



September 26, 2019

VIA ELECTRONIC SUBMISSION (Alex.Azar@HHS.gov)

The Honorable Alex Azar, Secretary
U.S. Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Ave., S.W.
Washington, D.C. 20201

Re: Florida Low Income Pool Amendment Request

Dear Secretary Azar:

The Florida Health Justice Project (FHJP) is a Florida based 501 c(3). Our mission is to help ensure increased access to health care and improve health equity for Florida's most vulnerable populations. We appreciate the opportunity to provide these comments on Florida's Section 1115 Managed Medical Assistance Waiver Low Income Pool Amendment Request (LIP Amendment).

As consumer advocates, we want to underscore our appreciation for the Low Income Pool's (LIP's) role in sustaining a safety net for uninsured low income Floridians. However, for the record: it is important to repeatedly note that Florida's LIP program, both throughout its history and in its current draft, fails to address issues related to our State's large number of uninsured in a rational way.

Low Income Pool (LIP)

Florida's LIP program provides a supplemental funding to help reimburse providers for their costs in providing services to uninsured individuals. As a state that has not expanded Medicaid, there are currently 445,000 individuals who would be eligible for coverage under Medicaid expansion to 138% of the federal poverty level, including 392,000 who are below 100% of FPL and, thus are, in the coverage gap.¹ And while we applaud that the Florida LIP program now includes local health centers providing primary care (FQHCs), the vast majority of LIP dollars go to hospitals to reimburse for uninsured patients and emergency department costs. Refer to [SFY 2018-19 LIP Model Summary](#).

It is the position of FHJP, other consumer advocates and health policy experts that a superior plan for supporting providers, lowering costs and improving health care would be providing actual

¹ Garfield, Rachel, Kendal Orgera, and Anthony Damico. 2019. "The Coverage Gap: Uninsured Poor Adults in States That Do Not Expand Medicaid." Issue brief. Washington, D.C.: Kaiser Family Foundation. <https://www.kff.org/medicaid/issue-brief/the-coverage-gap-uninsured-poor-adults-in-states-that-do-not-expand-medicaid/>.



coverage through Medicaid expansion. If Florida expanded Medicaid, the number of uninsured individuals would decrease, and all types of providers, including primary and preventive care provider would receive reimbursement for providing care to low income uninsured adults.

In addition, Medicaid expansion would be less administratively wasteful and subject to abuse. Reviews over the last 10 years have flagged problems with Florida's LIP program. For example, in 2008 the Secretary of DHHS was informed that the supplemental funding scheme was "problematic." U.S. Government Accountability Office, Medicaid Demonstration Waivers: Recent HHS Approvals Continue to Raise Cost and Oversight Concerns 28 (Jan. 2008) (GAO-08-87) (finding federal spending under the Florida LIP "problematic" and that DHHS had not ensured the "fiscal integrity" of the Medicaid program); see also GAO, Medicaid Demonstration Waivers: Approval Process Raises Cost Concerns and Lacks Transparency 14-17 (June 2013) (GAO-13-384) (raising similar concerns with similar pooling arrangements in Texas); Navigant Healthcare, Study of Hospital Funding and Payment Methodologies for Florida Medicaid, Prepared for: Florida Agency for Health Care Administration, at 24-25, 142, 181 (Feb. 27, 2015) (noting the lack of monitoring) [hereinafter the Navigant Report]². And recently, the HHS Office of Inspector General found that Florida paid hundreds of millions of dollars to a Miami safety net hospital "[that were not in accordance with the waiver and applicable federal regulations](#)". As a result, OIG recommended that Florida refund \$412 Million to the federal government.³

Finally, while Florida is eligible for a total LIP allotment of [\\$1,508,385,773](#)⁴, Florida, which relies entirely on local counties for the state match, has been unable to raise the required matching funds from local entities. Thus the actual funds available are far less than \$1.5 billion. See SFY 2018-19 LIP Model Summary which had a total LIP program of [\\$857,693,316](#)⁵.

Behavioral Health and Supportive Housing Assistance Pilot (BSHS Pilot)

While FHJP applauds the Pilot's efforts to improve behavioral health and housing supports for vulnerable, underserved populations. Florida does not need a waiver, which includes administrative burdens, to implement most components of this initiative. Instead, the state could cover mobile crisis management self-help/peer support (and other services) under state plan authority as other states have done. Covering all of these services through the state plan without enrollment limits would improve health care for more enrollees and reduce the state's administrative burden.

Thank you for consideration of our comments. If you have any questions, please contact me.
Sincerely,

² Navigant Report, available at http://ahca.myflorida.com/medicaid/Finance/finance/LIP-DSH/LIP/docs/FL_Medicaid_Funding_and_Payment_Study_2015-02-27.pdf.

³ Office of Inspector General, available at <https://oig.hhs.gov/oas/reports/region4/41704058.pdf>

⁴ Florida Managed Medical Assistance Demonstration, available at <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/fl/fl-mma-ca.pdf>

⁵ SFY 2018-19 LIP Model Summary, available at https://ahca.myflorida.com/Medicaid/Finance/finance/LIP-DSH/LIP/pdfs/18-19_LIP_Model_1_Pct_Minimum.pdf



FLORIDA HEALTH JUSTICE PROJECT, INC.

Miriam Harmatz

Miriam Harmatz
Executive Director