 2005 review on unemployment and health found a strong association between deprived areas, poor health, poverty and unemployment (although the exact relationship is not clear), and highlight the need for more research on the geographical dimension on unemployment and health.<sup>81</sup> These findings imply that the work/health relationship may differ significantly for the low-income Medicaid population, who report worse health status compared to the total US population and often face more significant challenges related to housing, food security, and other social determinants of health.<sup>82,83,84</sup> In addition, some volunteerism research suggests that the association between volunteerism and improved health outcomes may be limited to older volunteers, yet approved and pending Section 1115 Medicaid work requirement waiver requests all include exemptions for individuals above a certain age (which varies by state but ranges from 50 to 65 years).<sup>85</sup>

**Work or volunteering undertaken to fulfill a requirement may produce different health effects than work and volunteer activities studied in existing literature.** For example, research on health effects of work requirements in Temporary Assistance for Needy Families (TANF) suggests that they did not benefit and sometimes negatively affected health among enrollees and their dependents.<sup>86</sup> Another study found that welfare reform was associated with increases in self-reported poor health and self-reported disability among white single mothers without a high school diploma or GED.<sup>87</sup> These adverse effects could reflect different relationships between work and health for low-income populations, as described above, or different effects of work undertaken voluntarily versus as a requirement. Authors of a 2006 literature review on work and health found that forcing claimants off benefits and into work without adequate supports would more likely harm than improve their health and well-being.<sup>88</sup> Similarly, most studies on volunteerism and health define volunteerism as an act of free-will (essentially, a voluntary act), a

definition that may not be applicable to volunteer activity undertaken for the purpose of meeting work/community engagement requirements in order to maintain eligibility for Medicaid. Volunteer activities undertaken to retain Medicaid appear more closely aligned with the self-oriented form of volunteerism (volunteering focused on seeking benefits and enhancing the volunteers themselves in return), which research shows has weaker health effects than the other-oriented form (other-regarding, altruistic, and humanitarian-concerned volunteering).

**Limited job availability, low demand for labor, or poor job quality may moderate any positive health effects of employment.** Authors of a 2014 systematic review of prospective studies on health effects of employment commented that most studies in this field do not adjust for quality of employment and include all kinds of jobs in their analysis (e.g. part- and full-time employment, self-employment, and both blue- and white-collared jobs) despite the possibility that different forms of employment have different health effects.<sup>89</sup> Under Medicaid work requirement programs, the population subject to Medicaid work requirements may have access to only low-wage, unstable, or low-quality jobs to meet the weekly/monthly hours requirement, as these are the types of positions adults with Medicaid who currently work hold.<sup>90</sup> In discussing the policy implications of their findings, multiple researchers have concluded that such policies could be detrimental to health, with authors of one study asserting that, “Policies that promote job growth without giving attention to the overall adequacy of the jobs may undermine health and well-being.”<sup>91</sup>

**Long-term effects of work on health are unclear.** Much of the evidence on the work/health relationship is about short-term effects after about one year, which, as authors of one literature review point out, is a short period when assessing health impacts.<sup>92</sup> There is less evidence on longer-term effects over a lifetime perspective.<sup>93</sup> In addition, research on work requirements in other public programs shows little evidence of long-term impacts on employment or income. Studies on welfare recipients subject to work requirements generally have found that any initial increase in employment after an imposition of a work requirement faded over time.<sup>94,95,96</sup> After five years, one study showed those who were not required to work were just as likely or more likely to be working compared to those who were subject to a work requirement, suggesting that these work requirements had little impact on increasing employment over the long-term.<sup>97</sup> Other research has found that employment among people who left welfare was unsteady and did not lift them out of poverty.<sup>98</sup> Thus, even short-term effects are likely to disappear as short-term boosts in employment fade over time.

**Loss of health insurance coverage due to not meeting reporting or work requirements under waivers could affect access to health care and health.** Low-wage workers typically work in small firms and industries that often have limited employer-based coverage options, and very few have an offer of coverage through their employer. Work requirements in Medicaid could lead to large Medicaid coverage losses, especially among people who would remain eligible for the program but lose coverage due to new administrative burdens or red tape versus those who would lose eligibility due to not working.<sup>99</sup> Several studies on individuals leaving TANF following welfare reform show reductions in insurance coverage across this “welfare leaver” population, with significant decreases in Medicaid coverage that were not fully

offset by the smaller increases in private coverage.<sup>100,101,102,103,104</sup> A study evaluating welfare-to-work interventions found that some programs led to a reduction in health insurance coverage for both children and parents.<sup>105</sup> Given the evidence of Medicaid's positive impact on access to care and health outcomes,<sup>106</sup> as well as data demonstrating that uninsured individuals go without needed care due to cost at much higher rates than those with Medicaid coverage,<sup>107</sup> widespread coverage losses as a result of Medicaid work requirements are likely to result in adverse effects on health outcomes. In TANF evaluations, for example, studies found that children of TANF enrollees who lose benefits for failure to comply with a work requirement experience adverse health effects such as behavioral health problems<sup>108</sup> or hospitalization.<sup>109</sup>

**Policies that have disproportionate effects on certain Medicaid enrollees could widen health disparities.** Data demonstrate the persistence of clear disparities in health insurance coverage, access to care, and health outcomes for certain vulnerable populations in the US, including people with disabilities (compared to their non-disabled counterparts)<sup>110</sup> and people of color (compared to whites).<sup>111</sup> Research shows that people with disabilities and people of color are face disproportionate challenges in meeting and are disproportionately sanctioned under existing work requirement programs.<sup>112, 113</sup> If racial minority groups, people with disabilities, or other vulnerable populations face similarly disproportionate challenges in meeting work requirements when they are attached to the Medicaid program, these policies could result in wider disparities in health insurance coverage and health outcomes.

## Looking Ahead

Taken as a whole, the large body of research on the link between work and health indicates that proposed policies requiring work as a condition of Medicaid eligibility may not necessarily benefit health among Medicaid enrollees and their dependents, and some literature also suggests that such policies could negatively affect health. While it is difficult to determine a causal relationship between employment and health status (largely due to challenges controlling for health selection bias and the inability to conduct randomized controlled trials on this topic), there is strong evidence of an association between employment and good health. However, research suggests that factors like job availability and quality, as well as the social context of workers, mediate the effect of work or work requirements on health. Given the characteristics of the Medicaid population, research indicates that policies could lead to emotional strain, loss of health coverage, or widening of health disparities for vulnerable populations. As debate considers the question of whether policies to promote health—versus health coverage—are the aim of the Medicaid program, the question of whether work requirements will promote health also will remain key to the ongoing debate over the legality of work requirements in Medicaid.

## Methods

This brief is based on a review of existing research on the relationship between work and health. To collect relevant studies, we began by drawing on studies cited in policy documents on work requirements in Medicaid, including the January 2018 guidance from CMS, comments and reactions to the guidance, and documents related to the *Stewart v. Azar* litigation and decision. We then conducted keyword searches of PubMed and other academic health/social policy search engines to compile relevant studies and program evaluations. Due to the large number of studies in this field spanning decades, we focused primarily (although not exclusively) on findings from other literature or systematic reviews rather than individual studies on these topics. We then used a snowballing technique of pulling additional studies from reference lists in previously pulled papers. In areas with limited evidence or in which reviews indicated conflicting or unclear results, we looked at original source studies to understand findings and assess the strength of the evidence.

In total, we reviewed more than 50 sources, the vast majority of which were published academic studies or program evaluations and most of which are reviews of multiple studies themselves. In weighing evidence, we prioritized recent research and research based in the United States over older research and research based on experiences in other countries, though we did include older and international studies if they were highly cited, directly relevant, or included in systematic reviews that also included US-based studies. We excluded commentaries (as compared to original work or comprehensive literature reviews) and studies that were not directly focused on the link between health and work (e.g., we excluded studies of workplace wellness programs).

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of the US total nonelderly adult population (both differences between the two populations were statistically significant).

A significantly greater percentage of Medicaid nonelderly adults compared to US total nonelderly adults also reported: that they often or sometimes cannot afford to eat balanced meals (26% vs. 11%), that they often or sometimes worry food will run out before they have money to buy more (34% vs. 15%), and that they are very or moderately worried about rent, mortgage, or other housing costs (42% vs. 24%). (Kaiser Family Foundation analysis of 2016 National Health Interview Survey data).

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## The Evidence Builds: Access to Medicaid Helps People Work

Untreated illness can make it hard to work. Health insurance is a key work support and tool that provides working-age adults with access to care that helps them get and keep a job. Reports from Ohio<sup>1</sup> and Michigan<sup>2</sup> provide compelling new information about the ability of Medicaid expansion enrollees to seek and maintain employment. These reports add to the growing body of research confirming the benefits of Medicaid expansion.<sup>3</sup>

Under the Affordable Care Act (ACA), states are incentivized to expand Medicaid to provide affordable health insurance to people with incomes below 138 percent of poverty (\$16,400 for a single person). A geographically diverse mix of 32 red and blue states<sup>4</sup> took advantage of the ACA's provision to expand Medicaid. As a result, millions of low-income adults in those states now have access to affordable care, resulting in better health, greater financial, physical, and mental stability, and fewer deaths.

### Most Adult Medicaid Enrollees are Working

Nationwide, the majority of non-disabled working-age adults who are insured through Medicaid are working or living in a family with a worker. In fact, 60 percent of adult recipients are employed and 79 percent live with someone who is working. Furthermore, among Medicaid recipients who are employed, more than half (51 percent) work full-time for the entire year.<sup>5</sup> However, their positions often offer low wages and/or are in small businesses that do not provide health benefits. Only 12 percent of workers earning the lowest wages had employer-provided health insurance in 2016.<sup>6</sup> Medicaid expansion enrollees typically hold physically demanding jobs<sup>7</sup> clustered in employment settings such as restaurants, construction sites, retail stores, and gas stations.<sup>8</sup>

*Without the support of Medicaid, health concerns would threaten employment stability.*

Key findings from Ohio and Michigan confirm that providing access to affordable health care helps people maintain employment. **More than half of Ohio Medicaid expansion enrollees report that their health coverage has made it easier to continue working.**<sup>9</sup> **In Michigan, 69 percent of enrollees said that Medicaid helped them do their job better.**<sup>10</sup> Without the support of Medicaid, health concerns would threaten employment stability.

### Medicaid Expansion Reduces Barriers to Employment

Disability and illness are among the main reasons why working-age adults may not be employed. An analysis by the Kaiser Family Foundation found that 36 percent of adults enrolled in Medicaid cited illness or

disability as the primary reason for not working.<sup>11</sup> Similarly, a July 2016 report from the American Enterprise Institute found that for working-age adults without children, illness and disability were the primary barriers to employment.<sup>12</sup> The Ohio report confirms that access to Medicaid reduces these barriers to employment. **The majority of unemployed Medicaid enrollees in Ohio (74.8 percent)<sup>13</sup> and Michigan (55 percent)<sup>14</sup> reported that having Medicaid made it easier to look for employment.**

Ohio study participants noted that Medicaid allowed them to get treated for chronic conditions that previously had prohibited them from working. Additionally, about one-third of enrollees screened positive for depression or anxiety disorders, which can limit employment and other routine activities. Enrollees with depression and anxiety reported greater improvement in access to care and prescriptions—key resources needed to stay in the workforce.

Another way Medicaid expansion supports employment is by eliminating the so-called “cliff effect”—the sudden loss of health insurance if earnings exceed Medicaid eligibility limits. For example, prior to Medicaid expansion, a parent with one child who worked 30 hours per week at the minimum wage with annual earnings of \$12,000 was eligible for Medicaid in Ohio. But if that parent worked 35 hours per week and earned \$14,000, he or she was not eligible.<sup>15</sup> With Medicaid expansion, parents are now incentivized to continue increasing their earnings, because they no longer risk losing their health care due to additional income. Should their income rise above the Medicaid limit, they become eligible for subsidized private health insurance through the ACA's exchange. By contrast, in non-expansion states, parents can still fall into a coverage gap, where they earn too much to qualify for Medicaid but too little for exchange subsidies. Eliminating the cliff effect by expanding Medicaid allows parents to best provide for their families by continuing to improve their employment prospects.

## Supporting Work Leads to Better Financial Stability

Prior studies have shown that financial stress is reduced under Medicaid expansion because it provides clear physical and mental health benefits. The Ohio report found that enrollees were more than twice as likely to note improvements in their financial situation. Medicaid enrollment allowed participants to meet other basic needs. More than half of enrollees reported that health coverage made it easier to buy food; about half stated that it was easier to pay their rent or mortgage, and 44 percent said it was easier to pay off other debts.<sup>16</sup> When families are able to meet their basic needs, they can turn their energy to engaging in the workplace.

*When families are able to meet their basic needs, they can turn their energy to engaging in the workplace.*

## Conclusion

The reports from Ohio and Michigan add to the growing body of research showing that Medicaid expansion improves lives by increasing access to health care, reducing financial burden on low-income families, and supporting employment. A recent survey found that 84 percent of Americans support continuing the funding for Medicaid expansion.<sup>17</sup> Congress should avoid any changes that would roll back these gains or undermine the fundamental structure of Medicaid.

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## Are Carrots Good for Your Health? Current Evidence on Health Behavior Incentives in the Medicaid Program

*Rob Saunders, Madhu Vulimiri, Mark Japinga, William Bleser, Charlene Wong*

### THEMES

- Medicaid beneficiary incentives for health behaviors have become popular in recent years, with great diversity in how states and Medicaid managed care organizations design incentives to target various health conditions and populations.
- The current, limited evidence on these incentive programs is mixed in showing overall impact on beneficiaries' health and health care costs. Some incentive programs, like those targeting one-time behaviors and smoking cessation, have stronger evidence on improving health outcomes.
- There are multiple operational challenges in implementing these incentive programs, including the need for data infrastructure to track behaviors and distribute the incentives. States reported that administrative challenges were greater than expected, and those issues affected whether the program was successful.

### Introduction

In recent years, many state Medicaid programs and Medicaid managed care organizations (MCOs) have implemented beneficiary incentive programs for health behaviors. These programs typically use financial incentives like gift cards, prizes, reduced premiums or copays, or penalties to promote specific health behaviors like losing weight, going to preventive visits, getting vaccinations, or quitting smoking.

States report multiple motivations for trying these programs: instilling personal responsibility in entitlement programs, encouraging people to engage with their health, or incentivizing specific behaviors that affect long-term health and Medicaid costs.<sup>1-3</sup> Health behavior incentives have been embraced by both conservative and liberal policymakers as one of many tools in a state's toolbox as they work to improve health and lower Medicaid costs. Yet there is a need for strategies that can help these programs improve, given the nascent state of many programs and the mixed (but limited) evidence about impact on health outcomes.<sup>4-11</sup>

This issue brief provides an overview of how Medicaid incentive programs for health behaviors have evolved, current evidence on their impact, challenges in establishing and operating them, and considerations for states interested in implementing them. We supplement existing published evidence with insights from interviews with over 70 Medicaid incentive program stakeholders, including state and federal officials, academic evaluators, health plan leaders, consultants, and patient and beneficiary leaders.

### How Have Health Behavior Incentive Programs in Medicaid Changed Over Time?

As of May 2018, we identified Medicaid health behavior beneficiary incentive programs in 18 states, including one approved to be implemented in Kentucky. In addition to programs led by state Medicaid agencies, nearly all MCOs report providing incentives for health behaviors.<sup>12</sup>

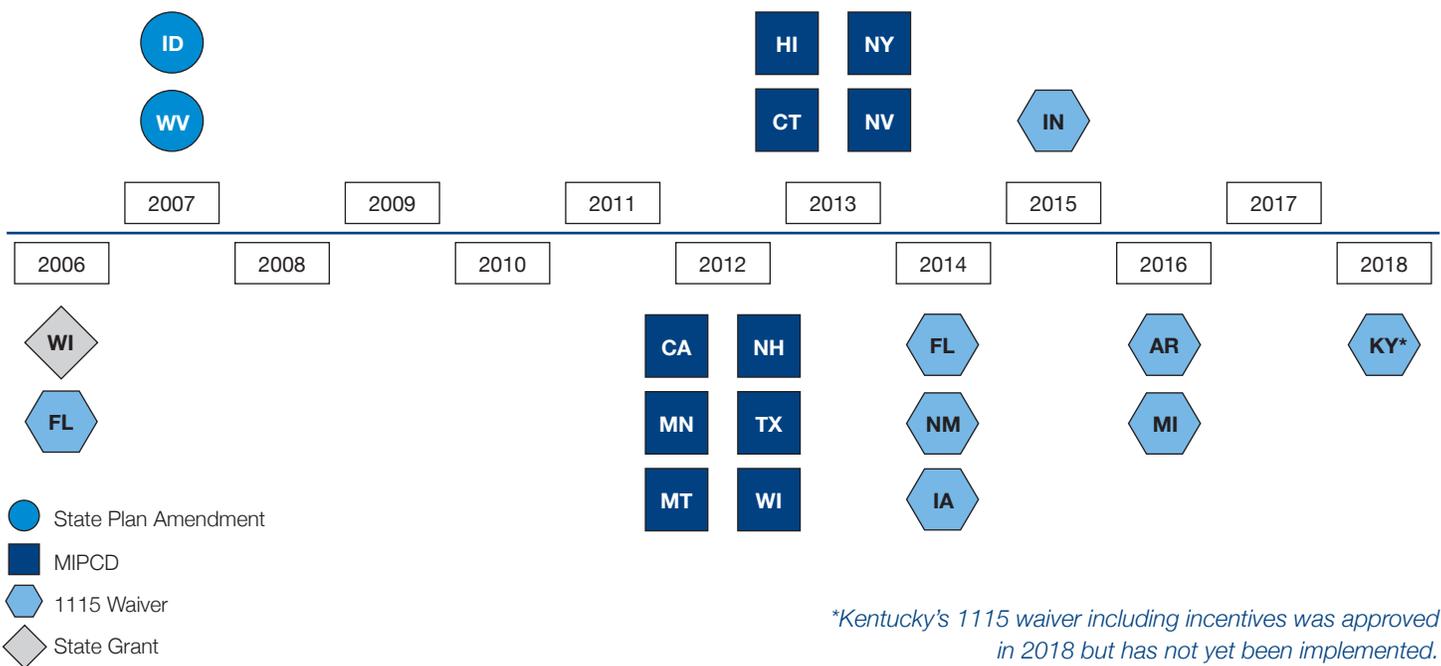
Traditional Medicaid regulations do not allow Medicaid programs to offer financial incentives for health behaviors, so states are implementing these programs through different policy mechanisms like grant programs, MCO contracts, state plan amendments, and Section 1115 waivers. The mechanisms have

changed over time due to legislative action and other political and health care trends (see Figure 1). After the Deficit Reduction Act of 2005, states were able to use state plan amendments to implement these programs through alternative benefit packages to traditional Medicaid benefits.<sup>13,14</sup> Between 2012 and 2017, 10 incentive programs emerged as part of the federal Medicaid Incentives for the Prevention of Chronic Diseases (MIPCD) grant program under the Affordable Care Act.<sup>15</sup> From 2014 onwards, states have predominantly used Section 1115 demonstration waivers, often in tandem with Medicaid expansion.<sup>16</sup> Medicaid MCOs are sometimes involved in 1115 waiver programs, but in other cases they may offer the incentive program because their contract with the state allows for flexibility.

Table 1 illustrates the most common features of the programs by implementation mechanism, although note that there is great diversity among programs. The mechanism influences what an incentive program can cover and how it can operate. For example, the MIPCD grant program required states to target chronic disease related behaviors and run randomized controlled trials, while 1115 waivers allow more flexibility in design and evaluation. Further, MCOs typically have to follow state limits on incentive amounts but have flexibility on other aspects of the incentive design.

Figure 1. Timeline showing the start year of Medicaid incentive programs for health behaviors, highlighting how the policy levers to implement these programs has changed over time.

#### Medicaid Beneficiary Incentive Programs by Implementation Start Year



\*Kentucky's 1115 waiver including incentives was approved in 2018 but has not yet been implemented.

Table 1. Examples of design features for beneficiary incentive programs implemented under different policy mechanisms. There is substantial variation in each category.

| Implementation Mechanism                                             | Targeted Behaviors                                                                                                                                                                                          | Incentive Design                                                                                                                        | Population                                                                                   | Example States                                                                       |
|----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| <b>Early State Incentive Programs (Before 2012)</b> <sup>14,17</sup> | <b>Typical:</b> one-time, preventive services (e.g., well-child visits, diagnostic screenings, vaccinations)<br><b>Occasional:</b> chronic disease, smoking cessation, weight loss                          | <b>Rewards:</b> Points- or voucher-based incentives redeemable for health products or services                                          | Varies: either all beneficiaries or subgroups (e.g., children)                               | FL, ID, WV, WI                                                                       |
| <b>MIPCD (2012–2017)</b> <sup>11</sup>                               | Behaviors driving chronic disease (e.g., smoking cessation, diabetes prevention/management, weight loss)                                                                                                    | <b>Rewards:</b> Gift cards, cash, vouchers, transportation, peer coaching                                                               | All Medicaid members with specific conditions or health risks                                | CA, CT, HI, MN, MT, NH, NV, NY, TX, WI                                               |
| <b>1115 Waiver Programs (2014 on)</b> <sup>18–20</sup>               | Mix of one-time, preventive behaviors and long-term, chronic disease behaviors                                                                                                                              | <b>Rewards:</b> HSA contributions, reduced cost-sharing, gift cards<br><b>Penalties:</b> copays (\$8–\$25), limiting access to services | Varies: all beneficiaries or Medicaid expansion population                                   | AR, FL, KY, IN, IA, MI, NM                                                           |
| <b>MCOs</b>                                                          | <b>Typical:</b> one-time, preventive services (e.g., prenatal care, well visits, cancer/diabetes screenings, vaccinations)<br><b>Occasional:</b> smoking cessation, behavioral health visits, dental visits | Varies widely<br><b>Rewards:</b> Gift cards, incentive prizes (e.g., baby items)                                                        | Varies: either all members in MCOs, or specific populations (e.g., pregnant women, children) | Almost all MCOs operate some type of health behavior incentive program <sup>12</sup> |

(Note: HSA = Health Savings Account)

### KEY TAKEAWAYS

- States have used a variety of mechanisms for implementing health behavior programs, including waivers and partnerships with MCOs.
- The design of incentives programs for health behaviors in Medicaid has evolved over time from rewards for one-time behaviors to more complex incentives (sometimes with penalties) for longer-term lifestyle behaviors.

### What Do Incentive Programs Look Like in Practice?

This section outlines three different incentive programs to illustrate the diversity of program design and implementation. These examples include one from the MIPCD grant program, one Section 1115 waiver where the state and MCO implemented the program, and one program spearheaded by an MCO in multiple states.

**Wisconsin** received MIPCD funding from 2012 to 2015 to implement a smoking cessation program. The state Medicaid agency partnered with the University of Wisconsin Center for Tobacco Research and Intervention to design two randomized controlled trials to test incentives among adult smokers and pregnant smokers. The state implemented the program, but relied upon MCO partners to promote it to beneficiaries and engage clinics. Adult smokers could receive incentives up to \$270 in the form of gift cards for calling a quitline and for quitting smoking. After six months, 22% of smokers receiving incentives quit compared to 14% of smokers receiving counseling only.<sup>21</sup> Pregnant smokers could receive up to \$500 for attending prenatal care and home visits, and for continuing to abstain from smoking after childbirth. Among pregnant women, 15% of women receiving incentives quit at six months postpartum compared to 9% in the control group.<sup>22</sup>

In 2014, **Florida's** legislature mandated MCOs to provide incentives for three specific behaviors (smoking cessation, weight loss, and substance abuse) addressed through medically directed programs. Through an 1115 waiver, the

## ***Implications for Work Requirements***

In January 2018, Kentucky became the first state to receive CMS approval to implement work requirements along with incentives for disease management and preventive care;<sup>26</sup> other states are awaiting approval. The waivers are a response to a recent CMS guidance that “a broad range of social, economic, and behavioral factors can have a major impact on an individual’s health and wellness, and a growing body of evidence suggests that targeting certain health determinants... may improve health outcomes.”<sup>27</sup> This concept is likely to be accelerated by an April 2018 executive order encouraging public assistance programs to strengthen or institute work requirements.<sup>28</sup>

Work requirement programs in Medicaid are likely to face similar implementation challenges as incentive programs. They require similar (and potentially more intensive) data on work efforts (similar to behavior tracking for incentive programs) to operate effectively. Both also require a complex administrative infrastructure.

Yet incentive programs and work requirements also have important differences. While rewards-based incentives have potential to improve access to care, imposing penalties on the financially disadvantaged Medicaid population could reduce access to needed services, particularly for individuals with certain health conditions (which would further exacerbate health disparities).

state created the “Healthy Behaviors” Program.<sup>23</sup> MCOs have flexibility to select incentive amounts, vehicle (gift cards vs. points), and are allowed to incentivize additional behaviors, such as well-child visits and pregnancy care. Early evaluation suggests that 10% of beneficiaries who enrolled in the Healthy Behaviors Rewards programs completed the incentivized programs. Beneficiaries were more likely to participate in the well-child visits and pregnancy care incentives than the smoking cessation, weight loss, and substance abuse incentive programs.<sup>24</sup> Future evaluations will have access to individual level data about the program that may allow for more outcomes-based assessments.

**United HealthCare** has operated the “Baby Blocks” incentive program in managed care plans across 21 states since 2011.<sup>25</sup> This program encourages pregnant mothers covered by their Medicaid managed care plans to receive prenatal care, postpartum care, and well-baby visits until 15 months of age. Pregnant women who complete visits are eligible for incentives (usually gift cards or baby items, like strollers or diapers), with states typically regulating the amount. UHC promotes the “Baby Blocks” program at every touchpoint with a member, including member welcome calls, outbound calls, letters, provider visits, and web links. Evaluations of the Baby Blocks program are not publicly available.

## ***What Do We Know about the Impact of Medicaid Incentive Programs?***

Despite the growing experience with Medicaid beneficiary incentive programs, there is limited evidence on their effectiveness.<sup>29,30</sup> Existing research is mixed on whether they improve short or long term health outcomes or reduce cost (Table 2).<sup>10,31–34</sup>

A consistent challenge identified in evaluations is the difficulty in raising awareness of incentive programs among beneficiaries. Most surveyed beneficiaries report low to moderate awareness about the existence of the incentive programs or how they work. This hampers participation; several 1115 states had less than a quarter of the eligible beneficiaries participating in the incentive in early years of implementation.<sup>18–20</sup> Texas and Hawaii were the only two MIPCD states (out of 10) that met their enrollment targets.<sup>11</sup> In addition, there are other examples of successful participation levels. In Idaho, 66% of Children’s Health Insurance Program families attended well-child visits after being able to earn premium reductions, up from 40% who attended well-child visits before the incentive program’s implementation.<sup>39</sup> Finally, Indiana reported that 64% of Healthy Indiana Plan Plus and 45% of Healthy Indiana Plan Basic members in the eligible Medicaid expansion population completed the incentivized preventive services, although more detail is needed on what the incentivized services were.<sup>18</sup>

Table 2. Synthesis of publicly available research on Medicaid beneficiary incentive programs for health behaviors, with themes for different types of program outcomes. Much of the evidence comes from evaluations of the Medicaid Incentives Program for Chronic Diseases (MIPCD) grant program.<sup>11</sup>

| Program Outcomes                                          | Synthesis of Available Evidence in Medicaid Setting                                                                                                                                                                                                                                                                                                                             |
|-----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Beneficiary awareness of programs and satisfaction</b> | Regardless of the program mechanism, beneficiaries often had low to moderate awareness and understanding of the incentive programs and low to moderate completion rates. <sup>10,11,17-20,35</sup> When they were enrolled, beneficiaries often expressed high levels of satisfaction with incentives. <sup>11</sup>                                                            |
| <b>Utilization of preventive services</b>                 | Some states found incentives significantly increased use of preventive services, particularly for attending diabetes prevention program classes and calling a tobacco quitline or attending counseling sessions, <sup>11</sup> while other states had mixed results in encouraging preventive care. <sup>14,18,20,36</sup>                                                      |
| <b>Smoking cessation</b>                                  | Beneficiaries receiving incentives to quit smoking along with other supports (like quitlines, pharmacotherapy, counseling) generally had higher smoking cessation rates at six months than those not receiving incentives. <sup>11,21,37,38</sup> Smoking cessation programs often had higher completion rates than programs that incentivized other chronic disease behaviors. |
| <b>Chronic condition health outcomes</b>                  | States targeting diabetes and blood pressure management generally did not see clinically significant effects on blood sugar control (measured by HbA1c), blood pressure, or weight loss. <sup>11,19</sup>                                                                                                                                                                       |
| <b>Effect on Medicaid expenditures</b>                    | Few evaluations with inconsistent effects on Medicaid expenditures. Overall, impact has been mixed. <sup>11</sup>                                                                                                                                                                                                                                                               |

The evidence is even more limited and mixed on whether Medicaid incentive programs affect health outcomes and Medicaid costs. The strongest effects came from programs that targeted smoking cessation; cost-effectiveness analyses from smoking cessation incentive programs in Wisconsin, Connecticut, and California showed lower cost-per-quit rates, higher incremental cost-effectiveness, and projected long-term cost savings over 60 years.<sup>11,21,37,38</sup> In contrast, programs targeting incentives for weight loss, diabetes management, and blood pressure management had inconsistent results.<sup>11,40</sup> Although Medicaid expenditures trended downward in MIPCD states, the changes were not statistically significant. The mixed health outcomes and costs may be due to measuring outcomes in a short timeframe (months or even years), since improving chronic disease management may not manifest into improved health outcomes (or avoiding poor health outcomes) until many years later. This suggests incentive programs alone will not keep short-term cost growth in check, but they may contribute to an environment where this is the case.

The quality of available evidence also varies significantly. States receiving MIPCD grant funding had the most robust evaluations—all MIPCD states used randomized controlled

trial designs and measured changes in care utilization, health outcomes, and Medicaid expenditures (including administrative and evaluation costs). In contrast, the few published evaluations of incentive programs implemented using 1115 waivers focused on program enrollment, participation, or completion, eliciting little to no data on health outcomes or costs.<sup>20,36</sup> These evaluation challenges in 1115 waivers are not unique to incentive programs. A recent Government Accountability Office report concluded that the evaluations of 1115 waiver programs historically provided descriptive information but less evidence on outcomes and impacts.<sup>29</sup> Finally, MCO incentive programs typically conduct internal evaluations focusing primarily on return on investment and closing gaps in quality measures. The lack of published evidence about MCOs' incentive programs' effectiveness makes it difficult to assess the efficacy of programs and the strength of that evidence.

Currently, we do not have enough information to conclude whether incentive programs are effective in affecting longer-term health outcomes and costs in Medicaid, and further research is needed to address these questions. However, incentive programs could increase beneficiaries' use of preventive services and provide resources to a financially disadvantaged population.

## KEY TAKEAWAYS

- Existing evidence suggests Medicaid incentives can increase beneficiaries' likelihood of accessing preventive services, but is more mixed on whether Medicaid incentive programs improve health outcomes or reduce cost.
- Among incentive programs targeting chronic disease behaviors in Medicaid, incentives for smoking cessation have seen more success than those targeting weight loss, diabetes, and blood pressure management. However, research across these types of programs is limited.
- Further research is needed to understand the longer-term impacts of incentives on health outcomes and costs in Medicaid, with particularly sparse evidence currently available on MCO-led programs.

### ***How Does the Evidence from Workplace Incentive Programs Compare?***

Medicaid is not unique in offering health behavior incentives; employers and commercial insurers offer similar programs. In 2017, 85% of large firms and 58% of small firms offered a workplace health and wellness program targeting smoking cessation, weight management, and/or behavioral or lifestyle coaching. Among these large firms with wellness programs, 32% specifically offered financial incentives for specific behaviors.<sup>41</sup> As with Medicaid incentives, the design of workplace incentive

programs varies widely. Some programs provide simple, immediate rewards, while others incorporate more complex designs grounded in the field of behavioral economics.<sup>42–44</sup>

The evidence on workplace incentive programs is more extensive than for Medicaid incentives, but similarly mixed. Several studies have demonstrated encouraging results on the impact of workplace incentive programs for behaviors such as smoking cessation and exercise in the short-term.<sup>42,45,46</sup> Others find these programs have not been effective in encouraging weight loss, whether using simple or more complex designs.<sup>43,47</sup> High attrition rates were also a problem, which is similar to the challenges Medicaid programs face in identifying and working with beneficiaries.<sup>43</sup>

Though there are opportunities for Medicaid to learn lessons from employer settings, workplace incentive programs are unique from Medicaid incentive programs in some ways. First, workplace wellness programs benefit from easier access to and communication with beneficiaries, as employers have an inherent relationship with their employees. Medicaid beneficiaries, on the other hand, typically have loose relationships with the Medicaid program or MCO. Second, employers can more easily supplement financial incentives with social supports, stemming from natural relationships and cohesion from working for the same company. Finally, companies often offer higher incentive amounts due to fewer regulatory restrictions on the incentive design. In contrast, many Medicaid programs cap MCO incentives at a specific dollar limit, as noted by several of our interviewees.

### ***Where Is More Evidence Needed on Health Behavior Incentives?***

Identifying the optimal way to design and implement incentives for complex, long-term behavior, like weight loss or chronic disease management, is still a work in progress.<sup>48</sup> There are several open questions requiring more evidence to inform incentive programs (for all payers, not just Medicaid):

- Are financial incentives more effective for simple or one-time behaviors than longer term, complex behaviors?<sup>5,14,30,33,49,50</sup>
- What value of incentive (e.g., monetary value amount) and delivered in what way (e.g., gift cards or prizes) effectively motivates behavior change? Do these choices differ for lower-income populations, like those insured by Medicaid?
- What is the optimal program length to encourage participants to establish and maintain healthy habits?<sup>9,45,51</sup>
- Do extrinsic economic incentives crowd out intrinsic motivation to change behavior?<sup>9,52</sup>
- Do incentive programs place an undue burden on vulnerable populations?<sup>53,54</sup>

As Medicaid programs experiment with changes to incentive programs, they can consider adapting certain lessons from employer settings, such as improving how to communicate with beneficiaries, considering the use of support groups or health education classes, and allowing for more flexibility of incentive amount and design.

### ***Operationalizing Medicaid Incentive Programs: Lessons Learned and Looking Forward***

Interviewed stakeholders emphasized multiple challenges in implementing incentive programs.<sup>31,32</sup> One stressed, “This is still very much an evolving and developing area, and states are learning lessons as they go.”

The final MIPCD evaluation estimated that 42% of the costs for Medicaid incentive programs came from administration, which included personnel, training, advertising, outreach, infrastructure, and evaluation.<sup>11</sup> Administrative costs among MIPCD states may be higher than for states using other mechanisms due to the expensive nature of randomized controlled trials, although it is difficult to make comparisons since CMS does not require 1115 states to report on administrative costs. Nonetheless, Medicaid incentive programs are likely to require substantial administrative costs to promote the program, disburse incentives, and evaluate the program.

One interviewee emphasized, “Nearly every state and MCO underestimated the time and resources needed to stand up an incentive program.” Another state official said, “It was a huge lion’s effort to get this off the ground.”

The implementation challenges, as detailed below, can delay the program launch by at least several months. States and MCOs should draw from successful practices in other states, particularly around implementation barriers discussed below.

### ***Identify the Technology to Collect Data and Implement Incentives***

Several stakeholders said identifying the right technology infrastructure to implement incentive programs was particularly important. States need effective platforms to track health behaviors and trigger incentive distribution.

Many states and most MCOs track health care utilization behaviors (e.g., attending well visits or pregnancy care) through claims data. One MCO leader we interviewed stated, “We can

get claims for an immunization or an annual well-child check-up, which can very easily and automatically feed our rewards program.” While claims data is administratively easier to use, it can lag for months, making it difficult for Medicaid agencies or MCOs to distribute incentives to beneficiaries in a timely manner after completing behaviors.

