



August 18, 2018

Seema Verma
Center for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Re: Mississippi Medicaid Workforce Training Initiative

Dear Ms. Verma,

As co-directors of the Florida Health Justice Project, whose mission is to improve access to affordable healthcare for Floridians, we urge you to not approve Mississippi's Section 1115 Waiver request submitted to CMS on May 29, 2018 ("Waiver"). As detailed below, the Waiver would have a devastating impact on the most vulnerable residents and would do nothing to advance the objectives of the federal Medicaid program. We submit these comments out of concern that Florida, like Mississippi, is a non-expansion state. Approval of the Mississippi waiver could encourage Florida to take similar measures to discharge individuals from its Medicaid program in misguided hopes of saving money at the cost of residents' health and lives.

In addition, we have seen first hand the adverse impact of work requirements. Florida re-implemented very similar work requirements for the Supplemental Nutrition Assistance Program ("SNAP) in January 2016. The implementation resulted in a loss of thousands of individuals from SNAP. Many of these individuals were actually exempt, including those with disabilities, and mis-identified by Florida's public benefits eligibility system. While loss of nutrition assistance can cause significant hardship; loss of medical insurance can have devastating, life altering consequences to those who rely on daily prescription drugs and other medical services. The minimal savings to Mississippi's Medicaid program will not justify the loss felt by individuals who erroneously lose Medicaid coverage under the new requirements.

Thus, we feel obliged to reiterate concerns that have been identified over the impact of Mississippi's proposal.

- The proposal directly undermines the guarantee¹ of coverage for very low-income parents in Mississippi by creating a new system where it is impossible for these parents (mostly women) to keep their health coverage. If parents meet the new work rules, their

¹ Parents affected by the proposal are a **mandatory** coverage group in the Medicaid statute at §1902(a)(10)(A)(i)(1).

income will be too high to be eligible under Mississippi's low-income threshold. If they don't meet the new work rules they will lose their health coverage for non-compliance. This state's revision does nothing to address this fundamental contradiction and fatal flaw which has the practical effect of nullifying these parents' entitlement to coverage.

- The state's budget neutrality estimates project that approximately 5,000 Mississippi parents will lose their Medicaid coverage in the first year alone. The majority of these individuals, low income parents of minor children or pregnant women, either already work or have a "good reason" for not working, e.g. taking care of family member, or they are ill or disabled (though not receiving SSI).
- Over the five years of the waiver, thousands more will lose coverage based on enrollment projections in the state's budget neutrality estimates. The vast majority of these parents are likely to become uninsured as only 14 percent of persons living below the poverty line in Mississippi have employer-sponsored insurance.² Again, these individuals may live with chronic disease; access to health insurance is what allows them to treat and stabilize their condition. Without that health insurance, their condition will worsen resulting in eligibility under Aged, Blind, and Disabled Medicaid resulting in greater expense to the state and federal government.
- Early reports from a similar requirement put in place in Arkansas show that nearly three-quarters of those who had to take action and report an exemption or work hours did not do so last month.³ Such large numbers indicate that beneficiaries are having difficulty complying with the new requirements either because they don't know about the new rules or don't have access to the complicated online reporting system.
- At the same time, Mississippi would be creating additional bureaucracy for a relatively small number of Medicaid enrollees. Mississippians subject to work requirements comprise only 7% of the entire Medicaid enrollee population in the state.⁴
- The proposed revisions do not address any of the underlying problems with original application. The revision dated May 29, 2018 does nothing to address the Catch-22 in the proposal. The revision offers only a small and temporary extension of Transitional Medicaid for 12 months. The state's revised application (p. 8) shows the additional

² Henry J. Kaiser Family Foundation, *Health Insurance Coverage of the Nonelderly (0-64) with Incomes below 100% Federal Poverty Level (FPL)*, Mississippi, accessed on August 16, 2018 at: <https://www.kff.org/other/state-indicator/nonelderly-up-to-139-fpl/?currentTimeframe=0&selectedRows=%7B%22states%22:%7B%22mississippi%22:%7B%7D%7D%7D&sortModel=%7B%22collId%22:%22Location%22,%22sort%22:%22asc%22%7D>

³ Georgetown University, Health Policy Institute, Center for Children and Families, *One Month into Medicaid Work Requirement in Arkansas, Warning Lights are Already Flashing*, accessed on August 16, 2018 at: <https://ccf.georgetown.edu/2018/07/20/one-month-into-arkansas-medicaid-work-requirement-the-warning-lights-are-already-flashing/>

⁴ Mississippi Division of Medicaid, *Mississippi Medicaid: an overview and program basics, 2017 Legislative Session*, accessed on August 16, 2018 at: <https://medicaid.ms.gov/wp-content/uploads/2017/01/2017-Medicaid-Fact-Sheet.pdf>

Medicaid coverage would only impact 1,280 parents which is approximately 2% of the parents in Mississippi's Medicaid program.⁵

- When parents are uninsured, children are less likely to have their own coverage.⁶ Lack of health insurance is a serious problem for children with long term consequences that are detrimental to these families and society at large.
- As parents become uninsured, the entire family is at greater risk for medical debt and even bankruptcy – moving these families in the opposite direction of economic self-sufficiency.

We ask that you take serious heed of our comments. If CMS's goal is to eliminate otherwise eligible individuals from Medicaid, this waiver will succeed in that goal. However, if CMS's goal is to ensure maximum health outcomes for all citizens regardless of income, this waiver is a significant step in the wrong direction.

Respectfully submitted,

Katy DeBriere & Miriam Harmatz

Co-Executive Directors

Florida Health Justice Project, Inc.

⁵ Georgetown University, Health Policy Institute, Center for Children and Families, *Proposed Fix to Harmful Medicaid Waivers Impacting Very Poor Parents in Alabama and Mississippi is no Fix at All*, accessed on August 16, 2018 at: <https://ccf.georgetown.edu/2018/08/02/proposed-fix-to-harmful-medicaid-waivers-impacting-very-poor-parents-in-alabama-and-mississippi-is-no-fix-at-all/>

⁶ Karpman, Michael and Genevieve M. Kenney, Health Reform Monitoring Survey, *QuickTake: Health Insurance Coverage for Children and Parents: Changes between 2013 and 2017*, accessed on August 16, 2018 at: <http://hrms.urban.org/quicktakes/health-insurance-coverage-children-parents-march-2017.html>