



American Cancer Society
Cancer Action Network
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October 30, 2014

Jeffrey A. Meyers
Director, Intergovernmental Affairs
NH Department of Health and Human Services
Office of Medicaid Business and Policy Legal and Policy Unit
129 Pleasant Street Thayer Building
Concord, NH 03301

Re: New Hampshire Health Protection Program

Dear Director Meyers:

The American Cancer Society Cancer Action Network (ACS CAN) appreciates the opportunity to comment on the New Hampshire Health Protection Program demonstration project. 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 strongly supports expanded access to Medicaid. Over 8,450 New Hampshire residents are expected to be diagnosed with cancer this year¹ – many of whom will rely on Medicaid for their care. Our comments on the proposal are intended to ensure that cancer patients in New Hampshire (including the newly diagnosed, those in active treatment, and survivors) will have adequate access and coverage under the New Hampshire Health Protection Program and that specific requirements do not have the effect of creating barriers to care for low-income cancer patients.

Medically Frail

New Hampshire proposes excluding individuals who are identified as medically frail from enrollment in the qualified health plan (QHP) premium assistance program, allowing them to enroll in coverage under Title XIX, with either the Alternative Benefit Plan (ABP) or standard Medicaid benefit package.

While we support the state's intention to provide the medically frail with more health care coverage options, we request additional information on a few items related to their exemption from the QHP premium assistance program. Specifically, we would like clarification on the cost sharing responsibilities for those between 100 and 133 percent of the federal poverty level that are determined to be medically frail. Will the medically frail be required to pay the same cost sharing amounts as those non-medically frail QHP premium assistance enrollees of the same income level?

¹ American Cancer Society, Cancer Facts & Figures 2014.

Cancer treatment causes a number of side effects, some of which can be serious and debilitating. Cancer patients undergoing chemotherapy, radiation and/or related surgical procedures may temporarily meet the criteria for medically frail status depending on how that term is defined. We urge the Department to provide greater clarification on the term “medically frail” and whether New Hampshire will allow enrollees the option of temporary medical frailty. In addition, we also ask the Department to detail the evaluation and/or selection criteria that will be used to allow an individual to qualify for medically frail status.

Cost Sharing

New Hampshire proposes to impose cost sharing up to the federal limit of 5 percent for those between 100 and 133 percent of the federal poverty level. However, we encourage the Department to reconsider the proposed aggregate quarterly out-of-pocket (OOP) cost-sharing limit, and instead impose an aggregate monthly out-of-pocket limit. Newly diagnosed cancer patients and those in active treatment often have higher rates of utilization, particularly during and immediately following the initial diagnosis. As such, these individuals would benefit from monthly OOP cost limitations, as it will protect them from high-cost, front-loaded services and care, allowing them to more equitably spread out their cost-sharing over a period of time. The following chart provides an example of how a cancer care becomes more affordable under a monthly out-of-pocket limit.

	Individual at 138% FPL (\$16,105 annual income)	
	Monthly: \$67.10	Quarterly: \$201.31
Month 1	3 CT Scans @25= \$75	3 CT Scans @25= \$75
	1 Hospital Inpatient Stay= \$50	1 Hospital Inpatient Stay= \$50
	3 Specialty Physician visits@8= \$24	3 Specialty Physician visits@8= \$24
	1 Generic Drug= \$2	1 Generic Drug= \$2
	2 Brand Drug= \$12	2 Brand Drug= \$12
	Total: \$67.10	Total: \$163.00
Month 2	1 Physician visit- \$0	1 Physician visit- \$0
	2 Specialist Visits- \$16	2 Specialist Visits- \$16
	2 Brand Drugs- \$12	2 Brand Drugs- \$12
	Total: \$28	Total: \$28
Month 3	2 Specialist Visits- \$16	2 Specialist Visits- \$16
	2 Brand Drugs- \$12	2 Brand Drugs- \$12
	Total: \$28.00	Total: \$10.31
3 Month TOTAL	\$123.10	\$201.31
*** The service utilization example provided above is for illustrative purposes only and does not reflect a specific treatment protocol.		

New Hampshire proposes imposing copayment of \$25 for imaging services and a \$50 copayment for hospitals inpatient services. For a patient with a serious, chronic condition such as cancer, the proposed cost sharing for imaging and inpatient hospitalization could pose a significant barrier to care. Cancer patients often need multiple imaging tests to diagnose their cancer and evaluate if the cancer treatment is working. Additionally, cancer patients may need to undergo inpatient surgical procedures to treat their cancer. The co-payments associated with these procedures, in addition to the other related cost sharing requirements, such as prescription drug and specialty care visits could create considerable financial hardship for an individual or family fighting cancer. We ask the Department to consider reducing the co-payments for imaging tests and inpatient hospitalization.

Retroactive Eligibility

We appreciate New Hampshire taking the proactive step to provide low-income New Hampshire residents early access to health care coverage through either the HIPP or bridge program during the premium assistance waiver process. However, we are very concerned about the Department's assumption that all individuals eligible for the NH Health Protection Program will have been enrolled in one of these coverage options eliminating the need for the state to continue providing retroactive eligibility for this coverage group. We urge the Department to reconsider its request for permission to eliminate retroactive eligibility.

In 2012, there were an estimated 120,000 uninsured New Hampshire residents and while the Affordable Care Act and Medicaid expansion will significantly reduce the number of uninsured, a number of state residents will not learn about their coverage options until they experience a health event that forces them to seek medical attention. For example, it is unclear whether an uninsured individual who seeks emergency/urgent care that results in a significant amount of medical care prior to them being determined eligible for coverage under the QHP premium assistance program would be financially responsible for the cost of those services. We urge the Department to clarify that in such situations, the individual would not bear personal responsibility for those costs.

Appeals Determinations

The draft waiver indicates that appeals determinations will vary depending on whether services are defined as urgent or non-urgent. We ask the Department provide definitions of urgent and non-urgent services, specifically indicating whether chemotherapy, radiation and cancer related surgery would be considered an urgent service. Further, we ask the Department to consider the following circumstances in its response: if chemotherapy is considered non-urgent, whether a patient be allowed to receive another round of treatment services while the 30 day appeal determination is being made. In addition, if chemotherapy is considered non-urgent, after diagnosis whether the patient would have to wait (at least) 60 days before beginning their cancer treatment.

Provider Networks

We ask the Department to indicate if the newly eligible population will have access to out-of-network providers. Most private insurance plans have a process by which enrollees can request in-network coverage for an out-of-network provider. If a QHP premium assistance plan's current provider network does not include a specific type of specialist or if the in-network provider appointment wait time/distance is too great, we urge the Department to clarify that QHP premium assistance enrollees

will have the ability to request access to an out-of-network provider. In addition, the Department should clarify that the QHP enrollee will not face higher OOP cost sharing as a result of them accessing an out-of-network provider.

On behalf of the American Cancer Society Cancer Action Network we appreciate the opportunity to provide comments on the state's waiver application. If you have any questions, please feel free to contact me at mike.rollo@cancer.org or 603.471.4115.

Sincerely,

A handwritten signature in black ink that reads "Michael Rollo". The signature is fluid and cursive, with a long horizontal line extending to the right from the end of the name.

Mike Rollo
Government Relations Director, New Hampshire
American Cancer Society Cancer Action Network