In order to track more complex behaviors not found in claims (e.g., smoking cessation, weight loss), states have had to be more creative and invest in alternative methods to monitor these behaviors. Several states built new databases or portals to collect incentive program data from patient self-reports or other data sources, such as biochemical lab tests for smoking cessation. This can allow for quicker disbursement of incentives, which is important for reinforcement of behavior change. Some MCOs and states used vendors to track behavioral data and deliver rewards to beneficiaries, which poses additional costs but may be easier than the state building their own infrastructure for tracking and disbursing rewards. Finally, some states used clinical data from completed health risk assessments or biochemical verification of smoking abstinence. This introduces new complexity because it requires transmitting data from clinical sites to Medicaid payers. One MCO leader mentioned, “When it comes to things like nutrition or exercise in childhood, we have just started exploring how to get comfortable with allowing members to self-report. Things like that wouldn’t come through clean and would take extra effort to administer.”

### ***Tackle a Feasible Level of Complexity***

Our interviews with Medicaid incentive programs demonstrated that states have chosen to implement incentives with varying levels of complexity, shown in Table 3.

Our analysis revealed that most programs used low levels of complexity, though some states (especially those that received MIPCD grant funding) are experimenting with all levels of implementation complexity. Tracking complex behaviors can require more substantial infrastructure development, though these systems could be valuable for future population health management. On the other hand, such designs can also increase costs (especially in the short term) and potentially hamper participation by providers and/or beneficiaries. For example, some states require patients or providers to submit documentation to the state that the patient has completed a behavior. For low-income patients with other daily priorities and busy providers with established workflows, this additional step can be a barrier to rewarding the patient for their behavior change. Another way programs can become more complex

Table 3. Matrix of incentive programs by level of implementation complexity, which often hinges upon the type of behavior and the data sources to track it.

| Level of Implementation Complexity | Type of Behavior                                            | Example Behavior                                                                                    | Potential Data Sources                                           |
|------------------------------------|-------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <b>Lowest</b>                      | Single health care utilization behavior                     | Annual mammogram, annual well visit                                                                 | Claims data                                                      |
| <b>Low</b>                         | Repeated health care utilization behaviors                  | Set of prenatal visits, set of calls to a quitline                                                  | Claims data, data from other agencies                            |
| <b>High</b>                        | Health care utilization or health outcome outside of claims | Health risk assessment completion, achievement of lower blood sugar control (A1c) or blood pressure | Outside database, clinical data in EHR                           |
| <b>Highest</b>                     | Complex behavior change                                     | Physical activity, weight loss, smoking cessation                                                   | Outside database, lab tests, patient self-report through surveys |

is if they require data that is outside the purview of the Medicaid agency. For example, some states have smoking cessation quitlines that operate outside of Medicaid, which would require data-sharing processes. Given the challenges with administering incentive programs, states considering implementing a new incentive program should consider starting with a simpler design at the outset. This would allow for less intensive data collection efforts and simplify the process for beneficiaries. With experience, states could transition to more complex approaches.

### **Decide on the Degree of Centralization and How to Partner Effectively with MCOs**

States can choose to delegate implementation responsibilities to MCOs rather than implement incentive programs themselves (though states are still responsible for oversight of MCOs). In this approach, the amount of collaboration and decision-making authority between states and MCOs can lead to different types of programs. Initiatives that are centralized can enable more standardized platforms and common, comparable evaluation measures across MCOs. In contrast, decentralized structures offer greater flexibility, especially for MCOs, which may be able to customize programs to better meet local needs. Interviews with Medicaid and MCO stakeholders suggest the ideal set-up differs based on local needs and capabilities.

In states that were more decentralized, interviewees emphasized the value of regular contact with MCOs and other stakeholder groups. Some state officials said they used monthly meetings to “tackle policy or bureaucratic challenges and delegate work appropriately.” One interviewee mentioned that strong partnerships with MCOs helped the state leverage MCOs in providing critical outreach to beneficiaries and providers to meet the incentive program’s broader goals.

### **Recognize the Potential and Limits of Behavioral Economics**

The field of behavioral economics provides insights into human decision-making and offers opportunities for novel approaches that engage and motivate patients, which could be incorporated in the design of incentive programs.<sup>57</sup> At the same time, states and MCOs should consider how to feasibly operationalize behavioral economics principles in a Medicaid context. Below, we provide some recommendations for how to incorporate behavioral economics into incentive programs, as well as commentary on when it may not translate to Medicaid incentives.

- **Salience**—*Prioritize tangible rewards (gift cards, prizes) over reduced cost-sharing that may go unnoticed by beneficiaries.* Kaiser Family Foundation’s focus group with Michigan Medicaid beneficiaries found that they perceived immediate gift cards as more motivating to complete behaviors than future reductions in premium payments.<sup>55</sup> Moreover, incentives administered through online accounts may not be seen or noticed by the majority of Medicaid beneficiaries, as with the case of only 30-40% of Indiana’s beneficiaries checking their HSA account.<sup>18</sup>
- **Immediacy**—*Identify which entity (state, MCO, vendor) can distribute incentives most quickly to beneficiaries.* A meta-analysis of incentive use for smoking cessation found that delays of more than one day between target behavior change (e.g., biochemical verification of smoking cessation) and incentive delivery was associated with a 50% reduction in incentive effectiveness.<sup>56</sup> Ideally, incentives should be provided immediately after a beneficiary completes a behavior, potentially at a clinic

or after a class. Wisconsin's MCO-led incentive program from 2008 found that incentives delivered onsite were most effective.<sup>57</sup> Another way to deliver incentives is using web-based platforms that verify behaviors (such as blood glucose level for diabetes, expired carbon monoxide for smoking cessation) and transfer incentives to beneficiaries electronically, as done by research studies.<sup>58</sup>

- **Frequency**—*Prioritize frequent, smaller rewards over larger, one-time, annual rewards.* This has the added benefit of providing insight into beneficiary utilization or redemption of incentives. According to our interview, one state initially implemented a \$200 gym voucher, but had little insight into how many times beneficiaries actually went to the gym. By changing the incentive to a monthly voucher, they had more insight into how many beneficiaries were sustaining the behavior.
- **Loss aversion**—While behavioral economics research suggests that incentives framed as losses can be

#### KEY TAKEAWAYS

- States report that implementing beneficiary incentive programs is more complex, time-consuming, and resource-intensive than expected.
- The data systems required for tracking and administering the incentives are substantial, and many states had to build or buy additional data capabilities for the programs.
- States should consider starting with less complex incentives for feasibility in administering incentives.
- The science of behavioral economics can inform the design and implementation of incentive programs.

more effective than rewards, *penalties in a financially disadvantaged Medicaid population could hinder access to needed care or discriminate against beneficiaries with certain health conditions.* Some workplace incentive programs have found penalties to be effective in increasing participation in health behaviors, but these measures were largely voluntarily (such as opt-in deposit contracts), rather than mandatory.<sup>59,60</sup>

#### Summary

More states, red and blue, are adopting beneficiary incentive programs for health behaviors in Medicaid. These incentive programs have evolved over time and some types of programs have shown more promise than others, such as incentives that target one-time behaviors and smoking cessation, though the evidence base overall is very limited. Further research is needed to understand effectiveness, especially on longer-term health outcomes and specifically within populations insured by Medicaid, who face their own set of unique social and financial challenges.

As noted in interviews with key stakeholders, implementing beneficiary incentive programs was often more challenging than anticipated, and likely contributed to the less than successful performance of several incentive programs. The most encouraging Medicaid incentive programs, like promising workplace wellness programs, have approached these programs as long-term investments and distributed resources accordingly. Regardless of behaviors targeted, states should recognize the significant investment needed to launch and maintain an incentive program.

Overall, Medicaid incentive programs are an increasingly used tool that can be part of a Medicaid program's toolbox to improve the health of their beneficiaries.

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## ***About the Robert Wood Johnson Foundation***

For more than 40 years the Robert Wood Johnson Foundation has worked to improve health and health care. RWJF is working with others to build a national Culture of Health enabling everyone in America to live longer, healthier lives. For more information, visit [www.rwjf.org](http://www.rwjf.org). Follow the Foundation on Twitter at [www.rwjf.org/twitter](https://twitter.com/rwjf) or on Facebook at [www.rwjf.org/facebook](https://www.rwjf.org/facebook).

## ***About Duke Margolis Center for Health Policy***

The Robert J. Margolis, MD, Center for Health Policy at Duke University is directed by Mark McClellan, MD, PhD, and brings together expertise from the Washington, DC, policy community, Duke University and Duke Health to address the most pressing issues in health policy.

The Center's mission is to improve health and the value of health care by developing and implementing evidence-based policy solutions locally, nationally, and globally. For more information, visit [healthpolicy.duke.edu](http://healthpolicy.duke.edu).

For more information about this brief, please contact: Robert S. Saunders, PhD, at [Robert.Saunders@duke.edu](mailto:Robert.Saunders@duke.edu).

# **JOURNEY OF A MILLION PATIENTS**

**SERVING ONE NEED AT A TIME**



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**FROM  
HOPE FOR  
ONE** 

in 1996

**TO SERVING  
1,076,446**

by 2017



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## OUR MISSION

Patient Advocate Foundation is a national 501(c)(3) non-profit organization which provides case management services and financial aid to Americans with chronic, life-threatening and debilitating illnesses.

# WELCOME

*“In 2017, we celebrated the privilege of delivering direct assistance to our millionth patient. Those we have served come from all walks of life, from every state, from both rural and urban communities. The one characteristic they all share is they have reached out to us for help to overcome a barrier to their care for at least one chronic, life-threatening condition.”*



For more than 21 years, PAF’s mission has been to serve one patient at a time by providing meaningful and tangible help based on their individual circumstances. That commitment to personalized assistance remains true today. In 2017, we celebrated the privilege of delivering direct assistance to our millionth patient. Those we have served come from all walks of life, from every state, from both rural and urban communities. The one characteristic they all share is they have reached out to us for help to overcome a barrier to their care for at least one chronic, life-threatening condition.

This report helps us to tell their stories.

In the past year, PAF helped 148,368 patients and made over 1,475,536 contacts with various stakeholders to resolve patients’ issues. The majority of these patients were low income from small households of two or less. Virtually all were confronting serious financial issues or access issues related to prescribed healthcare services. They turned to PAF seeking practical solutions to their problems.

We offer patients a helping hand to guide them through the world’s most complicated and expensive healthcare system. Along the way, we strive to empower patients to be advocates for themselves and others. When those lessons are applied in their own families and neighborhoods, then they can empower whole communities of individuals.

How do you amplify the power of a single patient? We listen to and gather feedback through two-way dialogue. We learn from that experience and use it to develop educational tools and outreach activities for populations who don’t have easy access to resources. You’ll find many PAF service programs outlined in this report, along with health services research initiatives undertaken in collaboration with like-minded individuals and organizations who share our mission.

With warm regards and best wishes for good health,

A handwritten signature in black ink that reads "Alan J. Balch". The signature is written in a cursive, professional style.

Alan J. Balch, PhD  
Chief Executive Officer

# OVERALL FOUNDATION IMPACT

PAF routinely evaluates the data collected from the patients we assist to gauge the impact of our patient service activities and ensure that our programs and initiatives are aligned with the evolving access needs of our patients as well as our organization's mission.

## SUMMARY OF PAF TOTAL PATIENT CASES AND CONTACTS IN 2017

|                                               |         |
|-----------------------------------------------|---------|
| Total Patient Services Division Case Count    | 148,368 |
| Case Management Division Case Count           | 22,339  |
| Co-Pay Relief Case Count                      | 82,973  |
| Financial Support Programs Case Count         | 34,749  |
| Patient Services Email Helpline Session Count | 8,307   |

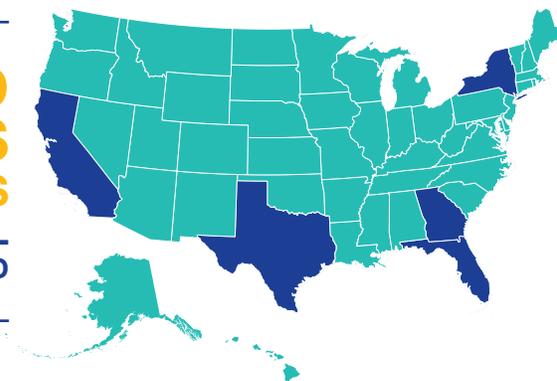


PATIENTS REPORTED  
**490**  
DIFFERENT DIAGNOSES



**17%** INCREASE  
In the Number of Diagnoses Represented by the Patients We Helped

SERVED PATIENTS IN ALL STATES  
CA, TX, NY, GA, FL  
TOP 5 STATES SERVED



Financial Support Programs  
**57%** INCREASE IN PATIENTS SERVED



---

**PAF PROFESSIONALS NAVIGATE THE HEALTHCARE SYSTEM ON BEHALF OF TENS OF THOUSANDS OF PATIENTS ANNUALLY, ENABLING THEM TO ACCESS PRESCRIBED HEALTHCARE SERVICES AND MEDICATIONS, OVERCOME INSURANCE BARRIERS, LOCATE RESOURCES TO SUPPORT COST OF LIVING EXPENSES WHILE IN TREATMENT, EVALUATE AND MAINTAIN HEALTH INSURANCE COVERAGE AND BETTER MANAGE, OR REDUCE, THE OUT-OF-POCKET MEDICAL DEBT ASSOCIATED WITH AN ILLNESS.**

---

## **PATIENT IMPACT**

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*“I wanted to take a moment to let you know what your organization has meant to me. I’ve been dealing with breast cancer since July. Fortunately for me, when it seemed I would be overwhelmed with the paperwork, my PAF case manager got in touch with me— words just cannot describe ALL he did. Before he got involved I did not have the time to take care of my health. My insurer at one point approved a hospital stay for me, and after the fact denied coverage! Then the hospital sent me a bill for thousands of dollars and 12 doctors started sending their bills as well. I was so overwhelmed and was undergoing chemotherapy at the time. My case manager stepped in, and after dozens and dozens of phone calls and emails the insurance company paid the large hospital bill and most of the doctors were paid also. What a relief—I was not in this fight alone. There are people—not just my case manager—but an entire organization out there that cared about me. Thank you so very much!”*

Barbara | *Breast Cancer*





*“I was diagnosed with leukemia at age 37 and was lucky that chemotherapy drugs worked for the last six years. Unfortunately they are no longer working, and I am hoping to undergo a bone marrow transplant to save my life. I called PAF for debt crisis help and my case manager was amazing! She was thoughtful, she listened and she helped connect me with a resource that can potentially solve my problem.”*

Clarence | Leukemia

*“I was diagnosed with multiple myeloma. I went through 4 months of chemotherapy, and received a stem cell procedure. Although I was quite nervous, I did get through the procedure and have been in remission. Patient Advocate Foundation has helped me financially with my expenses. I thank this organization for its help.”*

Glenn | Multiple Myeloma



*“It is with enormous gratitude that I accept your most generous donation. I am 80 years old and this indeed helped offset some expenses, the cost of which seems to rise daily. I take great comfort in knowing that your group is out there to assist those of us who have had the misfortune to fall ill to the mysteries of cancer. We all hope that an easy and affordable cure is one day discovered. In the meantime, it is the help of friends far and wide who truly help the “cure.” God bless your wonderful organization for all that you do for so many people in need.”*

Sylvia | Breast Cancer

## PATIENT IMPACT



*“The heart surgery my dad needed was not approved by my family’s insurance provider. A friend recommended PAF and we were quickly partnered with a case manager who walked alongside of our family every step of the way, navigating a complex system my family would have otherwise stumbled through blindly. She stayed with us through 3 heartbreaking insurance denials up until the joyous external review decision that overturned the denial, requiring the insurer to approve the procedure as it was finally deemed medically necessary. What a weight lifted to know my father can have this surgery and get to spend more good years with his wife, kids, and grandkids. This organization understands compassionate advocacy. Thank God for the Patient Advocate Foundation.”*

Sarah, daughter of patient | *Congestive Heart Failure*



*“I am writing to say thank you because without your program’s help I would be unable to afford my much-needed medication. I needed to use my award immediately and it was there; in my opinion a lifesaver. I will always be grateful to you and any other organizations that care and understand how much help you provide. You saved me and many others.”*

Scott | *HIV/AIDS*



*“One call to PAF saved me thousands of dollars that I was unable to pay. The bills kept coming every day. I hated to check the mail. My social security was no match for these bills. When my wife passed, the hospice staff gave me papers to read that included contacts to help with co-insurance. I started calling numbers and finally got the help I needed from PAF. Thanks a million!”*

Sheridan, husband of patient  
*Lung Cancer*

*“The concern and care you had for me was so amazing and the response for your financial aid fund came very quickly. This helps so much. Going through the chemo, radiation and back to chemo has been one serious journey and I was just so overwhelmed. Thank you so much for helping my household.”*

Jimella | *Breast Cancer*

*"I had a problem with one of the ambulance bills and my PAF case manager encouraged me to pursue an appeal, which I did, and I won. With my case manager's help I have felt more confident. Thank you."*

Kathleen | Lung Cancer

*"I am writing in appreciation for this wonderful foundation that has helped me so much financially and emotionally in my hour of need. I am elderly and hearing impaired. I lost my job; my wife was laid off. I could not afford the co-payment for my medication. Patient Advocate Foundation's Co-Pay Relief Program came to my rescue and I will never forget that. I am very grateful."*

Murad | Hepatitis B

*"I have been a stage 4 breast cancer survivor for almost 4 years. The cost of fighting breast cancer is really high, and any help given is a big blessing. I have so much less stress as a result of the help I am getting from your program. I can't say thank you enough!"*

Priscilla | Breast Cancer



*"I have been taking a medication which was covered by Medicare and was required to change insurers in January, which then required a physician change. My new insurance company denied coverage for the medication, even calling the wrong doctor and closing my appeal. I called PAF and was introduced to a case manager who said she would help me. It was great to speak with someone who sounded professional, understood my situation, and explained what I should do. I am forever grateful for the assistance she provided. Through her organized process, she sent the other parties involved in the appeal hearing all the important additional documents and we subsequently had a positive outcome. If it were not for PAF I do not feel my prescribed medication would have been approved. I am more than satisfied with your service and am deeply appreciative of the assistance I received."*

Karen | Narcolepsy

# CASE MANAGEMENT

## 2 NEW PROGRAMS *Launched*

- Genomic Testing Support CareLine
- Metastatic Breast Cancer Partnership for Access to Clinical Trials



### SUMMARY OF PAF CASE MANAGEMENT PATIENT CASES AND CONTACTS IN 2017

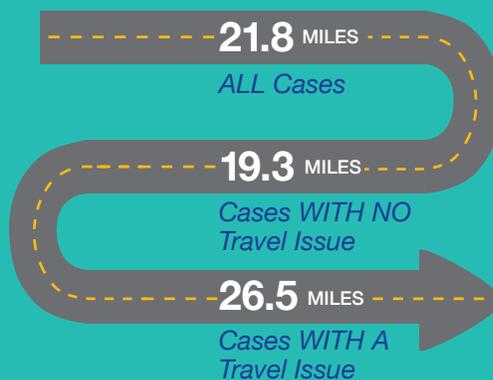
|                                       |         |
|---------------------------------------|---------|
| Total PAF Case Management Case Count  | 22,339  |
| Total Case Management Closed Cases    | 21,879  |
| Unique Case Management Patient Issues | 44,875  |
| Total PAF Case Management Contacts    | 417,251 |
| Average Contacts Per Case             | 19.07   |

### TOP ISSUES Faced by Patients Seeking Case Management Help



**417,251**   
**CONTACTS MADE**  
*WHILE RESOLVING CASES*

### AVERAGE MILEAGE TRAVELED FOR TREATMENT

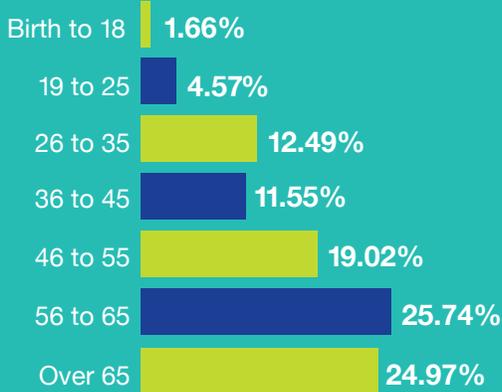


### *Case Management*

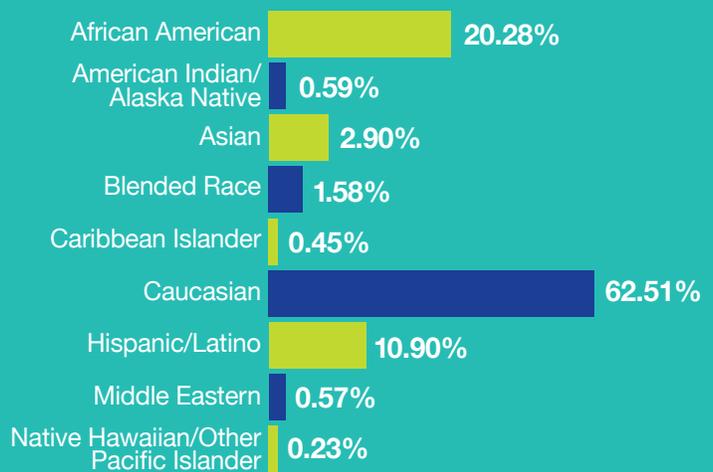
**13%** more patients served  
**+**  
**23%** more issues resolved  
*(compared to 2016)*

## CASE MANAGEMENT PATIENTS

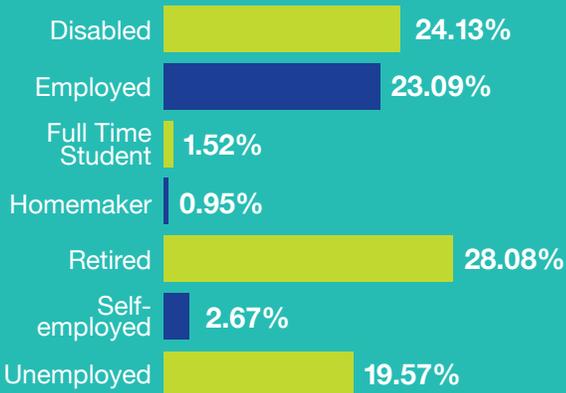
### Age of Patients



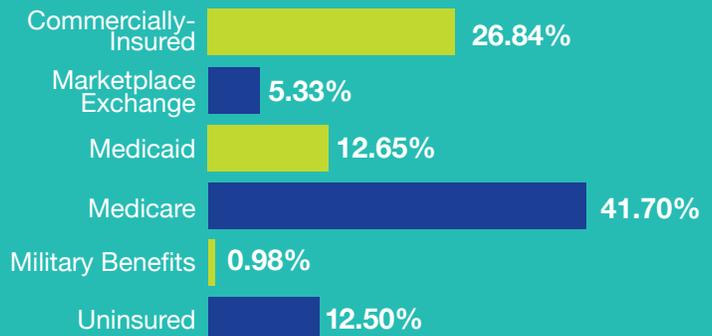
### Ethnicity



### Employment Status



### Insurance Status



*Negotiated*  
**\$24,607,904**  
 in **DEBT RELIEF** on  
 behalf of patients

**PATIENTS  
 REPORTED**  
**490**  
**DIFFERENT  
 DIAGNOSES**

# CASE MANAGEMENT

In 2017, PAF’s case management division operated 21 patient support programs, closed 21,879 cases and provided assistance for 44,875 unique issues. All data presented are derived from the closed cases.

The case management division served an increased number of patients who reached out for help through the general toll-free hotline and e-mail portals. Data reflects that the composition of PAF’s patient population experienced further diversification as a result, serving 490 different diagnoses (an increase of 17% since 2016). More patients from medically underserved populations were assisted, including African Americans, Hispanic/Latinos, Caribbean Islanders and low socio-economic individuals. There was a 16.3% increase in the number of cancer patients served, a 14.1% increase in the number of cardiovascular patients served and an increase of 19.2% in the number of patients reporting other chronic and/or debilitating conditions.

More than 69% of patients served through this program had an annual household income of \$35,000 or less, and almost 20% categorized their employment status as unemployed. Nearly one in four (24%) was disabled. PAF’s service to seniors swelled to its greatest percentage ever with almost 25% of patients over age 65, 28% retired and 41% of patients covered by Medicare.

PAF also continued to serve a significant number of uninsured patients (12%). A closer look at the uninsured population revealed dramatic pockets of disparities that do not exist in other PAF insurance categories; for instance, over 50% of uninsured patients were unemployed and 26.3% were self-employed, an increase of 13.3% from 2016. These metrics are particularly concerning as we see the reduction in available social safety net services that previously helped support these low income and underinsured Americans.

The top three issue categories for patients seeking case management assistance were *Insurance Issues* at 40.8%, *Debt Crisis/Cost of Living Issues* at 26.8% and *Uninsured Issues* at 9.5%.

## TOP 5 SPECIFIC CASE MANAGEMENT ISSUES

|                                              |      |
|----------------------------------------------|------|
| Inability to Afford Transportation Expenses  | 9.5% |
| Financial Assistance for Medications         | 5.7% |
| Inability to Afford Rent/Mortgage            | 5.5% |
| Inability to Afford Utility/Shut Off Notice  | 4.7% |
| Financial Assistance for Medicare Cost Share | 4.3% |

PAF also documents the various resolutions achieved for patients in response to issues. The top three resolution types achieved in 2017 closely aligned with the issues, with *Insurance Resolutions* at 40.4%, *Debt Crisis/Cost of Living Resolutions* at 29.2% and *Uninsured Resolutions* at 8.2%. The data below provides further insight into the specific resolutions obtained on behalf of patients.



## TOP RESOLUTIONS Achieved by Case Managers

|       |                                                         |
|-------|---------------------------------------------------------|
| 10.3% | Facilitated Financial Assistance for Medication         |
| 10.1% | Secured Free Transportation Assistance                  |
| 5.1%  | Negotiated Discounted Payment Plan                      |
| 5.1%  | Facilitated Rental/Mortgage Payment Relief              |
| 4.5%  | Obtained Full/Partial Charity Care for the Underinsured |
| 4.5%  | Facilitated Utility/Phone Relief                        |
| 4.1%  | Educated on General Benefit/Coverage Questions          |
| 3.5%  | Offset Cost Through Alternative Assistance              |
| 3.3%  | Provided Guidance for Disability Process                |

PAF is committed to helping individual patients overcome one healthcare barrier at a time, yet we also amplify the power of a single patient experience through the development of impactful educational materials and the implementation of research initiatives that inform healthcare system transformation.

# FINANCIAL SUPPORT PROGRAMS

Through our **Financial Support Programs**, the Patient Advocate Foundation provides small grants to patients for a broad range of needs as well as partnering with other non-profit charities to manage administrative aspects of their financial assistance programs.

These small-grant programs provide an invaluable source of support for non-medical needs, such as transportation costs, housing, lodging and/or utility expenses and nutritional needs, that present access barriers for financially vulnerable patients.

PAF operated seven financial support programs in 2017, approving 34,749 patients for assistance. All grants are awarded on a first-come, first-served basis to patients who meet the medical and financial qualifications.

The Financial Support Program staff responded to 201,979 calls and processed 105,956 grant payments on behalf of patients, an increase of 44% over 2016. PAF implemented a real-time automated income verification process, which reduces the administrative burden placed on patients and provides them with an immediate response to assistance applications.



*"Thank you for the transportation financial aid you assisted me with. It was much needed and will be used to help me get to doctors' appointments."*

**Rosa** | Multiple Myeloma



**24% INCREASE**  
in the number of  
**Calls Received**



**44% INCREASE**  
in number of **Grant Payments**  
**Processed** on  
behalf of patients



**SERVED**  
**34,749**  
*Patients*

**57% INCREASE**  
from last year

**IMPROVED** *Patient*  
**EXPERIENCE**



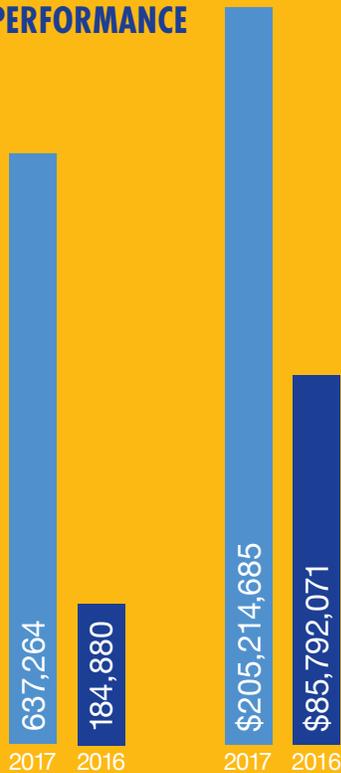
**ONLINE APPLICATION PORTALS**



**AUTOMATED INCOME VERIFICATION**

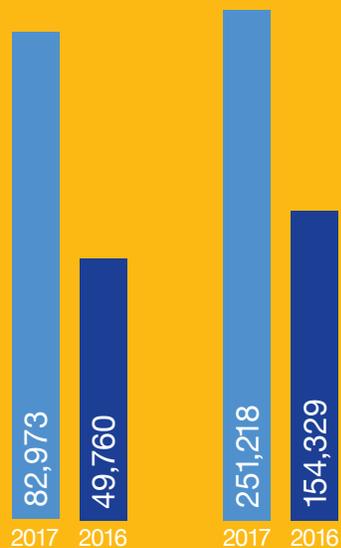
# CO-PAY RELIEF PROGRAM

## CPR SERVICE LEVEL PERFORMANCE



Grant Payments Processed

Grant Payment Totals



Patients Approved

Incoming Calls Handled



CPR PROVIDED MORE THAN  
**\$200 MILLION**  
in assistance to patients —



CPR PATIENTS SERVED  
*Increased*  
**66%**



**CPR CAN SUPPORT**  
*All* medications prescribed  
to treat and manage a disease

### APPROVED DISEASE FUNDS (as of December 2017)

- |                                              |                                    |
|----------------------------------------------|------------------------------------|
| Alpha-1 Antitrypsin Deficiency (FF)          | Metastatic Colorectal Cancer* (FF) |
| Alzheimer's Disease (FF)                     | Metastatic Gastric Cancer*         |
| Amyotrophic Lateral Sclerosis (ALS)          | Metastatic Melanoma (FF)           |
| Ankylosing Spondylitis (FF)                  | Metastatic Prostate Cancer* (FF)   |
| Asthma (FF)                                  | Multiple Myeloma*                  |
| Bladder Cancer* (FF)                         | Multiple Sclerosis* (FF)           |
| Brain Cancer                                 | Muscular Dystrophy                 |
| Breast Cancer*                               | Myelodysplastic Syndromes* (FF)    |
| Cancer Genetic and Genomic Testing Fund      | Myeloproliferative Disorder (FF)   |
| Cardiac Arrhythmias (FF)                     | Narcolepsy                         |
| Cervical Cancer*                             | Neoplasm Related Pain              |
| COPD (FF)                                    | Non-Small Cell Lung Cancers* (FF)  |
| Coronary Artery Disease (CAD) (FF)           | Osteoporosis*                      |
| Crohn's Disease (FF)                         | Ovarian Cancer*                    |
| Cystic Fibrosis                              | Pancreatic Cancer (FF)             |
| Electrolyte Imbalance*                       | Parkinson's Disease (FF)           |
| Epilepsy (FF)                                | Periodic Paralysis*                |
| Head & Neck Cancer                           | Peripheral Vascular Disease (FF)   |
| Heart Failure (FF)                           | Prostate Cancer* (FF)              |
| Hepatitis B*                                 | Psoriatic Arthritis (FF)           |
| Hepatitis C*                                 | Pulmonary Fibrosis (FF)            |
| Hepatocellular Carcinoma / Liver Cancer (FF) | Pulmonary Hypertension* (FF)       |
| HIV, AIDS and Prevention*                    | Renal Cell Carcinoma*              |
| Homozygous Familial Hypercholesterolemia*    | Rheumatoid Arthritis               |
| Huntington's Disease                         | Sarcoma of the Bone                |
| Hyperlipidemia                               | Soft Tissue Sarcoma                |
| Inherited or Acquired Lipodystrophy*         | Stroke (FF)                        |
| Lupus (FF)                                   | Testicular Cancer                  |
| Melanoma (FF)                                | Thyroid Cancer (FF)                |
| Metastatic Bladder Cancer (FF)               | Ulcerative Colitis (FF)            |
| Metastatic Breast Cancer*                    | Virology Testing Fund              |

(\* ) Denotes silos that are currently operational and serving new and/or existing patients.  
(FF) Denotes funds for patients with Medicare, Medicaid or Military Benefits only.

Patient Advocate Foundation's **Co-Pay Relief (CPR)** program can provide direct financial assistance to medically and financially qualified patients with co-payments, co-insurance and/or deductibles required for any medications prescribed to treat and/or manage the patient's condition, including therapeutic, supportive and generic medications. CPR can assist with co-payments, co-insurance and/or deductibles related to the administration of prescribed medications and office visit expenses on the day of treatment.

Launched in April of 2004, CPR is the second oldest Office of Inspector General (OIG)-approved co-pay program in the country and was introduced to address a growing need for this type of financial support as identified through PAF's case management data.

In 2017, CPR's service to patients increased significantly, with the program approving 82,973 patients, 66% more than the previous year. Through 23 individual disease funds, the program provided more than \$205,214,685 to patients in need, more than doubling the assistance provided in 2016. Our dedicated CPR staff handled 251,218 calls (a 62% increase) and processed 637,264 grant payments (a 244% increase).

Lipodystrophy, Metastatic Breast Cancer, Metastatic Colorectal Cancer, Metastatic Gastric Cancer, Metastatic Prostate Cancer, Multiple Myeloma, Multiple Sclerosis, Myelodysplastic Syndrome, Non-Small Cell Lung Cancers, Osteoporosis, Ovarian Cancer, Periodic Paralysis, Prostate Cancer, Pulmonary Hypertension, Renal Cell Carcinoma.

PAF proactively determines which funds to establish for its copay assistance program by conducting independent research about the barriers patients are facing in different disease areas. Where there is evidence of need based on sources like PAF's patient data or government reports, PAF then initiates a rigorous process of defining and approving a particular fund and its eligibility requirements based on standardized criteria. See list on page 14 for all the funds PAF either currently operates or those that are approved for operation but for which we have yet to secure funding.



DISPENSING HELP, DELIVERING HOPE

This level of service was made possible through the implementation of sophisticated automated systems, technology upgrades and self-service tools that allow patients and healthcare providers to autonomously interact with the program. These enhancements include:

- Electronic income verification
- Instant eligibility decisions
- Web-based portals offering on-demand assistance
- Virtual pharmacy card option
- Electronic payments

The disease areas served by CPR in 2017 include Bladder Cancer, Breast Cancer, Cervical Cancer, Electrolyte Imbalance, Hepatitis B, Hepatitis C, HIV, AIDS and Prevention, Homozygous Familial Hypercholesterolemia, Inherited or Acquired



*"I was greatly relieved to hear that costs for my continuing medication addressing my cancer were going to be covered by your foundation. Such costs could bankrupt us within a year or two. It is simply wonderful that such a resource is available for those with serious conditions."*

David | Multiple Myeloma



# PATIENT EDUCATION & EMPOWERMENT

## 2017 EDUCATIONAL & EMPOWERMENT PROJECTS



### METASTATIC BREAST CANCER PARTNERSHIP

*for Access to Clinical Trials*



### CARDIOVASCULAR PATIENT EMPOWERMENT PROJECT & STAKEHOLDER COALITION



### PATIENT ACTION COUNCIL

*Making Sense of What Matters  
Drug Formulary*



### COVERAGE ACCESS GUIDE

*Engaging the Mobile User*



### PATIENT EMPOWERMENT SERIES

## NATIONAL UN and UNDERinsured RESOURCE DIRECTORIES

**26,276**

COMPLETED *user searches*

*with*

**1,083,367**

RESOURCES MATCHED *to users' needs*

*Patient Empowerment Series*  
**LIVE AND ON-DEMAND**

**97%**

*of survey respondents  
rate the sessions as*

- INFORMATIVE**
- VERY INFORMATIVE**



**17**  
**ON-DEMAND  
SESSIONS**

*Available in the  
Patient Empowerment Series  
Digital Library*

PAF extends the impact of one-to-one services by providing actionable advice and guidance to healthcare consumers to improve their everyday experience with insurance and to empower the patient's healthcare engagement. Our educational portfolio covers a broad range of topics in a variety of formats to meet the needs and preferences of multiple audiences, including patients, caregivers and those that are currently healthy.

