Section 1115 Demonstrations: Florida Medically Needy Program

Public Comments

Title	Description	Created At
Do away with Medically Needy Share of Cost. It is the death squad. No care except an ER. Only real Medicaid helps people.		2014-04-18 16:27
I AM A PATIENT IN FLORIDAS MEDICALLY NEEDY PROGRAM, CANCELLED W/O NOTICE. AFTER 135 CALLS 17 EMAILS=NO HELP ?	IT IS FRIGHTENING AND DISTRESSFUL TO HAVE CRITICAL COVERAGE CANCELLED WITHOUT WARNING OR INTERVENTION OFFERED. NO INSTRUCTION OR GUIDANCE WAS IN THE CANCELLATION NOTICE. THAT IS A HORRIBLE LETTER TO OPEN, UNPROFESSIONAL AND CRUEL, THIS IS NOW WAY TO TREAT ANYONE ESPECIALLY THE SICK !!! AS A PATIENTS WE ARE NOT HEARD. IT IS CRUEL, UNPROFESSIONAL AND UNNESSARY TO SUMARRALY DROP ACCESS TO ESTABLISHED CARE, WITHOUT NOTICE OR ALTERNATIVE. I REQUEST TO BE PLACED ON THIS ADVISORY COMMITTEE AS A PATIENT-ADVISOR. THERE IS ONE OPENING UNFILLED AND REQUEST I BE APPOINTED BY SECRETARY SENIOR TO THAT OPEN POSITION. IN 3 DAYS MY COVERAGE WILL STOP FOR NO JUSTIFIABLE REASON. I HAVE URGENTLY ATTEMPTED TO RESOLVE THIS FRIGHTENING AND MEDICALLY THREATENING ISSUE. ITS IMPOSSIBLE TO REACH A ACTUAL PERSON AS I ONCE COULD VIA: PHONE OR EMAIL. I READ ALL KINDS OF LETTERS FROM HEALTH CARE PROVIDERS AS TO HOW THEIR PRACTICES WILL BE AFFECTED FINANCIALLY THE PROPOSED M.M.A. CHANGES. I MAY BE THE ONLY PATIENT WRITING HERE AT ALL. I AM A DISABLED LAW ENFORCEMENT OFFICER WHO HAS TRIED TO STOP THE AUTONOMOUS CANCELLATION OF MY CRITICALLY NEEDED "MEDICALLY NEEDY" COVERAGE. AFTER 14 YEARS OF CONTINUED COVERAGE. IN THREE DAYS I WILL HAVE NO ACCESS TO MEDICATIONS, THERE IS NO LEGAL OR MEDICAL REASON TO STOP MY COVERAGE ,"WITH THE STROKE OF A PEN". EVERY MONTH A PAITHEN WORRIES ABOUT THEIR MEDICATIONS !! NO I WON'T HAVE ANY !! WHY ? I HAVE ACUTE PAIN SYNDROME AND A PERMANENT SURGICALLY IMPLANTED PAIN CONTROL COMPUTER IN MY BODY. WIRES IN MY SPINE FOR R.S.D. PAIN SYNDROME AND NUMEROUS OTHER ESTABLISHED MEDICAL NEEDS. IT HAS BEEN IMPOSSIBLE TO RESOLVE THIS ISSUE OR REACH AN ACTUAL HUMAN BEING. MY EMAILS REMAIN UNANSWERED. THE TELEPHONE MENUS ENDLESSLY LEAD TO RE-DIRECTING AND ULTIMATELY ,"PLEASE TRY YOUR CALL AT ANOTHER TIME". AFTER INPUTTING ALL REQUESTED DATA THE COMPUTER ENDS THE CALL. OVER AND OVER, AFTER EXTENDED WAIT TIMES. AFTER 75 CALLS I SHOULD HAVE REACHED A HUMAN BEING. AS A PATIENT I HAVE NEVER FELT THIS FAR AWAY FROM ACCESS TO THE STATE OF FLORIDA SYSTEMS. THE LAST FOUR YEARS HAVE MADE COMMUNICATING, UNDERSTANDING AND INTERACTING WITH "HEALTH CARE" ALTERNATIVES AND SPECIFIC URGENT ISSUES IMPOSSIBLE.(I HAVE A MASTERS DEGREE AND A Ph.D. if i am this lost, disenfranchised and totally ignored in the system. What does a patient with communications impairment do ??). I GO INTO WITHDRAWL AND BECOME ACUTELY ILL IN 18 TO 24 HOURS, MY STOMACH IS GONE DUE TO LINE OF DUTY INJURY, R.S.D. PAIN IS UP TO 100 TIMES THE LEVEL OF NORMAL EXTREME PAIN. MY PHYSICIAN SAID LONG AGO DOING THIS TO	2013-10-29 12:07