PAF partnered with the Avon Breast Cancer Crusade to offer the **Metastatic Breast Cancer Partnership for Access to Clinical Trials**, designed to increase awareness and participation in clinical trials by metastatic breast cancer patients. This is done through patient education and capacity-building services for peer organizations who share our goal to overcome factors contributing to low clinical trial enrollment by members of disparate populations. The project delivered the newly created publication "Clinical Trials: What Case Managers Want You to Know," and drove two partnerships with BreastCancerTrials and the Dorothy G. Hoefer Comprehensive Breast Center. These programs address barriers associated with clinical trial participation for patients who have a trial match.

Ideally, patients would conduct a detailed formulary review on an annual basis to evaluate coverage levels for their individual medications, but most have difficulty doing so. PAF's Patient

Action Council supported the development of an educational campaign, ***Making Sense of What Matters-Drug Formulary***, which provides impactful educational materials, including publications, webinars, sharable graphics and other tools that improve consumer understanding of the medication costs associated with their insurance coverage. This effort goes far beyond a cursory look at drug tiers and formularies to uncover potentially vulnerable coverage areas.



With mobile updates to **PAF's Coverage Access Guide**, the free, easy-to-use educational guide is now available for use on tablets and phones through the App Store and Android Google Play Store. This mobile app has topics geared to help both novice and experienced patients prevent common obstacles and enhance their overall healthcare experience. The Guide's advice spans the patient's full journey with health insurance, from initial plan selection to using plan benefits.

The **Patient Empowerment (PES) Series** features practical advice on the most frequently reported access barriers and/or educational concerns identified through PAF's years of delivering case management services. This educational series features live and on-demand webinars, interactive web-based resource tools and access to the comprehensive PAF resource library.

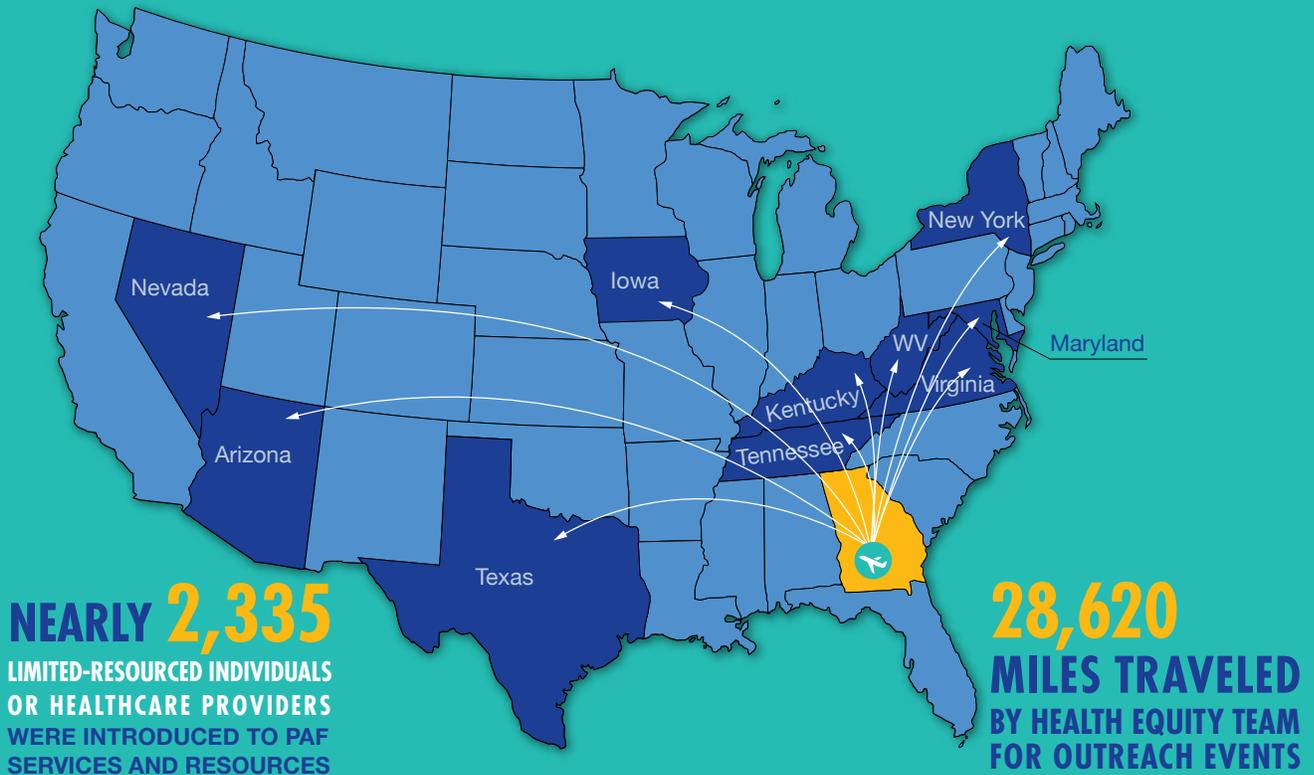


**PAF's Cardiovascular Patient Empowerment Project** addresses the informational needs of patients and those seeking to prevent cardiovascular disease by connecting and providing broad access to self-empowering educational resources. Through the newly developed syndicated web services tool, "Matters of the Heart," individuals can access a robust set of online materials for information about topics and issues relative to cardiovascular disease.

A group of 11 national cardiovascular and heart advocacy organizations participated in the *Cardiovascular Patient Empowerment Tools Stakeholder Coalition* to share input on resources, identify critical access issues facing cardiovascular patients and support the distribution of new digital materials. PAF focused its efforts on issues relative to financial stability, medical debt crisis and insurance denials, which uniquely positioned the organization to author advanced materials specific for those diagnosed with, or at risk for, heart disease.

# HEALTH EQUITY & COMMUNITY ENGAGEMENT

## THE JOURNEY OF 1000 MILES



## 6 ONGOING Health Equity INITIATIVES

- African-American Breast Cancer Outreach
- Latina Breast Cancer Outreach
- SelfMade Health Network
- West Virginia Lung Cancer Project
- #BeAGift: Diversity in Clinical Trials
- Lupus Initiative (in partnership with American College of Rheumatology)

### WEST VIRGINIA'S FIVE MEDICAID MANAGED CARE ORGANIZATIONS (MMCO)



SELECTED AS ONE OF THREE NATIONAL NETWORKS TO IMPLEMENT "Inside Knowledge" to Increase Awareness of Gynecologic Cancers

PAF's focus on achieving health equity is uniquely designed to link communities across the country experiencing high rates of premature deaths from specific chronic/infectious diseases to the organization's platform of services and support. This intentional work is aligned with our strategic commitment to link limited resourced populations to resources to help them better achieve the quality of life they desire while living with a chronic, life-threatening or debilitating condition.

## HEALTH EQUITY INITIATIVE

PAF's proactive approach to seeking out disparate, underserved communities, identifying key stakeholders and assessing resource gaps are key elements to the community engagement strategy. This strategy builds on existing resources within the communities and seeks to forge new partnerships where the resources available through PAF and its network of partners complement and amplify local efforts.

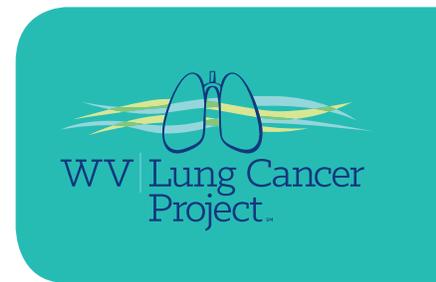
Nearly 2,335 limited-resourced individuals, or healthcare providers who serve these populations, were introduced to PAF services and resources through a team of dedicated health equity professionals who traveled more than 28,620 miles in 2017 to attend a series of national and local outreach events.

## IMPROVING LUNG CANCER OUTCOMES ACROSS WEST VIRGINIA

West Virginia has the highest lung cancer mortality rate in the country. One primary factor contributing to this mortality rate is late-stage diagnosis. To address this

disparity, PAF joined forces with local West Virginia stakeholders to launch the *West Virginia Lung Cancer Project*. This project is designed to link individuals with lung cancer to PAF's comprehensive case management platform, providing direct assistance with resolution of financial and logistical barriers to care, including access to lung cancer screening.

West Virginia's five Medicaid Managed Care Organizations (MMCO), and the providers within these networks, are critical to project goals which link financially vulnerable populations to PAF services. Through its local West Virginia Advisory Council, PAF successfully developed and implemented a lung cancer screening eligibility protocol used by local MMCOs to proactively identify, connect and link appropriate Medicaid beneficiaries to lung cancer screening.



Shonta Chambers (middle) receiving Advocacy Award from Sister's Network Memphis Chapter



PAF West Virginia Lung Cancer Project Advisory Team

# HEALTH EQUITY & COMMUNITY ENGAGEMENT

## SELFMADE HEALTH NETWORK

PAF administers the SelfMade Health Network (SMHN), one of eight national networks supported by the Centers for Disease Control and Prevention’s (CDC) Division of Cancer Prevention and Control and Office of Smoking and Health to address cancer- and tobacco-related disparities.

The goal of SMHN is to bring to the forefront best and promising practices that can be employed by state health departments’ cancer or tobacco programs to reduce cancer and tobacco disparities among low socio-economic (SES) populations across the country. SMHN launched a series of projects in states including:

- West Virginia
- Kentucky
- Tennessee
- Mississippi
- Pennsylvania
- North Carolina
- Michigan

The aim of the state initiatives was to better understand the challenges experienced by populations with low SES characteristics; identify new strategies for inclusion and promotion and tobacco cessation; and uncover emerging strategies to improve breast cancer screening among African-American women and lung cancer early detection among Caucasian males in blue collar industries.

Initial findings from these pilot projects were selected for poster and/or oral presentations at the 2017 CDC National Conference on Tobacco or Health and 2017 CDC National Cancer Conference.



Meharry SelfMade Health Network poster presentation ACR

# SPECIAL EVENTS

## PATIENT CONGRESS

PAF hosted its 18th Annual Patient Congress (PC) in June of 2017, in Washington, DC. This annual training and convening event supports a volunteer advocate network while empowering patients and their caregivers to become knowledgeable and skilled advocates in their communities and at the national level.

This year's interactive education program included a "Narrative Medicine Workshop" to educate advocates about effective storytelling, community event training and certification provided by guest faculty from Common Practice; and education on opportunities to available training in palliative care with NPAF.

To learn more about Patient Congress, please visit [npaf.org/patient-congress](http://npaf.org/patient-congress).



Emily Faye Hollowell, recipient of Patient Congress Outstanding Advocate Award

## PROMISE OF HOPE AFFAIR

Patient Advocate Foundation held its 16th Annual *A Promise of Hope Affair* on February 25, 2017, at the Newport News Marriott at City Center, drawing over 330 guests from the Hampton Roads area and from across the country. The theme was a *Masquerade Ball & Casino Night* in the black-tie event.

Emmy award-winning broadcast journalist Barbara Ciara, WTKR Channel 3, served as the Mistress of Ceremonies for the 15th consecutive year. Guests enjoyed a welcome reception, seated dinner, engaging speakers, both a silent and live auction, music, dancing and casino games, with proceeds supporting PAF patient service programs and the Scholarship for Survivors program.

To learn more about supporting or attending *A Promise of Hope Affair*, please visit [promiseofhope.net](http://promiseofhope.net).



Guests enjoy dinner at A Promise of Hope Affair



## WE SUPPORT OUR HOMETOWN

On October 6th staff members from PAF took part in the *CrawlinCrab 5K/Half Marathon* in Hampton, VA, presented by Bon Secours in Motion. "Team PAF" members each obtained sponsors for their participation in the run, raising over \$7,500 for PAF's Scholarship for Survivors program.



Promise of Hope guests Brad & Tonya Pegram, Woods & Shannon Woolwine, Tami & Jason Flowers

# SPECIAL EVENTS



PAF Scholarship recipient Sarah Hoang at her Pinning Ceremony

## SCHOLARSHIP FOR SURVIVORS

PAF's Scholarship for Survivors program provides academic scholarship support to legal residents of the United States who are under the age of 25 and have been diagnosed with or treated for cancer, or a chronic or life-threatening, debilitating disease within the past five years. These students have, despite their health challenges, excelled academically, served their community and desire to pursue or complete a secondary education.

Selected applicants receive \$3,000 annually up to four consecutive years, if they continue to meet the program guidelines. Applications are accepted each year.

To date, PAF has awarded 83 scholarships totaling over \$506,000; from these, 44 scholarship recipients have achieved fully degreed graduation and 12 are still pursuing their course of study.

To learn more about supporting the scholarship program, or to apply for a Patient Advocate Foundation scholarship, please visit [patientadvocate.org/help.php](http://patientadvocate.org/help.php).



Awarded  
**83 SCHOLARSHIPS**  
TOTALING  
**\$506,000**  
SINCE 2000



2017/2018  
ACADEMIC YEAR  
SCHOLARSHIP  
FOR SURVIVORS  
RECIPIENTS

*The Nancy Davenport-Ennis Award*  
Kaela Johnson

*The Cheryl Grimmel Award*  
Sage Chasen

*The Mark Stephens Award*  
Sierra Williams

*The Monica Bailes Award*  
Sarah Hoang

*The U.S. Representative Jo Ann Davis Award*  
Tiffany Hollihan

*The Robin Prachel Award*  
Jam Ransom-Marks

*The Mary T. Christian Award*  
Kevin Moran

### ADDITIONAL AWARD RECIPIENTS

Isabel Allen  
Alejandro Claire De La Zerda  
Alexa Hickman  
Shelby Wade  
Alexandra Xifaras

## BREAKAWAY FROM CANCER

The largest cycling event in America, the Amgen Tour of California, is a multi-stage cycling road race that challenges the world's top professional cycling teams to compete along a demanding course. Amgen's Breakaway from Cancer aims to raise awareness of the comprehensive array of resources available to cancer patients — from prevention to education and support to financial assistance and survivorship.

PAF is one of four national non-profit organizations which make up the Breakaway from Cancer (BFC) initiative. Representatives of each partner organization follow the Amgen Tour, participating in the Lifestyle Festival presented at each ending stage to educate residents about services for cancer patients and their caregivers.

PAF CEO Alan Balch, EVP of Strategic Patient Solutions Alan Richardson and PAF senior case manager Brendan Bietry represented PAF at select 2017 Tour of California events where the public and patients had opportunities to learn more about PAF and the services we provide. BFC began in Sacramento on May 14th, passed through Modesto, San Jose, Pismo Beach, Morrow Bay, Santa Barbara, Santa Clarita, Ontario, Mt. Baldy, Big Bear Lake and Mountain High, and ended on May 20th in Pasadena, where George Bennett beat out 135 other bicyclists to cross the finish line.

To learn more about the BFC event, please visit [patientadvocate.org/bfc.php](http://patientadvocate.org/bfc.php).

## WE HELP FEED OUR HOMETOWN NEIGHBORS

PAF partners with the Virginia Peninsula Foodbank annually to support families in the Hampton Roads area that are food insecure. 2017 was the 8th consecutive year that PAF sponsored a food drive in support of the Peninsula Foodbank and staff members donated \$1,486 and 1,628 food items, far exceeding this year's donation goal.

In addition, PAF executive leaders volunteer every December to work at the Foodbank, sorting donations, stocking shelves and preparing individual food bags that fulfill bulk food orders from various distribution sites throughout the region, from churches to senior centers.



*"I am a first-time mother to a beautiful 2-month-old baby boy. While most women would be celebrating this new journey in life and enjoying their child, my days consist of doctor's visits, tests and uncertainty as I was diagnosed with invasive ductal cancer. My doctor said that I'm the youngest patient he's seen with this diagnosis. I'm scared and in disbelief. I would like to thank the Patient Advocate Foundation for the grant that I was awarded through your financial aid fund, which I plan to use towards my living expenses."*

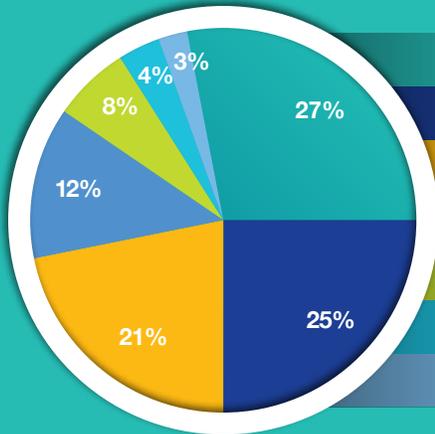
Fredericka | Breast Cancer



# HEALTH SERVICES RESEARCH INITIATIVES

## IMPACT OF ILLNESS ON EMPLOYMENT

Roughly 900 respondents to a 2017 PAF survey indicated the significant and various ways illness impacted the employment status of those served by PAF



27% were already retired or not employed

25% were unable to perform at their normal performance levels

21% lost income due to the inability to work full time

12% lost their job due to the illness

Only 8% said their illness had minimal impact on the job

4% said they were unemployed and finding it difficult to find a job due to the illness

3% were not sure or did not know

Of those PAF patients who reported an impact on their employment due to illness, 34% indicated a direct impact on their insurance coverage as a result

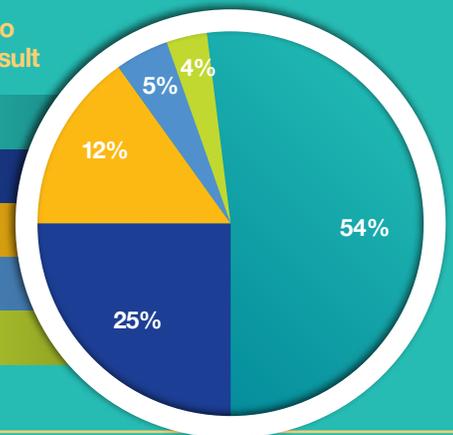
54% had no impact on the insurance status

25% lost insurance but eventually gained coverage

12% not sure/don't know

5% lost insurance and are still uninsured

4% lost insurance, but currently have COBRA coverage



## SOCIAL SAFETY NET SERVICES PROVIDED IN THE PAST 12 MONTHS

83% of roughly 900 respondents in a 2017 PAF survey indicated they had sought and received assistance from a federal or state-run program. The top 4 sources of support are listed below.\*

- 19%** SOCIAL SECURITY DISABILITY INSURANCE (SSDI)
- 12%** MEDICAID
- 8%** SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)
- 5%** LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

89% of roughly 900 patients in a 2017 survey indicated they had sought and received assistance from a non-governmental social support or charity program. The top 3 sources of support are listed below.\*

- 23%** FINANCIAL ASSISTANCE FROM A NON-PROFIT CHARITY
- 15%** FREE MEDICATION FROM A DRUG COMPANY
- 12%** HELP WITH TRANSPORTATION/TRANSPORTATION TO TREATMENT

\*Multiple response selections were allowed for these questions (i.e. select all that apply)

The Health Services Research Program translates the issues or concerns identified in PAF’s direct patient services data into targeted survey projects that yield key information for social justice, health equity and healthcare transformation efforts.

Data collected from PAF survey projects yield insights into the types of programs and services that are most important to patients. The goal is to improve when and how we connect people to these resources, explaining the need to preserve, expand and enhance person-centered care.

**2017 RESEARCH PROJECTS:**

- Securing the Safety Net: Evaluation of Programs Used by Low Income Patients to Address Financial and Economic Burdens
- Consumer Clarity Patient Value Survey for Prostate Cancer
- Patient Priorities for Healthcare Coverage (IRB-approved research protocol)

**SECURING THE SAFETY NET:  
Evaluation of Programs Used by Low Income Patients to Address Financial and Economic Burdens**

Social safety net services are critical components in helping prevent low-income and chronically ill patients, like many of those served by PAF, from falling further into debt.

The survey captured patient perspectives and experiences from those who had received treatment in the last 12 months with safety net, charity and/or social service programs, as well as their impact on patients and families coping with distressing financial or material hardships that may interfere with their well-being. Surveys were sent via email and included a link to a secure online portal. Roughly 900 patients who received PAF services during 2016 and 2017 participated in this project.

One significant finding from the survey is how much of an impact an illness has on employment, with most patients reporting loss of income, reduction in performance or complete loss of employment. And because employment is the gateway to insurance

(and therefore access) for many low-income patients, it is also common for those same patients to report a disruption in their insurance coverage attributed to the disruption in their employment.

Because illness and treatment commonly interfere with a patient’s ability to work as well as their ability to maintain insurance coverages, access to safety net resources becomes a means by which patients can continue treatment and avoid financial ruin. PAF patients commonly rely on a variety of government and charitable programs.

Because of the safety net or social service support received (federal, state or charitable), respondents were able to\*:

- Avoid extreme financial distress..... 18%*
- Receive what my doctor considers to be the best treatment for me..... 16%*
- Receive what I consider to be the best treatment for me..... 14%*
- Stay on my disease-related therapy ..... 12%*
- Afford necessities (food, housing, transportation)..... 10%*
- Maintain my ability to do normal daily activities .....9%*

\*Multiple response selections were allowed for these questions (i.e. select all that apply)

# FINANCIAL STATEMENTS - FY 2016-2017

## SUMMARY OF TOTAL PATIENT IMPACT IN FISCAL YEAR 2016/17

|                                                     |           |
|-----------------------------------------------------|-----------|
| Total Patient Services Division Case Count          | 137,888   |
| Total Case Management Division Case Count           | 20,008    |
| Total Co-Pay Relief Case Count                      | 72,740    |
| Total Financial Support Programs Case Count         | 32,827    |
| Total Patient Services Email Helpline Session Count | 12,313    |
| <hr/>                                               |           |
| Total Patient Services Division Case Contacts       | 1,481,636 |

## SUMMARY OF PAF CASE MANAGEMENT IMPACT FISCAL YEAR 2016/17 PATIENT CASES AND CONTACTS

|                                       |         |
|---------------------------------------|---------|
| Total PAF Case Management Case Count  | 19,806  |
| Unique Case Management Patient Issues | 42,275  |
| Total PAF Case Management Contacts    | 414,866 |
| Average Contacts per Case             | 20.95   |

*To ensure the greatest degree of accuracy, the case management data presented above is derived from closed cases.*

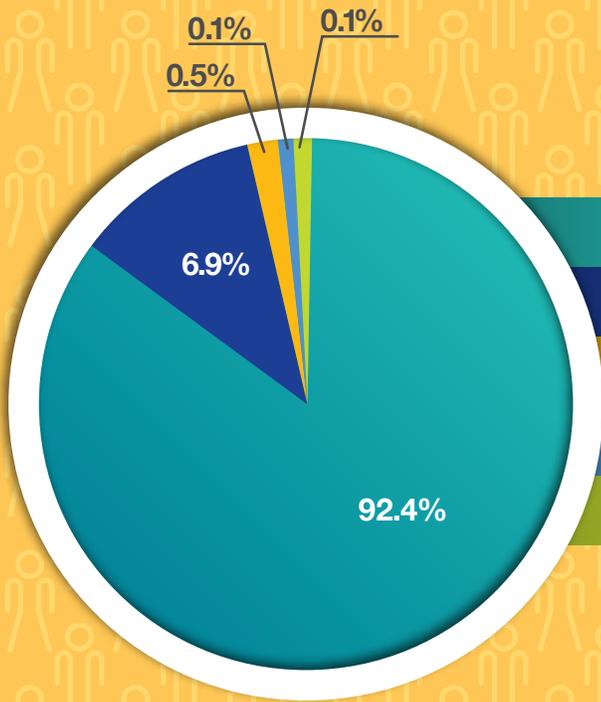
**Patient Advocate Foundation**  
**Statements of Financial Position**  
**June 30, 2017 and 2016**

|                                                      | 2017           | 2016           |
|------------------------------------------------------|----------------|----------------|
| <b>ASSETS</b>                                        |                |                |
| Current assets:                                      |                |                |
| General operating cash and cash equivalents          | \$ 18,676,495  | \$ 9,949,251   |
| Restricted cash and cash equivalents                 | 202,912,026    | 163,016,738    |
| Unconditional promises to give                       | 450,813        | 1,368,354      |
| Service contract receivable                          | 656,282        | 317,514        |
| Due from National Patient Advocate                   | 7,599          | 10,058         |
| Investments and cash equivalents                     | 1,996,636      | 1,486,242      |
| Inventories                                          | 27,249         | 29,290         |
| Prepaid expenses                                     | 591,597        | 459,093        |
| Total current assets                                 | 225,318,697    | 176,636,540    |
| Property and equipment, net                          | 5,042,401      | 5,784,048      |
| Other assets:                                        |                |                |
| Refundable deposits                                  | 50,331         | 50,331         |
|                                                      | \$ 230,411,429 | \$ 182,470,919 |
| <b>LIABILITIES AND NET ASSETS</b>                    |                |                |
| Current liabilities:                                 |                |                |
| Accounts payable and accrued expenses                | \$ 4,220,674   | \$ 1,129,492   |
| Deferred revenue                                     | 16,448,938     | 9,461,776      |
| Accrued vacation leave                               | 150,269        | 214,117        |
| Current portion of long-term debt                    | -              | 246,180        |
| Current portion of obligation under capital lease    | -              | 73,912         |
| Total current liabilities                            | 20,819,881     | 11,125,477     |
| Long-term liabilities:                               |                |                |
| Long-term debt, less current portion                 | -              | 816,727        |
| Obligation under capital lease, less current portion | -              | 62,755         |
| Postretirement benefits liability                    | 2,184,558      | 2,133,593      |
| Other liabilities                                    | 75,111         | 110,050        |
| Total liabilities                                    | 23,079,550     | 14,248,602     |
| Unrestricted                                         | 5,422,899      | 3,829,386      |
| Unrestricted, board designated                       | 1,996,636      | 1,486,242      |
| Total unrestricted net assets                        | 7,419,535      | 5,315,628      |
| Temporarily restricted                               | 199,912,344    | 162,906,689    |
| Total net assets                                     | 207,331,879    | 168,222,317    |
|                                                      | \$ 230,411,429 | \$ 182,470,919 |

# FINANCIAL STATEMENTS - FY 2016-2017

## Patient Advocate Foundation Statements of Activities Years Ended June 30, 2017 and 2016

|                                                                                           | 2017         |                                       |                       | (Restated)<br>2016        |                |                                       |                       |                           |                |
|-------------------------------------------------------------------------------------------|--------------|---------------------------------------|-----------------------|---------------------------|----------------|---------------------------------------|-----------------------|---------------------------|----------------|
|                                                                                           | Unrestricted | Unrestricted -<br>Board<br>Designated | Total<br>Unrestricted | Temporarily<br>Restricted | Total          | Unrestricted -<br>Board<br>Designated | Total<br>Unrestricted | Temporarily<br>Restricted | Total          |
| Revenues, gains and other support:                                                        |              |                                       |                       |                           |                |                                       |                       |                           |                |
| Contributions:                                                                            |              |                                       |                       |                           |                |                                       |                       |                           |                |
| Grants                                                                                    | \$ 5,733,646 | \$ -                                  | \$ 5,733,646          | 202,298,540               | \$ 208,032,186 | \$ 5,777,671                          | \$ 5,777,671          | \$ 141,176,656            | \$ 146,954,327 |
| Private and public donations                                                              | -            | -                                     | -                     | -                         | -              | 57,021                                | 57,021                | -                         | 57,021         |
| Donated services and materials                                                            | 24,427       | -                                     | 24,427                | 24,427                    | 24,427         | 44,983                                | 44,983                | -                         | 44,983         |
| Program Administration                                                                    | 15,491,426   | -                                     | 15,491,426            | -                         | 15,491,426     | 12,467,768                            | 12,467,768            | -                         | 12,467,768     |
| Patient Congress                                                                          | 92,500       | -                                     | 92,500                | -                         | 92,500         | 150,000                               | 150,000               | -                         | 150,000        |
| Promise of Hope                                                                           | 201,945      | -                                     | 201,945               | -                         | 201,945        | 263,156                               | 263,156               | -                         | 263,156        |
| Miscellaneous income (loss)                                                               | 210,609      | -                                     | 210,609               | -                         | 210,609        | 398,793                               | 398,793               | -                         | 398,793        |
| Investment income                                                                         | 1,125,879    | (1,721)                               | 1,124,158             | -                         | 1,124,158      | 656,052                               | 721,038               | -                         | 721,038        |
| Net assets released from restrictions:                                                    |              |                                       |                       |                           |                |                                       |                       |                           |                |
| Transfers                                                                                 | (512,115)    | 512,115                               | -                     | -                         | -              | 512,115                               | (512,115)             | -                         | -              |
| Satisfaction of program restrictions                                                      |              |                                       |                       |                           |                |                                       |                       |                           |                |
| Financial Aid Awards                                                                      | 165,292,885  | -                                     | 165,292,885           | (165,292,885)             | -              | 51,095,231                            | 51,095,231            | (51,095,231)              | -              |
| Total revenues, gains<br>and other support                                                | 187,661,202  | 510,394                               | 188,171,596           | 37,005,655                | 225,177,251    | 71,422,790                            | 70,975,661            | 90,081,425                | 161,057,086    |
| Expenses and losses:                                                                      |              |                                       |                       |                           |                |                                       |                       |                           |                |
| Program services:                                                                         |              |                                       |                       |                           |                |                                       |                       |                           |                |
| Patient/educational services                                                              | 6,670,284    | -                                     | 6,670,284             | -                         | 6,670,284      | 6,239,892                             | 6,239,892             | -                         | 6,239,892      |
| Financial Aid Programs                                                                    | 173,172,689  | -                                     | 173,172,689           | -                         | 173,172,689    | 57,268,665                            | 57,268,665            | -                         | 57,268,665     |
| Service contracts                                                                         | 3,322,248    | -                                     | 3,322,248             | -                         | 3,322,248      | 3,367,408                             | 3,367,408             | -                         | 3,367,408      |
| Supporting services:                                                                      |              |                                       |                       |                           |                |                                       |                       |                           |                |
| Management and general                                                                    | 2,111,634    | -                                     | 2,111,634             | -                         | 2,111,634      | 1,200,962                             | 1,200,962             | -                         | 1,200,962      |
| Fundraising                                                                               | 975,459      | -                                     | 975,459               | -                         | 975,459        | 1,224,902                             | 1,224,902             | -                         | 1,224,902      |
| Total expenses                                                                            | 186,252,314  | -                                     | 186,252,314           | -                         | 186,252,314    | 69,301,829                            | 69,301,829            | -                         | 69,301,829     |
| Change in net assets before<br>postretirement benefit charges<br>other than periodic cost | 1,408,888    | 510,394                               | 1,919,282             | 37,005,655                | 38,924,937     | 2,120,961                             | 1,673,832             | 90,081,425                | 91,755,257     |
| Postretirement benefit charges<br>other than periodic cost                                | 184,625      | -                                     | 184,625               | -                         | 184,625        | (1,971,680)                           | (1,971,680)           | -                         | (1,971,680)    |
| Change in net assets                                                                      | 1,593,513    | 510,394                               | 2,103,907             | 37,005,655                | 39,109,562     | 149,281                               | (297,848)             | 90,081,425                | 89,783,577     |
| Net assets, beginning of year                                                             | 3,829,386    | 1,486,242                             | 5,315,628             | 162,906,689               | 168,222,317    | 3,680,105                             | 5,613,476             | 72,825,264                | 78,438,740     |
| Net assets, end of year                                                                   | \$ 5,422,899 | \$ 1,996,636                          | \$ 7,419,535          | \$ 199,912,344            | \$ 207,331,879 | \$ 3,829,386                          | \$ 5,315,628          | \$ 162,906,689            | \$ 168,222,317 |



## COMBINED REVENUE

Program Grants - \$208,032,186

Program Administration - \$15,491,426

Interest - \$1,124,158

Event Revenue - \$294,445

Gifts, Contributions & In-Kind Service - \$235,036

**TOTAL - \$225,177,251**

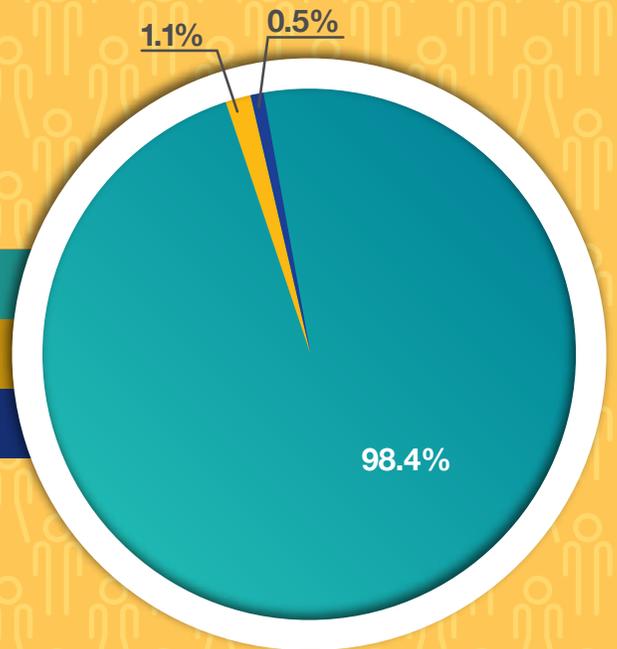
## COMBINED FUNCTIONAL EXPENSES

Program Services - \$183,165,221

Management & General - \$2,111,634

Fundraising - \$975,459

**TOTAL - \$186,252,314**



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**Martha**



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## CHARITY NAVIGATOR - 4-STAR RATING

Patient Advocate Foundation received Charity Navigator's esteemed 4-star rating, marking the eighth consecutive year that PAF has been awarded this highest possible rating, a level of consistency achieved by only 2% of all charities evaluated. Charity Navigator is the largest national non-profit evaluator in the US, rating thousands of charities across the country. Their ratings are intended to show public stakeholders how efficiently a charity uses its support, how well a charity has sustained its programs and services over time, and the charity's level of commitment to good governance, best practices and openness with information.

To view PAF's review, please visit the PAF Charity Navigator Profile at [charitynavigator.org](http://charitynavigator.org).

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## GUIDESTAR'S PLATINUM SEAL OF TRANSPARENCY

Patient Advocate Foundation earned the GuideStar's Platinum Seal of Transparency, the newest and highest level of recognition offered by the world's largest source of non-profit information.

This platinum rating recognizes transparent reporting focused on progress measurements and results which extend beyond financial ratios.

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The logo for the Patient Advocate Foundation (PAF) features the letters 'PAF' in a bold, blue, sans-serif font. The letter 'A' is stylized with a white lighthouse tower inside it. To the right of 'PAF', the words 'Patient Advocate' are stacked above 'Foundation' in a bold, orange, sans-serif font.

# PAF Patient Advocate Foundation

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From: [REDACTED] <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 1:43 AM  
Subject: Public Comment Waiver 1115  
To: 1115Implementation@dmas.virginia.gov <1115Implementation@dmas.virginia.gov>

Please find the public comment for NARAL Pro-Choice Virginia attached.

[REDACTED] Esq.  
Policy and Communications Director  
NARAL Pro-Choice Virginia



## **NARAL Pro-Choice Virginia**

### **Public Comment: Waiver 1115 and Virginia COMPASS program proposal**

October 18, 2018

NARAL Pro-Choice Virginia has been an advocate for reproductive rights and women's rights in Virginia for over a decade. We appreciate the opportunity to submit a public comment on the Virginia COMPASS program proposal and the Waiver 1115. It is our position that work requirements are fundamentally contrary to the core goals of Medicaid, a program designed to provide healthcare coverage to low income people who cannot otherwise afford it, and are not permitted under the currently existing law – as the Medicaid statute does not explicitly authorize or condition Medicaid benefits on any qualifications beyond those enumerated in the statute (conditions establishing need, not work-requirements).<sup>1</sup> More concretely, in Virginia, imposing work requirements, premiums, and other requirements contained in the COMPASS proposal will hurt the goals of the expansion and the resulting harms will fall disproportionately on women.

Estimates show that more than 25,000 fewer Virginians will have coverage through Medicaid due to the new requirements and will cost Virginia over \$25 million. We are especially concerned with the impact instituting work-requirements and co-pays will have on women in the Commonwealth.

In the ACS 5-year data from 2012-2016, 194,316 women in Virginia have health coverage through Medicaid. Of those, 59,647 already work, more than half of whom are women of color.<sup>2</sup> Generally, women make up the majority of Medicaid enrollees<sup>3</sup> and as of March, there were 118,000 women in the commonwealth who are uninsured and could gain coverage if Virginia expands its Medicaid program.<sup>4</sup>

The program is vital for low-income women. Medicaid covers a range of vital services like birth control, maternity care, prescription drugs, hospitalizations, long-term care and others, all of which address many of women's major needs throughout their lives. In alleviating the worry over medical expenses, and by allowing women to get much needed medical care, the program serves a critical role in advancing women's economic security through directly supporting women's jobs and by providing health insurance coverage that makes it possible for them to work. Medicaid's out of pocket limits and other economic protections further women's economic security.<sup>5</sup> Introducing work-requirements and co-pays will thwart these benefits for many women, ultimately hurting both those who are working and those who are not able to do so.

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<sup>1</sup> 42 U.S.C. Sec.1396 Et. Seq.

<sup>2</sup> ACS 5-year data from 2012-2016, provided by The Commonwealth Institute, October 18, 2018.

<sup>3</sup> Kaiser Family Found., Medicaid's Role for Women, (June 22, 2017) available at <http://www.kff.org/womens-health-policy/fact-sheet/medicaids-role-for-women>.

<sup>4</sup> "Fixing Healthcare Access for Virginia Women," The Half Sheet, March 21, 2018, available at <http://thehalfsheet.org/post/172113146363/fixing-healthcare-access-for-virginia-women>.

<sup>5</sup> See Medicaid is Vital for Women's Jobs in Every Community, National Women's Law Center Report, June 2017.

Many women on Medicaid already work.<sup>6</sup> In the United States, between 2013 and 2015, more than 2.3 million working women ages 18-64 gained coverage through Medicaid, a 54% growth, in significant part due to the Affordable Care Act's role in Medicaid expansion.<sup>7</sup> For some women, Medicaid is both a job creator and the source of the healthcare coverage that make it possible for them to work. In Virginia, close to 70 thousand women work in Medicaid-supported health sector jobs.<sup>8</sup> Women who rely on Medicaid for health coverage make up nearly eight percent of the healthcare and social assistance industry workforce (and only 5% of workforce generally), with nearly 24% of the women who work as personal aides in nursing and residential facility industry with a median age of \$10 or less having their healthcare covered through Medicaid.<sup>9</sup>

Medicaid coverage with the ACA expansion enables states to cover low-income women regardless of whether they had children or specific health conditions; and in Virginia, 104 thousand women will be able to switch from Plan Frist coverage (which covers only limited reproductive health services like contraceptives and STI screenings, not treatment) to full health coverage. And while it is true that Medicaid coverage fails to meet all of women's healthcare needs, most notably due to the prohibition on broad coverage for abortion, it does extend a safety net of basic healthcare coverage to come who would otherwise not be covered at all.<sup>10</sup>

Making Medicaid coverage dependent on fulfilling work-requirements, contributing to a health and wellness account, monthly premiums, etc., will hurt women who already work or would be working if only they had healthcare coverage. The fact is, for women with disabilities who are working and want to work, healthcare coverage is critical. Women are slightly more likely than men to have a disability and women with disabilities have unemployment rates nearly three times higher than men and than women without disabilities.<sup>11</sup> The Social Security SSI/SSDI disability definition is so stringent and so narrow that many people whose disabilities seriously impair their ability to find and remain employed but-for having the healthcare necessary to take care of ongoing or chronic health issues but are not "completely" disabled can never obtain the healthcare coverage they would need to be able to re-enter or remain in the workforce. This is especially true for many people with low-income part-time or contract work whose employers do not provide for healthcare coverage. Having access to healthcare can ensure that women with disabilities have access to the coverage and healthcare they need to stay healthy enough to work or enter the workforce.

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<sup>6</sup> "The idea that Medicaid enrollees need an incentive to work – Medicaid coverage – or should be punished if they don't work – through loss of coverage – is based on the false narrative that Medicaid enrollees do not work and are taking advantage of the program's benefits. This is a distortion of reality predicated on over-invoked racialized stereotypes of beneficiaries that ignores the lived experience of all low-income people across racial lines." The Stealth Attack on Women's Health: Medicaid Work Requirements would Reduce Access to Care for Women without Increasing Employment," NWLC, January 2018.

<sup>7</sup> NWCL, Affordable Act Repeal and Changes to Medicaid Threaten the Health and Economic Security of 2.3 Million Working Women who Recently Gained Medicaid Coverage (Feb. 2017) at <https://www.kff.org/womens-health-policy/fact-sheet/womens-health-insurance-coverage-facts-sheet/>.

<sup>8</sup> See Ft. 4, at p.2.

<sup>9</sup> See Medicaid is Vital for Women's Jobs in Every Community, National Women's Law Center Report, June 2017.

<sup>10</sup> Kaiser Family Found., Women's Health Insurance Coverage (Oct. 2016) available at <http://www.kff.org/womens-health-policy/fact-sheet/womens-health-insurance-coverage-fact-sheet/>.

<sup>11</sup> American Community Survey (ACS) (1-year average) using IPUMS, analysis by NWLC.

Aside from harming those who already are or want to become part of the workforce, work requirements have not been shown to be effective at achieving their one goal – greater workforce participation. Nor have work requirements demonstrated success in moving people out of poverty.<sup>12</sup> The often-cited “model” work requirements in the TANF program have made no difference in long-term employment rates according to research; in fact, a large majority of individuals subject to work requirements remained poor and some became even poorer. Specifically, the share of families living in deep poverty – below half of the poverty rate – increased in states with TANF work requirements.<sup>13</sup>

Women are more likely to face barriers to employment (and qualified workforce participation) and therefore are more likely to lose benefits as a result of the imposed work requirements than men. Low income women are more likely than men to be the sole or primary caregiver of children, to be caregivers of aging parents and other family members, and to work in low-wage jobs that don’t accommodate care-giving responsibilities. “And the very factors that make it more difficult for individuals to meet a work requirement – caregiving responsibilities and lack of child care, lack of transportation, or other limitations – make it more difficult for them to prove why they cannot meet a work requirement.”<sup>14</sup>

Medicaid expansion in Virginia was touted as a way to mitigate the many harms people face when they do not have healthcare coverage. For example, uninsured, low-income women are more likely to go without healthcare because of cost, are less likely to have regular sources of care, and utilize preventative services at lower rates than low-income women with health insurance. Evidence increasingly shows that Medicaid coverage is important to enrollees’ access to care and overall health and mortality rate.<sup>15</sup> Imposing work requirements and reducing the number of women covered will subvert the positive impacts of Medicaid expansion.

It is important to remember that for women birth control and other family planning services have profound effects on employment prospects. And while the VA Medicaid Expansion would not completely eliminate Plan First, it would take Plan First away from women who can otherwise qualify for the expanded Medicaid coverage, which is broader in terms of reproductive healthcare coverage than Plan First. Medicaid, by requiring coverage for family planning and reproductive healthcare services for all enrollees, helps ensure that women can access birth control and plan their families in a way that would allow them to invest in their education or career.<sup>16</sup>

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<sup>12</sup> See Ft. 6 at 2.

<sup>13</sup> See “The TANF work requirements were a model for the Medicaid work requirements proposed in the AHCA. See Vann R. Newkirk II, *The Trouble with Medicaid Work Requirements*, *The Atlantic* (Mar. 23, 2017), <https://www.theatlantic.com/politics/archive/2017/03/why-work-requirements-in-medicaid-wont-work/520593/>. And See, Ladonna Pavetti, Ctr. on Budget and Policy Priorities, *Work Requirements Don’t Cut Poverty, Evidence Shows*, at 3 (June 7, 2016), <http://www.cbpp.org/research/poverty-and-inequality/work-requirements-dont-cut-poverty-evidence-shows/>.

<sup>14</sup> See Ft. 6 at 2.

<sup>15</sup> Benjamin D. Somers et al., *Mortality and Access to Care Among Adults after State Medicaid Expansions*, 367 *New Eng. J. Med.* 1025 (July 2012); Julia Paradise & Rachel Garfield, *What is Medicaid’s Impact on Access to Care, Health Outcomes and Quality of Care? Setting the Record Straight on the Evidence*, Kaiser Commission on Medicaid and the Uninsured (Aug. 2013), available at <https://kaiserfamilyfoundation.files.wordpress.com/2013/08/8467-what-is-medicaids-impact-on-access-to-care1.pdf>.

<sup>16</sup> Adam Sonfield, et. Al., “The Social and Economic Benefit of Women’s Ability to Determine Whether and When to Have Children,” *Guttmacher Institute*, March 2013, available at <http://www.guttmacher.org/pubs/social-economic-benefits.pdf>.

The COMPASS proposal, as structured, is overly burdensome and too complex, with its many requirements for enrollees, like the aforementioned monthly premiums, work requirements, contributions to a health and wellness account and so forth. Enrollees in states with similar requirements have found them to be confusing and financially burdensome. Any such changes that decrease enrollment or knock people already on Medicaid off the benefit will have a disproportional impact on women, not only because women are disproportionately enrolled in Medicaid but also because women disproportionately work in careers that rely on Medicaid, dampening the job-growth opportunities created by Virginia's Medicaid Expansion in this sector.

We urge the administration to consider carefully how it proceeds with this Waiver process and to re-evaluate the COMPASS proposal in light of the deleterious effect it is likely to have on women and families in Virginia. Should the Commonwealth continue with the Waiver process, we urge a simplification of the requirements and a concerted effort to adequately fund and support any work supports and ensure that many pathways are available for the fulfillment of any such work requirements, and taking into consideration the special and disproportionate impact on women.

Thank you,



Policy Director, NARAL Pro-Choice Virginia.

From: [REDACTED] <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 9:36 AM  
Subject: Please Include CHWs in the 1115 Waiver  
To: 1115Implementation@dmas.virginia.gov <1115Implementation@dmas.virginia.gov>

Hello,

I believe that it is in the best interests of the Commonwealth as a whole, safety net providers in particular, and Virginia's citizens for the 1115 Waiver include provisions to include reimbursement for appropriately credentialed / certified Community Health Workers. These individuals would be able to serve as culturally appropriate extenders of services, allowing professionals to practice at the top of their licenses. Without reimbursement that would allow these individuals to be paid a livable wage, they will not be a viable option. I see this as a parallel to the use of Peers in the mental health and substance abuse area.

Thank you for your consideration,

[REDACTED]

=====

[REDACTED]

Behavioral Health and Wellness Services Director  
Black Lung Program Director  
Stone Mountain Health Services  
276 Fieldstone Drive

[REDACTED]

From: [REDACTED] <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 10:56 AM  
Subject: Please do not add work requirements to Virginia's Medicaid program  
To: Dr. Jennifer Lee <1115Implementation@dmas.virginia.gov>

Dear Department of Medical Assistance Services Dr. Jennifer Lee,

I am writing in opposition to the Virginia COMPASS plan to take Medicaid coverage away from enrollees who do not meet a work requirement. Work requirements are a solution in search of a problem and would create burdensome barriers that would harm all Medicaid recipients, while costing the commonwealth millions.

Virginia's proposal to condition Medicaid coverage on complying with restrictive eligibility and documentation requirements violates the program's intent. The purpose of the Medicaid program is to provide medical assistance for those with income that is insufficient to meet the costs of medical coverage, not to restrict access to that coverage. By some estimates, more than 25,000 fewer Virginians will have health coverage through Medicaid due to the new requirements.

In particular, the proposal to take coverage away from Medicaid beneficiaries that don't or can't meet new work requirements is not only punitive and a violation of the program's intent, but also unsupported by the evidence. As we already know, most Medicaid enrollees that are able to work, do work.

The Virginia COMPASS proposal will be burdensome for all involved— individuals and families as well as the state— and will lead to tens of thousands of Virginians losing health coverage. Virginia should not add more red tape to the Medicaid program or force families to pick between taking care of their health care needs and putting food on the table for their families.

Regards,

[REDACTED]

From: <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 11:50 AM  
Subject: Virginia Compass Comments  
To: <1115Implementation@dmas.virginia.gov>

Thank you for the opportunity to comment on the Commonwealth's COMPASS application. As a former CEO of a Virginia Federally Qualified Health Center serving a number of Medicaid recipients I am familiar with the challenges of achieving health improvements among the population while trying to achieve cost efficiencies.

DMAS is in a unique position to lead in the development of team-based models of outpatient health care delivery that achieve improved clinical outcomes as well as cost-savings. Vital to the care team is the utilization of Community Health Workers (CHWs). CHWs work with clinical members of the team to address social influencers that are barriers to patients using services, achieving improved health outcomes and using services in a cost-efficient manner (such as finding community based care rather than hospital Emergency Departments). A recent study ([https://familiesusa.org/sites/default/files/product\\_documents/HEV\\_CHEs-Alt-Payment-Models\\_Case-Study.pdf](https://familiesusa.org/sites/default/files/product_documents/HEV_CHEs-Alt-Payment-Models_Case-Study.pdf))

indicated that CHWs as a part of care teams helped achieve:

*Increased provider satisfaction* by helping streamline practices and improve efficiency.

Allowed providers to use their limited time with patients to *deliver more comprehensive care and "less teaching."*

Helped providers *connect patients with community-based services* (navigation) more immediately to mitigate or avert any crises.

*Improvements in people's ability to manage their health.*

*Increased self-sufficiency* with health insurance, prescription drugs, housing, and health education after two meetings with a CHW.

Increased attention to, and *better self-management* of, their overall health, including increased adherence to recommended treatment.

Historically, much of the success of CHWs lies with the trust bonds that they establish with patients. The achievements noted above are consistent with the goals outlined in the COMPASS application. I respectfully urge DMAS to incentivize the use of CHWs in care teams in the COMPASS application to achieve improved health outcomes for Medicaid recipients while achieving cost-efficiencies in the Virginia's Medicaid Program.

[REDACTED]

From: [REDACTED] (National Office) <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 11:47 AM  
Subject: The Leukemia & Lymphoma Society comments on COMPASS proposal  
To: 1115Implementation@dmas.virginia.gov <1115Implementation@dmas.virginia.gov>

[REDACTED]

Thank you for the opportunity to comment on the proposal. Please do not hesitate to contact me if I can answer any questions.

[REDACTED] | Regional Director, Government Affairs  
The Leukemia & Lymphoma Society | Office of Public Policy

[REDACTED]



October 20, 2018

Jennifer S. Lee, MD  
Director, Virginia Department of Medical Services  
600 E. Broad St.  
Suite 1300  
Richmond, VA 23219

Re: Creating Opportunities for Medicaid Participants to Achieve Self-Sufficiency (COMPASS)

Dear Dr. Lee:

The Leukemia & Lymphoma Society (LLS) appreciates the opportunity to submit comments on COMPASS: Creating Opportunities for Medicaid Participants to Achieve Self-Sufficiency, the 1115 demonstration waiver proposed by the Virginia Department of Medical Assistance Services (the Department). At LLS, our mission is to cure leukemia, lymphoma, Hodgkin's disease and myeloma, and improve the quality of life of patients and their families. LLS exists to find cures and ensure access to treatments for blood cancer patients. In light of that mission, recognizing the serious impact this proposal will have on some of Virginia's most vulnerable patients, LLS urges the Department to withdraw it.

COMPASS represents a sweeping change in the way the Medicaid program is administered in Virginia, to the detriment of patients and families. The proposal is overly complex, burdensome to beneficiaries and would be expensive to implement. Most importantly, according to the state's own estimate, COMPASS would lead to over 25,000 otherwise eligible adults losing coverage.<sup>1</sup>

LLS believes firmly that all patients and consumers should have access to high quality, stable coverage to ensure that they are able to receive appropriate and timely care. Medicaid serves a vital role in making sure that no one is left without access to such coverage. While LLS appreciates the importance of the flexibility offered by the Section 1115 waiver process, LLS believes that changes authorized through that process should not cause fewer people to receive or retain coverage or make it harder to obtain necessary health care.<sup>2</sup> It's on those grounds that LLS opposes Virginia's recently-proposed waiver, as detailed in the concerns outlined below.

## **MEDICAID: A VITAL SOURCE OF COVERAGE**

***Medicaid guarantees access to life-saving care for low-income Americans***

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<sup>1</sup> tables 8,9 "VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES 1115 DEMONSTRATION EXTENSION APPLICATION", October 2018 [http://www.dmas.virginia.gov/files/links/1803/Virginia%201115%20Waiver%20Application%20final%20for%20comment%20v2%20\(09.19.2018\).pdf](http://www.dmas.virginia.gov/files/links/1803/Virginia%201115%20Waiver%20Application%20final%20for%20comment%20v2%20(09.19.2018).pdf)

<sup>2</sup> Judith Solomon and Jessica Schubel, "Medicaid Waivers Should Further Program Objectives, Not Impose Barriers to Coverage and Care," Center on Budget and Policy Priorities, August 29, 2017, <https://www.cbpp.org/sites/default/files/atoms/files/8-28-17health.pdf>.

As the nation's public health insurance program for low-income children, adults, seniors, and people with disabilities, Medicaid covers 1 in 5 Americans.<sup>3</sup> Many of them have complex and costly health care needs, making Medicaid a critical access point for disease management and care for many of the poorest and sickest people in our nation.<sup>4</sup> Right now in Virginia, over 1 million people depend on Medicaid for their health coverage<sup>5</sup>.

Thanks to Medicaid coverage, enrollees have access to screening and preventive care, which translates into well-child care and earlier detection of health and developmental problems in children, earlier diagnosis of cancer, diabetes, and other chronic conditions in adults, and earlier detection of mental illness in people of all ages.<sup>6</sup> Medicaid also ensures access to physician care, prescription drugs, emergency care, and other services that – like screening and prevention – are critical to the health and well-being of any American.

Medicaid is a crucial source of coverage for specialty care too, including cancer care. Evidence suggests that public health insurance has had a positive impact on cancer detection: researchers have determined that states that expanded Medicaid experienced a 6.4 percent increase in early detection of cancer from pre-Affordable Care Act (ACA) levels.<sup>7</sup> Evidence also shows better survival rates among individuals who were enrolled in Medicaid prior to being diagnosed with cancer, relative to those who enroll in Medicaid after their diagnosis.<sup>8</sup> In Virginia, an estimated 4,010 people will receive a new diagnosis of blood cancer in 2018.<sup>9</sup> For many of them, Virginia Medicaid will be their only source of affordable coverage.

## WORK REQUIREMENTS

### *Making coverage contingent on work will disrupt access to care*

Medicaid's core mission is to provide comprehensive coverage to low-income people so they can obtain the health care services they need.<sup>10</sup> In service of that mission, the ACA streamlined Medicaid enrollment and renewal processes across all states.<sup>11</sup> The intent was to reduce the number of uninsured and keep individuals covered over time by reducing the burden of paperwork. But in contrast, Virginia's proposed work requirement will initiate a return to increased bureaucracy and paperwork and, in turn, coverage

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<sup>3</sup> Rachel Garfield, Robin Rudowitz, and Anthony Damico, "Understanding the Intersection of Medicaid and Work," Kaiser Family Foundation, January 2018, <https://www.kff.org/medicaid/issue-brief/understanding-the-intersection-of-medicaid-and-work/>.

<sup>4</sup> Julia Paradise, "Data Note: Three Findings about Access to Care and Health Outcomes in Medicaid," March 23, 2017, <https://www.kff.org/medicaid/issue-brief/data-note-three-findings-about-access-to-care-and-health-outcomes-in-medicaid/>.

<sup>5</sup> KFF, "Total monthly Medicaid enrollment by state," July 2018. <https://www.kff.org/health-reform/state-indicator/total-monthly-medicaid-and-chip-enrollment/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

<sup>6</sup> Julia Paradise, "Data Note: Three Findings about Access to Care and Health Outcomes in Medicaid," March 23, 2017, <https://www.kff.org/medicaid/issue-brief/data-note-three-findings-about-access-to-care-and-health-outcomes-in-medicaid/>.

<sup>7</sup> A Soni, K Simon, J Cawley, L Sabik, Effect of Medicaid expansions of 2014 on overall and early-state cancer diagnoses [published online December 21, 2017]. *Am J Public Health*, doi: 10.2105/AJPH.2017.304166.

<sup>8</sup> E Adams, LN Chien, CS Florence, et al. The Breast and Cervical Cancer Prevention and Treatment Act in Georgia: effects on time to Medicaid enrollment. *Cancer*. 2009; 115(6):1300-9.

<sup>9</sup> American Cancer Society, "Cancer Statistics Center," 2018, <https://cancerstatisticscenter.cancer.org>.

<sup>10</sup> 42 U.S.C. 1396.

<sup>11</sup> Kaiser Family Foundation, "Implication of Emerging Waivers on Streamlined Medicaid Enrollment and Renewal Processes," February 2018, <https://www.kff.org/medicaid/fact-sheet/implications-of-emerging-waivers-on-streamlined-medicaid-enrollment-and-renewal-processes/>.

### National Office

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losses. It's because of those losses that LLS firmly opposes making Medicaid coverage contingent on work requirements.

The State of Kentucky, for example, projected that its recent Section 1115 waiver will yield a 15 percent drop (95,000 beneficiaries) in adult Medicaid enrollment by the waiver's fifth year of implementation and that well over 100,000 people will experience gaps in coverage due to lock-outs for failing to meet work requirements, report changes, or renew coverage in a timely manner.<sup>12</sup>

Indeed, work requirements will result in some enrollees losing coverage not because they failed to maintain employment but because of difficulty navigating compliance processes or satisfying the burden of additional paperwork. When Washington State required increased reporting as part of its Medicaid renewal process, approximately 35,000 fewer children were enrolled in the program, despite the fact that many remained eligible. Families reported that they had simply lost track of the paperwork.<sup>13</sup> It's important to note that many in the Medicaid population face barriers associated with disability, mental illness, insecure work, frequent moves, and homelessness – all factors that pose significant challenges to successfully navigating any system.

Early reports from Arkansas on their work requirement validate concerns over widespread confusion and significant coverage losses. In the first month of implementation of its “Arkansas Works” program, nearly 75 percent of beneficiaries who were required to take action online to report their work hours or an exemption failed to do so.<sup>14</sup> This is not surprising given that Arkansas ranks 46<sup>th</sup> in the nation with respect to internet access;<sup>15</sup> in fact, 31 percent of Arkansas Medicaid beneficiaries who are likely to not be exempt from the work requirement and are not currently working have no access to the internet in their household.<sup>16</sup> It is also highly likely that many people simply did not receive the notices stating that they would be subject to a work requirement, given that low income households move at twice the rate of higher income households.<sup>17</sup> Because Arkansas Works terminates a Medicaid beneficiary's eligibility after three months of not meeting the new work requirement rules, more than 8,000 beneficiaries who did not report their work hours or an exemption have now lost coverage.<sup>18</sup>

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<sup>12</sup> Judith Solomon, “Kentucky Waiver Will Harm Medicaid Beneficiaries,” Center on Budget and Policy Priorities, January 16, 2018, <https://www.cbpp.org/research/health/kentucky-waiver-will-harm-medicaid-beneficiaries>.

<sup>13</sup> Margot Sanger-Katz, “Hate Paperwork? Medicaid Recipients Will Be Drowning In It,” *The New York Times*, January 18, 2018.

<sup>14</sup> Joan Alker and Maggie Clark, “One Month into Medicaid Work Requirement in Arkansas, Warning Lights are Already Flashing.” July 20, 2018, Georgetown University Health Policy Institute: Center for Children and Families, <https://ccf.georgetown.edu/2018/07/20/one-month-into-arkansas-medicaid-work-requirement-the-warning-lights-are-already-flashing/>

<sup>15</sup> U.S. News & World Report, Internet Access Ratings, <https://www.usnews.com/news/best-states/rankings/infrastructure/internet-access>.

<sup>16</sup> Anuj Gangopadhyaya, Genevieve Kenney, Rachel Burton, and Jeremy Marks, “Medicaid Work Requirements in Arkansas: Who Could Be Affected, and What Do We Know About Them?” May 24, 2018, Urban Institute Research Report, <https://www.urban.org/research/publication/medicaid-work-requirements-arkansas>.

<sup>17</sup> Brett Theodos, Sara McTarnaghan, and Claudia Coulton, “Family Residential Instability: What Can States and Localities Do?” May 2018, Urban Institute, [https://www.urban.org/sites/default/files/publication/98286/family\\_residential\\_instability\\_what\\_can\\_states\\_and\\_localities\\_do\\_1.pdf](https://www.urban.org/sites/default/files/publication/98286/family_residential_instability_what_can_states_and_localities_do_1.pdf).

<sup>18</sup> Kaiser Health News, “Another 4,100 Dropped From Arkansas’ Medicaid Rolls After Failing To Properly Report Work Hours” Oct. 16, 2018 <https://khn.org/morning-breakout/another-4100-dropped-from-arkansas-medicaid-rolls-after-failing-to-properly-report-work-hours/>.

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[www.LLS.org](http://www.LLS.org)

This effect has been borne out in other contexts too: data shows that in Temporary Assistance for Needy Families (TANF), for example, many people who were working or should have qualified for exemptions from work requirements lost benefits because they did not complete required paperwork or were unable to document their eligibility for exemptions.<sup>19</sup>

The fact is loss of coverage is a grave prospect for anyone, in particular a patient living with a serious disease or condition. People in the midst of cancer treatment, for example, rely on regular visits with healthcare providers, and many of those patients must adhere to frequent, if not daily, medication protocols. Thus LLS is seriously concerned that individuals who are unable to satisfy work requirements may end up going without necessary care, perhaps for an extended period of time. LLS is equally concerned about Medicaid enrollees who do not currently live with a cancer diagnosis; if during a lock-out period an individual develops blood cancer, it's likely the disease won't be diagnosed early enough to ensure the best possible health outcomes.

It's important to note that exempting some beneficiaries from having to comply with work requirements will not sufficiently mitigate the access barriers that will result from making coverage contingent on work. Under commercial health insurance, exemption and exceptions procedures have a long track record of limiting or delaying access to care for patients living with serious medical needs. At times this is due to the slow pace of the determination process. At other times, the challenge is simply understanding the exemption process itself or having the time and resources to pursue appeals. It's highly likely that, where it concerns exemptions from work requirements, Medicaid enrollees will find it similarly complicated, time-consuming, and expensive to secure and maintain an exemption.

### ***Implementation will strain already-limited government resources***

Implementation of work requirements will obligate the state to devote significant resources to tracking work program participation and compliance or, alternatively, incur the cost of contracting out that function.<sup>20</sup> A draft operational protocol prepared for the implementation of Kentucky's proposed waiver illustrates the costs involved: nearly \$187 million in the first six months alone.<sup>21</sup> Similarly, Tennessee estimates that the implementation of a Medicaid work requirement would cost the state an estimated \$18.7 million each year.<sup>22</sup> In Virginia, a fiscal impact statement estimated that changes to the state's IT system alone would cost approximately \$8 million.<sup>23</sup>

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<sup>19</sup> Judith Solomon, "Kentucky Waiver Will Harm Medicaid Beneficiaries," January 16, 2018, Center on Budget and Policy Priorities, <https://www.cbpp.org/research/health/kentucky-waiver-will-harm-medicaid-beneficiaries>.

<sup>20</sup> MaryBeth Musumeci and Julia Zur, "Medicaid Enrollees and Work Requirements: Lessons from the TANF Experience," Kaiser Family Foundation, August 2017, <https://www.kff.org/medicaid/issue-brief/medicaid-enrollees-and-work-requirements-lessons-from-the-tanf-experience/>.

<sup>21</sup> *Roll Call*, "Medicaid Changes Require Tens of Millions in Upfront Costs," Feb. 26, 2018, <https://www.rollcall.com/news/politics/medicaid-kentucky>.

<sup>22</sup> MaryBeth Musumeci and Julia Zur, "Medicaid Enrollees and Work Requirements: Lessons from the TANF Experience," Kaiser Family Foundation, August 2017, <https://www.kff.org/medicaid/issue-brief/medicaid-enrollees-and-work-requirements-lessons-from-the-tanf-experience/>.

<sup>23</sup> Joint Legislative Audit and Review Commission. Fiscal Impact Review. Bill number: HB 338 (Committee Substitute) Medicaid work requirement. Accessed at: <http://lis.virginia.gov/cgi-bin/legp604.exe?181+oth+HB338JH1110+PDF>

If the state is willing to increase its spending on Medicaid, those additional dollars ought to be prioritized for uses that are directly related to access to care, not the creation of a work requirements bureaucracy.

## **PREMIUMS AND COST-SHARING REQUIREMENTS**

### ***Increased enrollee costs will limit access to care***

LLS is concerned that the increases in premiums and cost-sharing proposed in Virginia's COMPASS proposal are likely to cause Medicaid enrollees to either lose access to coverage or decrease their adherence to treatment. LLS believes that patients should not be made to choose between affording treatment and other basic necessities and thus opposes financial burdens that will erect barriers to care for the low-income, vulnerable populations that rely on Medicaid.

LLS is concerned, for example, by the Commonwealth's proposal to charge certain enrollees a five-dollar co-pay for non-emergent use of the emergency department (ED), as LLS believes this policy could have the unintended effect of deterring people from seeking necessary care during an emergency. It's worth noting that such cost-sharing policies may not even result in the intended cost savings.<sup>24</sup> A study of enrollees in Oregon's Medicaid program demonstrated that implementation of a co-pay on emergency services resulted in decreased utilization of such services but did not result in cost savings because of subsequent use of more intensive and expensive services, due at least in part to delays in needed care.<sup>25</sup>

While the dollar amount that Medicaid enrollees would be required to pay under this proposal may not seem unreasonable in comparison to amounts paid by patients in other markets, those amounts will be unaffordable for many who depend on Medicaid for coverage. Indeed, research shows that even relatively small co-pays of \$1 to \$5 reduce utilization of necessary healthcare services by people whose incomes are low.<sup>26</sup>

Similarly, requiring Medicaid enrollees to pay premiums will result in gaps in coverage for patients who cannot afford to pay a percentage of their incomes each month. During these gaps, patients' conditions may go untreated or even worsen, resulting in the need for potentially higher-cost treatments. Delaying care is especially dangerous for cancer patients; for many of them, their wellbeing depends on strict adherence to treatment protocols.

## **DISENROLLMENT PERIODS**

### ***Cancelling coverage will disrupt essential care***

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<sup>24</sup> See for example: Chernew M, Gibson TB, Yu-Isenberg K, Sokol MC, Rosen AB, Fendrick AM. Effects of increased patient cost sharing on socioeconomic disparities in health care. *J Gen Intern Med.* 2008. Aug; 23(8):1131-6. Ku, L and Wachino, V. "The Effect of Increased Cost-Sharing in Medicaid: A Summary of Research Findings." Center on Budget and Policy Priorities (July 2005), available at <http://www.cbpp.org/5-31-05health2.htm>.

<sup>25</sup> Wallace NT, McConnell KJ, et al. How Effective Are Copayments in Reducing Expenditures for Low-Income Adult Medicaid Beneficiaries? Experience from the Oregon Health Plan. *Health Serv Res.* 2008 April; 43(2): 515-530.

<sup>26</sup> Judith Solomon, "Kentucky Waiver Will Harm Medicaid Beneficiaries," January 16, 2018, Center on Budget and Policy Priorities, <https://www.cbpp.org/research/health/kentucky-waiver-will-harm-medicaid-beneficiaries>



Evidence suggests that restricting or terminating coverage or access to services as a penalty for failing to pay cost-sharing reduces access to necessary care, disrupts continuity of care, and increases the likelihood of ED utilization.<sup>27</sup> For example, when Oregon introduced a six-month lock-out in 2003, enrollees who lost coverage were three times as likely to not fill a prescription, and four to five times more likely to use the ED as a source of care than people who remained enrolled.<sup>28</sup>

For those reasons, LLS opposes Virginia's waiver provision requiring disenrollment for enrollees who fail to pay premiums or meet other requirements. Simply put, this requirement will have the effect of preventing access to critical healthcare services. LLS believes that patients should be afforded the peace of mind that they will not lose coverage if they fall behind on their bills or experience challenges navigating the processes to prove eligibility. Even if it is temporary, coverage loss can be catastrophic for enrollees, particularly those with cancer or other serious and/or chronic health conditions.

In closing, LLS believes that the COMPASS proposals discussed above do not further the goals of the Medicaid program but instead needlessly compromise access to care for a very vulnerable population. LLS urges the Department to focus on solutions that can promote adequate, affordable, and accessible Medicaid coverage for all Virginians.

Thank you for your consideration of LLS's comments on this important matter. If we can address any questions or provide further information, please don't hesitate to contact me at [REDACTED] or [REDACTED]

Regards,

[REDACTED]  
Regional Director, Government Affairs  
The Leukemia & Lymphoma Society

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<sup>27</sup> Melinda J. Beeuwkes Buntin, John Graves, Nikki Viverette, "State Medicaid Lessons for Federal Health Reform," *Health Affairs*, June 7, 2017, <https://www.healthaffairs.org/doi/10.1377/hblog20170607.060481/full/>

<sup>28</sup> Ibid.

From: [REDACTED] <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 11:57 AM  
Subject: Issues with Virginia 1115 Waiver  
To: <1115Implementation@dmas.virginia.gov>

This email offers my opinion about changes to Virginia's Medicaid program that I find problematic. Seasonal jobs and temporary jobs that many Medicaid enrollees have put them at risk for losing coverage frequently. States that have tried this have thousands people losing coverage each month.

Charging monthly premiums will make it harder for people with chronic illness to visit their doctors. Routine visits in order to monitor conditions and receive prescriptions will become too costly which can lead to negative health outcomes. Thank you for taking these concerns into consideration. I hope you will make changes to this proposal.

[REDACTED]

From: [REDACTED] <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 11:57 AM  
Subject: Virginia COMPASS Waiver Application  
To: <1115Implementation@dmas.virginia.gov>

Please consider the following concerns surrounding the waiver for the VA Medicaid program. The Medicaid program provides critical access to prevention, treatment, disease management, and care coordination services. It keeps people from becoming seriously ill and not being able to care for themselves or their family.

Seasonal jobs and temporary jobs that many Medicaid enrollees have put them at risk for losing coverage frequently. States that have tried this have thousands people losing coverage each month. Thank you for considering this perspective.

[REDACTED]

From: [REDACTED] <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 11:58 AM  
Subject: Virginia COMPASS waiver public comments  
To: <1115Implementation@dmas.virginia.gov>

The following comments are offered for consideration as public comment on the Medicaid waiver draft. There are several components of it that concern me as a citizen. In some states, proposals similar to this resulted in nearly half of the new adults enrolled in Medicaid expansion losing coverage. This proposal creates a program that is likely to create the same problems with access. Thank you for considering this perspective.