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	ME COULD KILL ME IN 7 TO 10 DAYS (IF I DO NOT DIE FROM SEIZURE RELATED ACTIVITY SOONER). I HAVE BEEN THROUGH FORCED WITHDRAWAL SEVERAL TIMES JUST BECAUSE OF THE WRONG POLICY NUMBERS. THE DISABLED ARE OVERLOOKED MORE NOW THAN EVER BEFORE. The more complex things have become the further those who should have real ready access to immediate help really are. It is very hard for a patient to get any urgent help. ACTUAL BARRIERS TO ACCESS HAVE MARKEDLY INCREASED IN COMMUNICATIONS AT ALL LEVELS IN THE PAST FEW YEARS. I WOULD REALLY LIKE TO BE PART OF ANY MECHANISMS THAT WILL RESTORE FUNCTIONAL PROFESSIONAL & KIND COMMUNICATIONS BOTH WAYS BETWEEN PATIENT AND COVERAGE. WE HAVE NEVER FELT THIS DISTANT AND OUT OF CONTACT BEFORE. ALSO, I TOO OFTEN SEE AN EXCELLENT A.R.N.P. AND WITHOUT HER I WOULD NOT HAVE HAD ACCESS TO IMMEDIATE MEDICAL CARE. IT WOULD BE RIDICULOUS TO FURTHER RESTRICT ANY LOW INCOME PATIENTS ACCESS TO A GOOD A.R.N.P. I WILL BE ABLE TO SPEAK TO ANY SERIOUS INDIVIDUALS WHO MY HAVE HELPFUL INFORMATION OR ANYOTHER PATIENTS THAT ARE GOING THROUGH THE SAME STATE OF FLORIDA ACTION. ONLY CALL K. L. GILPIN, [redacted] , [redacted] 4 TO 6PM MIAMI FL. TIME PLEASE. IF YOU ARE A LAWREY WHO CAN HELP ME I AM POWERLESS, I HAD TO PAT 700.00 DOLLARS 6 YEARS AGO FOR 1 MEETING WITH H.R.S. AND I CAN NOT AFFORD COUNCIL NOW. THIS IS A TERRIFYING POSITION TO BE IN. IT ALSO MAKES ME MUCH SICKER WHEN I AM TRAPPED IN PAPERWORK. we have never been this far from access before, ever. THANKS ALL, GOD BLESS...	
The Proposed Waiver simply cannot be approved - like its predecessor versions, it is deceptive, cruel, and unlawful.	We have previously submitted the complete version of these comments. The Proposed Waiver has at least 10 fatal flaws, including the following: 1. The Proposed Waiver would require most Medically Needy recipients to pay exorbitant and unsustainable premiums that would put them and their families in financial peril. Specifically, recipients could be required to pay up to 90% of their income on premiums. 2. The burden imposed by the Proposed Waiver is particularly cruel considering the income distribution of the Medically Needy population. The vast majority of Medically Needy recipients live in poverty, and almost all are low-income. 3. The Proposed Waiver is contrary to provisions of federal law that cannot be waived. Under Medicaid Maintenance of Effort (MOE) requirements, which were established by the Affordable Care Act and upheld by the U.S. Supreme Court, remain in full effect. Florida currently collects no premiums from Medicaid recipients. Because a recipient who does not pay his or her premium would lose his or her eligibility, the Proposed Waiver would indisputably amount to a tightening of Medicaid eligibility standards, in violation of MOE. 4. The Proposed Waiver is extreme and unyielding. Astoundingly, among all the premium requirements that the State could have sought to impose, these requirements: • Apply regardless of any hardship or special circumstance that the recipient may experience. • Apply to children and certain individuals with disabilities who do not control their own finances.	2013-01-07 19:07