Medicaid eligible patients will have difficulty complying with complex reporting requirements due to many factors including lack of education, lack of familiarity with insurance programs, language barriers, unstable employment, and low health literacy complicate patients' ability to comply with requirements for reporting and documentation. Their inability to properly verify work requirements will cause them to lose life-saving access to healthcare which is provided for under the Social Security Act of 1964. Medicaid is a healthcare program - not an employment program.

[REDACTED]  
Virginia Association Of Free And Charitable Clinics

From: [REDACTED] <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 11:59 AM  
Subject: Problems with COMPASS  
To: <1115Implementation@dmas.virginia.gov>

This comment is about my concerns with certain aspects that Virginia proposes in its Medicaid waiver application. Access to health coverage is important no matter who you are. This proposal would kick people off of Medicaid when they may need it the most. The state should aim to do no harm, but the draft proposal makes it clear that people will lose coverage.

Implementing the job requirement will not help many people get jobs because the majority of Medicaid enrollees are already working, disabled, ill, caretakers, pregnant women, students, retired, or looking for work. The requirement is a big cost with little possible result. Please consider my comments on this proposed new program.

Besides this, whenever they factor in work for any assistance such as this, they make decisions based on your Gross wages, not your net wages, thereby making you over the income limits that qualify you for these assistance programs. This is not fair to those who don't bring home enough money to live on, let alone afford insurance or medicine.

[REDACTED]

From: [REDACTED] <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 11:59 AM  
Subject: New Medicaid Waiver Comments  
To: <1115Implementation@dmas.virginia.gov>

Access to health care is very important, that is why I am commenting on this proposed change. Programs similar to this proposal have not been proven to increase employment or access to care.

Virginia must learn from the experiences of other states. In places that have implemented work requirements, their citizens lose health coverage. Virginia should not go down this path, because healthy Virginians are the foundation of our strong economy. I appreciate your time. Thank you for reading my comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 12:00 PM  
Subject: Arguments against COMPASS  
To: <1115Implementation@dmas.virginia.gov>

As the first free clinic in Virginia, Health Brigade has championed care for the least served and vulnerable populations in the Richmond metro region and across the State of Virginia for nearly 50 years. Our experience and expertise in providing safety net services to the most marginalized populations enable us to give realistic insight into innumerable obstacles our patients face in accessing the health resources they need to be healthy, productive and active in our communities.

Health Brigade advocated for and continues to support the expansion of Medicaid to provide much needed coverage and access to quality and affordable care for nearly 400,000 Virginians. However, we have significant concerns with proposed work requirements, cost-sharing, and a lock-out period for Virginians who are not able to meet the requirements. We know firsthand the difficulty of navigating safety-net patients in and out of systems and the negative effects on their health when their care is not consistent.

When the ACA was first implemented, many vulnerable patients were guided from their free clinic care into the market exchange policies, and Health Brigade assisted our patients in that process. However, hundreds who had been receiving consistent treatment were lost to care because the new system was too complex and they still couldn't afford even the small cost associated with their plans. When their plans dropped them for not meeting the requirements, they started going back to hospital emergency departments sicker than ever. They were confused and didn't realize they could return to a free clinic for care. Many assumed that if they were dropped from their exchange plans, they were no longer eligible to get care at all. We cannot let this happen again with the expansion of Medicaid.

We are concerned about the equitable impact and effectiveness of work, cost-sharing, and lock out requirements, implementation and enforcement of exemptions, as well as efficient use of public resources. While there are exemptions for a variety of vulnerable populations from the work requirements, there is not an effective system to track and maintain exemptions. This will surely result in individuals falling through the cracks and losing their coverage. Financial resources that will be utilized to implement and enforce the work requirement could better be used to pay for care and expanded services to the patient population, resulting in better long term health outcomes for Virginians.

Health Brigade appreciates and supports robust, evidence-based efforts to assist with education and training to enhance stability for vulnerable populations as they achieve and maintain long-term employment. However those efforts should not be tied to, or used to constrain or limit, any individual's ability to obtain and maintain coverage for much needed medical and mental health services as currently proposed under the 1115 Medicaid Waiver, Virginia COMPASS.

Virginians who financially qualify for Medicaid expansion subsist on minimal resources. Cost sharing and lock out periods will create additional hardships for those patients living with chronic illnesses who need health services more frequently. When these patients are locked out for not meeting the various requirements, they are more vulnerable to life threatening events and turn to emergency care, which could have been prevented had their primary care remained stable. The episodic treatment for chronic illness in an emergency department results in higher costs and poor health outcomes.

Health Brigade urges our legislators to refocus Virginia's administrative and financial resources back to

the goal of Medicaid, which is improving coverage and access to care, rather than creating barriers to health care for our most vulnerable neighbors.

 Executive Director  
Health Brigade

From: [REDACTED] <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 12:00 PM  
Subject: Writing about Virginia COMPASS  
To: <1115Implementation@dmas.virginia.gov>

National health insurance now.

[REDACTED]

From: [REDACTED] <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 12:01 PM  
Subject: Comments Against Virginia COMPASS  
To: <1115Implementation@dmas.virginia.gov>

This comment is directed toward certain aspects of Virginia's Medicaid waiver application. Losing health coverage for someone with a chronic illness would be devastating. Being locked out of health care due to failure to reporting work activities or being unable to pay monthly premiums could lead to terrible health outcomes for many Virginians.

I am very concerned with certain aspects of this proposal, specifically work requirements. This policy choice will cause many low-income people in our state to lose coverage, including people who should be exempt but may not understand how to navigate the administrative hurdles. Thank you very much for considering my thoughts on this waiver application.

[REDACTED]

From: [REDACTED] <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 12:01 PM  
Subject: Proposed Virginia COMPASS waiver  
To: <1115Implementation@dmas.virginia.gov>

I am writing to you today regarding Virginia's Medicaid waiver proposal, I oppose the aspects of this program that create new burdens on people who are already struggling. The Medicaid program provides critical access to prevention, treatment, disease management, and care coordination services. It keeps people from becoming seriously ill and not being able to care for themselves or their family. I am pleased to offer these comments and hope you will consider them.

[REDACTED]

From: [REDACTED] <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 12:02 PM  
Subject: New Medicaid waiver comments  
To: <1115Implementation@dmas.virginia.gov>

The comments in this email should be considered in relation to Virginia's Medicaid waiver application. Monthly premiums proposed to maintain Medicaid cost too much. Medicaid is designed to be affordable. People with very low income truly cannot afford any additional costs.

Medicaid provides critical access to the prevention and treatment of illnesses but if that access is denied the opportunity to keep people healthy is lost. We need a program that ensures consistent access. Thank you for considering my thoughts. I believe Virginia can do better than this.

[REDACTED]

From: [REDACTED] <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 12:02 PM  
Subject: Responding to Medicaid waiver idea  
To: <1115Implementation@dmas.virginia.gov>

I offer the following comments concerning the proposed changes to Virginia's Medicaid program. The proposed waiver would add new barriers to accessing coverage, putting access to care in jeopardy when the object is to take down barriers. We should not be heading in this direction because it will not benefit enrollees or the Commonwealth as a whole.

For a large majority of Medicaid recipients in our state who already work or face serious barriers to employment, Medicaid work requirements will have very little benefit for them. Instead, this proposal will add more roadblocks for Virginians to get and keep the health coverage they need. I appreciate your time. Thank you for reading my comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 12:02 PM  
Subject: RE: Virginia COMPASS waiver  
To: <1115Implementation@dmas.virginia.gov>

As a Virginian who cares about expanding healthcare coverage, I am writing to you regarding my concerns with the COMPASS waiver application. Please give consideration to my views. The Virginia COMPASS health and wellness accounts are too complex and a lack of understanding of how this program works will undermine the intended goals of the program.

The goal of a work requirement in a Medicaid program should be to connect people with resources that will help them to find more steady or better-paying work, so that they will one day not be in a position to need help from the program. The goal should not be to place obstacles in the way of applicants in order to 'save money' in the short term by keeping them off the roles. I have never been on Medicaid, but I have applied for student loans, and dealt with private insurance that presents similar 'hoops' to jump through -- such as so-called 'incentives' or reimbursement procedures that are, in practice, very complicated to comply with, so that it's very easy to miss a deadline or a benefit that one is extremely qualified for.

In practice, this system is likely to be expensive for Virginia to implement, serve a relatively small number of citizens, and prevent the program from accomplishing its goals.

[REDACTED]

Ms.

From: [REDACTED] <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 12:02 PM  
Subject: I oppose COMPASS waiver  
To: <1115Implementation@dmas.virginia.gov>

This is regarding my concerns surrounding the waiver draft for the Medicaid program in Virginia. Many people with low incomes have to move frequently and might even be homeless. These living conditions make it hard to comply with programs that have demands like this so this group of Virginians would still end up without coverage.

In addition required co-pays will put extreme hardships on Virginia citizens with the lowest incomes. Please don't mess this Medicaid expansion program up before it even goes into affect.

Please make necessary improvements to the proposed draft.

Thank you for your consideration.

[REDACTED]

[REDACTED]

Mrs.

From: [REDACTED] <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 12:02 PM  
Subject: Proposed Medicaid Waiver Application  
To: <1115Implementation@dmas.virginia.gov>

I am writing with regard to Virginia's COMPASS program and my opposition to certain components of it. Work requirements have little to do with the intent of Medicaid and may actually interfere with it by creating new difficulties.

Virginia residents of all income brackets deserve coverage.

I trust you will take these thoughts and comments into consideration as this process continues.

[REDACTED]

From: [REDACTED] <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 12:02 PM  
Subject: Writing about Virginia COMPASS  
To: <1115Implementation@dmas.virginia.gov>

I am writing with regard to Virginia's COMPASS program and my opposition to certain components of it. If people are kept out of the Medicaid program, these individuals will still seek medical services, and the state will end up with some of that expense without the benefit of the federal money available to assist with those costs.

Monthly premiums of any amount would be too expensive for many families to pay regularly. These are already very poor families who struggle to afford basics like food and rent. If they qualify for Medicaid, they are unlikely to have the extra money to pay a premium. Thank you for considering my thoughts. I believe Virginia can do better than this.

[REDACTED]

Ms.

From: [REDACTED] <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 12:03 PM  
Subject: Against Proposed VA 1115 Waiver  
To: <1115Implementation@dmas.virginia.gov>

The comments below, describe my concerns about and opposition to the proposed changes to Virginia's Medicaid program. Virginia should not implement health and wellness accounts because there is very little research showing that health and wellness accounts help Medicaid recipients use services more cost-effectively.

Implementing the job requirement will not help many people get jobs because the majority of Medicaid enrollees are already working, disabled, ill, caretakers, pregnant women, students, retired, or looking for work. The requirement is a big cost with little possible result. I appreciate your consideration of my comments as you make changes to this draft.

[REDACTED]

From: [REDACTED] <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 12:03 PM  
Subject: Proposed Virginia COMPASS waiver  
To: <1115Implementation@dmas.virginia.gov>

I offer the following comments concerning the proposed changes to Virginia's Medicaid program. Virginians with Medicaid coverage are encouraged to access a doctor on a regular basis to maintain good health so they can remain working and productive. Monthly premiums for coverage will be too high for many people and they will not have the opportunity to stay healthy.

Medicaid's mission is to provide health coverage to low-income people so they can obtain the services and treatments they need. By making access more difficult than necessary this proposal works against the mission. The Commonwealth needs to make improvements to this draft. Thank you for taking my comments into consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 12:03 PM  
Subject: My letter on work requirements waiver  
To: <1115Implementation@dmas.virginia.gov>

As a Virginian who cares about expanding healthcare coverage, I am writing to you regarding my concerns with the COMPASS waiver application. Please give consideration to my views. Virginia should not implement health and wellness accounts for Medicaid recipients. Indiana has one of the longest standing health savings account programs in the nation, yet many of their recipients do not know how to use it. We should not go down this path and create more cost for the state.

If a low-wage worker has inconsistent hours or an insecure job they may fail to keep up with the requirements and lose healthcare. If that results in an inability to work at all the program will have failed to help the exact situation the expansion was supposed to improve. Please make the right changes to the Medicaid waiver proposal.

[REDACTED]

Olqp

From: [REDACTED] <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 12:03 PM  
Subject: Virginia COMPASS Waiver Application  
To: <1115Implementation@dmas.virginia.gov>

The subject of my letter is the Commonwealth's proposed Medicaid waiver application which includes too many complicated burdens. In states with requirements like the ones in this proposal, the results were that nearly half of the new adults enrolled in Medicaid expansion ended up losing coverage. Virginia needs a program that has a better success rate than that. Removing some of the proposed restrictions would help to improve access.

If families are living in poverty, it does not make sense to charge them monthly premiums as it is unlikely that they will be able to consistently pay them. This reality will result in limiting the number of low-income Virginians who will gain coverage. I thank you for the opportunity to offer this information.

[REDACTED]

Network Interfaces Corporation

From: [REDACTED] <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 12:04 PM  
Subject: New Medicaid Waiver Comments  
To: <1115Implementation@dmas.virginia.gov>

Virginia's proposed changes to the Medicaid program will undermine its effective implementation. Medicaid work requirements may cause Virginians to lose or see an interruption in their coverage because their hours at work fluctuate so often, especially in industries such as food services and construction. We should not penalize Virginians for things that are out of their control.

People who qualify for Medicaid need reliable health care access. There should not be any barriers because they should be encouraged to maintain their health. Thanks for allowing me to comment on this waiver.

[REDACTED]

From: [REDACTED] <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 12:04 PM  
Subject: DMAS Public Comment  
To: <1115Implementation@dmas.virginia.gov>

This comment is concerning the troubling requirements that Virginia proposes for Medicaid. The work requirement will not help many people find jobs because most Medicaid enrollees are already working or they are disabled or have some other reason why they cannot work. The requirement is an enormous cost with little benefit.

The proposed changes to Medicaid would take away health insurance from sick individuals when they need it most. I do not support this approach. Virginians should have easy access to the right care. Thank you for accepting these comments.

There are many reasons that a patient might not comply with the many requirements in this proposed program and would result in their losing care. For example, there could be a language barrier or intellectual disability that makes it hard to fully understand the requirements. People in this situation need easy, uncomplicated access. This program does not promise that.

[REDACTED]

From: [REDACTED] <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 12:04 PM  
Subject: New Medicaid Waiver Comments  
To: <1115Implementation@dmas.virginia.gov>

As a person of faith who believes in the inherent worth of every individual, I am writing to you regarding my concerns with the COMPASS waiver application. There are many reasons that a patient might not comply with the many requirements in this proposed program and would result in their losing care. For example, there could be a language barrier or intellectual disability that makes it hard to fully understand the requirements. People in this situation need easy, uncomplicated access. This program does not promise that.

Additionally, work requirements and other efforts to deny public supports to try to get people to work have poor results wherever they have been tried. People are unemployed for a variety of reasons that can be complicated. This requirement will just deny people healthcare coverage like it has wherever they have been tried. I am hopeful that you change the proposed waiver.

[REDACTED]

From: [REDACTED] <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 12:05 PM  
Subject: My comments on DMAS waiver  
To: <1115Implementation@dmas.virginia.gov>

DMAS: Please drop your proposed work requirements from the Virginia Medicaid expansion.

CMS: Please disapprove any waivers requested for work requirements in Virginia's expanded Medicaid.

Why: The principal reason for expanding Medicaid is to provide people with health care. Any work requirement will only reduce the number of people who are eligible for care, and thus increase the incidence of illness, disability and death in Virginia -- and thus increase costs to the rest of us. The vast majority of people in the Medicaid coverage gap are working, sometimes multiple jobs, or else they are either too old or too sick to work. The work requirement process is also time-consuming and burdensome, both for participants and the state. It sets up a series of stumbling blocks that increase the chance that even working people will lose coverage because they forget to fill out a form, or they're late doing so, or they don't have time to do so because they're working.

My wife and I have worked hard for what we have. But we don't lose sleep at night worrying that someone, somewhere is getting some benefit without working for it. We're just glad that more people can have health coverage.

[REDACTED]

From: [REDACTED] <[REDACTED]>

Date: Sat, Oct 20, 2018 at 12:05 PM

Subject: My letter on work requirements waiver

To: <1115Implementation@dmas.virginia.gov>

Medicaid waiver draft. Some aspects of this proposal will create too many barriers to access. So many factors in this proposed program put access to care at risk. There is no reason for this to be the case. Parts of this plan that call access into question must be removed in order for it to be effective.

Virginia should not implement health and wellness accounts because there is very little research showing that health and wellness accounts help Medicaid recipients use services more cost-effectively. I am hopeful that you change the proposed waiver.

[REDACTED]

From: [REDACTED] <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 12:05 PM  
Subject: Comments opposing Virginia COMPASS  
To: <1115Implementation@dmas.virginia.gov>

The one-size-fits-all COMPASS work requirement is draconian, daunting to many potential Medicaid enrollees, and expensive to administer—in a word, unworkable. It goes against the federal legislative language that permits waivers, which states that they must be “likely to assist in promoting the objectives of the program”—i.e. expanding healthcare coverage and, presumably, outcomes. It is not surprising that Kentucky’s work requirement was invalidated by the D.C. federal district court in *Stewart vs Azar*. At best, Virginia’s work requirement language would delay Medicaid expansion as a lawsuit makes its way through the courts, at State expense.

There is a better way. The Section 1115 waiver language specifically solicits “research and demonstration projects.” Make Virginia’s a controlled experiment, with the population of new enrollees invited to partake of a spectrum of services to improve their access to employment and suitable housing. A randomly chosen group of these would be followed, along with a parallel group of enrollees who decline this option. Enlist the help of a major Virginia research university, or perhaps the Kaiser Family Foundation, to conduct the experiment.

This project would attract, not repel, enrollees and benefit not only those individuals but, thanks to its findings, the entire Medicaid universe.

[REDACTED]

Private, With Alert From Virginia Organizing

From: [REDACTED] <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 12:06 PM  
Subject: Against Proposed VA 1115 Waiver  
To: <1115Implementation@dmas.virginia.gov>

I am writing to you with regard to Virginia's proposed Medicaid waiver which has problems as it is currently written. Many people with low incomes have to move frequently and might even be homeless. These living conditions make it hard to comply with programs that have demands like this so this group of Virginians would still end up without coverage. I am pleased to offer these comments and hope you will consider them.

[REDACTED]

From: [REDACTED] <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 12:06 PM  
Subject: Regarding Virginia COMPASS Application  
To: <1115Implementation@dmas.virginia.gov>

I am writing to you today regarding Virginia's Medicaid waiver proposal, I oppose the aspects of this program that create new burdens on people who are already struggling. The goal of Medicaid is to give coverage to those who need it. This would stop sick people from receiving the care that they need and keep healthy people from staying healthy.

Requiring people to work can deter families from signing up for coverage that they qualify for and need. When someone does not have health coverage, they are generally less able to maintain work because of it. Please take my thoughts and concerns into consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 12:49 PM  
Subject: Responding to waiver proposal  
To: <1115Implementation@dmas.virginia.gov>

This email is in opposition to some requirements proposed in Virginia's Medicaid waiver. I hope you will take my views under advisement. In states with requirements like the ones in this proposal, the results were that nearly half of the new adults enrolled in Medicaid expansion ended up losing coverage. Virginia needs a program that has a better success rate than that. Removing some of the proposed restrictions would help to improve access.

Virginians should not be penalized if their health condition prevents them from working, particularly in a manner that takes away health coverage and access to treatments and services. This proposed work requirement punishes people with poor health. Please take my thoughts and concerns into consideration.

In addition, copays restrict access by people who have no income, when many of them might with adequate healthcare be able to return to the workforce.

It is in the community interest to remove both the work requirements and the copays. Together these requirements make their own impasse to good community healthcare.

[REDACTED]

From: [REDACTED] <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 12:50 PM  
Subject: NO Medicaid Waiver  
To: <1115Implementation@dmas.virginia.gov>

I am writing to comment on the COMPASS Medicaid waiver. Experience with similar measures elsewhere has shown that work requirements have little or no effect, since most people who rely on Medicaid are already working or are unable to work because of health problems or family responsibilities. Sadly, dealing with health issues(our own or others') in our overly-complicated medical system is already a full time job in itself. At a time of nearly full employment, it seems especially cruel to make people who would prefer to work if they were able spend time proving that they are unable to work.

This also seems like a counterproductive use of state resources – both tax dollars and employee time. As a Virginia taxpayer, I want to see my tax dollars used to improve the circumstances of Virginians in need, not to make them jump through unnecessary bureaucratic hoops to maintain basic medical coverage. Both Medicaid recipients and the State of Virginia can spend time and resources in much more productive ways.

[REDACTED]

From: [REDACTED] <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 12:50 PM  
Subject: Proposed Medicaid Waiver Application  
To: <1115Implementation@dmas.virginia.gov>

I feel you should earn coverage if you are able to work. Seniors should continue to qualify for care without work history currently. Children should receive. All Virginians should qualify to purchase inexpensive health care with cost and coverage similar to fed govt and state employee costs.

[REDACTED]

From: [REDACTED] <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 12:50 PM  
Subject: Arguments against COMPASS  
To: <1115Implementation@dmas.virginia.gov>

Please consider the following concerns surrounding the waiver for the VA Medicaid program. Without ongoing coverage, someone that has a treatable illness may still be suffering. As a result, they are denied the opportunity to benefit from treatments for common conditions like high blood pressure. The lack of access has serious consequences. I hope you will take these thoughts and comments into consideration moving forward.

[REDACTED]

From: [REDACTED] <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 12:50 PM  
Subject: Writing about Virginia COMPASS  
To: <1115Implementation@dmas.virginia.gov>

Access to health care is very important, that is why I am commenting on this proposed change. The Medicaid population faces multiple challenges. They can face language barriers, disabilities, mental illness, insecure work, and homelessness. All these issues create difficulties when asked to comply with complicated government programs. The result of this can be that access is not improved at all. I am grateful for the opportunity to offer comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 1:01 PM  
Subject: Please do not add work requirements to Virginia's Medicaid program  
To: Dr. Jennifer Lee <1115Implementation@dmas.virginia.gov>

Dear Department of Medical Assistance Services Dr. Jennifer Lee,

I am writing in opposition to the Virginia COMPASS plan to take Medicaid coverage away from enrollees who do not meet a work requirement. Work requirements are a solution in search of a problem and would create burdensome barriers that would harm all Medicaid recipients, while costing the commonwealth millions.

Virginia's proposal to condition Medicaid coverage on complying with restrictive eligibility and documentation requirements violates the program's intent. The purpose of the Medicaid program is to provide medical assistance for those with income that is insufficient to meet the costs of medical coverage, not to restrict access to that coverage. By some estimates, more than 25,000 fewer Virginians will have health coverage through Medicaid due to the new requirements.

In particular, the proposal to take coverage away from Medicaid beneficiaries that don't or can't meet new work requirements is not only punitive and a violation of the program's intent, but also unsupported by the evidence. As we already know, most Medicaid enrollees that are able to work, do work.

The Virginia COMPASS proposal will be burdensome for all involved— individuals and families as well as the state— and will lead to tens of thousands of Virginians losing health coverage. Virginia should not add more red tape to the Medicaid program or force families to pick between taking care of their health care needs and putting food on the table for their families.

Regards,

[REDACTED]

Annandale, VA 22003

From: [REDACTED] <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 1:04 PM  
Subject: Proposed Virginia COMPASS waiver  
To: <1115Implementation@dmas.virginia.gov>

This is regarding my concerns surrounding the waiver draft for the Medicaid program in Virginia. I am very concerned with certain aspects of this proposal, specifically work requirements. This policy choice will cause many low-income people in our state to lose coverage, including people who should be exempt but may not understand how to navigate the administrative hurdles.

Medicaid provides critical access to the prevention and treatment of illnesses but if that access is denied the opportunity to keep people healthy is lost. We need a program that ensures consistent access. I sincerely hope that the public comments will be taken into consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 1:05 PM  
Subject: New Medicaid Waiver Comments  
To: <1115Implementation@dmas.virginia.gov>

As a Virginian, I do not support the changes outlined in Virginia's 1115 Medicaid waiver draft. If a person or family has very low income, it does not make sense to charge them monthly premiums.

There are many reasons that a patient might not comply with the many requirements in this proposed program and would result in their losing care. For example, there could be a language barrier or intellectual disability that makes it hard to fully understand the requirements. People in this situation need easy, uncomplicated access. This program does not promise that. Thank you for accepting these comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 1:11 PM  
Subject: My letter on work requirements waiver  
To: <1115Implementation@dmas.virginia.gov>

I am writing to oppose the proposed 1115 Medicaid Waiver in Virginia. As an MSW student, I have researched the costs associated with work requirements for other programs, and the cost of monitoring compliance is significant and better spent helping people obtain jobs or actually providing healthcare to people that need it. I have worked at a free clinic, and people want to work but often do not have the skills, transportation, or support. Virginia's workforce training and job search programs are insufficient to meet the need already, without adding in people looking for work to keep their Medicaid. The number of people exempt from a work program would be a significant percentage, and further money would be wasted determining who must meet work requirements and who should be exempt. Thanks for your consideration and please oppose the 1115 Medicaid Waiver in Virginia.

[REDACTED]

1990

From: [REDACTED] <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 1:35 PM  
Subject: Comment re: Virginia 1115 waiver  
To: 1115implementation@dmas.virginia.gov <1115implementation@dmas.virginia.gov>

Hello,

Please find attached our public comments regarding the Virginia 1115 Medicaid Waiver Extension Application: Virginia COMPASS. While we are happy to see Medicaid expansion in Virginia, we have concerns that implementation of these requirements will have negative impacts on Virginians. Feel free to contact me anytime if I may be of help to your office.

Sincerely,

[REDACTED] MD FACOG

Chair, Virginia Section, American College of Obstetricians and Gynecologists

Sent from Mail for Windows 10



The American College of  
Obstetricians and Gynecologists  
WOMEN'S HEALTH CARE PHYSICIANS

*Virginia Section*

October 20, 2018

Susan Puglisi  
Senior Advisor  
Virginia Department of Medical Assistance Services  
600 East Broad Street  
Richmond, VA 23219

**RE: Virginia Section of ACOG Comments on Virginia's Medicaid 1115 Waiver Extension  
Application: Virginia COMPASS**

Dear Ms. Puglisi:

The Virginia Section of the American College of Obstetricians and Gynecologists (ACOG), representing more than 1,000 practicing obstetrician-gynecologists (ob-gyns), welcomes the opportunity to comment on Virginia's proposed Medicaid 1115 Waiver Extension Application: Virginia COMPASS. As physicians dedicated to providing quality care to women, we applaud the Commonwealth's decision to extend coverage to more women in need and thank you for the work you are doing to seek approval of the expansion of Virginia's Medicaid program.

We are pleased to see that pregnant and postpartum women are exempt from participation in the work and community engagement requirement, along with primary caregivers of dependent children under age 19, individuals participating in substance use disorder treatment, and victims of domestic violence. ACOG however would prefer that employment not be a condition of Medicaid eligibility for Medicaid recipients. We believe work requirements create an unnecessary burden on Medicaid patients with limited resources.<sup>1,2</sup>

Studies of work requirements implemented in other programs such as Temporary Assistance for Needy Families (TANF) have demonstrated that a work requirement creates complexity and costs to Virginia's Medicaid program.<sup>3</sup> State experience in implementing similar TANF requirements suggests that adding such requirements to Medicaid could cost Virginia thousands of dollars per beneficiary and lead to the loss of health care coverage for substantial numbers of Virginians unable to find work or facing barriers to gaining employment.<sup>4,5</sup> A recent Fitch Ratings study found that Medicaid administrative costs in Kentucky increased more than 40%, or \$35 million, in part due to implementation of Kentucky's work requirement before it was halted by the DC Circuit Court.<sup>6</sup> Implementation of similar requirement Virginia would like have

similar negative consequences in terms of reduced health care coverage and unnecessary administrative cost increases.

Thank you for the opportunity to provide comments on Virginia’s proposed Medicaid 1115 Waiver Extension Application: Virginia COMPASS. We appreciate your effort to seek input, particularly on behalf of the providers who will be caring for the newly eligible population and would be happy to work with your office to develop solutions that both improve health outcomes and reduce costs in the Medicaid program. To discuss these recommendations further, please contact [REDACTED] ACOG Health Policy Analyst, at [REDACTED] or myself anytime.

Sincerely

[REDACTED]

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<sup>1</sup> American College of Obstetricians and Gynecologists. ACOG opposes efforts to radically limit Medicaid access. January 2018. Available at: <https://www.acog.org/About-ACOG/News-Room/Statements/2018/ACOG-Opposes-Efforts-to-Radically-Limit-Medicaid-Access>

<sup>2</sup> American Academy of Family Physicians, American Academy of Pediatrics, American College of Obstetricians and Gynecologists, American College of Physicians, American Osteopathic Association, American Psychiatric Association. America’s frontline physicians: statement on Medicaid work requirements. January 2018. Available at: <https://www.aafp.org/dam/AAFP/documents/advocacy/coverage/medicaid/ST-Group6-MedicaidWorkRequirements-011218.pdf>

<sup>3</sup> Hahn H, Pratt E, Allen E, Kenney G, Levy DK, and Waxman E (2017). Work requirements in social safety net programs: A status report of work requirements in TANF, SNAP, Housing Assistance, and Medicaid. Available at: <https://www.urban.org/sites/default/files/publication/95566/work-requirements-in-social-safety-net-programs.pdf>

<sup>4</sup> Gayle Hamilton *et al.*, “National evaluation of Welfare-to-Work strategies: How effective are different Welfare-to-Work approaches? Five-year adult and child impacts for eleven programs,” Manpower Demonstration Research Corporation, December 2001, Table 13.1. Available at: [https://www.mdrc.org/sites/default/files/full\\_391.pdf](https://www.mdrc.org/sites/default/files/full_391.pdf)

<sup>5</sup> Pavetti, L, Derr M, and Sama Martin E. “Assisting TANF recipients living with disabilities to obtain and maintain employment: Conducting in-depth assessments.” Mathematica Policy Research, Inc., February 2008. Available at: [https://www.acf.hhs.gov/sites/default/files/opre/conducting\\_in\\_depth.pdf](https://www.acf.hhs.gov/sites/default/files/opre/conducting_in_depth.pdf)

<sup>6</sup> Fitch Ratings. Medicaid waiver actions limit US states’ cost control. July 2018. Available at: <https://www.fitchratings.com/site/pr/10038515>

From: [REDACTED] <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 1:46 PM  
Subject: Virginia COMPASS waiver public comments  
To: <1115Implementation@dmas.virginia.gov>

I am opposed to certain new burdens included in proposed COMPASS Medicaid program. Medicaid is a safety net program, but it is not effective if its availability is threatened by the program's design. Economic hard times are often happening at the same time as failing health. We need for people to have consistent access to treatment for this program to work the way it is supposed to.

Complicated requirements like the work requirement proposed here, result in new hardship for families already facing many. It can also keep people from enrolling because they are not confident they can keep up with the requirements. I am thankful for the opportunity to provide this information.

[REDACTED]

From: [REDACTED] <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 1:46 PM  
Subject: Proposed Virginia COMPASS waiver  
To: <1115Implementation@dmas.virginia.gov>

Please consider the following concerns surrounding the waiver for the VA Medicaid program. Adding monthly premiums to Medicaid will cost people too much money. The point of Medicaid is to give people an affordable way to get health insurance. People with very low income are particularly sensitive to any additional cost.

Some mental illnesses, especially if they are untreated, make it very difficult for someone to comply with this proposal - resulting in their losing access to care. This could easily spiral into much more expensive treatments and hospitalizations. Thank you for taking these concerns into consideration. I hope you will make changes to this proposal.

[REDACTED]

From: [REDACTED] <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 1:46 PM  
Subject: Against Proposed VA 1115 Waiver  
To: <1115Implementation@dmas.virginia.gov>

As a Virginian who cares about expanding healthcare coverage, I am writing to you regarding my concerns with the COMPASS waiver application. Please give consideration to my views. Medicaid is a safety net program, but it is not effective if its availability is threatened by the program's design. Economic hard times are often happening at the same time as failing health. We need for people to have consistent access to treatment for this program to work the way it is supposed to. Thanks for reading my thoughts on this program.

[REDACTED]

Non-profit

From: [REDACTED] <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 1:46 PM  
Subject: My comments on DMAS waiver  
To: <1115Implementation@dmas.virginia.gov>

I am writing with regard to Virginia's COMPASS program and my opposition to certain components of it. Failure to comply with the reporting requirements could result in being locked out of coverage. Losing access to care can have dire consequences that are not consistent with the effort to expand access so people can lead healthier lives. Thank you taking all of my comments under consideration.

Health care for all citizens is right. It is a HUMAN RIGHT!!

[REDACTED]

From: [REDACTED] <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 1:51 PM  
Subject: Comments on Virginia's Medicaid Expansion Waiver Application (COMPASS)  
To: <1115Implementation@dmas.virginia.gov>

These comments are in response to the General Notice for

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES 1115 DEMONSTRATION EXTENSION  
APPLICATION Virginia COMPASS

Creating Opportunities for Medicaid Participants to Achieve Self- Sufficiency

1. Referring to Section 1115 Medicaid Demonstration Waivers: The Current Landscape of Approved and Pending Waivers, how, specifically, does COMPASS "drive greater value for Medicaid"? (See CMS Criteria #6 in Appendix B, p. 8.)

a. See More Bad News For ObamaCare: Enrollees See Little Benefit From Medicaid Expansion

"...Medicaid enrollees receive very little benefit from each dollar spent on Medicaid. The absolute minimum enrollees receive is 15 cents of benefit per dollar spent.

"...estimate that for every dollar Medicaid spends, non-enrollees receive about 60 cents of benefit. The authors don't identify who Medicaid's real beneficiaries are, but they likely include those who receive Medicaid subsidies (hospitals, insurance companies, pharmaceutical companies, doctors, device manufacturers) and people who would otherwise make charitable contributions to provide medical care to enrollees. In other words, Medicaid's actual beneficiaries are different from its intended beneficiaries.

How is COMPASS designed to drive a greater value to intended beneficiaries?

2. "Measurable outcomes" that are specific and time-bound should be designed and incorporated into COMPASS, to increase the likelihood that beneficiaries will become self-sufficient with improved quality of life.

- For example, instead of requiring only one healthy behavior per year in order to receive a reward, individuals should be required to complete annually a full set of preventive health activities appropriate for their age and lifestyle (e.g. immunizations, cancer screenings, smoking cessation, etc.)

3. The COMPASS work and community engagement requirements are weak as written. COMPASS should, but does not, sufficiently incentivize or reward enrollees to achieve full-time employment and become independent. This goal should be achievable given the current robust economy that has produced millions of new jobs and record low unemployment rates.

4. The second hypothesis on pg. 23 of the Waiver Application, pertaining to losing coverage, is contradicted by JLARC analysis cited throughout the application, e.g. footnote 3 and elsewhere. Please resolve.

5. An additional hypothesis is needed, pertaining to the traditional Medicaid population in Virginia. Hypothesis: Implementing COMPASS will not worsen access to health services among other Medicaid enrollees. (Research suggests that expanding Medicaid puts the truly needy Medicaid population at greater risk, because both groups must compete for health services that are limited.)

6. The word "accountability" appears only once in the 25 page waiver (pg. 12.) How will DMAS promote additional accountability measures to satisfy taxpayers, who make COMPASS possible?

- (See, for example, Private Medicaid Plans Receive Billions In Tax Dollars, With Little Oversight)

- Recommend the Waiver include a discussion of new oversight authorities assigned by legislators.

7. DMAS should be required to give Medicaid applicants information about non-government health insurance options, to include health-sharing, short-term limited duration insurance, association health plans, privately operated charity medical clinics and services. Further, encouraging these applicants to seek non-public resources would reduce Medicaid spending while promoting individuals' self-reliance and independence.

8. How will implementation of this waiver either resolve or exacerbate existing problems in administering Medicaid identified in earlier JLARC audits?

- Further, and to illustrate a challenge at the local level, a recent Fairfax County fiscal report stated that "The County has failed to perform case intake and management to federal standards for timeliness and accuracy, and 'for the fifth consecutive year, the external auditor for the year ending June 30, 2017 found material noncompliance in the Medicaid program..." and "...there is no further capacity to address existing workloads while continuing to absorb additional cases..."

Sincerely,

[REDACTED]

Fairfax Station VA

[REDACTED]

From: [REDACTED] <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 3:15 PM  
Subject: Commenting on Virginia Compass  
To: <1115Implementation@dmas.virginia.gov>

As someone who believes access to health care is critical, I write in opposition to some of the changes to Virginia's Medicaid program proposed in this draft. Some of these proposed new requirements create obstacles to care for all enrollees. The fact that so many of the potential enrollees have been without adequate health care often means they are in no physical condition to work and have little or no financial resources to contribute to their healthcare. We need to allow those who have work potential time to be to get and recover from good healthcare before expecting them to join the workforce. I appreciate your consideration of my comments as you make changes to this draft.

[REDACTED]

Virginia Organizing

From: [REDACTED] <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 3:15 PM  
Subject: Virginia COMPASS waiver public comments  
To: <1115Implementation@dmas.virginia.gov>

This email offers my opinion about changes to Virginia's Medicaid program that I find problematic. Virginia should not have demands for work in order to get Medicaid. Studies have shown that state errors in administering programs like SNAP and TANF are common and individuals with disabilities, serious illnesses, and substance use disorders may be disproportionately likely to lose benefits, even when they should be exempt. The proposed changes are merely an ideological smokescreen that will only be detrimental to the health of Virginians. Healthcare is a human right, and should be available to our citizens regardless of ability to work. It is counterintuitive and counterproductive to implement work requirements for people who may be sick and unable to work. Please take my thoughts and concerns into consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 3:16 PM  
Subject: My letter on work requirements waiver  
To: <1115Implementation@dmas.virginia.gov>

The following comments are in regard to the proposed Medicaid waiver application to CMS. There are many reasons that a patient might not comply with this waiver and would result in their losing care. For example, there could be a language barrier that makes it hard to understand the requirements.

Among Medicaid enrollees who are not working, many have impediments to employment, including illness, disability or caregiving responsibilities. The number of those who could get a job as a result of the program is very small. I am thankful that the public was given this important opportunity to comment.

[REDACTED]

USA (RET)

From: [REDACTED] <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 3:16 PM  
Subject: Proposed Medicaid Waiver Application  
To: <1115Implementation@dmas.virginia.gov>

The comments in this email should be considered in relation to Virginia's Medicaid waiver application. Without ongoing coverage, someone that has a treatable illness may still be suffering. As a result, they are denied the opportunity to benefit from treatments for common conditions like high blood pressure. The lack of access has serious consequences.

Job requirements have a poor record in meeting their goals. Examples of this from other safety net programs like TANF can be found in Virginia. This proposal would not ensure that people are employed long-term and they can make it harder for some people to find work. We should avoid adding red tape and a new, expensive, complicated program. Please do take these concerns into consideration and make changes to this draft.

[REDACTED]



October 20, 2018

Susan Puglisi  
Virginia Department of Medical Assistance Services  
Attn: Virginia COMPASS  
600 E Broad Street  
Richmond, VA 23219

Re: Section 1115 Demonstration Waiver – Virginia COMPASS

Dear Ms. Puglisi:

Thank you for the opportunity to comment on the Virginia Creating Opportunities for Medicaid Participants to Achieve Self-Sufficiency (COMPASS) Waiver. On behalf of people with cystic fibrosis (CF), we write to express our concern that work and community engagement requirements, as well as premiums, are barriers to accessing the high-quality care that people with CF need. As such, we ask the state to specifically and automatically exempt people with cystic fibrosis from these requirements.

Cystic fibrosis (CF) is a life-threatening genetic disease that affects 388 adults in Virginia, more than 20 percent of whom rely on Medicaid for all or some of their health care coverage. CF causes the body to produce thick, sticky mucus that clogs the lungs and digestive system, which can lead to life-threatening infections. For those with CF, health care coverage is a necessity and interruptions in coverage can lead to lapses in care, irreversible lung damage, and costly hospitalizations—compromising the health and well-being of those with the disease. Removing an individual from Medicaid coverage if they are unable to comply with work or premium requirements, or during the determination of whether an individual is eligible for an exemption, will leave these patients without coverage they depend upon to maintain their health. Explicitly exempting Cystic Fibrosis, as you have already done for HIV/AIDS, will minimize the number of individuals who are disenrolled from coverage due to these new requirements.

Specifically, within the state's 1115 Demonstration Waiver Amendment, we are concerned with the following provisions:

***Work and Community Engagement Requirements***

Continuous access to high-quality, specialized CF care is essential to the health and well-being of people with cystic fibrosis. Making work a condition of Medicaid eligibility threatens access to care for people with CF, as their ability to work can vary with changes in health status. The Cystic Fibrosis Foundation appreciates Virginia's decision to exempt from community engagement and work requirements individuals who are medically frail or have special medical needs, including individuals with serious and complex medical conditions; this reflects the important reality that health status can significantly affect an individual's ability to search for and sustain employment. Likewise, we are pleased to see the state plans to leverage existing resources to determine both standard and good cause/hardship exemptions. As the commonwealth works to define these categories, we strongly urge you to further clarify the exemption list to specifically include cystic fibrosis as an automatic exemption to the requirements.

Nonetheless, even considering exemptions listed above, we still have serious concerns about the administrative challenges someone with CF could face in understanding and navigating these requirements and the exemption process. Arkansas' program is a prime example of how administrative burdens can jeopardize coverage. The

September 2018 Arkansas Works program report shows an overwhelming majority – nearly 82 percent – of those required to log-in and report compliance with the work requirements failed to do so, putting these individuals at risk for loss of coverage. In fact, after only four months, 8,462 people have lost Medicaid coverage for the remainder of 2018.<sup>1</sup>

### **Monthly premiums**

In addition to above concerns, we worry the proposal to implement premium payments may impose unmanageable health care costs on financially vulnerable and medically complex adults if they are unable to obtain an exemption. Our research shows that while 99 percent of people with CF have insurance, one-quarter delay or skip care due to cost concerns. Such actions seriously jeopardize the health of people with CF and lead to costly hospitalizations and fatal lung infections.

Not only are nominal premiums often unaffordable for low income beneficiaries, but the process of making a premium payment can create barriers to care for a population that may not have bank accounts or credit cards. For instance, an analysis of Indiana’s Medicaid program found that nearly 30 percent of enrollees never enrolled in coverage or were disenrolled from coverage because they failed to make premium payments during the study period. The analysis found 22 percent of individuals who never enrolled because they did not make the first month’s payment cited affordability concerns, and 22 percent said they were confused about the payment process.<sup>2</sup> Additionally, researchers found that many beneficiaries in Michigan used money orders to pay their premiums, as money orders are a common form of payment for individuals without a bank account or credit card, and beneficiary advocates and enrollment assisters noted that money order fees could sometimes equal or exceed the amount of premiums or copayments owed. For these reasons, we again ask for CF to be included on a list of explicit exemptions.<sup>3</sup>

The Cystic Fibrosis Foundation appreciates the opportunity to provide input on these important policy changes. As the health care landscape continues to evolve, we look forward to working with Virginia to ensure access to high-quality, specialized CF care and improve the lives of all people with cystic fibrosis. Please consider us a resource moving forward.

Sincerely,

[Redacted signature block]

<sup>1</sup> Arkansas Works Program, September 2018 Report. Available: [http://d31hzlkh6di2h5.cloudfront.net/20181015/d9/50/39/04/d3b5bd23a6cef7ccec3e4716/101518\\_AWreport.pdf](http://d31hzlkh6di2h5.cloudfront.net/20181015/d9/50/39/04/d3b5bd23a6cef7ccec3e4716/101518_AWreport.pdf)

<sup>2</sup> Lewin Group. *Healthy Indiana Plan 2.0: POWER Account Contribution Assessment*. March 31, 2017.

<sup>3</sup> Kaiser Family Foundation. *An Early Look at Medicaid Expansion Waivers and Implementation in Michigan and Indiana*. (Online). January 2017. Available: <http://kff.org/medicaid/issue-brief/an-early-look-at-medicaid-expansion-waiver-implementation-in-michigan-and-indiana/>

From: [REDACTED] <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 3:16 PM  
Subject: Virginia COMPASS Waiver Application  
To: <1115Implementation@dmas.virginia.gov>

The subject of my letter is the Commonwealth's proposed Medicaid waiver application which includes too many complicated burdens. Failure to comply with the reporting requirements could result in being locked out of coverage. Losing access to care can have dire consequences that are not consistent with the effort to expand access so people can lead healthier lives.

Work requirements in this program do not help families afford to put food on the table or improve their health. There is some evidence that shows that work requirements can actually make it harder for people to find work. This is not good policy. I appreciate your consideration of my comments as you make changes to this draft.

[REDACTED]

From: [REDACTED] <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 3:16 PM  
Subject: Virginia COMPASS waiver public comments  
To: <1115Implementation@dmas.virginia.gov>

I would like to make a public comment about the proposed 1115 Medicaid waiver. Work requirements in this program do not help families afford to put food on the table or improve their health. There is some evidence that shows that work requirements can actually make it harder for people to find work. This is not good policy.

People who qualify for Medicaid need reliable health care access. There should not be any barriers because they should be encouraged to maintain their health. The Commonwealth needs to make improvements to this draft. Thank you for taking my comments into consideration.

[REDACTED]

Network NoVA

From: [REDACTED] <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 3:49 PM  
Subject: DMAS Public Comment  
To: <1115Implementation@dmas.virginia.gov>

We shouldn't be increasing the bureaucracy which will hamper access to Medicaid Expansion health services in Virginia. Similar to SNAP, many of the potential beneficiaries already work, although usually at temporary and low paying jobs. Individuals with disabilities, serious illnesses, and substance use disorders may be disproportionately likely to lose benefits, even when they should be exempt. Please don't impose work requirements; they will disproportionately affect needy individuals and examples of similar requirements which have been imposed in Arkansas have shown that they create havoc, confusion and disadvantage the needy. We should be making systems easier not more complicated.

[REDACTED]

[REDACTED]

From: [REDACTED] <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 3:54 PM  
Subject: Virginia COMPASS Waiver Comments - Cystic Fibrosis Foundation  
To: 1115Implementation@dmas.virginia.gov <1115Implementation@dmas.virginia.gov>

Ms. Puglisi,

Thank you for the opportunity to comment on the Virginia Creating Opportunities for Medicaid Participants to Achieve Self-Sufficiency (COMPASS) Waiver. On behalf of people with cystic fibrosis (CF), we write to express our concern that work and community engagement requirements, as well as premiums, are barriers to accessing the high-quality care that people with CF need. Please see attached for our full comments.

Best,

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[REDACTED]

Sr. Specialist, State Policy

Cystic Fibrosis Foundation

[REDACTED]

[REDACTED]



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October 20, 2018

Susan Puglisi  
Virginia Department of Medical Assistance Services  
Attn: Virginia COMPASS  
600 E Broad Street  
Richmond, VA 23219

Re: Section 1115 Demonstration Waiver – Virginia COMPASS

Dear Ms. Puglisi:

Thank you for the opportunity to comment on the Virginia Creating Opportunities for Medicaid Participants to Achieve Self-Sufficiency (COMPASS) Waiver. On behalf of people with cystic fibrosis (CF), we write to express our concern that work and community engagement requirements, as well as premiums, are barriers to accessing the high-quality care that people with CF need. As such, we ask the state to specifically and automatically exempt people with cystic fibrosis from these requirements.

Cystic fibrosis (CF) is a life-threatening genetic disease that affects 388 adults in Virginia, more than 20 percent of whom rely on Medicaid for all or some of their health care coverage. CF causes the body to produce thick, sticky mucus that clogs the lungs and digestive system, which can lead to life-threatening infections. For those with CF, health care coverage is a necessity and interruptions in coverage can lead to lapses in care, irreversible lung damage, and costly hospitalizations—compromising the health and well-being of those with the disease. Removing an individual from Medicaid coverage if they are unable to comply with work or premium requirements, or during the determination of whether an individual is eligible for an exemption, will leave these patients without coverage they depend upon to maintain their health. Explicitly exempting Cystic Fibrosis, as you have already done for HIV/AIDS, will minimize the number of individuals who are disenrolled from coverage due to these new requirements.

Specifically, within the state's 1115 Demonstration Waiver Amendment, we are concerned with the following provisions:

***Work and Community Engagement Requirements***

Continuous access to high-quality, specialized CF care is essential to the health and well-being of people with cystic fibrosis. Making work a condition of Medicaid eligibility threatens access to care for people with CF, as their ability to work can vary with changes in health status. The Cystic Fibrosis Foundation appreciates Virginia's decision to exempt from community engagement and work requirements individuals who are medically frail or have special medical needs, including individuals with serious and complex medical conditions; this reflects the important reality that health status can significantly affect an individual's ability to search for and sustain employment. Likewise, we are pleased to see the state plans to leverage existing resources to determine both standard and good cause/hardship exemptions. As the commonwealth works to define these categories, we strongly urge you to further clarify the exemption list to specifically include cystic fibrosis as an automatic exemption to the requirements.

Nonetheless, even considering exemptions listed above, we still have serious concerns about the administrative challenges someone with CF could face in understanding and navigating these requirements and the exemption process. Arkansas' program is a prime example of how administrative burdens can jeopardize coverage. The

September 2018 Arkansas Works program report shows an overwhelming majority – nearly 82 percent – of those required to log-in and report compliance with the work requirements failed to do so, putting these individuals at risk for loss of coverage. In fact, after only four months, 8,462 people have lost Medicaid coverage for the remainder of 2018.<sup>1</sup>

### **Monthly premiums**

In addition to above concerns, we worry the proposal to implement premium payments may impose unmanageable health care costs on financially vulnerable and medically complex adults if they are unable to obtain an exemption. Our research shows that while 99 percent of people with CF have insurance, one-quarter delay or skip care due to cost concerns. Such actions seriously jeopardize the health of people with CF and lead to costly hospitalizations and fatal lung infections.

Not only are nominal premiums often unaffordable for low income beneficiaries, but the process of making a premium payment can create barriers to care for a population that may not have bank accounts or credit cards. For instance, an analysis of Indiana’s Medicaid program found that nearly 30 percent of enrollees never enrolled in coverage or were disenrolled from coverage because they failed to make premium payments during the study period. The analysis found 22 percent of individuals who never enrolled because they did not make the first month’s payment cited affordability concerns, and 22 percent said they were confused about the payment process.<sup>2</sup> Additionally, researchers found that many beneficiaries in Michigan used money orders to pay their premiums, as money orders are a common form of payment for individuals without a bank account or credit card, and beneficiary advocates and enrollment assisters noted that money order fees could sometimes equal or exceed the amount of premiums or copayments owed. For these reasons, we again ask for CF to be included on a list of explicit exemptions.<sup>3</sup>

The Cystic Fibrosis Foundation appreciates the opportunity to provide input on these important policy changes. As the health care landscape continues to evolve, we look forward to working with Virginia to ensure access to high-quality, specialized CF care and improve the lives of all people with cystic fibrosis. Please consider us a resource moving forward.

Sincerely,

[Redacted signature block]

<sup>1</sup> Arkansas Works Program, September 2018 Report. Available: [http://d31hzlkh6di2h5.cloudfront.net/20181015/d9/50/39/04/d3b5bd23a6cef7ccec3e4716/101518\\_AWreport.pdf](http://d31hzlkh6di2h5.cloudfront.net/20181015/d9/50/39/04/d3b5bd23a6cef7ccec3e4716/101518_AWreport.pdf)

<sup>2</sup> Lewin Group. *Healthy Indiana Plan 2.0: POWER Account Contribution Assessment*. March 31, 2017.

<sup>3</sup> Kaiser Family Foundation. *An Early Look at Medicaid Expansion Waivers and Implementation in Michigan and Indiana*. (Online). January 2017. Available: <http://kff.org/medicaid/issue-brief/an-early-look-at-medicaid-expansion-waiver-implementation-in-michigan-and-indiana/>

From: [REDACTED] <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 4:48 PM  
Subject: Support for d Virginia COMPASS (Creating Opportunities for Medicaid Participants to Achieve Self- Sufficiency).  
To: 1115implementation@dmas.virginia.gov <1115implementation@dmas.virginia.gov>

Cc: NAMI [REDACTED] <[REDACTED]>

to: Virginia Department of Medical Assistance Services

As a caregiver to someone diagnosed with serious, chronic mental illness, I am writing to let you know that I am urging passage of the state's pending Medicaid Waiver application, called Virginia COMPASS (*Creating Opportunities for Medicaid Participants to Achieve Self- Sufficiency*). I am especially in favor of several notable features of the waiver which, if approved, will be particularly beneficial to individuals with serious mental illness. These include:

Supported Employment Services:

Housing Support Services and

the federal government's approval to continue the delivery of essential Addiction Recovery Treatment Services (ARTS) to Medicaid enrollees.

Thank you. Sincerely,

[REDACTED]

[REDACTED]

[REDACTED]

From: [REDACTED] <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 5:06 PM  
Subject: Virginia Housing Alliance 1115 Waiver Comments Submission  
To: <1115implementation@dmas.virginia.gov>

I am writing on behalf of the Virginia Housing Alliance in response to the Virginia Department of Medical Assistance Service's request for public comment regarding the state's pending Medicaid 1115 Demonstration Waiver (Virginia COMPASS). VHA wishes to offer the following comments.

Sincerely,

[REDACTED]

Director of Policy and Advocacy | Virginia Housing Alliance

[REDACTED]

[REDACTED]

*Expanding Housing Opportunity and Ending Homelessness*

Learn more



# Virginia Housing Alliance

Expanding Housing Opportunity and Ending Homelessness

October 19, 2018

Department of Medical Assistance Services  
600 E. Broad Street  
Richmond, Virginia 23219

## **Re: Virginia COMPASS 1115 Comments**

I am writing on behalf of the Virginia Housing Alliance in response to the Virginia Department of Medical Assistance Service's request for public comment regarding the state's pending Medicaid 1115 Demonstration Waiver (Virginia COMPASS). VHA wishes to offer the following comments.

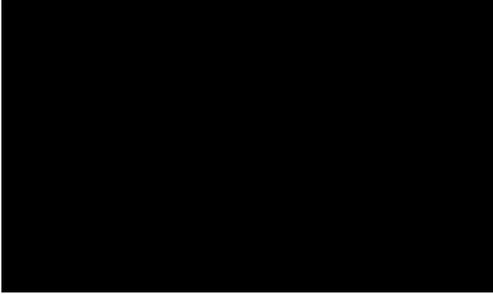
The Virginia Housing Alliance is the statewide leader in advocating for expanded housing opportunity and ending homelessness in Virginia through both education and advocacy. As such, we are acutely aware of the ways in which access to affordable, safe, and stable housing impact both short and long-term health outcomes. VHA is pleased that the list of covered housing support services is comprehensive and that these are services which many of our nonprofit community partners are already offering. By allowing these services to now be reimbursed by Medicaid, DMAS will enable providers to expand permanent supportive housing in Virginia. However, we think that further clarification is needed as to how a nonprofit provider becomes "authorized to deliver" services as found on page 14 of the waiver application.

VHA is also pleased to see the inclusion of language from the June 26<sup>th</sup>, 2015 CMS Informational Bulletin (on Coverage of Housing-Related Activities and Services for Individuals with Disabilities) regarding housing tenancy transition services and housing tenancy sustaining services. We feel that is effective guidance for the implementation of these new covered services in Virginia.

Another important component in the 1115 waiver application is the inclusion of well-defined criteria for identifying enrollees considered to be most "at risk".

VHA also submits that DMAS should provide additional detail on how and when the new benefits will be implemented in the different regions. This information will help the providers develop their offerings in a timely manner.

Lastly, we think that DMAS should provide further clarification as to whether the new housing support services will eventually become part of the state Medicaid plan or if they will just be a benefit under the HCBS 1915 c waivers.



From: [REDACTED] <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 5:39 PM  
Subject: Comment on 1115 waiver  
To: <1115Implementation@dmas.virginia.gov>

I believe that the proposal to charge a premium of \$5 or \$10 to recipients for wellness programs is not fiscally prudent and that it creates the likelihood that persons who are the intended beneficiaries of expansion will default on their payment and not receive the benefits of Medicaid expansion.

The proposal to charge a premium of \$5 or \$10 for wellness programs, however well-intentioned, creates a very high likelihood that it will cost Virginia more to implement than Virginia will benefit. As a Virginia resident and taxpayer, I am concerned about the fiscal reasonableness of such a plan. It is good that there are good cause exceptions to the payment of the monthly premium. But the cost of reviewing eligibility for the exceptions will far exceed the revenue from the premiums.

Additionally, the Medicaid expansion recipients, because many lack bank accounts, regular income, and the discipline to make monthly payments, will fail to make the premium payments and will thereby lose access to the benefits of Medicaid expansion.

Those in this income range have many life stressors that may take their attention away from the necessity of paying the monthly premium. They also move frequently due to limited income and therefore may not receive notice of payment failures or delinquencies.

The benefit of wellness programs is unquestionable. But to charge a monthly premium to recipients in order for them to participate is to set them up for failure and to deny persons the benefits of expanded Medicaid that the Affordable Care Act was meant to provide.

Sincerely,

[REDACTED]

[REDACTED]

[REDACTED]

From: [REDACTED] <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 5:41 PM  
Subject: Proposed Virginia COMPASS waiver  
To: <1115Implementation@dmas.virginia.gov>

NAKASEC is a non-profit community organization based in Annandale, VA. We work with Korean and Asian American communities in Virginia to achieve social, racial, and economic justice through a holistic model of grassroots social services, community education, organizing, and advocacy. We seek to meet the immediate needs of the community while also organizing for the long-term systemic change that address the root causes of those needs.

Korean Americans and Vietnamese Americans have higher uninsurance rates than the state average. Full implementation of Medicaid expansion is critical to address this problem. The consequences of not being able to seek affordable care are well-documented, ranging from facing medical debt or going without necessary care, and even death. When our communities have access to health coverage, they are more likely to get the medical care they need and are more financially secure.

For these reasons, NAKASEC opposes the certain provisions in Virginia's Medicaid waiver application, such as the job requirements, premiums, and copayments. Implementation of these factors could unnecessarily force loss of coverage.

Job requirements like this and other efforts to take away public supports to try to encourage people to work have poor track records. The reasons people are unemployed are sometimes too complicated to address in the way this proposal does. This requirement will just deny people healthcare coverage.

We can learn from Arkansas' case. On October 1, over 4,000 Arkansas Medicaid beneficiaries lost coverage for not reporting at least 80 hours of work or work-related activities for three months. That brings the total to 8,462 beneficiaries who have lost coverage since the state implemented its rigid work requirement. These individuals are locked out of Medicaid for the rest of 2018 even if they report 80 hours of work or work-related activities in future months or become exempt from the requirement due to illness or other reasons.

Losing coverage could create a life-threatening barrier to care for patients with long-term illnesses as these patients are unlikely to have access to ongoing treatments, medications and maintenance programs. Access to care is vital to the success of the Medicaid program.

On a different note, Medicaid expansion represents a monumental step forward in ensuring more Virginians have access to quality and affordable healthcare. However, several populations that will continue to have to make hard decisions about whether to pay for healthcare or pay for rent will be lawfully present immigrants, legal permanent residents who have had legal permanent resident status for less than five years, and undocumented immigrants. Each of these subgroups are excluded from health care options under the Affordable Care Act and most low-cost and free health care clinics throughout Virginia. NAKASEC works with these Asian American individuals and families, we know that these communities consider Virginia home.

We fully support implementation of Medicaid expansion without barriers, such as unwieldy work requirements and costly premiums because we know that they often have a disproportionate impact on low income communities and communities of color. We also urge that the state consider the thousands who will continue to be left out and uninsured.

Thank you for your time. I can be reached at [REDACTED] or [REDACTED] for more information.

Sincerely,

[REDACTED]

NAKASEC

From: [REDACTED] <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 5:46 PM  
Subject: Attn: Virginia Compass  
To: 1115Implementation@dmas.virginia.gov <1115Implementation@dmas.virginia.gov>

Good evening,

Please see the attachment for comments by HMS in response to Virginia Department of Medical Assistance Services proposed Section 1115 COMPASS waiver. Thanks in advance for your consideration.

Best,



[REDACTED]  
[REDACTED]  
[REDACTED]

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October 20, 2018

Ms. Susan Puglisi  
Virginia Department of Medical Assistance Services  
Attn: Virginia COMPASS  
600 E Broad Street  
Richmond, VA 23219

Re: Proposed Creating Opportunities for Medicaid Participants to Achieve Self-Sufficiency 1115 Waiver

Dear Ms. Puglisi:

Health Management Systems (HMS) is pleased to provide comments to the Virginia Department of Medical Assistance Services (DMAS) on its draft Section 1115 Demonstration Waiver. HMS has a long-standing partnership with DMAS – assisting Virginia in achieving programmatic and financial efficiencies. To date, HMS has generated nearly \$896 million in recovery and savings on behalf of the Commonwealth. In FY 2017 alone, HMS recovered nearly \$16 million in improper Medicaid payments, and helped the Commonwealth save an additional \$50 million by preventing improper payments from even happening in the first place. We are also honored to work with another 40+ Medicaid programs allowing us visibility into national best practices. We appreciate the need to balance costs with expanding access to care while improving quality. To that end, HMS strongly urges the Commonwealth to consider the below recommendations as part of its COMPASS waiver.

### **Enhance and Grow Virginia’s Health Insurance Premium Payment Program**

Virginia will expand Medicaid to an estimated additional 400,000 residents while imposing work requirements. As a result, there will be the greatest number of Medicaid members with access to employer sponsored insurance (ESI) in the history of the Commonwealth. Additional policies proposed under the COMPASS waiver focus on helping to prepare Medicaid members for commercial insurance, but the waiver does not detail the Commonwealth’s approach to leveraging ESI for the working Medicaid population. Given Virginia’s Medicaid expansion and COMPASS waiver, newly afforded Federal flexibility and new and innovative technologies - there has never been a more opportune time to enhance and grow Virginia’s Health Insurance Premium Payment Program (HIPP).

HIPP programs have historically been burdened with high administrative costs, operational challenges, and low enrollment.<sup>1</sup> However, the US Department of Health and Human Services (HHS) and Centers for Medicare and Medicare Services (CMS) have committed to use regulatory flexibility for state Medicaid programs and to promote greater alignment of Medicaid with private insurance. This commitment includes support for HIPP and the facilitation of enrollment in ESI options.<sup>2, 3</sup>

Currently, Virginia’s HIPP programs (HIPP and HIPP for Kids) use Medicaid funds to purchase private health insurance for Medicaid members and their families who have access to ESI, or other insurance, when it is determined to be a cost-effective alternative to providing coverage directly through the Medicaid program. As a result, Medicaid becomes the secondary insurance, covering the ESI co-pays, deductibles,

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<sup>1</sup> Medicaid, CHIP, and Employer-Sponsored Coverage Coordination Working Group, 2010:  
<https://www.cms.gov/regulations-andguidance/guidance/faca/downloads/workgrouppremiumassistancereportfinal.pdf>  
<sup>2</sup> Secretary Price Committed to Greater Medicaid Flexibility for States, issued March 10, 2017:  
<https://www.hhs.gov/about/news/2017/03/10/secretary-price-committed-greater-medicaidflexibility-states.html>  
<sup>3</sup>Secretary Price and Administrator Verma Letter to Governors on Medicaid Flexibility, issued March 15, 2017:  
<https://www.hhs.gov/sites/default/files/sec-price-admin-verma-ltr.pdf>

and in some cases, services that are not covered by ESI, but are covered under Medicaid. The HIPP program protects Medicaid's lawful status of payer of last resort while sharing the cost of healthcare with private insurance companies. Since private insurance pays first, Medicaid only pays the members' out-of-pocket expenses, thus keeping State costs lower and, in many instances, leading to better access to care. HIPP programs, such as those in Virginia, contain costs while promoting coverage options for individuals and families. The current program is optional to Medicaid members, manually administered, and relies heavily on Medicaid member self-attestation. However, there are alternative approaches to grow and streamline HIPP that have been successful in other states, including:

- **Mandatory Enrollment.** To achieve scale and maximize the potential for cost savings, participation in HIPP should be required for all eligible Medicaid members so long as the ESI is cost effective for the Commonwealth.
- **Capture a Complete Array Data Sets.** Timely access to the right data can be the difference between a successful HIPP program, and an expensive one. Reliance on Medicaid member self-attestation alone has proven to be ineffective. States should explore means to leverage existing databases for enhancements to HIPP processes, and enact policy changes where needed.
  - **Establish Minimum Data Sets to Collect from Members.** Capturing robust data points through the Medicaid member is recommended. The challenge is improving member response and confirming the accuracy of the data. As such, states may require members to provide paystubs periodically to confirm income as part of standardize data collection practice. However, all self-reported data should be verified by employer data or third party sources. In terms of maximizing matches and reducing administrative overhead, states may consider moving directly to confirmed access and auto-enrollment for those employee members who are identified on a file/match and moving self-attestation as a secondary data source for match verification. In order to do so, states must maximize employer engagement and participation.
  - **Establish Minimum Data Sets to Collect from Employers.** Leveraging new hire data for HIPP yields leads to Medicaid members who are employed at organizations likely to offer ESI. Under federal law, employers are required to report a minimum set of new hire data. The law compels states to establish new hire programs.<sup>4</sup> New hire reports must contain the name, address, and social security number of the employee, as well as the name, address, and Federal Employer Identification Number of the employer. However, this is the minimum requirement. States are encouraged to establish more stringent reporting requirements. This data must be reported to the state within 20 days of the date of hire. Using this data for HIPP can provide timely data for a more effective program. States may consider expanding new hire programs alongside growing their HIPP programs by requiring not just who is employed, but who is eligible for health insurance, the premium amount, the employer contribution, and a summary of benefits. At the very least, determining if an employee is full-time, part-time, or has access to ESI would significantly improve data match/verification. Other data sets for consideration may include date of birth, employer contact information, and an affidavit of knowledge to share information with Medicaid programs.
- **Applying Technology-Driven Member Engagement Tools.** Medicaid member outreach has historically relied on traditional direct mail approaches. These channels are slow and costly, and given the transient nature of Medicaid recipients often go unanswered. However, customized, electronic outreach spanning emails, calls and texts communicate with members in a manner they are accustomed and in fact prefer while overcoming some of the transient challenges. Electronic member engagement yields high response rates, promotes quality and cost management, and improves the overall member experience. HMS recommends DMAS explore options for enhanced electronic member engagement and apply new approaches to HIPP to facilitate increased enrollment. This may include direct member and/or employer communication in preferred formats, including text messages and email.

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<sup>4</sup> The Personal Responsibility and Work Opportunity Reconciliation Act <https://www.acf.hhs.gov/css/resource/the-personal-responsibility-and-work-opportunity-reconciliation-act>

### Promoting Healthy Behaviors

HMS supports DMAS' focus on promoting Medicaid member healthy behaviors especially through enhancing member engagement to improve health outcomes. Medicaid enrollment does not necessarily translate to engagement. A member may receive a Medicaid benefits card in the mail, but fail to schedule an appointment for routine or preventative care. Access to care alone does not improve population health. The Medicaid population presents a variety of challenges to engagement including transience, socioeconomic barriers to care, cultural barriers, co-morbidities, and other factors; however those barriers can be overcome and direct patient engagement yields positive results. When building out the healthy behavior provisions of COMPASS, HMS suggests DMAS consider the following components.

- A Highly Tailored and Targeted Outreach Strategy. Establish a comprehensive member engagement and outreach program. The program should be person-centered, meet members where they are, and communicate with them in the right way through the right medium to drive results. A comprehensive member engagement and outreach program will support engaging an individual in their care and promote improved care coordination and condition management. Robust programs may help close gaps in care, improve quality, optimize outcomes, and help contain healthcare costs.
- Member Education. Adopt policies that require health plans to educate their members on health conditions, health literacy, self-help, and self-care in a way that ensures optimal member comprehension through numerous communication means. Member education, onboarding, and information on health literacy should be delivered through a variety of channels to ensure optimal comprehension. Member education will increase member's knowledge about their diseases, engagement and self-management capabilities, and improve adherence to prescribed treatment.
- Preventative Care. Require members to have a wellness visit within 120-days of health plan enrollment. Require the health plan to engage members to facilitate the visit by educating the members of the role of a primary care physician, helping them to locate one, and see to it that the appointment is made and kept. The 120-day policy encourages/facilitates preventive care.
- Member Linkages. Conduct risk assessments on members to address social determinants of health (SDH) and chronic conditions. Identify the barriers and link members to resources for addressing them. Encourage plans to actively identify available community resources and actively manage appropriate referrals, access, engagement, and follow-up and coordination of services.

HMS supports the Department for their efforts to drive quality and contain costs within the Medicaid program and appreciates the opportunity to comment. We hope that our recommendations assist in developing a more meaningful and cost effective program. Should you have questions, please do not hesitate to contact Brian Belz, Government Relations Senior Manager at [REDACTED]

Respectfully Submitted,

[REDACTED]

From: [REDACTED] <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 6:22 PM  
Subject: Comments on Virginia's COMPASS Waiver  
To: <1115Implementation@dmas.virginia.gov>

Good Evening,

Please see the attached comments for submission.

Thank you.

Best,

[REDACTED]

[REDACTED]

Policy Associate

National Organization for Rare Disorders

p:

[REDACTED]

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October 20, 2018

Jennifer Lee, M.D.  
Director  
Virginia Department of Medical Assistance Services  
600 East Broad Street  
Richmond, VA 23219

*Transmitted via email to [1115Implementation@dmass.virginia.gov](mailto:1115Implementation@dmass.virginia.gov)*

**Re: Virginia Department of Medical Assistance Services 1115 Demonstration Extension Application**

Dear Director Lee:

On behalf of the 30 million Americans with one of the approximately 7,000 known rare diseases, the National Organization for Rare Disorders (NORD) thanks the Department of Medical Assistance Services for the opportunity to submit comments on the Virginia “Creating Opportunities for Medicaid Participants to Achieve Self Sufficiency” (COMPASS) 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. Since 1983, we have been committed to the identification, treatment, and cure of rare disorders through programs of education, advocacy, research, and patient services.

NORD appreciates Virginia’s stated goal of “empower[ing] individuals to improve their health and well-being...while simultaneously ensuring the [Medicaid] program’s long-term sustainability.”<sup>1</sup> However, after reviewing the extension application and consulting with our member organizations, we are concerned that the COMPASS Waiver will threaten access to care for many within Virginia’s rare disease community.

**Virginia’s Proposal to Implement Work Requirements:**

We oppose the implementation of work requirements within Virginia’s Medicaid program for several reasons, the most basic of which being that work requirements do not further the goals of the Medicaid program or help low-income individuals improve their circumstances without needlessly compromising their access to care.

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<sup>1</sup> Virginia Department of Medical Assistant Services 1115 Demonstration Extension Application Pg. 3

Further, this would increase the administrative burden on all Medicaid patients. Individuals will need to either attest that they meet certain exemptions or 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 or not. Arkansas is currently implementing a similar policy requiring Medicaid enrollees to report their hours worked or their exemption. As of October 1, four months into implementation, the state has terminated coverage for 8,462 individuals and locked them out of coverage until January 2019.<sup>2</sup> An additional 12,589 individuals had one or two months of noncompliance and are at risk for losing coverage in the coming months.<sup>3</sup> Battling administrative red tape in order to keep coverage should not take away from patients' or caregivers' focus on maintaining their or their family's health.