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	• Apply to every recipient in a family (unless they are eligible for regular Medicaid coverage). 5. Congress has already given states considerable power to levy premiums, and nothing in the Proposed Waiver justifies giving Florida special permission to massively boost that power. Congress specifically addressed the issue of imposing premium payment requirements in the Deficit Reduction Act of 2005 (DRA), allowing states to charge premiums of certain recipients with incomes above 150% of the federal poverty level. It is true that some Medically Needy recipients – albeit fewer than 10% - have household incomes exceeding 150 percent of poverty and so could be charged premiums under the DRA. However, the DRA also imposed a cap of 5% of total income on premiums and out-of-pocket costs. By contrast, under the Proposed Waiver, virtually every household would be required to pay more than the maximum 5% of income on premiums. Most Medically Needy households with seniors and disabled persons at these "higher" (150%+ FPL) income levels would pay at least half (and up to 90%) of their household income on premiums. Such a system is unsustainable and guarantees that many recipients will lose coverage. 6. The State has consistently misled regarding the ability of Medically Needy recipients to pay premiums and the expected impact of the Proposed Waiver on them upon implementation. In reality, based on the data provided to CMS by the State, less than 6 percent of elderly and disabled Medically Needy recipients had incomes at or above the "average" income level cited. Less than ½ percent of Medically Needy families with children have incomes in line with the Medicaid Director's example. As for the Proposed Waiver itself, the State has described it as a means for ensuring continuous coverage for a group that currently has Medicaid coverage only on a month-to-month basis. The current reality, however, is that recipients need merely incur medical expenses equal to their share of cost, as these households have absolutely no ability to pay such an amount from their own resources. Under the Proposed Waiver, by contrast, following the first month of eligibility, recipients would be required to directly remit this amount each month or face eventual disenrollment and denial of access to care. Yet the State amazingly describes the changes as singularly beneficial for recipients. 7. The State has not studied or even estimated the effect of imposing premiums on recipients' access to care or eligibility, reflecting a basic disregard for the well-being of vulnerable patients. Furthermore, the Proposed Waiver is entirely silent on the mechanics of premium payment. Medicaid recipients in particular are underserved by financial institutions, and many would face logistical and financial barriers associated with making payment. It is also unclear what statements, reminders or warnings recipients would receive, or whether they would receive any such notification at all. The Proposed Waiver is even more dangerous in that regard than its predecessors, in that Medically Needy recipients would pay premiums directly to	

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	managed care plans, which will be mostly for-profit Medicaid HMOs, who have a financial disincentive to keep unprofitable recipients enrolled. 8. The Amendment seeks to create a program that operates entirely outside of the Medically Needy framework. The State is in fact attempting to create an entirely new program for which there is no sound basis and for which the potential risks far outweigh any potential benefits. 9. Most of the Medically Needy would qualify for regular Medicaid under the expansion called for in the Affordable Care Act, and State participation in Medicaid expansion would serve patients far better. 10. Allowing managed care plans to vary the amount, duration, and scope of benefits based on medical sufficiency and actuarial equivalence standards derived separately for the Medically Needy population, as is seemingly called for in the Proposed Waiver, could have adverse but avoidable consequences for recipients and their access to benefits.	