Failing to navigate these burdensome administrative requirements could have serious – even life or death – consequences for people with rare diseases. If the state finds that individuals have failed to comply with the new requirements for three months within a 12-month period, they will be locked out of coverage until they demonstrate their compliance.<sup>4</sup> People who are in the middle of treatment for a life-threatening disease, rely on regular visits with healthcare providers, or must take daily medications to manage their chronic conditions cannot afford a sudden gap in their care.

We are also concerned that the exemptions to these requirements will not be nuanced or precise enough to avoid harming the health and wellbeing of Virginia rare disease patients and their families. While the list of exemptions appears comprehensive, we can still easily envision many scenarios in which individuals with rare diseases or their caregivers will be unduly subjected to onerous and inappropriate work requirements.

For example, it remains unclear from the given information within the demonstration what would happen to caregivers of those with a rare disease. The application notes that a beneficiary who is a “[p]rimary caregiver for a dependent child under age 19 [or a] [p]rimary caregiver for an adult dependent with a disability or a non-dependent relative” would be exempt.<sup>5</sup> The demonstration does not say, however, how that would be adjudicated. It is not clear in this context what it means to be disabled. Consequently, it is not difficult to imagine a scenario in which this exemptions process would leave out a deserving caregiver.

Additionally, Virginia's “good cause” exemption that includes circumstances like hospitalizations or serious illnesses is still not sufficient to protect patients. In Arkansas, many individuals were unaware of the new requirements and, therefore, unaware that they needed to apply for such an exemption,<sup>6</sup> and in August the state granted just 45 good cause exemptions while terminating coverage for 4,353

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<sup>2</sup> Arkansas Department of Health and Human Services, Arkansas Works Program, August 2018. Accessed at: [https://ccf.georgetown.edu/wp-content/uploads/2018/09/091218\\_AWReport\\_Final.pdf](https://ccf.georgetown.edu/wp-content/uploads/2018/09/091218_AWReport_Final.pdf).

<sup>3</sup> Ibid.

<sup>4</sup> Virginia Department of Medical Assistant Services 1115 Demonstration Extension Application Pg. 9

<sup>5</sup> Virginia Department of Medical Assistant Services 1115 Demonstration Extension Application Pg. 8

<sup>6</sup> Jessica Greene, “Medicaid Recipients’ Early Experience With the Arkansas Medicaid Work Requirement,” Health Affairs, Sept. 5, 2018. Accessed at: <https://www.healthaffairs.org/doi/10.1377/hblog20180904.979085/full/>.

individuals at the end of that month.<sup>7</sup> No exemption criteria can circumvent this problem and the serious risk to the health of the rare disease community.

### **Virginia's Proposal to Implement Premiums:**

We have reservations regarding Virginia's proposal to implement monthly premiums for some Medicaid expansion enrollees as we believe it will result in an insurmountable hurdle to care for some rare disease patients.

Premiums will range from \$5 - \$10 per month. If an enrollee fails to pay a month's premium, following a three-month grace period, coverage will be suspended until the enrollee is able to pay the premium. Additionally, enrollees above 100 percent of the federal poverty level will be required to contribute, through the monthly premiums, either \$50 or \$100 depending on income level and participate in a healthy behavior activity to access a premium account to pay for non-covered medical or health-related services.<sup>8</sup> This program is unnecessarily confusing and will not promote coverage.

It is crucial that rare disease patients have uninterrupted access to healthcare. Medicaid exists to be a safety net for those who cannot access other forms of health care coverage. Completely removing access to care for an inability to continually pay \$5- \$10 a month is in direct opposition to the intent of the program and will greatly afflict the rare disease community.

These are just a handful of ways in which rare disease patients and their loved ones could slip through the cracks and lose access to their healthcare. In order to avoid the kind of delay or termination of care that could gravely impact the lives of Virginia's rare disease patients and their families, we urge the Department to reconsider this provision.

Thank you once again for the opportunity to provide comments on Virginia's COMPASS Waiver. NORD strongly urges you to reconsider the elements of the proposed Waiver detailed in this submission. For further questions, please contact me at [REDACTED]

Sincerely,

[REDACTED]

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<sup>7</sup> Arkansas Department of Health and Human Services, Arkansas Works Program, August 2018. Accessed at: [https://ccf.georgetown.edu/wp-content/uploads/2018/09/091218\\_AWReport\\_Final.pdf](https://ccf.georgetown.edu/wp-content/uploads/2018/09/091218_AWReport_Final.pdf).

<sup>8</sup> Virginia Department of Medical Assistant Services 1115 Demonstration Extension Application Pg. 11, 12

From: [REDACTED] <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 6:23 PM  
Subject: Waiver  
To: <1115Implementation@dmas.virginia.gov>

I don't think that the \$5 or \$10 premium for wellness programs is cost effective. I think that it will cost the state a lot more to administer such a premium requirement than the state or the Medicaid clients will benefit. The premium proposal sounds bureaucratically complicated. It will lead to the loss of Medicaid by persons who should be helped by the ACA. Medicaid expansion clients should not have to pay any premium.

[REDACTED]

[REDACTED]

[REDACTED]

From: [REDACTED] <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 7:22 PM  
Subject: Issues with Virginia 1115 Waiver  
To: <1115Implementation@dmas.virginia.gov>

The following email explains my concerns about the proposed new requirements to receive coverage under Virginia's Medicaid program. Please consider this information in your work. There are many reasons that a patient might not comply with this waiver and would result in their losing care. For example, there could be a language barrier that makes it hard to understand the requirements.

As people become aware of the waiver and try to understand their intricacies, the challenge of having to prove compliance may cause Virginia residents to not even participate even if they are pursuing work. Thank you taking all of my comments under consideration.

I oppose key aspects of Virginia COMPASS that will threaten access to health coverage for tens of thousands of Virginians, especially the requirement to work

[REDACTED]

From: [REDACTED] <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 7:22 PM  
Subject: DMAS – Virginia Compass Waiver  
To: <1115Implementation@dmas.virginia.gov>

This comment is in relation to the recent Medicaid waiver that was proposed. There are several troubling changes proposed that I don't agree with. The many barriers in this Medicaid proposal mean that there will likely be gaps in healthcare coverage that deny people the opportunity to access care. This works against what the program was supposed to achieve.

People need resources to see a doctor no matter what their problem is. Whatever their situation could be, people need access to health care. I feel bad for people who aren't working and don't have health care. They could die without the treatment and medication they need. It's important for the state to give some type of health insurance.

[REDACTED]

Virginia Organizing

From: [REDACTED] <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 7:22 PM  
Subject: My comments on DMAS waiver  
To: <1115Implementation@dmas.virginia.gov>

I am writing with regard to Virginia's COMPASS program and my opposition to certain components of it. While monthly premiums may seem insignificant to some people, to the very poor they can be a real barrier that prevents them from accessing quality healthcare when they need it. That runs counter to the whole purpose of the Medicaid program in Virginia. I am thankful that the public was given this important opportunity to comment.

[REDACTED]

NAACP

From: [REDACTED] <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 7:22 PM  
Subject: Responding to Medicaid waiver idea  
To: <1115Implementation@dmas.virginia.gov>

The comments in this email should be considered in relation to Virginia's Medicaid waiver application. The cost of implementing the work requirement in this program is unreasonable compared to the small group of people it affects. Virginia needs to spend \$25 million to implement something that is not even part of the goal of Medicaid. That is an unjustifiable amount that could be better spent in a variety of ways. I hope you will take these thoughts and comments into consideration moving forward.

[REDACTED]

From: [REDACTED] <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 7:22 PM  
Subject: Responding to Medicaid waiver idea  
To: <1115Implementation@dmas.virginia.gov>

The comments in this email should be considered in relation to Virginia's Medicaid waiver application. The cost of implementing the work requirement in this program is unreasonable compared to the small group of people it affects. Virginia needs to spend \$25 million to implement something that is not even part of the goal of Medicaid. That is an unjustifiable amount that could be better spent in a variety of ways. I hope you will take these thoughts and comments into consideration moving forward.

[REDACTED]

From: [REDACTED] <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 7:23 PM  
Subject: Problems with COMPASS  
To: <1115Implementation@dmas.virginia.gov>

The following comments are offered for consideration as public comment on the Medicaid waiver draft. There are several components of it that concern me as a citizen. The responsibility will be solely on Virginia to provide things like job training, child care, transportation, and other programs to help people to meet the proposed work requirement.

If someone has a disability they may have a harder time complying with some of the qualifications in this proposal. That could end up in their losing access to care. I hope my comments are helpful.

[REDACTED]

From: [REDACTED] <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 7:23 PM  
Subject: Essential Services Supported by Medicaid  
To: <1115implementation@dmas.virginia.gov>

Good evening,

I am the father of an adult son who is a college graduate who has been diagnosed with a serious mental illness (schizo-effective). His brain disorder (a term I prefer to use rather than mental illness which carries a significant stigma to it) makes it incredibly difficult for him to obtain employment no matter how hard he tries. Medicaid supported services to assist him and others obtain and maintain employment is so important to allow him and others like him to feel valued and having a purpose in life.

Safe and stable housing for people like my son who has a very complex medical condition is also crucial. Otherwise it's homelessness which leads to living on the streets and being subject to all kinds of bad people who prey on individuals they target as weak and vulnerable.

Medicaid expansion a very good thing for the individuals suffering from a brain disorder and our State and I applaud those working to expand medicaid services. People with brain disorders want very much to be contributing members of society but without help they have great difficulty doing that. You are making a difference. Please keep up the great work you are doing.

Sincerely,

[REDACTED]

From: [REDACTED] <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 7:43 PM  
Subject: Virginia COMPASS Waiver Comments - Exempt People with Cystic Fibrosis from the TEEOP Requirements  
To: Virginia C.O.M.P.A.S.S. <1115Implementation@dmas.virginia.gov>

Dear Ms. Puglisi,

As a Virginia resident and someone personally affected by cystic fibrosis (CF), I'm writing to ask you to automatically exempt people with CF from the work and community engagement requirements and premiums in Virginia's Creating Opportunities for Medicaid Participants to Achieve Self Sufficiency (COMPASS) Waiver. Furthermore, I ask that the commonwealth use its own data to identify people with CF for exemption to minimize the risk of inappropriate disenrollment and administrative burden on recipients.

CF is a life-threatening genetic disease that causes persistent lung infections and progressively limits the ability to breathe, often leading to respiratory failure. Over 720 Virginians live with CF. As a complex, multi-system condition, CF requires targeted, highly specialized treatment and medications. There is no known cure.

Nearly 150 adults in Virginia rely on Medicaid to receive the high quality, specialized care and they need—and many more may gain Medicaid coverage if the state's expansion is approved. While many Medicaid recipients living with CF are employed, others are unable to work due to health status or the amount of time they need to spend on their treatments. To stay healthy, people with CF must endure hours of treatment every day – including receiving chest physiotherapy, taking inhaled treatments, potentially administering IV antibiotics, and other activities. In addition, people with CF commonly deal with pulmonary exacerbations (episodes where the symptoms of CF get worse and often lead to hospitalization), infections, and other events that cause their health to decline rapidly, potentially taking them out of the workforce for significant periods of time.

I also have concerns about the premium requirements outlined in the proposed waiver and the impact on access to care for people with CF. Not only are nominal premiums often unaffordable for low income beneficiaries, but the process of making a premium payment can create barriers to care for a population that may not have bank accounts or credit cards. In fact, studies have shown that the addition of premiums leads to a reduction in Medicaid enrollment.

While I appreciate that the state plans to exempt many individuals, including those designated as medically frail or with a special medical need, I ask the state to specifically include people with CF in the definition of those who are automatically exempt.

Consistent care is a critical component of CF treatment, and any loss or gaps in health coverage, because of failure to comply with these requirements, may put the health of people with CF at risk.

Again, I urge you to specifically and automatically exempt people with CF from the work requirement. Your attention to this matter will help people with CF continue to have access to the highly specialized care they need to live full and healthy lives.

Sincerely,

[REDACTED]

[REDACTED]

[REDACTED]

From: [REDACTED] <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 8:20 PM  
Subject: DMAS Public Comment  
To: <1115Implementation@dmas.virginia.gov>

The subject of my letter is the Commonwealth's proposed Medicaid waiver application which includes too many complicated burdens. The proposed changes to Medicaid could deny health insurance to sick individuals when they are most in need. I do not support this approach that creates barriers to access.

Other states have tried health savings accounts, similar to the health and wellness accounts Virginia is proposing, and they found that these programs are complex and very confusing. It does not make sense to add more red tape and attempt to stand up a program that other consumers find complicated to navigate. I am hopeful that you take my comments into consideration and make the necessary changes.

[REDACTED]

From: [REDACTED] <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 8:21 PM  
Subject: Proposed Medicaid Waiver Application  
To: <1115Implementation@dmas.virginia.gov>

I was born and raised in Virginia and my family still lives in Henrico County. I am appalled that [REDACTED] would consider work requirements and waivers that would require people to pay fees to be on Medicaid. Healthcare is a human right, and everyone deserves access to quality care. We all do better when everyone is able to take care of their health.

This comment is directed toward certain aspects of Virginia's Medicaid waiver application. The goal of Medicaid is to give coverage to those who need it. Access to care is so important that it is difficult to understand why Virginia's program threatens it needlessly. We want people to get the care that they need.

Medicaid work requirements may cause Virginians to lose or see an interruption in their coverage because their hours at work fluctuate so often, especially in industries such as food services and construction. We should not penalize Virginians for things that are out of their control. Thank you for considering these thoughts. Virginia can do better than this.

[REDACTED]

From: [REDACTED] <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 8:25 PM  
Subject: Virginia COMPASS Waiver Comments - Exempt People with Cystic Fibrosis from the TEEOP Requirements  
To: Virginia C.O.M.P.A.S.S. <1115Implementation@dmas.virginia.gov>

Dear Ms. Puglisi,

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I also have concerns about the premium requirements outlined in the proposed waiver and the impact on access to care for people with CF. Not only are nominal premiums often unaffordable for low income beneficiaries, but the process of making a premium payment can create barriers to care for a population that may not have bank accounts or credit cards. In fact, studies have shown that the addition of premiums leads to a reduction in Medicaid enrollment.

While I appreciate that the state plans to exempt many individuals, including those designated as medically frail or with a special medical need, I ask the state to specifically include people with CF in the definition of those who are automatically exempt.

Consistent care is a critical component of CF treatment, and any loss or gaps in health coverage, because of failure to comply with these requirements, may put the health of people with CF at risk.

Again, I urge you to specifically and automatically exempt people with CF from the work requirement. Your attention to this matter will help people with CF continue to have access to the highly specialized care they need to live full and healthy lives.

Sincerely,



From: [REDACTED] <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 8:28 PM  
Subject: Virginia COMPASS Waiver Comments - Exempt People with Cystic Fibrosis from the TEEOP Requirements  
To: Virginia C.O.M.P.A.S.S. <1115Implementation@dmas.virginia.gov>

Dear Ms. Puglisi,

As a Virginia resident and someone personally affected by cystic fibrosis (CF), I'm writing to ask you to automatically exempt people with CF from the work and community engagement requirements and premiums in Virginia's Creating Opportunities for Medicaid Participants to Achieve Self Sufficiency (COMPASS) Waiver. Furthermore, I ask that the commonwealth use its own data to identify people with CF for exemption to minimize the risk of inappropriate disenrollment and administrative burden on recipients.

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While I appreciate that the state plans to exempt many individuals, including those designated as medically frail or with a special medical need, I ask the state to specifically include people with CF in the definition of those who are automatically exempt.

Consistent care is a critical component of CF treatment, and any loss or gaps in health coverage, because of failure to comply with these requirements, may put the health of people with CF at risk.

Again, I urge you to specifically and automatically exempt people with CF from the work requirement. Your attention to this matter will help people with CF continue to have access to the highly specialized care they need to live full and healthy lives.

Sincerely,



From: [REDACTED] <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 8:59 PM  
Subject: DMAS – Virginia Compass Waiver  
To: <1115Implementation@dmas.virginia.gov>

I support Medicaid expansion and am very glad this has finally passed in Virginia. However, I am opposed to tying work requirements to access to Medicaid. Access to health coverage is important and it helps support work. We should not threaten to take away health coverage from our citizens because they fail to submit the right paperwork on time, they cannot get the hours they need at work, or have a difficult time finding work altogether. Many people want to work and can't find work. Although I did not need Medicaid, I myself went through a 2-year period during which I couldn't find a permanent professional job, although I had a Master's degree and years of experience. We must stop operating on the assumption that people can find work if they want to. It's not as easy as that. And regardless of whether someone can find work or not, if they qualify for Medicaid through the Medicaid Expansion being implemented, I support their receiving this coverage.

I am also opposed to imposing any co-payment requirements. This creates another barrier for those who already have few financial resources. Even a small copay can be too much for someone who has very little. And when someone is ill, I want that person to be able to get medical care.

I appreciate the opportunity to provide comment on this proposed legislation.

Thank you.

[REDACTED]

From: [REDACTED] <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 8:59 PM  
Subject: Commenting on Virginia Compass  
To: <1115Implementation@dmas.virginia.gov>

This comment is in regard to the draft Medicaid waiver application.

Based on other states' experiences and research, the inclusion of work requirements will likely have the opposite effect. Most people are working or disabled. The requirement to work only creates complex, administrative barriers that will cause people to lose coverage. Having health coverage will help people work. If the goal of this waiver is to get people employed who are currently not working and are able to work, then the simplest solution is to provide them with health coverage -- plain and simple and without the red tape. The experiences of Michigan and Ohio show this.

Work requirements, copays, and premiums will likely cause people to go in and out of having health coverage. Disrupted coverage will not meet the goals of this program and will likely increase the cost of care in the long run -- for everybody -- in addition to the cost of administering a program that does not help but only hinders the prosperity of the people and the commonwealth.

[REDACTED]

From: [REDACTED] <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 9:13 PM  
Subject: Virginia COMPASS waiver public comments  
To: <1115Implementation@dmas.virginia.gov>

These comments are about the Commonwealth's Medicaid waiver application. Virginia's application does not further the goals of the Medicaid program. Instead, it limits access to care for the people that need it most.

I understand that some lawmakers supported Medicaid expansion based on a work requirement, and trust that their intentions were to help get people out of poverty. But in order to have a job that provides health coverage, one must be healthy enough to work a job in the first place. Most people are working, but simply cannot afford health care, and the waiver proposed threatens the coverage of these hard working Virginians.

The complicated system that they must navigate in addition to working (likely more than one job) and taking care of their families will block them from health care. When they lose coverage, it not only affects them, but their children and community. I sincerely hope that the public comments will be taken into consideration.

[REDACTED]

From: [REDACTED] <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 9:49 PM  
Subject: Medicaid requirements  
To: <1115Implementation@dmas.virginia.gov>

These suggestions for requirements to receive health care under Medicaid will put another burden on those already struggling in daily living.

As a health care provider for most of my life , I've seen the results when people delay getting help. In fact this expansion of the Medicaid bill to help those who need it so badly will be shackled and ineffective in the end.

Please do not add these requirements.

Thank you

[REDACTED]

From: [REDACTED] <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 10:11 PM  
Subject: Please do not add work requirements to Virginia's Medicaid program  
To: Dr. Jennifer Lee <1115Implementation@dmas.virginia.gov>

Dear Department of Medical Assistance Services Dr. Jennifer Lee,

I am writing in opposition to the Virginia COMPASS plan to take Medicaid coverage away from enrollees who do not meet a work requirement. Work requirements are a solution in search of a problem and would create burdensome barriers that would harm all Medicaid recipients, while costing the commonwealth millions.

Virginia's proposal to condition Medicaid coverage on complying with restrictive eligibility and documentation requirements violates the program's intent. The purpose of the Medicaid program is to provide medical assistance for those with income that is insufficient to meet the costs of medical coverage, not to restrict access to that coverage. By some estimates, more than 25,000 fewer Virginians will have health coverage through Medicaid due to the new requirements.

In particular, the proposal to take coverage away from Medicaid beneficiaries that don't or can't meet new work requirements is not only punitive and a violation of the program's intent, but also unsupported by the evidence. As we already know, most Medicaid enrollees that are able to work, do work.

The Virginia COMPASS proposal will be burdensome for all involved— individuals and families as well as the state— and will lead to tens of thousands of Virginians losing health coverage. Virginia should not add more red tape to the Medicaid program or force families to pick between taking care of their health care needs and putting food on the table for their families.

Regards,

[REDACTED]

From: [REDACTED] <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 10:16 PM  
Subject: My letter on work requirements waiver  
To: <1115Implementation@dmas.virginia.gov>

As an advocate for expanded healthcare coverage, I am writing to you regarding my concerns with this waiver application. Please give consideration to my views. Access to health coverage is important no matter who you are. This proposal would kick people off of Medicaid when they may need it the most. The state should aim to do no harm, but the draft proposal makes it clear that people will lose coverage. I am thankful that the public was given this important opportunity to comment.

Healthcare is a right we can afford for ALL.

[REDACTED]  
Member: Unitarian Universalist Fellowship Of The Peninsula, Newport News

From: [REDACTED] <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 10:17 PM  
Subject: Opposition to Virginia COMPASS  
To: <1115Implementation@dmas.virginia.gov>

The following comments are in regard to the proposed Medicaid waiver application to CMS. The two most common occupations for adults in Virginia who could qualify for Medicaid under expansion are food services and construction - which can be seasonal and are prone to irregular hours. That could result in someone falling out of compliance even though they remain employed.

Virginia shouldn't add monthly premiums to Medicaid enrollees. Any extra cost would be too much for families to keep up with and coverage would not be consistent. The working poor face too many hard financial challenges already and this should not be another one. I hope you will take these thoughts and comments into consideration moving forward.

[REDACTED]

From: [REDACTED] <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 10:17 PM  
Subject: Comments Against Virginia COMPASS  
To: <1115Implementation@dmas.virginia.gov>

This comment is in relation to the recent Medicaid waiver that was proposed. There are several troubling changes proposed that I oppose. Work requirements do not work. These poor policy choices proposed will reduce access to care to people that need it most. A healthy person is better able to contribute to the workforce, and this program is supposed to focus on health. I am pleased to offer these comments and hope you will consider them.

Public healthcare for as many as possible should be the goal of the richest country on earth.

[REDACTED]  
Member: Unitarian Universalist Fellowship Of The Peninsula, Newport News

From: [REDACTED] <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 10:17 PM  
Subject: I oppose COMPASS waiver  
To: <1115Implementation@dmas.virginia.gov>

I write to oppose Virginia's 1115 waiver draft that is under consideration. Some aspects of the draft will undermine its purpose. People on Medicaid should not be charged monthly premiums. This practice costs too much and could potentially kick deserving individuals out of the Medicaid program. I hope my comments are helpful.

A compassionate electorate supports healthcare for all.

[REDACTED]  
Member: Unitarian Universalist Fellowship Of The Peninsula, Newport News, VA

From: [REDACTED] <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 10:34 PM  
Subject: RE: Virginia COMPASS waiver  
To: <1115Implementation@dmas.virginia.gov>

As a Virginian who cares about expanding healthcare coverage, I am writing to you regarding my concerns with the COMPASS waiver application. Please give consideration to my views.

Programs similar to this proposal have not been proven to increase employment or access to care.

Thank you for considering this perspective.

Virginia has come far in the right direction, with expanding access to healthcare. Don't step back now.

[REDACTED]

From: [REDACTED] <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 10:52 PM  
Subject: VACIL public comment  
To: 1115Implementation@dmas.virginia.gov <1115Implementation@dmas.[REDACTED].gov>

DMAS:

The Virginia Association of Centers for Independent Living submits the following comment regarding the proposed COMPASS Waiver:

Requiring premiums will result in people who are unable to afford the premiums losing their health care coverage. In addition, paying the premiums may be too cumbersome or confusing resulting in the loss of coverage.

It will be difficult for many people to pay the premiums since there will be many who do not have employers with the ability to deduct the premiums from employee paychecks.

The administrative costs to establish a process to receive, track, modify as needed based on income, and provide timely ongoing information and assistance to individuals will be very significant. These costs will not financially justify the cost of requiring premiums.

Thank you for this opportunity to comment.

Sincerely,

[REDACTED]  
President  
Virginia Association of Centers for Independent Living

[REDACTED]

From: [REDACTED] <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 11:26 PM  
Subject: Virginia COMPASS Waiver Application  
To: <1115Implementation@dmas.virginia.gov>

These comments are about the Commonwealth's Medicaid waiver application. I appreciate your taking them into consideration. Making low-income families pay costly monthly premiums will not have the intended outcome. Other states that have tried similar proposals saw the use of health care services decline, leading to more costly services later down the road — and higher state expenditures that will no longer be reimbursed by the federal government, and unreimbursed care that will continue to cause financial problems for hospitals in underserved areas.

When a person does find a job and meet the requirements for Medicaid, the paperwork and reporting requirements could still mean losing coverage due to those challenges. Complicated programs are not likely to be successful with many in this population of Virginians who really just need simple access to care. I hope you can make some improvements to the proposed program.

Furthermore, implementing the work requirements and bureaucracy to attend to them will cost the state MILLIONS that could be better spent on just providing care to as many Virginians as possible. It is unlikely that healthy Virginians — the least costly to insure — will prioritize compliance with elaborate, baroque, and patronizing requirements over their own personal efforts to simply find a job that they need to earn money for housing, etc. Any requirements imposed should be as user-friendly for recipients to deal with as possible.

Less healthy Virginians may have significant illness-related barriers to finding work that should be addressed by the program. Instead of cutting people off necessary care, a program of assessing any disabilities that may prevent those seeking work, and encouraging people to apply for disability payments and rehabilitative programs, would be a far better use of state funds.

Thank you for considering my comments.

[REDACTED]

From: [REDACTED] <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 11:28 PM  
Subject: Comments opposing Virginia COMPASS  
To: <1115Implementation@dmas.virginia.gov>

I am opposed to certain new burdens included in proposed COMPASS Medicaid program. Monthly premiums of any amount would be too expensive for many families to pay regularly. These are already very poor families who struggle to afford basics like food and rent. If they qualify for Medicaid, they are unlikely to have the extra money to pay a premium.

In some states, proposals similar to this resulted in nearly half of the new adults enrolled in Medicaid expansion losing coverage. This proposal creates a program that is likely to create the same problems with access. Please take the public's comments into consideration.

[REDACTED]

Families Forward Virginia

From: [REDACTED] <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 11:42 PM  
Subject: Virginia Health Care Foundation 1115 Demonstration Waiver Comments  
To: 1115Implementation@dmas.virginia.gov <1115Implementation@dmas.virginia.gov>, susie.puglisi@dmas.virginia.gov <susie.puglisi@dmas.virginia.gov>

Cc: [REDACTED]

Please see comments from the Virginia Health Care Foundation attached.

Thank you...ddk

[REDACTED]  
Director of Strategic Initiatives and Policy

*On the frontlines of healthcare for uninsured Virginians*  
707 East Main Street, Suite 1350  
Richmond, VA 23219

[REDACTED]  
Website: [www.vhcf.org](http://www.vhcf.org)



VIRGINIA  
HEALTH CARE  
FOUNDATION

707 East Main Street, Suite 1350 • Richmond, VA 23219 • [www.vhcf.org](http://www.vhcf.org)  
Phone: (804) 828-5804 • Fax: (804) 828-4370 • e-mail: [info@vhcf.org](mailto:info@vhcf.org)

October 20, 2018

Susie Puglisi  
Senior Advisor  
Virginia Department of Medical Assistance Services  
600 East Broad Street  
Richmond, VA 23219  
[Susie.Puglisi@dmas.virginia.gov](mailto:Susie.Puglisi@dmas.virginia.gov)

Dear Ms. Puglisi,

Thank you for the opportunity to comment on the Virginia Department of Medical Assistance Services' (DMAS) request for an 1115 Demonstration Waiver for the Virginia C.O.M.P.A.S.S. program.

We at the Virginia Health Care Foundation (VHCF) have been actively engaged in outreach and enrollment activities for the state FAMIS programs for children and pregnant women for the past 20 years. In addition, we have devoted much of the past 26 years to growing and strengthening Virginia's health care safety net of free and charitable clinics, community health centers, and other similar organizations which provide primary medical care to many low income uninsured Virginians.

I have learned a lot from both of those experiences. I have also reviewed studies and data from states that expanded Medicaid eligibility several years ago. All of that informs my perspective and these comments on several aspects of the proposed Waiver. My concerns and the reasons for them follow.

**It is quite likely that many of those newly eligible for Medicaid will be unable to navigate the systems created to track hours for work requirements and receipts and documentation for wellness incentives.**

A profile of the Medicaid expansion population from other states that was published earlier this year indicates that those who have limited education or literacy skills often need individualized assistance in applying for Medicaid and navigating the system. We expect that this will be especially true for many of newly eligible Virginians, because the income eligibility currently in existence for Medicaid is so low (*29% federal poverty level*). Typically, such a low income is reflective of limited educational attainment or opportunities. The data on the level of educational attainment in Virginia localities appears to bear this out. More than 100 of Virginia's 134 localities are above the state average in percent of adults age 19 and older who only have a GED, high school diploma, or less.

In addition, about one third of those newly eligible have regular access to or use the internet. Forty percent do not use email. This suggests that there will be a substantial need for one-on-one application assistance.

It stands to reason that those who need help applying for Medicaid and navigating the application process will also need help navigating the systems and rules described in the Waiver proposal. Frankly, all of the proposed data that is required to be maintained by the Medicaid enrollee would be challenging for many more highly educated and computer literate Virginians to navigate, as well. It is not reasonable to expect or think that low-income individuals with limited literacy skills can fulfill these requirements.

One must also remember that those with such low incomes are typically just trying to survive lives that can be very chaotic as a result of their poverty and lack of education. It is important to remember the teachings of Maslow's hierarchy of needs. It is not reasonable to expect people who are struggling to feed their families, pay their rent, and or find transportation to systematically maintain detailed records and receipts.

### **There is no evidence of a need for wellness incentives.**

Our experience with uninsured Virginians in local free clinics and community health centers has shown us repeatedly that most uninsured Virginians want health care, including flu shots and other wellness related services. They just aren't able to afford them. When they are available, they embrace them and are grateful for them.

Data from states that were earlier adopters of Medicaid expansion than Virginia shows this to be the case, as well. In all instances, those individuals newly eligible for Medicaid went for medical care once they were covered by Medicaid insurance. The data also show very positive results of that utilization, including that many of those new Medicaid enrollees who had been unemployed, were able to work again, once they had the medicines and medical care needed to manage their chronic illnesses.

An alternative to creating a complex program of wellness incentives would be to use the first 12-18 months of new Medicaid eligibility to track utilization of wellness services during that time period. If the data show that there is a need for wellness incentives, it may also indicate if there are particular populations to which those incentives would be most applicable. Once Virginia specific data is gathered, DMAS could design wellness incentives that address an identified need.

If no need is identified, the wellness incentives wouldn't be needed. This could save state and federal taxpayer dollars that would otherwise have been spent creating and administering unnecessary wellness programs and incentives.

Another approach would be to educate those newly enrolled in Medicaid about how to use their health insurance and the importance of getting flu shots or not going to the emergency department. Many of these uninsured Virginians have not had health insurance previously and will have to learn what is appropriate and what isn't. DMAS could monitor their utilization for 12 months after they have been informed or educated. Then, if necessary, DMAS could develop wellness incentives.

Either of these approaches would be preferable to creating a whole new complex system to solve something that is likely not a problem.

**The costs of establishing and administering an infrastructure to handle premium payments for a modest portion of those newly eligible for Medicaid are of great concern.**

Twenty years ago, when Virginia first implemented the federal Children's Health Insurance Program, it required premium payments from participating families. The costs to state taxpayers for administering this premium program were exponentially higher than the small amount of money generated by the premiums. When the General Assembly realized that it was costing many millions of dollars to collect less than \$1 million in premiums, it ended the premium requirement quickly. I encourage DMAS staff to find the cost data from that debacle. It is not necessary to repeat what was so costly and troublesome in the past.

I want to thank you again for allowing me to share these thoughts and observations. We commend DMAS and its staff for their diligence and hard work in preparing to implement the new Medicaid eligibility criteria and for their good faith effort to develop this Waiver request. The goals of educating and providing employment training and opportunities and wellness programs to those newly eligible for Medicaid are laudable. Medicaid is a health insurance program, however, and I fear that the complexities of the systems described in the Waiver request will result in many hardworking Virginians losing that health insurance, which they so desperately need.

Sincerely,



From: [REDACTED] <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 11:44 PM  
Subject: Comments on Virginia's Medicaid Expansion Waiver Application (COMPASS)  
To: 1115Implementation@dmas.virginia.gov <1115Implementation@dmas.virginia.gov>

These comments are in response to the General Notice for

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES 1115 DEMONSTRATION EXTENSION  
APPLICATION Virginia COMPASS

Creating Opportunities for Medicaid Participants to Achieve Self- Sufficiency

Here in Fairfax County we are learning that the County is nowhere near compliance with Federal standards for Medicaid and there was "material noncompliance" in the Medicaid program for five years in a row... Aside from this very clear demonstration of inefficiency, there are three outstanding issues that are of concern to me.

1. I am very skeptical about the work requirement stipulation because I'm understanding that it is not achieving the success in Kentucky and other states (Maine) that prompted Virginia to put it forward as a viable mechanism. This concern is substantiated by comments I am hearing from medical practitioners.
2. There needs to be a serious reconsideration of the proposed "healthy behavior" requirement. I'm concerned about the stated level of approach, which is very weak, and foresee that it would encourage abuse. I would prefer to see a firm set of goals that need to be achieved and these should be established at the onset.
3. I am puzzled that DMAS is not taking a closer look at the many healthcare options now being presented to the general public. We hear advertisements for *Medishare* every day and we are told that people are very comfortable with this plan. Virginia has already begun the outreach to patients by passing the Direct Primary Care (DPC) in January, 2017, giving direct access between doctor and patient. Further, a Health Savings Account (HSA) voucher program can be offered.

[REDACTED]

From: [REDACTED] <[REDACTED]>  
Date: Sat, Oct 20, 2018 at 11:57 PM  
Subject: Voices for Virginia's Children comments on the Virginia COMPASS proposal  
To: 1115implementation@dmas.virginia.gov <1115implementation@dmas.virginia.gov>

Cc: [REDACTED] <[REDACTED]>

Voices for Virginia's Children appreciates the opportunity to submit comments on Virginia's Section 1115 Demonstration Application: Creating Opportunities for Medicaid Participants to Achieve Self Sufficiency (COMPASS). While we support several features of this waiver, we are concerned that the Virginia COMPASS proposal will be overly burdensome for families and will lead to tens of thousands of Virginians losing health coverage.

We support several notable features of this waiver proposal that have the potential to be beneficial to individuals or families with high needs like serious mental illness. The purposed supported employment services have been found to help individuals with serious mental illness become employed and maintain competitive employment. Voices for Virginia's Children supports the goal of employment and recognizes that individuals with mental illness are disproportionately unemployed. While supported employment services are available in some areas of the state, these services are not available to all who need them. Medicaid reimbursement for these services could ensure that more individuals with serious mental illness, some of which are parents, could access them. Additionally, Voices supports the housing support benefit included in this waiver. The innovative housing services outlined in this benefit will assist individuals with complex medical conditions to obtain and maintain housing in their community. Some people with serious mental illness cycle in and out of institutionalization and homelessness and the purposed housing benefit could help individuals with medical complexities to remain stably housed.

While we support several features of the proposed waiver, we also have concerns regarding the work requirement, cost-sharing and premiums, and lockout period for those who are unable to meet the requirements. Monthly premiums and health and wellness accounts for Medicaid have the potential to create an overly complicated process to administer the program. Additionally, as child advocates we are concerned about the impact the work requirement will have on families and ultimately their children. While the proposal offers an exemption for those who are primary caregivers, it's unclear how a primary caregiver would be defined and how many parents would be exempted under this proposal.

Voices for Virginia's Children understands the dual need to control costs and address poverty however, we are concerned that that the COMPASS proposal will require substantial state investment in infrastructure that could detract from Virginia Medicaid's goal of providing access to care. Implementing work requirements will necessitate new administrative processes and programs, which will require considerable financial resources that could be used to provide care to individuals in need. It is estimated that starting a work requirement program in Virginia will cost more than \$25 million to provide sufficient job training, child care, transportation, and other supportive programs to enable its affected Medicaid beneficiaries to meet the proposed requirement. Without such supports, we believe the work requirements will not result in more able-bodied adults working or produce positive health effects. Furthermore, work requirements in other states have failed to increase long-term employment or improve general welfare. Investments in the workforce through training, education, and other opportunities are important for families in Virginia, but should not be at the expense of access to healthcare. We therefore recommend that Virginia refocus its Medicaid efforts to improving the health and well-being of children and families it serves, rather than imposing additional costly administrative

burdens.

Thank you for taking our comments into consideration as this process continues,

 Policy Analyst  
Voices for Virginia's Children  
1606 Santa Rosa Rd, Suite 109  
Henrico, VA 23229

  
[www.vakids.org](http://www.vakids.org)

## Comments Provided During Virginia's Four Public Hearings

9/25/2018

I am [REDACTED] Executive Director of the National Alliance on Mental Illness of Virginia. NAMI Virginia has some serious concerns about the waiver application. We do thank you for including housing support services and supporting employment in this application, which are very important services for our constituency.

We're especially concerned about the work requirement, especially because we learned from Dr. Lee, thank you, at a recent meeting that in some of the other expansion states the expansion population had an incidence of thirty percent of mental illness, which is higher than in the general population. We support work as a means of sustainable recovery and as a means, obviously, of self-support. This is especially important because in the population that are participating in community mental health services only about one in five are employed, and only about one in twenty people with schizophrenia are employed. So it's very important that people obtain and maintain secure employment.

So to that point the work requirements demonstrated in research really don't advance the cause of getting people sustainable work. I mean studies demonstrate that there are limited short-term benefits to work requirements and no really substantial increase of income over time.

And given the challenges to folks, especially those that are dealing with mental illness, and basically complying with difficult administrative requirements, we're extremely concerned about people losing their coverage.

I mean there are some populations that could be hurt by these requirements that aren't covered by the waivers. For example, young people that are experiencing their first symptoms of serious mental illness, such as those that are experiencing their first episode of psychosis. It's very important for that population to get, you know, consistent effective treatment because early intervention is key for those folks.

We're really worried that a population like that would lose their coverage because of the complexity -- (Alarm sounding.)

So just one more thing. I just want to say despite the significant evidence that low income folks obtain and maintain low wage employment that barely feeds their families, these requirements are based on the assumption that people only go to work if they're forced to go to work. And I think we all know that that's not the case. And so we really urge you to remove the barriers to healthcare and not expand them. So thank you for your time.

9/25/2018

Members of the Board, name is [REDACTED] I'm an Associate State Director at AARP. Thank you for this opportunity to comment on the proposed waiver.

Like other stakeholders we have not had sufficient time to look at the proposal to consider it in full. But one, I have a few comments here. We strongly support Medicaid expansion, but we have concerns about specific aspects of this proposal. Imposing work requirements would make it unnecessarily hard for many Virginians who need healthcare the most to get it. This includes many people who deal with

bouts of illness due to chronic and behavioral health conditions.

AARP is concerned that people who have a hard time finding work will lose coverage. Research indicates that Americans over the age of fifty-five spend longer trying to get employment and then have longer periods of unemployment compared to their younger counterparts.

AARP is concerned that these individuals would lose their coverage leaving them more vulnerable to getting sick and developing long-term health problems. In addition, there is research that shows a strong association between being unemployed and poor health outcomes, which makes coverage during unemployment even more crucial.

AARP is also concerned that some Virginians will likely experience difficulty in applying for the exemptions, which could cause many people to lose their coverage. For example, studies of TANF have found that beneficiaries with disabilities and poor health are more likely to lose benefits due to difficulties navigating the system.

For these reasons and more AARP believes the proposed waiver will make it harder for Virginians to get and stay healthy, and this runs counter to the Medicaid Act. For additional details on our concerns we'd refer the Department to our written comments that will be submitted later during the thirty day period. Thank you.

9/25/2018

Good morning, Dr. Lee, members of the Board. Thank you for holding this public hearing. As a committed advocate on behalf of the vulnerable and poor in our communities the Virginia Interfaith Center for Public Policy strongly opposes the work requirements and monthly premiums incorporated in the 1115 Waiver. Our position is rooted in the belief held by diverse faith communities that quality healthcare is essential for people to attain and sustain the fullness of their human dignity. After diligently working to make quality healthcare affordable to hardworking low income individuals and families in the Commonwealth, we cannot now place regulations that will hinder, block or potentially revoke access to that care. The waiver explicitly notes that an estimated twenty-six thousand Virginians will lose their current Medicaid coverage if these regulations are imposed. These regulations will place unnecessary burdens on the poor as they try to navigate the complex and costly bureaucratic system that this state will be compelled to create in order to manage the new processes of these regulations. Medicaid was created as a program to help and not hurt the poor. The 1115 Waiver therefore should only contain provisions that are proven to facilitate an increase in care. The current provisions for work requirements, monthly premiums, and the health and wellness accounts do not and should be removed in order to ensure the most effective and humane implementation of Medicaid expansion. Thank you.

9/25/2018

Good morning, Madam Chair, members of the Board. I'm [REDACTED] from the Virginia Poverty Law Center. Thank you for this opportunity today. As was mentioned just a moment ago the purpose of an 1115 Waiver is to allow states to experiment with initiatives and policies to promote the purposes and objectives of the Medicaid Act. And Virginia has a long history of doing that with its 1115 Waivers, for example, our nationally renowned ARTS program is an 1115 Waiver, so is GAP. So Virginia has taken steps through 1115 to expand a programming, expand access to care in harmony with the Medicaid law. However, this waiver does not promote the purposes of the Medicaid Act, specifically the

provisions related to the work requirements and the monthly premiums fail to meet basic 1115 Waiver requirements. And I'll list three reasons for that. Number one, as I read the proposal and look at the numbers and crunch the numbers, it looks like twenty-one thousand people are expected to lose their coverage because they will not be able to meet the work requirements. They won't be exempt and they'll be losing their coverage. And another six thousand individuals are expected to lose their coverage as a result of failing to meet the month premium requirements. So we're talking about twenty-seven thousand people losing their coverage. That does not promote the purposes of the Medicaid Act. Secondly, there's a big cost to this. As Dr. Montz described these provisions, it's pretty complicated and detailed administratively. There's a lot of red tape. There's new bureaucracy. It's going to cost, we believe, over twenty-five million dollars to implement these provisions. That's what was discussed at the general assembly. So there's a great deal of cost, and we believe those dollars could go -- could be better used elsewhere. And just thirdly, again, about the complexity of this system. People will fall out of coverage because of their inability to meet the new requirements. The health and wellness account, while probably well-intentioned, it sound ridiculous to me putting a five and ten dollar premium into an account, having to get a basic health service -- Well these are the concerns that we have; the loss of coverage, the cost and the complexity. So I appreciate the opportunity to make these comments today, and I'll follow up with more detail. Thank you.

9/25/2018

Good morning, Madam Chair, members of the Committee. Can you hear me okay? Okay. I do have copies. But I represent six clients today, so I figure I have twelve minutes. Not. We are all members of the Healthcare For All Virginians Coalition, and they are the Brain Injury Association of Virginia, the Hemophilia Association of the Capital Area, and the Virginia Hemophilia Foundation, the Substance Abuse and Addiction Recovery Alliance, also know as SAARA, the Virginia Breast Cancer Foundation, and the Virginia Counselors Association. The wide range of consumer and patient populations associated with my clients preclude my offering individual comments at this time, but we will be submitting further comments in writing. We are pleased with the extension of the ARTS program, as has been mentioned by other individuals. We're also pleased that the housing -- that the 1115 Waiver application includes supportive housing and employment supports for high need Medicaid enrollees. However we're very concerned with the proposed work requirements and the administrative burden that documenting the requirements will cause to enrollees and the cost to the Commonwealth. As the Kaiser Family Foundation recently stated, most adults with Medicaid already work, and most of the non-working face either health or physical limitations to doing the jobs available, or have other reasons for not working. People already working or exempt from new work requirement policies may not be the target of new policies. But they will still be subject to verifying work status or navigating an exemption process that could result in eligible individuals losing coverage and high administrative expense for the states. But our own account, your own account, approximately twenty-six thousand or twenty-seven thousand Virginians will lose coverage. This is unacceptable. Thank you again for providing this opportunity. And we will submit written comments later. I also have copies of my presentation.

9/25/2018

Good morning. Again, I'm [REDACTED] with the National MS Society. The Society does intend to submit written and comprehensive comments at a later time, but I appreciate the opportunity to address you this morning. We do have some sincere concerns about the waiver application as it's been submitted or written. Most notably the potential for tens of thousands of Virginians to lose health insurance coverage as a result of some of the harmful proposed provisions such as work requirements

and premiums. The purpose of the Medicaid program is to provide needed health coverage and access to eligible low income individuals. If Virginians are losing coverage as a result of not meeting work, premium, or other requirements, then the proposed Virginia COMPASS program does not align with the intended goal of Medicaid. For people with MS access to needed healthcare services and early and consistent control of disease activity plays a key role in preventing accumulation of disability and allows people with MS to remain active in their communities. Furthermore, some people who live with MS or are not yet adequately diagnosed may not meet the requirements needed to be determined disabled or medically frail. The National MS Society therefore opposes work requirements that penalize people with MS who are unable to work due to their disease or fail to meet burdensome administrative requirements. Additionally, the National MS Society believes that premiums, particularly those who -- for those below the poverty line are a barrier to access the -- healthcare access. Even small premium amounts may be substantial for a low income person or family potentially making coverage unaffordable for those who need it most. We look forward to submitting more comprehensive comments and ask you to remain committed to allowing those who live with chronic illnesses to receive the consistent care that they need to live their best lives. Thank you.

9/25/2018

Good morning. The Virginia Rural Health Association advocated for Medicaid expansion because we wanted better access to healthcare and a decreased burden for rural hospitals and clinics who are required to treat persons who do not have insurance. What I see in this program is a list of bureaucratic loopholes designed to exclude as many people as possible. I am especially concerned about the work requirements. Rural communities typically have a much higher unemployment rate. The proposal has exemptions for areas of high unemployment, but I'm not convinced that the exceptions can be implemented in a practical manner. Administration of the work requirements are likely to cost Virginia's taxpayers more than the program is intended to save. If Virginia needs a workforce program, create a workforce program. If Virginia needs a housing program, create a housing program. But the stipulations I see in this program result in increasing burdens for rural residents and rural hospitals and clinics, not increasing health and well-being. Thank you.

10/3/2018

I am a member of GRAC, Governmental Relations Advocacy Committee. So we do advocacy for disabled people and lobby in Richmond. That's what we do. I was a workaholic, school-aholic until I woke up one morning and felt sort of like someone who's been in the news lately that may have had one too many drinks. And then I was introduced to the world of M.S. So that is my reason for becoming involved. So I am here to speak on behalf of the Medicaid waiver. I was very encouraged because I used to hire a lot of these people. And sometimes, you know, they're prepared for work and sometimes they are not. So I'm so excited to see that you have training programs in there. So thank you for that. That made me feel so good. But existing data confirms that most adults with Medicaid already work. And most of the nonworking adults either face health, social, or mental, or physical limitations to do the jobs that are available with their skill set. They may also have to provide caretaking services for a member of their family or maybe school attendance. Moreover, there are many who are unable to work, but do not meet federal guidelines for being disabled. These people may have physical, social, or mental issues that prevent them from becoming gainfully employed. This particular group of people will need training and preparations prior to achieving gainful employment. The problem with this is that the states are unable to use Medicaid funds for work support under new waiver guidelines. I think you've got that worked out in Virginia, maybe. People already working are exempt from new work requirement policies may not be

the target of the new policies, but they will still be subject to their work status or navigating an exemption process that could result in eligible individuals losing coverage -- I should have brought my glasses in -- at high administrative expense for states. These approximately 400,000 people will also increase Medicaid administrative reporting and exemption and staffing costs. States will need to set up complex systems to handle and record all of the processes which will then divert resources away from administrative dollars that could assist individuals in finding work and voluntary programs. As I understand it, the states will be required to describe strategies to assist beneficiaries in meeting work requirements, but may not use federal Medicaid funds for supportive services to help those people overcome barriers to work. It is unclear how the states will come up with additional funds needed to address successfully the multiple barriers, such as childcare, transportation, education, and training, and the special nuances of working. And I think I've reached my two-minute limit.

10/3/2018

Good afternoon. I'm [REDACTED] I serve as a board member for the Virginia Interface Center for Public Policy for the past 12 years until I retired in March. I was the CEO of Luthern Family Services of Virginia, a nonprofit that serves many vulnerable children, foster care children and adults, and especially in Southwest Virginia. So as an advocate on behalf of the vulnerable and poor, and again, especially because Southwest Virginia has issues and challenges that are indeed even more complicated when it comes to some of the requirements here, the work requirements and so forth, I want to state that we oppose the work requirements and the monthly premiums incorporated into this waiver plan. Our position is rooted in the fact that we want to see quality healthcare for all individuals to sustain and fulfill their lives without adding lots of layers that then reject them right off of the program that they so desperately need right now. It's taken five years to get this affordable healthcare in place. And we would like to see that regulations are not attached that will hinder, block, or revoke. We're especially concerned that a system to collect 5 or \$10, a system to administer health welfare funds, wellness funds, all of that is going to create a costly bureaucratic system that the state will then have to create new processes to manage it and make work. And, again, can it work in small rural communities and so forth? Can you really get people off and onto employment in settings that are so challenging?

I worked this last year with a young woman. And while this does not completely apply, she's medically fragile, I just want to quickly get her story. She worked for us at Luthern Family Services. She was diagnosed with a cancer that was so severe in treatment, she had to have her treatment done at Mt. Sinai in New York City. It's one of two places they can do it in the U.S. She was there for 25 days. She had health insurance, but upon returning and having to go through new treatment, the cancer reoccurred and she finally had to admit that she needed to stop work. She then had to fight for the disability payments. She now could not afford the COBRA, \$750 a month. She had been one of our administrative assistants and she had been amazing at her job. She then applied to Medicaid and she was denied. She went four weeks without cancer treatment this fall. She now has treatment because the doctor and the hospital agreed to put her on charity. While I understand that the fragile and all of that will allow her to be exempt from these, I just think there are far too many who need Medicaid who should not have to be submitted to yet another indignation of needing health care and not getting it. Thank you.

10/3/2018

Good afternoon, distinguished panel members. My name is [REDACTED] and I'm a volunteer with AARP Virginia. Thank you for this opportunity to provide comments on the proposed waiver. Like other stakeholders, AARP Virginia has recently seen the proposal and has not had sufficient time to consider it

in full. While AARP Virginia strongly supports Medicaid expansion, we have concerns with specific aspects of this proposal that I will briefly state. Imposing work requirements would make it unnecessarily harder for Virginians who most need healthcare to get it. This includes many people who deal with bouts of illness due to chronic and behavioral health conditions. AARP is concerned that people who have had a hard time finding work will lose coverage. Research indicates Americans over the age of 55 often spend longer trying to find employment and experience long-term unemployment at rates higher than their younger counterparts. AARP is concerned that these Virginians would lose their coverage leaving them more vulnerable to getting sick and developing long-term health problems. In addition, research shows that there is a strong association between unemployment and poor health outcomes, which makes coverage during these periods of unemployment crucial. AARP is concerned that some Virginians will likely experience difficulty in applying for the exemptions from the community engagement and work requirement, which will cause many people to lose this coverage. Studies of the temporary assistance to needy families programs found that beneficiaries with disabilities and poor health are more likely to lose benefits due to difficulties in navigating the system. For those reasons and more, AARP believes the proposed waiver will make it harder for Virginians to get and stay healthy, and it runs counter to the objectives of the Medicaid Act. For additional comments on our concerns we refer the Department to our written comments that will be submitted later during the 30-day comment period. Thank you.

10/3/2018

Hello. My name is [REDACTED] I am a concerned citizen. I just wanted to share that I feel like the COMPASS proposal is going to be burdensome for everybody involved, not just the individuals and families that need it, but also the state. And it will ultimately lead to tens of thousands of Virginians losing health coverage. The proposal does not promote health and wellness. Some estimates show that more than 25,000 fewer Virginians will have health coverage through Medicaid due to the new requirements. And taking away health coverage doesn't create the stronger, healthier communities that we're all interested in. They're costly. The work requirements are costly. They don't make sense. They'll cost the state more than \$25 million, is an estimate I've seen. Virginia will incur costs to enforce the requirement. The vast majority of enrollees already comply with or will be exempt from. The work requirements in other states repeatedly shown they have failed to increase long-term employment, or improved general welfare. And the proposal is overly complex and burdensome. There are too many requirements. It's too complex. Enrollees will have to contend with monthly premiums, contributions to a Health and Wellness account. Enrollees in states with similar requirements have found that they are confusing, financially burdensome, and ultimately lead to a loss of coverage for people who need it. Virginia should not add more red tape to the Medicaid program, or force families to pick between taking care of their health needs and putting food on the table. So for all of these reasons, I will opposed the work requirements. Thank you.

10/3/2018

Well, mine was going to be exactly the same. I'm [REDACTED]. And the speaker was going to be here in a few minutes, but it pretty much covers what everybody's said. It is burdensome. It seems to be so much more red tape. The cost it will cost for all these resources to go into effect is going to cost Virginians. They're saying \$25 million. I don't know that for sure, but it's going to be, you know -- which we can put that towards Medicare and these people who need it. And Southwest is really bad. I'm not a -- it's a good way for us to be healthy and happy, and, you know, the Medicare is just good coverage. And this just puts a damper on it. I'm rambling now. But it's just like they all said. It's just, you know,

Virginia organizers, we try to make things less burdensome for people that are already in a position that just makes it impossible.

10/3/2018

Hi, I'm [REDACTED]. I live in Christiansburg. I'm a member of Virginia Organizing. And I'm here to express some concerns about the work requirement. It seems like generally it's not going to really promote a healthy community. I'm concerned with any barriers that get between a person and healthcare. So this recent expansion of Medicaid that will go into effect in January is a great progress. I'm afraid that this is going to be a step backwards. It seems like it adds unnecessary complexities, the enrollment process. And in just anything that's going to be a barrier between healthcare and individuals, something that would cause them to choose between healthcare and the electricity, and food, and school supplies for their kid is a concern. And so, yeah, I just wanted to express my concerns with the work requirements and my request to not have the COMPASS/work requirements associated with Medicaid.

10/9/2018

What constitutes a legitimate disability that qualifies for this, for the exemption to this? Because the people I deal with, which includes my daughter who turns thirty tomorrow, has a serious mental illness. In her case, it's disorganized schizophrenia. I'm involved with helping support groups. There are about 300 members in the group that I participate in, and every one of those has family members who have a serious mental illness. They aren't able to navigate a system like this. They're definitely not all designated as disabled by the federal government, if that's what the definition is. A lot of them, as far as employment goes, will present themselves really well for an interview and they might get there, might last an hour, and then walk out. So for that population, the seriously mentally ill, which is -- it depends who says -- three to five percent of the population of Virginia, this is sort of an impractical -- in spite of the good parts of this, the regulations in this are not practical for them and they just increase chaos and, actually, misery, without intending it, but that's what happens. Thank you.

10/9/2018

My name is [REDACTED] and I'm here today representing the National Multiple Sclerosis Society and the over 12,000 Virginians who live with multiple sclerosis. The society intends to submit comprehensive written comments, but I want to take a moment and express my sincere concern about the waiver application, most notably, the potential for tens of thousands of Virginians to lose health-insurance coverage as a result of some of the harmful proposed provisions, such as work requirements and premiums. The purpose of the Medicaid program is to provide needed health coverage and access to eligible low-income individuals. If Virginians are losing coverage as a result of not meeting work, premium, or other requirements, then the proposed Virginia COMPASS program does not align with the intended goal of Medicaid. For people with multiple sclerosis, access to needed health-care services, and early and consistent control of disease activity plays a key role in preventing the accumulation of disability, and allows people with MS to remain active in their communities. Furthermore, some people who live with MS or who are not yet adequately diagnosed may not meet the requirements needed to be determined disabled or medically frail. The National MS Society therefore opposes work requirements that penalize people with MS who are unable to work due to their disease or failure to meet burdensome administrative requirements. The National MS Society believes that premiums for those who are low income are a barrier to health-care access. Even small premium amounts may be

substantial for a person or family who has little money, potentially making coverage unaffordable for those who need it most. We look forward to submitting more comprehensive comments in the near future, and ask you to remain committed to allowing those who live with chronic illnesses to receive the consistent care they need to live their best lives. Thank you.

10/9/2018

I'm [REDACTED] [REDACTED] I'm NOMI Northern Virginia, and also -- [REDACTED] may have mentioned this; I'm not sure -- Concerned Fairfax, which is one of our advocacy groups in Loudoun. So our concern, as you heard, is that we really want to make sure that we are empowering people and respecting the dignity of folks. And we think that health insurance is critical to that. When you don't have health insurance, the world is different for you than it is for everybody else. So that's first and foremost. It is true that while there are expanded definitions, perhaps, of having a mental-health condition, that so many people fall through the cracks. They don't quite fit or they're not able to navigate the system, or they don't see themselves as disabled, but nevertheless, they do see themselves as needing health insurance. It is very complex and difficult for anybody who is at the poverty level that was described, to pay even 5- or \$10. I know so many people who are struggling to find coins in the car seat, just to get gas. So that 5- or \$10 really can be a lot of money. I think that it's awesome to offer the employment assistance and the housing assistance. That's so needed. And that piece is important, but should be offered and not necessarily -- you know, having to jump through hoops, because it's so hard to jump through hoops when you're just trying to get through the day. I have a family who just is not receiving benefits for a mental-health condition, and yet was able to start receiving Medicaid assistance recently, and was getting the medical care that had been needed for so many years. And this person kind of falls in the cracks, just as we've been talking about. So I think it's just so important that we take a look at this and recognize the challenges that we're putting in place for people. Thank you.

10/15/2018

Good afternoon. Thank you for providing the opportunity to give you input for the 1115 waiver of the Medicaid Act. My name is [REDACTED] [REDACTED] I'm an Arlington resident and a long-time voter. I serve as the cochair of the Northern Virginia Chapter of the Virginia Interfaith Center for Public Policy. I'm an advocate for justice. I'm compelled by my faith and moral compass to advocate passionately on behalf of others in the human community who are vulnerable and struggle in economic poverty. The Virginia Interfaith Center for Public Policy strongly opposes the work requirements and the monthly premiums incorporated in the 1115 waiver. Quality health care is critical to ensuring everyone can attain and sustain the fullness of their human dignity. Many Virginians worked hard to make health care affordable to hard-working, low-income individuals and families in the Commonwealth. We cannot now attach regulations that will hinder, block, or revoke access to that care. If the proposed regulations are imposed, the waiver itself notes that thousands of Virginians will lose their current Medicaid coverage. These regulations impose burdens on the very people we are trying to help by making access burdensome and complex, not to mention you're having to create a costly bureaucratic system to manage the process of the regulations. The 1115 waiver must facilitate an increase in care, not hurt Medicaid eligible recipients. Making this program contingent on work might shrink benefit rolls, but will not help alleviate poverty or increase self-sufficiency as the Virginia COMPASS claims to want to do. We want an effective and humane implementation of Medicaid expansion. Justice for all demands a life of dignity for all, and that includes access to quality health care for all. Thank you.

10/15/2018

My name is [REDACTED] I'm coordinator for Social Action Linking Together, SALT is our acronym. And thank you for the opportunity. And we have 1,300 grassroots advocates for fair and common sense public social policy, which we had quite a few successes over the years in Richmond. We know from experience that punitive work requirements are not effective during welfare reform, for example, TANF similar requirements disrupted people's benefits without improving their employment prospects. Medicaid eligible people should not be denied health care over paperwork or paperwork violations. Work requirements have the effect of kicking people off the program, people who really need it. So, for example, in Arkansas most of the people being kicked off were eligible for the program, they just weren't able to do the online documentation that is required to keep track of whether the people are actually working and they are meeting their work requirements. And it takes an army of staff to verify and track the work compliance, which is very expensive. These additional requirements will lead to many Virginians losing their Medicaid benefits. Research shows that these red tape requirements are expensive and confusing to Medicaid applicants. Virginia would incur costs to enforce these requirements when the vast majority of the enrollees already comply with these or will be exempt from them. It's amazing how many people on disability, for example, are actually working. Creating red tape for work requirements is expected to cost 25 million. Wouldn't it be a lot wiser to put that money into health care itself? Further, it's known that TANF requirements in Virginia have failed to increase the long-term employment and improvement to the general welfare. Also, work requirements will stop people from seeing doctors when they need to go. So, everyone deserves access to quality, affordable health care, regardless of their personal circumstances. Virginians wanted to expand Medicaid so more people could have access to health care, not to shut them out. Let's keep working together to make sure more Virginians have quality health care and that we have a healthy workforce. Work first must be scrapped, Medicaid recipients should be helped to secure decent jobs without threatening their health insurance. Medicaid recipients must be offered a range of services, including career counseling, on-the-job training, tuition assistance. Additionally, SALT supports the completion and the funding of post-secondary and work study programs for Medicaid participants so they can escape poverty and be self-sufficient. These should be counted as core activities. I was going to say that the idea of apprentices and access to programs that prepare people for better jobs, because we know in TANF they are pushed into the first low-paying job and they end up back on welfare. A state's deepest values are reflected in how it treats the most vulnerable citizens. So, as you consider the future of Medicaid, state officials must ask themselves is this how Virginia is going to be? Thank you for the opportunity.

10/15/2018

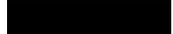
Thanks for adding this to Arlington. My comments -- first of all, my name is [REDACTED] and I'm here on behalf of the National Multiple Sclerosis Society. Our comments -- my comments are more my personal beliefs. The Virginia COMPASS proposal does not promote health and wellness. Estimates show that more than 25,000 fewer Virginians will have health coverage through Medicaid due to the new requirements. And taking away health coverage for Virginians does not create stronger, healthier communities. Work requirements are costly and don't make sense. Starting a work requirement program will cost Virginia more than \$25 million. Virginia would incur costs to enforce a requirement that the vast majority of enrollees already comply with or will be exempt from. Work requirements in other states have failed to increase long-term employment or improve general welfare. The Virginia COMPASS proposal is overly complex and burdensome. There are simply too many complex requirements for many enrollees to contend with, such as monthly premiums and contributions to a health and wellness account. Enrollees in states with similar requirements found that they are confusing, financially burdensome, and can lead to a loss of coverage. Virginia should not add more red tape to the Medicaid program or force families to pick between taking care of their health care needs

and putting food on the table for their families. Thank you for allowing us to speak today.

Date: Sat, Oct 20, 2018  
Subject: Public Comments on 1115 waiver implementation  
To: <1115implementation@dmas.virginia.gov>

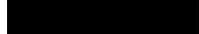
To Whom it May Concern,

Attached to this email, you will find a Zip and CSV file with 333 comments Progress Virginia collected to oppose Medicaid work requirements in the Commonwealth. The comments should have been mailed directly to you already, but we are sending you the comments in case they did not reach you.

  
Digital OrganizerPronouns: She/Her/Hers  
ProgressVA  


*Note: This email included a file with 339 signatures that were collected to oppose the work and community engagement requirement. Of the 339 individuals who signed the petition, 36 provided unique comments, which are included below.*

10/10/2018 E-mail

  
The majority of the target population already work (60 percent) or live with a worker (79 percent) , according to the Kaiser Family Foundation. So even if the official rationale for the new policy “the Department of Health and Human Services says work improves health” is valid, it's superfluous in most cases. Of those who aren't working, many have care-giving responsibilities that either they would have to abandon or states would have to accept as the equivalent of work outside the home, after a lot of complex and expensive administrative hassle.

10/11/2018 E-mail

   
This proposal is the opposite of what we need. Let's strengthen Medicaid, not weaken it.

10/11/2018 E-mail

  
The work requirements for Medicaid leave the people who need it most without health insurance.

10/11/2018 E-mail

   
No work requirement!

10/11/2018 E-mail

[REDACTED]

Medical care is a right. Don't make it more difficult to obtain for those who need it.

10/11/2018 E-mail

[REDACTED]

Please don't enact wasteful barriers just because you're trying to teach poor people a lesson about being poor. They already know you don't like them. Medicaid is a good program, and when our population is healthier we all benefit.

10/11/2018 E-mail

[REDACTED]

Medicaid work requirements undermine the purpose and success of an expansion of services. Everyone deserves access to healthcare.

10/11/2018 E-mail

[REDACTED]

Many of those in desperate need of Medicaid have serious medical or mental illnesses that prevent them from working. As an advocate for patients with a rare blood cancer, Waldenström's Macroglobulinemia, I see cancer patients who face debilitating fatigue, neuropathy, and other symptoms that may not be overtly visible and ongoing infusions and other treatments that make working regularly nearly impossible. These people do not need to be made to jump through hoops. Similarly, childcare is unaffordable expensive for most people who work and have young children.

10/11/2018 E-mail

[REDACTED]

Please do not support specific targetting requirements for work or premiums in Virginia Compass.

10/11/2018 E-mail

[REDACTED]

Virginia seems bound and determined to keep the jails full. Many who need this Medicaid expansion are mentally ill. Also, Surprise! Surprise! Many who will be eligible for Medicaid with this expansion already work!

10/11/2018 E-mail

[REDACTED]

Our safety net should be about ensuring that access to healthcare for all is a right, not a privilege for the rich. Please do not put unnecessary and unconscionable burdens on this right just.

10/11/2018 E-mail

[REDACTED]

People need HELP, not more hoops to jump through.

10/11/2018 E-mail

[REDACTED]

Please be sensible and keep regulations simple and administrative costs down.

10/11/2018 E-mail

[REDACTED]

Medicare is a human right stated in the human rights universal UN treat the US wrote and signed. We must live up to our legal obligations.

10/11/2018 E-mail

[REDACTED] [REDACTED]

Health care should not require work

10/11/2018 E-mail

[REDACTED]

These additional restrictions on coverage will lead to tens of thousands of Virginians losing their Medicaid benefits. Research shows that these red tape requirements are expensive and confusing to Medicaid applicants.

Everyone deserves access to quality, affordable healthcare regardless of their personal circumstances. Virginians wanted to expand Medicaid so more people have access to healthcare, not shut them out.

10/11/2018 E-mail

[REDACTED] [REDACTED]

Elderly disabled citizens cannot work. My mother is and can no longer work ... do not take away her healthcare.

10/11/2018 E-mail

[REDACTED]

Everyone deserves access to quality, affordable healthcare regardless of their personal circumstances.

Additional restrictions (including work requirements) on coverage will lead to tens of thousands of Virginians losing their Medicaid benefits. Research shows that these red tape requirements are expensive and confusing to Medicaid applicants.

Virginians wanted Medicaid expansion to create stronger, healthier communities. We want more people to have access to healthcare, not shut them out.

10/11/2018 E-mail

[REDACTED]

Look to the reality in Alabama and other states that have already instituted work requirements in order to access Medicaid benefits. The system set up to enforce work requirements is designed for as many legitimate recipients as possible to fail in the tangle of red tape. It would seem legislators want to tout their humanitarianism on the one hand while assuring that as few of the needy as possible will have medical assistance, If the Commonwealth sincerely wants to assure those who need it have health care assistance, we need to scrap the work requirements and the high price tag that comes with it. (The price tag will be higher than \$25 million; folks who are sick can't take care of their own, let alone contribute to Virginia's economy and their use of emergency rooms as a last resort raises the cost of health care for everyone state wide.)

10/11/2018 E-mail

[REDACTED]

These work requirements will just further punish people who are already struggling. And, trying to enforce these unnecessary requirements will cost the Commonwealth and us taxpayers more than it will net us. These work requirements don;t work.

10/11/2018 E-mail

[REDACTED]

It is a very cruel, cold, and heartless state policy to require a state resident to work in order to qualify for medical Medicaid benefits, and this is state fascism in action placing its boot on low income Virginia residents not able to work.

10/11/2018 E-mail

[REDACTED]

I am disabled. I have a strobe sensitivity, so I can't drive, or take the bus. I occasionally get hit by cars. I also have hyperacusis and a beep sensitivity, so I can't use phones or register for relay services. Hardly

anything is accessible, so I am unable to work regular jobs, and am unable to get through bureaucracy. Regardless of the intention, the policy creates a catch-22 for some disabled Virginians.

10/11/2018 E-mail

[REDACTED]

As a mother, grandmother and active Christian laywoman, I am strongly opposed to anything that makes it more difficult for Virginians to receive health care. Eliminate the work requirements.

10/11/2018 E-mail

[REDACTED]

The vast majority of Medicaid patients are disabled, minors, retired, or already work but have such low wages and no employee benefits that they have no other medical insurance. Exactly how would this proposed requirement benefit the state? It would certainly cost more to adjudicate every application or help those who cannot maneuver through the paperwork and maze of contacts you will surely establish if not already there. How will you assess the cost of those who do not receive adequate care because they are denied coverage, get even sicker, or perhaps just die before you get around to them? This requirement is not logical, but it is mean spirited and nicely Trumpian at its core.

10/12/2018 E-mail

[REDACTED]

Work requirements are a ruse perpetrated by the GOP! They are ineffective.

10/12/2018 E-mail

[REDACTED]

Please protect Medicaid!

10/13/2018 E-mail

[REDACTED]

Work requirements for Medicaid is a punishment on those least likely to be able to fulfill the requirement. This is unjust and un-American.

10/13/2018 E-mail

[REDACTED]

Please don't add work requirements to the Medicaid expansion. Virginia needs more healthy citizens, not less!

10/14/2018 E-mail

[REDACTED]

Republicans are liars and greedy whores. I can't wait until they are voted out because of their appalling behavior. I think they should have to pay out of their own pockets for any social services, since they don't want anyone else to have them.

10/15/2018 E-mail

[REDACTED]

Explain to me how I make too much money to qualify for medicaid because I get \$26,000 on disability?

Who wrote the foolish rules and applications for Medicaid?

I worked hard all my life paying into the system for 40 years maxing out on my FICA contribution by October and for that I don't get just the thing I need, proper Medical care from the country that most of my salary.

I am disabled diagnosed with Multiple Sclerosis. Just my medications alone cost over \$100,000 per year so what part of income=\$26,000 and Medication is \$100,000 does Social Services not understand?

Americans should be looked at as individuals, disability/Age cannot be written by Politicians who don't have any idea what it's like to walk in a disabled Americans shoes. Canadians and British MS patients don't have to search the Internet begging for money to pay their medical bills. There's a revolution coming. People are sick and tired of politicians and government workers who are supposed to be there to help us work thru our hardships.

10/15/2018 E-mail

[REDACTED]

Sick people often CAN'T work. Give them the ability to get better, or die with dignity. Also, don't burden employers and colleagues with accommodating or caring for desperately sick people.

10/16/2018 E-mail

[REDACTED]

Medicaid is supposed to help people who can't afford health care when they get sick or injured. It's not meant to stress them out with the cost of care. No one in our country should get sicker or suffer just because they can't afford insurance or the exorbitant cost of medical care.

10/17/2018 E-mail

[REDACTED]

Medicaid is not a jobs program! If you want people to work, help them. Start with childcare.

10/17/2018 E-mail

[REDACTED]

Work requirements present a hardship for people in rural areas where job/volunteer opportunities are few; for people with children whose childcare costs would exceed income; for people without access to transportation or limited money for gas; or with physical, cognitive, educational or other such barriers to employment.

10/18/2018 E-mail

[REDACTED]

Basic medical care is a human right, not something to be earned.

10/18/2018 E-mail

[REDACTED]

This affects me personally. Please do not burden the state and the poor with work requirements .